Access to Care (AC) Section

BOX_00A
======

| THE AC SECTION IS ASKED IN ROUNDS 2 AND 4 ONLY. IF IT IS ROUND 1, 3, OR 5, CONTINUE TO THE NEXT SECTION. |

BOX_00
======

| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, PROV.LORPNAME |

AC01
=====

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

ENGLISH ................................ 1 {AC02}
SPANISH ................................ 2 {AC02}
ANOTHER LANGUAGE ..................... 3 {AC02}
REF .................................. -7 {AC02}
DK .................................. -8 {AC02}

[Code One]

AC02
=====

Are all members of your household comfortable conversing in English?

YES .................................... 1 {LOOP_01A}
NO ..................................... 2 {LOOP_01A}
REF .................................. -7 {LOOP_01A}
DK .................................. -8 {LOOP_01A}
| IF SINGLE-PERSON RU AND AC02 CODED ‘2’ (NO), SELECT | PERSON AUTOMATICALLY FOR AC02A AND GO TO LOOP_01A |
|-----------------------------------------------------|

| IF MULTI-PERSON RU AND AC02 CODED ‘2’ (NO), | CONTINUE WITH AC02A |
|-----------------------------------------------------|

AC02A
====

Who is not comfortable conversing in English?

PROBE: Is anyone else not comfortable conversing in English?

[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>FLAG ALL SELECTED PERSONS TO BE INCLUDED ON ROSTER FOR AC31.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_01A</th>
</tr>
</thead>
</table>

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

2
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER EXCLUDING DECEASED AND INSTITUTIONALIZED RU MEMBERS.

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 {AC04}
REF ........................................ -7 {AC04}
DK .......................................... -8 {AC04}
AC04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How long (have/has) (PERSON) lived in the United States?

IF LESS THAN 1 YEAR, CODE 0.

YEARS:

[Enter years] .................................. {END_LP01A}
REF ................................... -7 {END_LP01A}
DK .................................... -8 {END_LP01A}

[Code One]

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 |
---
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 {AC06}
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

Help available for definition of usual source of health care.

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

YES .....................................  1 {AC09}
NO ......................................  2 {AC07}
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}
- NO HEALTH INSURANCE ..................... 10 {AC08}
- OTHER REASON ............................ 91 {AC07OV}
- REF ..................................... -7 {END_LP01}
- DK ..................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

------------------------------------------
| "(PERSON)" IN THE TEXT FOR ANSWER CATEGORY 5 |
| SHOULD BE PURPLE.                           |
------------------------------------------

AC07OV
=====

ENTER OTHER REASON:

- [Enter Other Specify] .................... {AC08}
- REF ..................................... -7 {AC08}
- DK ..................................... -8 {AC08}
What are the other reasons (PERSON) (do/does) not have a usual source of health care?

CHECK ALL THAT APPLY.

NO OTHER REASONS .......................... 0 {END_LP01}
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
NO HEALTH INSURANCE ........................ 10
OTHER REASON ................................. 91 {AC08OV}
REF ........................................... -7 {END_LP01}
DK ............................................ -8 {END_LP01}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

| (PERSON) IN THE TEXT FOR ANSWER CATEGORY 5 | SHOULD BE PURPLE. |
|-----------------------------------------------|

<table>
<thead>
<tr>
<th>IF ‘RF’ (REFUSED) OR ‘DK’ (DON’T KNOW) IS SELECTED, CAPI SHOULD CODE AS ‘0’ (NO OTHER REASONS).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>FOR SPECIFICATION PURPOSES ONLY: CAPI DOES NOT ALLOW CODES ‘0’ (NO OTHER REASONS), ‘RF’ (REFUSED), OR ‘DK’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODES.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED ‘91’ (OTHER REASON) ALONE OR IN Combination with other codes, continue with AC08OV (Note that AC08OV is an overlay on AC08.)</td>
</tr>
<tr>
<td>----------------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP01</th>
</tr>
</thead>
</table>

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.

If possible, give me the name of the particular person that (PERSON) usually (see/sees).

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

BEGINNING IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, AC09 AND PV01 WERE REVISED TO PROMPT RESPONDENTS TO NAME A PERSON-PROVIDER AS THE USC PROVIDER IF POSSIBLE. THE DATA AT VARIABLE PROVTY42 IS EXPECTED TO CHANGE SIGNIFICANTLY BASED ON THIS NEW WORDING AND PROBING.
<table>
<thead>
<tr>
<th>BOX_01</th>
</tr>
</thead>
<tbody>
<tr>
<td>=======</td>
</tr>
<tr>
<td>Ask the Provider Roster (PV) section</td>
</tr>
<tr>
<td>At the completion of the Provider Roster (PV) section, continue with BOX_02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOX_02</th>
</tr>
</thead>
<tbody>
<tr>
<td>=======</td>
</tr>
<tr>
<td>Flag the provider added or selected as the 'USC (USUAL SOURCE OF CARE) provider' for this person for this particular round.</td>
</tr>
<tr>
<td>If this USC provider is flagged as 'facility-type-provider' or as 'person-in-facility-provider' and AC11 was not already asked for this USC provider in an earlier loop, go to AC11</td>
</tr>
<tr>
<td>Otherwise, (that is, if this USC provider is flagged as 'person-type-provider' or if this USC provider is flagged as 'facility-type-provider' or as 'person-in-facility-provider' and AC11 has already been asked for this USC provider), go to AC12</td>
</tr>
</tbody>
</table>

AC10
| ==|==|
| OMITTED. |
AC11

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

ASK IF NOT OBVIOUS.

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

HOSPITAL CLINIC OR OUTPATIENT DEPARTMENT ......................... 1 {AC12}
HOSPITAL EMERGENCY ROOM ............................................ 2 {AC12}
OTHER KIND OF PLACE ............................................... 3 {AC12}
REF ...................................... -7 {AC12}
DK ...................................... -8 {AC12}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---

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

---


---
AC12
====

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

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

DRIVE ............................................... 1 {AC13}
IS DRIVEN .......................................... 2 {AC13}
TAXI, BUS, TRAIN, OTHER
   PUBLIC TRANSPORTATION ...................... 3 {AC13}
WALKS .............................................. 4 {AC13}
SOME OTHER WAY ................................. 5 {AC13}
REF .................................................. -7 {AC13}
DK ................................................... -8 {AC13}

[Code One]

AC13
====

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

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

LESS THAN 15 MINUTES  ...................... 1 {AC14}
15 TO 30 MINUTES  .............................. 2 {AC14}
31 TO 60 MINUTES (1 HOUR) .................... 3 {AC14}
61 TO 90 MINUTES  .............................. 4 {AC14}
91 TO 120 MINUTES (2 HOURS) ............... 5 {AC14}
MORE THAN 120 MINUTES (2 HOURS) .......... 6 {AC14}
REF .................................................. -7 {AC14}
DK ................................................... -8 {AC14}

[Code One]
AC14
====

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

SHOW CARD AC-1.

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

Would you say it is ...

very difficult, ........................ 1 {BOX_03}
somewhat difficult, .................... 2 {BOX_03}
not too difficult, or .................. 3 {BOX_03}
not at all difficult? .................. 4 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]

BOX_03
=====

----------------------------------------------------
<p>| IF THIS USC PROVIDER IS FLAGGED AS ‘PERSON-      |
| TYPE-PROVIDER’ OR ‘PERSON-IN-FACILITY-PROVIDER’   |
| AND AC15 WAS NOT ALREADY ASKED FOR THIS USC       |</p>
<table>
<thead>
<tr>
<th>PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC15</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP01</th>
</tr>
</thead>
</table>

12
AC15
====

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

Is (PROVIDER) a medical doctor?

YES .....................................  1 {AC17}
NO ......................................  2 {AC16}
REF ..................................... -7 {AC18}
DK ...................................... -8 {AC18}

HELP AVAILABLE 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?

SELECT ‘CHIROPRACTOR’ 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 {AC16OV}
REF ........................................... -7 {AC18}
DK ........................................... -8 {AC18}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

AC16OV
=====

OTHER:

[Enter Other Specify] ...................... {AC18}
REF ........................................... -7 {AC18}
DK ........................................... -8 {AC18}
AC17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE 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}
CARDIOLOGIST ................................... 7 {AC18}
DOCTOR OF OSTEOPATHY ......................... 8 {AC18}
OTHER .......................................... 91 {AC17OV}
REF ............................................. -7 {AC18}
DK .............................................. -8 {AC18}

[Code One]

AC17OV
=====

OTHER:

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

AC18
=====

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

Is (PROVIDER) Hispanic or Latino?

YES ............................................. 1 {AC19}
NO ............................................. 2 {AC19}
REF ............................................. -7 {AC19}
DK .............................................. -8 {AC19}
AC19
====

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

SHOW CARD AC-2.

What is (PROVIDER)'s race?

CHECK 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 {AC19OV}
REF .................................... -7 {AC20}
DK ..................................... -8 {AC20}

[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
====

OTHER RACE:

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

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

Is (PROVIDER) male or female?

MALE ................................... 1 {END_LP01}
FEMALE ................................. 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

[Code One]

END_LP01
=======

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

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

BOX_04
=======

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

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

----------------------------------------
| FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS- |
| ROSTER, ASK AC21-END_LP02                 |
----------------------------------------

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

----------------------------------------
| - PROVIDER FLAGGED AS 'USC PROVIDER' DURING THE |
| CURRENT ROUND FOR A CURRENT RU MEMBER. |
----------------------------------------

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

AC21

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

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

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

[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 ENTER OR SELECT NEXT PAGE TO CONTINUE.
CONTINUE WITH AC22

-------------------------------
| ROSTER DETAILS:             |
| TITLE: RU_MEMBERS_1         |
| COL # 1 HEADER: NAME       |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

-------------------------------
| ROSTER DEFINITION:         |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY. |

-------------------------------
| ROSTER BEHAVIOR:           |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

-------------------------------
| ROSTER FILTER:             |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND. |
AC22
====

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

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

Is (PROVIDER) the {person/place} (READ NAME(S) ABOVE) would go to for ...

YES = 1
NO = 2
RF = -7
DK = -8

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?  (  )

HELP AVAILABLE FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.

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

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

-------------------------------------------------------------------------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
-------------------------------------------------------------------------------------------------------------------------------------
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
AC24
====

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

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

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

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 {AC26}
somewhat difficult, .................... 2 {AC26}
not too difficult, or ................... 3 {AC26}
not at all difficult? .................... 4 {AC26}
REF ................................... -7 {AC26}
DK .................................... -8 {AC26}

[Code One]
AC26

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>1 {AC27}</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>2 {AC27}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {AC27}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {AC27}</td>
</tr>
</tbody>
</table>

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

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

AC27

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

SHOW CARD AC-3.

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

Would you say...

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

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

never, ................................. 1 {AC28}
sometimes, ............................ 2 {AC28}
usually, or ............................ 3 {AC28}
always? ................................. 4 {AC28}
REF ................................... -7 {AC28}
DK .................................... -8 {AC28}

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

-------------------------------
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

-------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY.

-------------------------------
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-------------------------------
ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND.
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?

Would you say...

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

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

never, ............................................. 1 {AC30}
sometimes, ...................................... 2 {AC30}
usually, or ....................................... 3 {AC30}
always? .......................................... 4 {AC30}
REF ............................................... -7 {AC30}
DK ................................................... -8 {AC30}

[Code One]
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND.

AC29
OMITTED.

AC30

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

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

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

[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 {BOX_05}
NO ..................................... 2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

DISPLAY ‘a medical person at’ IF USC PROVIDER BEING LOOPED ON IS FLAGGED AS ‘FACILITY-TYPE-PROVIDER.’ OTHERWISE, USE A NULL DISPLAY.
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND.

IF AT LEAST ONE RU MEMBER WAS SELECTED AT AC02A (FLAGGED AS NOT COMFORTABLE CONVERSING IN ENGLISH) AND PERSON IDENTIFIED THIS USC PROVIDER AS THEIR USC PROVIDER (AC05 IS SET TO ‘1’ OR AC06 IS SET TO ‘1’), CONTINUE WITH AC31

OTHERWISE, GO TO END LP02
{NAME OF MEDICAL CARE PROVIDER.......}

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

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

| [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 {END_LP02}
NO ................................. 2 {END_LP02}
REF ................................. -7 {END_LP02}
DK ................................. -8 {END_LP02}

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

---------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
---------------------------------------------------------------------
ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO
- IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND AND
- WERE IDENTIFIED AS NOT COMFORTABLE CONVERSING IN ENGLISH AT AC02A.

END_LP02

END_LP02

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

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

AC32A

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

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

YES .................................... 1 [AC32]
NO ..................................... 2 [AC40A]
REF ................................... -7 [AC40A]
DK .................................... -8 [AC40A]
In the last 12 months, was anyone in the family unable to obtain medical care, tests, or treatments they or a doctor believed necessary?

YES ........................................... 1
NO ............................................... 2 {AC36}
REF ........................................... -7 {AC36}
DK ............................................... -8 {AC36}

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

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, 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?

[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 THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC36 |
OTHERWISE, CONTINUE WITH LOOP_03

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
NO FILTER; DISPLAY ALL.

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 {AC35}
- Insurance company wouldn't approve, cover, or pay for care ....................... 2 {AC35}
- Doctor refused to accept family's insurance plan ..................................... 3 {AC35}
- Problems getting to doctor's office ...... 4 {AC35}
- Different language .............................. 5 {AC35}
- Couldn't get time off work ............... 6 {AC35}
- Didn't know where to go to get care ...... 7 {AC35}
- Was refused services ............................ 8 {AC35}
- Couldn't get child care ....................... 9 {AC35}
- Didn't have time or took too long ......... 10 {AC35}
- Other ........................................ 91 {AC35}
- Ref ................................... -7 {AC35}
- Dk ..................................... -8 {AC35}

[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 {END_LP03}
- a small problem, or ........................... 2 {END_LP03}
- not a problem? ................................. 3 {END_LP03}
- Ref ...................................... -7 {END_LP03}
- Dk ........................................ -8 {END_LP03}

[Code One]
END_LP03

-cycle on next person in the RU-Members-Roster who-
meets the conditions stated in the loop definition-

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

-if no other persons meet the stated conditions,    |
end loop_03 and continue with ac36                |
----------------------------------------------------

AC36

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

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

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

-if coded '1' (yes) and a single-person ru,        |
automatically code person as 'delay in receiving    |
medical care' at ac37 by capi.                    |
----------------------------------------------------

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

-if coded '1' (yes) and a single-person ru, go to  |
loop_04                                         |
----------------------------------------------------

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

-if coded '1' (yes) and a multi-person ru, continue|
with ac37                                        |
----------------------------------------------------
Who was that?

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
HELPERS P13R5/P14R3/P15R1 Access to Care (AC) Section
November 10, 2009

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 {AC39}
INSURANCE COMPANY WOULDN'T APPROVE,
   COVER, OR PAY FOR CARE ..................... 2 {AC39}
DOCTOR REFUSED TO ACCEPT FAMILY’S
   INSURANCE PLAN ............................ 3 {AC39}
PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4 {AC39}
DIFFERENT LANGUAGE .......................... 5 {AC39}
COULDN'T GET TIME OFF WORK ................ 6 {AC39}
DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7 {AC39}
WAS REFUSED SERVICES ........................ 8 {AC39}
COULDN'T GET CHILD CARE ........................ 9 {AC39}
DIDN'T HAVE TIME OR TOOK TOO LONG .......... 10 {AC39}
OTHER ......................................... 91 {AC39}
REF ................................... -7 {AC39}
DK ........................................... -8 {AC39}

[Code One]
{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 {END_LP04}
- a small problem, or ...................... 2 {END_LP04}
- not a problem? .......................... 3 {END_LP04}
- REF .......................... -7 {END_LP04}
- DK .......................... -8 {END_LP04}

[Code One]

END_LP04

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

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

AC40A

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

- YES .......................... 1 {AC40}
- NO .......................... 2 {AC48A}
- REF .......................... -7 {AC48A}
- DK .......................... -8 {AC48A}
In the last 12 months, was anyone in the family unable to obtain 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. |

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_05 |

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

[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 THE ONLY PERSON SELECTED IS DECEASED OR |
| INSTITUTIONALIZED, GO TO AC44 |

| OTHERWISE, CONTINUE WITH LOOP_05 |
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |

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 {AC43}
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE ..................... 2 {AC43}
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN .......................... 3 {AC43}
- PROBLEMS GETTING TO DOCTOR’S OFFICE ........ 4 {AC43}
- DIFFERENT LANGUAGE ......................... 5 {AC43}
- COULDN'T GET TIME OFF WORK ............... 6 {AC43}
- DIDN’T KNOW WHERE TO GO TO GET CARE ...... 7 {AC43}
- WAS REFUSED SERVICES ........................... 8 {AC43}
- COULDN’T GET CHILD CARE .................... 9 {AC43}
- DIDN’T HAVE TIME OR TOOK TOO LONG ...... 10 {AC43}
- OTHER ................................... 91 {AC43}
- REF ..................................... -7 {AC43}
- DK .................................... -8 {AC43}

[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 {END_LP05}
- a small problem, or ..................... 2 {END_LP05}
- not a problem? ........................... 3 {END_LP05}
- REF ..................................... -7 {END_LP05}
- DK ..................................... -8 {END_LP05}

[Code One]
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. |

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_06 |

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

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

[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>IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC48A</th>
</tr>
</thead>
</table>
---

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH LOOP_06</th>
</tr>
</thead>
</table>
---

<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>TITLE: RU_MEMBERS_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
</tbody>
</table>
---

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |
---

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |
---

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |
---
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 {AC47}
INSURANCE COMPANY WOULDN'T APPROVE,
   COVER, OR PAY FOR CARE ................ 2 {AC47}
DOCTOR REFUSED TO ACCEPT FAMILY’S
   INSURANCE PLAN ............................ 3 {AC47}
PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4 {AC47}
DIFFERENT LANGUAGE .......................... 5 {AC47}
COULDN’T GET TIME OFF WORK ................ 6 {AC47}
DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7 {AC47}
WAS REFUSED SERVICES ....................... 8 {AC47}
COULDN'T GET CHILD CARE .................... 9 {AC47}
DIDN'T HAVE TIME OR TOOK TOO LONG ....... 10 {AC47}
OTHER ........................................ 91 {AC47}
REF .......................................... -7 {AC47}
DK ............................................ -8 {AC47}

[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 {END_LP06}
- a small problem, or .................... 2 {END_LP06}
- not a problem? .......................... 3 {END_LP06}
- REF ................................... -7 {END_LP06}
- DK .................................... -8 {END_LP06}

[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 {AC48}
- 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 obtain prescription medicines they or a doctor believed necessary?

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

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

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH AC49                                          |
----------------------------------------------------

AC49
====

Who was that?

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

[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 THE ONLY PERSON SELECTED IS DECEASED OR       |
| INSTITUTIONALIZED, GO TO AC52                   |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_07               |
-----------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |

LOOP_07

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

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

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

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

- COULDN'T AFFORD CARE ......................... 1 {AC51}
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE ..................... 2 {AC51}
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN .............................. 3 {AC51}
- PROBLEMS GETTING TO DOCTOR'S OFFICE .......................... 4 {AC51}
- DIFFERENT LANGUAGE ............................ 5 {AC51}
- COULDN'T GET TIME OFF WORK ..................... 6 {AC51}
- DIDN’T KNOW WHERE TO GO TO GET CARE .................. 7 {AC51}
- WAS REFUSED SERVICES ..................................... 8 {AC51}
- COULDN'T GET CHILD CARE ............................ 9 {AC51}
- DIDN’T HAVE TIME OR TOOK TOO LONG ................ 10 {AC51}
- OTHER .................................................................. 91 {AC51}
- REF ...................................................................... -7 {AC51}
- DK ..................................................................... -8 {AC51}

[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 {END_LP07}
- a small problem, or .................... 2 {END_LP07}
- not a problem? .............................. 3 {END_LP07}
- REF ..................................... -7 {END_LP07}
- DK ..................................... -8 {END_LP07}

[Code One]
END_LP07

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_07 AND CONTINUE WITH AC52               |
----------------------------------------------------

AC52

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

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

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

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

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

[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 THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO BOX_06 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_08 |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |
----------------------------------------------------

----------------------------------------------------
| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |
----------------------------------------------------
LOOP_08

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

----------------------------------------------------
| LOOP DEFINITION: LOOP_08 COLLECTS THE MAIN REASON|
| AND THE PROBLEM WITH THE DELAY IN RECEIVING       |
| PRESCRIPTION MEDICINES. THIS LOOP CYCLES ON RU     |
| MEMBERS WHO MEET THE FOLLOWING CONDITIONS:         |
| - PERSON IS NOT DECEASED                           |
| - PERSON IS NOT INSTITUTIONALIZED                  |
| - PERSON HAD A DELAY IN RECEIVING PRESCRIPTION    |
|   MEDICINES (I.E., PERSON WAS SELECTED AT AC53)    |
----------------------------------------------------

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 {AC55}
INSURANCE COMPANY WOULDN'T APPROVE,
COVER, OR PAY FOR CARE ..................... 2 {AC55}
DOCTOR REFUSED TO ACCEPT FAMILY’S
INSURANCE PLAN ............................. 3 {AC55}
PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4 {AC55}
DIFFERENT LANGUAGE .......................... 5 {AC55}
COULDN'T GET TIME OFF WORK ............... 6 {AC55}
DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7 {AC55}
WAS REFUSED SERVICES ...................... 8 {AC55}
COULDN'T GET CHILD CARE ................... 9 {AC55}
DIDN'T HAVE TIME OR TOOK TOO LONG ...... 10 {AC55}
OTHER ..................................... 91 {AC55}
REF ....................................... -7 {AC55}
DK ....................................... -8 {AC55}

[Code One]
(PERSON'S FIRST MIDDLE AND LAST NAME)

SHOW CARD AC-5.

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

Would you say ...

  a big problem, ......................... 1 {END_LP08}
  a small problem, or .................... 2 {END_LP08}
  not a problem? ........................ 3 {END_LP08}
  REF ................................... -7 {END_LP08}
  DK .................................... -8 {END_LP08}

[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 |
Preventive Care (AP) Section

BOX_00A
=======

----------------------------------------------------
| THE AP SECTION IS ASKED IN ROUNDS 3 AND 5 ONLY. IF |
| IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT      |
| SECTION.                                          |
----------------------------------------------------

BOX_00
=======

----------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
| DISPLAY PERS.FULLNAME.                            |
----------------------------------------------------

AP01
====
OMITTED.

AP02
====
OMITTED.

AP03
====
OMITTED.

AP04
====
OMITTED.

AP04A
=====
OMITTED.

AP05
====
OMITTED.

AP06
====
OMITTED.
AP07
====  OMITTED.

AP08
====  OMITTED.

AP09
====  OMITTED.

AP10
====  OMITTED.

AP11
====  OMITTED.

AP11A
====  OMITTED.

AP11B
====  OMITTED.

AP11C
====  OMITTED.

BOX_01
=====

-------------------------------------------------------------------
| IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE CATEGORY 1), GO TO BOX_02 |
-------------------------------------------------------------------

-------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH AP12 |
-------------------------------------------------------------------
(PERSON'S FIRST MIDDLE AND LAST NAME)

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]

HELP AVAILABLE 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 |
| AP15 |

| 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 |

AP13

OMITTED.

AP14

OMITTED.
AP15
====

{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 {AP15OV}
WITHIN PAST 2 YEARS .................... 2 {AP15OV}
WITHIN PAST 3 YEARS .................... 3 {AP16}
WITHIN PAST 5 YEARS .................... 4 {AP16}
MORE THAN 5 YEARS ...................... 5 {AP16}
NEVER .................................. 6 {AP16}
REF ................................... -7 {AP16}
DK .................................... -8 {AP16}

HELP AVAILABLE FOR DEFINITION OF BLOOD PRESSURE CHECK.

[Code One]

AP15OV
====

IF NOT ALREADY GIVEN, ASK: About how long ago in months has it been?

IF LESS THAN ONE MONTH AGO, ENTER 0.

NUMBER:

[Enter Small Number] ................. {AP16}
REF ................................... -7 {AP16}
DK .................................... -8 {AP16}

| HARD CHECK: | 0 - 24 |
MEPS P13R5/P14R3/P15R1 Preventive Care (AP) Section
November 10, 2009

AP16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 {AP17}
WITHIN PAST 2 YEARS ..................... 2 {AP17}
WITHIN PAST 3 YEARS ..................... 3 {AP17}
WITHIN PAST 5 YEARS ..................... 4 {AP17}
MORE THAN 5 YEARS ...................... 5 {AP17}
NEVER .................................. 6 {AP17}
REF ................................... -7 {AP17}
DK .................................... -8 {AP17}

HELP AVAILABLE FOR DEFINITION OF BLOOD CHOLESTEROL CHECK.

[Code One]

AP17
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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 {AP17A}
WITHIN PAST 2 YEARS ..................... 2 {AP17A}
WITHIN PAST 3 YEARS ..................... 3 {AP17A}
WITHIN PAST 5 YEARS ..................... 4 {AP17A}
MORE THAN 5 YEARS ...................... 5 {AP17A}
NEVER .................................. 6 {AP17A}
REF ................................... -7 {AP17A}
DK .................................... -8 {AP17A}

[Code One]
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...

YES NO

...Eat fewer high fat or high cholesterol foods? 1 2 ( )

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |

...Exercise more? 1 2 ( )

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |
About how long has it been since (PERSON) had a flu vaccination (shot or nasal spray)?

WITHIN PAST YEAR ....................... 1 {AP18A}
WITHIN PAST 2 YEARS .................... 2 {AP18A}
WITHIN PAST 3 YEARS .................... 3 {AP18A}
WITHIN PAST 5 YEARS .................... 4 {AP18A}
MORE THAN 5 YEARS ...................... 5 {AP18A}
NEVER .................................. 6 {AP18A}
REF ................................... -7 {AP18A}
DK .................................... -8 {AP18A}

[Code One]
HELP AVAILABLE FOR DEFINITION OF FLU VACCINATION.

(Do/Does) (PERSON) take aspirin every day or every other day?

YES .................................... 1 {AP18B}
NO ..................................... 2 {AP18AA}
REF ................................... -7 {AP18B}
DK .................................... -8 {AP18B}

(Do/Does) (PERSON) have a health problem or condition that makes taking aspirin unsafe for (PERSON)?

YES .................................... 1 {AP18AAA}
NO ..................................... 2 {AP18B}
REF ................................... -7 {AP18B}
DK .................................... -8 {AP18B}
{PERSON'S FIRST MIDDLE AND LAST NAME}

Is that problem stomach related or something else?

STOMACH RELATED ........................................ 1 {AP18B}
SOMETHING ELSE ............................................ 2 {AP18B}
REF .......................................................... -7 {AP18B}
DK ............................................................. -8 {AP18B}

[Code One]

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES ......................................................... 1 {BOX_01A}
NO .......................................................... 2 {BOX_01A}
REF .......................................................... -7 {BOX_01A}
DK ............................................................. -8 {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 AP28 |
| OTHERWISE (I.E., PERSON BEING ASKED ABOUT IS FEMALE), GO TO AP20A |
{PERSON'S FIRST MIDDLE AND LAST NAME}

When did (PERSON) have (PERSON)’s most recent "PSA" test?

IF NECESSARY, SAY: A "P-S-A" is a blood test to detect prostate cancer. It is also called a prostate specific antigen test.

WITHIN PAST YEAR ....................... 1 {AP24}
WITHIN PAST 2 YEARS ...................... 2 {AP24}
WITHIN PAST 3 YEARS ...................... 3 {AP24}
WITHIN PAST 5 YEARS ....................... 4 {AP24}
MORE THAN 5 YEARS ......................... 5 {AP24}
NEVER ...................................... 6 {AP24}
REF ......................................... -7 {AP24}
DK ........................................... -8 {AP24}

[Code One]

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES ............................................. 1 {AP20}
NO ............................................. 2 {AP20}
REF ........................................... -7 {AP20}
DK ............................................. -8 {AP20}

HELP AVAILABLE FOR DEFINITION OF HYSTERECTOMY.
When did (PERSON) have (PERSON)’s most recent Pap test?

IF NECESSARY, SAY: A Pap smear or Pap test is a routine test for women in which the doctor examines the cervix, takes a cell sample from the cervix with a small stick or brush, and sends it to the lab.

WITHIN PAST YEAR ....................... 1 {AP21}
WITHIN PAST 2 YEARS ..................... 2 {AP21}
WITHIN PAST 3 YEARS ..................... 3 {AP21}
WITHIN PAST 5 YEARS ..................... 4 {AP21}
MORE THAN 5 YEARS ....................... 5 {AP21}
NEVER .................................. 6 {AP21}
REF ................................... -7 {AP21}
DK .................................... -8 {AP21}

[Code One]
When did (PERSON) have (PERSON)’s most recent breast exam?

IF NECESSARY, SAY: A breast exam is when the breasts are felt by a doctor or other health professional to check for lumps.

[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 AP28
(PERSON'S FIRST MIDDLE AND LAST NAME)

When did (PERSON) have (PERSON)'s most recent mammogram?

IF NECESSARY SAY: A mammogram is an x-ray taken only of the breast by a machine that presses against the breast.

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 40 YEARS OF AGE OR |
| OLDER (OR IN AGE CATEGORIES 6-9), CONTINUE WITH   |
| AP24                                              |
|                                                  |
| OTHERWISE, GO TO AP28                            |
|                                                  |

AP23
====

OMITTED.
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.

When did (PERSON) do (PERSON)'s most recent blood stool test using a home kit?

WITHIN PAST YEAR ....................... 1 {AP24A}
WITHIN PAST 2 YEARS ..................... 2 {AP24A}
WITHIN PAST 3 YEARS ..................... 3 {AP24A}
WITHIN PAST 5 YEARS ..................... 4 {AP24A}
WITHIN PAST 10 YEARS .................... 5 {AP24A}
MORE THAN 10 YEARS ...................... 6 {AP24A}
NEVER .................................. 7 {AP26}
REF ...................................... -7 {AP26}
DK ...................................... -8 {AP26}

[Code One]

What was the main reason (PERSON) had (PERSON)'s most recent blood stool test using a home kit? Was it...

Part of a routine exam, ....................... 1 {AP26}
Because of a problem, or .................... 2 {AP26}
Some other reason? .......................... 3 {AP26}
REF ........................................ -7 {AP26}
DK .......................................... -8 {AP26}

[Code One]
When did (PERSON) have (PERSON)’s most recent colonoscopy?

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within past year</td>
<td>1</td>
</tr>
<tr>
<td>Within past 2 years</td>
<td>2</td>
</tr>
<tr>
<td>Within past 3 years</td>
<td>3</td>
</tr>
<tr>
<td>Within past 5 years</td>
<td>4</td>
</tr>
<tr>
<td>Within past 10 years</td>
<td>5</td>
</tr>
<tr>
<td>More than 10 years</td>
<td>6</td>
</tr>
<tr>
<td>Never</td>
<td>7</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

What was the main reason (PERSON) had (PERSON)’s most recent colonoscopy? Was it...

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part of a routine exam,</td>
<td>1</td>
</tr>
<tr>
<td>Because of a problem, or</td>
<td>2</td>
</tr>
<tr>
<td>Some other reason?</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]
When did (PERSON) have (PERSON)’s most recent sigmoidoscopy?

- WITHIN PAST YEAR ....................... 1 {AP27A}
- WITHIN PAST 2 YEARS ..................... 2 {AP27A}
- WITHIN PAST 3 YEARS ..................... 3 {AP27A}
- WITHIN PAST 5 YEARS ..................... 4 {AP27A}
- WITHIN PAST 10 YEARS .................... 5 {AP27A}
- MORE THAN 10 YEARS ...................... 6 {AP27A}
- NEVER .................................. 7 {AP28}
- REF ................................... -7 {AP28}
- DK .................................... -8 {AP28}

What was the main reason (PERSON) did (PERSON)’s most recent sigmoidoscopy? Was it...

- Part of a routine exam, ............... 1 {AP28}
- Because of a problem, or ............... 2 {AP28}
- Some other reason? ..................... 3 {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 {AP29}
- NO ..................................... 2 {AP29}
- REF ................................... -7 {AP29}
- DK .................................... -8 {AP29}

HELP AVAILABLE FOR DEFINITION OF MODERATE OR VIGOROUS PHYSICAL ACTIVITY.
AP29
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how tall (are/is) (PERSON) without shoes?

PROBE FOR INCHES IF NOT REPORTED.

AP29_01
=======

FEET:

[Enter Feet] ...........................   {AP29_02}
REF .................................... -7  {AP30}
DK .................................... -8  {AP30}

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

AP29_02
=======

INCHES:

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

-----------------------------------------------
|  HARD CHECK:                                       |
|  HARD RANGE CHECK:  0 TO 11                        |
-----------------------------------------------
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 {AP31}

-------------------------------
| SOFT CHECK:                       |
| 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?

99 POUNDS OR LESS ....................... 1 {AP32}
100 - 149 POUNDS ....................... 2 {AP32}
150 - 199 POUNDS ....................... 3 {AP32}
200 - 249 POUNDS ....................... 4 {AP32}
250 - 299 POUNDS ....................... 5 {AP32}
300 POUNDS OR MORE ..................... 6 {AP32}
REF ................................... -7 {AP32}
DK .................................... -8 {AP32}

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

Always, ................................ 1 {BOX_02}
Nearly Always, .......................... 2 {BOX_02}
Sometimes, ................................ 3 {BOX_02}
Seldom, or ................................ 4 {BOX_02}
Never? .................................... 5 {BOX_02}
IF VOLUNTEERED: NEVER DRIVES OR RIDES IN A CAR/ALWAYS USES PUBLIC TRANSPORTATION OR WALKS ....... 6 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]
Savings and investments are an important part of family finances.

In these next questions, we are going to be asking about a number of different kinds of savings or investments the members of this family may have.

The information you provide us is confidential, and will be analyzed in combination with information from other households.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

Does anyone in the family own this home?

IF NECESSARY READ: By ‘own’ we mean that someone in the family living here now has their name on the title, even if mortgage or loan payments are still being made.

YES ................................. 1 {AS03}
NO ..................................... 2 {AS09}
REF  ...................................... -7 {AS09}
DK  ...................................... -8 {AS09}
Who in the family owns this home?

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

[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 DECEASED' AND 'PERSON NOT IN RU' | AS THE LAST TWO OPTIONS ON THE ROSTER. |

| CONTINUE WITH AS04 |

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, EDIT, AND DELETE DISALLOWED. |

| ROSTER FILTER: |
| NONE. DISPLAY ALL. |
AS04
====

About how much is the current value of this home? That is, what would it sell for if sold today?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

IF VALUE IS NOTHING, CODE '0'.

[Enter Whole $ Value] .................. {AS06}
REF .................................. -7 {AS05}
DK .................................... -8 {AS05}

HELP AVAILABLE FOR DEFINITION OF VALUE.

----------------------------------------------------
|  HARD CHECK:                                       |
|  AMOUNT SHOULD BE 0 OR A WHOLE DOLLAR AMOUNT       |
|  $1 - $9,999,999                                   |
----------------------------------------------------

AS05
====

SHOW CARD AS-1.

Which category on the card best indicates the current value of this home if sold today?

0 - 10,000 ......................... 1 {AS06}
10,001 - 25,000 .................... 2 {AS06}
25,001 - 50,000 ................... 3 {AS06}
50,001 - 100,000 .................. 4 {AS06}
100,001 - 250,000 ............... 5 {AS06}
250,001 - 500,000 ............... 6 {AS06}
500,001 - 1,000,000 ............. 7 {AS06}
1,000,001 OR MORE ............... 8 {AS06}
REF .................................. -7 {AS06}
DK .................................... -8 {AS06}

[Code One]
Are there any mortgages or other loans outstanding on this home?

YES .................................... 1 {AS07}
NO ..................................... 2 {AS09}
REF ................................... -7 {AS09}
DK .................................... -8 {AS09}

HELP AVAILABLE FOR DEFINITION OF MORTGAGES AND OUTSTANDING LOANS.

How much is currently owed on these mortgages or loans?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

[Enter Whole $ Amount Owed] ...........    {AS09}
REF ................................... -7 {AS08}
DK .................................... -8 {AS08}

HELP AVAILABLE FOR DEFINITION OF 'CURRENTLY OWED'.

| HARD RANGE CHECK: |
| AMOUNT SHOULD BE A WHOLE DOLLAR AMOUNT $1 – $9,999,999 |

SHOW CARD AS-1.

Which category on the card best indicates the total current amount owed?

0 – 10,000 ......................... 1 {AS09}
10,001 – 25,000 ..................... 2 {AS09}
25,001 – 50,000 ..................... 3 {AS09}
50,001 – 100,000 .................... 4 {AS09}
100,001 – 250,000 .................. 5 {AS09}
250,001 – 500,000 .................. 6 {AS09}
500,001 – 1,000,000 ............... 7 {AS09}
1,000,001 OR MORE ............... 8 {AS09}
REF ................................... -7 {AS09}
DK .................................... -8 {AS09}

[Code One]
Does anyone in the family own any transportation vehicles, such as cars, trucks, vans, or motorcycles? Please do not include leased vehicles or recreational vehicles, such as trailers, motor homes, boats, or airplanes.

IF NECESSARY READ: By ‘own’ we mean that someone in the family living here now has their name on the title(s), even if loan payments are still being made.

YES .......................... 1 {AS10}
NO ............................. 2 {AS16}
REF ............................. -7 {AS16}
DK ............................. -8 {AS16}
Who in the family owns the transportation vehicles (such as cars, trucks, vans, or motorcycles)?

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

[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 DECEASED’ AND ‘PERSON NOT IN RU’         |
| AS THE LAST TWO OPTIONS ON THE ROSTER.                  |
----------------------------------------------------------------

| CONTINUE WITH AS11

----------------------------------------------------------------
| ROSTER DETAILS:
| TITLE: RU_MEMBERS_1

| COL # 1 HEADER: NAME
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

----------------------------------------------------------------
| ROSTER DEFINITION:
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION.

----------------------------------------------------------------
| ROSTER BEHAVIOR:
| 1. MULTIPLE SELECT ALLOWED.
| 2. ADD, EDIT, AND DELETE DISALLOWED.

----------------------------------------------------------------
| ROSTER FILTER:
| NONE. DISPLAY ALL.
Altogether, what is the current value of the transportation vehicles (such as cars, trucks, vans, or motorcycles) if they were sold today?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

IF VALUE IS NOTHING, CODE '0'.

[Enter Whole $ Value] .................  {AS13}
REF ................................... -7  {AS12}
DK .................................... -8  {AS12}

HELP AVAILABLE FOR DEFINITION OF VALUE.

<p>| HARD CHECK:                                      |
| AMOUNT SHOULD BE 0 OR A WHOLE DOLLAR AMOUNT     |</p>
<table>
<thead>
<tr>
<th>$1 - $9,999,999</th>
</tr>
</thead>
</table>

SHOW CARD AS-2.

Which category on the card best indicates the total current value of these transportation vehicles (such as cars, trucks, vans, or motorcycles) if they were sold today?

0 - 100 ................................ 1  {AS13}
101 - 500 ................................ 2  {AS13}
501 - 1,000 ................................ 3  {AS13}
1,001 - 5,000 ................................ 4  {AS13}
5,001 - 10,000 ................................ 5  {AS13}
10,001 - 25,000 ................................ 6  {AS13}
25,001 - 50,000 ................................ 7  {AS13}
50,001 - 100,000 ................................ 8  {AS13}
100,001 OR MORE ................................ 9  {AS13}
REF ................................... -7  {AS13}
DK .................................... -8  {AS13}

[Code One]
Is any money owed or are there any loans outstanding on these transportation vehicles (such as cars, trucks, vans, or motorcycles)?

- YES .................................... 1 {AS14}
- NO ..................................... 2 {AS16}
- REF ................................... -7 {AS16}
- DK .................................... -8 {AS16}

HELP AVAILABLE FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is currently owed on these transportation vehicles (such as cars, trucks, vans, or motorcycles)?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

[Enter Whole $ Amount Owed] ........... {AS16}
- REF ................................... -7 {AS15}
- DK .................................... -8 {AS15}

HELP AVAILABLE FOR DEFINITION OF ‘CURRENTLY OWED’.

-----------------------------------------------
| HARD RANGE CHECK: |
| AMOUNT SHOULD BE A WHOLE DOLLAR AMOUNT $1 - |
| $9,999,999 |
-----------------------------------------------
SHOW CARD AS-2.

Which category on the card best indicates the total current amount owed?

- 0 - 100 ................................. 1 {AS16}
- 101 - 500 .............................. 2 {AS16}
- 501 - 1,000 .......................... 3 {AS16}
- 1,001 - 5,000 ......................... 4 {AS16}
- 5,001 - 10,000 ....................... 5 {AS16}
- 10,001 - 25,000 ..................... 6 {AS16}
- 25,001 - 50,000 ..................... 7 {AS16}
- 50,001 - 100,000 ................... 8 {AS16}
- 100,001 OR MORE .................... 9 {AS16}
- REF .................................. -7 {AS16}
- DK .................................. -8 {AS16}

[Code One]

Does anyone in the family have any Individual Retirement Accounts often referred to as IRAs, or other retirement accounts (such as 401K, 403(b) or Keogh accounts)?

- YES .................................... 1 {AS17}
- NO ..................................... 2 {AS20}
- REF .................................. -7 {AS20}
- DK .................................. -8 {AS20}

HELP AVAILABLE FOR DEFINITION OF RETIREMENT ACCOUNTS.
Who in the family has Individual Retirement Accounts (IRAs) or other retirement accounts (such as 401K, 403(b) or Keogh accounts)?

PROBE: Does anyone else in the family have these retirement accounts?

[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 DECEASED’ AND ‘PERSON NOT IN RU’ | AS THE LAST TWO OPTIONS ON THE ROSTER. |

| CONTINUE WITH AS18 |

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |

| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |

| 2. ADD, EDIT, AND DELETE DISALLOWED. |

| ROSTER FILTER: |
| NONE. DISPLAY ALL. |
Altogether, what is the current value of these retirement accounts?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

[Enter Whole $ Value] .................... \{AS20\}
REF .............................. -7 \{AS19\}
DK .............................. -8 \{AS19\}

HELP AVAILABLE FOR DEFINITION OF VALUE.

| HARD CHECK: | |
| AMOUNT SHOULD BE A WHOLE DOLLAR AMOUNT | |
| $1 - $9,999,999 | |

SHOW CARD AS-3.

Which category on the card best indicates the total current value of these retirement accounts?

0 - 1,000 .............................. 1 \{AS20\}
1,001 - 5,000 ............................. 2 \{AS20\}
5,001 - 10,000 .......................... 3 \{AS20\}
10,001 - 25,000 ........................... 4 \{AS20\}
25,001 - 50,000 .......................... 5 \{AS20\}
50,001 - 100,000 .......................... 6 \{AS20\}
100,001 - 250,000 ........................ 7 \{AS20\}
250,001 - 500,000 ........................ 8 \{AS20\}
500,001 OR MORE .......................... 9 \{AS20\}
REF .............................. -7 \{AS20\}
DK .............................. -8 \{AS20\}

[Code One]
Does anyone in the family have any bank accounts, including checking accounts, savings accounts, or money market accounts?

Please do not include any bank accounts that we have already talked about.

YES .................................... 1 {AS21}
NO ..................................... 2 {AS24}
REF ................................... -7 {AS24}
DK .................................... -8 {AS24}

HELP AVAILABLE FOR DEFINITION OF BANK ACCOUNTS.
Who in the family has bank accounts, including checking accounts, savings accounts, or money market accounts?

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

[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 DECEASED' AND 'PERSON NOT IN RU' |
| AS THE LAST TWO OPTIONS ON THE ROSTER.            |

| CONTINUE WITH AS22 |

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, EDIT, AND DELETE DISALLOWED. |

| ROSTER FILTER: |
| NONE. DISPLAY ALL. |
Altogether, what is the current value of these bank accounts?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

IF VALUE IS NOTHING, CODE '0'.

[Enter Whole $ Value] .................    {AS24}
REF ................................... -7 {AS23}
DK .................................... -8 {AS23}

HELP AVAILABLE FOR DEFINITION OF VALUE.

| HARD CHECK: |
| AMOUNT SHOULD BE 0 OR A WHOLE DOLLAR AMOUNT |
| $1 - $9,999,999 |

SHOW CARD AS-2.

Which category on the card best indicates the total current value of these bank accounts?

0 - 100 .......................... 1 {AS24}
101 - 500 .......................... 2 {AS24}
501 - 1,000 .......................... 3 {AS24}
1,001 - 5,000 .......................... 4 {AS24}
5,001 - 10,000 .......................... 5 {AS24}
10,001 - 25,000 .......................... 6 {AS24}
25,001 - 50,000 .......................... 7 {AS24}
50,001 - 100,000 .......................... 8 {AS24}
100,001 OR MORE ....................... 9 {AS24}
REF ................................... -7 {AS24}
DK .................................... -8 {AS24}

[Code One]
Now think about the approximate value of some other financial assets your family may own. Does anyone in the family have any of the following assets: certificates of deposit (CDs), government savings bonds, individual development accounts, treasury bills, bonds, bond mutual funds, shares of stock, stock mutual funds, education savings accounts, annuities, trusts to which they are beneficiaries, or other financial assets?

Please do not include any accounts or assets that we have already talked about.

YES .................................... 1 {AS25}
NO ..................................... 2 {AS28}
REF ................................... -7 {AS28}
DK .................................... -8 {AS28}

HELP AVAILABLE FOR DEFINITION OF OTHER ACCOUNTS OR FINANCIAL ASSETS.
Who in the family owns these other financial assets [such as certificates of deposit (CDs), government savings bonds, individual development accounts, treasury bills, bonds, bond mutual funds, shares of stock, stock mutual funds, education savings accounts, annuities, trusts to which they are beneficiaries, or other financial assets]?

PROBE: Does anyone else in the family own these other financial assets?

[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 DECEASED' AND 'PERSON NOT IN RU' |
| AS THE LAST TWO OPTIONS ON THE ROSTER. |

| CONTINUE WITH AS26 |

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, EDIT, AND DELETE DISALLOWED. |

| ROSTER FILTER: |
| NONE. DISPLAY ALL. |
Altogether, what is the current value of these accounts or other financial assets?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

IF VALUE IS NOTHING, CODE '0'.

[Enter Whole $ Value] .................    {AS28}
REF ................................... -7 {AS27}
DK .................................... -8 {AS27}

HELP AVAILABLE FOR DEFINITION OF VALUE.

------------------------------------------------------------------
| HARD CHECK:                                      |  |  |
| AMOUNT SHOULD BE 0 OR A WHOLE DOLLAR AMOUNT  |  |  |
| $1 - $9,999,999                                  |  |  |
------------------------------------------------------------------

SHOW CARD AS-3.

Which category on the card best indicates the total current value of these accounts or other financial assets?

0 - 1,000 .................................. 1 {AS28}
1,001 - 5,000 ................................ 2 {AS28}
5,001 - 10,000 ................................ 3 {AS28}
10,001 - 25,000 ................................ 4 {AS28}
25,001 - 50,000 ................................ 5 {AS28}
50,001 - 100,000 ................................ 6 {AS28}
100,001 - 250,000 ................................ 7 {AS28}
250,001 - 500,000 ................................ 8 {AS28}
500,001 OR MORE .......................... 9 {AS28}
REF ................................... -7 {AS28}
DK .................................... -8 {AS28}

[Code One]
Now please think about the approximate value of all other property and assets your family may own. Does anyone in the family have any of the following assets: second homes, rental real estate, a business or farm, money owed to you by persons outside of the family, boats or other recreational vehicles, or other significant assets such as jewelry, art work or antiques?

Please do not include any property or assets we have already talked about.

YES .................................... 1 {AS29}
NO ..................................... 2 {AS35}
REF ................................... -7 {AS35}
DK .................................... -8 {AS35}

HELP AVAILABLE FOR DEFINITION OF ALL OTHER PROPERTY AND ASSETS.
Who in the family owns these other properties and assets [such as second homes, rental real estate, a business or farm, money owed to you by persons outside of the family, boats or other recreational vehicles, or other significant assets such as jewelry, art work or antiques]?

PROBE: Does anyone else in the family own other properties or assets?

[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 DECEASED’ AND ‘PERSON NOT IN RU’ | AS THE LAST TWO OPTIONS ON THE ROSTER. |
|----------------------------------------------------|

<table>
<thead>
<tr>
<th>CONTINUE WITH AS30</th>
</tr>
</thead>
</table>

| ROSTER DETAILS:     |
| TITLE: RU_MEMBERS_1 |

| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |

| 2. ADD, EDIT, AND DELETE DISALLOWED. |

| ROSTER FILTER: |
| NONE. DISPLAY ALL. |
Altogether, what is the current value of these other properties and assets if sold today?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

IF VALUE IS NOTHING, CODE ‘0’.

[Enter Whole $ Value] .................    {AS32}
REF ................................... -7 {AS31}
DK .................................... -8 {AS31}

HELP AVAILABLE FOR DEFINITION OF VALUE.

| HARD CHECK:                                           |
| AMOUNT SHOULD BE 0 OR A WHOLE DOLLAR AMOUNT           |
| $1 - $9,999,999                                        |

SHOW CARD AS-3.

Which category on the card best indicates the total current value of these other properties and assets if sold today?

0 - 1,000 .................................. 1 {AS32}
1,001 - 5,000 ................................ 2 {AS32}
5,001 - 10,000 ................................ 3 {AS32}
10,001 - 25,000 ................................ 4 {AS32}
25,001 - 50,000 ................................ 5 {AS32}
50,001 - 100,000 ................................ 6 {AS32}
100,001 - 250,000 ................................ 7 {AS32}
250,001 - 500,000 ................................ 8 {AS32}
500,001 OR MORE ................................ 9 {AS32}
REF ................................... -7 {AS32}
DK .................................... -8 {AS32}

[Code One]
Is any money owed or are there any loans outstanding on these other properties and assets [such as second homes, rental real estate, a business or farm, boats or other recreational vehicles, or other significant assets]?

YES ................................. 1 {AS33}
NO ...................................... 2 {AS35}
REF .................................... -7 {AS35}
DK .................................... -8 {AS35}

HELP AVAILABLE FOR DEFINITION OF MONEY OWED AND OUTSTANDING LOANS.

How much is currently owed for these other properties and assets [such as second homes, rental real estate, a business or farm, boats or other recreational vehicles, or other significant assets]?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

[Enter Whole $ Amount Owed] ........... {AS35}
REF .................................... -7 {AS34}
DK .................................... -8 {AS34}

HELP AVAILABLE FOR DEFINITION OF 'CURRENTLY OWED'.

---------------------------------------------
| HARD RANGE CHECK:                           |
| AMOUNT SHOULD BE A WHOLE DOLLAR AMOUNT $1 - |
| $9,999,999                                   |
SHOW CARD AS-3.

Which category on the card best indicates the total current amount owed?

<table>
<thead>
<tr>
<th>Category</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 1,000</td>
<td>1 AS35</td>
</tr>
<tr>
<td>1,001 – 5,000</td>
<td>2 AS35</td>
</tr>
<tr>
<td>5,001 – 10,000</td>
<td>3 AS35</td>
</tr>
<tr>
<td>10,001 – 25,000</td>
<td>4 AS35</td>
</tr>
<tr>
<td>25,001 – 50,000</td>
<td>5 AS35</td>
</tr>
<tr>
<td>50,001 – 100,000</td>
<td>6 AS35</td>
</tr>
<tr>
<td>100,001 – 250,000</td>
<td>7 AS35</td>
</tr>
<tr>
<td>250,001 – 500,000</td>
<td>8 AS35</td>
</tr>
<tr>
<td>500,001 OR MORE</td>
<td>9 AS35</td>
</tr>
<tr>
<td>REF</td>
<td>-7 AS35</td>
</tr>
<tr>
<td>DK</td>
<td>-8 AS35</td>
</tr>
</tbody>
</table>

[Code One]

AS35

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

Please exclude any debts we have already discussed, such as debts related to your home, vehicles, second homes, rental real estate, a business or farm, boats or other recreational vehicles, and other significant assets.

<table>
<thead>
<tr>
<th>Response</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>1 AS36</td>
</tr>
<tr>
<td>NO</td>
<td>2 BOX_01</td>
</tr>
<tr>
<td>REF</td>
<td>-7 BOX_01</td>
</tr>
<tr>
<td>DK</td>
<td>-8 BOX_01</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR DEFINITION OF DEBTS.
Who in the family has these debts [such as credit card balances, debts owed to medical providers, life insurance policy loans, loans from relatives and so forth]?

PROBE: Does anyone else in the family have these debts?

[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 DECEASED’ AND ‘PERSON NOT IN RU’ | AS THE LAST TWO OPTIONS ON THE ROSTER. |
|--------------------------------------------------|
| CONTINUE WITH AS37 | |
|--------------------------------------------------|
| ROSTER DETAILS: | |
| TITLE: RU_MEMBERS_1 | |
| | |
| COL # 1 HEADER: NAME | |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) | |
|--------------------------------------------------|
| ROSTER DEFINITION: | |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. | |
|--------------------------------------------------|
| ROSTER BEHAVIOR: | |
| 1. MULTIPLE SELECT ALLOWED. | |
| | |
| 2. ADD, EDIT, AND DELETE DISALLOWED. | |
|--------------------------------------------------|
| ROSTER FILTER: | |
| NONE. DISPLAY ALL. | |
How much do these debts amount to?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. SELECT 'DON'T KNOW'.

[Enter Whole $ Amount Owed] ........... {BOX_01}
REF ................................... -7 {AS38}
DK .................................... -8 {AS38}

HELP AVAILABLE FOR DEFINITION OF 'DEBTS AMOUNT TO'.

HARD RANGE CHECK:
AMOUNT SHOULD BE A WHOLE DOLLAR AMOUNT $1 – $9,999,999

SHOW CARD AS-3.

Which category on the card best indicates the total current amount owed?

0 - 1,000 .............................. 1 {BOX_01}
1,001 - 5,000 .......................... 2 {BOX_01}
5,001 - 10,000 ......................... 3 {BOX_01}
10,001 - 25,000 ...................... 4 {BOX_01}
25,001 - 50,000 ...................... 5 {BOX_01}
50,001 - 100,000 ..................... 6 {BOX_01}
100,001 - 250,000 ................... 7 {BOX_01}
250,001 - 500,000 ................... 8 {BOX_01}
500,001 OR MORE ................... 9 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

Go to next questionnaire section.
Calendar (CA) Section

BOX_01
======
------------------------------------------------------------------
| IF ROUND 1 OR IF RESPONDENT FOR THIS ROUND IS NOT THE SAME AS |
| THE RESPONDENT FOR THE PREVIOUS ROUND, GO TO CA01              |
------------------------------------------------------------------
------------------------------------------------------------------
| IF NOT ROUND 1 AND IF RESPONDENT FOR THIS ROUND IS SAME AS   |
| RESPONDENT FOR THE PREVIOUS ROUND, CONTINUE WITH BOX_02       |
------------------------------------------------------------------

BOX_02
======
------------------------------------------------------------------
| IF NOT ROUND 1 AND RESPONDENT USED ANY CALENDAR DURING THE   |
| PREVIOUS ROUND’S INTERVIEW - CL67 IS CODED ‘1’ (YES) FOR USE  |
| OF MONTHLY PLANNER, HEALTH EVENTS WORKSHEET, RECORD FILE, OR  |
| OTHER CALENDAR, GO TO CA02                                    |
------------------------------------------------------------------
------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH 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 RECORD KEEPING MATERIALS (SUCH AS MEPS PLANNER, MEPS RECORD KEEPER, OR PERSONAL RECORDS) IF NOT ALREADY OUT.

HAS MEPS RECORD KEEPING MATERIALS ..... 1 {CA03}
HAS SOME OTHER TYPE OF RECORD KEEPING MATERIALS ............................. 2 {CA03}
DOES NOT HAVE RECORDS ............... 3 {CA04}
WILL NOT USE RECORDS ............... 4 {CA04}

[Code One]

----------------------------------------------------
| DISPLAY 'in the last few months' IF NOT ROUND 5. |
| DISPLAY 'between {START DATE OF REFERENCE PERIOD} |
| and {END DATE OF REFERENCE PERIOD}' IF ROUND 5. |
| |
| FOR 'START DATE OF REFERENCE PERIOD', DISPLAY THE |
| DATE OF THE ROUND 4 INTERVIEW AS MM/DD/YYYY. FOR |
| 'END DATE OF REFERENCE PERIOD', DISPLAY THE RU END|
| DATE FOR ROUND 5 AS MM/DD/YYYY. |
----------------------------------------------------
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 RECORDS DURING THE PREVIOUS INTERVIEW. ASK RESPONDENT TO GET RECORD KEEPING MATERIALS (SUCH AS MEPS PLANNER, MEPS RECORD KEEPER, OR PERSONAL RECORDS) IF NOT ALREADY OUT.

HAS MEPS RECORD KEEPING MATERIALS...... 1 {CA03}
HAS SOME OTHER TYPE OF RECORD KEEPING MATERIALS ......................... 2 {CA03}
DOES NOT HAVE RECORDS ................. 3 {CA04}
WILL NOT USE RECORDS ................. 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.
CODE WITHOUT ASKING IF RESPONDENT HAS ALREADY ANSWERED.

Has anyone in the family been keeping records of all visits to medical providers and medical places, most of the visits, only some of the visits, or have no records been kept?

ALL VISITS RECORDED ....................... 1 {BOX_05}
MOST VISITS RECORDED ..................... 2 {BOX_05}
SOME VISITS RECORDED ..................... 3 {CA04}
NO RECORDS KEPT ......................... 4 {CA04}
VOLUNTEERED: NO EVENTS TO RECORD ...... 5 {BOX_05}
REF ........................................... -7 {CA04}
DK ............................................. -8 {CA04}

[Code One]

| THE COMPUTER SUMMARY ITEMS (BOX_03 - CA05) WERE REMOVED IN PANEL 12 ROUND 2. STARTING IN PANEL 13, THESE ITEMS WILL BE OMITTED IN ALL ROUNDS. |
CA04

GIVE RESPONDENT A MONTHLY PLANNER (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/{YEAR}} {AND DATE OF LAST INTERVIEW}.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

----------------------------------------------------
| DISPLAY ‘TODAY’S DATE’ IF NOT ROUND 5. DISPLAY   |
| ’12/31/{YEAR}’ IF ROUND 5. FOR {YEAR} DISPLAY     |
| SECOND YEAR OF PANEL.                             |
| | |
| DISPLAY ‘AND DATE OF LAST INTERVIEW’ IF NOT       |
| ROUND 1. OTHERWISE, USE A NULL DISPLAY.   |
----------------------------------------------------

----------------------------------------------------
| THE COMPUTER SUMMARY ITEMS (BOX_03 – CA05) WERE  |
| REMOVED IN PANEL 12 ROUND 2. STARTING IN         |
| PANEL 13, THESE ITEMS WILL BE OMITTED IN ALL      |
| ROUNDS.                                           |
----------------------------------------------------

----------------------------------------------------
| GO TO BOX_05                                      |
----------------------------------------------------

BOX_03

OMITTED.

BOX_04

OMITTED.

CA05

OMITTED.
BOX_05
======

----------------------------------------------------
|  GO TO NEXT QUESTIONNAIRE SECTION                  |
----------------------------------------------------
Condition Enumeration (CE) Section

BOX_00
======

-----------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:                |
| DISPLAY PERS.FULLNAME, PRND.BEGREFMM,               |
| PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM,       |
| PRND.ENDREFDD, PRND.ENDREFYY                        |
-----------------------------------------------------

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 BOX_01A-END_LP01                               |
----------------------------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_01 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                          |
-------------------------------
MEPS P13R5/P14R3/P15R1 Condition Enumeration (CE) Section
November 10, 2009

CE01
====
OMITTED.

CE01OV
=====  OMITTED.

CE02
====
OMITTED.

CE02OV
=====  OMITTED.

BOX_01A
=======

----------------------------------------------------
| IF FIRST CYCLE OF LOOP, CONTINUE WITH CE03        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO CE04                             |
----------------------------------------------------
CE03
====

Now we are going to focus on health problems that have actually bothered anyone in the family {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 OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF HEALTH PROBLEM.

---

DISPLAY ‘since {START DATE}’ IF NOT ROUND 5.
- DISPLAY ‘January 1, (YEAR)’ FOR ‘START DATE’ WHERE ‘YEAR’ IS THE FIRST YEAR OF THE PANEL IF ROUND 1 AND A MULTI-PERSON RU.
- DISPLAY THE ACTUAL START DATE FOR ‘START DATE’ IF ROUND 1 AND A SINGLE-PERSON RU.
- DISPLAY THE PREVIOUS ROUND’S INTERVIEW DATE FOR ‘START DATE’ IF ROUND 2, 3, OR 4.
DISPLAY ‘between {START DATE} and {END DATE}’ IF ROUND 5 AND DISPLAY THE PREVIOUS ROUND’S INTERVIEW DATE FOR ‘START DATE’.
- DISPLAY ‘December 31, (YEAR)’ FOR ‘END DATE’ WHERE ‘YEAR’ IS THE SECOND YEAR OF THE PANEL IF A MULTI-PERSON RU.
- DISPLAY THE ACTUAL END DATE FOR ‘END DATE’ IF A SINGLE-PERSON RU.

---

ALTHOUGH THIS IS A PERSON-LEVEL LOOP, CE03 OCCURS ONLY IN THE FIRST CYCLE OF THE LOOP AND ASKS ABOUT THE WHOLE FAMILY. THEREFORE, DO NOT INCLUDE A PERSON NAME IN THE CONTEXT HEADER FOR CE03.
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 {CE05}
NO ..................................... 2 {END_LP01}
REF ................................. -7 {END_LP01}
DK .................................... -8 {END_LP01}

HELP AVAILABLE FOR DEFINITION OF HEALTH PROBLEM.
What did (PERSON) have?

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

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

[Medical Condition]
[Medical Condition]
[Medical Condition]         {END_LP01}

<table>
<thead>
<tr>
<th>AS CONDITIONS ARE ENTERED, THEY SHOULD BE FLAGGED</th>
<th>WITH THE NUMBER OF THE ROUND IN WHICH THEY WERE</th>
<th>FIRST CREATED. THIS ROUND FLAG WILL BE USED LATER</th>
<th>IN THE INTERVIEW TO DETERMINE WHICH QUESTIONS</th>
<th>SHOULD BE ASKED.</th>
</tr>
</thead>
</table>

DISPLAY ‘ADD CONDITION’ AS AN OPTION ON THIS SCREEN.

Any condition added to the roster should be flagged as ‘CREATED’ this round (with the round status). Any condition selected at the roster should be flagged as ‘SELECTED’ this round (with the round status). This flagging should occur, at all of the person’s medical conditions rosters throughout the instrument, the first time the condition is added or selected during the round. For example, if it is round 1, all conditions on the roster would have the flag ‘CREATED – ROUND 1’. If a condition is created in CE, but selected in MV, all during round 1, it would only have the flag ‘CREATED – ROUND 1’. Thus, for any one round, a condition can only be flagged as ‘CREATED’ or ‘SELECTED’. If it is round 2 and a condition that was created in round 1 is selected, it should be flagged as ‘SELECTED – ROUND 2’. This flag is in addition to the original ‘CREATED – ROUND 1’ flag.
GO TO END_LP01

ROSTER DETAILS:
Title: PERS_COND_1

COL #1 HEADER: CONDITION
INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION (COND.CONDNAM)

ROSTER DEFINITION:
DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR FOR THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.
2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD THE CONDITION NAME.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET “RECORDED” THE CONDITION.
4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A CONDITION NAME NEWLY ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET “RECORDED” THE CONDITION.

ROSTER FILTER:
NO FILTER; DISPLAY ALL CONDITIONS ON PERSON’S ROSTER.
END_LP01

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

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

BOX_02

| CHECK HOUSEHOLD ENUMERATION. IF ANY FEMALES AGED | 15-55 YEARS, INCLUSIVE, (OR AGE CATEGORIES 4-8) IN |
| THE RU, CONTINUE WITH CE05A |

| OTHERWISE, GO TO BOX_09 |
CE05A
=====

{STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, has anyone in the family been pregnant at any time?

YES ........................................ 1
NO .......................................... 2 (BOX_09)
REF ...................................... -7 (BOX_09)
DK ....................................... -8 (BOX_09)

<p>| DISPLAY 'Between (START DATE) and (END DATE)' IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5. OTHERWISE, DISPLAY 'Since (START DATE)'.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF CODED '1' (YES) AND A SINGLE PERSON RU,</td>
</tr>
<tr>
<td>AUTOMATICALLY CODE PERSON AT CE05B BY CAPI AND GO</td>
</tr>
<tr>
<td>TO BOX_09</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE</td>
</tr>
<tr>
<td>WITH CE05B</td>
</tr>
</tbody>
</table>
CE05B
=====

{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)}?

[First Name,[Middle Name],Last Name-65]
[First Name,[Middle Name],Last Name-65]
[First Name,[Middle Name],Last Name-65] {BOX_09}

----------------------------------------------------
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. OTHERWISE, DISPLAY 'since (START DATE)'. |
----------------------------------------------------

----------------------------------------------------
| BEGINNING IN PANEL 12, PREGNANCIES ARE NO LONGER |
| ADDED TO THE PERSON’S CONDITIONS ROSTER BASED ON |
| THE RESPONSE TO THIS QUESTION, CE05B. (IN EARLIER |
| PANELS AND rounds, THIS SAME QUESTION WAS ASKED AS |
| CE08.) THEREFORE, PERSONS WHO ARE SELECTED AT |
| CE05B WILL HAVE A PREGNANCY CONDITION ON THEIR |
| ROSTER ONLY IF PREGNANCY IS REPORTED ELSEWHERE IN |
| CAPI (THE DD SECTION, CE05, OR THE EVENT |
| SECTIONS). ALSO, PERSONS WHO HAVE A PREGNANCY |
| REPORTED IN CAPI MAY NOT BE SELECTED AT CE05B (THE |
| PRND VARIABLE MIGHT NOT BE SET FOR PERSON); THERE |
| IS NO LINK BETWEEN CE05B AND REPORTS OF PREGNANCY |
| FOR PERSON ELSEWHERE IN CAPI. |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
|
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION. |
----------------------------------------------------
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY FEMALES AGE 15-55 YEARS INCLUSIVE, OR IN AGE CATEGORIES 4-8.

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

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

GO TO NEXT QUESTIONNAIRE SECTION

-----------------------------------------------------------------------------------
Closing (CL) Section

| Subsection 1: MFC Authorization Forms (Round 1 through Round 5) |

---

<table>
<thead>
<tr>
<th>BOX_00</th>
</tr>
</thead>
</table>

| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME |

---
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

================================================================================

OTHERWISE, GO TO BOX_02

================================================================================

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 AUTHORIZATION FORM’S STATUS 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 LEGISLATION THAT WENT INTO EFFECT IN APRIL 2003, MEPS CHANGED TO NEW HIPAA-COMPLIANT AUTHORIZATION FORMS.

================================================================================

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 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) 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) INSURANCE 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 INSURANCE 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 INSURANCE AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).

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

NOTE: IF THE PERSON-PROVIDER-PAIR IS OUTSTANDING FROM A PREVIOUS ROUND AND THERE IS A NEW ELIGIBLE EVENT FOR THIS PAIR IN THE CURRENT ROUND, THE PAIR WILL NOT BE TREATED AS IF IT IS OUTSTANDING. THAT IS, THE DISPLAYS FOR PREVIOUS ROUND STATUS WILL NOT BE SHOWN, ETC.
[As I mentioned during the last interview], it/It is important for us to get accurate names and addresses for medical providers so that we can contact them for more information about the services they provide. To do this, we must have written authorization from the family members receiving these services. I would like to get authorization from the following people:

[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.]

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE PERSONS WHO MEET 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

CL02

OMITTED.
LOOP_01
六年

-----------------------------------------------------------------------
| 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 A NEW MPC AF FOR THIS PAIR./CHECK FIRST FOR PREPRINTED MPC AF FOR THIS PAIR. IF THERE IS NO PREPRINTED AF, FILL OUT A BLANK MPC AF.)

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

RU ID: [RUID-7] 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}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

DISPLAY ‘COMPLETE A NEW MPC AF FOR THIS PAIR.’ IF ROUND 1. OTHERWISE, (I.E., ROUND 2-5) DISPLAY ‘CHECK...MPC AF.’

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


DISPLAY THE INTERVIEW DATE OF THE MOST RECENT ROUND’S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION FOR ‘MM/DD/YYYY’.
END_LP01

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

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH LOOP_02                 |
----------------------------------------------------

LOOP_02

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |
| ROSTER, ASK CL04 - END_LP02                       |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS THE STATUS OF   |
| PERSON-PROVIDER AUTHORIZATION FORMS ELIGIBLE FOR   |
| AUTHORIZATION FORM COLLECTION (THIS INCLUDES NEW    |
| AND OUTSTANDING FORMS). THIS LOOP CYCLES ON        |
| RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER-  |
| PAIR THAT MEET THE FOLLOWING CONDITION(S):         |
| - PAIR IS ELIGIBLE FOR AUTHORIZATION FORM         |
| COLLECTION FOR THE CURRENT ROUND (SEE BOX_01       |
| SAMPLING SPECIFICATIONS)                          |
| OR                                                |
| - PAIR WAS ELIGIBLE FOR AUTHORIZATION FORM        |
| COLLECTION IN PREVIOUS ROUND, AND                 |
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO |
| R), '9' (REFUSED), OR '91' (OTHER) FOR THIS PAIR   |
| IN THE PREVIOUS ROUND                             |
----------------------------------------------------

----------------------------------------------------
| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-  |
| PROVIDER-PAIR.                                    |
----------------------------------------------------
INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN AUTHORIZATION FORM. IF NOT AVAILABLE TO SIGN, LEAVE AF AND BOOKLET WITH RESPONDENT.

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

RU ID: [RUID-7] 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}

SELECT THE AUTHORIZATION FORM STATUS:

SIGNED, NO PROBLEM ...................... 1 {CL05}
SIGNED WITH PROBLEM .................... 2 {CL04OV1}
LEFT WITH RESPONDENT ................... 3 {END_LP02}
MAILED TO RESPONDENT ................... 4 {END_LP02}
REFUSED .................................. 5 {CL06}
OTHER ................................... 91 {CL04OV2}

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

[Code One]

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

SOFT CHECK:
CODE ‘4’ (MAILED TO R) MUST BE VERIFIED (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.’

PROBLEM:

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

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.
OTHER:

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

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.
CL05
====

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

RU ID: [RUID-7] 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] ................. {CL05OV}

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

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

-----------------------------------------------------------------------------------------------
| HARD CHECK – PANEL 13 MPC AUTHORIZATION FORMS: |
| AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER. PANEL 13 MPC AUTHORIZATION FORMS ARE PRINTED ON WHITE PAPER. |
| ORIGIN LETTER 5-NUMBER CHECK ROUND |
| FIELD GENERATED |
| HOME OFFICE |
| TRAINING/ QC |
| ORIGIN LETTER 5-NUMBER CHECK ROUND |
| FIELD GENERATED |
| HOME OFFICE |
| TRAINING/ QC |
-----------------------------------------------------------------------------------------------

HOME OFFICE T 45000- CONSTANT G,H,J,K,L 49999
TRAINING/ QC Y 96000- CONSTANT G,H,J,K,L 96399
### HARD CHECK – PANEL 14 MPC AUTHORIZATION FORMS:

Authorization form numbers are panel and round specific. Number entered must be 8 characters long and must begin and end with an alpha character. Panel 14 MPC Authorization forms are printed on blue paper.

<table>
<thead>
<tr>
<th>ORIGIN</th>
<th>LETTER</th>
<th>5-NUMBER SEQUENCE</th>
<th>CHECK DIGIT</th>
<th>ROUND IDENTIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-GENERATED</td>
<td>A-M</td>
<td>00001-29499</td>
<td>CONSTANT M,N,P,Q,R</td>
<td></td>
</tr>
<tr>
<td>FIELD</td>
<td>A-M</td>
<td>29500-44999</td>
<td>CONSTANT M,N,P,Q,R</td>
<td></td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>T</td>
<td>45000-49999</td>
<td>CONSTANT M,N,P,Q,R</td>
<td></td>
</tr>
<tr>
<td>TRAINING/ QC</td>
<td>Y</td>
<td>96000-96399</td>
<td>CONSTANT M,N,P,Q,R</td>
<td></td>
</tr>
</tbody>
</table>

### HARD CHECK – PANEL 15 MPC AUTHORIZATION FORMS:

Authorization form numbers are panel and round specific. Number entered must be 8 characters long and must begin and end with an alpha character. Panel 15 MPC Authorization forms are printed on green paper.

<table>
<thead>
<tr>
<th>ORIGIN</th>
<th>LETTER</th>
<th>5-NUMBER SEQUENCE</th>
<th>CHECK DIGIT</th>
<th>ROUND IDENTIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-GENERATED</td>
<td>A-M</td>
<td>00001-29499</td>
<td>CONSTANT S,T,U,V,W</td>
<td></td>
</tr>
<tr>
<td>FIELD</td>
<td>A-M</td>
<td>29500-44999</td>
<td>CONSTANT S,T,U,V,W</td>
<td></td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>T</td>
<td>45000-49999</td>
<td>CONSTANT S,T,U,V,W</td>
<td></td>
</tr>
<tr>
<td>TRAINING/ QC</td>
<td>Y</td>
<td>96000-96399</td>
<td>CONSTANT S,T,U,V,W</td>
<td></td>
</tr>
</tbody>
</table>
SOME IMPORTANT POINTS TO REMEMBER ABOUT MPC AUTHORIZATION FORMS:
- THE PREFIX LETTER CHANGES BASED ON THE TYPE OF AUTHORIZATION FORM AND THE ORIGIN OF THE FORM. THIS MEANS THAT A PRE-PRINTED OR FIELD GENERATED MPC AUTHORIZATION FORM WILL DRAW FROM THE SAME LETTER OR RANGE OF LETTERS IN EACH PANEL.
- THE 5-NUMBER SEQUENCE REPEATS ITSELF FOR EACH PANEL.
- THE CHECK-DIGIT ALWAYS REMAINS CONSTANT.
- THE ROUND IDENTIFIER IS DIFFERENT FOR EACH PANEL. THE ROUND IDENTIFIER WILL REMAIN THE SAME FOR ALL AUTHORIZATION FORMS COLLECTED WITHIN A PANEL, BUT CHANGES BASED ON THE ROUND. FOR EXAMPLE: AUTHORIZATION FORMS GENERATED FOR PANEL 14, ROUND 1 WILL USE THE ROUND IDENTIFIER “M”; “M” OR “N” FOR ROUND 2; “M”, “N”, OR “P” FOR ROUND 3; “M”, “N”, “P” OR “Q” FOR ROUND 4; AND “M”, “N”, “P”, “Q” OR “R” FOR ROUND 5.

MPC AUTHORIZATION FORM SIGNATURE DATE:

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

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.

HARD CHECK:
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, BUT CANNOT BE AFTER 'TODAY’S’ DATE (THE CURRENT DATE SET ON THE LAPTOP). 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.’
CL06
====

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

RU ID: [RUID-7] PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
[City Name], [ST] [Zip Code] [Telephone]

SELECT MAIN REASON FOR REFUSAL:

- DOESN'T WANT TO BOTHER PROVIDER ........ 1 {END_LP02}
- CONFIDENTIALITY/SENSITIVE INFO .......... 2 {END_LP02}
- PAYMENT PROBLEM WITH PROVIDER .......... 3 {END_LP02}
- HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP02}
- WANTS MORE INFO BEFORE SIGNING ......... 5 {END_LP02}
- NOT INTERESTED IN STUDY ................. 6 {END_LP02}
- NO REASON GIVEN ......................... 7 {END_LP02}
- OTHER SPECIFY .......................... 91 {CL06OV}

[Code One]

CL06OV
=====

OTHER REASON FOR REFUSAL:

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

END_LP02
=====

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

---------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_02 AND CONTINUE WITH BOX_02               |
---------------------------------------------
Box_02
------

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

-------------
| OTHERWISE, GO TO BOX_03 |
-------------
LOOP_02A
========

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

----------------------------------------------------
| LOOP DEFINITION: LOOP_02A INSTRUCTS THE            |
| INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION |
| HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL      |
| PROVIDER AUTHORIZATION FORMS FOR ALL RU MEMBERS    |
| WHO HAD 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. REQUEST SIGNATURE(S) ON AF(S).

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

5. PLACE EACH SIGNED MPC AF IN THE CASE FOLDER. MAKE FOLLOW-UP 
ARRANGEMENTS FOR EACH UNSIGNED MPC AF. CAPI WILL 
NOT COLLECT INFORMATION ON STATUS.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

---------------------------------------------------------------------
| 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’. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| CONTINUE WITH END_LP02A |
---------------------------------------------------------------------
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            |
----------------------------------------------------

BOX_03

----------------------------------------------------
| Subsection 2: HIPS AUTHORIZATION FORMS (BEGINNING |
| WITH THE SECOND YEAR OF PANEL 2 AND THE FIRST YEAR |
| OF PANEL 3 (1998), SAMPLING CONTINUES BUT          |
| AUTHORIZATION FORMS ARE NOT COLLECTED).            |
|                                                   |
| 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’|
| 4. ESTABLISHMENT ONLY PROVIDES LONG TERM CARE     |
| IN A NURSING HOME, EXTRA CASH FOR HOSPITAL        |
| STAYS, SERIOUS DISEASE OR DREAD DISEASE,          |
| DISABILITY, WORKER’S COMPENSATION, OR             |
| ACCIDENT INSURANCE (HX48 IS CODED ONLY            |
| AND ‘11’).                                       |
----------------------------------------------------
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)

SAMPLING BOX FOR 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 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: 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: A ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) RESPONSE 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 ABOVE SAMPLING CRITERIA, BUT USING ROUND 3 DATA.

SAMPLING BOX (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND 5):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:
- ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER OF THIS INSURANCE ON THE DATE OF THE ROUND 3 INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE DATE OF THE ROUND 3 INTERVIEW (DEFINED LATER) WITH FOUR EXCEPTIONS:
  1. ESTABLISHMENT IS FLAGGED AS ‘EMPLOYER’ AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
  2. ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)
  3. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN DU’
SAMPLING BOX FOR ROUNDS 4 AND 5: (TO BASE ON ROUND 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND 5):
RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS AUTHORIZATION FORM COLLECTION:

  1. ESTABLISHMENT IS THE FEDERAL GOVERNMENT (EM96 = 2)
  2. ESTABLISHMENT IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE=1
  3. ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ WITH ONE EMPLOYEE (EM91=1) AND ONE LOCATION (EM93=2)

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

NOTE: HELD ON THE DATE OF THE ROUND 3 INTERVIEW:
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED ‘1’ (YES) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT HP16 OR OE45) OR (CONFIRMED AS STILL COVERED AT OE29 OR OE30)] IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED ‘1’ (WHOLE TIME) OR HQ02 IS CODED ‘1’ (YES, COVERED NOW) FOR THE COVERED PERSON) OR (OE26 IS CODED ‘1’ (YES) FOR THE COVERED PERSON)]
NOTE: Establishments which are employers and provide health insurance and are flagged as 'self-employed' with a firm-size=1 are treated as direct purchased insurance, that is, HIPS will contact the establishment providing the insurance, (i.e., created from the HX03 series) not the employer.

NOTE: For establishments which are current main employers (on the Round 3 interview date) and provide health insurance, where the health insurance is only from a union (EM117=2), a HIPS authorization form is required for both the employer and the union. In these cases, both establishment-person-pairs are eligible for HIPS authorization form collection.

NOTE: If a current main job is flagged as 'previous health insurance' but that insurance is only long term care in a nursing home, extra cash for hospital stays, serious disease or dread disease, disability, worker's compensation, and/or accident insurance, the job is processed as if it does not provide health insurance but is eligible for health insurance provider authorization form collection (as long as other requirements are met).

NOTE: A '-7' (refused) and '-8' (don't know) response at any question listed above does not meet the criteria.

Box_04A
-------
OMITTED.

Box_04
------
OMITTED.

Cl07
-----
OMITTED.
LOOP_03
=======
OMITTED.

CL08
=====
OMITTED.

CL09
=====
OMITTED.

CL09OV1
=======
OMITTED.

CL09OV2
=======
OMITTED.

CL10
=====
OMITTED.

CL11
=====
OMITTED.

CL11OV
=======
OMITTED.

END_LP03
========
OMITTED.

BOX_05
======
OMITTED.

BOX_06
======
OMITTED.

CL12
=====
OMITTED.

CL13
=====
OMITTED.

CL14
=====
OMITTED.
LOOP_04
======
OMITTED.

CL15
====
OMITTED.

CL15OV
======
OMITTED.

CL16
====
OMITTED.

CL17
====
OMITTED.

CL17OV
======
OMITTED.

END_LP04
========
OMITTED.

BOX_07
======
OMITTED.

CL18
====
OMITTED.

CL18OV
======
OMITTED.

CL19
====
OMITTED.

CL20
====
OMITTED.

CL20OV
======
OMITTED.

BOX_08
======
OMITTED.
Subsection 4: Pharmacy Requests and Authorization Forms (Rounds 2-5)

As a pharmacy was entered or selected during the prescribed medicines section, the person-pharmacy-pair was flagged 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 authorization form collection for this RU member.

If round 1, go to Box 14

Otherwise (i.e., if rounds 2-5), continue with Box 11

Note: Panels 1 through 12 included pharmacy AF collection only in rounds 3 and 5. Panel 13 includes pharmacy AF collection in rounds 3, 4, and 5. Beginning in panel 14, and all subsequent panels, pharmacy AF collection occurs in rounds 2-5.
BOX 11

----------------------------------------------------------------------
| IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE                      |
| (SEE SAMPLING BOX BELOW) FOR PHARMACY                             |
| AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND,              |
| OR                                                                  |
| AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE FOR                     |
| AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS ROUND AND CL32  |
| WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' |
| (OTHER) FOR THIS PERSON-PHARMACY-PAIR IN PREVIOUS ROUND,          |
| CONTINUE WITH CL29                                                 |

----------------------------------------------------------------------
| OTHERWISE, GO TO BOX_14                                           |

----------------------------------------------------------------------
| NOTE: RECEIPT CONTROL WILL UPDATE CAPI INTER-ROUND, USING THE CODE |
| STRUCTURE AT CL32. UPDATES CAN BE EITHER POSITIVE OR NEGATIVE. THIS |
| MEANS THAT INTER-ROUND AN AUTHORIZATION FORM’S STATUS 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 MPC MAPPING SPECIFICATIONS FOR     |
| EXACT UPDATES TO STATUS CODES.                                    |

----------------------------------------------------------------------
| SAMPLING BOX:                                                     |
| PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY                        |
| AUTHORIZATION FORM COLLECTION IN ROUNDS 2-5:                        |
| - PERSON IS A KEY, ELIGIBLE RU MEMBER (INCLUDING DECEASED AND       |
|   INSTITUTIONALIZED)                                               |
| - PERSON ASSOCIATED WITH THE PHARMACY                              |
| - PHARMACY COLLECTED OR USED DURING THE ROUND 1, 2, 3, 4, OR 5     |
|   REFERENCE PERIOD                                                 |
| NOTE: FORMS ASSOCIATED WITH ELIGIBLE PERSON-PHARMACY-PAIRS         |
| CREATED IN ROUND 1 WILL BE REQUESTED IN ROUND 2.                   |
| NOTE: FORMS ASSOCIATED WITH DECEASED AND INSTITUTIONALIZED         |
| PERSONS IN ROUND 1 WILL BE REQUESTED IN ROUND 2.                   |

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

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

NOTE: IF THE PERSON-PHARMACY-PAIR IS OUTSTANDING FROM A PREVIOUS ROUND AND THE SAME PHARMACY IS SELECTED FOR THAT PERSON 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.

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

CL23
====
OMITTED.

CL24
====
OMITTED.

LOOP_05
======
OMITTED.

CL25
====
OMITTED.

END_LP05
========
OMITTED.

CL26
====
OMITTED.

BOX_12
=====
OMITTED.

CL27
====
OMITTED.

LOOP_06
=======
OMITTED.
As you know, the Department of Health and Human Services 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 OR SELECT NEXT PAGE TO CONTINUE.
From the information I have, I would like to get a signed authorization form for:

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

[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.]

<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>

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
ROSTER FILTER:
Display only those pairs that meet the following condition(s):
- Pair is eligible for pharmacy authorization form collection for the current round (see Box_11 sampling specifications)
  or
- Pair eligible for pharmacy authorization form collection in previous round, and
  - CL32 was coded '3' (left with R), '4' (mailed to R), '5' (refused), or '91' (other) for this person-pharmacy-pair in previous round

Note: Display each unique eligible person-pharmacy-pair only once.

LOOP_07

For each element on the RU-person-pharmacy-pairs-roster, ask CL31 - END_LP07

Loop definition: Loop_07 presents each unique person-pharmacy-pair eligible for pharmacy authorization form collection for the interviewer to complete the authorization form. This loop cycles on the RU-person-pharmacy-pairs that meet the following conditions:
- Pair is eligible for pharmacy authorization form collection for the current round (see Box_11 sampling specifications)
  or
- Pair eligible for pharmacy authorization form collection in previous round, and
  - CL32 was coded '3' (left with R), '4' (mailed to R), '5' (refused), or '91' (other) for this person-pharmacy-pair in previous round

Note: Loop only one time for each unique person-pharmacy-pair.
INTERVIEWER: CHECK FIRST FOR PREPRINTED PHARMACY AF FOR THIS PAIR.
IF THERE IS NO PREPRINTED AF, FILL OUT A BLANK PHARMACY AF.

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

RU ID: [RUID-7] PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS: [Street Address for Pharmacy]
[City Name], [ST] [Zip Code] [Telephone]

(PHARMACY AF STATUS FROM PREVIOUS ROUND: (DISPLAY PREVIOUS ROUND STATUS - 40))

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

---------------------------------------------------------------------
DISPLAY ‘PHARMACY AF STATUS ... -40’ IF CURRENT PERSON-PHARMACY-PAIR IS OUTSTANDING FROM THE PREVIOUS ROUND.


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

---------------------------------------------------------------------
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 CONDITIONS: |
| - PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_11 SAMPLING SPECIFICATIONS) |
| OR |
| - PAIR ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION IN PREVIOUS ROUND, AND |
| - CL32 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PERSON-PHARMACY-PAIR IN PREVIOUS ROUND |
-------------------

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

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

RU ID: [RUID-7]      PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS:  [Street Address for Pharmacy]
                  [City Name], [ST] [Zip Code] [Telephone]

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

SELECT THE PHARMACY AUTHORIZATION FORM STATUS:

 SIGNED, NO PROBLEM ................. 1 {CL33}
 SIGNED WITH PROBLEM ................ 2 {CL32OV1}
 LEFT WITH R .......................... 3 {END_LP08}
 MAILED TO R .......................... 4 {END_LP08}
 REFUSED .............................. 5 {CL34}
 OTHER ............................... 91 {CL32OV2}

[Code One]

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

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

SOFT CHECK:  
CODE ‘4’ (MAILED TO R) MUST BE VERIFIED (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.’

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

PROBLEM:

[Enter Problem-45] .....................  {CL33}

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.
CL32OV2
=======

OTHER:

[Enter Other Specify-45] ............... {END_LP08}

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

CL33
====

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

RU ID: [RUID-7]  PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS: [Street Address for Pharmacy]
                 [City Name], [ST]  [Zip Code]  [Telephone]

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

ENTER PHARMACY AUTHORIZATION FORM NUMBER:

[Enter Number-8] ....................... {CL33OV}

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

----------------------------------------------------
| NOTE: EACH PHARMACY AUTHORIZATION FORM HAS A     |
| PRE-ASSIGNED PHARMACY AUTHORIZATION FORM NUMBER. |
----------------------------------------------------
### HARD CHECK–PANEL 13 PHARMACY AUTHORIZATION FORMS:

AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.

PANEL 13 PHARMACY AUTHORIZATION FORMS ARE PRINTED ON ORCHID PAPER.

<table>
<thead>
<tr>
<th>ORIGIN</th>
<th>LETTER</th>
<th>5-NUMBER CHECK ROUND</th>
<th>SEQUENCE</th>
<th>DIGIT IDENTIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME</td>
<td>Z</td>
<td>90000-95999</td>
<td>CONSTANT</td>
<td>G,H,J,K,L</td>
</tr>
<tr>
<td>OFFICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAINING/ QC</td>
<td>Y</td>
<td>96600-96799</td>
<td>CONSTANT</td>
<td>G,H,J,K,L</td>
</tr>
</tbody>
</table>

### HARD CHECK–PANEL 14 PHARMACY AUTHORIZATION FORMS:

AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.

PANEL 14 PHARMACY AUTHORIZATION FORMS ARE PRINTED ON PINK PAPER.

<table>
<thead>
<tr>
<th>ORIGIN</th>
<th>LETTER</th>
<th>5-NUMBER CHECK ROUND</th>
<th>SEQUENCE</th>
<th>DIGIT IDENTIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-G</td>
<td>Q,R,S</td>
<td>70000-79999</td>
<td>CONSTANT</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>FIELD</td>
<td>Q,R,S</td>
<td>80000-89999</td>
<td>CONSTANT</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>HOME</td>
<td>Z</td>
<td>90000-95999</td>
<td>CONSTANT</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>OFFICE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRAINING/ QC</td>
<td>Y</td>
<td>96600-96799</td>
<td>CONSTANT</td>
<td>M,N,P,Q,R</td>
</tr>
</tbody>
</table>
**HARD CHECK—PANEL 15 PHARMACY AUTHORIZATION FORMS:**

Authorization form numbers are panel and round specific. Number entered must be 8 characters long and must begin and end with an alpha character. Panel 15 pharmacy authorization forms are printed on gray paper.

<table>
<thead>
<tr>
<th>ORIGIN</th>
<th>LETTER</th>
<th>5-NUMBER SEQUENCE</th>
<th>CHECK DIGIT</th>
<th>ROUND IDENTIFIER</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE-GENERATED</td>
<td>Q,R,S</td>
<td>70000-79999</td>
<td>S,T,U,V,W</td>
<td></td>
</tr>
<tr>
<td>FIELD GENERATED</td>
<td>Q,R,S</td>
<td>80000-89999</td>
<td>S,T,U,V,W</td>
<td></td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>Z</td>
<td>90000-95999</td>
<td>S,T,U,V,W</td>
<td></td>
</tr>
<tr>
<td>TRAINING/QC</td>
<td>Y</td>
<td>96600-96799</td>
<td>S,T,U,V,W</td>
<td></td>
</tr>
</tbody>
</table>

Some important points to remember about pharmacy authorization forms:

- The prefix letter changes based on the type of authorization form and the origin of the form. This means that a pre-printed or field generated authorization form will draw from the same letter or range of letters in each panel. The exception is panel 14 pharmacy authorization forms which will draw from an expanded list of prefix letters to accommodate a change in collection procedures.
- The 5-number sequence repeats itself for each panel.
- The check-digit always remains constant.
- The round identifier is different for each panel. The round identifier will remain the same for all authorization forms collected within a panel, but changes based on the round. For example: authorization forms generated for panel 14, round 1 will use the round identifier “M,” “M” or “N” for round 2; “M,” “N,” or “P” for round 3; “M,” “N,” “P” or “Q” for round 4; and “M,” “N,” “P,” “Q” or “R” for round 5.
PHARMACY AUTHORIZATION FORM SIGNATURE DATE:

[Enter Month, Day, Year-4] ..................   {END_LP08}

---------------------------------------------------------------------
| NOTE: INTERVIEWERS WILL BE INSTRUCTED TO COLLECT |
| SIGNED PHARMACY 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 PHARMACY |
| AUTHORIZATION FORM SHOULD REFLECT THE FORM WITH    |
| THE MOST RECENT DATE.                               |
---------------------------------------------------------------------

---------------------------------------------------------------------
| HARD CHECK:                                               |
| 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 BUT CANNOT BE AFTER ‘TODAY’S DATE’      |
| (THE CURRENT DATE SET ON THE LAPTOP). IF DATE IS       |
| BEFORE CORRECT DATE, DISPLAY THE FOLLOWING MESSAGE: ‘PHARMACY AF MUST BE SIGNED ON OR AFTER |
| ABOVE DATE. VERIFY AND RE-ENTER DATE OR COMPLETE       |
| NEW AF.’                                               |
---------------------------------------------------------------------
CL34
====

PID: [PID]           PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]
RU ID: [RUID-7]      PHARMID: [PharmID-4]
PHARMACY NAME: [Pharmacy Name-35]
PHARMACY ADDRESS: [Street Address for Pharmacy]
      [City Name], [ST] [Zip Code] [Telephone]

SELECT 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 {CL34OV}

   [Code One]

CL34OV
=====

OTHER REASON FOR REFUSAL:

   [Enter Other Specify-45] ................. {END_LP08}

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                 |
----------------------------------------------------
BOX_14

---------------------------------------------
| SUBSECTION 5: SELF-ADMINISTERED QUESTIONNAIRE |
| (ROUNDS 2 THROUGH 5)                         |
---------------------------------------------

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

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

---------------------------------------------
| OTHERWISE, GO TO BOX_16A                    |
---------------------------------------------

BOX_15

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL35 01. PID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
</tr>
</tbody>
</table>

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON SAQ COLLECTION.

---
| ROSTER DETAILS:                                     |
| TITLE: RU-MEMBERS_7                                 |
| COL # 1 HEADER: NAME                                |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE,    |
| AND LAST NAMES (PERS.FULLNAME)                      |
| COL # 2 HEADER: PID                                 |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ 3-DIGIT ID        |
| (PERS.PID)                                          |

---
| ROSTER DEFINITION:                                  |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR        |
| DISPLAY ONLY.                                        |

---
| ROSTER BEHAVIOR:                                    |
| 1. DISPLAY ONLY.                                    |
| 2. SELECT, EDIT, ADD, DELETE DISALLOWED.            |

---
ROSTER FILTER:
DISPLAY ALL PERSONS 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, \{YEAR\}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, IF ROUND 2, OR ON JULY 1, \{YEAR\}, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 4, OR HAS TURNED 18 BETWEEN JULY 1, \{YEAR\}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2 OR JULY 1, \{YEAR\}, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL AND THE DATE OF THE INTERVIEW IF ROUND 4.

LOOP_09
=======

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

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

SELECT 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 HOME OFFICE. 3 {END_LP09}
- MAILED TO SAQ RESPONDENT ............... 4 {END_LP09}
- REFUSED TO COMPLETE ........................ 5 {CL37}
- OTHER ......................................... 91 {CL36OV}

[Code One]

----------------------------------------------------
| DISPLAY THE PERSON’S 3-DIGIT PID FOR ‘PID’.       |
----------------------------------------------------

----------------------------------------------------
| SOFT CHECK:                                       |
| CODE ‘4’ (MAILED TO SAQ RESPONDENT) MUST BE       |
| VERIFIED (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
=====

OTHER:

[Enter Other Specify-45] ............... {END_LP09}
{PERSON’S FIRST MIDDLE AND LAST NAME}

SELECT 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 {CL37OV}

[Code One]

OTHER REASON FOR REFUSAL:

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

END_LP09

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

-------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_09 AND GO TO BOX_16A |
-------------
BOX_16

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

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

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

<table>
<thead>
<tr>
<th>ROSTER. PERSONAL</th>
<th>CL38 01. PID</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65] [PID]</td>
<td></td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65] [PID]</td>
<td></td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65] [PID]</td>
<td></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.

HELP AVAILABLE FOR MORE INFORMATION ON SAQ COLLECTION.

---------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU-MEMBERS_7 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: PID |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ 3-DIGIT ID (PERS.PID) |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR |
| DISPLAY ONLY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
| 2. SELECT, EDIT, ADD, DELETE DISALLOWED. |
---------------------------------------------------------------------
ROSTER FILTER:
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, {YEAR}, WHERE ‘YEAR’
  IS THE FIRST CALENDAR YEAR OF THE PANEL, IF
  ROUND 2, OR ON JULY 1, {YEAR}, WHERE ‘YEAR’ IS
  THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND
  4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR},
  WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE
  PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2
  OR JULY 1, {YEAR}, WHERE ‘YEAR’ IS THE SECOND
  CALENDAR YEAR OF THE PANEL AND THE DATE OF THE
  INTERVIEW IF ROUND 4.
- 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))
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, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, IF ROUND 2, OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2 OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL AND THE DATE OF THE INTERVIEW IF ROUND 4.
- 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.

SELECT 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 HOME OFFICE. 3 {END_LP10}
- MAILED TO SAQ RESPONDENT ............... 4 {END_LP10}
- REFUSED TO COMPLETE .................... 5 {CL40}
- OTHER ................................. 91 {CL39OV}

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY THE PERSON’S 3-DIGIT PID FOR ’PID’.</th>
</tr>
</thead>
<tbody>
<tr>
<td>------------------------------------------------</td>
</tr>
</tbody>
</table>

| 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. |
| | OTHERWISE, USE A NULL DISPLAY. |

CL39OV
=====

OTHER:

[Enter Other Specify-45] ...............   {END_LP10}
CL40
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SELECT 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 {CL40OV}

[Code One]

CL40OV
======

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ................. {END_LP10}

END_LP10
=======

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

-------------------------------------------------------------------------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_10 AND CONTINUE WITH BOX_16A |-------------------------------------------------------------------------------------------------------------------------------------
BOX_16A
========

| SUBSECTION 5A: DIABETES CARE SUPPLEMENT (DCS) |
| QUESTIONNAIRE (ROUNDS 3 AND 5 ONLY)          |

----------------------------------------------------
| 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 CONFIRMED AS HAVING  |
| DIABETES AT PC02A), CONTINUE WITH CL40A         |

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

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

PROXY DCS:

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

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL40A 01. PID</th>
<th>CL40A 02. TYPE OF DCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65] [PID]</td>
<td>(SELF/PROXY)</td>
<td></td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65] [PID]</td>
<td>(SELF/PROXY)</td>
<td></td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65] [PID]</td>
<td>(SELF/PROXY)</td>
<td></td>
</tr>
</tbody>
</table>

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
----- ROSTER BEHAVIOR: ----- 
1. DISPLAY ONLY.
2. SELECT, ADD, EDIT, DELETE DISALLOWED.

----- ROSTER FILTER: ----- 
DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:
- PC02 IS CODED ‘1’ (YES) FOR THE PERSON

--- 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
{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.

SELECT 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 {CL40BOV}

[Code One]

-------------------------------
| DISPLAY THE PERSON’S 3-DIGIT PID FOR ‘PID’. |
-------------------------------

-------------------------------
| FOR ‘SELF/PROXY’, 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. |
-------------------------------

-------------------------------
| SOFT CHECK: |
| CODE ‘4’ (MAILED TO DCS RESPONDENT) MUST BE VERIFIED (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.’ |
-------------------------------

OTHER:

[Enter Other Specify-45] ............... {END_LP10A}
CL40C
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SELECT 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 {CL40COV}

[Code One]

CL40COV
======

OTHER REASON FOR REFUSAL:

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

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

----------------------------------------------
| CL41 BEGINS SUBSECTION 6: COLLECTING/UPDATING |
| LOCATING INFORMATION (ROUND 1 THROUGH ROUND 5) |
----------------------------------------------

{Thank you for your cooperation and for taking the time to participate in this important study.}

{In the coming months, we will be contacting this family again to collect information on health care use and expenses. We are nearing the end of this study. I’d like to thank you for your participation in this important study. Just in case my supervisor needs to reach you to verify that I was here and collected this information correctly, I’d like to verify a few pieces of information.}

{Just to make sure I can reach you for the next interview, I’d like to ask a few questions about how to find the family. Let me quickly review and update the information we have for locating the family that was collected during the last interview.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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. RECORD VERBATIM. TO LEAVE BOX, PRESS TAB.

[Enter Text] ............................. {CL42OV1}
SELECT WHO BEST TIME RECORDED FOR:

CURRENT RESPONDENT ..................... 1 {BOX_17}
CURRENT PROXY .......................... 2 {BOX_17}
ENTIRE RU .............................. 3 {BOX_17}
OTHER ................................. 91 {CL42OV2}

[Code One]

----------------------------------------------------
| NOTE: CL42OV1 IS ALWAYS DISPLAYED ON THE SCREEN |
| WITH CL42. IT IS NOT A TRUE ‘OVERLAY’.           |
----------------------------------------------------

OTHER:

[Enter Other Specify] .................... {BOX_17}

----------------------------------------------------
| IF NO CURRENT RU MEMBER PART OF THE RU ON THE   |
| CURRENT INTERVIEW DATE (I.E., ALL RU MEMBERS    |
| DECEASED, INSTITUTIONALIZED, OR OUT OF THE COUNTRY| ON CURRENT INTERVIEW DATE), GO TO BOX_18        |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH CL43                   |
----------------------------------------------------
Do you have a second phone number where you can be reached such as a cell phone, a work number, or the number of a friend or relative?

IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN BELOW.

Current Info:  [2ND_TELEPHONE]

YES, ENTER NEW SECOND PHONE ............ 1 {CL44}
YES, SECOND PHONE ABOVE CORRECT ........ 2 {CL46}
YES, SECOND PHONE ABOVE NEEDS CORRECTION ..................... 3 {CL44_2}
NO ..................................... 4 {CL46}
REF ................................... -7 {CL46}
DK .................................... -8 {CL46}

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

-------------------------------------
| HARD CHECK: |
| CODES '2' (YES, SECOND PHONE ABOVE CORRECT) AND |
| '3' (YES, SECOND PHONE ABOVE 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.’ |

-------------------------------------
CL44
====

[What is that telephone number?]

ENTER COMPLETE SECOND TELEPHONE NUMBER.

Current Info: [2ND_TELEPHONE]

[Enter Area Code, Exchange, Local] ...... {CL45}
REF ................................... -7 {CL45}
DK .................................... -8 {CL45}

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

------------------------------------------------------------------------
| HARD CHECK:                                                        |
| DISALLOW LEADING ZEROES AS AN ENTRY.                               |
| AN ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK ARE ALLOWED).    |
------------------------------------------------------------------------

CL44_2
=====

[What is that telephone number?]

UPDATE CURRENT SECOND PHONE.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

Current Info: [2ND_TELEPHONE]

[Enter Area Code, Exchange, Local] ...... {CL45}
REF ................................... -7 {CL45}
DK .................................... -8 {CL45}

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

------------------------------------------------------------------------
| HARD CHECK:                                                        |
| DISALLOW LEADING ZEROES AS AN ENTRY.                               |
------------------------------------------------------------------------
Where is that telephone located?

OFFICE/PLACE OF BUSINESS .............. 1 {CL45OV2}
RELATIVE .................................. 2 {CL45OV2}
NEIGHBOR .................................. 3 {CL45OV2}
FRIEND ..................................... 4 {CL45OV2}
CELL PHONE .............................. 5 {CL45OV2}
OTHER ..................................... 91 {CL45OV1}
REF ........................................ -7 {CL45OV2}
DK .......................................... -8 {CL45OV2}

[Code One]

OTHER:

[Enter Other Specify-45] .............. {CL45OV2}
REF ........................................ -7 {CL45OV2}
DK .......................................... -8 {CL45OV2}

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

[Enter Description] .................... {CL46}
REF ........................................ -7 {CL46}
DK .......................................... -8 {CL46}

| ALLOW 2 LINES OF 45 CHARACTERS FOR DESCRIPTION. |
CL46

Do you receive your mail at an address different from your home address, such as a P.O. Box?

IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.

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

YES, ENTER NEW MAILING ADDRESS
   (DIFFERENT FROM HOME ADDRESS) ........ 1 (CL47)
YES, MAILING ADDRESS ABOVE CORRECT ..... 2 (BOX_17A)
YES, MAILING ADDRESS ABOVE NEEDS
   CORRECTION ........................... 3 (CL47_2)
NO (RECEIVE MAIL AT HOME ADDRESS) ...... 4 (BOX_17A)
REF ................................... -7 (BOX_17A)
DK ..................................... -8 (BOX_17A)

-----------------------------------------------
| HARD CHECK:                                   |
| CODES ‘2’ (YES, MAILING ADDRESS ABOVE CORRECT) |
| AND ‘3’ (YES, MAILING ADDRESS ABOVE NEEDS       |
| CORRECTION) CANNOT BE SELECTED IF NO CURRENT |
| MAILING ADDRESS INFORMATION AVAILABLE. IF CODES|
| ‘2’ OR ‘3’ SELECTED WHEN NO CURRENT MAILING   |
| ADDRESS, DISPLAY THE FOLLOWING MESSAGE: ‘CODE |
| NOT AVAILABLE. NO CURRENT MAILING ADDRESS.    |
| VERIFY AND RE-ENTER.’                         |
-----------------------------------------------
[What is that address?] 

ENTER COMPLETE MAILING ADDRESS. 

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

1ST_STR_ADDRESS:  [_____________] 
2ND_STR_ADDRESS:  [_____________] 
   CITY:  [_____________] 
   STATE:  [_____________] 
       ZIP CODE:  [_____________] {BOX_17A} 

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

------------------------------------------------------------------------
| CONTINUE WITH BOX_17A                                               |
------------------------------------------------------------------------

------------------------------------------------------------------------
| HARD CHECK:                                                        |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT                       |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).                    |
------------------------------------------------------------------------

[What is that address?] 

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION. 
TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD. 

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS. 

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

1ST_STR_ADDRESS:  [_____________] 
2ND_STR_ADDRESS:  [_____________] 
   CITY:  [_____________] 
   STATE:  [_____________] 
       ZIP CODE:  [_____________] {BOX_17A} 

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.
BOX_17A
=======

-----------------------------------------------
| IF NOT ROUND 5, CONTINUE WITH CL48           |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE (I.E., IF ROUND 5), GO TO BOX_18    |
-----------------------------------------------

CL48
=====

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?

IF AVAILABLE, VERIFY CURRENT SECOND HOME INFORMATION SHOWN BELOW.

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

YES, ENTER NEW SECOND HOME ADDRESS AND TELEPHONE ............................ 1 {CL49}
YES, SECOND HOME ADDRESS AND TELEPHONE ABOVE CORRECT .......................... 2 {CL50}
YES, SECOND HOME ADDRESS OR TELEPHONE ABOVE NEEDS CORRECTION ............... 3 {CL49_2}
NO ..................................... 4 {CL50}
REF ..................................... -7 {CL50}
DK ..................................... -8 {CL50}

-----------------------------------------------
| HARD CHECK:                                   |
| CODES '2' (YES, SECOND HOME ADDRESS AND TELEPHONE ABOVE CORRECT) AND '3' (YES, SECOND HOME ADDRESS OR TELEPHONE ABOVE 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. |
-----------------------------------------------

64
[What is the address and phone number of that home?]}

ENTER COMPLETE SECOND HOME ADDRESS.

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

1ST_STR_ADDRESS: [_____________]
2ND_STR_ADDRESS: [_____________]
CITY: [_____________]
STATE: [_____________]
ZIP CODE: [_____________]
TELEPHONE: [_____________] {CL50}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| HARD CHECK:                                      |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT    |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |
----------------------------------------------------

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

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

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

1ST_STR_ADDRESS: [_____________]
2ND_STR_ADDRESS: [_____________]
CITY: [_____________]
STATE: [_____________]
ZIP CODE: [_____________]
TELEPHONE: [_____________] {CL50}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.
Do you have a friend or relative who does not live here who will always know how to get in touch with the family?

YES ........................................ 1 {CL51}
NO ........................................... 4 {CL53}
REF ......................................... -7 {CL53}
DK ........................................... -8 {CL53}

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

ENTER COMPLETE CONTACT INFORMATION.

ENTER ‘NMN’ IF NO MIDDLE NAME.

NAME [FIRST, MIDDLE, LAST] [___________]
1ST_STR_ADDRESS [___________]
2ND_STR_ADDRESS [___________]
CITY [___________]
STATE [___________]
ZIP CODE [___________]
TELEPHONE [___________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

-----------------------------------------------
| GO TO CL52.                                  |
-----------------------------------------------

-----------------------------------------------
| HARD CHECK:                                  |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |
-----------------------------------------------

OMITTED.
What is {NAME OF CONTACT PERSON FROM CL51}’s relationship to
{NAME OF REFERENCE PERSON}?

ENTER COMPLETE CONTACT RELATIONSHIP.

CONTACT_RELATIONSHIP: [_____________] {CL53}

| DISPLAY THE NAME ENTERED AT CL51 FOR ‘NAME OF CONTACT PERSON FROM CL51’. |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE RU FOR ‘NAME OF REFERENCE PERSON’.

| HARD CHECK: |
| AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED). |

OMITTED.
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?

IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT INFORMATION SHOWN BELOW.

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

ENTER NEW ALTERNATE RESPONDENT INFORMATION .......................... 1 {CL54}
ALTERNATE RESPONDENT INFORMATION ABOVE CORRECT .................. 2 {CL56}
ALTERNATE RESPONDENT INFORMATION ABOVE NEEDS CORRECTION .......... 3 {CL54}
NO ALTERNATE RESPONDENT AVAILABLE .......................... 4 {CL57}
REF ................................... -7 {CL57}
DK .................................... -8 {CL57}

----------------------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>IS OUTSIDE OF THE DU.</th>
</tr>
</thead>
</table>
INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.

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

----------------------------------------------------
| IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS    |
| 'ENTER NEW ALTERNATE RESPONDENT INFORMATION,    |
| CONTINUE WITH CL55.                            |
| ELSE IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS|
| 'ALTERNATE RESPONDENT INFORMATION NEEDS         |
| CORRECTION', CONTINUE WITH CL55_2.              |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO CL57                           |
----------------------------------------------------
----------------------------------------------------
| ROSTER DETAILS:                                 |
| TITLE: DU_MEMBERS_1                             |
| COL # 1 HEADER: NAME                           |
| INSTRUCTIONS: DISPLAY DU MEMBER’S FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                 |
----------------------------------------------------
----------------------------------------------------
| ROSTER DEFINITION:                              |
| DISPLAY PERSONS ON THE DU-MEMBERS-ROSTER FOR    |
| SELECTION.                                      |
----------------------------------------------------
----------------------------------------------------
| ROSTER BEHAVIOR:                                |
| 1. SELECT ONE ALLOWED.                         |
| 2. MULTIPLE SELECT, EDIT, ADD, DELETE DISALLOWED.|
| 3. DISPLAY 'SOMEONE OUTSIDE DU’ AS LAST ENTRY ON|
| ROSTER.                                         |
----------------------------------------------------
----------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY THOSE DU MEMBERS WHO MEET THE FOLLOWING |
| CONDITIONS:                                     |
| - PERSON IS NOT CURRENT RESPONDENT             |
| - PERSON IS NOT DECEASED                       |
----------------------------------------------------
What is the name, address, and phone number of that person?

ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.

ENTER ‘NMN’ IF NO MIDDLE NAME.

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

ALTERNATE_NAME: [_____________]  
1ST_STR_ADDRESS: [_____________]  
2ND_STR_ADDRESS: [_____________]  
CITY: [_____________]  
STATE: [_____________]  
ZIP CODE: [_____________]  
TELEPHONE: [_____________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

---------------------------------------------------------------------
| IF THERE IS NO CURRENT ALTERNATE RELATIONSHIP,                   |
| PROCEED TO CL56.                                               |
| OTHERWISE, PROCEED TO CL56_2.                                   |
---------------------------------------------------------------------

---------------------------------------------------------------------
| HARD CHECK:                                                     |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT                    |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).                 |
---------------------------------------------------------------------
[What is the name, address, and phone number of that person?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

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

ALTERNATE_NAME: [_____________]
1ST_STR_ADDRESS: [_____________]
2ND_STR_ADDRESS: [_____________]
CITY: [_____________]
STATE: [_____________]
ZIP CODE: [_____________]
TELEPHONE: [_____________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

-------------------------------------------------------------------------------------------------------------------------------
| IF THERE IS NO CURRENT ALTERNATE RELATIONSHIP, | |
| PROCEED TO CL56. | |
| OTHERWISE, PROCEED TO CL56_2. | |
CL56
====

What is {NAME OF ALTERNATE RESPONDENT CL55)’s relationship to {NAME OF REFERENCE PERSON}?

ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.

Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP: [_____________] {CL57}

----------------------------------------------------
| DISPLAY THE NAME ENTERED AT CL55 FOR ‘NAME OF     |
| ALTERNATE RESPONDENT CL55’.                       |
|                                              |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE  |
| RU FOR ‘NAME OF REFERENCE PERSON’.                |

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

----------------------------------------------------
| HARD CHECK:                                       |
| AN ENTRY MUST BE MADE (REF AND DK ARE ALLOWED).   |

CL56_2
======

[What is {NAME OF ALTERNATE RESPONDENT CL55)’s relationship to {NAME OF REFERENCE PERSON}??]

UPDATE CURRENT ALTERNATE RESPONDENT.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP: [_____________] {CL57}

----------------------------------------------------
| DISPLAY THE NAME ENTERED AT CL55 FOR ‘NAME OF     |
| ALTERNATE RESPONDENT CL55’.                       |
|                                              |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE  |
| RU FOR ‘NAME OF REFERENCE PERSON’.                |

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

YES ........................................ 1 {CL58}
NO .......................................... 2 {BOX_18}
REF ...................................... -7 {BOX_18}
DK ....................................... -8 {BOX_18}

Who is that?

PROBE: Anyone else?

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

----------------------------------------------------
| CONTINUE WITH LOOP_11                             |
----------------------------------------------------

| ROSTER DETAILS:                                    |
| TITLE: RU_MEMBERS_1                                 |
|                                                |
| COL # 1 HEADER: NAME                               |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,   |
| AND LAST NAMES (PERS.FULLNAME)                    |

----------------------------------------------------
| ROSTER DEFINITION:                                |
| DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION.      |

----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
| 2. ADD, EDIT, DELETE DISALLOWED.                  |

----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL PERSONS WHO ARE CURRENT RU MEMBERS    |
| (I.E., A MEMBER OF THE RU ON THE 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' |
|   (I.E., PERSON HAS NOT YET BEEN PROCESSED THROUGH |
|   THIS LOOP OR SELECTED AT CL61)             |
-----------------------------------------
Please give me the address and telephone number of the place where (PERSON) is planning to move.

1ST_STR_ADDRESS: [___________]
2ND_STR_ADDRESS: [___________]
   CITY: [___________]
   STATE: [___________]
   ZIP CODE: [___________]
   TELEPHONE: [___________]  {CL60}

USE HELP TO VIEW 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                  |
-----------------------------------------------

| HARD CHECK: CAPI REQUIRES AN ENTRY IN ALL FIELDS | |
| EXCEPT SECOND STREET ADDRESS.                   |
-----------------------------------------------

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) planning to move with anyone in the family?

YES .................................... 1 {CL61}
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}
(PERSON’S FIRST MIDDLE AND LAST NAME)

IF KNOWN, CODE WITHOUT ASKING.

Who is (PERSON) planning to move with?

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

---------------------------------------------------------------------
| FLAG ALL SELECTED PERSONS AS ‘PROCESSED FUTURE MOVER’. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| CONTINUE WITH END_LP11 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR SELECTION. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, EDIT, DELETE DISALLOWED. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER FILTER: |
| DISPLAY 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’ |
---------------------------------------------------------------------
END_LP11

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

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

BOX_18

----------------------------------------------------
| IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH   |
| CL61A                                             |
----------------------------------------------------

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

BOX_18A

OMITTED.
FOR PROXY RESPONDENT: May I please have your address and telephone number?

IF AVAILABLE, VERIFY CURRENT PROXY ADDRESS SHOWN BELOW.

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

YES, ENTER NEW PROXY ADDRESS AND
TELEPHONE ......................... 1 {CL61B}
YES, PROXY ADDRESS AND TELEPHONE ABOVE
CORRECT ............................. 2 {CL62}
YES, PROXY ADDRESS OR TELEPHONE ABOVE
NEEDS CORRECTION ................... 3 {CL61B_2}
NO ..................................... 4 {CL62}
REF ....................................... -7 {CL62}
DK ....................................... -8 {CL62}

------------------------------------------------------------------------
HARD CHECK:
CODES ‘2’ (YES, PROXY ADDRESS AND TELEPHONE ABOVE
CORRECT) AND ‘3’ (YES, PROXY ADDRESS OR TELEPHONE
ABOVE 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?

ENTER COMPLETE PROXY ADDRESS.

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

1ST_STR_ADDRESS:  [_____________
2ND_STR_ADDRESS:  [_____________
     CITY:  [_____________
     STATE:  [_____________
     ZIP CODE:  [_____________
     TELEPHONE:  [_____________

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

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

CONTINUE WITH CL62

HARD CHECK:
AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).
[What is your address and phone number?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.
TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

Current Info:  

1ST_STR_ADDRESS:  [_____________
2ND_STR_ADDRESS:  [_____________
   CITY:  [_____________
   STATE:  [_____________
   ZIP CODE:  [_____________
   TELEPHONE:  [_____________

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

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

----------------------------------------------------
| CONTINUE WITH CL62                            |
----------------------------------------------------

INTERVIEWER:  DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY
TELEPHONE?  (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO
INTERVIEWING BY TELEPHONE.)

IN-PERSON .............................. 1 {CL62A}
BY TELEPHONE ........................... 2 {CL62A}

[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 {CL62AOV}

[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 {CL64}
SOMEONE ELSE PRESENT FOR PART OF INTERVIEW ......................... 3 {CL64}

[Code One]

-----------------------------------------------------------------------
| DISPLAY 'RESPONDENT' IF CURRENT RESPONDENT IS AN RU MEMBER. DISPLAY 'PROXY' IF CURRENT RESPONDENT IS A PROXY. |
-----------------------------------------------------------------------
INTERVIEWER: SELECT ALL OTHER PERSONS PRESENT DURING INTERVIEW.

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

--------------------------------------------------------------------------------------------------
| DISPLAY ‘SOMEONE OUTSIDE DU’ AS AN OPTION ON THIS | | | |
| SCREEN.                                           | | | |
|--------------------------------------------------------------------------------------------------|

--------------------------------------------------------------------------------------------------
| CONTINUE WITH CL65                                  | | | |
|--------------------------------------------------------------------------------------------------|

--------------------------------------------------------------------------------------------------
| ROSTER DETAILS:                                     | | | |
| TITLE: DU_MEMBERS_1                                 | | | |
| COL # 1 HEADER: NAME                               | | | |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,   | | | |
| AND LAST NAMES (PERS.FULLNAME)                     | | | |
|--------------------------------------------------------------------------------------------------|

--------------------------------------------------------------------------------------------------
| ROSTER DEFINITION:                                 | | | |
| DISPLAY PERSONS ON THE DU-MEMBERS-ROSTER FOR      | | | |
| SELECTION.                                        | | | |
|--------------------------------------------------------------------------------------------------|

--------------------------------------------------------------------------------------------------
| ROSTER BEHAVIOR:                                  | | | |
| 1. MULTIPLE SELECT ALLOWED.                       | | | |
| 2. ADD, EDIT, DELETE DISALLOWED.                  | | | |
|--------------------------------------------------------------------------------------------------|

--------------------------------------------------------------------------------------------------
| ROSTER FILTER:                                    | | | |
| DISPLAY 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 | | | |
|--------------------------------------------------------------------------------------------------|
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 WITH RESPONDENT'S NAME.

2. RECORD PAYMENT(S) IN INTERVIEW NOTEBOOK.

3. GIVE CHECK(S) TO RESPONDENT.

4. THANK RESPONDENT FOR THIS INTERVIEW. (READ STATEMENT 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 (YEAR)/early (YEAR)/the fall of (YEAR)/early (YEAR)/the fall of (YEAR)/early (YEAR)./This check is for your efforts in keeping records and participating in this survey.)

{5. ASK RESPONDENT TO KEEP RECORDS FOR NEXT INTERVIEW AND GIVE RESPONDENT GIFT.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

DISPLAY '1a. FILL ... NAME(S).’ IF ROUNDS 2-5 AND IF ANY CL36 OR CL39 IS CODED ‘1’ (COMPLETED AND GIVEN TO INTERVIEWER) FOR ANY SAQ. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'This check ... /early {YEAR}).’ IF ROUNDS 1 OR 2 OR 3 OR 4. OTHERWISE, DISPLAY 'This check ... this survey.’


DISPLAY '5. ASK ... GIFT.’ IF ROUNDS 1 OR 2 OR 3 OR 4. IF ROUND 5, USE A NULL DISPLAY.
OMITTED. (COMBINED WITH CL65)

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

**CL67_01**

CALENDAR YES NO

**CL67_02**

MAGNETIC BASKET YES NO

**CL67_03**

ELECTRONIC RECORDS YES NO

**CL67_04**

INSURANCE PAYMENT STATEMENT/EOB YES NO

**CL67_05**

BILL/STATEMENT FROM PROVIDER YES NO

**CL67_06**

PHARMACY PATIENT PROFILE YES NO

**CL67_07**

MEDICINE BOTTLE/RECEIPT YES NO
CL67_08
=======
CHECK BOOK YES NO

CL67_09
=======
DOCTOR’S CARD OR APPOINTMENT SLIP YES NO

CL67_10
=======
TELEPHONE BOOK YES NO

CL67_11
=======
TAX RETURN/TAX FORM YES NO

CL67_12
=======
INSURANCE CARDS YES NO

CL67_13
=======
OTHER YES NO

-----------------------------------------------
| IF CL67_13 IS CODED '1' (YES), CONTINUE WITH |
| CL67OV                                      |
-----------------------------------------------

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

CL67OV
=======

OTHER:

[Enter Other Specify] .................. (BOX_20)
OMITTED. (COMBINED WITH CL67)

END INTERVIEW.
CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, COND.CONDNAM, PRND.BEGREFMM,
PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM,
PRND.ENDREFDD, PRND.ENDREFYY

---

IF AT LEAST ONE CONDITION ON PERSON'S-MEDICAL-
CONDITIONS-ROSTER MEETS THE FOLLOWING CONDITIONS:

- CONDITION IS FLAGGED AS 'CREATED' DURING THE
  CURRENT ROUND
- CONDITION IS NOT A PRIORITY CONDITION, THAT IS,
  IT IS NOT FLAGGED AS CREATED IN THE PE SECTION
- CONDITION IS NOT FLAGGED AS 'UNLIKELY ACCIDENT/
  INJURY' (THIS FLAG WILL BE DETERMINED LATER AS
  IT MAY BE SET FOR CERTAIN CONDITIONS THAT ARE
  PART OF A CONDITION LOOK-UP TABLE AND ARE
  DETERMINED TO BE UNLIKELY DUE TO AN ACCIDENT OR
  INJURY)

CONTINUE WITH CN01

---

otherwise, go to box_12

---

OMITTED.
Now I’m going to read you a list of some of the health conditions that were reported for (PERSON) between (START DATE) and (END DATE).

READ CONDITIONS ABOVE.

{Was this health condition/Were any of these health conditions} due to an accident or injury?

YES ................................. 1 {CN01A}
NO .................................... 2 {BOX_12}
REF ................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}

HELP AVAILABLE FOR DEFINITION OF ACCIDENT/INJURY.
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE PERSON’S-CONDITIONS-ROSTER. |

| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
| 2. ADD, DELETE, SELECT, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THE CONDITIONS FOR PERSON THAT ARE |
| - CREATED THIS ROUND |
| - NOT FLAGGED AS PRIORITY CONDITIONS (THAT IS, |
|  THOSE NOT FLAGGED AS CREATED IN THE PE SECTION) |
| - NOT FLAGGED AS ‘UNLIKELY ACCIDENT/INJURY’ |
| THE CONDITIONS ARE LISTED FOR DISPLAY ONLY; THEY |
| ARE NOT SELECTABLE. |
Which of (PERSON)’s health conditions were due to an accident or injury?

PROBE: Any other health conditions due to an accident or injury?

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

HELP AVAILABLE FOR DEFINITION OF ACCIDENT/INJURY.

<table>
<thead>
<tr>
<th>FLAG ALL CONDITIONS SELECTED AT CN01A AS 'DUE TO ACCIDENT/INJURY'.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>THE THIRD CRITERION FOR DISPLAY IN THE ROSTER WILL BE DETERMINED LATER AS THE FLAG MAY BE SET FOR CERTAIN CONDITIONS THAT ARE PART OF A CONDITION LOOK-UP TABLE AND ARE DETERMINED TO BE UNLIKELY DUE TO AN ACCIDENT/INJURY.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINUE WITH BOX_03</th>
</tr>
</thead>
</table>

<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>Title: PERS_COND_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL #1 HEADER: CONDITION</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION (COND.CONDNAM)</td>
</tr>
</tbody>
</table>

| ROSTER DEFINITION: |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR SELECTION. |
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, EDIT, AND DELETE DISALLOWED.

ROSTER FILTER:
DISPLAY CONDITIONS THAT MEET THE FOLLOWING:

1. CONDITION IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND.
2. CONDITION IS NOT A PRIORITY CONDITION, THAT IS, THE CONDITION IS NOT FLAGGED AS CREATED IN THE PE SECTION.
3. CONDITION IS NOT FLAGGED AS ‘UNLIKELY ACCIDENT/INJURY’.

CN02
====
OMITTED.

BOX_03
======

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

OTHERWISE, GO TO BOX_12
LOOP_01
=======

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS-ROSTER, ASK CN06-END_LP01</th>
</tr>
</thead>
</table>

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

- MEDICAL CONDITION IS FLAGGED AS ‘DUE TO AN ACCIDENT OR INJURY’ (CONDITION SELECTED AT CN01A)
- MEDICAL CONDITION IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND

BOX_04
======

OMITTED.

CN03
====

OMITTED.

CN04
====

OMITTED.

CN05
====

OMITTED.

CN05OV1
 =======

OMITTED.

CN05OV2
 =======

OMITTED.
CN06

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

Let’s talk about (CONDITION).

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).}

<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 {CN06A}
DK ................................. -8 {CN06A}

| IF THERE ARE NO EVENTS CREATED THIS ROUND RELATED TO THE CONDITION BEING ASKED ABOUT, DO NOT DISPLAY THE PROBE AND DISPLAY THE MESSAGE ‘THE EVENT ROSTER IS EMPTY’. OTHERWISE, DISPLAY THE PROBE AND EVENTS ROSTER. |

| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS 1, CONTINUE WITH CN06OV1 |

| OTHERWISE, GO TO BOX_05 |

| HARD CHECK: EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON. |
ROSTER DETAILS:
Title: PERS_EVNT_2

COL #1 HEADER: PROVIDER
INSTRUCTIONS: DISPLAY MEDICAL PROVIDER
(EVPV.LORPNAME, EVPV.DRFNAM, EVPV.DRMNAM)

COL #2 HEADER: EVENT DATE
INSTRUCTIONS: DISPLAY EVENT DATE
(EVPV.EVNTBEGM, EVPV.EVNTBEGD, EVPV.EVNTBEGY)

COL #3 HEADER: EVENT TYPE
INSTRUCTIONS: DISPLAY EVENT CODE (EVPV.EVNTTYPE)

ROSTER DEFINITION:
DISPLAY THE PERSON-MEDICAL-EVENTS-ROSTER FOR
DISPLAY AS THE SECOND COLUMN. INCLUDE THE PROVIDER
AS THE FIRST COLUMN AND THE EVENT TYPE AS THE
THIRD COLUMN.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. ADD, DELETE, SELECT, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY EVENTS CREATED THIS ROUND THAT ARE LINKED
TO THE CONDITION BEING ASKED ABOUT EXCEPT PM
EVENTS.
CN06OV1
=======

MONTH:

[Enter Month-2] .........................
REF ........................................ -7 {BOX_05}
DK ......................................... -8 {BOX_05}

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH CN06OV2 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_05                       |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                    |
| ENTRIES FOR MONTH FIELD MUST CORRESPOND TO     |
| CALENDAR MONTHS. THAT IS, ALLOWABLE VALUES =   |
| 01 - 12.                                       |
| MISSING VALUES = -7 AND -8 ALLOWED.            |
----------------------------------------------------

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

[Enter Day-2] ...........................  {BOX_05}

REF ............................... -7  {BOX_05}

DK ............................... -8  {BOX_05}

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

<table>
<thead>
<tr>
<th>HARD CHECK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS,</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 31 IF MONTH CODED '01', '03', '05', '07', '08', '10', '12';</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 30 IF MONTH CODED '04', '06', '09', '11';</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 29 IF MONTH CODED '02' AND YEAR IS 1996, 2000, 2004 OR 2008 (LEAP YEAR);</td>
</tr>
<tr>
<td>--------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MISSING VALUES = -7 AND -8 ALLOWED.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>EDIT: THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S DATE OF BIRTH OR AFTER THE CURRENT REFERENCE PERIOD END DATE FOR THIS PERSON.</th>
</tr>
</thead>
</table>

---------------------------------------------
CN06A

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

Did the (CONDITION) occur before or after January 1, {YEAR}?

BEFORE ........................................ 1 {BOX_05}
AFTER ......................................... 2 {BOX_05}
REF ............................................. -7 {BOX_05}
DK ............................................ -8 {BOX_05}

[Code One]

-------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): IF ROUNDS 1 AND 2, DISPLAY THE FIRST YEAR OF THE PANEL FOR 'YEAR'. IF ROUNDS 3, 4, AND 5, DISPLAY THE SECOND YEAR OF THE PANEL FOR 'YEAR'. |
-------------------------------

BOX_05

-------------------------------
| IF PERSON IS = OR > 16 YEARS OF AGE OR IN AGE CATEGORIES 4-9, CONTINUE WITH CN07 |
-------------------------------

-------------------------------
| OTHERWISE, GO TO END_LP01 |
-------------------------------
Did the (CONDITION) happen while (PERSON) (were/was) at work?

YES .....................................  1  [END_LP01]
NO .....................................  2  [END_LP01]
DOES NOT WORK ..........................  3  [END_LP01]
REF ................................... -7 [END_LP01]
DK .................................... -8 [END_LP01]

[Code One]
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

GO TO NEXT QUESTIONNAIRE SECTION
Charge Payment (CP) Section

BOX_00A
=====

CONTEXT HEADER DISPLAY INSTRUCTIONS:

DISPLAY PROV.PROVNAME, EVPV.EVNTTYPE,
EVPV.EVNTBEGM, EVPV.EVNTBEGD, EVPV.EVNTBEGY,
EVPV.EVNTENDM, EVPV.EVNTENDD, EVPV.EVNTENDY,
PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,
PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY,
EVPV.RVNAME, FFEE.FFEENAME

DISPLAY {NAME OF MEDICAL CARE PROVIDER} IN THE CONTEXT HEADER IF THE EVENT TYPE IS NOT ‘PM’ (PRESCRIBED MEDICINES) OR ‘OM’ (OTHER MEDICAL EXPENSES). OTHERWISE, USE NULL VALUE.

DISPLAY {EVN-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS NOT ‘PM’ (PRESCRIBED MEDICINES) OR ‘OM’ (OTHER MEDICAL EXPENSES).

DISPLAY {REF-DT} IN THE CONTEXT HEADER IF EVENT TYPE IS ‘PM’ (PRESCRIBED MEDICINES) OR ‘OM’ (OTHER MEDICAL EXPENSES).

DISPLAY ‘REPEAT VISIT:  {NAME OF REPEAT VISIT GROUP}’ IN THE CONTEXT HEADER IF THIS EVENT IS A REPEAT VISIT STEM.

DISPLAY ‘FLAT FEE GROUP:  {NAME OF FLAT FEE EVENT GROUP}’ IN THE CONTEXT HEADER IF THIS EVENT IS A FLAT FEE STEM.

FOR ‘{EVN - DT}’, DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE ‘REGULAR’ GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY ‘JAN 01 {YEAR}’ FOR OM EVENTS THAT ARE ‘ADDITIONAL’ GROUP TYPE (EV02A=2).

FOR ‘{START DATE}’, DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE ‘REGULAR’ GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY ‘JAN 01 {YEAR}’ FOR OM EVENTS THAT ARE ‘ADDITIONAL’ GROUP TYPE (EV02A=2).
(FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): ‘YEAR’ IN CONTEXT HEADER IS FIRST CALENDAR YEAR OF PANEL IF ROUND 3. ‘YEAR’ IS SECOND CALENDAR YEAR OF PANEL IF ROUND 5.

SOME ITEMS (CP01B, CP12A, CP14A, AND CP20) IN THIS SECTION ALLOW THE ADDITION OF A SOURCE OF PAYMENT FOR THE RU. WHEN THE INTERVIEWER SELECTS THE “ADD” LINK, CAPI DISPLAYS A POP-UP WITH A BLANK ENTRY FIELD AND A SELECTABLE PICK LIST OF SOME COMMON SOURCES AS FOLLOWS:

GOVERNMENT SOURCES
- ‘MEDICARE’
- ‘MEDICAID/{STATE NAME FOR MEDICAID}’
- ‘SCHIP/{STATE NAME FOR CHIP}’
- ‘VA/(VETERAN’S ADMINISTRATION)/CHAMPVA’
- ‘TRICARE’
- ‘MILITARY FACILITY’
- ‘INDIAN HEALTH SERVICE’
- ‘WORKER’S COMPENSATION’

PRIVATE SOURCES
- ‘AARP’
- ‘AETNA’
- ‘BLUE CROSS/BLUE SHIELD’
- ‘CIGNA’
- ‘DELTA DENTAL’
- ‘KAISER/KAISER PERMANENTE’
- ‘UNITED HEALTHCARE’

THE PICK LIST EXPEDITE THE ENTRY OF ONE OF THESE COMMON SOURCES. ONCE THE INTERVIEWER SELECTS FROM THE PICK LIST (OR TYPES AN ENTRY) AND RETURNS TO THE MAIN SCREEN, THE ADDED SOURCE OF PAYMENT APPEARS IN THE ROSTER AS SELECTED.
BEGINNING IN PANEL 13, ROUND 1, THE SOURCE OF
PAYMENT PICK LIST GROUPS VA AND CHAMPVA TOGETHER
RATHER THAN TRICARE AND CHAMPVA AS PAST ROUNDS
HAVE DONE.

THE SOP PICK LIST FOR ALL ROUNDS OF PANEL 12
READS:

'VA/VETERAN’S ADMINISTRATION'
'TRICARE/CHAMPVA'

THE PICK LIST FOR ALL ROUNDS OF PANEL 13 AND ALL
SUBSEQUENT PANELS READS:

'VA (VETERAN’S ADMINISTRATION)/CHAMPVA'
'TRICARE'

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 {CP01B}
NO ..................................... 2 {CP01C}
REF ................................... -7 {CP01C}
DK .................................... -8 {CP01C}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE OR ANOTHER SOURCE OF COVERAGE.

-----------------------------------------------------------------
| QUESTIONS CP01A THROUGH CP01C WERE REVISED IN PANEL 12 ROUND 3. STARTING IN PANEL 13, THESE ITEMS WILL BE INCORPORATED IN ALL ROUNDS. |
-----------------------------------------------------------------
Who *usually* helps pay?

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

HELP AVAILABLE FOR DEFINITION OF SOURCE OF PAYMENT.

[Code One]

<table>
<thead>
<tr>
<th>WRITE SOURCES SELECTED TO THE SOURCES-OF-PAYMENT ROSTER.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTINUE WITH CP01C</td>
</tr>
</tbody>
</table>

| ROSTER DETAILS:                                          |
| TITLE: RU_SOP_2                                          |
| COL # 1 HEADER: REIMBURSEMENT SOURCE                     |
| INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME (SRCS.SRCNAME) |

| ROSTER DEFINITION:                                       |
| DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR SELECTION. |
ROSTER BEHAVIOR:

1. MULTIPLE ADD AND MULTIPLE SELECT ALLOWED.


3. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE SOURCE OF PAYMENT.

4. LIMITED DELETE ALLOWED. IF INTERVIEWER ADDS A SOURCE OF PAYMENT, DELETE IS POSSIBLE FOR THAT SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN. IF DELETE IS ATTEMPTED WHEN IT IS NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.’

5. LIMITED EDIT ALLOWED. IF INTERVIEWER ADDS A SOURCE OF PAYMENT, EDITING IS POSSIBLE FOR THAT SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN. IF EDIT IS ATTEMPTED WHEN IT IS NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR MESSAGE: ‘EDIT ALLOWED ONLY WHEN SOURCE FIRST ENTERED.’

6. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN, DISPLAY THE STANDARD WVS INSTRUCTION: “EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES.”

ROSTER FILTER:
DISPLAY ALL SOURCES OF PAYMENT THAT ARE NOT PERSON/FAMILY.
CP01C

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much did (PERSON) pay out-of-pocket for (PERSON)’s last prescription?

IF AMOUNT PAID IS NOTHING, ENTER 0.

IF AMOUNT PAID VARIES DEPENDING ON TYPE OF MEDICATION, ENTER THE OUT-OF-POCKET COST 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.

[Enter $ Amount] ....................... {CP01}
REF ................................... -7 {CP01}
DK .................................... -8 {CP01}

-----------------------------------------------------------------------------------
| HARD RANGE CHECK: $0 - $999,999 |
-----------------------------------------------------------------------------------

CP01COV2

OMITTED.

PERCENT:

-----------------------------------------------------------------------------------
| BEGINNING IN PANEL 13 ROUND 2 AND PANEL 12 ROUND 4, CP01C IS ASKED OF ALL PERSONS ASKED CP01A. |
| PERCENT WAS REMOVED FROM CP01 AT THE SAME TIME. |
-----------------------------------------------------------------------------------
(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?

INGER SENT 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}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]
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/REF-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 {CP02OV}
NOT A COPAYMENT SITUATION ANYMORE .... 99 {CP03}
REF ................................... -7 {CP03}
DK .................................... -8 {CP03}

[Code One]

HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

----------------------------------------------------
| {$ AMT COPAY}: DISPLAY THE CP11OV1 AMOUNT FLAGGED|
| AS 'COPAYMENT SITUATION' DURING THE PREVIOUS ROUND|
| FOR THIS PERSON-PROVIDER PAIR.                    |
----------------------------------------------------

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

----------------------------------------------------
| IF CODED '1' (YES), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), FLAG THIS PERSON-PROVIDER PAIR AND THIS    |
| PERSON AS 'COPAYMENT SITUATION' FOR THE CURRENT |
| ROUND AND SET COPAYMENT AMOUNT FROM THE PREVIOUS |
| ROUND AS THE PERSON'S COPAYMENT AMOUNT FOR THE    |
| CURRENT ROUND.                                    |
----------------------------------------------------
CP02OV
======

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

What is the correct copayment amount?

[Enter $ Amount] ...................... {CP03}
NOT A COPAYMENT SITUATION ANYMORE ..... 99 {CP03}
REF ................................... -7 {CP03}
DK .................................... -8 {CP03}

HELP AVAILABLE FOR DEFINITION OF COPAYMENT.

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

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

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

----------------------------------------------------------------------------------------------------------------------------------
| HARD CHECK: $1 - $50. |
----------------------------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------------------------
| HARD CHECK: COPAYMENT 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) for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the (OME ITEM GROUP NAME) used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)).

{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF CHARGE.
DISPLAY '{PERSON}'s stay at (HOSPITAL) that began on (ADMIT DATE)’ IF EVENT TYPE IS HS.

DISPLAY '{PERSON}'s visit to (PROVIDER) on (VISIT DATE)’ IF EVENT TYPE IS ER, OP, MV, OR DN.

DISPLAY ‘the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)’ IF EVENT TYPE IS PM.

FOR '{NAME OF PRESCRIBED MEDICINE}', DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘the services for (FLAT FEE GROUP) for (PERSON)’ IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

DISPLAY ‘the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)’ IF EVENT TYPE IS OM.

DISPLAY ‘services received at home from (PROVIDER) during (MONTH) for (PERSON)’ IF EVENT TYPE IS HH.

DISPLAY '{Let's begin with the charges from the hospital itself, not including any separate physician services or lab tests.)’ IF EVENT TYPE IS HS.
FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT, AS FOLLOWS:

DISPLAY ‘glasses or contact lenses’ IF THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR THE OM EVENT BEING ASKED ABOUT.
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 ROUND 3 OR 5 AND IF EVENT TYPE IS OM AND OM GROUP TYPE IS 'ADDITIONAL' (EV02A=2), CONTINUE WITH CP03A. (NOTE THAT ADDITIONAL OM EVENTS CAN BE ENTERED IN ROUNDS 3 AND 5 ONLY.)

OTHERWISE, GO TO CP05
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

CP03A

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

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

SELECT 'NO CHARGE' 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]

----------------------------------------
{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESSES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY
CP04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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 {CP37}
NO ..................................... 2 {CP05}
REF ................................... -7 {CP05}
DK .................................... -8 {CP05}

HELP AVAILABLE FOR DEFINITION OF COPAYMENT AND TOTAL CHARGE.

| {$ AMT COPAY}: DISPLAY THE CP02OV OR CP11Ov1 |
| AMOUNT FLAGGED AS 'COPAYMENT SITUATION' FOR THE |
| CURRENT ROUND FOR THIS PERSON-PROVIDER PAIR. |

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

| 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). |

| IF CODED '1' (YES), GO TO CP37 |

| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), CONTINUE WITH CP05 |
CP05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVD/T/REFT-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 {CP06}
NO, FREE SAMPLE ............................. 4 {CP37}
REF ................................................ -7 {CP06}
DK .................................................. -8 {CP06}

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANYTHING IN WRITING.
(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE): DISPLAY IF EVENT TYPE IS OM.

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.
{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘glasses or contact lenses’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
<table>
<thead>
<tr>
<th>'NO, FREE SAMPLE' IS A RADIO BUTTON BELOW THE ENTRY FIELD.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY NO, FREE SAMPLE RESPONSE CATEGORY AND THE CORRESPONDING RADIO BUTTON ONLY IF THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM.</th>
</tr>
</thead>
</table>
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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?

{SELECT ‘INCLUDED WITH OTHER CHARGES’ 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 {CP07}
BILL HAS NOT ARRIVED .................... 4 {CP08}
NO BILL SENT:
  HMO PLAN .............................. 5 {BOX_04}
  VA (VETERANS ADMINISTRATION)/CHAMPVA... 6 {BOX_04}
  MILITARY FACILITY ..................... 7 {BOX_04}
  PUBLIC ASSISTANCE/MEDICAID/SCHIP ...... 8 {BOX_04}
  INDIAN HEALTH SERVICE (IHS) ............ 15 {BOX_04}
  WORKER’S COMPENSATION ................ 9 {BOX_04}
  PRIVATE HEALTH CENTER/CLINIC .......... 10 {BOX_04}
  PUBLIC CLINIC/HEALTH CENTER OR PRIVATE CHARITY ......................... 11 {BOX_04}
NO CHARGE:  TELEPHONE CALL ............. 12 {CP37}
FREE FROM PROVIDER ...................... 13 {CP37}
GOVERNMENT-FINANCED RESEARCH AND CLINICAL TRIALS ..................... 14 {CP37}
INCLUDED WITH OTHER CHARGES ............ 95
REF ................................. -7 {CP08}
DK .................................. -8 {CP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES AND FLAT FEE.
BEGINNING IN PANEL 13, ROUND 1, RESPONSE CATEGORY 6 AT CP06 GROUPS VA AND CHAMPVA TOGETHER.

CATEGORY 6 AT CP06 FOR ALL ROUNDS OF PANEL 12 READS:

'VA (VETERANS ADMINISTRATION)'

CATEGORY 6 AT CP06 FOR ALL ROUNDS OF PANEL 13 AND BEYOND READS:

'VA (VETERANS ADMINISTRATION)/CHAMPVA'
(NAME OF PRESCRIBED MEDICINE): DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

(OME ITEM GROUP NAME): DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).
DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY (TEXT FROM OTHER SPECIFY) IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
DISPLAY THE INTERVIEWER INSTRUCTION ‘SELECT “INCLUDED WITH OTHER CHARGES” IF THIS IS A FLAT FEE SITUATION’ IF EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE. OTHERWISE, USE A NULL DISPLAY.


IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT.'

IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'

IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP.'
IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED, AND
THE EVENT TYPE IS NOT PM AND EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP OR A REPEAT VISIT GROUP, ASK THE FLAT FEE (FF) SECTION.

INDIAN HEALTH SERVICE (IHS) WAS INTRODUCED IN PANEL 12 ROUND 3. STARTING IN PANEL 13, IT WILL BE AVAILABLE IN ALL ROUNDS.

CP07
====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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. TO CONTINUE PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

[Enter Text] ...........................  {CP070V1}
{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'GLASSES OR CONTACT LENSES' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'INSULIN' IF THE OM ITEM GROUP IS '2' (INSULIN).
DISPLAY 'AMBULANCE SERVICES' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'OTHER DIABETIC EQUIPMENT OR SUPPLIES' IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY 'ORTHOPEDIC ITEMS' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'HEARING DEVICES' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'PROSTHESES' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'BATHROOM AIDS' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'MEDICAL EQUIPMENT' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'DISPOSABLE SUPPLIES' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'ALTERATIONS OR MODIFICATIONS' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

CP07OV1

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

INTERVIEWER:  SELECT TYPE OF ORGANIZATION TO WHOM BILL WAS SENT:

HMO .................................... 1 {BOX_04}
VA (VETERANS ADMINISTRATION)/CHAMPVA.... 2 {BOX_04}
TRICARE ................................ 3 {CP08}
OTHER MILITARY .......................... 4 {BOX_04}
PUBLIC ASSISTANCE/MEDICAID/SCHIP ...... 5 {BOX_04}
INDIAN HEALTH SERVICE (IHS) ............. 8 {BOX_04}
WORKER’S COMPENSATION ................. 6 {BOX_04}
PRIVATE INSURANCE COMPANY ............. 7 {BOX_04}
OTHER ................................ 91 {CP08}
REF ................................... -7 {CP08}
DK .................................... -8 {CP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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| INDIAN HEALTH SERVICE (IHS) WAS INTRODUCED IN | Panel 12 Round 3. Starting in Panel 13, it will be available in all rounds. It is displayed on the pick list between public assistance and worker’s compensation. |
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| BEGINNING IN PANEL 13, ROUND 1, THE RESPONSE CATEGORIES AT CP07OV1 GROUP VA AND CHAMPVA TOGETHER RATHER THAN TRICARE AND CHAMPVA AS PAST ROUNDS HAVE DONE. |

CATEGORIES 2 AND 3 AT CP07OV1 FOR ALL ROUNDS OF PANEL 12 READ:

‘VA (VETERANS ADMINISTRATION)’
‘TRICARE/CHAMPVA’

CATEGORIES 2 AND 3 AT CP07OV1 FOR ALL ROUNDS OF PANEL 13 AND BEYOND READ:

‘VA (VETERANS ADMINISTRATION)/CHAMPVA’
‘TRICARE’

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Box 04
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------------------------------------------------------------------------
| IF:                                               |
| - 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                                        |
------------------------------------------------------------------------

------------------------------------------------------------------------
| OTHERWISE, GO TO CP10                                     |
------------------------------------------------------------------------

Cp08
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVEN-DT/REF-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)}?

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

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

HELP AVAILABLE FOR DEFINITIONS OF TOTAL CHARGE AND FLAT FEE.
DISPLAY '(PERSON)''s stay at (HOSPITAL) that began on (ADMIT DATE)’ IF EVENT TYPE IS HS.

DISPLAY '(PERSON)''s visit to (PROVIDER) on (VISIT DATE)’ IF EVENT TYPE IS ER, OP, MV, OR DN.

DISPLAY 'the last purchase of (NAME OF PRESCRIBED MEDICINE) for (PERSON)’ IF EVENT TYPE IS PM.

FOR '{NAME OF PRESCRIBED MEDICINE}', DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'the services for (FLAT FEE GROUP) for (PERSON)’ IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

DISPLAY 'the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)’ IF EVENT TYPE IS OM.

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

DISPLAY THE INTERVIEWER INSTRUCTION ‘SELECT “INCLUDED WITH OTHER CHARGES” IF THIS IS A FLAT FEE SITUATION’ IF EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE. OTHERWISE, USE A NULL DISPLAY.
FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT AS FOLLOWS:

DISPLAY ‘glasses or contact lenses’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (insulin).

DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR THE OM EVENT BEING ASKED ABOUT.
IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT TYPE OF THE EVENT-PROVIDER PAIR IS PM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A PM EVENT.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A FLAT FEE GROUP.'

IF 'INCLUDED WITH OTHER CHARGES' IS SELECTED AND THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.'

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

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

IF: CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND EVENT TYPE IS ER, OP, MV, OR DN GO TO CP10
CP09
====

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

{SELECT 'INCLUDED WITH OTHER CHARGES' IF THIS IS A FLAT FEE SITUATION.}

AMOUNT ........................................ 1 {CP09OV}
INCLUDED WITH OTHER CHARGES .......... 95

[Code One]

HELP AVAILABLE FOR DEFINITION OF WHAT MAKES UP TOTAL CHARGE AND FLAT FEE.
(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE): DISPLAY IF EVENT TYPE IS OM.

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.

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

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

DISPLAY INTERVIEWER INSTRUCTION 'SELECT "INCLUDED WITH OTHER CHARGES" IF THIS IS A FLAT FEE SITUATION' IF EVENT-PROVIDER PAIR DOES NOT REPRESENT A FLAT FEE GROUP. OTHERWISE, USE A NULL DISPLAY.
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE  |
| OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED |
| ABOUT FOR THIS EVENT.                          |

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2' (INSULIN).

DISPLAY 'other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY 'ambulance services’ IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items’ IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices’ IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses’ IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids’ IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment’ IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies’ IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications’ IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
| IF ‘INCLUDED WITH OTHER CHARGES’ DISPLAY THE |
| FOLLOWING MESSAGE: 'THIS CODE IS NOT AVAILABLE |
| FOR A PM EVENT.' |

| IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED AND |
| THE EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE |
| GROUP, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE |
| IS NOT AVAILABLE FOR A FLAT FEE GROUP.' |

| IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED AND |
| THE EVENT-PROVIDER PAIR REPRESENTS A REPEAT VISIT |
| STEM, DISPLAY THE FOLLOWING MESSAGE: 'THIS CODE |
| IS NOT AVAILABLE FOR A REPEAT VISIT GROUP.' |

| IF ‘INCLUDED WITH OTHER CHARGES’ IS SELECTED 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

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

$ AMOUNT:

[Enter $ Amount] .......................
REF ................................... -7
DK .................................... -8

| 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 CPO9A |
---------------------------------------------------------------------|
| OTHERWISE, GO TO CP11 |
---------------------------------------------------------------------|
---

| SOFT CHECK:                      |
| SOFT RANGE CHECK: $0 - $100,000  |
| HARD CHECK:                      |
| AMOUNT CANNOT BE < 0             |

---

CP09A

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

---

| {$ AMOUNT}: DISPLAY AMOUNT ENTERED AT CP09OV. |

---

| IF CODED ‘2’ (NO), DISPLAY THE FOLLOWING MESSAGE: |
| USE BACKUP TO CORRECT TOTAL CHARGE FOR THIS MONTH. |

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

HELP AVAILABLE FOR DEFINITION OF SET AMOUNT AND COPAYMENT.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EV}  {EVN-DT/REF-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, SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF.

IS ANSWER IN DOLLARS OR PERCENT?

DOLLARS ................................ 1 {CP11OV1}  
PERCENT ................................ 2 {CP11OV2}  

[Code One]  
HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

-- -------------------------------------------------- --  
| {{AMT TOT CH}/total charge}: DISPLAY '{AMT TOT CH}' IF AN AMOUNT IS GIVEN FOR THE TOTAL CHARGE AT CP09OV. DISPLAY 'total charge' IF CP08 IS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT ASKED. |  
| (AMT TOT CH): DISPLAY THE DOLLAR AMOUNT ENTERED AT CP09OV. |  
| -------------------------------------------------- -- |
(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE): DISPLAY IF EVENT TYPE IS OM.

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.
{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2' (INSULIN).

DISPLAY 'other diabetic equipment or supplies' IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESSES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY '{TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
CP11OV1
=======

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

DOLLARS:

[Enter $ Amount] ....................... {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

-----------------------------------------------
| WRITE 'PERSON/FAMILY' TO THE RU-SOURCES-OF- |  |
| PAYMENT-ROSTER.                             |
-----------------------------------------------
| WRITE 'PERSON/FAMILY' TO THE EVENT’S-SOURCES-OF- |  |
| PAYMENT-ROSTER.                             |
-----------------------------------------------
| HARD RANGE CHECK:                          |
| $0 - $999,999                              |
CP110V2
=======

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

PERCENT:

[Enter Percent %] ...................... {BOX_05}

HELP AVAILABLE FOR INFORMATION ON AMOUNTS TO INCLUDE.

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

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

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

---------------------------------
WRITE 'PERSON/FAMILY' TO THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER.
---------------------------------

---------------------------------
SOFT CHECK: 1% - 100%.
HARD CHECK:
IF 0, DK OR RF IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: 0, DK, RF ARE NOT ALLOWED ON THIS SCREEN. SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF.
---------------------------------
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.          |
| CONTINUE.' THEN GO TO CP37                         |
-----------------------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH CP12                        |
-----------------------------------------------------------------

LOOP_01
-------
OMITTED.

BOX_LP01
-------
OMITTED.
CP12

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EV}  {EVN-DT/REF-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 {CP12A}
NO ..................................... 2 {BOX_06}
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

HELP AVAILABLE FOR A DEFINITION OF SOURCE AND ‘ALREADY PAID’.
DISPLAY '(PERSON)''s stay at (HOSPITAL) that began on (ADMIT DATE)’ IF EVENT TYPE IS HS.

DISPLAY '(PERSON)''s visit to (PROVIDER) on (VISIT DATE)’ IF EVENT TYPE IS ER, OP, MV, OR DN.

DISPLAY ‘the last purchase of (NAME OF PRESCRIBED MEDICINE) for (PERSON)’ IF EVENT TYPE IS PM.

(NAME OF PRESCRIBED MEDICINE): DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘the services for (FLAT FEE GROUP) for (PERSON)’ IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

DISPLAY ‘the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)’ IF EVENT TYPE IS OM.

DISPLAY ‘the services received at home from (PROVIDER) during (MONTH) for (PERSON)’ IF EVENT TYPE IS HH.

-------------------------------------------------------------------
{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'insulin' IF THE OM ITEM GROUP IS '2' (INSULIN).

DISPLAY 'other diabetic equipment or supplies' IF THE OM ITEM GROUP IS '3' (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
CP12A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EV}  {E VN-DT/REF-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?

[1. Name of Source of Direct Payment-35]
[2. Name of Source of Direct Payment-35]
[3. Name of Source of Direct Payment-35]
{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

WRITE SOURCES SELECTED TO THE EVENT’S-SOURCES-OF-PAYMENTS-ROSTER.
CONTINUE WITH CP13

ROSTER DETAILS:
TITLE: RU_SOP_2

COL # 1 HEADER: PAYMENT SOURCE
INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME (SRCS.SRCNAME)

ROSTER DEFINITION:
DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.


3. LIMITED DELETE ALLOWED. IF INTERVIEWER ADDS A SOURCE OF PAYMENT, DELETE IS POSSIBLE FOR THAT SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN. IF DELETE IS ATTEMPTED WHEN IT IS NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.’

4. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN, DISPLAY THE STANDARD WVS INSTRUCTION: “EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES.”

5. PERSON/FAMILY IS FOR DISPLAY ONLY. THIS SOURCE IS AUTOMATICALLY SELECTED.
ROSTER FILTER:
DISPLAY ALL SOURCES OF PAYMENT.
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

CP13
=====

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

TOTAL CHARGE: [$XXXXXXXXX]

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP13 02. DOLLAR AMOUNT PAID</th>
<th>CP13 03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<td>[Display % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
<tr>
<td>[Display Source of Payment]</td>
<td>[Enter $ Amount]</td>
<td>[Enter % Amount]</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.

---------------------------------------------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09.                     |
---------------------------------------------------------------------

---------------------------------------------------------------------
<table>
<thead>
<tr>
<th>DISPLAY 'PERSON/FAMILY' AS THE FIRST SOURCE OF PAYMENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY THE RESPONSE TO CP11 IN THE 'DOLLAR AMOUNT PAID' OR 'PERCENT AMOUNT PAID' COLUMN FOR PERSON/FAMILY. THAT IS, IF THE RESPONSE TO CP11 IS AN AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE 'DOLLAR AMOUNT PAID' COLUMN. IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN. IF THE DOLLAR AMOUNT AT CP11 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH COLUMNS. IF DOLLAR AMOUNT AT CP11 IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH COLUMNS.</td>
</tr>
</tbody>
</table>
---------------------------------------------------------------------
{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS ‘DIRECT PAYMENT’.
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 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. Note that the screen will require an amount for person/family in the dollar column in order to proceed. This dollar amount may be entered by the interviewer or calculated by CAPI based on % of total charge where total charge is known.

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.

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

SOFT CHECK:
$0 - $10,000

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

CONTINUE WITH BOX_06

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

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MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

-----------------------------
ROSTER DETAILS:
TITLE: EVNT_SOP_1

COL # 1 HEADER: SOURCE OF PAYMENT
INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME
(PAYM.REIMNAM/PAYF.REIMNAM)

COL # 2 HEADER: DOLLAR AMOUNT PAID
INSTRUCTIONS: ENTER $ AMOUNT PAID
(PAYM.AMTPAID/PAYF.AMTPAID)

COL # 3 HEADER: PERCENT AMOUNT PAID
INSTRUCTIONS: ENTER % AMOUNT PAID
(PAYM.PCTPAID/PAYF.PCTPAID)

-----------------------------
ROSTER DEFINITION:
DISPLAY THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER FOR
ENTRY.

-----------------------------
ROSTER BEHAVIOR:
1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE
ALLOWED TO SOURCES AT THIS SCREEN.

2. THE PERSON/FAMILY AMOUNT MAY BE CHANGED OR
CORRECTED.

3. THE INTERVIEWER CAN ENTER A DOLLAR OR A
PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.

4. THE AMOUNT PAID COLUMNS CAN BE CHANGED AS MANY
TIMES AS NECESSARY BEFORE THE INTERVIEWER LEAVES
THE SCREEN.

5. WHEN THE 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.

6. IF A SOURCE IS ENTERED IN ERROR, THE
INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.

-----------------------------
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL SOURCES SELECTED AT CP12A FOR THIS    |
| EVENT-PROVIDER PAIR AND THE ‘PERSON/FAMILY’       |
| RECORD.                                           |
----------------------------------------------------

CP13OV
======
OMITTED.

END_LP01
======
OMITTED.

BOX_06
======

----------------------------------------------------
| IF 'AMOUNT PAID' BY PERSON/FAMILY > $0, CONTINUE  |
| WITH CP14                                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_07                           |
----------------------------------------------------

LOOP_02
=======
OMITTED.

BOX_LP02
=======
OMITTED.
CP14
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-DT} {NAME OF PMED} {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 {CP14A}
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF SOURCE AND REIMBURSEMENT.
{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESSES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESSES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

{$/% FAMILY PAID}: DISPLAY THE FAMILY DOLLAR AMOUNT PAID IF CP11 IS CODED ‘1’ (DOLLARS).

DISPLAY THE FAMILY PERCENT AMOUNT PAID IF CP11 IS CODED ‘2’ (PERCENT).
CP14A
=====

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

[1. Name of Source of Reimbursement-35]
[2. Name of Source of Reimbursement-35]
[3. Name of Source of Reimbursement-35]
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

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

(NAME OF PRESCRIBED MEDICINE): DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

(OME ITEM GROUP NAME): DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY (TEXT FROM OTHER SPECIFY) IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

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

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.

CONTINUE WITH CP15

ROSTER DETAILS:
TITLE: RU_SOP_2

COL # 1 HEADER: REIMBURSEMENT SOURCE
INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME (SRC.SRCNAME)

ROSTER DEFINITION:
DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. MULTIPLE ADD AND MULTIPLE SELECT ALLOWED.


3. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE SOURCE OF PAYMENT.

4. LIMITED DELETE ALLOWED. IF INTERVIEWER ADDS A SOURCE OF PAYMENT, DELETE IS POSSIBLE FOR THAT SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN. IF DELETE IS ATTEMPTED WHEN IT IS NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR MESSAGE: ‘DELETE ALLOWED ONLY WHEN SOURCE IS FIRST ENTERED.’

5. LIMITED EDIT ALLOWED. IF INTERVIEWER ADDS A SOURCE OF PAYMENT, EDITING IS POSSIBLE FOR THAT SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN. IF EDIT IS ATTEMPTED WHEN IT IS NOT ALLOWED, CAPI DISPLAYS THE FOLLOWING ERROR MESSAGE: ‘EDIT ALLOWED ONLY WHEN SOURCE FIRST ENTERED.’

6. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN, DISPLAY THE STANDARD WVS INSTRUCTION: “EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES.”

-----------------------------
ROSTER FILTER:
DISPLAY ALL SOURCES OF PAYMENT ON THE ROSTER EXCEPT PERSON/FAMILY.
CP15
====

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

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>

HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

-----------------------------------------------
| TOTAL CHARGE: DISPLAY AMOUNT ENTERED AT CP09. |
-----------------------------------------------
<table>
<thead>
<tr>
<th>(NAME OF PRESCRIBED MEDICINE): DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(OME ITEM GROUP NAME): DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PERSON/FAMILY PAYMENT: {$XXXXXXXXX}: DISPLAY THE DOLLAR AMOUNT ENTERED AT CP11OV1 IF CP11 IS CODED ‘1’ (DOLLARS). DISPLAY THE PERCENT AMOUNT ENTERED AT CP11OV2 IF CP11 IS CODED ‘2’ (PERCENT).</th>
</tr>
</thead>
</table>
TOTAL CHARGE: \{XXXXXXXXXX\}: DISPLAY THE AMOUNT ENTERED AT CP09OV. IF CP08 IS CODED ‘2’ (NO), ‘-8’ (DON’T KNOW), OR IF CP09 IS CODED ‘-8’ (DON’T KNOW), DISPLAY ‘UNKNOWN’ FOR \{XXXXXXXXXX\}. IF CP08 IS CODED ‘-7’ (REFUSED) OR IF CP09 IS CODED ‘-7’ (REFUSED), DISPLAY ‘REFUSED’ FOR \{XXXXXXXXXX\}.

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS ‘REIMBURSEMENT’.

SOFT CHECK:
0 – 999999

ROSTER DETAILS:
TITLE: EVNT_SOP_1

COL # 1 HEADER: SOURCE OF PAYMENT
INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME (PAYM.REIMNAM/PAYF.REIMNAM)

COL # 2 HEADER: DOLLAR AMOUNT PAID
INSTRUCTIONS: ENTER $ AMOUNT PAID (PAYM.AMTPAID/PAYF.AMTPAID)

COL # 3 HEADER: PERCENT AMOUNT PAID
INSTRUCTIONS: ENTER % AMOUNT PAID (PAYM.PCTPAID/PAYF.PCTPAID)

ROSTER DEFINITION:
DISPLAY THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

2. THE INTERVIEWER CAN ENTER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.

3. THE AMOUNT PAID COLUMNS 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 PAID. IF THE TOTAL AMOUNT REIMBURSED BY ALL SOURCES EXCEEDS THE AMOUNT PAID BY THE PERSON/FAMILY, CAPI DISPLAYS THE MESSAGE ‘SHOULD THIS ANSWER BE ACCEPTED OR CHANGED?’ IF THE INTERVIEWER REENTERS THE SAME AMOUNTS, CAPI WILL ACCEPT IT.

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

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

8. POST DATA COLLECTION EDITING WILL BE NECESSARY TO DETERMINE THE NET PAYMENTS OF SOURCES.

ROSTER FILTER:
DISPLAY ALL SOURCES SELECTED AT CP14A FOR THIS EVENT-PROVIDER PAIR.

CONTINUE WITH BOX_07

CP15OV
======
OMITTED.
END_LP02
=====
OMITTED.

BOX_07
=====

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

BOX_08
=====
OMITTED.

CP16
====
OMITTED.

CP17
====
OMITTED.

CP17OV1
=====
OMITTED.

CP17OV2
=====
OMITTED.
BOX_11
======

| IF CP14 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND CP10 IS CODED '1' (YES), GO TO BOX_09 |
| BOX_10 |

| OTHERWISE, CONTINUE WITH BOX_10 |

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

BOX_10
======

| IF AMOUNT PAID BY PERSON/FAMILY IS > $0, CONTINUE WITH CP18 |
| BOX_09 |

| OTHERWISE, GO TO BOX_09 |
CP18
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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 {CP19}
NO ..................................... 2 {BOX_09}
REF ................................... -7 {BOX_09}
DK .................................... -8 {BOX_09}

HELP AVAILABLE FOR DEFINITION OF REIMBURSEMENT.

| DISPLAY 'other' IF CP14 IS CODED '1' (YES). |
| OTHERWISE, USE A NULL DISPLAY. |
-----------------------------------------------

CP19
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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 {CP19OV1}
PERCENT .......................................................... 2 {CP19OV2}

[Code One]
CP19OV1

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

DOLLARS:

[Enter $ Amount] ............................. {CP20}
REF .............................. -7 {CP20}
DK .............................. -8 {CP20}

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

CP19OV2

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

PERCENT:

[Enter % Amount] ............................. {CP20}
REF ............................. -7 {CP20}
DK ............................. -8 {CP20}

----------------------------------------------------
| SOFT CHECK: |
| SOFT RANGE CHECK:  1% - 100% |
----------------------------------------------------
From whom do you expect these reimbursements to come?


[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]

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

----------------------------------------
| CONTINUE WITH BOX_09                    |
----------------------------------------

----------------------------------------
| ROSTER DETAILS:                        |
| TITLE: RU_SOP_2                        |
|                                      |
| COL # 1 HEADER: REIMBURSEMENT SOURCE    |
| INSTRUCTIONS: DISPLAY REIMBURSEMENT SOURCE NAME |
| (SRCS.SRCNAME)                         |
|                                      |
----------------------------------------

----------------------------------------
| ROSTER DEFINITION:                     |
| DISPLAY THE RU-SOURCES-OF-PAYMENT-ROSTER FOR |
| SELECTION.                              |
----------------------------------------
ROSTER BEHAVIOR:

1. MULTIPLE ADD ALLOWED. THE SCREEN DISPLAYS AN "ADD SOURCES" OPTION. SELECTING THE OPTION DISPLAYS A POP-UP WITH A TEXT ENTRY FIELD AND A SELECTABLE LIST OF 15 COMMON SOURCES OF PAYMENT. (SEE BOX_00 FOR A DETAILED LIST). THE INTERVIEWER CAN TYPE A NEW SOURCE OR SELECT ONE FROM THE LIST. UPON RETURN TO CP20, THE ADDED SOURCE WILL APPEAR ON THE ROSTER AS SELECTED.

2. SELECT ONE. INTERVIEWER MAY SELECT ONLY ONE SOURCE OF PAYMENT.

3. LIMITED DELETE ALLOWED. IF INTERVIEWER ADDS A SOURCE OF PAYMENT, DELETE IS POSSIBLE FOR THAT SOURCE ONLY, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN.

4. IF ROSTER IS EMPTY WHEN CAPI DISPLAYS SCREEN, DISPLAY THE STANDARD WVS INSTRUCTION: "EITHER THE ROSTER IS EMPTY OR YOUR SEARCH HAS NOT TURNED UP ANY CHOICES."

ROSTER FILTER:
DISPLAY ALL SOURCES OF PAYMENT ON THE ROSTER EXCEPT PERSON/FAMILY.

---

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 CP09OV (TOTAL CHARGE) OR 'AMOUNT PAID' BY ANY  |
| SOURCE OF DIRECT PAYMENT (INCLUDING PERSON/FAMILY,|
| BUT EXCLUDING REIMBURSEMENTS) IS CODED '-7'       |
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY THE       |
| FOLLOWING MESSAGE: 'NO CHARGE-PAYMENT RESOLUTION |
| NEEDED FOR THIS CASE. PRESS ENTER TO CONTINUE.'   |
| THEN GO TO CP37                                  |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_13                  |
----------------------------------------------------

BOX_13
======
----------------------------------------------------
| IF THE UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS   |
| HIGHER) OF THE TOTAL CHARGE, CONTINUE WITH CP21   |
----------------------------------------------------
----------------------------------------------------
| IF THE OVERPAYMENT IS > 3% OR $5 (WHICHEVER IS    |
| HIGHER) OF THE TOTAL CHARGE, GO TO CP26           |
----------------------------------------------------
CP21
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVEN-DT/REF-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 {CP22}
NO ..................................... 2 {CP24}
REF ................................... -7 {CP24}
DK .................................... -8 {CP24}

----------------------------------------------------
| {PERSON)'s stay at (HOSPITAL) that began on         |
| (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.         |
|                                                   |
| (PERSON)'s visit to (PROVIDER) on (VISIT DATE):   |
| DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.       |
|                                                   |
| the last purchase of {NAME OF PRESCRIBED MEDICINE}|
| for (PERSON): DISPLAY IF EVENT TYPE IS PM.        |
|                                                   |
| {NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME    |
| OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT     |
| FOR THIS EVENT.                                   |
|                                                   |
| the services for (FLAT FEE GROUP) for (PERSON):    |
| DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT   |
| FEE GROUP.                                        |
|                                                   |
| the {OME ITEM GROUP NAME} used by (PERSON) since   |
| (START DATE): DISPLAY IF EVENT TYPE IS OM.        |
|                                                   |
| services received at home from (PROVIDER) during   |
| (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.|
|----------------------------------------------------
{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘glasses or contact lenses’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
CP22
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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 {CP22OV1}
PERCENT ................................ 2 {CP22OV2}

[Code One]

CP22OV1
======

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

DOLLARS:

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

----------------------------------------------------
|  HARD RANGE CHECK:                              |
|  $0 - $999,999                                   |
----------------------------------------------------
CP22OV2
=======

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

PERCENT:

[Enter % Amount] ....................... {BOX_14}
REF ................................... -7 {BOX_14}
DK .................................... -8 {BOX_14}

----------------------------------------------------------------------
| HARD RANGE: 1% - 100%.                                               |
| HARD CHECK:                                                         |
| IF 0, DK OR RF IS ENTERED, DISPLAY THE FOLLOWING MESSAGE: "0, DK, RF NOT ALLOWED ON THIS SCREEN. SELECT 'DOLLARS', THEN ENTER 0, DK, OR RF." |
----------------------------------------------------------------------

BOX_14
=======

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

LOOP_03
=======

OMITTED.

BOX_LP03
=======

OMITTED.

CP23
=====

OMITTED.
CP24

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER} {EV} {EVEN-DT/REF-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, BACK UP TO CP09.

TO ADD ANOTHER PAYMENT SOURCE, BACK UP TO CP12A.

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>

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
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 CP11 IS A DOLLAR AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE 'DOLLAR AMOUNT PAID' COLUMN. IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH COLUMNS. IF THE DOLLAR AMOUNT OR PERCENT IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH COLUMNS.

(Amount Remaining): Display the amount of the calculated underpayment.

(Person)'s stay at (Hospital) that began on (Admit Date): Display if event type is HS.

(Person)'s visit to (Provider) on (Visit Date): Display if event type is ER, OP, MV, or DN.

the last purchase of {Name of Prescribed Medicine} for (Person): Display if event type is PM.

{Name of Prescribed Medicine}: Display the name of the prescription medicine being asked about for this event.

the services for (Flat Fee Group) for (Person): Display if event-provider pair represents a flat fee group.

the {OME Item Group Name} used by (Person) since (Start Date): Display if event type is OM.

services received at home from (Provider) during (Month) for (Person): Display if event type is HH.
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT. |
| DISPLAY ‘glasses or contact lenses’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES). |
| DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN). |
| DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES). |
| DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES). |
| DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS). |
| DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES). |
| DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES). |
| DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS). |
| DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT). |
| DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES). |
| DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS). |
| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER). |

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
UNDERPAYMENT: ${XXXXXXXXX}: DISPLAY THE AMOUNT OF THE CALCULATED UNDERPAYMENT.

TOTAL CHARGE: ${XXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT CP09OV.

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

SOFT CHECK:
WHOLE DOLLAR AMOUNT (INTEGER): 0 - $100,000

ROOSTER DETAILS:
TITLE: EVNT_SOP_1

COL # 1 HEADER: SOURCE OF PAYMENT
INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME (PAYM.REIMNAM/PAYF.REIMNAM)

COL # 2 HEADER: DOLLAR AMOUNT PAID
INSTRUCTIONS: ENTER $ AMOUNT PAID (PAYM.AMTPAID/PAYF.AMTPAID)

COL # 3 HEADER: PERCENT AMOUNT PAID
INSTRUCTIONS: ENTER % AMOUNT PAID (PAYM.PCTPAID/PAYF.PCTPAID)

ROOSTER DEFINITION:
DISPLAY THE EVENT’S-SOURCES-OF-PAYMENT-ROOSTER FOR ENTRY.
ROSTER BEHAVIOR:

1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

2. THE INTERVIEWER CAN ENTER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.

3. NO CORRECTIONS OR UPDATES MAY BE MADE TO SOURCE NAMES OR AMOUNTS OF REIMBURSEMENT.


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

6. ONLY NEW SOURCES OF DIRECT PAYMENTS MAY BE ADDED.

ROSTER FILTER:

DISPLAY ALL SOURCES FLAGGED AS ‘DIRECT PAYMENT’ FOR THIS EVENT.

GO TO BOX_15

---

CP24OV

OMITTED.

END_LP03

OMITTED.

LOOP_04

OMITTED.

BOX_LP04

OMITTED.
**MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section**  
November 10, 2009

**CP25**

====

OMITTED.

**CP26**

====

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

The payments you reported for {(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON)/the services for (FLAT FEE GROUP) for (PERSON)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON)} 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, BACK UP TO CP09.

TO ADD ANOTHER PAYMENT SOURCE, BACK UP TO CP12A.

OVERPAYMENT: {...XXXXXXX} TOTAL CHARGE: {...XXXXXXX}

<table>
<thead>
<tr>
<th>ROSTER. SOURCE OF PAYMENT</th>
<th>CP26_02. DOLLAR AMOUNT PAID</th>
<th>CP26_03. PERCENT AMOUNT PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>PERSON/Family</td>
<td>[Display $ Amount]</td>
<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>

HELP AVAILABLE FOR A DEFINITION OF PAYMENTS MADE DIRECTLY TO PROVIDER.
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 CP11 IS A DOLLAR AMOUNT, DISPLAY THE DOLLAR AMOUNT IN THE 'DOLLAR AMOUNT PAID' COLUMN. IF THE RESPONSE TO CP11 IS A PERCENTAGE, DISPLAY THE PERCENTAGE AMOUNT IN THE 'PERCENT AMOUNT PAID' COLUMN. IF THE DOLLAR AMOUNT OR PERCENT AT CP11 IS CODED '-8' (DON'T KNOW), DISPLAY 'DK' FOR THE AMOUNT IN BOTH COLUMNS. IF THE DOLLAR AMOUNT OR PERCENT IS CODED '-7' (REFUSED), DISPLAY 'REF' FOR THE AMOUNT IN BOTH COLUMNS.

(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE): DISPLAY IF EVENT TYPE IS HS.

(PERSON)'s visit to (PROVIDER) on (VISIT DATE): DISPLAY IF EVENT TYPE IS ER, OP, MV, OR DN.

the last purchase of {NAME OF PRESCRIBED MEDICINE} for (PERSON): DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

the services for (FLAT FEE GROUP) for (PERSON): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE): DISPLAY IF EVENT TYPE IS OM.

services received at home from (PROVIDER) during (MONTH) for (PERSON): DISPLAY IF EVENT TYPE IS HH.
{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘glasses or contact lenses’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
{$ DISCREPANCY}: DISPLAY THE AMOUNT OF THE CALCULATED OVERPAYMENT.

OVERPAYMENT: {$(XXXXXXXX): DISPLAY THE AMOUNT OF THE CALCULATED OVERPAYMENT.

TOTAL CHARGE: {$(XXXXXXXX): DISPLAY THE AMOUNT ENTERED AT CP09OV.

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

FLAG ALL SOURCES AND ASSOCIATED AMOUNTS AS ‘DIRECT PAYMENTS’.

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

SOFT CHECK:
WHOLE DOLLAR AMOUNT (INTEGER): 0 - $100,000

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

ROSTER DETAILS:
TITLE: EVNT_SOP_1

COL # 1 HEADER: SOURCE OF PAYMENT
INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME
(PAYM.REIMNAM/PAYF.REIMNAM)

COL # 2 HEADER: DOLLAR AMOUNT PAID
INSTRUCTIONS: ENTER $ AMOUNT PAID
(PAYM.AMTPAID/PAYF.AMTPAID)

COL # 3 HEADER: PERCENT AMOUNT PAID
INSTRUCTIONS: ENTER % AMOUNT PAID
(PAYM.PCTPAID/PAYF.PCTPAID)

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

ROSTER DEFINITION:
DISPLAY THE EVENT’S SOURCES-OF-PAYMENT-ROSTER FOR ENTRY.
ROSTER BEHAVIOR:

1. SOURCE COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED TO SOURCES AT THIS SCREEN.

2. THE INTERVIEWER CAN ENTER A DOLLAR OR A PERCENTAGE AMOUNT FOR EACH SOURCE DISPLAYED.


4. IF A SOURCE IS ENTERED IN ERROR, THE INTERVIEWER WILL ZERO OUT THE AMOUNT PAID.

ROSTER FILTER:
DISPLAY ALL SOURCES FLAGGED AS ‘DIRECT PAYMENT’.

CONTINUE WITH BOX 15

CP26OV
======
OMITTED.

END_LP04
======
OMITTED.
BOX_15
======

------------------------------------------
| RECALCULATE AMOUNT OF UNDERPAYMENT OR OVERPAYMENT. |
------------------------------------------

------------------------------------------
| IF UNDERPAYMENT IS > 3% OR $5 (WHICHEVER IS HIGHER) OF TOTAL CHARGE, CONTINUE WITH BOX_19 |
------------------------------------------

------------------------------------------
| OTHERWISE, GO TO CP37 |
------------------------------------------

BOX_16
======

OMITTED.

CP27
====

OMITTED.

CP28
====

OMITTED.

CP28OV1
======

OMITTED.

CP28OV2
======

OMITTED.

BOX_17
======

OMITTED.

BOX_18
======

OMITTED.

CP29
====

OMITTED.
CP30
====
OMITTED.

CP30OV1
=======
OMITTED.

CP30OV2
=======
OMITTED.

BOX_19
=====

-----------------------------------------------
| IF CP21 WAS ASKED, GO TO CP37                 |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_20                |
-----------------------------------------------

BOX_20
=====

-----------------------------------------------
| IF UNDERPAYMENT IS STILL > 3% OR $5 (WHICHEVER IS |
| HIGHER) OF TOTAL CHARGE, CONTINUE WITH CP31 USING |
| THE DIFFERENCE IN THE DISPLAY.                   |
-----------------------------------------------

-----------------------------------------------
| IF UNDERPAYMENT IS NOT > 3% OR $5 (WHICHEVER IS |
| HIGHER) OF THE TOTAL CHARGE, GO TO CP37          |
-----------------------------------------------
CP31
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER} {EV} {E VN-DT/REF-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}

<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  {CP32}
NO ..................................... 2  {CP37}
REF ................................... -7  {CP37}
DK .................................... -8  {CP37}
\{NAME OF PRESCRIBED MEDICINE\}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

\{OME ITEM GROUP NAME\}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY \{TEXT FROM OTHER SPECIFY\} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
| (amount/more): DISPLAY ‘amount’ IF PERSON FAMILY PAYMENT IS $0/0%. DISPLAY ‘more’ IF PERSON/FAMILY PAYMENT IS NOT EQUAL TO $0/0% (INCLUDING DON’T KNOW AND REFUSED RESPONSES). |
| TOTAL CHARGE: {XXXXXXXXXX}: DISPLAY THE AMOUNT ENTERED AT CP090V. |
| DIFFERENCE: {XXXXXXXXXX}: DISPLAY THE AMOUNT OF THE RE-CALCULATED UNDERPAYMENT. |

| ROSTER DETAILS: |
| TITLE: EVNT_SOP_1 |
| COL # 1 HEADER: SOURCE OF PAYMENT |
| INSTRUCTIONS: DISPLAY PAYMENT SOURCE NAME (PAYM.REIMNAM/PAYF.REIMNAM) |
| COL # 2 HEADER: DOLLAR AMOUNT PAID |
| INSTRUCTIONS: ENTER $ AMOUNT PAID (PAYM.AMTPAID/PAYF.AMTPAID) |
| COL # 3 HEADER: PERCENT AMOUNT PAID |
| INSTRUCTIONS: ENTER % AMOUNT PAID (PAYM.PCTPAID/PAYF.PCTPAID) |

| ROSTER DEFINITION: |
| DISPLAY THE EVENT’S-SOURCES-OF-PAYMENT-ROSTER FOR DISPLAY. |

| ROSTER BEHAVIOR: |
| 1. THIS MATRIX IS READ-ONLY. |

| ROSTER FILTER: |
| DISPLAY ALL SOURCES FLAGGED AS ‘DIRECT PAYMENT’. |
CP32
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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 {CP32OV1}
PERCENT ................................. 2 {CP32OV2}

[Code One]
{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

{OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY ‘GLASSES OR CONTACT LENSES’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES).

DISPLAY ‘INSULIN’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN).

DISPLAY ‘OTHER DIABETIC EQUIPMENT OR SUPPLIES’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES).

DISPLAY ‘AMBULANCE SERVICES’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘ORTHOPEDIC ITEMS’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘HEARING DEVICES’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES).

DISPLAY ‘PROSTHESES’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES).

DISPLAY ‘BATHROOM AIDS’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS).

DISPLAY ‘MEDICAL EQUIPMENT’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘DISPOSABLE SUPPLIES’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘ALTERATIONS OR MODIFICATIONS’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

CP32OV1
=======

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

DOLLARS:

[Enter $ Amount] .......................   {CP37}
REF ................................... -7 {CP37}
DK .................................... -8 {CP37}

----------------------------------------------------
|  SOFT CHECK:                                       |
|  WHOLE DOLLAR AMOUNT (INTEGER):  $0 - $10,000      |
----------------------------------------------------

CP32OV2
=======

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

PERCENT:

[Enter % Amount] .......................   {CP37}
REF ................................... -7 {CP37}
DK .................................... -8 {CP37}

----------------------------------------------------
|  SOFT 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} {EV} {EVN-DT/REF-DT}
{REPEAT VISIT: {NAME OF REPEAT VISIT GROUP}/FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP}}

INTERVIEWER: WHAT RECORDS WERE USED IN CompleTING THE CHARGE/PAYMENT INFORMATION FOR THE {VISIT TO (PROVIDER) ON (VISIT DATE)/THE VISITS FOR (FLAT FEE GROUP)/THE LAST PURCHASE OF (NAME OF PRESCRIBED MEDICINE)/THE {OME ITEM GROUP NAME} USED BY (PERSON) SINCE (START DATE)/SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING (MONTH) FOR (PERSON)?)?

CHECK 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
EXPLANATION OF BENEFITS FROM PRIVATE INSURANCE CARRIER ......................... 5
CALENDAR ...................................... 6
PRESCRIBED MEDICINE BOTTLE, BAG, OR CONTAINER ..................................... 7
ELECTRONIC RECORDS .......................... 8
PHARMACY PATIENT PROFILE ................. 9
OTHER ......................................... 91 {CP37OV}

[Code All That Apply]
THE VISIT TO (PROVIDER) ON (VISIT DATE): DISPLAY IF EVENT TYPE IS HS, OP, ER, MV, OR DN.

THE VISITS FOR (FLAT FEE GROUP): DISPLAY IF EVENT-PROVIDER PAIR REPRESENTS A FLAT FEE GROUP.

THE LAST PURCHASE OF {NAME OF PRESCRIBED MEDICINE}: DISPLAY IF EVENT TYPE IS PM.

{NAME OF PRESCRIBED MEDICINE}: DISPLAY THE NAME OF THE PRESCRIPTION MEDICINE BEING ASKED ABOUT FOR THIS EVENT.

THE {OME ITEM GROUP NAME} USED BY (PERSON) SINCE (START DATE): DISPLAY IF EVENT TYPE IS OM.

SERVICES RECEIVED AT HOME FROM (PROVIDER) DURING (MONTH) FOR (PERSON): DISPLAY IF EVENT TYPE IS HH.
| {OME ITEM GROUP NAME}: DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT. |
| DISPLAY ‘glasses or contact lenses’ IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES OR CONTACT LENSES). |
| DISPLAY ‘insulin’ IF THE OM ITEM GROUP IS ‘2’ (INSULIN). |
| DISPLAY ‘other diabetic equipment or supplies’ IF THE OM ITEM GROUP IS ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES). |
| DISPLAY ‘ambulance services’ IF THE OM ITEM GROUP IS ‘4’ (AMBULANCE SERVICES). |
| DISPLAY ‘orthopedic items’ IF THE OM ITEM GROUP IS ‘5’ (ORTHOPEDIC ITEMS). |
| DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP IS ‘6’ (HEARING DEVICES). |
| DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’ (PROSTHESES). |
| DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS ‘8’ (BATHROOM AIDS). |
| DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP IS ‘9’ (MEDICAL EQUIPMENT). |
| DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES). |
| DISPLAY ‘alterations or modifications’ IF THE OM ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS). |
| DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER). |
| FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS. |
MEPS P13R5/P14R3/P15R1 Charge Payment (CP) Section
November 10, 2009

<table>
<thead>
<tr>
<th>IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH CP37OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_23</th>
</tr>
</thead>
</table>

CP37OV
======

OTHER SPECIFY:

[Enter Other Specify] ............... {BOX_23}

BOX_23
======

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

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_24</th>
</tr>
</thead>
</table>
CP38
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER} {EV} {EVN-DT/REF-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 {CP39}
NO ........................................... 2 (BOX_24)

HELP AVAILABLE FOR DEFINITION OF PROVIDER NAME.

CP39
====

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

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), ‘8’ (NO BILL |
| SENT: PUBLIC ASSISTANCE/MEDICAID/SCHIP) OR ‘15’   |
| (NO BILL SENT: INDIAN HEALTH SERVICE)] 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 ‘COPAYMENT     |
| SITUATION’, THEN CONTINUE WITH BOX_26            |
----------------------------------------------------

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

BOX_26
======
----------------------------------------------------
| FLAG CP STATUS OF EVENT-PROVIDER PAIR AS          |
| ‘PROCESSED’.                                      |
----------------------------------------------------

----------------------------------------------------
| END OF CHARGE PAYMENT (CP) SECTION.               |
----------------------------------------------------
Child Preventive Health Supplement (CS) Section

BOX_00A
=======

---------------------------------------------------------
| THE CS SECTION IS ASKED IN ROUNDS 2 AND 4 ONLY. IF |
| IT IS ROUND 1, 3, OR 5, CONTINUE TO THE NEXT      |
| SECTION.                                          |
---------------------------------------------------------

BOX_00
======

---------------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:                |
| DISPLAY PERS.FULLNAME.                              |
---------------------------------------------------------

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
2 = MOSTLY TRUE
3 = DON’T KNOW
4 = MOSTLY FALSE
5 = DEFINITELY FALSE

CS01_01

a. (PERSON) seems to be less healthy than other children that I know. ( )
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. (   )

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.

Options 1-5 are radio buttons in each row to the right of the question text, CS01_01 through CS01_05. CS01_01 through CS01_05 are displayed on the screen together.

Refused (-7) allowed on all entry fields.

(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 or select next page to continue.
CS03
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Does (PERSON) currently need or use **medicine prescribed by a doctor**, other than vitamins?

YES .................................... 1 {CS03OV1}
NO ..................................... 2 {CS04}
REF ................................... -7 {CS04}
DK .................................... -8 {CS04}

CS03OV1
=======

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

YES .................................... 1 {CS03OV2}
NO ..................................... 2 {CS04}
REF ................................... -7 {CS04}
DK .................................... -8 {CS04}

CS03OV2
=======

Is this a condition that has lasted or is expected to last for **at least** 12 months?

YES .................................... 1 {CS04}
NO ..................................... 2 {CS04}
REF ................................... -7 {CS04}
DK .................................... -8 {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 {CS04OV1}
NO ........................................ 2 {CS05}
REF ..................................... -7 {CS05}
DK ....................................... -8 {CS05}

CS04OV1

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

YES .................................... 1 {CS04OV2}
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 {CS05}
NO ........................................ 2 {CS05}
REF ..................................... -7 {CS05}
DK ....................................... -8 {CS05}
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 {CS05OV1}
- NO ..................................... 2 {CS06}
- REF ................................... -7 {CS06}
- DK .................................... -8 {CS06}

CS05OV1
=======

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

- YES .................................... 1 {CS05OV2}
- 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 {CS06}
- NO ..................................... 2 {CS06}
- REF ................................... -7 {CS06}
- DK .................................... -8 {CS06}
{PERSON’S FIRST MIDDLE AND LAST NAME}

Does (PERSON) need or get special therapy such as physical, occupational or speech therapy?

YES .................................... 1 {CS06OV1}
NO ........................................ 2 {CS07}
REF ....................................... -7 {CS07}
DK .......................................... -8 {CS07}

CS06OV1

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

YES .................................... 1 {CS06OV2}
NO ........................................ 2 {CS07}
REF ....................................... -7 {CS07}
DK .......................................... -8 {CS07}

CS06OV2

Is this a condition that has lasted or is expected to last for at least 12 months?

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

{PERSON’S FIRST MIDDLE AND LAST NAME}

Does (PERSON) have any kind of emotional, developmental or behavioral problem for which (he/she) needs or gets treatment or counseling?

YES ................................. 1 {CS07OV}
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

CS07OV
=====

Is this a condition that has lasted or is expected to last for at least 12 months?

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

BOX_02
=====

----------------------------------------------------
| IF RU MEMBER BEING ASKED ABOUT IS AGED 5-17 YEARS, |
| INCLUSIVE, OR IN AGE CATEGORIES 3 OR 4, CONTINUE    |
| WITH CS08                                          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO CS09A                             |
----------------------------------------------------
SHOW CARD CS-2.

The following questions are about some aspects of (PERSON)’s health.

In this series of questions, please rate (PERSON) on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem.

In general, how much of a problem do you think (PERSON) has with:

PROBE: Please rate on a scale of 0 to 4 where 0 indicates no problem and 4 indicates a very big problem, how much of a problem you think (PERSON) has with (ACTIVITY).

CODE 99 IF RESPONDENT INDICATES THE QUESTION IS INAPPLICABLE.

| CS08_01.     a. Getting along with (his/her) mother?               | ( ) |
| CS08_02.     b. Getting along with (his/her) father?               | ( ) |
| CS08_03.     c. Feeling unhappy or sad?                           | ( ) |
| CS08_04.     d. (His/Her) behavior at school?                     | ( ) |
| CS08_05.     e. Having fun?                                      | ( ) |
| CS08_06.     f. Getting along with other adults?                  | ( ) |
| CS08_07.     g. Feeling nervous or afraid?                        | ( ) |
| CS08_08.     h. Getting along with brothers and sisters?          | ( ) |
| CS08_09.     i. Getting along with other kids?                    | ( ) |
| CS08_10.     j. Getting involved in activities like sports or hobbies? | ( ) |
| CS08_11.     k. (His/Her) schoolwork?                            | ( ) |
| CS08_12.     l. (His/Her) behavior at home?                       | ( ) |
| CS08_13.     m. Staying out of trouble?                          | ( ) |

| ONLY THE VALUES OF 0 AND 4 WILL BE DEFINED IN THE TEXT OF THE QUESTION. HOWEVER, THE VALUES OF ALL THE ANSWER CATEGORIES ARE: |
| 0 = NO PROBLEM |
| 1 |
| 2 = SOME PROBLEM |
| 3 |
| 4 = VERY BIG PROBLEM |
| -7 = REF |
| -8 = DK |
| 99 = INAPPLICABLE |
NOTE: THIS SCREEN WILL BE SPLIT INTO TWO SCREENS IN CAPI. THE FIRST SCREEN (CS08A) WILL CONTAIN THE FOLLOWING PARTS OF THE QUESTION AS SPECIFIED BELOW:
- THE SHOW CARD LINE
- THE FIRST THREE BLOCKS OF TEXT
- THE INTERVIEWER INSTRUCTION: ‘CODE 99…’
- CS08_01 (a.) THROUGH CS08_08 (h.) DISPLAYED IN MULTIPLE ROWS, WITH CS08_01 AND CS08_02 IN THE FIRST ROW, CS08_03 AND CS08_04 IN THE SECOND ROW, CS08_05 AND CS08_06 IN THE THIRD ROW, AND CS08_07 AND CS08_08 IN THE LAST ROW.

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 MULTIPLE ROWS, WITH CS08_09 AND CS08_10 IN THE FIRST ROW, CS08_11 AND CS08_12 IN THE SECOND ROW, AND CS08_13 IN THE LAST ROW.

SPECIAL CHECK:
THE VALUES FOR MOTHPROB, FATHPROB, UNHAPSAD, BEHVSCHL, HAVFUNPR, ADULPROB, NERVAFRD, SIBSPROB, KIDSPROB, SPORThOB, SCHLWORK, BEHVHOME AND TROUBLE SHOULD BE BETWEEN 0 AND 4 AND SHOULD ALSO INCLUDE 99. A CHECK SHOULD BE CONDUCTED TO ENSURE THAT ANY VALUES OUTSIDE OF THOSE DEFINED PRODUCE AN ERROR AND PROHIBIT THE INTERVIEWER FROM CONTINUING UNTIL CORRECTED.

CS09
====
OMITTED.

CS10
====
OMITTED.
OMITTED.

{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 {CS10A}
NO .............................................. 2 {CS11A}
REF ............................................. -7 {CS11A}
DK ............................................... -8 {CS11A}

OMITTED.
CS10A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, when (PERSON) needed care right away, how often did (PERSON) get care as soon as you thought (he/she) needed?

NEVER .................................. 1 {CS11A}
SOMETIMES .............................. 2 {CS11A}
USUALLY ................................. 3 {CS11A}
ALWAYS ................................. 4 {CS11A}
REF ................................... -7 {CS11A}
DK .................................... -8 {CS11A}

[Code One]

----------------------------------------------------
| IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE |
| QUESTION WORDING AT CS10A WAS UPDATED TO BE MORE |
| CONSISTENT WITH CAHPS VERSION 4.0 QUESTION       |
| WORDING.                                          |
----------------------------------------------------

CS11A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

In the last 12 months, not counting the times (PERSON) needed health care right away, did you make any appointments for (PERSON)’s health care at a doctor’s office or clinic?

YES .................................... 1 {CS12A}
NO ..................................... 2 {CS13}
REF ................................... -7 {CS13}
DK .................................... -8 {CS13}

----------------------------------------------------
| IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE |
| QUESTION WORDING AT CS11A WAS UPDATED TO BE MORE |
| CONSISTENT WITH CAHPS VERSION 4.0 QUESTION       |
| WORDING.                                          |
----------------------------------------------------
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 at a doctor’s office or clinic as soon as you thought (he/she) needed?

NEVER .................................. 1 {CS13}
SOMETIMES .............................. 2 {CS13}
USUALLY ................................ 3 {CS13}
ALWAYS ................................. 4 {CS13}
REF .............................. -7 {CS13}
DK ................................. -8 {CS13}

[Code One]

----------------------------------------------------
| IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE |
| QUESTION WORDING AT CS12A WAS UPDATED TO BE MORE |
| CONSISTENT WITH CAHPS VERSION 4.0 QUESTION        |
| WORDING.                                          |
----------------------------------------------------
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 to get health care?

- NONE ................................... 0 {CS20}
- 1 TIME ................................. 1 {CS14A}
- 2 TIMES ................................. 2 {CS14A}
- 3 TIMES ................................. 3 {CS14A}
- 4 TIMES ................................ 4 {CS14A}
- 5 TO 9 TIMES............................ 5 {CS14A}
- 10 OR MORE TIMES ................. 6 {CS14A}
- REF ................................... -7 {CS20}
- DK .................................... -8 {CS20}

[Code One]

---------------------------------
IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE QUESTION WORDING AT CS13 WAS UPDATED TO BE MORE CONSISTENT WITH CAHPS VERSION 4.0 QUESTION WORDING.
---------------------------------

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 {CS14}
- NO ..................................... 2 {CS15}
- REF ................................... -7 {CS15}
- DK .................................... -8 {CS15}
CS14
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD CS-3.

In the last 12 months, how often was it easy to get the care, tests, or treatments you or a doctor believed necessary?

NEVER .......................... 1 {CS15}
SOMETIMES ........................ 2 {CS15}
USUALLY .......................... 3 {CS15}
ALWAYS ............................ 4 {CS15}
REF .................................. -7 {CS15}
DK ................................... -8 {CS15}

[Code One]

----------------------------------------------------
IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE
QUESTION WORDING AND RESPONSE CATEGORIES AT CS14
WERE CHANGED TO BE MORE CONSISTENT WITH CAHPS
VERSION 4.0 QUESTION WORDING AND RESPONSE
CATEGORIES. THE RESPONSE SCALE CHANGED FROM A
PROBLEM SCALE TO A TIME FRAME SCALE
----------------------------------------------------

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 {CS16}
SOMETIMES ........................ 2 {CS16}
USUALLY .......................... 3 {CS16}
ALWAYS ............................ 4 {CS16}
REF .................................. -7 {CS16}
DK ................................... -8 {CS16}

[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 that was easy to understand?

NEVER .................................. 1 {CS17}
SOMETIMES .............................. 2 {CS17}
USUALLY ............................... 3 {CS17}
ALWAYS ................................ 4 {CS17}
REF ................................... -7 {CS17}
DK .................................... -8 {CS17}

[Code One]

---------------------------------------------------------------------
| IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE QUESTION WORDING AT CS16 WAS UPDATED TO BE MORE CONSISTENT WITH CAHPS VERSION 4.0 QUESTION WORDING |
---------------------------------------------------------------------

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 {CS18}
SOMETIMES .............................. 2 {CS18}
USUALLY ............................... 3 {CS18}
ALWAYS ................................ 4 {CS18}
REF ................................... -7 {CS18}
DK .................................... -8 {CS18}

[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 {CS19}
SOMETIMES .............................. 2 {CS19}
USUALLY ................................. 3 {CS19}
ALWAYS ................................. 4 {CS19}
REF ................................... -7 {CS19}
DK .................................... -8 {CS19}

[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?

RATING FROM 0-10:

[Enter Number] .........................
REF ................................... -7 {CS20}
DK .................................... -8 {CS20}

| HARD CHECK: 0-10 |
(PERSON’S FIRST MIDDLE AND LAST NAME)

When you answer the next questions, do not include dental visits.

Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

In the last 12 months, did you or a doctor think (PERSON) needed to see a specialist?

YES ........................................ 1 [CS21]
NO .......................................... 2 [CS22]
REF ......................................... -7 [CS22]
DK ........................................... -8 [CS22]

(CODE ONE)

IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, THE QUESTION WORDING AND RESPONSE CATEGORIES AT CS21 WERE CHANGED TO BE MORE CONSISTENT WITH CAHPS VERSION 4.0 QUESTION WORDING AND RESPONSE CATEGORIES. THE RESPONSE SCALE CHANGED FROM A PROBLEM SCALE TO A TIME FRAME SCALE.
{PERSON’S FIRST MIDDLE AND LAST NAME}

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 {CS22OV}
NO ........................................... 2 {CS23_01}
REF ..................................... -7 {CS23_01}
DK ...................................... -8 {CS23_01}

When was that?

WITHIN PAST YEAR ..................... 1 {CS23_01}
WITHIN PAST 2 YEARS ................. 2 {CS23_01}
MORE THAN 2 YEARS ................. 3 {CS23_01}
REF ..................................... -7 {CS23_01}
DK ...................................... -8 {CS23_01}

[Code One]
CS23_01
-------

{PERSON’S FIRST MIDDLE AND LAST NAME}

About how tall is (PERSON) without shoes?

PROBE FOR INCHES IF NOT REPORTED.

FEET:

[Enter Feet] .......................... {CS23_02}
REF ................................. -7 {CS24}
DK ................................. -8 {CS24}

-------------------------------------
| SOFT CHECK:                        |
| SOFT RANGE CHECK: 0 TO 7           |
-------------------------------------

-------------------------------------
| NOTE THAT CS23_02 IS AN OVERLAY ON CS23_01. |
-------------------------------------

CS23_02
-------

INCHES:

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

-------------------------------------
| SOFT CHECK:                        |
| 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.            |
-------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever measured (PERSON)’s weight?

YES ........................................ 1 {CS24OV}
NO .......................................... 2 {CS25_01}
REF ......................................... -7 {CS25_01}
DK ........................................... -8 {CS25_01}

When was that?

WITHIN PAST YEAR .......................... 1 {CS25_01}
WITHIN PAST 2 YEARS ....................... 2 {CS25_01}
MORE THAN 2 YEARS ......................... 3 {CS25_01}
REF ......................................... -7 {CS25_01}
DK ........................................... -8 {CS25_01}

[Code One]
CS25_01

(Person's First Middle and Last Name)

About how much does (PERSON) weigh without shoes?

POUNDS:

[Enter Pounds] .........................
REF ..................................... -7 {BOX_03}
DK ....................................... -8 {BOX_03}

----------------------------------------------------
| IF CS25_01 IS < OR = 20 POUNDS, CONTINUE WITH |
| CS25_02                                          |
|----------------------------------------------------

----------------------------------------------------
| IF CS25_01 IS > 20 POUNDS, GO TO BOX_03           |
|----------------------------------------------------

----------------------------------------------------
| SOFT CHECK:                                       |
| SOFT RANGE CHECK: 1 TO 300                        |
|----------------------------------------------------

----------------------------------------------------
| NOTE THAT CS25_02 IS AN OVERLAY ON CS25_01.       |
|----------------------------------------------------

CS25_02

Ounces:

[Enter Ounces] ......................... {BOX_03}
REF ..................................... -7 {BOX_03}
DK ....................................... -8 {BOX_03}

PROBE FOR OUNCES IF NOT REPORTED.

----------------------------------------------------
| SOFT CHECK:                                       |
| SOFT RANGE CHECK: 0-15                            |
|----------------------------------------------------

----------------------------------------------------
| EDIT: IF POUNDS (CS25_01) = 0, THEN OUNCES MUST |
| BE 1-16.                                         |
|----------------------------------------------------
If RU member being asked about is aged 3-6 years, inclusive, or in age categories 2 or 3, continue with CS26.

If 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?

YES ........................................ 1 {BOX_04}
NO ......................................... 2 {BOX_04}
TRIED, BUT (PERSON) WAS UNCOOPERATIVE .. 3 {BOX_04}
REF ....................................... -7 {BOX_04}
DK ......................................... -8 {BOX_04}

'(PERSON)' in the text for category 3 should be in purple.

If RU member being asked about is > or = 2 years of age or in age categories 2 through 4, continue with CS27.

If otherwise, go to BOX_05.
CS27
====

(Person’s first middle and last name)

Has a doctor or other health provider ever measured (person)’s blood pressure?

YES ............................................. 1 [CS27OV]
NO ............................................. 2 [CS28]
TRYED, BUT (PERSON) WAS UNCOOPERATIVE .. 3 [CS27OV]
REF ............................................. -7 [CS28]
DK ............................................. -8 [CS28]

------------------------------------------------------
| ’(PERSON)’ IN THE TEXT FOR CATEGORY 3 SHOULD BE IN | | 
| PURPLE.                                          |
------------------------------------------------------

CS27OV
======

When was that?

WITHIN PAST YEAR ............................. 1 [CS28]
WITHIN PAST 2 YEARS ............................ 2 [CS28]
MORE THAN 2 YEARS .............................. 3 [CS28]
REF ............................................. -7 [CS28]
DK ............................................. -8 [CS28]

[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 [CS28OV]
NO ............................................. 2 [CS29]
REF ............................................. -7 [CS29]
DK ............................................. -8 [CS29]

HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."
When was that?

WITHIN PAST YEAR ....................... 1 {CS29}
WITHIN PAST 2 YEARS .................... 2 {CS29}
MORE THAN 2 YEARS ...................... 3 {CS29}
REF ................................... -7 {CS29}
DK .................................... -8 {CS29}

[Code One]

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”

(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 {CS29OV}
NO ..................................... 2 {CS30}
REF ..................................... -7 {CS30}
DK ..................................... -8 {CS30}

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”

When was that?

WITHIN PAST YEAR ....................... 1 {CS30}
WITHIN PAST 2 YEARS .................... 2 {CS30}
MORE THAN 2 YEARS ...................... 3 {CS30}
REF ................................... -7 {CS30}
DK .................................... -8 {CS30}

[Code One]

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”
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 {CS30OV}
NO ..................................... 2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”

CS30OV
====

When was that?

WITHIN PAST YEAR ....................... 1 {BOX_05}
WITHIN PAST 2 YEARS .................... 2 {BOX_05}
MORE THAN 2 YEARS ..................... 3 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

[Code One]

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”
BOX_05
========

| IF RU MEMBER BEING ASKED ABOUT: |
| - HAS A WEIGHT AT CS25_01 < OR = 40 POUNDS, |
| OR |
| - IF CS25_01 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_01 > 40 AND < OR = 80 |
| POUNDS |
| OR |
| - IF CS25_01 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_01 > 80 POUNDS, |
| OR |
| - IF CS25_01 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 {CS31OV}
NO ..................................... 2 {BOX_06}
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

HELP AVAILABLE 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]

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”

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 {CS32OV}
NO ..................................... 2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”
When was that?

<table>
<thead>
<tr>
<th>When</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN PAST YEAR</td>
<td>1</td>
</tr>
<tr>
<td>WITHIN PAST 2 YEARS</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 2 YEARS</td>
<td>3</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”

---

<table>
<thead>
<tr>
<th>IF CS25_01 IS CODED ‘REF’ OR ‘DK’ FOR RU MEMBER</th>
<th>BEING ASKED ABOUT AND PERSON IS IN AGE CATEGORY 3</th>
<th>(AGE IS UNKNOWN), CONTINUE WITH CS33</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_06</th>
</tr>
</thead>
</table>

---

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?

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

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU.”
CS330V
=====

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]

HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU."

BOX_06
=====

| IF RU MEMBER BEING ASKED ABOUT IS > OR = 2 YEARS |
| OF AGE OR IN AGE CATEGORIES 2 THROUGH 4, CONTINUE |
| WITH CS34 |

| OTHERWISE, GO TO CS35 |

CS34
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Has a doctor or other health provider ever given you or (PERSON) advice about (PERSON) using a helmet when riding a bicycle or motorcycle?

| YES ..................................... 1 {CS340V} |
| NO ..................................... 2 {CS35} |
| REF .................................... -7 {CS35} |
| DK ..................................... -8 {CS35} |

HELP AVAILABLE FOR DEFINITION OF "ADVICE TO YOU (ABOUT HELMETS)."
When was that?

WHEN PAST YEAR ......................... 1 (CS35)
WHEN PAST 2 YEARS ...................... 2 (CS35)
MORE THAN 2 YEARS ...................... 3 (CS35)
REF ................................... -7 (CS35)
DK .................................... -8 (CS35)

[Code One]

HELP AVAILABLE FOR DEFINITION OF “ADVICE TO YOU (ABOUT HELMETS).”
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 {END_LP01}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

END_LP01
======

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_01 AND CONTINUE WITH BOX_08             |
----------------------------------------------------

BOX_08
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                  |
----------------------------------------------------
Disability Days (DD) Section

BOX_00

Context header display instructions:
- Display Pers.FULLNAME, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY
- If PRND dates are missing use RU dates: RUBEGMM, RUBEGDD, RUENDDM, RUENDDD

BOX_01

- If person is less than 1 year of age (or age category 1), go to BOX_03
- Otherwise, continue with DD01
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 OR SELECT NEXT PAGE TO CONTINUE.

----------------------------------------------------
<p>| DISPLAY 'since (START DATE)' IF NOT ROUND 5.      |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                          |
| NOTE: THERE IS NO UPPER AGE LIMIT RESTRICTION FOR |
| PERSONS WHO ARE ASKED THE WORK-LOSS DISABILITY    |</p>
<table>
<thead>
<tr>
<th>DAYS QUESTION.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF PERSON IS = OR &gt; 1 YEAR OLD AND &lt; 3 YEARS OLD</td>
</tr>
<tr>
<td>(OR AGE CATEGORY 2), GO TO DD08</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF PERSON IS = OR &gt; 3 YEARS OLD AND &lt; OR = 15</td>
</tr>
<tr>
<td>YEARS OLD (OR AGE CATEGORY 3), GO TO DD05</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>IF PERSON IS = OR &gt; 16 YEARS OLD (OR AGE</td>
</tr>
<tr>
<td>CATEGORIES 4-9), CONTINUE WITH DD02</td>
</tr>
</tbody>
</table>
|---------------------------------------------------
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

HELP AVAILABLE 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)). OTHERWISE, USE A NULL DISPLAY.

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)). OTHERWISE, USE A NULL DISPLAY.
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.

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

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO WORK DAYS MISSED, ENTER '995' TO RECORD THIS INFORMATION.

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

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' (NO DAYS MISSED FROM WORK), '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' (NO DAYS MISSED FROM WORK), '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

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

IF CODED '995' (NO DAYS MISSED FROM WORK), '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' (NO DAYS MISSED FROM WORK), '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

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

IF CODED '995' (NO DAYS MISSED FROM WORK), '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' (NO DAYS MISSED FROM WORK), '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

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

IF CODED '995' (NO DAYS MISSED FROM WORK), '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' (NO DAYS MISSED FROM WORK), '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

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

HARD CHECK:
RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD OR 996 FOR THIS PERSON.
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 {YEAR}?

[Enter Number of Days] ................. {DD03}
REF ....................................... -7 {DD03}
DK ....................................... -8 {DD03}

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

---
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL. |
---

---
| HARD CHECK: |
| DAYS IN {YEAR} AT DD02A MUST BE < OR = DAYS MISSED |
| FROM WORK AT DD02. |
---
{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, SELECT ENTRY ON ROSTER.

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

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

| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN. |

| GO TO DD04 |

| ROSTER DETAILS: |
| Title: PERS_COND_1 |
| COL #1 HEADER: MEDICAL CONDITION |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION (COND.CONDNAM) |

| ROSTER DEFINITION: |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT. |
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. MULTIPLE ADD ALLOWED.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS THE INTERVIEWER HAS NOT YET LEFT THE SCREEN. IF THE INTERVIEWER ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.
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 a half day or more?

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

HELP AVAILABLE FOR DEFINITION OF STAY IN BED.

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

----------------------------------------------------------------------
| 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, CONTINUE WITH BOX_01B |
|----------------------------------------------------------------------

----------------------------------------------------------------------
| HARD CHECK: |
| DAYS IN BED AT DD04 MUST BE < OR = DAYS MISSED FROM WORK AT DD02. |
|----------------------------------------------------------------------
BOX_01B

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH DD04A</th>
</tr>
</thead>
</table>

<p>| IF NOT ROUND 3 AND PERSON IS 16 THROUGH 22 YEARS |</p>
<table>
<thead>
<tr>
<th>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 {YEAR}?

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

---------------------------------------------------------------------
| FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED AT DD04 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST CALENDAR YEAR OF PANEL. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), CONTINUE WITH DD05 |
---------------------------------------------------------------------

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

---------------------------------------------------------------------
| HARD CHECK: |
| DAYS IN BED IN {YEAR} AT DD04A MUST BE < OR = DAYS IN BED AT DD04. |
| DAYS IN BED IN {YEAR} AT DD04A MUST BE < OR = DAYS MISSED FROM WORK IN {YEAR} AT DD02A. |
---------------------------------------------------------------------
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}

HELP AVAILABLE 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)). OTHERWISE, USE A NULL DISPLAY.
---

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)). OTHERWISE, USE A NULL DISPLAY.
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.

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO SCHOOL DAYS MISSED, ENTER '995' TO RECORD THIS INFORMATION.'

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 OF DAYS IN REFERENCE PERIOD.'

IF '995' OR '996' ENTERED FOR NUMBER OF DAYS, GO TO DD08.

IF NUMBER OF DAYS ENTERED (AND NOT '995', '996', DK, OR RF), CONTINUE WITH BOX_01C.

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

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 {YEAR}?

[Enter Number of Days] .................   {DD06}
REF ................................... -7 {DD06}
DK .................................... -8 {DD06}

<p>| FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED |</p>
<table>
<thead>
<tr>
<th>AT DD05.</th>
</tr>
</thead>
</table>

<p>| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |</p>
<table>
<thead>
<tr>
<th>CALENDAR YEAR OF PANEL.</th>
</tr>
</thead>
</table>

<p>| HARD CHECK:                                   |
| DAYS MISSED FROM SCHOOL IN {YEAR} AT DD05A MUST BE |</p>
<table>
<thead>
<tr>
<th>&lt; OR = DAYS MISSED FROM SCHOOL AT DD05.</th>
</tr>
</thead>
</table>
DD06
====

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

What are the health problems that caused (PERSON) to miss school on those days?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

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

----------------------------------------------------
<p>| FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING |</p>
<table>
<thead>
<tr>
<th>ASSOCIATED WITH MISSED SCHOOL DAYS IN THIS ROUND.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS |</p>
<table>
<thead>
<tr>
<th>SCREEN.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO DD07</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER DETAILS:                                  |</p>
<table>
<thead>
<tr>
<th>Title: PERS_COND_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL #1 HEADER: MEDICAL CONDITION</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION</td>
</tr>
<tr>
<td>(COND.CONDNAM)</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

----------------------------------------------------
<p>| ROSTER DEFINITION:                                |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR  |
| THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL |</p>
<table>
<thead>
<tr>
<th>CONDITION(S) ASSOCIATED WITH THIS EVENT.</th>
</tr>
</thead>
</table>
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. MULTIPLE ADD ALLOWED.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS THE INTERVIEWER HAS NOT YET LEFT THE SCREEN. IF THE INTERVIEWER ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.
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 {DD08}
DK ..................................... -8 {DD08}

HELP AVAILABLE FOR DEFINITION OF STAY IN BED.

---
| FOR ‘NUMBER OF DAYS’, DISPLAY NUMBER RECORDED IN |
| DD05. |
---

---
| IF DD05A OR DD07 EQUALS 0, DON’T KNOW, OR REFUSED, |
| GO TO DD08 |
---

---
| OTHERWISE, CONTINUE WITH BOX_01D |
---

---
| HARD CHECK: |
| DAYS IN BED AT DD07 MUST BE < OR = DAYS MISSED |
| FROM SCHOOL AT DD05. |
| |
| TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS ENTRY AT |
| DD07) MUST BE < OR = 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 {YEAR}?

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

----------------------------------------------------
| FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED |
| AT DD07.                                        |
----------------------------------------------------

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL.                         |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                      |
| DAYS IN BED IN {YEAR} AT DD07A MUST BE < OR = DAYS|
| MISSED SCHOOL IN {YEAR} AT DD05A.                |
----------------------------------------------------
{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}  

HELP AVAILABLE 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)). OTHERWISE, USE A  |  
| NULL DISPLAY.  |  
----------------------------------------------------  

----------------------------------------------------  
| 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)). OTHERWISE, USE A  |  
| NULL DISPLAY.  |  
----------------------------------------------------  

----------------------------------------------------  
| DISPLAY ‘Besides the days...how’, ‘additional’,  |  
| IN THE QUESTION TEXT, AND ‘ADDITIONAL’ IN THE  |  
| LABEL OF THE RADIO BUTTON 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)).

IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: 'IF NO ADDITIONAL BED DAYS, RECORD '995' IN NUMBER OF DAYS.'

IF '995' ENTERED FOR NUMBER OF DAYS, GO TO BOX_02

IF NUMBER OF DAYS ENTERED (NOT '995', RF, OR DK), CONTINUE WITH BOX_01E

HARD CHECK:
RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD FOR THIS PERSON.
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 {YEAR}?

[Enter Number of Days] ................. {DD09}
REF ................................. -7 {DD09}
DK .................................... -8 {DD09}

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.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST CALENDAR YEAR OF PANEL.

HARD CHECK: DAYS IN {YEAR} AT DD08A MUST BE < OR = ADDITIONAL DAYS IN BED AT DD08.
What are the health problems that caused (PERSON) to spend a half day or more in bed on those days?

PROBE: Any other health problems?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

[1. Medical Condition]
[2. Medical Condition]
[3. Medical Condition]
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. MULTIPLE ADD ALLOWED.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS THE INTERVIEW HAS NOT YET LEFT THE SCREEN. IS IF THE INTERVIEWER ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.

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 OF 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 {DD11}
NO/DO NOT WORK ............................... 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HALF DAY OR MORE.

-----------------------------------------------
<p>| 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 NUMBER RECORDED IN DD02 FOR 'NUMBER OF |
| MISSED WORK DAYS' IF DD02 DOES NOT = '-7' |
| (REFUSED) OR '-8' (DON'T KNOW). IF DD02 = '-7' |
| (REFUSED) OR '-8' (DON'T KNOW), USE A NULL |
| DISPLAY. |
| |
| DISPLAY 'between (START DATE) and (END DATE)' IF |</p>
<table>
<thead>
<tr>
<th>ROUND 5. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>
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] .................   {BOX_02A}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

----------------------------------------------------
| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE:  |
| 'IF NO WORK DAYS MISSED, BACK UP AND 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.' |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK: |
| DAYS ENTERED AT DD11 MUST BE < OR = NUMBER OF DAYS IN REFERENCE PERIOD FOR PERSON. |
----------------------------------------------------

BOX_02A
======

----------------------------------------------------
| IF ROUND 3, CONTINUE WITH DD11A |

----------------------------------------------------
| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_03 |

24
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 {YEAR}?  

[Enter Number of Days] ...............  {BOX_03}
REF ........................................ -7 {BOX_03}
DK ........................................... -8 {BOX_03}

<p>| FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED  |</p>
<table>
<thead>
<tr>
<th>AT DD11.</th>
</tr>
</thead>
</table>

<p>| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |</p>
<table>
<thead>
<tr>
<th>CALENDAR YEAR OF PANEL.</th>
</tr>
</thead>
</table>

<p>| HARD CHECK:                                      |
| DAYS IN {YEAR} AT DD11A MUST BE &lt; OR = DAYS MISSED|</p>
<table>
<thead>
<tr>
<th>WORK DUE TO SOMEONE ELSE’S HEALTH AT DD11.</th>
</tr>
</thead>
</table>

BOX_03
=====

<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>
Dental Care (DN) Section

DN01
====
OMITTED.

DN02
====
OMITTED.

DN03
====

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

What type of dental care provider did (PERSON) see during this visit?

PROBE:  Any other type of dental care person?

CHECK ALL THAT APPLY.

GENERAL DENTIST ......................... 1 [DN04]
DENTAL HYGIENIST .......................... 2 [DN04]
DENTAL TECHNICIAN ........................ 3 [DN04]
DENTAL SURGEON ............................ 4 [DN04]
ORTHODONTIST ............................. 5 [DN04]
ENDODONTIST .............................. 6 [DN04]
PERIODONTIST ............................. 7 [DN04]
OTHER ...................................... 91 [DN04]
REF ....................................... -7 [DN04]
DK ......................................... -8 [DN04]

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE. |
What did (PERSON) have done during this visit?  
PROBE:  What else was done?  

CHECK ALL THAT APPLY.

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIAGNOSTIC OR PREVENTATIVE</td>
<td></td>
</tr>
<tr>
<td>General Exam, Checkup or Consultation</td>
<td>1</td>
</tr>
<tr>
<td>Cleaning, Prophylaxis, or Polishing</td>
<td>2</td>
</tr>
<tr>
<td>X-Rays, Radiographs, or Bitewings</td>
<td>3</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>4</td>
</tr>
<tr>
<td>Sealant (Plastic Coatings on Back Teeth)</td>
<td>5</td>
</tr>
<tr>
<td>RESTORATIVE OR ENDODONTIC</td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td>6</td>
</tr>
<tr>
<td>Inlays</td>
<td>7</td>
</tr>
<tr>
<td>Crowns or Caps</td>
<td>8</td>
</tr>
<tr>
<td>Root Canal</td>
<td>9</td>
</tr>
<tr>
<td>PERIODONTIC (GUM TREATMENT)</td>
<td></td>
</tr>
<tr>
<td>Periodontal Scaling, Root Planing, or Gum Surgery</td>
<td>10</td>
</tr>
<tr>
<td>Periodontal Recall Visit (Periodic or Regular)</td>
<td>11</td>
</tr>
<tr>
<td>ORAL SURGERY</td>
<td></td>
</tr>
<tr>
<td>Extraction, Tooth Pulled</td>
<td>12</td>
</tr>
<tr>
<td>Implants</td>
<td>13</td>
</tr>
<tr>
<td>Abscess or Infection Treatment</td>
<td>14</td>
</tr>
<tr>
<td>Other Oral Surgery</td>
<td>15</td>
</tr>
<tr>
<td>PROSTHETICS</td>
<td></td>
</tr>
<tr>
<td>Fixed Bridges</td>
<td>16</td>
</tr>
<tr>
<td>Dentures or Removable Partial Dentures</td>
<td>17</td>
</tr>
<tr>
<td>Relining or Repair of Bridges or Dentures</td>
<td>18</td>
</tr>
<tr>
<td>ORTHODONTICS</td>
<td></td>
</tr>
<tr>
<td>Orthodontia, Braces, or Retainers</td>
<td>19</td>
</tr>
<tr>
<td>ADDITIONAL PROCEDURES</td>
<td></td>
</tr>
<tr>
<td>Bond, Whitening, or Bleach</td>
<td>20</td>
</tr>
<tr>
<td>Treatment for TMD or TMJ</td>
<td>21</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
HEADINGS AND CODE CATEGORIES WILL NOT FIT ON ONE SCREEN. THEREFORE, HEADINGS WILL ONLY APPEAR ON HELP 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

FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE.

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

OTHERWISE, GO TO DN05

OTHER TYPE OF DENTAL CARE:

[Enter Other Specify].................   {DN05}
REF ................................... -7 {DN05}
DK .................................... -8 {DN05}
During this visit, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES ................................. 1  [DN06]
NO ....................................... 2  [BOX_01]
REF ................................. -7  [BOX_01]
DK ................................. -8  [BOX_01]

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
Please tell me the names of the prescriptions from this visit that were filled.

PROBE: Any other prescriptions from this visit filled?

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
BOX_01

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

-----------
| OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION. |  
-----------
Event Driver (ED) Section

BOX_00
=======

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME,Prov.LORPNAME,
EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD, AND
EVPV.EVNTBEGY.

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
{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 OR SELECT NEXT PAGE TO CONTINUE.

----------------------------------------------------
| DISPLAY 'The....care.' IF FIRST EVENT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
| DISPLAY 'IS' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'ARE' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
| DISPLAY THE ACTUAL NUMBER OF EVENTS LEFT TO BE ASKED ABOUT FOR THIS PERSON FOR '{NUMBER}'. |
| | |
| DISPLAY 'EVENT' IF ONLY ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. DISPLAY 'EVENTS' IF MORE THAN ONE EVENT LEFT TO BE ASKED ABOUT FOR THIS PERSON. |
| | |
----------------------------------------------------

LOOP_02

LOOP DEFINITION: LOOP_02 CORRECTS CURRENT ROUND EVENT INFORMATION COLLECTED IN THE EVENT ROSTER SECTION, AS NEEDED. THE 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
- EVENT IS NOT YET CODED AS 'INFORMATION OK' AT ED02

ASK ED02 - END_LP02

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

CODE INFORMATION OK ('1') UNLESS RESPONDENT VOLUNTEERS CORRECTION.

  INFORMATION OK .......................... 1 {END_LP02}
  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 NAME OF THE OME GROUP BEING LOOPED ON FOR 'OME ITEM GROUP NAME'. |
| DISPLAY 'the...home...(MONTH)' IF EVENT TYPE IS HH|
(OME ITEM GROUP NAME): DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT.

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESSES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY (TEXT FROM OTHER SPECIFY) IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

IF POSSIBLE ON SCREEN, INSERT A COLUMN HEADER BEFORE THE VALUE OF '2', READING "CORRECTIONS NEEDED" AS SHOWN ON CAPI SCREEN.
IN LABEL FOR ANSWER CATEGORY 9, DISPLAY "(PERSON)" IN PURPLE (TO BE READ FROM HEADER).
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.’

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.’

IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE IS DN, ER, OP, OR MV, CONTINUE WITH ED04A

IF CODED '3' (DATE(S)) INCORRECT AND EVENT TYPE IS HS, GO TO ED04B

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

<table>
<thead>
<tr>
<th>IF CODED ‘6’ (WRONG OME ITEM GROUP) AND EVENT TYPE IS OM, AND OM GROUP TYPE IS ‘ADDITIONAL’ (EV02A=2), GO TO ED06A</th>
</tr>
</thead>
</table>

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

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

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

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

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

ED03 OMITTED.
ED04
====

OMITTED.

ED04A
=====

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

INTERVIEWER: TO CORRECT DATE, SELECT DATE, THEN CLICK THE EDIT DATE LINK.

[Enter MM/DD/YYYY-4]

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

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

-----------------------------------------------------
| GO TO END_LP02 |
INTERVIEWER: TO CORRECT DATE, SELECT DATE, THEN CLICK THE EDIT DATE LINK.

[Enter MM/DD/YYYY-4] - [Enter MM/DD/YYYY-4]

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

---------------
| IF DISCHARGE DATE IS ‘95’ (STILL IN FACILITY), THIS HS EVENT IS NOT CLOSED IN THE CURRENT ROUND. |
| FLAG EVENT AS PROCESSED AND FLAG CHARGE PAYMENT AS PROCESSED. |
---------------

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

---------------
| GO TO END LP02 |
---------------
INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

[Code One]
| GO TO END_LP02 |

BOX_02
======

| ASK THE PROVIDER ROSTER (PV) SECTION FOR THIS EVENT. |
| AT COMPLETION OF PROVIDER ROSTER (PV) SECTION, |
| CONTINUE WITH BOX_03 |

BOX_03
======

| WRITE PROVIDER CORRECTION TO PERSON'S-EVENT- |
| PROVIDER-PAIRS-ROSTER. |

| GO TO END_LP02 |
INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

GLASSES OR CONTACT LENSES ............ 1 {END_LP02}
INSULIN ................................ 2 {END_LP02}
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3 {END_LP02}

[Code One]

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (INSULIN), ADD ‘INSULIN’ TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘3’ (OTHER DIABETIC EQUIPMENT OR SUPPLIES), ADD ‘OTHER DIABETIC EQUIP/SUPPLIES’ TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP SELECTED IN ED06.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO END_LP02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------</td>
</tr>
</tbody>
</table>
ED06A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: SELECT CORRECT OME ITEM GROUP.

AMBULANCE SERVICES ......................... 1 {BOX_ED06A}
ORTHOPEDIC ITEMS ............................ 2 {BOX_ED06A}
HEARING DEVICES .............................. 3 {BOX_ED06A}
PROSTHESES .................................... 4 {BOX_ED06A}
BATHROOM AIDS .................................. 5 {BOX_ED06A}
MEDICAL EQUIPMENT ......................... 6 {BOX_ED06A}
DISPOSABLE SUPPLIES ....................... 7 {BOX_ED06A}
ALTERATIONS/MODIFICATIONS ............... 8 {BOX_ED06A}
OTHER ........................................ 91 {ED06AOV}

[Code One]

----------------------------------------------------
<p>| IF THE SELECTED OME ITEM GROUP EXISTS, DISPLAY THE |</p>
<table>
<thead>
<tr>
<th>FOLLOWING MESSAGE: 'OM OF THIS TYPE ALREADY EXISTS. PLEASE RE-SELECT OME GROUP.'</th>
</tr>
</thead>
</table>

ED06AOV
======

OTHER GROUP OF OTHER MEDICAL EXPENSES (OME) ITEMS:

[Enter Other Specify] ...................... {BOX_ED06A}
REF ............................................ -7
DK ............................................. -8

BOX_ED06A
========

-----------------------------------------------
<p>| CHANGE THE OME GROUP ORIGINALLY ASSOCIATED WITH |
| THE EVENT BEING ASKED ABOUT TO THE OME ITEM GROUP |</p>
<table>
<thead>
<tr>
<th>SELECTED IN ED06A OR ENTERED IN ED06AOV.</th>
</tr>
</thead>
</table>

-----------------------------------------------
| 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 {ED08}
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]

HELP AVAILABLE FOR DEFINITIONS OF EVENT TYPES.

-----------------------------------------------------
<p>| 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    |</p>
<table>
<thead>
<tr>
<th>COLLECTED FOR THE HOSPITAL STAY.</th>
</tr>
</thead>
</table>

-----------------------------------------------------
<p>| 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     |</p>
<table>
<thead>
<tr>
<th>CHANGING THE EVENT TYPE.'</th>
</tr>
</thead>
</table>

-----------------------------------------------------
<p>| IF THE SELECTED EVENT TYPE MATCHES THE EVENT TYPE  |
| ORIGINALLY ASSOCIATED WITH THE EVENT BEING ASKED   |
| ABOUT, DISPLAY THE FOLLOWING MESSAGE: 'YOU MUST    |</p>
<table>
<thead>
<tr>
<th>CHANGE THE EVENT TYPE. PLEASE RESELECT.'</th>
</tr>
</thead>
</table>
{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 MM/DD/YYYY-4] - [Enter MM/DD/YYYY-4]

-----------------------------------------------------
| WHEN SCREEN IS DISPLAYED, DISPLAY THE EVENT DATE    |
| AS THE ADMIT DATE AND LEAVE THE DISCHARGE DATE     |
| BLANK. BOTH DATES CAN BE CORRECTED.                 |

-----------------------------------------------------
| 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}  {EVTN-DT}
{OME ITEM GROUP:  {NAME OF OME ITEM GROUP......}}

INTERVIEWER: SO FAR, THE FOLLOWING EVENTS HAVE BEEN RECORDED FOR (PERSON):

<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>

----------------------------------------------------
<p>| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |</p>
<table>
<thead>
<tr>
<th>ADD TEXT FOR EVNT.OMTYPE CODE</th>
</tr>
</thead>
</table>
Roster Details:
Title: PERS_EVNT_DISPLAY_1

Col # 1 Name Medical Provider
Display Medical Provider
EVPV.LORPNAME, EVPV.DRFNAM, EVPV.DRMNAM

Col # 2 Event Type
Display Event Type
EVNT.EVNTTYPE

Col # 3 Event Date
Display Event Date
EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY
EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY

Col # 4 Util
Display Selection
EVNT.UTFLAG

Col # 5 C/P
Display Selection
EVNT.PROCFLAG

Roster Definition: This item displays the person's medical events roster for display.

Roster Behavior:
1. Select, add, delete, and edit disallowed.
2. CAPI displays a check mark in the 'util' column if the event has completed the appropriate utilization section.
3. CAPI displays a check mark in the 'C/P' column if the event has completed the charge/payment (CP) section.

Roster Filter:
This item displays all events on the person's medical events roster that were created in the current round or held over from the previous round (i.e., Util and the Charge/Payment (CP) section were not marked as processed, except events with the event type (EVPV.EVNTTYPE) 'PM'.
CONTINUE WITH ED09OV1

ADD AN EVENT?

YES .................................... 1 {BOX_04}
NO ..................................... 2 {END_LP02}

ED09OV1 IS DISPLAYED BENEATH THE GRID ON ED09 WHENEVER ED09 IS DISPLAYED.

ASK THE EVENT ROSTER (EV) SECTION FOR THIS EVENT. AT COMPLETION OF EVENT ROSTER (EV) SECTION, CONTINUE WITH END_LP02

NOTE: CAPI CONTINUES THE LOOP FOR THE EVENT THAT WAS IN PROCESS WHEN ANOTHER EVENT WAS ADDED. ADDED EVENTS ARE PROCESSED IN THE ED SECTION AFTER EVENTS THAT WERE RECORDED IN THE PROVIDER PROBES (PP) SECTION.

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

OTHERWISE, CYCLE ON THE SAME EVENT TO COLLECT ANY ADDITIONAL CORRECTION.
END_LP01

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

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

BOX_05

----------------------------------------
| GO TO THE NEXT QUESTIONNAIRE SECTION       |
----------------------------------------
Employment (EM-A) Section

THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE PERIOD (END DATE) AS PART OF THE CONTEXT HEADER, CAPI DISPLAYS THE (END DATE) ONLY FOR ROUND 5. INTERVIEWS. IN ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE (END DATE) IN THE CONTEXT HEADER. FOR MOST PERSONS, THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE SECOND YEAR OF THE PANEL.

NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND THE INFORMED CONSENT SCREENS WERE OMITTED STARTING IN PANEL 12 ROUND 3. THIS INFORMATION WAS IN PANEL 12 ROUNDS 1 AND 2. STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED IN ALL ROUNDS.

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, (ESTB.ESTBNAME),
{(PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY)/
(JOBS.JSTRTM, JOBS.JSTRTD, JOBS.JSTRTY,
JOBS.JSTOPM, JOBS.JSTOPD, JOBS.JSTOPY)).

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
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/{YEAR}, 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 {EM02}
REF ................................... -7 {EM02}
DK .................................... -8 {EM02}

HELP AVAILABLE 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 {EM03}
REF ................................... -7 {EM03}
DK .................................... -8 {EM03}

HELP AVAILABLE FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

---------------------------------------------------------------------------------
| {since (start date)/between (start date) and (end date)}: DISPLAY ‘since (start date)’ IF NOT ROUND |
| 5. DISPLAY ‘between (start date) and (end date)’ IF ROUND 5. |
| {a/any other}: DISPLAY ‘a’ IF NO JOB ASKED ABOUT DURING THE RJ SECTION DURING THIS ROUND FOR THIS PERSON. |
| DISPLAY ‘any other’ IF ANY JOB ASKED ABOUT DURING THE RJ SECTION DURING THIS ROUND FOR THIS PERSON. |
| {that we have not yet talked about}: DISPLAY IF ANY JOB ASKED ABOUT DURING THE RJ SECTION DURING THIS ROUND FOR THIS PERSON. |
---------------------------------------------------------------------------------
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 {EM05}
NO ..................................... 2
REF ................................... -7
DK .................................... -8

Help available for definitions of job for pay/business.

------------------------------------------------------------------
| {(Do/Does)/Did}: DISPLAY ‘(Do/Does)’ IF NOT ROUND |
| 5. DISPLAY ‘Did’ IF ROUND 5.                          |
|                                                      |
| {can/could}: DISPLAY ‘can’ IF NOT ROUND. DISPLAY     |
| ‘could’ IF ROUND 5.                                  |
|                                                      |
| {that we have not yet talked about}: DISPLAY IF      |
| ANY JOB ASKED ABOUT DURING THE RJ SECTION DURING     |
| THIS ROUND FOR THIS PERSON.                          |

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

| 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/{YEAR}, did} (PERSON) {currently} work at more than one job or business?

YES ...................................  1 {EM11}
NO ....................................  2 {EM05}
REF ................................... -7 {EM05}
DK .................................... -8 {EM05}

HELP AVAILABLE FOR DEFINITIONS OF JOB FOR PAY/BUSINESS.

------------------------------------------
| {Do/Does/On 12/31/{YEAR}, did}: DISPLAY |
| ‘(Do/Does)’ IF NOT ROUND 5. DISPLAY     |
| ‘on 12/31/{YEAR}, did’ WHERE ‘YEAR’ IS THE SECOND |
| CALENDAR YEAR OF THE PANEL, IF ROUND 5. |
|                                   |
| {currently}: DISPLAY ‘CURRENTLY’ IF NOT ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY.           |
------------------------------------------
EM05
====

(Person’s first middle and last name) \{str-dt\}
(end-dt)

(Person) self-employed, or (do/does)/did (Person) work for someone else at that job?

Self-employed ......................... 1 {EM06}
For someone else ...................... 2 {EM06}
Ref ................................... -7 {EM06}
DK .................................... -8 {EM06}

[Code one]

Help available for definition of self-employed.

----------------------------------------
| {(Are/Is)/(Were/Was)}: DISPLAY ‘(Are/Is)’ IF NOT |
| ROUND 5. DISPLAY ‘(Were/Was)’ IF ROUND 5.     |
| |
| {(do/does)/did): DISPLAY ‘(do/does)’ IF NOT ROUND |
| 5. DISPLAY ‘did’ IF ROUND 5.                   |
----------------------------------------

----------------------------------------
| 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’.                                     |
----------------------------------------

EM06A
====

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

What is the name of {the employer who {pays/paid} (PERSON)/
(PERSON)’s business}?  

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

IF EMPLOYER IS NOT ON THE LIST, CLICK ON ‘ADD EMPLOYER’ TO 
ENTER A NEW EMPLOYER.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
</tr>
</tbody>
</table>

 })).END-RT

| {the employer who {pays/paid} (PERSON)/{PERSON)’s |
| business}: DISPLAY ‘the employer who {pays/paid} |
| (PERSON)’ IF JOB BEING ASKED ABOUT IS FLAGGED AS |
| ‘NOT SELF-EMPLOYED’. DISPLAY ‘{PERSON)’S BUSINESS’ |
| IF JOB BEING ASKED ABOUT IS FLAGGED AS ‘SELF- |
| EMPLOYED’. |
| |
| {pays/paid}: DISPLAY ‘pays’ IF NOT ROUND 5. |
| DISPLAY ‘paid’ IF ROUND 5. |

| ‘ADD EMPLOYER’ IS AN OPTION ON THIS SCREEN. |

| IF ‘ADD EMPLOYER’ IS SELECTED, CONTINUE WITH EM08 |
| (NOTE THAT EM08 IS NOT A SEPARATE SCREEN; IT |
| REPRESENTS A POPUP ON EM06.) |
| OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO BOX_02 |

| ROSTER DETAILS: |
| TITLE: RU_ESTB_1 |
| COL # 1 HEADER: EMPLOYER |
| INSTRUCTIONS: DISPLAY EMPLOYER NAME |
| (ESTB.ESTBNAME) |

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S |
| JOB OR BUSINESS. |

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. ADD ALLOWED THROUGH ‘ADD’ BUTTON. |
| 3. EDIT DISALLOWED. |
| 4. LIMITED DELETE ALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS |
| ON THE RU-ESTABLISHMENTS-ROSTER. |

BOX_01A
=======
OMITTED.

EM07
====
OMITTED.
EM08
=====

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

Enter complete name of employer being asked

Establishment: [_____________] {BOX_02}

-----------------------------------------------
| Write establishment to the RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS 'EMPLOYER'. |

EM09
=====

OMITTED.

BOX_02
=====

-----------------------------------------------
| Flag job subtype as 'CURRENT MAIN'.          |

-----------------------------------------------
| Flag job as 'NOT RETIRED FROM'.               |
When did (PERSON) start working at that job?

[Enter Year-4] ........................
REF ................................... -7 {EM38}
DK .................................... -8 {EM38}

| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH EM10OV1

| OTHERWISE, GO TO BOX_03

EM10OV1

[Enter Month-2] ........................
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

ENTRY FOR FIELD MUST CORRESPOND TO CALENDAR
MONTHS. THAT IS, ALLOWABLE VALUES = 01-12
MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR MONTH FIELD.

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM10OV2
OTHERWISE, GO TO BOX_03
[Enter Day-2] .......................... {BOX_03}
REF ................................. -7 {BOX_03}
DK ................................. -8 {BOX_03}

----------------------------------------------------
<p>| HARD CHECK:                                         |
| EDIT/RANGE CHECK:                                   |
|                                                    |
| ENTRY FOR DAY FIELD MUST CORRESPOND TO CALENDAR    |
| DAYS. THAT IS,                                       |
|                                                    |
| - 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         |
| (LEAP YEAR);                                        |
| - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED         |
| '02' AND YEAR IS NOT 1996, 2000, 2004 OR 2008 (I.E., |
| NOT LEAP YEAR).                                     |
|                                                    |</p>
<table>
<thead>
<tr>
<th>MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| 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 < OR = (I.E., ON OR BEFORE) |
| REFERENCE PERIOD START DATE, GO TO EM51 |

----------------------------------------------------
| IF JOB START DATE > (I.E., AFTER) REFERENCE PERIOD |
| START DATE, GO TO EM38 |

----------------------------------------------------
EM11
====

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

Please think about (PERSON)’s main job or business. {(Are/Is)}/
(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON)
work for someone else at that job?

SELF-EMPLOYED ......................... 1 {EM12}
FOR SOMEONE ELSE ...................... 2 {EM12}
REF ................................... -7 {EM12}
DK .................................... -8 {EM12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

| {(Are/Is)}/(Were/Was)}: DISPLAY ‘(Are/Is)’ IF NOT |
| ROUND 5. DISPLAY ‘(Were/Was)’ IF ROUND 5. |
| |
| {(do/does)/did}: DISPLAY '(do/does)' IF NOT ROUND |
| 5. DISPLAY ‘did’ IF ROUND 5. |

| 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'. |

BOX_04
=======
OMITTED.

EM12A
=====
OMITTED.
EM12

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

What is the name of (PERSON)’s main {job/business}?

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

IF EMPLOYER IS NOT ON THE LIST, CLICK ON ‘ADD EMPLOYER’ TO ENTER A NEW EMPLOYER.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>‘ADD EMPLOYER’ IS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

| DISPLAY ‘job’ IF JOB BEING ASKED ABOUT IS FLAGGED |
| AS ‘NOT SELF-EMPLOYED’. DISPLAY ‘business’ IF JOB |
| BEING ASKED ABOUT IS FLAGGED AS ‘SELF-EMPLOYED’. |

| IF ‘ADD EMPLOYER’ IS SELECTED, CONTINUE WITH EM14 |
| (NOTE THAT EM14 IS NOT A SEPARATE SCREEN; IT |
| REPRESENTS A POPUP ON EM12.) |

| OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO |
| BOX_05. |

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

---
| ROSTER DETAILS: | |
| TITLE: RU_ESTB_1 | |
| |
| COL # 1 HEADER: EMPLOYER | |
| INSTRUCTIONS: DISPLAY EMPLOYER NAME | |
| (ESTB.ESTBNAME) | |

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE | |
| RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S | |
| JOB OR BUSINESS. | |

| ROSTER BEHAVIOR: | |
| 1. SELECT ALLOWED. | |
| 2. ADD ALLOWED BY SELECTING ‘ADD EMPLOYER’. | |
| 3. EDIT DISALLOWED. | |
| 4. LIMITED DELETE ALLOWED. | |

| ROSTER FILTER: | |
| DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS | |
| ON THE RU-ESTABLISHMENTS-ROSTER. | |

---

Box_04A

OMITTED.

EM13

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

ENTER COMPLETE NAME OF EMPLOYER AND VERIFY SPELLING.

ESTABLISHMENT: [_____________] {BOX_05}

----------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |

EM15
====

OMITTED.

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 {EM17}
DK .................................... -8 {EM17}

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH EM16OV1                          |
----------------------------------------------------
| OTHERWISE, GO TO EM17                             |
----------------------------------------------------

EM16OV1
=====

[Enter Month-2] ........................
REF ................................... -7 {EM17}
DK .................................... -8 {EM17}

----------------------------------------------------
| ENTRIES FOR MONTH FIELD MUST CORRESPOND TO         |
| CALENDAR MONTHS. THAT IS, ALLOWABLE VALUE = 01-12  |
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR  |
| MONTH FIELD.                                      |
----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM16OV2  |
----------------------------------------------------
| OTHERWISE, GO TO EM17                             |
----------------------------------------------------
[Enter Day-2]........................      {EM17}
REF ................................... -7 {EM17}
DK .................................... -8 {EM17}

----------------------------------------------------
<p>| HARD CHECK:                                       |
| EDIT/RANGE CHECK:                                 |
|                                                    |
| ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR |
| DAYS. THAT IS,                                     |
|   - 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      |
|       (LEAP YEAR);                                 |
|   - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED      |
|       '02' AND YEAR IS NOT 1996, 2000, 2004 OR      |
|       2008 (I.E., NOT LEAP YEAR).                   |
|                                                    |</p>
<table>
<thead>
<tr>
<th>MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| EDIT: JOB START DATE MUST BE = OR &gt; THAN THE      |
| PERSON’S DATE OF BIRTH + 12 YEARS AND &lt; OR = THE  |
| REFERENCE PERIOD END DATE FOR THIS PERSON. IF A    |
| DATE OF BIRTH IS NOT AVAILABLE, THEN JOB START    |
| DATE MUST BE &lt; OR = THE REFERENCE PERIOD END DATE |</p>
<table>
<thead>
<tr>
<th>FOR THIS PERSON.</th>
</tr>
</thead>
</table>
You mentioned that (PERSON) {have/has/had} another job {now/on 12/31/{YEAR}}. 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 {EM18} |
| NO ....................................  2 {EM18} |
| REF ................................... -7 {EM18} |
| DK .................................... -8 {EM18} |

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.
(PERSON’S FIRST MIDDLE AND LAST NAME)  (STR-DT)
(END-DT)

{(Are/Is)/(Were/Was)} (PERSON) self-employed, or {(do/does)/did} (PERSON) work for someone else at this job?

SELF-EMPLOYED ..........................  1 {EM19}
FOR SOMEONE ELSE ..........................  2 {EM19}
REF ................................... -7 {EM19}
DK .................................... -8 {EM19}

[Code One]

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

| {(Are/Is)/(Were/Was)}: DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘(Were/Was)’ IF ROUND 5. |
| {(do/does)/did): DISPLAY ‘(do/does)’ IF NOT ROUND 5. DISPLAY ‘did’ IF ROUND 5. |

| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS ‘SELF-EMPLOYED’. |

| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-EMPLOYED’. |

OMITTED.
EM19

{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT}
(END-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, CLICK ON ‘ADD EMPLOYER’ TO ENTER A NEW EMPLOYER.

ROSTER. EMPLOYER

1. Employer Name-30
2. Employer Name-30
3. Employer Name-30

-------------------------------------------------------------------
| {the employer who {pays/paid} (PERSON) for that job/(PERSON)’s business}: DISPLAY ‘the employer who {pays/paid} (PERSON) for that job’ IF JOB BEING ASKED ABOUT IS FLAGGED AS ‘NOT SELF-EMPLOYED’. DISPLAY ‘(PERSON)’S BUSINESS’ IF JOB BEING ASKED ABOUT IS FLAGGED AS ‘SELF-EMPLOYED’. |
| {pays/paid}: DISPLAY ‘pays’ IF NOT ROUND 5. DISPLAY ‘paid’ IF ROUND 5. |
| ‘ADD EMPLOYER’ IS AN OPTION ON THIS SCREEN. |
-------------------------------------------------------------------

-------------------------------------------------------------------
| IF ‘ADD EMPLOYER’ IS SELECTED, CONTINUE WITH EM22 |
| (NOTE THAT EM22 IS NOT A SEPARATE SCREEN; IT REPRESENTS A POPUP ON EM19.) |
-------------------------------------------------------------------

-------------------------------------------------------------------
| OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO |
| BOX_06. |
-------------------------------------------------------------------
ROSTER DETAILS:
TITLE: RU_ESTB_1

COL # 1 HEADER: EMPLOYER
INSTRUCTIONS: DISPLAY EMPLOYER NAME (ESTB.ESTBNAME)

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S JOB OR BUSINESS.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. ADD ALLOWED THROUGH ‘ADD’ BUTTON.
3. EDIT DISALLOWED.
4. LIMITED DELETE ALLOWED.

ROSTER FILTER:
DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS ON THE RU-ESTABLISHMENTS-ROSTER.

BOX_05A
OMITTED.

EM20
OMITTED.

EM21
OMITTED.

EM21A
OMITTED.
(PERSON’S FIRST MIDDLE AND LAST NAME)  {STR-DT}  
(END-DT)  
ENTER COMPLETE NAME OF EMPLOYER AND VERIFY SPELLING.  

ESTABLISHMENT: [_____________]  {BOX_06}  

------------------------------------------------------------------  
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG  |
| ESTABLISHMENT AS ‘EMPLOYER’.                                     |
------------------------------------------------------------------  

OMITTED.  

OMITTED.  

------------------------------------------------------------------  
| FLAG JOB SUBTYPE AS ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD’.                                                        |
------------------------------------------------------------------  

------------------------------------------------------------------  
| FLAG JOB AS ‘NOT RETIRED FROM’.                                 |
------------------------------------------------------------------
EM25
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT)  (STR-DT)
(END-DT)

When did (PERSON) start working at that job?

[Enter Year-4]..........................
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

----------------------------------------------------
<p>| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |</p>
<table>
<thead>
<tr>
<th>1, CONTINUE WITH EM25OV1</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| OTHERWSE, GO TO BOX_07                           |
----------------------------------------------------|

EM25OV1
=======

[Enter Month-2] .......................
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

----------------------------------------------------
<p>| ENTRY FOR MONTH FIELD MUST CORRESPOND TO CALENDAR |
| MONTHS. THAT IS, ALLOWABLE VALUES = 01-12         |
| |MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |</p>
<table>
<thead>
<tr>
<th>MONTH FIELD.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM25OV2 |
----------------------------------------------------|
|----------------------------------------------------|

----------------------------------------------------
| OTHERWISE, GO TO BOX_07                           |
----------------------------------------------------|
[Enter Day-2].................................. {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

----------------------------------------------------
| HARD CHECK:                                       |
| EDIT/RANGE CHECK:                                 |
|                                                    |
| ENTRY FOR DAY FIELD MUST CORRESPOND TO CALENDAR   |
| DAYS. THAT IS,                                    |
| - 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 OR 2008 (LEAP YEAR);|
| - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED        |
|                                                    |
| MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD.  |
----------------------------------------------------

----------------------------------------------------
| 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.                                   |
----------------------------------------------------
BOX_07
=======

----------------------------------------------------
| IF JOB START DATE OF CURRENT MAIN JOB (EM16) < OR |
| = (I.E., ON OR BEFORE) REFERENCE PERIOD START     |
| DATE, GO TO EM51                                  |
----------------------------------------------------

----------------------------------------------------
| IF JOB START DATE OF CURRENT MAIN JOB (EM16) >    |
| (I.E., AFTER) REFERENCE PERIOD START DATE, OR IF |
| EM16 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW),|
| GO TO EM38                                        |
----------------------------------------------------
Please think about the employer or business where (PERSON) worked \textit{most recently/just before 12/31/\{YEAR\}}.

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

\textbf{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.

\begin{verbatim}
YES .................................... 1 {EM27}
NO ..................................... 2 {EM27}
REF ................................... -7 {EM27}
DK .................................... -8 {EM27}
\end{verbatim}

HELP AVAILABLE FOR DEFINITION OF 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 {EM28}
FOR SOMEONE ELSE ....................... 2 {EM28}
REF ..................................... -7 {EM28}
DK ........................................ -8 {EM28}

[Code One]

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS ‘SELF-EMPLOYED’. |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-EMPLOYED’. |
----------------------------------------------------

EM28A
====

OMITTED.
What is the name of {the employer who paid (PERSON) at the job worked {most recently/just before 12/31/{YEAR}}/(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 ‘ADD EMPLOYER’ TO ENTER A NEW EMPLOYER.
<table>
<thead>
<tr>
<th>OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO BOX_08.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>‘ADD EMPLOYER’ IS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>TITLE: RU_ESTB_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: EMPLOYER</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY EMPLOYER NAME (ESTB.ESTBNAME)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S JOB OR BUSINESS.</th>
</tr>
</thead>
</table>

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. ADD ALLOWED THROUGH ‘ADD’ BUTTON. |
| 3. EDIT DISALLOWED. |
| 4. LIMITED DELETE ALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS ON THE RU-ESTABLISHMENTS-ROSTER. |

<table>
<thead>
<tr>
<th>BOX_07A</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMITTED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EM29</th>
</tr>
</thead>
<tbody>
<tr>
<td>OMITTED.</td>
</tr>
</tbody>
</table>
EM30
====
OMITTED.

EM30A
====
OMITTED.

EM31
====

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

Enter complete name of employer and verify spelling

Establishment: [___________] {BOX_08}

------------------------------------------------------------------------
\| Write establishment to the RU-ESTABLISHMENTS- roster, and flag establishment as ‘Employer’. \|
------------------------------------------------------------------------

EM32
====
OMITTED.

EM33
====
OMITTED.

BOX_08
======

------------------------------------------------------------------------
\| Flag job subtype as ‘Former main within reference period’. \|
------------------------------------------------------------------------
EM34
====

(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT}  {STR-DT}
(END-DT)

When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF ................................... -7 {EM35}
DK .................................... -8 {EM35}

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

EM34OV1
=======

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

----------------------------------------------------
| ENTRY FOR MONTH FIELD MUST CORRESPOND TO CALENDAR |
| MONTHS. THAT IS, ALLOWABLE VALUES = 01-12        |
|                                                       |
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                       |
----------------------------------------------------
----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM34OV2  |
----------------------------------------------------
----------------------------------------------------
| OTHERWISE, GO TO EM35                             |
----------------------------------------------------
[Enter Day-2] .......................... {EM35}
REF ................................. -7 {EM35}
DK .................................... -8 {EM35}

| HARD CHECK: |
| EDIT/RANGE CHECK: |
| ENTRY FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS, |
| |
| - 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 OR 2008 (LEAP YEAR); |
|
| MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD. |

| 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. |
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 OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH EM35OV1                          |
----------------------------------------------------

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

EM35OV1
=======

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

----------------------------------------------------
| ENTRY FOR MONTH FIELD MUST CORRESPOND TO CALENDAR |
| MONTHS. THAT IS, ALLOWABLE VALUES = 01-12         |
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                      |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM35OV2  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_09                           |
----------------------------------------------------
EM35OV2
======

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

---

| HARD CHECK: |
| EDIT: COMPLETE DATE AT EM35 MUST BE = OR > COMPLETE DATE AT EM34 |
| EDIT/RANGE CHECK: |
| ENTRY FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS, |
| - 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 OR 2008 (LEAP YEAR); |
| MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD. |
---

| 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. |
---

35
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 {EM37}
ON OR AFTER (START DATE) .................. 2 {BOX_10}
REF ..................................... -7 {BOX_10}
DK ....................................... -8 {BOX_10}

[Code One]
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 TO SCREEN EM02 AND SELECT ‘NO’.

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

| DISPLAY TWO RADIO BUTTONS ON THIS SCREEN LABELED |
| ‘JUMPBACK TO EM02’ AND ‘JUMPBACK TO EM35’. |

| 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 BEFORE OR AFTER THE REFERENCE |
| PERIOD START DATE), CONTINUE WITH EM38 |
EM38
=====

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

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

DO NOT INCLUDE CURRENT JOBS.

YES ..................................... 1 {EM39}
NO ..................................... 2 {EM51}
REF ................................... -7 {EM51}
DK .................................... -8 {EM51}

----------------------------------------------------
| {Other than {EMPLOYER FROM EM19/EM22..}, did/Did}: Display 'Other than {EMPLOYER FROM EM19/EM22..}, did' IF A CURRENT MAIN EMPLOYER WAS COLLECTED AT EM12/EM14. Display 'Did' IF A CURRENT MAIN EMPLOYER WAS NOT COLLECTED AT EM12/EM14. |
| {EMPLOYER FROM EM19/EM22..}: Display THE CURRENT-MISCELLANEOUS EMPLOYER NAME COLLECTED AT THE EM19-EM22 ESTABLISHMENT ROSTER. |
| {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31}: |
| IF COLLECTED A CURRENT-MAIN EMPLOYER AT EM06/EM08, Display that EMPLOYER NAME. |
| IF COLLECTED A CURRENT-MAIN EMPLOYER AT EM12/EM14, Display that EMPLOYER NAME. |
| IF COLLECTED A FORMER-MAIN EMPLOYER AT EM28/EM31, Display that EMPLOYER NAME. |

----------------------------------------------------
EM39
=====

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

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

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 {EM40}
NO ..................................... 2 {EM40}
REF ................................... -7 {EM40}
DK .................................... -8 {EM40}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
| {EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31}: |
| IF COLLECTED A CURRENT-MAIN EMPLOYER AT EM06/EM08, |
| DISPLAY THAT EMPLOYER NAME. |
| IF COLLECTED A CURRENT-MAIN EMPLOYER AT EM12/EM14, |
| DISPLAY THAT EMPLOYER NAME. |
| IF COLLECTED A FORMER-MAIN EMPLOYER AT EM28/EM31, |
| DISPLAY THAT EMPLOYER NAME. |
| {since (START DATE)/between (START DATE) and (END DATE)}: DISPLAY 'since (START DATE)' IF NOT |
| ROUND 5. DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH |
| INSURANCE’. |
----------------------------------------------------
EM40
====

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

(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?

SELF-EMPLOYED ......................... 1 {EM41}
FOR SOMEONE ELSE ....................... 2 {EM41}
REF ................................... -7 {EM41}
DK .................................... -8 {EM41}

[Code One]

HELP AVAILABLE 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’.                                       |

EM41A
====

OMITTED.
What is the name of the employer who paid (PERSON) before (EMPLOYER FROM EM06/EM08, EM12/EM14, OR EM28/EM31)/ (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, CLICK ON ‘ADD EMPLOYER’ TO ENTER A NEW EMPLOYER.
IF ‘ADD EMPLOYER’ IS SELECTED, CONTINUE WITH EM44
(NOTE THAT EM44 IS NOT A SEPARATE SCREEN; IT
REPRESENTS A POPUP ON EM41.)

OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO
BOX_11

ROSTER DETAILS:
TITLE: RU_ESTB_1

COL # 1 HEADER: EMPLOYER
INSTRUCTIONS: DISPLAY EMPLOYER NAME
(ESTB.ESTBNNAME)

ROSTER DEFINITION: THIS ITEM DISPLAYS THE
RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S
JOB OR BUSINESS.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.

2. ADD ALLOWED THROUGH ‘ADD’ BUTTON.

3. EDIT DISALLOWED.

4. LIMITED DELETE ALLOWED.

ROSTER FILTER:
DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS
ON THE RU-ESTABLISHMENTS-ROSTER.

BOX_10A
=======
OMITTED.

EM42
====
OMITTED.
(PERSON’S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT)  (STR-DT)  (END-DT)

ENTER COMPLETE NAME OF EMPLOYER AND VERIFY SPELLING

ESTABLISHMENT:  [_____________]  (BOX_11)

----------------------------------------------------
| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS- |  |
| ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |  |
----------------------------------------------------

OMITTED.

OMITTED.

OMITTED.

---------

| FLAG JOB SUBTYPE AS ‘FORMER MAIN WITHIN REFERENCE |  |
| PERIOD’.                                          |  |

---------
EM47
=====

(PERSON’S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED
ABOUT} (STR-DT)
(END-DT)

When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF ................................... -7 {EM48}
DK .................................... -8 {EM48}

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH EM47OV1                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EM48                             |
----------------------------------------------------

EM47OV1
======

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

----------------------------------------------------
| ENTRIES FOR MONTH FIELD MUST CORRESPOND TO        |
| CALENDAR MONTH. THAT IS, ALLOWABLE VALUES = 01-12 |
| MISSINGS VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                      |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM47OV2  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EM48                             |
----------------------------------------------------
EM47OV2
========

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

----------------------------------------------------
| HARD CHECK:                                       |
| EDIT/RANGE CHECK:                                 |
| ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR |
| DAYS. THAT IS,                                     |
| - 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        |
|   (LEAP YEAR);                                    |
| - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED        |
|   '02' AND YEAR IS NOT 1996, 2000, 2004 OR         |
|   2008 (I.E., NOT LEAP YEAR).                     |
|MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD.  |
----------------------------------------------------

----------------------------------------------------
| 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.                                 |
----------------------------------------------------
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 OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH EM48OV1                        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_12                           |
----------------------------------------------------

EM48OV1
======

[Enter Month-2] .........................
REF .................................... -7 {BOX_12}
DK ...................................... -8 {BOX_12}

----------------------------------------------------
| ENTRIES FOR MONTH FIELD MUST CORRESPOND TO        |
| CALENDAR MONTHS. THAT IS, ALLOWABLE VALUES = 01-12|
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                     |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM48OV2  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_12                           |
----------------------------------------------------
[Enter Day-2] .......................... {BOX_12}
REF ..................................... -7 {BOX_12}
DK ....................................... -8 {BOX_12}

HARD CHECK:
EDIT: COMPLETE DATE AT EM48 MUST BE = OR > COMPLETE DATE AT EM47.

EDIT/RANGE CHECK:
ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS,

- 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 OR 2008 (LEAP YEAR);

MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD.

EDIT: JOB END DATE MUST BE = OR > THAN THE PERSON'S DATE OF BIRTH + 12 YEARS AND < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON. IF A DATE OF BIRTH IS NOT AVAILABLE, THEN JOB END DATE MUST BE < OR = THE REFERENCE PERIOD END DATE FOR THIS PERSON.
| IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM50 |
| IF JOB END DATE IS = OR > (I.E., ON OR AFTER) REFERENCE PERIOD START DATE, GO TO EM51 |
| IF MONTH OF JOB END DATE IS MISSING (THAT IS, EM480V1 OR EM480V2 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 {EM50} |
| ON OR AFTER (START DATE) ............. 2 {EM51} |
| REF .................................. -7 {EM51} |
| DK ................................... -8 {EM51} |

[Code One]
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 TO SCREEN EM38 AND SELECT ‘NO’.

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

| DISPLAY TWO RADIO BUTTONS ON THIS SCREEN LABELED | ‘JUMPBACK TO EM38’ AND ‘JUMPBACK TO EM48’. |
(PERSON’S FIRST MIDDLE AND LAST NAME) {STR-DT}
(END-DT)

(Since (START DATE), (have/has)/Between (START DATE) and
(END DATE), did) (PERSON) (had/have) any other jobs we
haven’t talked about such as a job held at the same time as a
job you’ve already mentioned?

YES ........................................ 1 {LOOP_01}
NO ......................................... 2 {BOX_17}
REF ....................................... -7 {BOX_17}
DK ........................................ -8 {BOX_17}
For each of the following:

Miscellaneous Job

Ask EM52-End_LP01

Loop definition: Loop_01 enumerates other miscellaneous jobs for person. The response to EM64 determines whether the loop cycles again. If EM64 is coded '1' (yes), the loop cycles to collect the next miscellaneous job. If EM64 is coded '2' (no), '-7' (refused), or '-8' (don’t know), the loop ends.
Please think about the (next most recent) employer or business where (PERSON) worked.

At any time (since (START DATE)/between (START DATE) and (END DATE)), did (PERSON) have health insurance through that job?

PROBE: By this, I mean insurance which pays for hospital bills, doctor bills, or other health expenses.

  YES .................................... 1 {EM53}
  NO ..................................... 2 {EM53}
  REF ................................... -7 {EM53}
  DK .................................... -8 {EM53}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
<p>| {next most recent}: DISPLAY NULL IF FIRST CYCLE |
| THROUGH LOOP_01. DISPLAY ‘next most recent’ IF NOT |
| FIRST CYCLE THROUGH LOOP_01.                     |
|                                                   |
| {since (START DATE)/between (START DATE) and     |
| (END DATE)}: DISPLAY ‘since (START DATE)’ IF NOT   |
| ROUND 5. DISPLAY ‘between (START DATE) and (END   |</p>
<table>
<thead>
<tr>
<th>DATE)’ IF ROUND 5.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED ‘1’ (YES), FLAG JOB AS ‘PROVIDES HEALTH  |
| INSURANCE’.                                       |</p>
<table>
<thead>
<tr>
<th>PERSON’S FIRST MIDDLE AND LAST NAME</th>
<th>STR-DT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Were/Was) (PERSON) self-employed, or did (PERSON) work for someone else at that job?</td>
<td></td>
</tr>
<tr>
<td>SELF-EMPLOYED ..........................</td>
<td>1 {EM54}</td>
</tr>
<tr>
<td>FOR SOMEONE ELSE ........................</td>
<td>2 {EM54}</td>
</tr>
<tr>
<td>REF ...................................</td>
<td>-7 {EM54}</td>
</tr>
<tr>
<td>DK ....................................</td>
<td>-8 {EM54}</td>
</tr>
</tbody>
</table>

[Code One]

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

----------------------------------------------------
<p>| IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS          |</p>
<table>
<thead>
<tr>
<th>‘SELF-EMPLOYED’.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED),   |
| OR ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-      |</p>
<table>
<thead>
<tr>
<th>EMPLOYED’.</th>
</tr>
</thead>
</table>

EM54A

OMITTED.
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, CLICK ON ‘ADD EMPLOYER’ TO ENTER A NEW EMPLOYER.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
</tr>
</tbody>
</table>

| \{the \{next most recent\} employer who paid (PERSON)\} at that job/(PERSON)’s \{next most recent\} business: DISPLAY ‘the \{next most recent\} employer who paid (PERSON) at that job’ IF JOB BEING ASKED ABOUT IS FLAGGED AS ‘NOT SELF-EMPLOYED’. DISPLAY ‘(PERSON)’s \{next most recent\} business’ IF JOB BEING ASKED ABOUT IS FLAGGED AS ‘SELF-EMPLOYED’. |
| \{next most recent\}: DISPLAY NULL IF FIRST CYCLE THROUGH LOOP_01. DISPLAY ‘next most recent’ IF NOT FIRST CYCLE THROUGH LOOP_01. |

‘ADD EMPLOYER’ IS AN OPTION ON THIS SCREEN.

IF ‘ADD EMPLOYER’ IS SELECTED, CONTINUE WITH EM57 (NOTE THAT EM57 IS NOT A SEPARATE SCREEN; IT REPRESENTS A POPUP ON EM54.)

OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO EM60 |
| ROSTER DETAILS: |
| TITLE: RU_ESTB_1 |
| | 
| COL # 1 HEADER: EMPLOYER |
| INSTRUCTIONS: DISPLAY EMPLOYER NAME |
| (ESTB.ESTBNAME) |

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S |
| JOB OR BUSINESS. |

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| | 
| 2. ADD ALLOWED THROUGH ‘ADD’ BUTTON. |
| | 
| 3. EDIT DISALLOWED. |
| | 
| 4. LIMITED DELETE ALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS |
| ON THE RU-ESTABLISHMENTS-ROSTER. |

BOX_12A
=====
OMITTED.

EM55
====
OMITTED.

EM56
====
OMITTED.

EM56A
====
OMITTED.
ENTER COMPLETE NAME OF EMPLOYER AND VERIFY SPELLING.

ESTABLISHMENT: [_____________

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

When did (PERSON) start working at that job?

[Enter Year-4] .........................
REF ................................. -7 {EM61}
DK ................................. -8 {EM61}

-----------------------------------------------------------------
| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS 1, CONTINUE |
| WITH EM60OV1                                                    |
-----------------------------------------------------------------

-----------------------------------------------------------------
| OTHERWISE, GO TO EM61                                          |
-----------------------------------------------------------------
EM60OV1

[Enter Month-2] .......................
REF ........................................ -7 {EM61}
DK ........................................ -8 {EM61}

----------------------------------------------------
| ENTRIES FOR MONTH FIELD MUST CORRESPOND TO        |
| CALENDAR MONTH. THAT IS, ALLOWABLE VALUES = 01-12 |
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                      |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM60OV2 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO EM61                             |
----------------------------------------------------
[Enter Day-2] .......................... {EM61}
REF ................................. -7 {EM61}
DK ................................. -8 {EM61}

---------------------------------------------------------------------
| HARD CHECK:                                                        |
| EDIT/RANGE CHECK:                                                   |
| ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS,   |
| - 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 OR 2008 (LEAP YEAR); |
| MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD.                   |
---------------------------------------------------------------------

---------------------------------------------------------------------
| 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. |
---------------------------------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)  {EMPLOYER BEING ASKED ABOUT}  {STR-DT}
(EMPLOYER BEING ASKED ABOUT)  {END-DT}

When did (PERSON) stop working at that job?

IF STILL AT JOB {ON 12/31/{YEAR}}, ENTER ‘0‘ IN YEAR FIELD.

[Enter Year-4] ........................
REF ..................................... -7 {EM62}
DK ..................................... -8 {EM62}

----------------------------------------------------
|  {ON 12/31/{YEAR}}: DISPLAY ‘ON 12/31/{YEAR}’      |
|  WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE    |
|  PANEL, IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.  |
----------------------------------------------------

----------------------------------------------------
|  IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |
|  1, CONTINUE WITH EM61OV1                          |
----------------------------------------------------

----------------------------------------------------
|  IF ‘0’ ENTERED (STILL AT JOB), GO TO BOX_14        |
----------------------------------------------------

----------------------------------------------------
|  FOR ALL OTHER YEARS, GO TO BOX_13                 |
----------------------------------------------------
EM61OV1
=======

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

----------------------------------------------------
| ENTRIES FOR MONTH FIELD MUST CORRESPOND TO |
| CALENDAR MONTHS. THAT IS, ALLOWABLE VALUE = 01-12 |
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                     |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM61OV2 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_13                          |
----------------------------------------------------
[Enter Day-2] .......................... {BOX_13}
REF ................................. -7 {BOX_13}
DK ................................. -8 {BOX_13}

---

| HARD CHECK: |
| EDIT: COMPLETE DATE AT EM61 MUST BE = OR > COMPLETE DATE AT EM60 |
| EDIT/RANGE CHECK: |
| ENTRY FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS, |
| - 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 OR 2008 (LEAP YEAR); |
| MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD. |
---

| 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

<table>
<thead>
<tr>
<th>IF JOB END DATE &lt; (I.E., PRIOR TO) THE REFERENCE PERIOD START DATE, GO TO EM63</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF JOB END DATE = ON &gt; (I.E., ON OR AFTER) THE REFERENCE PERIOD START DATE, GO TO BOX_14</th>
</tr>
</thead>
</table>

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

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 {EM63}
ON OR AFTER (START DATE) ............... 2 {BOX_14}
REF ................................... -7 {BOX_14}
DK .................................... -8 {BOX_14}

[Code One]

| DISPLAY ‘START DATE’ IN PURPLE IN THE ANSWER TEXT. |
EM63
=====

(PERSON’S FIRST MIDDLE AND LAST NAME) {EMPLOYER BEING ASKED ABOUT} {STR-DT}
(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
NEED TO CORRECT DATE ................ 2

[Code One]

-------------------------------------------------------------------
| IF CODED ‘2’ (NEED TO CORRECT DATE), THE PROGRAM WILL JUMP BACK TO EM61 AUTOMATICALLY. |
-------------------------------------------------------------------

BOX_14
=====

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

-------------------------------------------------------------------
| IF A DATE IS ENTERED AT EM61 (JOB END DATE), OR EM62 IS CODED ‘2’ (ON OR AFTER START DATE), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), |
| FLAG JOB SUBTYPE AS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’. |
-------------------------------------------------------------------
EM64
=====

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

(Since (START DATE), (have/has)/Between (START DATE) and
(END DATE), did) (PERSON) {had/have} another job we haven’t
talked about {such as a job held at the same time as a job
you’ve already mentioned)?

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

----------------------------------------------------
| {Since (START DATE), (have/has)/Between (START | |
| DATE) and (END DATE), did}: DISPLAY ‘Since (START | |
| DATE), (have/has)’ IF NOT ROUND 5. DISPLAY |
| ‘Between (START DATE) and (END DATE), did’ IF |
| ROUND 5. |
| {had/have}: DISPLAY ‘had’ IF NOT ROUND 5. DISPLAY |
| ‘have’ IF ROUND 5. |
| {such as a job held at the same time as a job |
| you’ve already mentioned}: DISPLAY IF ANY JOBS |
| RECORDED FOR PERSON DURING THE CURRENT REFERENCE |
| PERIOD. |

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

END_LP01
======

----------------------------------------------------
| IF EM64 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| MISCELLANEOUS JOB. |
----------------------------------------------------

----------------------------------------------------
| IF EM64 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), END LOOP_01 AND GO TO BOX_17 |
----------------------------------------------------
EM65
====

(Person's first middle and last name) {STR-DT}
(END-DT)

(Have/Has) (Person) ever worked at a job for pay?

YES .................................... 1 {EM66}
NO ..................................... 2 {BOX_20}
REF .................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

EM66
====

(Person's first middle and last name) {STR-DT}
(END-DT)

I'd like to know a little bit about the last job held by (Person). When did (Person) last stop working at a job for pay?

[Enter Year-4] .........................
REF .................................... -7 {EM67}
DK .................................... -8 {EM67}

<table>
<thead>
<tr>
<th>IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS 1, CONTINUE WITH EM66OV1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_15</th>
</tr>
</thead>
</table>

<p>| HARD CHECK: |</p>
<table>
<thead>
<tr>
<th>VALUES SHOULD BE BETWEEN 1930 AND {YEAR} WHERE YEAR IS REFERENCE YEAR.</th>
</tr>
</thead>
</table>
[Enter Month-2] .................
REF  ........................................ -7 {BOX_15}
DK ........................................ -8 {BOX_15}

ENTRY FOR FIELD MUST CORRESPOND TO CALENDAR MONTHS. THAT IS, ALLOWABLE VALUES = 01-12
MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR MONTH FIELD.

IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM66OV2

OTHERWISE, GO TO BOX_15
EM660V2

[Enter Day-2] ......................... {BOX_15}
REF .............................. -7 {BOX_15}
DK .............................. -8 {BOX_15}

----------------------------------------------------
| HARD CHECK:                                       |
| EDIT/RANGE CHECK:                                 |
| ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR |
| DAYS. THAT IS,                                    |
| - 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       |
|     (LEAP YEAR);                                  |
| - ALLOWABLE VALUES = 01 - 28 IF MONTH CODED       |
|     '02' AND YEAR IS NOT 1996, 2000, 2004 OR      |
|     2008 (I.E., NOT LEAP YEAR).                   |
| MISSING VALUES = -7 AND -8 ALLOWED FOR DAY FIELD. |
----------------------------------------------------

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

----------------------------------------------------
BOX_15

----------------------------------------------------
| IF JOB END DATE = OR > (I.E., ON OR AFTER) THE |
| REFERENCE PERIOD START DATE, GO TO EM68        |
----------------------------------------------------

----------------------------------------------------
| IF JOB END DATE < (I.E., PRIOR TO) THE REFERENCE |
| PERIOD START DATE, GO TO EM69                    |
----------------------------------------------------

----------------------------------------------------
| IF MONTH OF JOB END DATE IS MISSING (THAT IS,   |
| EM660V1 OR EM660V2 IS CODED '-7' (REFUSED) OR '-8'|
| (DON'T KNOW)) AND IF THE YEAR OF JOB END DATE   |
| (EM66) IS REFERENCE YEAR, CONTINUE WITH EM67    |
----------------------------------------------------

EM67

{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
(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 {EM68}
REF ................................... -7 {EM69}
DK .................................... -8 {EM69}

[Code One]
INTERVIEWER: RESPONDENT REPORTED IN EM02 THAT (PERSON) HAS NOT HAD A JOB/BUSINESS SINCE (START DATE), BUT IS NOW REPORTING THAT THE LAST JOB HELD ENDED AFTER (START DATE).

IF NECESSARY, VERIFY THIS INCONSISTENT INFORMATION WITH THE RESPONDENT.

IF DATE STOPPED WORKING IS AFTER THE BEGINNING OF THE REFERENCE PERIOD, JUMPBACK TO SCREEN EM02 AND SELECT ‘YES’.

IF DATE STOPPED WORKING IS BEFORE THE REFERENCE PERIOD START DATE, JUMPBACK TO SCREEN EM66 AND RE-ENTER THE CORRECT JOB END DATE.

| DISPLAY TWO RADIO BUTTONS ON THIS SCREEN LABELED 'JUMPBACK TO EM02' AND 'JUMPBACK TO EM66'. |
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 {EM70}
NO ..................................... 2 {EM70}
REF ................................... -7 {EM70}
DK .................................... -8 {EM70}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.
(PERSON’S FIRST MIDDLE AND LAST NAME) {STR-DT}
(END-DT)

(Were/Was) (PERSON) self-employed at that job, or did (PERSON) work for someone else?

SELF-EMPLOYED .................................. 1 {EM71}
FOR SOMEONE ELSE ............................ 2 {EM71}
REF .................................. -7 {EM71}
DK .................................. -8 {EM71}

[Code One]

HELP AVAILABLE 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’. |
---

EM71A
=====
OMITTED.
(PERSON’S FIRST MIDDLE AND LAST NAME)  {STR-DT}
(END-DT)

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, CLICK ON ‘ADD EMPLOYER’ TO
ENTER A NEW EMPLOYER.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>'ADD EMPLOYER' IS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF 'ADD EMPLOYER' IS SELECTED, CONTINUE WITH EM74</td>
</tr>
<tr>
<td>(NOTE THAT EM74 IS NOT A SEPARATE SCREEN; IT</td>
</tr>
<tr>
<td>REPRESENTS A POPUP ON EM71.)</td>
</tr>
</tbody>
</table>

| OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO |
| BOX_16 |
| ROSTER DETAILS: | |
| TITLE: RU_ESTB_1 | |
| COL # 1 HEADER: EMPLOYER | |
| INSTRUCTIONS: DISPLAY EMPLOYER NAME (ESTB.ESTBNAME) | |

| ROSTER BEHAVIOR: | |
| 1. SELECT ALLOWED. | |
| 2. ADD ALLOWED THROUGH ‘ADD’ BUTTON. | |
| 3. EDIT DISALLOWED. | |
| 4. LIMITED DELETE ALLOWED. | |

| ROSTER FILTER: | |
| DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS ON THE RU-ESTABLISHMENTS-ROSTER. | |

---

BOX_15A

OMITTED.

EM72

OMITTED.

EM73

OMITTED.

EM73A

OMITTED.
ENTER COMPLETE NAME OF EMPLOYER AND VERIFY SPELLING.

ESTABLISHMENT: [_____________] {BOX_16}

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

OMITTED.

OMITTED.

OMITTED.

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

| 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):}

{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 {EM78}
NO ..................................... 2 {BOX_19A}
REF ................................... -7 {BOX_19A}
DK .................................... -8 {BOX_19A}

HELP AVAILABLE FOR DEFINITION OF RETIRED.
| ROSTER DETAILS:                                      |
| Title: PERS_JOBS_1                                  |
| COL #1 HEADER: JOBS PERSON RETIRED FROM             |
| INSTRUCTIONS: DISPLAY JOB NAME (JOBS.ESTBNAME)      |

| ROSTER DEFINITION:                                  |
| THIS ITEM DISPLAYS THE PERSON’S-JOBS-ROSTER FOR    |
| DISPLAY.                                           |

| ROSTER BEHAVIOR:                                   |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.       |

| ROSTER FILTER:                                     |
| DISPLAY ONLY JOBS 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] .................... {BOX_18}
REF ................................... -7 {BOX_18}
DK ..................................... -8 {BOX_18}

HELP AVAILABLE FOR DEFINITION OF RETIRED.

{since (START DATE)/between (START DATE) and (END DATE)}: DISPLAY ‘since (START DATE)’ IF ROUNDS 2, 3, OR 4. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
BOX_18
=====

| IF ONLY JOB SUBTYPES FLAGGED AS 'CURRENT MAIN' OR |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD' IN PERSON'S-JOBS-ROSTER, GO TO LOOP_02 |

| OTHERWISE, CONTINUE WITH EM79 |

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>-----------------------------</td>
</tr>
<tr>
<td>-----------------------------</td>
</tr>
</tbody>
</table>
{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):

{EMPLOYER}  {JOB START DATE} - {JOB END DATE}
{EMPLOYER}  {JOB START DATE} - {JOB END DATE}
{EMPLOYER}  {JOB START DATE} - {JOB END DATE}

YES ........................................ 1 {EM80}
NO ....................................... 2 {LOOP_02}
REF ..................................... -7 {LOOP_02}
DK .................................... -8 {LOOP_02}

<p>| DISPLAY ALL OF PERSON’S JOBS OTHER THAN |
| CURRENT JOB WITH THE ASSOCIATED JOB START AND JOB |</p>
<table>
<thead>
<tr>
<th>END DATES (IF AND WHEN AVAILABLE).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: PERS_JOBS_2</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>COL #1 HEADER: EMPLOYER</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY JOB NAME (JOBS.ESTBNAME)</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>COL #2 HEADER: JOB START</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY START DATE (JOBS.JSTRTM, JOBS.JSTRTD, JOBS.JSTRTY)</td>
</tr>
<tr>
<td>------------------</td>
</tr>
<tr>
<td>COL #3 HEADER: JOB END</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY END DATE (JOBS.JSTOPM, JOBS.JSTOPD, JOBS.JSTOPY)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS ITEM DISPLAYS THE PERSON’S-JOBS-ROSTER FOR</td>
</tr>
<tr>
<td>DISPLAY.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>
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?

{EMPLOYER}  {JOB START DATE} - {JOB END DATE}
{EMPLOYER}  {JOB START DATE} - {JOB END DATE}
{EMPLOYER}  {JOB START DATE} - {JOB END DATE}

-------------------------------
| {between (START DATE) and (END DATE)}: DISPLAY |
| ‘between (START DATE) and (END DATE)’ IF ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |
-------------------------------

-------------------------------
| DISPLAY ALL OF PERSON’S JOBS OTHER THAN |
| CURRENT JOB WITH THE ASSOCIATED JOB START AND JOB |
| END DATES (IF AND WHEN AVAILABLE). |
-------------------------------

-------------------------------
| FLAG ALL SELECTED JOBS AS ‘RETIRED FROM’. |
-------------------------------

-------------------------------
| FLAG ALL JOBS NOT SELECTED AS ‘NOT RETIRED FROM’. |
-------------------------------

-------------------------------
| IF THE TOTAL NUMBER OF JOBS SELECTED AT EM80 |
| EQUALS THE NUMBER OF TIMES RETIRED AT EM78, GO TO |
| BOX_19A |
-------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH LOOP_02</th>
</tr>
</thead>
</table>

| HARD CHECK:                      |
| EDIT: THE TOTAL NUMBER OF JOBS SELECTED AT EM80 |
| MUST BE < OR = NUMBER OF TIMES RETIRED AT EM78. |
| IF NOT, DISPLAY THE FOLLOWING MESSAGE: “NUMBER OF |
| RETIRED JOBS EXCEEDS TIMES RETIRED. VERIFY AND |
| RESELECT JOBS.”                   |

| ROSTER DETAILS:                  |
| Title: PERS_JOBS_2               |
| COL #1 HEADER: EMPLOYER          |
| INSTRUCTIONS: DISPLAY JOB NAME (JOBS.ESTBNAME) |
| COL #2 HEADER: JOB START         |
| INSTRUCTIONS: DISPLAY START DATE (JOBS.JSTRTM, |
| JOBS.JSTRTD, JOBS.JSTRTY)        |
| COL #3 HEADER: JOB END           |
| INSTRUCTIONS: DISPLAY END DATE (JOBS.JSTOPM, |
| JOBS.JSTOPD, JOBS.JSTOPY)        |

| ROSTER DEFINITION:               |
| THIS ITEM DISPLAYS THE PERSON’S-JOBS-ROSTER FOR |
| SELECTION.                         |

| ROSTER BEHAVIOR:                 |
| 1. MULTIPLE SELECT ALLOWED.      |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER:                   |
| DO NOT DISPLAY JOBS WITH SUBTYPES FLAGGED AS |
| ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS JOB |
| WITHIN REFERENCE PERIOD’.          |
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).
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 {EM82}
NO ....................................  2 {EM82}
REF ................................... -7 {EM82}
DK .................................... -8 {EM82}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.
(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 {EM83}
FOR SOMEONE ELSE .......................... 2 {EM83}
REF ................................. -7 {EM83}
DK .................................... -8 {EM83}

[Code One]
HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

<table>
<thead>
<tr>
<th>IF CODED ‘1’ (SELF-EMPLOYED), FLAG JOB AS ‘SELF-EMPLOYED’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘2’ (FOR SOMEONE ELSE), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), FLAG JOB AS ‘NOT SELF-EMPLOYED’.</th>
</tr>
</thead>
</table>

OMBITED.
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, CLICK ON ‘ADD EMPLOYER’ TO ENTER A NEW EMPLOYER.

<table>
<thead>
<tr>
<th>ROSTER. EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Employer Name-30</td>
</tr>
<tr>
<td>2. Employer Name-30</td>
</tr>
<tr>
<td>3. Employer Name-30</td>
</tr>
</tbody>
</table>

------------------------------------------------------------------
| {first/next}: DISPLAY ‘first’ IF FIRST CYCLE THROUGH LOOP_02. DISPLAY ‘next’ IF NOT FIRST CYCLE THROUGH LOOP_02. |
| {between (START DATE) and (END DATE)}: DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
------------------------------------------------------------------

‘ADD EMPLOYER’ IS AN OPTION ON THIS SCREEN.

------------------------------------------------------------------
IF ‘ADD EMPLOYER’ IS SELECTED, CONTINUE WITH EM86 (NOTE THAT EM86 IS NOT A SEPARATE SCREEN; IT REPRESENTS A POPUP ON EM83.)

------------------------------------------------------------------
OTHERWISE (AN EMPLOYER WAS SELECTED), GO TO BOX_19

------------------------------------------------------------------
ROSTER DETAILS:
TITLE: RU_ESTB_1

COL # 1 HEADER: EMPLOYER
INSTRUCTIONS: DISPLAY EMPLOYER NAME (ESTB.ESTBNAME)

ROSTER DEFINITION: THIS ITEM DISPLAYS THE RU-ESTABLISHMENTS-ROSTER FOR SELECTION OF PERSON’S JOB OR BUSINESS.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. ADD ALLOWED THROUGH ‘ADD’ BUTTON.
3. EDIT DISALLOWED.
4. LIMITED DELETE ALLOWED.

ROSTER FILTER:
DISPLAY ONLY ESTABLISHMENTS FLAGGED AS EMPLOYERS ON THE RU-ESTABLISHMENTS-ROSTER.

BOX_18A
======
OMITTED.

EM84
====
OMITTED.

EM85
====
OMITTED.

EM85A
====
OMITTED.
{PERSON’S FIRST MIDDLE AND LAST NAME} {STR-DT} {END-DT}

ENTER COMPLETE NAME OF EMPLOYER AND VERIFY SPELLING.

ESTABLISHMENT: [______________] {BOX_19}

| WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER, AND FLAG ESTABLISHMENT AS ‘EMPLOYER’. |

OMITTED.

OMITTED.

| FLAG JOB SUBTYPE AS ‘RETIREMENT JOB’. |

| FLAG JOB AS ‘RETIRED FROM’. |
EM89
=====

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

When did (PERSON) retire from that job?

[Enter Year-4] .........................
REF ..................................... -7 {END_LP02}
DK ..................................... -8 {END_LP02}

HELP AVAILABLE FOR DEFINITION OF RETIRED.

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH EM89OV1                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP02                         |
----------------------------------------------------

EM89OV1
=====

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

----------------------------------------------------
| ENTRY MUST CORRESPOND TO CALENDAR MONTHS. THAT IS, |
| ALLOWABLE VALUES = 01-12                          |
|                                                        |
| MISSING VALUES = -7 (REF) AND -8 (DK) ALLOWED FOR |
| MONTH FIELD.                                        |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH EM89OV2  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP02                         |
----------------------------------------------------
| HARD CHECK:    |    |
| EDIT/RANGE CHECK: |    |
| ENTRIES FOR DAY FIELD MUST CORRESPOND TO CALENDAR DAYS. THAT IS, |
| - 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 OR 2008 (LEAP YEAR); |
| MISSING VALUES = -7 AND -8 ALLOWED FOR 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. |

[Enter Day-2] ......................... {END_LP02}
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}
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 NO JOB WITH JOB SUBTYPE FLAGGED AS 'CURRENT
MAIN' AND AT LEAST ONE JOB WITH JOB SUBTYPE
FLAGGED AS 'CURRENT MISCELLANEOUS JOB WITHIN
REFERENCE PERIOD', 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/{year}}. Which {is/was} (person)’s main job or business {on 12/31/{year}}?

(Employer)  {job start date} - {job end date}
(Employer)  {job start date} - {job end date}
(Employer)  {job start date} - {job end date}

----------------------------------------------------
| {currently works/worked}: DISPLAY ‘currently      |
| works’ IF NOT ROUND 5. DISPLAY ‘worked’ IF ROUND  |
| 5.                                                |
|                                                    |
| {on 12/31/{year}}: DISPLAY ‘on 12/31/{year}’ WHERE|
| ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL,  |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.        |
----------------------------------------------------

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

-----------------------------------------------------
| GO TO BOX_20                                        |
-----------------------------------------------------
ROSTER DETAILS:
Title: PERS_JOBS_2

COL #1 HEADER: EMPLOYER
INSTRUCTIONS: DISPLAY JOB NAME (JOBS.ESTBNAME)

COL #2 HEADER: JOB START
INSTRUCTIONS: DISPLAY START DATE (JOBS.JSTRTM, JOBS.JSTRTD, JOBS.JSTRTY)

COL #3 HEADER: JOB END
INSTRUCTIONS: DISPLAY END DATE (JOBS.JSTOPO, JOBS.JSTOPD, JOBS.JSTOPY)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE PERSON’S-JOBS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.

2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.

3. IF MORE THAN ONE JOB SELECTED, DISPLAY THE FOLLOWING ERROR MESSAGE: “ONLY ONE EMPLOYER MAY BE SELECTED. VERIFY AND RE-ENTER. CONTINUE.”

4. IF NO JOB SELECTED, DISPLAY THE FOLLOWING ERROR MESSAGE: “MUST SELECT ONE EMPLOYER. CONTINUE.”

ROSTER FILTER:
DISPLAY JOBS WITH SUBTYPE ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ WHERE PERSON STILL WORKS AT THE JOB.
BOX_20

| CONTINUE WITH EMPLOYMENT (EM) SECTION BOX_21 |

| (USED TO BE EM_B) |

BOX_21

| IF EM65 IS CODED '2' (NO), '7' (REFUSED), OR '8' (DON'T KNOW), GO TO BOX_36 |

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

| OTHERWISE, CONTINUE WITH BOX_22 |

92
BOX_22
======

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

-----------------------------------------------
| OTHERWISE, GO TO BOX_31                         |
-----------------------------------------------
LOOP_03
=======

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

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

- JOB CREATED DURING THE CURRENT ROUND
- JOB SUBTYPE SWITCHED FROM ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ TO
  - ‘CURRENT MAIN’ OR
  - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT ROUND,
- JOB SUBTYPE WAS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ DURING THE PREVIOUS ROUND AND IS FLAGGED AS ‘RETIRED FROM’ DURING THE CURRENT ROUND

EM90
=====

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

I’d like to talk about (PERSON)’s {job at (EMPLOYER)/business, that is (EMPLOYER)}. PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

DISPLAY ‘job at (EMPLOYER)’ IF JOB BEING ASKED ABOUT IS FLAGGED AS ‘NOT SELF-EMPLOYED’. DISPLAY ‘business, that is (EMPLOYER)’ IF JOB IS FLAGGED AS ‘SELF-EMPLOYED’.
BOX_23

-----------
| IF: |
| JOB SUBTYPE IS 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'NOT RETIRED FROM', |
| GO TO BOX_27 |

-----------
| IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' |
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| OR |
| JOB SUBTYPE IS 'RETIREMENT JOB', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED FROM', |
| GO TO EM96 |

-----------
| IF JOB IS FLAGGED AS 'SELF-EMPLOYED', |
| AND IF: |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' |
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), |
| OR |
| JOB SUBTYPE IS 'RETIREMENT JOB', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND JOB IS FLAGGED AS 'RETIRED FROM', |
| GO TO EM98 |
IF JOB IS FLAGGED AS 'SELF-EMPLOYED', AND IF:

JOB SUBTYPE IS 'CURRENT MAIN', OR

JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),

GO TO EM94

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

IF JOB IS FLAGGED AS 'NOT SELF-EMPLOYED', AND IF:

JOB SUBTYPE IS 'CURRENT MAIN', OR

JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'),

CONTINUE WITH EM91

----------------------------------------------------
{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’.

[Enter Number of Employees] ............   {EM93}
REF ................................... -7 {EM92}
DK .................................... -8 {EM92}

---------------------------------------------
| {(work/works)/worked}: DISPLAY ‘(work/works)’ IF |
| THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS |
| FLAGGED AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS |
| ‘CURRENT-MISCELLANEOUS-JOB’. DISPLAY ‘worked’ IF |
| THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS |
| FLAGGED AS ‘FORMER-MAIN-JOB-WITHIN-REFERENCE- |
| PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-WITHIN- |
| REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE- |
| PERIOD’, OR ‘RETIREMENT-JOB’. |

---------------------------------------------
| FLAG JOB AS ‘FIRM-SIZE-GREATER-THAN-1’. |

---------------------------------------------
| NOTE: FOR ROUND 5, ‘DEC 31 {YEAR}’, WHERE ‘YEAR’ |
| IS THE SECOND CALENDAR YEAR OF THE PANEL, WILL BE |
| DISPLAYED IN THE CONTEXT HEADER FOR ‘JOB-ED’ FOR |
| ALL CURRENT MAIN AND CURRENT MISCELLANEOUS JOBS. |
| THAT IS, ‘DEC 31 {YEAR}’ WILL BE DISPLAYED INSTEAD |
| OF THE WORD ‘CURRENT’ FOR THESE JOB SUBTYPES. |

---------------------------------------------
EM92
====

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

About how many persons are employed there? Would you say:

Less than 10, ......................... 1 {EM93}
10 to 25, ............................... 2 {EM93}
26 to 49, ............................... 3 {EM93}
50 to 100, ............................... 4 {EM93}
101 to 500, ............................. 5 {EM93}
501 to 1,000, ........................... 6 {EM93}
1,001 to 5,000, .......................... 7 {EM93}
5,001 or more? ........................... 8 {EM93}
REF .................................... -7 {EM93}
DK ...................................... -8 {EM93}

[Code One]

EM93
====

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

Does (EMPLOYER) have facilities in more than one location?

YES ..................................... 1 {EM96}
NO ....................................... 2 {EM96}
REF ..................................... -7 {EM96}
DK ...................................... -8 {EM96}

HELP AVAILABLE FOR DEFINITION OF MORE THAN ONE LOCATION.
(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 {EM95}
REF ........................................... -7 {EM98}
DK ............................................. -8 {EM95}

HELP AVAILABLE 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]

HELP AVAILABLE FOR DEFINITION OF SOLE PROPRIETORSHIP/PARTNERSHIP.

------------------------------------------------------------------------------------------------------------------------
| ‘CURRENT-MISCELLANEOUS-JOB’, DISPLAY ‘Was’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS ‘FORMER-MAIN-JOB- |
------------------------------------------------------------------------------------------------------------------------
(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 {EM97}
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]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------
| (Are/Is)/(Were/Was)}: DISPLAY ‘(Are/Is)’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS
---------------------------------------------------------------------
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}

-----------------------------------------------
| {(Do/Does)/Did}: DISPLAY ‘(Do/Does)’ IF THE JOB |
| SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED |
| AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS |
| ‘CURRENT-MISCELLANEOUS-JOB’. DISPLAY ‘Did’ IF |
| THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS |
| FLAGGED AS ‘FORMER-MAIN-JOB-WITHIN-REFERENCE- |
| PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-WITHIN- |
| REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE- |
| PERIOD’, OR ‘RETIREMENT-JOB’.
|-----------------------------------------------|
{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. TO CONTINUE, PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

[Enter Text] ................................ {EM99}
REF ................................... -7 {EM99}
DK .................................... -8 {EM99}

----------------------------------------------------
| {is/was}: DISPLAY 'is' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS 'CURRENT-MAIN-JOB' OR IS FLAGGED AS 'CURRENT-MISCELLANEOUS-JOB'. DISPLAY 'was' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS 'FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE-REFERENCE-PERIOD', OR 'RETIREMENT-JOB'.
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.
----------------------------------------------------
What {is/was} (PERSON)’s job called?

RECORD VERBATIM. TO CONTINUE, PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

[Enter Text] .................................. {EM100}
REF ......................................... -7 {EM100}
DK ........................................... -8 {EM100}
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. TO CONTINUE, PRESS TAB AND THEN ENTER, OR SELECT NEXT PAGE.

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

---------------------------------------------------------------------
|---------------------------------------------------------------------
| NOTE: ALLOW MULTIPLE LINES FOR ENTRY.
|---------------------------------------------------------------------
| IF JOB SUBTYPE IS ‘CURRENT MAIN’, GO TO EM104
| IF JOB IS FLAGGED AS 'SELF-EMPLOYED',             |
| AND IF:                                           |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE      |
| PERIOD' AND IS FLAGGED AS 'NOT RETIRED FROM',     |
| OR                                               |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD'|
| AND IS FLAGGED AS 'NOT RETIRED FROM',             |
| GO TO EM102                                       |

| IF:                                               |
| JOB SUBTYPE IS 'RETIREMENT JOB',                  |
| OR                                               |
| JOB SUBTYPE IS 'FORMER MAIN WITHIN REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED FROM', |
| OR                                               |
| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED FROM' |
| OR                                               |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD' AND FLAGGED AS 'RETIRED FROM', |
| GO TO BOX_24                                      |

| OTHERWISE, CONTINUE WITH EM101                     |
(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?

JOE 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 {EM101OV}
REF .................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

EM101OV

OTHER:

[Enter Other Specify] ................. {BOX_24}
REF .................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}
BOX_24

---

IF:

| JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' |
| (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR |
| 'NOT RETIRED FROM'), |
| OR |
| JOB SUBTYPE IS 'RETIREMENT JOB', |
| OR |
| JOB SUBTYPE IS 'FORMER MISCELLANEOUS JOB WITHIN |
| REFERENCE PERIOD' AND IS FLAGGED AS 'RETIRED |
| FROM', |

GO TO BOX_28

---

IF:

| JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE |
| PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT |
| RETIRED FROM'), |
| AND |
| EM101 IS CODED '3' (ILLNESS OR INJURY) OR '4' |
| (LAID OFF), |
| AND |
| CURRENT ROUND IS NOT ROUND 5 |

GO TO EM103

---

OTHERWISE, GO TO EM104

---
(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 {EM102OV}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

EM102OV

OTHER:

[Enter Other Specify] ..................... {BOX_25}
- REF .................................... -7 {BOX_25}
- DK ..................................... -8 {BOX_25}
BOX_25

---

| IF JOB SUBTYPE IS 'LAST JOB OUTSIDE REFERENCE PERIOD' (NOTE: JOB MUST BE FLAGGED AS 'NOT RETIRED FROM'), GO TO BOX_28 |
---

| IF: |
| JOB SUBTYPE IS 'FORMER MAIN JOB WITHIN REFERENCE PERIOD' (NOTE: JOB CAN BE FLAGGED AS 'RETIRED FROM' OR 'NOT RETIRED FROM'), AND EM102 IS CODED '3' (ILLNESS OR INJURY), AND CURRENT ROUND IS NOT ROUND 5, CONTINUE WITH EM103 |
---

| OTHERWISE, GO TO EM104 |
---

EM103

---

(PERSON'S FIRST MIDDLE AND LAST NAME) (EMPLOYER BEING ASKED ABOUT) (JOB-ST) (JOB-ED)

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

YES .................................... 1 {EM104}
NO ..................................... 2 {EM104}
REF ................................... -7 {EM104}
DK .................................... -8 {EM104}
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 {EM105}
DK ..................................... -8 {EM105}

HELP AVAILABLE FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.


{START DATE OF REFERENCE PERIOD}: DISPLAY THE START DATE OF THE CURRENT REFERENCE PERIOD FOR THIS PERSON.

{END DATE OF REFERENCE PERIOD}: DISPLAY THE END DATE OF THE CURRENT REFERENCE PERIOD FOR THIS PERSON.

----------------------------------------------------
| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS.       |
----------------------------------------------------
| HARD CHECK: WHOLE NUMBERS 1-168.                   |
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 {EM105C}
NO .................................................. 2 {EM105C}
REF ............................................... -7 {EM105C}
DK ............................................... -8 {EM105C}

-------------------------------
| {(Do/Does)/Did): DISPLAY '*(Do/Does)*' IF THE JOB |
| SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED |
| AS 'CURRENT-MAIN-JOB’ OR IS FLAGGED AS |
| ‘CURRENT-MISCELLANEOUS-JOB’ AND CURRENT ROUND IS |
| NOT ROUND 5. DISPLAY '*(Did)*' IF THE JOB SUBTYPE OF |
| THE JOB BEING ASKED ABOUT IS FLAGGED AS 'FORMER- |
| MAIN-JOB-WITHIN-REFERENCE-PERIOD’, ‘FORMER- |
| MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD’, |
| ‘LAST-JOB-OUTSIDE-REFERENCE-PERIOD’, OR |
| ‘RETIRED-JOB’ OR IF CURRENT ROUND IS ROUND 5. |
-------------------------------

EM105A
=====
OMITTED.

EM105AOV
=====
OMITTED.

EM105B
=====
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 {EM105D}
NO ....................................  2 {EM105D}
REF ................................... -7 {EM105D}
DK .................................... -8 {EM105D}

Is (PERSON)’s job at (EMPLOYER) a year round job or is it only available during certain times of the year?

[Years long job or work only during certain times of the year should consider themselves to have a year round job.]

YEAR ROUND ............................  1 {BOX_26}
NOT YEAR ROUND ........................  2 {BOX_26}
REF ................................... -7 {BOX_26}
DK .................................... -8 {BOX_26}

[Code One]
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
EW24A0V1, EW24B0V1, OR EW24COV1 IS CODED '2'
(PER DAY)
FOR THIS JOB,
CONTINUE WITH EM106

---

OTHERWISE, GO TO EM107
Approximately how many hours per day {(do/does)/did} (PERSON) work?

[Enter Hours per Day] ..................   {EM107}
REF ................................... -7 {EM107}
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 {EM108}
NO ..................................... 2 {EM109}
REF ................................... -7 {EM109}
DK .................................... -8 {EM109}

---


{(are/is)/(were/was)}: DISPLAY ‘(are/is)’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS ‘CURRENT-MISCELLANEOUS-JOB’ AND CURRENT ROUND IS NOT ROUND 5. DISPLAY ‘(were/was)’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS ‘FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE-PERIOD’, OR ‘RETIREMENT-JOB’ OR IF CURRENT ROUND IS ROUND 5.
Can/Could (PERSON) (take/have taken) paid sick leave if (PERSON) {(have/has)/had} to visit a doctor?

YES .................................... 1 {EM109}
NO ..................................... 2 {EM109}
REF ................................... -7 {EM109}
DK .................................... -8 {EM109}


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 {EM110}
NO .......................................... 2 {EM110}
REF ....................................... -7 {EM110}
DK ......................................... -8 {EM110}

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}

HELP AVAILABLE FOR DEFINITIONS OF PENSION/RETIREMENT PLAN.
| IF JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND JOB DOES NOT PROVIDE HEALTH INSURANCE (EM52 IS CODED ‘2’ (NO)), GO TO EM114 |
| IF JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND JOB IS FLAGGED AS ‘PROVIDES HEALTH INSURANCE’ (EM52 IS CODED ‘1’(YES)), GO TO EM115 |
| IF JOB SUBTYPE IS ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’ AND EM52 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), GO TO EM116 |
| OTHERWISE (I.E., JOB SUBTYPE IS ‘CURRENT MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’), CONTINUE WITH EM111 |
EM111
=====

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

{Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}, how many hours {(do/does)/did} (PERSON) work at this job during a typical week?

[Enter Hours Per Week] ................. {EM111C}
REF ................................... -7 {EM111C}
DK .................................... -8 {EM111C}

HELP AVAILABLE FOR DEFINITION OF ACTUAL HOURS WORKED PER WEEK.

-----------------------------------------------
| {Since {START DATE OF REFERENCE PERIOD}/Between | |
| {START DATE OF REFERENCE PERIOD} and {END DATE OF |
| REFERENCE PERIOD}): DISPLAY ‘Since {START DATE OF |
| REFERENCE PERIOD}’ IF NOT ROUND 5. DISPLAY |
| ‘Between {START DATE OF REFERENCE PERIOD} and {END |
| DATE OF REFERENCE PERIOD}’ IF ROUND 5. |
| |
| {START DATE OF REFERENCE PERIOD}: DISPLAY THE |
| START DATE OF THE CURRENT REFERENCE PERIOD FOR |
| THIS PERSON. |
| |
| {END DATE OF REFERENCE PERIOD}: DISPLAY THE END |
| DATE OF THE CURRENT REFERENCE PERIOD FOR THIS |
| PERSON. |
| |
| {(do/does)/did): DISPLAY ‘(do/does)’ IF NOT ROUND |
| 5. DISPLAY ‘did’ IF ROUND 5. |

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

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 {EM111D}
NO .................................. 2 {EM111D}
REF .................................. -7 {EM111D}
DK .................................. -8 {EM111D}

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 {EM112}
NOT YEAR ROUND ........................ 2 {EM112}
REF .................................. -7 {EM112}
DK .................................. -8 {EM112}

[Code One]
EM112

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

{Since {START DATE OF REFERENCE PERIOD}/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}}, what {is/was} (PERSON)’s usual weekly income before deductions for taxes or anything else from (PERSON)’s job with (EMPLOYER)?

[Enter $ Per Week] .....................   {BOX_28}
REF ................................... -7 {BOX_28}
DK .................................... -8 {BOX_28}
BOX_28
=======

<table>
<thead>
<tr>
<th>IF EM96 IS CODED '5' (THE ARMED FORCES), GO TO BOX_30</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT 'CURRENT MAIN' AND JOB IS FLAGGED AS 'PROVIDES HEALTH INSURANCE', GO TO EM115</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS NOT 'CURRENT MAIN' AND 'PROVIDES HEALTH INSURANCE' STATUS FLAG IS '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO EM116</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EM96 IS NOT CODED '5' AND JOB SUBTYPE IS 'CURRENT MAIN', CONTINUE WITH EM113</th>
</tr>
</thead>
</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 {EM114}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
<p>| {since {Start date of reference period}/between   |
| {Start date of reference period} and {End date of |
| Reference period}): Display 'since {Start date of |
| Reference period}' if not round 5. Display        |
| 'between {Start date of reference period} and {End| |
| Date of reference period}' if round 5.            |
|                                                    |
| {Start date of reference period}): Display the    |
| Start date of the current reference period for    |
| this person.                                      |
|                                                    |
| {End date of reference period): Display the end    |
| Date of the current reference period for this     |
| person.                                           |
|                                                    |
| {job/business): Display 'job' if job being asked   |
| about is flagged as 'not self-employed'. Display   |
| 'business' if job being asked about is flagged as |</p>
<table>
<thead>
<tr>
<th>'self-employed'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '1' (YES), FLAG JOB AS 'PROVIDES HEALTH    |</p>
<table>
<thead>
<tr>
<th>INSURANCE'.</th>
</tr>
</thead>
</table>
{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 {EM115}
NO ..................................... 2 {EM115A}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.

----------------------------------------------------
{since {START DATE OF REFERENCE PERIOD}/between   |
{START DATE OF REFERENCE PERIOD} and {END DATE OF |
REFERENCE PERIOD}}: DISPLAY ‘since {START DATE OF |
REFERENCE PERIOD}’ IF NOT ROUND 5. DISPLAY        |
‘between {START DATE OF REFERENCE PERIOD} and {END |
DATE OF REFERENCE PERIOD}’ IF ROUND 5.            |
----------------------------------------------------
{START DATE OF REFERENCE PERIOD}: DISPLAY THE     |
START DATE OF THE CURRENT REFERENCE PERIOD FOR    |
THIS PERSON.                                      |
{END DATE OF REFERENCE PERIOD}: DISPLAY THE END   |
DATE OF THE CURRENT REFERENCE PERIOD FOR THIS     |
PERSON.                                           |
{job/business}: DISPLAY ‘job’ IF JOB BEING ASKED   |
ABOUT IS FLAGGED AS ‘NOT SELF-EMPLOYED’. DISPLAY   |
‘business’ IF JOB BEING ASKED ABOUT IS FLAGGED AS |
‘SELF-EMPLOYED’.                                  |
----------------------------------------------------
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 {EM116}
NO, ONLY ONE PLAN ..................... 2 {EM116}
REF ................................... -7 {EM116}
DK ................................. -8 {EM116}

[Code One]

HELP AVAILABLE FOR DEFINITION OF CHOICE OF HEALTH INSURANCE PLANS.
Was health insurance offered to any employees at this job/business?

YES .................................... 1 {EM115B}
NO ..................................... 2 {EM116}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}
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) ((have/has)/had) not worked long enough, because (PERSON) ((don’t/doesn’t)/didn’t) work enough hours, because (PERSON) ((are/is)/(were/was)) 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 {EM115BOV}
REF ....................................... -7 {EM116}
DK ........................................ -8 {EM116}

[Code One]
|(have/has)/had): DISPLAY '\(have/has)’ IF THE JOB |
| SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED |
| AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS ‘CURRENT- |
| MISCELLANEOUS-JOB’ AND CURRENT ROUND IS NOT |
| ROUND 5. DISPLAY ‘had’ IF THE JOB SUBTYPE OF THE |
| JOB BEING ASKED ABOUT IS FLAGGED AS ‘FORMER-MAIN- |
| JOB-WITHIN-REFERENCE-PERIOD’, ‘FORMER- |
| MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD’, |
| ‘LAST-JOB-OUTSIDE-REFERENCE-PERIOD’, OR |
| ‘RETIREMENT-JOB’ OR IF CURRENT ROUND IS ROUND 5. |

|(don’t/doesn’t)/didn’t): DISPLAY ‘(don’t/ |
| doesn’t)’ IF THE JOB SUBTYPE OF THE JOB BEING |
| ASKED ABOUT IS FLAGGED AS ‘CURRENT-MAIN-JOB’ OR |
| IS FLAGGED AS ‘CURRENT-MISCELLANEOUS-JOB’ AND |
| CURRENT ROUND IS NOT ROUND 5. DISPLAY ‘didn’t’ IF |
| THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS |
| FLAGGED AS ‘FORMER-MAIN-JOB-WITHIN-REFERENCE- |
| PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-WITHIN- |
| REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE- |
| PERIOD’, OR ‘RETIREMENT-JOB’ OR IF CURRENT ROUND |
| IS ROUND 5. |

|(are/is)/(were/was): DISPLAY ‘(are/is)’ IF THE |
| JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS |
| FLAGGED AS ‘CURRENT-MAIN-JOB’ OR AS ‘CURRENT- |
| MISCELLANEOUS-JOB’ AND CURRENT ROUND IS NOT |
| ROUND 5. DISPLAY ‘(were/was)’ IF THE JOB SUBTYPE |
| OF THE JOB BEING ASKED ABOUT IS FLAGGED AS |
| ‘FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD’, |
| ‘FORMER-MISCELLANEOUS-JOB-WITHIN- |
| REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE- |
| PERIOD’, OR ‘RETIREMENT-JOB’ OR IF CURRENT ROUND |
| IS ROUND 5. |

EM115BOV
=======

OTHER SPECIFY:

[Enter Other Specify] ............... {EM116}
REF ................................... -7 {EM116}
DK .................................... -8 {EM116}
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 {BOX_30}
REF ................................... -7 {BOX_30}
DK .................................... -8 {BOX_30}

HELP AVAILABLE 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
{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 {EM118}
BOTH EMPLOYER AND UNION ............ 3 {EM118}
REF ............................................. -7 {BOX_30}
DK ............................................... -8 {BOX_30}

[Code One]

HELP AVAILABLE FOR DEFINITION OF LABOR UNION.

---
---

OMITTED.
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, CLICK ON ‘ADD UNION’ TO ENTER A NEW UNION.

<table>
<thead>
<tr>
<th>ROSTER. NAME OF UNION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Union Name-30</td>
</tr>
<tr>
<td>2. Union Name-30</td>
</tr>
<tr>
<td>3. Union Name-30</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>‘ADD UNION’ IS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
<tbody>
<tr>
<td>REFUSED AND DON’T KNOW DISALLOWED.</td>
</tr>
<tr>
<td>IF ‘ADD UNION’ IS SELECTED, CONTINUE WITH EM120</td>
</tr>
<tr>
<td>(NOTE THAT EM120 IS NOT A SEPARATE SCREEN; IT</td>
</tr>
<tr>
<td>REPRESENTS A POPUP ON EM118.)</td>
</tr>
<tr>
<td>OTHERWISE (A UNION WAS SELECTED), GO TO BOX 29</td>
</tr>
</tbody>
</table>

| ROSTER DETAILS: |
| TITLE: RU_ESTB_2 |
| COL # 1 HEADER: UNION |
| INSTRUCTIONS: DISPLAY UNION NAME |
| (ESTB.ESTBNAME) |

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-ESTABLISHMENTS-ROSTER FOR SELECTION. |
--- ROSTER BEHAVIOR: ---
1. SELECT ALLOWED.
2. ADD ALLOWED THROUGH 'ADD' BUTTON.
3. EDIT DISALLOWED.
4. LIMITED DELETE ALLOWED.

--- ROSTER FILTER: ---
DISPLAY ALL UNIONS.

BOX_28A
=======
OMITTED.

EM119
=====
OMITTED.

EM120
=====

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

ENTER COMPLETE UNION NAME AND VERIFY SPELLING.

ESTABLISHMENT: [___________] {BOX_29}

--- WRITE ESTABLISHMENT TO THE RU-ESTABLISHMENTS-ROSTER ---

EM121
=====
OMITTED.
BOX_29
 ======

-----------------------------------------------
| FLAG ESTABLISHMENT AS 'UNION'.               |
-----------------------------------------------

BOX_30
 ======

-----------------------------------------------
| IF JOB FLAGGED AS 'NOT SELF-EMPLOYED', GO TO   |
| END_LP03                                      |
-----------------------------------------------

-----------------------------------------------
| IF JOB FLAGGED AS 'SELF-EMPLOYED' AND MORE THAN 1 |
| RU MEMBER (OTHER THAN THE PERSON BEING ASKED    |
| ABOUT) IS = OR > 16 YEARS OF AGE OR IN AGE       |
| CATEGORIES 4-9, CONTINUE WITH EM122              |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO EM124                          |
-----------------------------------------------
EM122

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

{Does/Did} any other member of the household {now} work regularly at (PERSON)’s business?

YES .................................... 1 {EM123}
NO ..................................... 2 {EM124}
REF ................................... -7 {EM124}
DK .................................... -8 {EM124}

----------------------------------------------------
| {Does/Did}: DISPLAY ‘Does’ IF THE JOB SUBTYPE OF |
| THE JOB BEING ASKED ABOUT IS FLAGGED AS ‘CURRENT-|
| MAIN-JOB’ OR IS FLAGGED AS ‘CURRENT-MISCELLANEOUS-|
| JOB’ AND CURRENT ROUND IS NOT ROUND 5. DISPLAY |
| ‘Did’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED |
| ABOUT IS FLAGGED AS ‘FORMER-MAIN-JOB-WITHIN-|
| REFERENCE-PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-|
| WITHIN-REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-|
| REFERENCE-PERIOD’, OR ‘RETIREMENT-JOB’ OR IF |
| CURRENT ROUND IS ROUND 5. |
| |
| {now}: DISPLAY ‘now’ IF THE JOB SUBTYPE OF THE JOB |
| BEING ASKED ABOUT IS FLAGGED AS A ‘CURRENT-MAIN-|
| JOB’ OR IS FLAGGED AS A ‘CURRENT-MISCELLANEOUS-|
| JOB’ AND CURRENT ROUND IS NOT ROUND 5. OTHERWISE,|
| USE A NULL DISPLAY. |

----------------------------------------------------
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] .......... {EM124}
REF ................................... -7 {EM124}
DK .................................... -8 {EM124}

------------------------------------------------------------------
| {now work/worked}: DISPLAY ‘now work’ IF THE JOB |
| SUBTYPE OF THE JOB being asked about IS FLAGGED AS |
| ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS ‘CURRENT- |
| MISCELLANEOUS-JOB’ AND CURRENT ROUND IS NOT |
| ROUND 5. DISPLAY ‘worked’ IF THE JOB SUBTYPE OF |
| THE JOB being asked about IS FLAGGED AS ‘FORMER- |
| MAIN-JOB-WITHIN-REFERENCE-PERIOD’, ‘FORMER- |
| MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD’, |
| ‘LAST-JOB-OUTSIDE-REFERENCE-PERIOD’, OR |
| ‘RETRAINT-JOB’ OR IF CURRENT ROUND IS ROUND 5. |
------------------------------------------------------------------
(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] ............  {END_LP03}  
REF ..................................... -7 {END_LP03}  
DK ..................................... -8 {END_LP03}  

----------------------------------------------------
<p>| {last week/just before (PERSON) stopped working at|
| that business/on {END DATE OF REFERENCE PERIOD}}: |
| DISPLAY ‘last week’ IF THE JOB SUBTYPE OF THE JOB |
| BEING ASKED ABOUT IS FLAGGED AS ‘CURRENT-MAIN-JOB’|
| OR IS FLAGGED AS ‘CURRENT-MISCELLANEOUS-JOB’ AND |
| CURRENT ROUND IS NOT ROUND 5.                     |
|                                                    |
| DISPLAY ‘just before(PERSON) stopped working at  |
| that business’ IF THE JOB SUBTYPE OF THE JOB BEING|
| ASKED ABOUT IS FLAGGED AS ‘FORMER-MAIN-JOB-       |
| WITHIN-REFERENCE-PERIOD’, ‘FORMER-MISCELLANEOUS-  |
| JOB-WITHIN-REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-  |
| REFERENCE-PERIOD’, OR ‘RETIREMENT-JOB’.            |
|                                                    |
| DISPLAY ‘on {END DATE OF REFERENCE PERIOD}’ IF THE|
| JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS       |
| FLAGGED AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS    |
| ‘CURRENT-MISCELLANEOUS-JOB’ AND CURRENT ROUND IS  |
| ROUND 5.                                          |
|                                                    |
| {END DATE OF REFERENCE PERIOD}: DISPLAY THE END   |
| DATE OF THE CURRENT REFERENCE PERIOD FOR THIS     |
| PERSON.                                           |
|                                                    |
| {and all other household members you just told me |
| about): DISPLAY PHRASE IF EM122 IS CODED ‘1’      |
| (YES).                                            |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
</table>

----------------------------------------------------
| 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-TAN-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 |                  |
Did (PERSON) spend any time looking for work \{since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1 {EM126}
NO ..................................... 2 {EM126}
REF ................................... -7 {EM126}
DK .................................... -8 {EM126}

HELP AVAILABLE 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. |
---
| {since (START DATE)/between (START DATE) and (END DATE)}: DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. |
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 TEMORARY 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 {EM126OV}
REF ..................................... -7 {BOX_34}
DK ....................................... -8 {BOX_34}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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

EM126OV
=====

OTHER SPECIFY:

[Enter Other Specify] .................... {EM127}
REF ..................................... -7 {EM127}
DK ....................................... -8 {EM127}
Were there any other reasons?

CHECK 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 {EM127OV}
- REF ....................................... -7 {BOX_34}
- DK .......................................... -8 {BOX_34}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON’T KNOW) IN |
| COMBINATION WITH ANY OTHER CODE. |
-----------------------------------------------

-----------------------------------------------
| IF CODED ’91’ (OTHER) ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH EM127OV |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO BOX_34 |
OTHER:

[Enter Other Specify] .................... {BOX_34}
REF ....................................... -7 {BOX_34}
DK ......................................... -8 {BOX_34}
(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.

IF WORKED LESS THAN ONE WEEK, ENTER '1' FOR NUMBER OF WEEKS.

[Enter Number of Weeks] ............
REF ..................................... -7 {EM134}
DK ..................................... -8 {EM134}

HELP AVAILABLE FOR DEFINITIONS OF WEEKS WORKED/WORK FOR PAY.

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

----------------------------------------------------
| 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 NUMBER OF WEEKS ENTERED = NUMBER OF |
| WEEKS IN REFERENCE PERIOD)), GO TO BOX_34.        |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                       |
| 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 {EM130}
NO ..................................... 2 {EM130}
REF ................................... -7 {EM130}
DK .................................... -8 {EM130}

HELP AVAILABLE FOR DEFINITION OF LOOKING FOR WORK.

{since (START DATE)/between (START DATE) and (END DATE)}: DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.
EM130
=====

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

Did the {# WEEKS NOT WORKED} weeks {since (START DATE)/
between (START DATE) and (END 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 {EM131}
REF ..................................... -7 {LOOP_04}
DK ...................................... -8 {LOOP_04}

[Code One]

__________________________________________________________
| {# WEEKS NOT WORKED}: DISPLAY THE NUMBER OF WEEKS |
| IN THE REFERENCE PERIOD MINUS THE NUMBER ENTERED |
| AT EM128.                                           |
|                                                      |
| {since (START DATE)/between (START DATE)            |
| and (END DATE)}: DISPLAY ‘since (START DATE)’ IF     |
| NOT ROUND 5. DISPLAY ‘between (START DATE) and      |
| (END DATE)’ IF ROUND 5.                             |

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)/between (START DATE) and (END DATE)}?

[Enter Number of Periods] .............. {LOOP_04}
REF ..................................... -7 {LOOP_04}
DK ...................................... -8 {LOOP_04}

__________________________________________________________
| {since (START DATE)/between (START DATE)            |
| and (END DATE)}: DISPLAY ‘since (START DATE)’ IF     |
| NOT ROUND 5. DISPLAY ‘between (START DATE) and      |
| (END DATE)’ IF ROUND 5.                            |
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.

OMITTED.
(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 {EM132OV}
- REF ..................................... -7 {END_LP04}
- DK ...................................... -8 {END_LP04}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| {that time/the most recent period/the time before that}: DISPLAY ‘that time’ IF SECOND CYCLE THROUGH LOOP_04. |
| DISPLAY ‘the most recent period’ IF FIRST CYCLE THROUGH LOOP_04. |
| DISPLAY ‘the time before that’ IF NOT FIRST OR SECOND CYCLE THROUGH LOOP_04. |

OTHER:

- [Enter Other Specify] ....................... {EM133}
- REF ........................................ -7 {EM133}
- DK ......................................... -8 {EM133}
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?

CHECK 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 {EM133OV}
REF ......................................... -7 {END_LP04}
DK .......................................... -8 {END_LP04}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
| COMBINATION WITH ANY OTHER CODE. |

---

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

---

| OTHERWISE, GO TO END_LP04 |
EM133OV
=======

OTHER:

[Enter Other Specify] ..................   {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

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  \{EM135\} |
| NO ......................................................... 2  \{BOX_34\} |
| REF ....................................................... -7  \{BOX_34\} |
| DK ......................................................... -8  \{BOX_34\} |

HELP AVAILABLE FOR DEFINITION OF UNPAID LEAVE.

| \{since/between\}: DISPLAY ‘since’ IF NOT ROUND 5. |
| DISPLAY ‘between’ IF ROUND 5. |
| \{Since/Between\}: DISPLAY ‘Since’ IF NOT ROUND 5. |
| DISPLAY ‘Between’ IF ROUND 5. |
| \{In addition to the times we have just talked about since/Since\}: DISPLAY ‘In addition to the times we have just talked about since’ IF NUMBER CODED AT EM128 IS LESS THAN THE NUMBER OF WEEKS IN THE REFERENCE PERIOD. DISPLAY ‘Since’ IF EM128 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). |
| \{and \{END DATE\}\}: DISPLAY ‘and \{END DATE\}’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| \{a job/all jobs\}: DISPLAY ‘a job’ IF ONE JOB HELD DURING THE REFERENCE PERIOD. DISPLAY ‘all jobs’ IF MORE THAN ONE JOB HELD DURING THE REFERENCE PERIOD. |
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}

----------------------------------------------------
| IF number of weeks reported in EM135 < number of | |
| weeks in person’s reference period,              |
| continue with EM136                              |
----------------------------------------------------

----------------------------------------------------
| otherwise (i.e. the person was on unpaid leave the|
| whole time (coded ‘96’ or number of weeks entered |
| = number of weeks in reference period) or the     |
| answer is ‘-7’ (refused) or ‘-8’ (don’t know), go |
| to loop_05.                                       |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                       |
| EDIT: number of weeks entered must be equal to or |
| greater than one and cannot be greater than       |
| number of weeks in reference period.              |
----------------------------------------------------
Did the \{# WEEKS UNPAID LEAVE\} weeks \{since (START DATE)/between (START DATE) and (END DATE)\} when \(\text{(PERSON)}\) had unpaid leave occur all at one time or was there more than one period of time when \(\text{(PERSON)}\) had unpaid leave?

- ALL AT ONE TIME ........................ 1 \{LOOP_05\}
- MORE THAN ONE PERIOD ................. 2 \{EM137\}
- REF ................................... -7 \{LOOP_05\}
- DK .................................... -8 \{LOOP_05\}

[Code One]

---

\{# WEEKS UNPAID LEAVE\}: DISPLAY NUMBER ENTERED AT EM135.

\{since (START DATE)/between (START DATE) and (END DATE)\}: DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5.

---

IF EM136 IS CODED ‘1’ (ALL AT ONE TIME), SET THE NUMBER UNPAID LEAVE PERIODS TO ‘1’.
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)/between (START DATE) and (END DATE)}?

[Enter Number of Periods] ..............   {LOOP_05}
REF ................................... -7 {LOOP_05}
DK .................................... -8 {LOOP_05}

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

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 EM137 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.                         |
----------------------------------------------------
What was the main reason (PERSON) had unpaid leave (that time/the most recent period/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 {EM138OV}
REF ...................................... -7 {END_LP05}
DK ...................................... -8 {END_LP05}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------
| {that time/the most recent period/the time before that}: DISPLAY 'that time' IF SECOND CYCLE THROUGH |
| LOOP_05. DISPLAY 'the most recent period' IF |
| FIRST CYCLE THROUGH LOOP_05. DISPLAY 'the time |
| before that' IF NOT FIRST OR SECOND CYCLE THROUGH |
| LOOP_05.                                          |
---------------------------------------------------------

EM138OV
=======

OTHER:

[Enter Other Specify] .................... {EM139}
REF ..................................... -7 {EM139}
DK ..................................... -8 {EM139}
EM139
=====

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

Period of Unpaid Leave {NN} of {NN}

Were there any other reasons?

Check 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 {EM139OV}
Ref ...................................... -7 {END_LP05}
DK ....................................... -8 {END_LP05}

[Code All That Apply]

Help Available for Definitions of Answer Categories.

-----------------------------------------------
| For Specifications Purposes Only: CAPI Does Not |
| Allow ‘-7’ (Refused) or ‘-8’ (Don’t Know) In  |
| Combination with Any Other Code.              |
-----------------------------------------------

-----------------------------------------------
| If Coded ‘91’ (Other) Alone or in Combination With |
| Other Codes, Continue with EM139OV             |
-----------------------------------------------

-----------------------------------------------
| Otherwise, Go to END_LP05                     |
-----------------------------------------------

EM139OV
=====

Other:

[Enter Other Specify] .................... {END_LP05}
Ref ...................................... -7 {END_LP05}
DK ....................................... -8 {END_LP05}
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 |

EM_140

{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 {EM141}
NO ..................................... 2 {BOX_36A}
REF .................................... -7 {BOX_36A}
DK .................................... -8 {BOX_36A}

HELP AVAILABLE FOR DEFINITION OF WITHOUT A JOB.
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?

CHECK 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 {EM141OV}
REF ...................................... -7 {EM142}
DK ...................................... -8 {EM142}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.
OTHER:

[Enter Other Specify] ..................   {EM142}
REF ................................... -7 {EM142}
DK .................................... -8 {EM142}

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

Since (PERSON) (were/was) 21 years old, what is the total number of years (PERSON) (were/was) without a job because of all the reasons you’ve just told me?

[Enter Number of Years] .................   {BOX_36A}
REF ................................... -7 {BOX_36A}
DK .................................... -8 {BOX_36A}

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

BOX_36A

------------------------------------------------------------------------------------------------------------------
| IF ROUND 3, CONTINUE WITH EM143 |
------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------
| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_36 |
------------------------------------------------------------------------------------------------------------------
EM143
=====

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

(Were/Was) (PERSON) working as of December 31, [YEAR]?

YES ........................................ 1 {BOX_36}
NO ......................................... 2 {BOX_36}
REF ........................................ -7 {BOX_36}
DK .......................................... -8 {BOX_36}

-----------------------------------------------------
| (FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES     |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST   |
| CALENDAR YEAR OF PANEL.                            |
-----------------------------------------------------

BOX_36
=====

-----------------------------------------------------
| CONTINUE WITH END_LP00 (IN OVERALL STRUCTURE OF    |
| EMPLOYMENT)                                       |
-----------------------------------------------------
Employment Driver (EM-0) Section

BOX_01A

----------------------------------------------------
| NOTE: REFUSED (-7) AND DON’T KNOW (-8) ARE DISALLOWED ON ALL FIELDS IN THE EMPLOYMENT SECTIONS THAT COLLECT ESTABLISHMENT NAME. |
----------------------------------------------------

LOOP_00

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_01 - END_LP00 |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_00 COLLECTS INFORMATION ABOUT EMPLOYMENT FOR ALL RU MEMBERS WHO ARE 16 OR OLDER. THIS LOOP CYCLES ON RU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS: |
| - PERSON IS = OR > 16 YEARS, OR IN AGE CATEGORIES 4-9 |
| AND |
| - PERSON IS AN RU MEMBER DURING THE CURRENT ROUND |
----------------------------------------------------

BOX_01

----------------------------------------------------
| ASK REVIEW OF EMPLOYMENT (RJ) SECTION |
----------------------------------------------------
END_LP00

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

-------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_00 AND CONTINUE WITH THE HEALTH |
| INSURANCE (HX) SECTION |
-------------
Emergency Room (ER) Section

BOX_00

abox_00

----------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:             |
| DISPLAY PERS.FULLNAME, PROV.LORPNAME,            |
| EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY      |
----------------------------------------------------

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 {ER02}
NO ................................ 2 {ER02}
REF ................................-7 {ER02}
DK ................................-8 {ER02}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.
{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 {ER03}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 2 {ER03}
PSYCHOTHERAPY OR MENTAL HEALTH
COUNSELING .............................. 3 {ER03}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 4 {ER03}
IMMUNIZATIONS OR SHOTS ................. 5 {ER03}
PREGNANCY-RELATED (INCLUDING
PRENATAL CARE AND DELIVERY) .......... 6 {ER03}
OTHER ................................. 91 {ER03}
REF ................................. -7 {ER03}
DK ................................. -8 {ER03}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------
| IF CODED ‘6’ (PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: |
| ‘CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.’ |
------------------------------------------------------------------
Was this visit related to any specific health condition or were any conditions discovered during this visit?

YES ........................................ 1 {ER04}
NO ........................................... 2 {ER05}
REF .......................................... -7 {ER05}
DK ........................................... -8 {ER05}
What conditions were discovered or led (PERSON) to make this visit?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

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

<table>
<thead>
<tr>
<th>DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO ER05</th>
</tr>
</thead>
</table>

| ROSTER DETAILS:                                       |
| Title: PERS_COND_1                                   |
|                                                     |
| COL #1 HEADER: MEDICAL CONDITION                     |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION      |
| (COND.CONDNAME)                                      |

| ROSTER DEFINITION:                                   |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR     |
| THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL    |
| CONDITION(S) ASSOCIATED WITH THIS EVENT.              |

-----------------------------------------------------------------------------------
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD THE CONDITION NAME.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT. IF THE INTERVIEWER ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A CONDITION NAME NEWLY ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT. IF THE INTERVIEWER ATTEMPTS TO EDIT A CONDITION WHEN EDIT IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: “EDIT ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.
SHOW CARD ER-2.

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

CHECK ALL THAT APPLY.

LABORATORY TESTS ......................... 1 {ER06}
SONOGRAM OR ULTRASOUND ................... 2 {ER06}
X-RAYS ..................................... 3 {ER06}
MAMMOGRAM ................................. 4 {ER06}
MRI OR CATSCAN ............................. 5 {ER06}
EKG OR ECG ................................. 6 {ER06}
EEG ......................................... 7 {ER06}
VACCINATION ............................... 8 {ER06}
ANESTHESIA ................................. 9 {ER06}
OTHER DIAGNOSTIC TEST ................... 10 {ER06}
THROAT SWAB ............................... 11 {ER06}
NO SERVICES RECEIVED .................... 95 {ER06}
REF ....................................... -7 {ER06}
DK .......................................... -8 {ER06}

HELP AVAILABLE 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) ALONE ONLY; THESE |
| RESPONSES MAY NOT BE SELECTED WITH ANY OTHER |
| RESPONSE.                                      |

| NOTE: ‘OTHER DIAGNOSTIC TESTS’ AND ‘NO SERVICES |
| RECEIVED’ ARE NOT DISPLAYED ON SHOW CARD.         |
HARD CHECK:

EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER SERVICE CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTS ANOTHER CODE WITH ‘NO SERVICES’, DISPLAY THE FOLLOWING MESSAGE: “NO SERVICES RECEIVED CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER.”

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 {ER08}
NO .......................................... 2 {ER08}
REF .......................................... -7 {ER08}
DK ........................................... -8 {ER08}

HELP AVAILABLE 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 {ER09}
NO .......................................... 2 {BOX_03}
REF .......................................... -7 {BOX_03}
DK ........................................... -8 {BOX_03}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER}  {EVN-DT}

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

PROBE: Any other prescribed medicines from this visit that were filled?

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

-------------------------------------------------------------------------------------------------
| DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS |
| SCREEN.                                     |
-------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------
| GO TO BOX_03                                 |
-------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------
| ROSTER DETAILS:                              |
| TITLE: PERSON'S_PRESCRIBED_MEDICINES_1       |
|                                              |
| COL # 1 HEADER: PRESCRIBED MEDICINE          |
| INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |
| (DRUG.DRUGNAME)                             |
-------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------
| ROSTER DEFINITION:                          |
| THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION- |
| MEDICINES-ROSTER FOR SELECTION.             |
-------------------------------------------------------------------------------------------------
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. MULTIPLE ADD ALLOWED.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A MEDICINE ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS MEDICINE AND THE EVENT.
4. EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL MEDICINES ON PERSON’S ROSTER; NO FILTER.

ER10
====
OMITTED.

ER11
====
OMITTED.

LOOP_01
=====
OMITTED.

BOX_01
=====
OMITTED.

BOX_02
=====
OMITTED.

ER12
====
OMITTED.

END_LP01
=======
OMITTED.
IF THE CHARGE/PAYMENT (CP) SECTION FOR THIS EMERGENCY ROOM EVENT IS NOT COMPLETED, ASK THE CHARGE/PAYMENT (CP) SECTION

OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION
Event Roster (EV) Section

BOX_00

----------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
| DISPLAY PERS.FULLNAME, PROV.DRFNAM, PROV.LORPNAME |
| (IF EVNT.PROVNUM ^= -1), EVNT.EVNTTYPE (IF SET),  |
| EVNT.EVNTBEGM,D (EVNTBEGM ONLY FOR HH),           |
| (PRND.BEGREFFM, DD FOR OM), EVNT.EVNTENDM, D (IF |
| EVNT = HS), (PRND.ENDREFFM, DD FOR OM).           |
----------------------------------------------------

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                    |
----------------------------------------------------
INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

[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]
EV02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD {EV-1A/EV-1B}.

Where did (PERSON) receive the care?

REFER TO TAB 7 OF QUICK REFERENCE GUIDE FOR EVENT TYPE FOLLOW-UP PROBES.

HOSPITAL STAY .......................... HS {BOX_02}
HOSPITAL EMERGENCY ROOM .......... ER {BOX_02}
HOSPITAL OUTPATIENT DEPARTMENT .... OP {BOX_02}
MEDICAL PROVIDER VISIT ............. MV {BOX_02}
DENTAL CARE ............................ DN {BOX_02}
HOME HEALTH ............................ HH {EV06}
OTHER MEDICAL EXPENSES ............ OM
INSTITUTIONAL/LONG TERM CARE STAY .... IC {BOX_02}

HELP AVAILABLE FOR DEFINITION OF EVENT TYPES.

[Code One]

----------------------------------------------------
| DISPLAY 'EV-1A' IF ROUND 1, 2, OR 4.              |
| DISPLAY 'EV-1B' IF ROUND 3 OR 5.                  |
----------------------------------------------------

----------------------------------------------------
| IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO     |
| EV02A                                             |
----------------------------------------------------

----------------------------------------------------
| IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM',      |
| GO TO EV03                                         |
----------------------------------------------------

BOX_02
=====

----------------------------------------------------
| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT   |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE PV SECTION, GO TO BOX_03     |
----------------------------------------------------
EV02A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM) EVENT YOU NEED TO ADD:

NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN.

    REGULAR (GLASSES OR CONTACTS, INSULIN,
              OTHER DIABETIC SUPPLIES) .............. 1 {EV03}

    ADDITIONAL (E.G., AMBULANCE SERVICES,
                ORTHOPEDIC ITEMS, HEARING DEVICES,
                MEDICAL EQUIPMENT, ETC.) .............. 2 {EV03A}

    [Code One]

EV03
=====

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

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

OTHERWISE ASK: Did (PERSON) obtain glasses or contact lenses, insulin, or other diabetic equipment or supplies since (START DATE)?

    GLASSES OR CONTACT LENSES .............. 1 {BOX_06}
    INSULIN ................................ 2 {BOX_06}
    OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3 {BOX_06}

    [Code All That Apply]

----------------------------------------------------
| IF CODED ‘2’ (INSULIN), ADD ‘INSULIN’ TO          |
| PERSON’S-PRESCRIBED-MEDICINES-ROSTER, CREATING    |
| NECESSARY RECORDS FOR INSULIN.                    |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘3’ (OTHER DIABETIC EQUIPMENT OR         |
| SUPPLIES), ADD ‘OTHER DIABETIC EQUIP/SUPPLIES’    |
| TO PERSON’S-PRESCRIBED-MEDICINES-ROSTER, CREATING |
| NECESSARY RECORDS FOR ‘OTHER DIABETIC EQUIP/SUPPLIES’. |
----------------------------------------------------
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 {YEAR}?

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]

<table>
<thead>
<tr>
<th>(FOR SPECIFICATIONS ONLY, 'YEAR' IN PROGRAM IS HARD-CODED.) IF ROUND 3, DISPLAY FIRST YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND YEAR OF PANEL FOR {YEAR}.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH EV03AOV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_06</th>
</tr>
</thead>
</table>

EV03AOV
=====

OTHER GROUPING OF OTHER MEDICAL EXPENSES:

[Enter Other Specify] .................. {BOX_06}
REF ...................................... -7 {BOX_06}
DK ........................................ -8 {BOX_06}
BOX_03

<table>
<thead>
<tr>
<th>IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV05</th>
</tr>
</thead>
</table>
EV04
=====

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

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When (were/was) (PERSON) admitted to and discharged from (PROVIDER)? Please tell me the dates of all stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE: On what date did (PERSON) enter (PROVIDER)? On what date did (PERSON) leave (PROVIDER)?

PROBE: Any other stays?

<table>
<thead>
<tr>
<th>[Enter Month,Day,Year-4]</th>
<th>[Enter Month,Day,Year-4]</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Month,Day,Year-4]</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
<tr>
<td>[Enter Month,Day,Year-4]</td>
<td>[Enter Month,Day,Year-4]</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| DISPLAY ‘OR RELEASED IN {YEAR}’ IF ROUND 5, WHERE |
| ‘YEAR’ IS THE CALENDAR YEAR SUBSEQUENT TO THE |
| SECOND YEAR OF THE PANEL. OTHERWISE, USE A NULL |
| DISPLAY.                                          |
----------------------------------------------------
----------------------------------------------------
| DISPLAY A RADIO BUTTON ON THE DATE ENTRY SCREEN   |
| LABELED ‘CHECK IF STILL IN PROVIDER (OR RELEASED |
| IN {YEAR}).                                        |
----------------------------------------------------
----------------------------------------------------
| ALLOW RF AND DK FOR THE DAY AND YEAR BUT NOT FOR |
| THE MONTH.                                         |
----------------------------------------------------
HARD CHECK:
EDIT CHECK:

IN ROUND 1 ONLY, ALLOW AN ADMIT DATE ONE YEAR PRIOR TO THE RU MEMBER’S REFERENCE PERIOD START DATE.

ROSTER DETAILS:
TITLE: PERS_EVNT_ADD_1

COL # 1 HEADER: ADMIT DATE
INSTRUCTIONS: DISPLAY EVENT BEGIN DATE (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)

COL # 2 HEADER: DISCHARGE DATE
INSTRUCTIONS: DISPLAY EVENT END DATE (EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE PERSON'S-MEDICAL-EVENTS-ROSTER FOR ADDING BEGIN AND END DATES.

ROSTER BEHAVIOR:
1. EDIT AND SELECT DISALLOWED.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD THE EVENT BEGIN AND END DATES.

3. LIMITED DELETE ALLOWED. 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, THEY SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.
-- ------------------------------------------
| ROSTER FILTER:                           |
| DISPLAY NO EVENTS ON ROSTER INITIALLY. THIS SCREEN |
| RELATES TO HS AND IC EVENT TYPES (EVNT.EVNTTYPE) |
| ONLY.                                    |
-- ------------------------------------------
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?

<table>
<thead>
<tr>
<th>Enter Month, Day, Year-4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter Month, Day, Year-4</td>
</tr>
<tr>
<td>Enter Month, Day, Year-4</td>
</tr>
</tbody>
</table>

---

|  | Display 'Add Event Date', 'Edit Event Date', and 'Delete Event Date' buttons on this screen. |
|  | -------- |

---

|  | Allow RF and DK for the day and year but not for the month. |
|  | --------------- |

---

|  | Go to Box_06 |
|  | ---------------- |

---

|  | Roster Details: |
|  | Title: PERS_EVNT_ADD_2 |
|  | Col #1 Header: Event Date |
|  | Instructions: Display Event Begin Date |
|  | (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY) |

---

|  | Roster Definition: This item displays person's medical-events-roster for adding event begin dates. |
|  | ------------------ |
ROSTER BEHAVIOR:
THIS ITEM CAN COLLECT ONLY THOSE EVENTS THAT ARE
THE SAME PROVIDER, PERSON, AND EVENT TYPE AS THE
EVENT BEING ASKED ABOUT.

1. SELECT DISALLOWED.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD
RECORD THE EVENT BEGIN DATES.

3. LIMITED DELETE ALLOWED. 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, THEY SHOULD
BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.

4. LIMITED EDIT ALLOWED. INTERVIEWER CAN EDIT AN
EVENT THAT WAS ENTERED ON THE SCREEN WHERE EDIT
IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS
NOT LEFT THE SCREEN, THEY SHOULD BE ABLE TO EDIT
AN EVENT.

ROSTER FILTER:
DISPLAY NO EVENTS ON ROSTER INITIALLY.
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 {EV06A}
- VOLUNTEERED: MEAL DELIVERY SERVICE .... 5 (BOX_06)

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]
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 {EV07OV1}

[Code One]
CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

MOTHER .................................................. 1
FATHER ................................................. 2
SISTER .................................................. 3
BROTHER ............................................... 4
GRANDPARENT .......................... 5
GRANDCHILD .......................... 6
AUNT/UNCLE .......................... 7
NIECE/NEPHEW .......................... 8
COUSIN ................................................. 9
OTHER .................................................. 91
REF .................................................. -7
DK .................................................. -8

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

---------------------------------------------------------------------
| FOR SPECIFICATION PURPOSES ONLY: CAPI DOES NOT ALLOW 'RF' OR 'DK' IN COMBINATION WITH ANY OTHER CODE. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF EV07OV1 IS CODED '91' (OTHER) ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH EV07OV2 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO EV08 |
---------------------------------------------------------------------

EV07OV2

OTHER:

[Enter Other Specify] .......................  {EV08}
REF .................................................. -7  {EV08}
DK .................................................. -8  {EV08}
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] .......................   {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................  -8 {BOX_05}

| 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’.

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

ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT

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

AT COMPLETION OF THE PV SECTION, CONTINUE WITH

BOX_05

--------------------------
BOX_05
=====

----------------------------------------------------
| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3'  |
| (VOLUNTEER) AND ROUND 1, GO TO EV12            |

----------------------------------------------------
| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3'  |
| (VOLUNTEER) AND NOT ROUND 1, GO TO EV13        |

----------------------------------------------------
| IF EV06 IS CODED '2' (RELATIVE), FLAG PROVIDER |
| JUST COLLECTED IN PV SECTION AS 'INFORMAL' AND  |
| GO TO EV13                                      |

----------------------------------------------------
| IF EV06A IS CODED '2' (WORKED FOR SELF), '-7'   |
| (REFUSED), OR '-8' (DON'T KNOW), FLAG PROVIDER |
| JUST COLLECTED IN PV SECTION AS 'PAID INDEPENDENT'|
| AND GO TO EV10                                  |

----------------------------------------------------
| IF EV06A IS CODED '1' (WORKED FOR AGENCY,       |
| HOSPITAL, OR NURSING HOME), FLAG PROVIDER JUST |
| COLLECTED IN PV SECTION AS 'AGENCY' AND         |
| CONTINUE WITH 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

<table>
<thead>
<tr>
<th>IF ROUND 1, GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO EV13</th>
</tr>
</thead>
</table>
EV10
====

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

Is (PROVIDER) a companion, a professional homemaker, a home health or nurse’s aide, a health professional, or something else?

PROBE:  Health professionals include people like nurses, social workers, therapists of any type.

| COMPAISON ................................ 1 |
| DOMESTIC WORKER/HOUSE CLEANER .......... 2 |
| HEALTH PROFESSIONAL .................... 3 {EV11} |
| HOMEMAKER ................................ 4 |
| HOME HEALTH AIDE ....................... 5 |
| NURSE’S AIDE ............................ 6 |
| PERSONAL CARE ATTENDANT ............... 7 |
| OTHER .................................... 91 {EV10OV} |
| REF ...................................... -7 |
| DK ....................................... -8 |

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

| IF EV10 NOT CODED ’3’ (HEALTH PROFESSIONAL), OR ’91’ (OTHER), AND ROUND 1, GO TO EV12 |
| OTHERWISE, GO TO EV13 |

EV10OV
=====

OTHER:

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

| IF ROUND 1, GO TO EV12 |

| OTHERWISE, GO TO EV13 |
EV11

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

What type of health professional is (PROVIDER)?

<table>
<thead>
<tr>
<th>Health Professional</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIETITIAN/NUTRITIONIST</td>
<td>1</td>
</tr>
<tr>
<td>HOME HEALTH AIDE</td>
<td>2</td>
</tr>
<tr>
<td>HOSPICE WORKER</td>
<td>3</td>
</tr>
<tr>
<td>I.V./INFUSION THERAPIST</td>
<td>4</td>
</tr>
<tr>
<td>MEDICAL DOCTOR</td>
<td>5</td>
</tr>
<tr>
<td>NURSE/NURSE PRACTITIONER</td>
<td>6</td>
</tr>
<tr>
<td>NURSE'S AIDE</td>
<td>7</td>
</tr>
<tr>
<td>OCCUPATIONAL THERAPIST</td>
<td>8</td>
</tr>
<tr>
<td>PERSONAL CARE ATTENDANT</td>
<td>9</td>
</tr>
<tr>
<td>PHYSICAL THERAPIST</td>
<td>10</td>
</tr>
<tr>
<td>RESPIRATORY THERAPIST</td>
<td>11</td>
</tr>
<tr>
<td>SOCIAL WORKER</td>
<td>12</td>
</tr>
<tr>
<td>SPEECH THERAPIST</td>
<td>13</td>
</tr>
<tr>
<td>OTHER</td>
<td>91</td>
</tr>
</tbody>
</table>

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

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

<table>
<thead>
<tr>
<th>IF EV11 NOT CODED ‘91’ (OTHER), AND ROUND 1,</th>
<th>GO TO EV12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EV11 NOT CODED ‘91’ (OTHER), AND ROUNDS 2-5,</th>
<th>GO TO EV13</th>
</tr>
</thead>
</table>
EV110V
=====

OTHER:

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

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH EV12</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO EV13</td>
</tr>
<tr>
<td>----------------------------------</td>
</tr>
</tbody>
</table>

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, {YEAR}?

YES ........................................ 1 {EV13}
NO ......................................... 2 {EV13}
REF ........................................... -7 {EV13}
DK ........................................... -8 {EV13}

<p>| DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |</p>
<table>
<thead>
<tr>
<th>OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL. |
**MEPS P13R5/P14R3/P15R1 Event Roster (EV) Section**
November 10, 2009

---

**EV13**

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

{Last time we recorded that (PERSON) received home care services from (PROVIDER) during some part of {PRV RD INTV MTH}. Did (PERSON) continue to receive home care services from (PROVIDER) during the rest of {PRV RD INTV MTH}?}

Did {someone from} (PROVIDER) provide home care services for (PERSON) during the month of (MONTH)?

How about in (MONTH)?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
</table>

**EV13_01**

{MONTH} 1 2 -7 -8

**EV13_02**

{MONTH} 1 2 -7 -8

**EV13_03**

{MONTH} 1 2 -7 -8

**EV13_04**

{MONTH} 1 2 -7 -8
DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR
THE MONTH OF THE PREVIOUS ROUND’S INTERVIEW
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.
EV13 SCREEN DISPLAY SPECIFICATIONS:


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.

3. THE MONTHS ARE DISPLAYED IN GRID FORMAT WITH YES/NO/DK/RF RADIO BUTTONS.

4. EV13 HAS TO ACCOMMODATE AT LEAST 10 MONTHS.

5. 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.

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 ASKED ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

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

HARD CHECK:
EDIT: CAPI REQUIRES A RESPONSE FOR EACH MONTH DISPLAYED. ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW). IF ALL ARE, WVS ERROR HANDLER WILL FORCE THE INTERVIEWER TO RECTIFY THE DATA.
Employment Wage (EW) Section

BOX_00
=====

-----------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:          |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNANE,         |
| JOBS.JSTARTM, JOBS.JSTARTD, JOBS.JSTARTY,     |
| JOBS.JSTOPM, JOBS.JSTOPD, JOBS.JSTOPY         |
-----------------------------------------------

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, SELECT
'SALARIED'.
IF PAID BY THE HOUR AND RECEIVES TIPS, BONUS, OR COMMISSION,
SELECT 'PAID BY THE HOUR'.

SALARIED ............................... 1 {EW11}
PAID BY THE HOUR ........................ 2 {EW18}
PAID SOME OTHER WAY  .................... 3 {EW02}
REF ................................. -7 {EW08}
DK ................................. -8 {EW07}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
{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.}: DISPLAY THIS SENTENCE IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

{START DATE OF REFERENCE PERIOD}: DISPLAY THE START DATE OF THE CURRENT REFERENCE PERIOD FOR THIS PERSON.

{END DATE OF REFERENCE PERIOD}: DISPLAY THE END DATE OF THE CURRENT REFERENCE PERIOD FOR THIS PERSON.

{(are/is)/(were/was)}: DISPLAY ‘(are/is)’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS ‘CURRENT-MISCELLANEOUS-JOB’ AND CURRENT ROUND IS NOT ROUND 5. DISPLAY ‘(were/was)’ IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS A ‘FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE-PERIOD’, OR ‘RETIREMENT-JOB’ OR CURRENT ROUND IS ROUND 5.
{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 {EW02OV}
REF ................................... -7 {EW08}
DK .................................... -8 {EW07}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

OTHER:

[Enter Other Specify] ...................... {EW05}
REF .......................................... -7 {EW05}
DK .......................................... -8 {EW05}
What {is/was} (PERSON)'s daily wage rate?

[Enter $ Per Day] .....................    {EW04}
REF ................................... -7 {EW08}
DK .................................... -8 {EW07}

----------------------------------------------------
| {is/was}: DISPLAY 'is' IF THE JOB SUBTYPE OF THE |
| JOB BEING ASKED ABOUT IS FLAGGED AS 'CURRENT-MAIN-|
| JOB' OR IS FLAGGED AS 'CURRENT-MISCELLANEOUS-JOB' |
| AND CURRENT ROUND IS NOT ROUND 5. DISPLAY 'was'  |
| IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS|
| FLAGGED AS A 'FORMER-MAIN-JOB-WITHIN-REFERENCE- |
| PERIOD', 'FORMER-MISCELLANEOUS-JOB-WITHIN- |
| REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE-REFERENCE- |
| PERIOD', OR 'RETIREMENT-JOB' OR CURRENT ROUND IS |
| ROUND 5.                                          |
----------------------------------------------------
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT}  {JOB-ST}
{JOB-ED}

How many hours {(do/does)/did} (PERSON) usually work per day?

[Enter Hours]...........................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

----------------------------------------------------
| {(do/does)/did}: DISPLAY '{(do/does)'} IF THE JOB |
| SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED |
| 'CURRENT-MAIN-JOB' OR IS FLAGGED AS 'CURRENT-MI |
| MISCELLANEOUS-JOB' AND CURRENT ROUND IS NOT ROUND |
| 5. DISPLAY 'did' IF THE JOB SUBTYPE OF THE JOB |
| BEING ASKED ABOUT IS FLAGGED AS A 'FORMER-MAIN-JO |
| -WITHIN-REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-|
| JOB-WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE- |
| REFERENCE-PERIOD', OR 'RETIREMENT-JOB' OR CURRENT |
| ROUND IS ROUND 5.                                 |
----------------------------------------------------
EW05
=====

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

How much {(do/does)/did} (PERSON) usually make this way?

AMOUNT:

[Enter $ Amount] .......................   {EW05OV1}
REF ................................... -7 {EW08}
DK .................................... -8 {EW07}

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

EW05OV1
=====

PER PERIOD:

PER HOUR ............................... 1 {EW06}
PER DAY ................................ 2 {EW06}
PER WEEK ................................ 3 {EW06}
PER TWO-WEEK PERIOD .................... 4 {EW06}
PER MONTH ............................... 5 {EW06}
PER YEAR ............................... 6 {EW06}
OTHER .................................. 91 {EW05OV2}
REF ................................... -7 {EW06}
DK .................................... -8 {EW06}

[Code One]
EW050V2

OTHER:

[Enter Other Specify] ..................   {EW06}
REF ................................... -7 {EW06}
DK .................................... -8 {EW06}

EW06

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

If (PERSON) worked an extra hour, how much would (PERSON) earn for that hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}
EW07
====

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

I would just like to get a rough idea of how much (PERSON) {(earn/earns)/earned} at this job? Approximately how much {(do/does)/did} (PERSON) make per hour?

[Enter $ Per Hour] .....................   {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW08}

Could you just tell me if (PERSON) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE .................................. 1 {EW09}
LESS THAN $10 ............................... 2 {EW10}
REF .................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]

More or less than $15 an hour?

$15 OR MORE .............................. 1 {EW23}
LESS THAN $15 ............................ 2 {EW23}
REF .................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]
(PERSON'S FIRST MIDDLE AND LAST NAME)  (EMPLOYER BEING ASKED ABOUT)  (JOB-ST)  (JOB-ED)

More or less than $7.25 an hour?

$7.25 OR MORE ........................ 1 {EW23}
LESS THAN $7.25  .................... 2 {EW23}
REF  .................................. -7 {EW23}
DK  .................................... -8 {EW23}

[Code One]

-----------------------------------------------
| THE MINIMUM WAGE AMOUNT WAS INCREASED FROM $5.15 TO $5.85 IN PANEL 12 ROUND 3 AND PANEL 13 ROUND 1. |
| THE MINIMUM WAGE AMOUNT WAS INCREASED FROM $5.85 TO $6.55 IN PANEL 12 ROUND 4 AND PANEL 13 ROUND 2. |
-----------------------------------------------
How much {is/was} (PERSON)'s salary before taxes, not including tips, commissions, or bonuses?

AMOUNT:

[Enter $ Amount] .......................   {EW11OV1}
REF ................................... -7 {EW14}
DK .................................... -8 {EW13}

EW11OV1
=======

--


--

EW11OV2
=======

PER PERIOD:

PER YEAR ............................... 1 {EW12}
PER MONTH .............................. 2 {EW17}
PER TWO-WEEK PERIOD ............... 3 {EW17}
PER WEEK ............................... 4 {EW17}
OTHER ........................................ 91 {EW11OV2}
REF ................................... -7 {EW14}
DK .................................... -8 {EW13}

[Code One]
**EW110V2**

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}

---

| {is/was}: DISPLAY ‘is’ IF THE JOB SUBTYPE OF THE |
| JOB BEING ASKED ABOUT IS FLAGGED AS ‘CURRENT-MAIN-|
| JOB’ OR IS FLAGGED AS ‘CURRENT-MISCELLANEOUS-JOB’ |
| AND CURRENT ROUND IS NOT ROUND 5. DISPLAY ‘was’ |
| IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS| |
| FLAGGED AS A ‘FORMER-MAIN-JOB-WITHIN-REFERENCE- |
| PERIOD’, ‘FORMER-MISCELLANEOUS-JOB-WITHIN- |
| REFERENCE-PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE- |
| PERIOD’, OR ‘RETIREMENT-JOB’ OR CURRENT ROUND IS |
| ROUND 5. |
---

---

| Hard CHECK: |
| ALLOWABLE RANGE IS 1-52 |
{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}

---------------------------------------------
---------------------------------------------
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 {EW15}
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]
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EMPLOYER BEING ASKED ABOUT}  {JOB-ST}
{JOB-ED}

More or less than $7.25 an hour?

$7.25 OR MORE .......................... 1 {EW17}
LESS THAN $7.25 ...................... 2 {EW17}
REF .................................... -7 {EW17}
DK ..................................... -8 {EW17}

[Code One]

----------------------------------------------------
| THE MINIMUM WAGE AMOUNT WAS INCREASED FROM $5.15 |
| TO $5.85 IN PANEL 12 ROUND 3 AND PANEL 13 ROUND 1.|
| THE MINIMUM WAGE AMOUNT WAS INCREASED FROM $5.85 |
| TO $6.55 IN PANEL 12 ROUND 4 AND PANEL 13 ROUND 2.|
| THE MINIMUM WAGE AMOUNT WILL STAY AT $6.55 FOR |
| PANEL 12 ROUND 5, PANEL 13 ROUND 3 AND PANEL 14 |
| ROUND 1. IN PANEL 13 ROUNDS 4 AND 5 AND PANEL 14 |
|_rounds 2 AND 3, THE MINIMUM WAGE AMOUNT WILL |
| INCREASE AGAIN FROM $6.55 TO $7.25. |
----------------------------------------------------
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}

HELP AVAILABLE FOR DEFINITION OF HOURS WORKED PER WEEK.


| NOTE: ALLOW ONLY WHOLE HOURS, NO FRACTIONS.

| Hard CHECK: |
| 1-168 HOURS PER WEEK |
{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] .....................   {EW19}
REF ................................... -7 {EW20}
DK .................................... -8 {EW20}

--------
{is/was}: DISPLAY 'is' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS 'CURRENT-MAIN-JOB' OR IS FLAGGED AS 'CURRENT-MISCELLANEOUS-JOB' AND CURRENT ROUND IS NOT ROUND 5. DISPLAY 'was' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS A 'FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE-REFERENCE-PERIOD', OR 'RETIREMENT-JOB' OR CURRENT ROUND IS ROUND 5.
--------
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 [EW19OV1]
OTHER ........................................... 91 [EW19OV2]
REF ............................................... -7 [EW23]
DK ................................................... -8 [EW23]

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.
EW19OV2
=======

OTHER:

[Enter Other Specify] ..................  (EW23)
REF ................................... -7 (EW23)
DK .................................... -8 (EW23)

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

EW20
=====

(Person’s First Middle and Last Name) (Employer Being Asked About) (Job-St) (Job-Ed)

Could you just tell me if (Person) {(make/makes)/made} more or less than $10 an hour at this job?

$10 OR MORE ............................ 1 (EW21)
LESS THAN $10 .......................... 2 (EW22)
REF ................................... -7 (EW23)
DK .................................... -8 (EW23)

[Code One]

---------------------------------------------
| {(make/makes)/made}: DISPLAY ‘(make/makes)’ IF  |
| THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS |
| FLAGGED AS ‘CURRENT-MAIN-JOB’ OR IS FLAGGED AS |
| ‘CURRENT-MISCELLANEOUS-JOB’ AND CURRENT ROUND IS |
| NOT ROUND 5. DISPLAY ‘made’ IF THE JOB SUBTYPE |
| OF THE JOB BEING ASKED ABOUT IS FLAGGED AS A |
| ‘FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD’, |
| ‘FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE- |
| PERIOD’, ‘LAST-JOB-OUTSIDE-REFERENCE-PERIOD’, OR |
| ‘RETIREMENT-JOB’ OR CURRENT ROUND IS ROUND 5.  |
---------------------------------------------
MEPS P13R5/P14R3/P15R1 Employment Wage (EW) Section
November 10, 2009

EW21
====

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

More or less than $15 an hour?

$15 OR MORE ............................... 1 {EW23}
LESS THAN $15 ............................ 2 {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]

EW22
====

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

More or less than $7.25 an hour?

$7.25 OR MORE ............................. 1 {EW23}
LESS THAN $7.25 .......................... 2 {EW23}
REF ................................... -7 {EW23}
DK .................................... -8 {EW23}

[Code One]

----------------------------------------------------
| THE MINIMUM WAGE AMOUNT WAS INCREASED FROM $5.15  |
| TO $5.85 IN PANEL 12 ROUND 3 AND PANEL 13 ROUND 1. |
| THE MINIMUM WAGE AMOUNT WAS INCREASED FROM $5.85  |
| TO $6.55 IN PANEL 12 ROUND 4 AND PANEL 13 ROUND 2. |
| THE MINIMUM WAGE AMOUNT WILL STAY AT $6.55 FOR   |
| PANEL 12 ROUND 5, PANEL 13 ROUND 3 AND PANEL 14 |
| ROUND 1. IN PANEL 13 ROUNDS 4 AND 5 AND PANEL 14 |
| ROUNDS 2 AND 3, THE MINIMUM WAGE AMOUNT WILL      |
| INCREASE AGAIN FROM $6.55 TO $7.25.               |
----------------------------------------------------
EW23
=====

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

On this job, {(do/does)/did} (PERSON) earn ...

YES   NO    REF   DK

EW23_01
=======

tips?                  1     2     -7    -8

EW23_02
=======

bonuses?               1     2     -7    -8

EW23_03
=======

commissions?           1     2     -7    -8

HELP AVAILABLE FOR DEFINITION OF TIPS/BONUSES/COMMISSIONS.

----------------------------------------------------
| {(do/does)/did}: DISPLAY '{do/does}' IF THE JOB   |
| SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED   |
| AS 'CURRENT-MAIN-JOB' OR IS FLAGGED AS 'CURRENT- |
| MISCELLANEOUS-JOB' AND CURRENT ROUND IS NOT ROUND |
| 5. DISPLAY 'did' IF THE JOB SUBTYPE OF THE JOB    |
| BEING ASKED ABOUT IS FLAGGED AS A 'FORMER-MAIN-JOB|
| -WITHIN-REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-|
| JOB-WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE-|
| REFERENCE-PERIOD', OR 'RETIREMENT-JOB' OR CURRENT |
| ROUND IS ROUND 5.                                  |

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

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

----------------------------------------------------
<table>
<thead>
<tr>
<th>IF EW23_01 - EW23_03 ARE ALL CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_04</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF EW23_01 IS CODED '2' (NO), '-7' (REFUSED) OR '-8' (DON'T KNOW), GO TO BOX_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH EW24A</th>
</tr>
</thead>
</table>

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] .......................   {EW24AOV1}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

| {are/were}: DISPLAY 'are' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS 'CURRENT-MAIN-JOB' OR IS FLAGGED AS 'CURRENT-MISCELLANEOUS-JOB' AND CURRENT ROUND IS NOT ROUND 5. DISPLAY 'were' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS A 'FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE-REFERENCE-PERIOD', OR 'RETIREMENT-JOB' OR CURRENT ROUND IS ROUND 5. |
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 (EW24AOV2)
REF ........................................... -7 (BOX_02)
DK ............................................. -8 (BOX_02)

[Code One]

EW24AOV2

OTHER:

[Enter Other Specify] .................... (BOX_02)
REF .......................................... -7 (BOX_02)
DK ............................................. -8 (BOX_02)

BOX_02

----------------------------------------------------
| IF EW23_02 IS CODED '2' (NO), '-7' (REFUSED) OR |
| '-8' (DON'T KNOW), GO TO BOX_03                  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH 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] .......................  {EW24BOV1}
REF ................................. -7  {BOX_03}
DK ............................... -8  {BOX_03}

-------------------------------
{are/were}: DISPLAY 'are' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS 'CURRENT-MAIN-JOB' OR IS FLAGGED AS 'CURRENT-MISCELLANEOUS-JOB' AND CURRENT ROUND IS NOT ROUND 5. DISPLAY 'were' IF THE JOB SUBTYPE OF THE JOB BEING ASKED ABOUT IS FLAGGED AS A 'FORMER-MAIN-JOB-WITHIN-REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-JOB-WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE-REFERENCE-PERIOD', OR 'RETIREMENT-JOB' OR CURRENT ROUND IS ROUND 5.

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

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  {EW24BOV2}
REF ................................. -7  {BOX_03}
DK ............................... -8  {BOX_03}

[Code One]
EW24BOV2

OTHER:

[Enter Other Specify] ..................  (BOX_03)
REF ................................... -7 (BOX_03)
DK .................................... -8 (BOX_03)

BOX_03

----------------------------------------------------
| IF EW23_03 IS CODED '2' (NO), '-7' (REFUSED) OR  |
| '-8' (DON'T KNOW), GO TO BOX_04                |
----------------------------------------------------

| OTHERWISE, CONTINUE WITH 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] .......................  {EW24COV1}
REF ................................... -7 (BOX_04)
DK .................................... -8 (BOX_04)

----------------------------------------------------
| {are/were}: DISPLAY 'are' IF THE JOB SUBTYPE OF |  
| THE JOB BEING ASKED ABOUT IS FLAGGED AS 'CURRENT- |  
| MAIN-JOB' OR IS FLAGGED AS 'CURRENT-MISCELLANEOUS- |  
| JOB' AND CURRENT ROUND IS NOT ROUND 5. DISPLAY |  
| 'were' IF THE JOB SUBTYPE OF THE JOB BEING ASKED |  
| ABOUT IS FLAGGED AS A 'FORMER-MAIN-JOB-WITHIN- |  
| REFERENCE-PERIOD', 'FORMER-MISCELLANEOUS-JOB- |  
| WITHIN-REFERENCE-PERIOD', 'LAST-JOB-OUTSIDE- |  
| REFERENCE-PERIOD', OR 'RETIREMENT-JOB' OR CURRENT |  
| ROUND IS ROUND 5. |  
----------------------------------------------------

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 (EW24COV2)
REF ................................... -7 (BOX_04)
DK .................................... -8 (BOX_04)

[Code One]
OTHER:

[Enter Other Specify] ................. (BOX_04)
REF ................................... -7 (BOX_04)
DK .................................... -8 (BOX_04)
Flat Fee (FF) Section

BOX_00A
=======

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, PROV.PROVNAME,
EVPV.EVNTTYPE, EVPV.EVNTBEGM, EVPV.EVNTBEGD,
EVPV.EVNTBEGY, EVPV.EVNTENDM, EVPV.EVNTENDD,
EVPV.EVNTENDY, FEE.FFEENAME

IF OMTYPE = 4-11, 91 USE “JAN 01” FOR START DATE.

BOX_01
=======

IF NO FLAT FEE GROUPS ALREADY ON PERSONS-FLAT-FEE-
GROUPS-ROSTER, GO TO FF02

OTHERWISE, CONTINUE WITH FF01
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.}  {EV}  {EVN-DT}

Let me review the groups of health care events I have recorded for (PERSON). Please tell me if any of these groups include the charge that covered ((PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE))/(PERSON)'s visit to (PROVIDER) on (VISIT DATE)/the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)/services received at home from (PROVIDER) during (MONTH) for (PERSON}).

REVIEW FLAT FEE GROUPS WITH RESPONDENT.
SELECT FLAT FEE GROUP COVERED BY SAME CHARGE AS EVENT BEING ASKED ABOUT.

[1. Flat Fee Group] ....................
[2. Flat Fee Group] ....................
[3. Flat Fee Group] ....................

[Code One]

------------------------------------------------------------------
| DISPLAY '(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)’ IF EVENT TYPE IS HS. |
| |
| DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT DATE)’ IF EVENT TYPE IS ER, OP, MV, OR DN. |
| |
| DISPLAY 'the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)’ IF EVENT TYPE IS OM. |
------------------------------------------------------------------
FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF
THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED
ABOUT FOR THIS EVENT:

DISPLAY ‘glasses or contact lenses’ IF EVENT
TYPE IS OM AND THE OM ITEM GROUP IS ‘1’ (GLASSES
OR CONTACT LENSES).

DISPLAY ‘ambulance services’ IF THE OM ITEM
GROUP IS ‘4’ (AMBULANCE SERVICES).

DISPLAY ‘orthopedic items’ IF THE OM ITEM
GROUP IS ‘5’ (ORTHOPEDIC ITEMS).

DISPLAY ‘hearing devices’ IF THE OM ITEM GROUP
IS ‘6’ (HEARING DEVICES).

DISPLAY ‘prostheses’ IF THE OM ITEM GROUP IS ‘7’
(PROSTHESES).

DISPLAY ‘bathroom aids’ IF THE OM ITEM GROUP IS
‘8’ (BATHROOM AIDS).

DISPLAY ‘medical equipment’ IF THE OM ITEM GROUP
IS ‘9’ (MEDICAL EQUIPMENT).

DISPLAY ‘disposable supplies’ IF THE OM ITEM GROUP IS ‘10’ (DISPOSABLE SUPPLIES).

DISPLAY ‘alterations or modifications’ IF THE OM
ITEM GROUP IS ‘11’ (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS ‘91’ (OTHER).

FOR ‘TEXT FROM OTHER SPECIFY’, DISPLAY THE
TEXT CATEGORY ENTERED IN THE OTHER SPECIFY
FIELD FOR OM EVENTS.

FOR ‘{START DATE}’, DISPLAYED IN THE CONTEXT
HEADER, DISPLAY THE START DATE OF THE CURRENT
ROUND FOR OM EVENTS THAT ARE ‘REGULAR’ GROUP TYPE
(EV02A=1 OR NOT ASKED) AND DISPLAY ‘JAN 01 {YEAR}’
FOR OM EVENTS THAT ARE ‘ADDITIONAL’ GROUP TYPE
(EV02A=2).

DISPLAY ‘services received at home from (PROVIDER)
during (MONTH) for (PERSON)’ IF EVENT TYPE IS HH.
(FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): 'YEAR' IN CONTEXT HEADER IS FIRST CALENDAR YEAR OF PANEL IF ROUND 3. 'YEAR' IS SECOND CALENDAR YEAR OF PANEL IF ROUND 5.

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.

DISPLAY AN 'ADD GROUP' OPTION ON THIS SCREEN.

IF A FLAT FEE GROUP IS SELECTED, GO TO BOX_02

IF 'ADD GROUP' IS SELECTED, CONTINUE WITH FF02

ROSTER DETAILS:
TITLE: PERS_FEE_GROUPS_1

COL # 1 HEADER: FLAT FEE GROUP
INSTRUCTIONS: DISPLAY FLAT FEE GROUP NAME (FEE.FEENAME)

ROSTER DEFINITION:
DISPLAY THE PERSON’S-FLAT-FEE-GROUPS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. ADD ALLOWED.
3. MULTIPLE SELECT, MULTIPLE ADD, DELETE, AND EDIT DISALLOWED.
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.

<table>
<thead>
<tr>
<th>ROSTER. PROVIDER</th>
<th>FF02_02. EVENT TYPE</th>
<th>FF02_03. ADMIT DATE</th>
<th>FF02_04 DISCH DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
<tr>
<td>[Display Medical Provider-35]</td>
<td>[Display Event Code]</td>
<td>[Display Month Day Year-4]</td>
<td>[Display Month Day Year-4]</td>
</tr>
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<td>[Display Medical Provider-35]</td>
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<td>[Display Month Day Year-4]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DISPLAY '(PERSON)'s stay at (HOSPITAL) that began on (ADMIT DATE)’ IF EVENT TYPE IS HS.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DISPLAY '(PERSON)'s visit to (PROVIDER) on (VISIT DATE)’ IF EVENT TYPE IS ER, OP, MV, OR DN.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>DISPLAY 'the {OME ITEM GROUP NAME} used by (PERSON) since (START DATE)’ IF EVENT TYPE IS OM.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
FOR {OME ITEM GROUP NAME}, DISPLAY THE NAME OF THE OTHER MEDICAL EXPENSES ITEM GROUP BEING ASKED ABOUT FOR THIS EVENT:

DISPLAY 'glasses or contact lenses' IF EVENT TYPE IS OM AND THE OM ITEM GROUP IS '1' (GLASSES OR CONTACT LENSES).

DISPLAY 'ambulance services' IF THE OM ITEM GROUP IS '4' (AMBULANCE SERVICES).

DISPLAY 'orthopedic items' IF THE OM ITEM GROUP IS '5' (ORTHOPEDIC ITEMS).

DISPLAY 'hearing devices' IF THE OM ITEM GROUP IS '6' (HEARING DEVICES).

DISPLAY 'prostheses' IF THE OM ITEM GROUP IS '7' (PROSTHESSES).

DISPLAY 'bathroom aids' IF THE OM ITEM GROUP IS '8' (BATHROOM AIDS).

DISPLAY 'medical equipment' IF THE OM ITEM GROUP IS '9' (MEDICAL EQUIPMENT).

DISPLAY 'disposable supplies' IF THE OM ITEM GROUP IS '10' (DISPOSABLE SUPPLIES).

DISPLAY 'alterations or modifications' IF THE OM ITEM GROUP IS '11' (ALTERATIONS/MODIFICATIONS).

DISPLAY {TEXT FROM OTHER SPECIFY} IF THE OM ITEM GROUP IS '91' (OTHER).

FOR 'TEXT FROM OTHER SPECIFY', DISPLAY THE TEXT CATEGORY ENTERED IN THE OTHER SPECIFY FIELD FOR OM EVENTS.

FOR '{START DATE}', DISPLAYED IN THE CONTEXT HEADER, DISPLAY THE START DATE OF THE CURRENT ROUND FOR OM EVENTS THAT ARE 'REGULAR' GROUP TYPE (EV02A=1 OR NOT ASKED) AND DISPLAY 'JAN 01 {YEAR}' FOR OM EVENTS THAT ARE 'ADDITIONAL' GROUP TYPE (EV02A=2).

DISPLAY 'services received at home from (PROVIDER) during (MONTH) for (PERSON)' IF EVENT TYPE IS HH.
(FOR SPECIFICATION PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): 'YEAR' IN CONTEXT HEADER IS FIRST CALENDAR YEAR OF PANEL IF ROUND 3. 'YEAR' IS SECOND CALENDAR YEAR OF PANEL IF ROUND 5.

ROSTER DETAILS:
TITLE: PERS_MED_EVNT_1

COL # 1 HEADER: PROVIDER
INSTRUCTIONS: DISPLAY THE NAME OF PROVIDER ASSOCIATED WITH THIS EVENT (EVNT.LORPNAME)

COL # 2 HEADER: EVENT TYPE
INSTRUCTIONS: DISPLAY THE TWO-LETTER EVENT ABBREVIATION (EVNT.EVNTTYPE)

COL # 3 HEADER: ADMIT DATE
INSTRUCTIONS: DISPLAY THE MONTH, DAY, AND YEAR OF MEDICAL EVENTS (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)

COL # 4 HEADER: DISCHARGE DATE
INSTRUCTIONS: DISPLAY THE DISCHARGE DATE FOR HOSPITAL STAY EVENTS (EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY)

ROSTER DEFINITION:
THIS ITEM DISPLAYS ALL MEDICAL EVENTS ON PERSON’S-MEDICAL-EVENTS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.
ROSTER FILTER:

1. EVENT HAS CP STATUS OF ‘PROCESSED’ OR ‘UNPROCESSED’ (DISPLAY EVENT REGARDLESS OF CP STATUS).

2. EVENT IS NOT ALREADY INCLUDED IN A FLAT FEE GROUP OR A REPEAT VISIT GROUP.

3. EVENT IS NOT ALREADY CODED (VERIFIED) AS A COPAYMENT.

4. EVENT TYPE IS NOT PM, IC, OM TYPE 2 (INSULIN), OR OM TYPE 3 (OTHER DIABETIC SUPPLIES OR EQUIPMENT).

5. EVENT IS NOT AN HS EVENT WITH A DISCHARGE CODED ‘95’ (STILL IN HOSPITAL).

6. EVENT IS NOT AN MV OR OP EVENT THAT WAS A TELEPHONE CALL (OP02 OR MV01 CODED ‘2’).

7. EVENT IS NOT A HH EVENT WITH EVENT DATE = INTERVIEW MONTH.

8. DISPLAY ‘EVENT OUTSIDE REFERENCE PERIOD’ AS THE LAST ENTRY IN THE ‘PROVIDER’ COLUMN.
FF03
====

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

INTERVIEWER: RECORD 'NAME OF FLAT FEE GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Flat Fee Group]

----------------------------------------------------
| WRITE FLAT FEE GROUP TO PERSON’S-FLAT-FEE-GROUPS- |
| ROSTER.                                           |
----------------------------------------------------

----------------------------------------------------
| IF ROUND 1, CONTINUE WITH FF04                    |
----------------------------------------------------

----------------------------------------------------
| IF ROUND 5, GO TO FF09                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_02                           |
----------------------------------------------------

FF04
====

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

FLAT FEE GROUP: {NAME OF FLAT FEE EVENT GROUP..}

Did the charge which included the services for (FLAT FEE GROUP) cover any visits before (START DATE)?

YES .................................... 1 {FF05}
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] ..........................  {FF06}
REF ..................................... -7  {FF06}
DK ........................................ -8  {FF06}

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  {FF07}
NO ........................................ 2  {BOX_02}
REF ...................................... -7  {BOX_02}
DK ........................................ -8  {BOX_02}

HELP AVAILABLE 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
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, {YEAR}?

| YES               | 1 {FF10} |
| NO                | 2 {FF11} |
| REF               | -7 {FF11} |
| DK                | -8 {FF11} |

-------------------------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT, |
| DISPLAY THE SECOND YEAR OF THE PANEL.                                                 |
-------------------------------------------------------------------------------------
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, {YEAR}?

[Enter Number] ...........................  {FF11}
REF ........................................ -7 {FF11}
DK ......................................... -8 {FF11}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT, DISPLAY THE SECOND YEAR OF THE PANEL. |

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, {YEAR}?

YES ........................................... 1 {FF12}
NO ............................................ 2 {BOX_02}
REF ........................................... -7 {BOX_02}
DK ............................................ -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): FOR 'YEAR' IN QUESTION TEXT, DISPLAY THE SECOND YEAR OF THE PANEL. |
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 {FF13}
REF ................................... -7 {FF13}
DK .................................... -8 {FF13}

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 {BOX_02}
SAME DAY ............................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[Code One]

BOX_02
=====

------------------------------------------------------------------------------------------------------------------------
| RETURN TO THE EVENT DRIVER FOR THIS EVENT-PROVIDER PAIR. IF EVENT-PROVIDER PAIR BEING ASKED ABOUT WAS PART OF AN EXISTING |
| FLAT FEE GROUP (A NAME WAS SELECTED AT FF01), FLAG THE CP STATUS OF THE EVENT-PROVIDER PAIR AS 'PROCESSED'. IF A NEW FLAT |
| FEE GROUP WAS FORMED AT FF02, THE COMPLETE (FROM THE BEGINNING) CP SECTION WILL BE ASKED FOR THIS FLAT FEE GROUP.       |
------------------------------------------------------------------------------------------------------------------------
Health Status (HE) Section

---

**Box 00**

---

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY {HOME.RUSTRTMM, HOME.RUSTRTDD, HOME.RUSTRYY, HOME.RUENMM, HOME.RUENDD, HOME.RUENDYY/PERS.FULLNAME, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY}

---

**Box 01**

---

NOTE: THIS SECTION IS ASKED FOR ALL CURRENT RU MEMBERS AND INSTITUTIONALIZED PERSONS. DO NOT ASK THIS SECTION FOR DECEASED PERSONS.

---

NOTE: QUESTIONS HE01 THROUGH HE06 ARE ASKED EVERY ROUND.

---

NOTE: THROUGHOUT THE HEALTH STATUS (HE) SECTION, AGE CATEGORIES ARE REFERENCED WHEN A TRUE AGE WAS NOT OBTAINED. THE AGES FOR THESE AGE CATEGORIES ARE AS FOLLOWS:
1 = LESS THAN 1 YEAR OLD
2 = 1-4
3 = 5-15
4 = 16-23
5 = 24-34
6 = 35-44
7 = 45-54
8 = 55-64
9 = 65 YEARS OLD OR OLDER
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}

HELP AVAILABLE FOR DEFINITION OF IMPAIRMENT AND HELP/SUPERVISION.
Who is that?

PROBE: Does anyone else receive help or supervision doing these types of activities [such as using the telephone, paying bills, taking medications, preparing light meals, doing laundry, or going shopping]?

[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 FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

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 {HE03A} |
| NO ............................................. 2 {END_LP01} |
| REF ........................................... -7 {END_LP01} |
| DK ............................................. -8 {END_LP01} |

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

<table>
<thead>
<tr>
<th>IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC</th>
<th>SUPPLEMENT: IADL SECTION.</th>
</tr>
</thead>
</table>

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 {END_LP01} |
| NO ............................................. 2 {END_LP01} |
| REF ........................................... -7 {END_LP01} |
| DK ............................................. -8 {END_LP01} |
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}

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION.

IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS ‘RECEIVES HELP’ AT HE05 BY CAPI.

IF CODED ‘1’ (YES) AND A SINGLE-PERSON RU, GO TO LOOP_02

IF CODED ‘1’ (YES) AND MULTI-PERSON RU, CONTINUE WITH HE05
Who is that?

PROBE: Does anyone else receive help or supervision with personal care [such as bathing, dressing, or getting around the house]?

[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 FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

LOOP_02

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_01B - 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 THE RU MEMBER BEING LOOPED ON IS < 13 YEARS OF AGE OR IN AGE CATEGORIES 1-3, CONTINUE WITH HE06

OTHERWISE, GO TO HE06A
{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 {HE06A} |
| NO ..................................... 2 {END_LP02} |
| REF ................................... -7 {END_LP02} |
| DK .................................... -8 {END_LP02} |

HELP AVAILABLE FOR DEFINITION OF HELP/SUPERVISION AND IMPAIRMENT.

| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC |  |
| SUPPLEMENT: ADL SECTION. |  |

{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 {END_LP02} |
| NO ..................................... 2 {END_LP02} |
| REF ................................... -7 {END_LP02} |
| DK .................................... -8 {END_LP02} |
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                 |
----------------------------------------------------
Does anyone in the family use any aids such as a walker, grab bars in the bathtub or any other special equipment for personal care or everyday activities?

YES .................................... 1
NO ..................................... 2  {HE09}
REF ................................... -7 {HE09}
DK .................................... -8 {HE09}

HELP AVAILABLE 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.                                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO   |
| HE09                                              |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH HE08                                          |
----------------------------------------------------
Who is that?

PROBE: Does anyone else use any aids [such as a walker, grab bars in the bathtub or any other special equipment] for personal care or everyday activities?

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]
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}
Who is that?

PROBE: Does anyone else have difficulties [walking, climbing stairs, grasping objects, reaching overhead, lifting, bending or stooping, or standing for long periods of time]?

[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 FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.</td>
</tr>
</tbody>
</table>

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

OMITTED.
HE11
====

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

SHOW CARD HE-1.

{For these next questions, I would like you to think about the time when (PERSON) entered the institution and what (PERSON) was able to do at that time.}

Please look at this card and tell me how much difficulty (do/does) (PERSON) have lifting something as heavy as 10 pounds, such as a full bag of groceries? Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .................................. 1 (HE12)
SOME DIFFICULTY .............................. 2 (HE12)
A LOT OF DIFFICULTY ....................... 3 (HE12)
COMPLETELY UNABLE TO DO IT ............ 4 (HE12)
REF ........................................... -7 (HE12)
DK ............................................. -8 (HE12)

[Code One]
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, SELECT ‘COMPLETELY UNABLE TO WALK’.

NO DIFFICULTY ......................... 1 {HE13}
SOME DIFFICULTY ...................... 2 {HE13}
A LOT OF DIFFICULTY ................... 3 {HE13}
COMPLETELY UNABLE TO DO IT .......... 4 {HE13}
COMPLETELY UNABLE TO WALK .......... 5 {HE17}
REF ................................... -7 {HE13}
DK .................................... -8 {HE13}

[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.                                                     |
------------------------------------------------------------------------------
HE13
====

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

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have walking about 3 city blocks or about a quarter of a mile?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

| NO DIFFICULTY .............................. 1 {HE14} |
| SOME DIFFICULTY ............................ 2 {HE14} |
| A LOT OF DIFFICULTY ........................ 3 {HE14} |
| COMPLETELY UNABLE TO DO IT ............. 4 {HE15} |
| REF .................................... -7 {HE14} |
| DK .................................... -8 {HE14} |

[Code One]

----------------------------------------------------
| IF CODED ‘4’ (COMPLETELY UNABLE TO DO IT), | |
| AUTOMATICALLY CODE HE14 AS ‘4’ (COMPLETELY UNABLE | |
| TO DO IT) BY CAPI. | |
----------------------------------------------------
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 {HE15}
SOME DIFFICULTY ....................... 2 {HE15}
A LOT OF DIFFICULTY ................. 3 {HE15}
COMPLETELY UNABLE TO DO IT .......... 4 {HE15}
REF ................................. -7 {HE15}
DK ................................. -8 {HE15}

[Code One]

SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have standing for about 20 minutes?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY ......................... 1 {HE16}
SOME DIFFICULTY ....................... 2 {HE16}
A LOT OF DIFFICULTY ................. 3 {HE16}
COMPLETELY UNABLE TO DO IT .......... 4 {HE16}
REF ................................. -7 {HE16}
DK ................................. -8 {HE16}

[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 {HE17}
   SOME DIFFICULTY ...................... 2 {HE17}
   A LOT OF DIFFICULTY ................... 3 {HE17}
   COMPLETELY UNABLE TO DO IT .......... 4 {HE17}
   REF ................................... -7 {HE17}
   DK .................................... -8 {HE17}

[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 {HE18}
   SOME DIFFICULTY ...................... 2 {HE18}
   A LOT OF DIFFICULTY ................... 3 {HE18}
   COMPLETELY UNABLE TO DO IT .......... 4 {HE18}
   REF ................................... -7 {HE18}
   DK .................................... -8 {HE18}

[Code One]
SHOW CARD HE-1.

How much difficulty (do/does) (PERSON) have using fingers to grasp or handle something such as picking up a glass from a table or using a pencil to write?

PROBE: Would you say no difficulty, some difficulty, a lot of difficulty, or completely unable to do it?

NO DIFFICULTY .......................... 1 {HE18A}
SOME DIFFICULTY ........................ 2 {HE18A}
A LOT OF DIFFICULTY .................... 3 {HE18A}
COMPLETELY UNABLE TO DO IT .......... 4 {HE18A}
REF ................................... -7 {HE18A}
DK .................................... -8 {HE18A}

[Code One]

(Are/Is) (PERSON) expected to have difficulty with any of these activities for at least three more months?

YES .................................... 1 {END_LP03}
NO ..................................... 2 {END_LP03}
REF ................................... -7 {END_LP03}
DK .................................... -8 {END_LP03}
END_LP03

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND CONTINUE WITH HE19              |
----------------------------------------------------

HE19

{STR-DT}
{END-DT}

Is anyone in the family limited in any way in the ability to work at a job, do housework, or go to school because of an impairment or a physical or mental health problem?

YES .................................... 1
NO ..................................... 2 {HE22}
REF ................................... -7 {HE22}
DK .................................... -8 {HE22}

HELP AVAILABLE 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.                                 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_04                                         |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE|
| WITH HE20                                        |
----------------------------------------------------
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?

[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 BEHAVIOR:
  1. MULTIPLE SELECT ALLOWED.
  2. ADD, DELETE, AND EDIT DISALLOWED.

- ROSTER FILTER:
  DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

---

LOOP_04

---

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK HE20A - END_LP04

---

LOOP DEFINITION: LOOP_04 COLLECTS INFORMATION ON WORK/HOUSEWORK/SCHOOL LIMITATIONS BECAUSE OF AN IMPAIRMENT OR PHYSICAL OR MENTAL HEALTH PROBLEM FOR PERSONS = OR > 5 YEARS OF AGE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS LIMITED IN ABILITY TO WORK AT A JOB, DO HOUSEWORK, OR GO TO SCHOOL (I.E., PERSON SELECTED AT HE20)
- PERSON = OR > 5 YEARS OF AGE OR IN AGE CATEGORIES 3-9

---

BOX_04

-----

OMITTED.
Which activities (are/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?

CHECK ALL THAT APPLY.

WORKING AT A JOB ......................... 1 {HE21}
DOING HOUSEWORK ......................... 2 {HE21}
GOING TO SCHOOL ......................... 3 {HE21}
REF ..................................... -7 {HE21}
DK ...................................... -8 {HE21}

[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 {END_LP04}
NO ..................................... 2 {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

----------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>CODED '3', '-7', OR '-8', USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>
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}

HELP AVAILABLE FOR DEFINITION OF LIMITED IN PARTICIPATING.
HE23
====

{STR-DT}
{END-DT}

Who is that?

PROBE: Is anyone else limited in participating in social, recreational, or family activities because of an impairment or a physical or mental health problem?

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

----------------------------------------------------
| FLAG ALL SELECTED PERSONS WHO ARE = OR > 5 YEARS |
| OLD OR IN AGE CATEGORIES 3-9 FOR THE LTC         |
| SUPPLEMENT: SOCIAL LIMITATIONS SECTION.          |
----------------------------------------------------

----------------------------------------------------
| CONTINUE WITH HE24                                |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_MEMBERS_1                               |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.|
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
| 2. ADD, DELETE, AND EDIT DISALLOWED.              |
----------------------------------------------------
HE24
====

{STR-DT}
{END-DT}

Do any of the adults in the family...

YES  NO

HE24_01
=======

Experience confusion or memory loss such that it interferes with daily activities?  1  2

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |

HE24_02
=======

Have problems making decisions to the point that it interferes with daily activities?  1  2

| REFUSED (-7) AND DON'T KNOW (-8) ALLOWED. |
HE24_03
=======

Require supervision
for their own safety? 1 2

----------------------------------------------------
| REFUSED (-7) AND DON’T KNOW (-8) ALLOWED.         |
----------------------------------------------------

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

----------------------------------------------------
| IF HE24_01, HE24_02, OR HE24_03 IS CODED ‘1’ (YES)|
| AND A SINGLE-PERSON RU, 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}

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}?

[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 '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).                                  | |
|----------------------------------------------------|

----------------------------------------------------
<p>| FLAG ALL SELECTED PERSONS WHO ARE = OR &gt; 18 YEARS |
| OLD OR IN AGE CATEGORIES 4-9 FOR THE LTC          |</p>
<table>
<thead>
<tr>
<th>SUPPLEMENT: COGNITIVE LIMITATIONS SECTION.</th>
</tr>
</thead>
</table>

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

----------------------------------------------------
<p>| ROSTER DETAILS:                                    |
| TITLE: RU_MEMBERS_1                                |
|                                                   |
| COL #1 HEADER: NAME                               |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,  |</p>
<table>
<thead>
<tr>
<th>AND LAST NAMES (PERS.FULLNAME)</th>
</tr>
</thead>
</table>
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS.

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 {HE27}
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.        |
|----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO  |
| HE28                                              |
|----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU,         |
| CONTINUE WITH HE27                               |
|----------------------------------------------------
Who is that?

PROBE: Does anyone else wear eyeglasses or contact lenses?

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

| CONTINUE WITH HE28 |
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.                                |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_05                                          |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE29                           |
----------------------------------------------------
HE29

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else have any difficulty seeing{[with glasses or contacts, if they use them]}?

[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 ‘[with glasses or contacts, if they use them]’ IF HE26 IS CODED ‘1’ (YES). OTHERWISE, USE A NULL DISPLAY. |
----------------------------------------------------

----------------------------------------------------
| CONTINUE WITH LOOP_05 |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |
----------------------------------------------------

----------------------------------------------------
| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU MEMBERS. |
----------------------------------------------------
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 {END_LP05}
NO .................................... 2 {HE31}
REF ................................... -7 {HE31}
DK .................................... -8 {HE31}

HELP AVAILABLE FOR DEFINITION OF BLIND.

IF CODED '1' (YES), FLAG PERSON FOR THE LTC SUPPLEMENT: VISION SECTION.
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 {HE32}
REF ................................... -7 {HE32}
DK .................................... -8 {HE32}

----------------------------------------------------
| 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 {END_LP05}
NO .................................... 2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

----------------------------------------------------
| DISPLAY ‘With glasses or contacts, can’ IF PERSON | |
| BEING ASKED ABOUT WAS SELECTED AT HE27, OTHERWISE |
| (PERSON NOT SELECTED AT HE27), DISPLAY ‘Can’.
|----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (NO), FLAG PERSON FOR THE LTC |
| SUPPLEMENT: VISION SECTION. |
----------------------------------------------------
END_LP05

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_05 AND CONTINUE WITH HE33                |
----------------------------------------------------

HE33

{STR-DT}
{END-DT}

Does anyone in the family wear a hearing aid?

YES ........................................ 1
NO ........................................ 2 {HE35}
REF ....................................... -7 {HE35}
DK ........................................ -8 {HE35}

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,        |
| AUTOMATICALLY CODE PERSON AT HE34 BY CAPI.        |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO  |
| HE35                                              |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU,         |
| CONTINUE WITH HE34                                |
----------------------------------------------------
Who is that?

PROBE: Does anyone else wear a hearing aid?

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

--------------------------------------------------------------------------------------------------------
| FLAG ALL SELECTED PERSONS FOR THE LTC SUPPLEMENT: |
| HEARING SECTION.                                  |
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| CONTINUE WITH HE35                                |
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| ROSTER DETAILS:                                  |
| TITLE: RU_MEMBERS_1                              |
|                                                |
| COL # 1 HEADER: NAME                            |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                  |
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION:                              |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR        |
| SELECTION.                                       |
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| ROSTER BEHAVIOR:                                |
| 1. MULTIPLE SELECT ALLOWED.                     |
|                                                |
| 2. ADD, DELETE, AND EDIT DISALLOWED.            |
--------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU    |
| MEMBERS.                                        |
--------------------------------------------------------------------------------------------------------
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. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| GO TO LOOP_06 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH HE36 |
----------------------------------------------------
HE36
====

{STR-DT}
{END-DT}

Who is that?

PROBE: Does anyone else have any difficulty hearing([with a hearing aid, if they use one])?

[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 '[WITH A HEARING AID, IF THEY USE ONE]' IF |
| HE33 IS CODED '1' (YES). OTHERWISE USE A NULL    |</p>
<table>
<thead>
<tr>
<th>DISPLAY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTINUE WITH LOOP_06</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

----------------------------------------------------
<p>| ROSTER DETAILS:                                   |
| TITLE: RU_MEMBERS_1                               |
|                                                    |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,  |</p>
<table>
<thead>
<tr>
<th>AND LAST NAMES (PERS.FULLNAME)</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR          |</p>
<table>
<thead>
<tr>
<th>SELECTION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER BEHAVIOR:                                  |
| 1. MULTIPLE SELECT ALLOWED.                       |
|                                                    |</p>
<table>
<thead>
<tr>
<th>2. ADD, DELETE, AND EDIT DISALLOWED.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER FILTER:                                    |
| DISPLAY ALL RU MEMBERS EXCLUDING DECEASED RU      |</p>
<table>
<thead>
<tr>
<th>MEMBERS.</th>
</tr>
</thead>
</table>
LOOP_06

------------------------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK                        |
| HE37 - END_LP06                                                        |
------------------------------------------------------------------------

------------------------------------------------------------------------
| LOOP DEFINITION: LOOP_06 COLLECTS HEARING IMPAIRMENT DETAILS FOR      |
| PERSONS HAVING DIFFICULTY HEARING. THIS LOOP CYCLES ON RU MEMBERS       |
| WHO MEET THE FOLLOWING CONDITIONS:                                    |
| - PERSON IS NOT DECEASED                                              |
| - PERSON HAS DIFFICULTY HEARING (I.E., PERSON SELECTED AT HE36)       |
------------------------------------------------------------------------
HE37

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

Can (PERSON) not hear any speech at all, that is, (are/is) (PERSON) deaf?

YES ........................................ 1 {END_LP06}
NO .......................................... 2 {HE38}
REF ......................................... -7 {HE38}
DK .......................................... -8 {HE38}

HELP AVAILABLE FOR DEFINITION OF DEAF.

------------------------------------------------------------------------
| IF CODED ‘1’ (YES), FLAG PERSON FOR THE LTC                          |
| SUPPLEMENT: HEARING SECTION.                                         |
------------------------------------------------------------------------
HE38
====

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

{With a hearing aid, can/Can} (PERSON) hear most of the things people say?

YES ...................................... 1 {END_LP06}
NO ........................................ 2 {HE39}
REF .......................................... -7 {HE39}
DK ........................................... -8 {HE39}

----------------------------------------------------
<p>| DISPLAY 'With a hearing aid, can' IF PERSON       |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE|</p>
<table>
<thead>
<tr>
<th>(PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '2' (NO), FLAG PERSON FOR THE LTC        |</p>
<table>
<thead>
<tr>
<th>SUPPLEMENT: HEARING SECTION.</th>
</tr>
</thead>
</table>

HE39
====

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

{With a hearing aid, can/Can} (PERSON) hear some of the things people say?

YES ...................................... 1 {END_LP06}
NO ........................................ 2 {END_LP06}
REF .......................................... -7 {END_LP06}
DK ........................................... -8 {END_LP06}

----------------------------------------------------
<p>| DISPLAY 'With a hearing aid, can' IF PERSON       |
| BEING ASKED ABOUT WAS SELECTED AT HE34. OTHERWISE|</p>
<table>
<thead>
<tr>
<th>(PERSON NOT SELECTED AT HE34), DISPLAY 'Can'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED '2' (NO), FLAG PERSON FOR THE LTC        |</p>
<table>
<thead>
<tr>
<th>SUPPLEMENT: HEARING SECTION.</th>
</tr>
</thead>
</table>
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 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.
OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.

OMITTED.
HE56
====
OMITTED.

HE56_01
=======
OMITTED.

HE56_02
=======
OMITTED.

HE57
====
OMITTED.

HE57_01
=======
OMITTED.

HE57_02
=======
OMITTED.

END_LP10
========
OMITTED.

BOX_10
=====

<table>
<thead>
<tr>
<th>GO TO NEXT QUESTIONNAIRE SECTION</th>
</tr>
</thead>
</table>
Home Health (HH) Section

BOX_00A
=====

----------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
| DISPLAY EVNT.EVENTBEGM AS THREE LETTERS.          |
----------------------------------------------------

BOX_00
=====

----------------------------------------------------
| IF NOT ROUND 5 AND 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                             |
----------------------------------------------------
({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)?

**CHECK ALL THAT APPLY.**

- CERTIFIED NURSING ASSISTANT (CNA) ...... 1
- COMPANION .............................. 2
- DIETITIAN/NUTRITIONIST ................. 3
- HOME HEALTH/HOME CARE AIDE ............. 4
- HOSPICE WORKER .......................... 5
- HOMEMAKER .............................. 6
- I.V. OR INFUSION THERAPIST ............. 7
- MEDICAL DOCTOR ........................ 8
- NURSE/NURSE PRACTITIONER .......... 9
- NURSE’S AIDE ......................... 10
- OCCUPATIONAL THERAPIST ............. 11
- PERSONAL CARE ATTENDANT ............ 12
- PHYSICAL THERAPIST .................... 13
- RESPIRATORY THERAPIST ............... 14
- SOCIAL WORKER ....................... 15
- SPEECH THERAPIST .................... 16
- SOME OTHER TYPE OF HEALTH CARE WORKER . 91 {HH02}
- REF .................................. -7 {HH03}
- DK .................................. -8 {HH03}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

-----------------------------------------------------------------------------
| ‘SOME OTHER TYPE OF HEALTH CARE WORKER’ NOT DISPLAYED ON SHOW CARD.     |
-----------------------------------------------------------------------------

-----------------------------------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY (THIS CHECK IS AUTOMATIC): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE. |
-----------------------------------------------------------------------------
IF CODED '91' (ALONE OR IN COMBINATION WITH ANY OTHER CODE), CONTINUE WITH HH02

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?

CHECK 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 LICENSED 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

[Code All That Apply]

----------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY (THIS CHECK IS AUTOMATIC): CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE. |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘1’ (NONSKILLED WORKER) ALONE, GO TO HH03 |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘2’ (SKILLED WORKER) ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HH02OV1 |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘91’ (ALONE OR IN COMBINATION WITH ANY CODE EXCEPT ‘2’), GO TO HH02OV2 |
----------------------------------------------------
HH02OV1
--------

**TYPE OF SKILLED WORKER:**

[Enter Other Specify].................  {HH03}
REF.................................. -7 {HH03}
DK.................................... -8 {HH03}

HH02OV2
--------

**OTHER TYPE OF HEALTH CARE WORKER:**

[Enter Other Specify].................  {HH03}
REF.................................. -7 {HH03}
DK.................................... -8 {HH03}
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 {HH04}
NO ..................................... 2 {HH04}
REF ................................... -7 {HH04}
DK .................................... -8 {HH04}

HELP AVAILABLE FOR DEFINITION OF HOSPITALIZATION.

| 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'. |
{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, SELECT 'YES' AND ENTER 'OLD AGE' AS CONDITION.

YES .................................... 1 {HH05}
NO ..................................... 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF HEALTH PROBLEM.

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'. |
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, SELECT ENTRY ON ROSTER.

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

| DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’. OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY ‘ADD CONDITION’ AS AN OPTION ON THIS SCREEN. |

| CONTINUE WITH BOX_02 |

| ROSTER DETAILS: |
| TITLE: PERS-COND-1 |
| COL #1 HEADER: MEDICAL CONDITION |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION (COND.CONDNAM) |

| ROSTER DEFINITION: |
| DISPLAY THE PERSON’S-MEDICAL-CONDITIONS ROSTER FOR THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT. |
ROSTER BEHAVIOR:

1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD THE CONDITION NAME.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT. IF THE INTERVIEWER ATTEMPTS TO DELETE A CONDITION WHEN DELETE IS NOT ALLOWED, DISPLAY THE FOLLOWING MESSAGE: “DELETE ALLOWED ONLY WHEN CONDITION IS FIRST ENTERED.”

4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A CONDITION NAME NEWLY ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.

BOX_02
======

IF PROVIDER FLAGGED AS ‘INFORMAL’, GO TO HH08

OTHERWISE, CONTINUE WITH HH06
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 {HH07}
NO ..................................... 2 {HH07}
REF ................................... -7 {HH07}
DK .................................... -8 {HH07}

[Code One]

HELP AVAILABLE FOR OTHER EXAMPLES OF MEDICAL TREATMENTS AND THERAPY.
{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 {HH08}
   NO ........................................ 2 {HH08}
   REF ..................................... -7 {HH08}
   DK .................................... -8 {HH08}

[Code One]
{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER.......}  (EVN-MO)

{SHOW CARD HH-2/SHOW CARD HH-3.}  
{Now look at the bottom of this card.}

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 {HH09}
NO ..................................... 2 {HH09}
REF ................................... -7 {HH09}
DK .................................... -8 {HH09}

[Code One]

<table>
<thead>
<tr>
<th>DISPLAY ‘SHOW CARD HH-2.’ AND ‘Now look at the bottom of this card.’ IF PROVIDER IS FLAGGED AS ‘AGENCY’ OR ‘PAID INDEPENDENT’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY ‘SHOW CARD HH-3.’ IF PROVIDER IS FLAGGED AS ‘INFORMAL’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY ‘someone from’ IF PROVIDER IS FLAGGED AS ‘AGENCY’.</th>
</tr>
</thead>
</table>
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 {HH10}
NO ..................................... 2 {HH10}
REF ................................... -7 {HH10}
DK .................................... -8 {HH10}

[Code One]

Did (someone from) (PROVIDER) provide (PERSON) with any other home care services we have not yet talked about?

YES, AT LEAST ONCE ..................... 1 {HH10OV}
NO ..................................... 2 {HH11}
REF ................................... -7 {HH11}
DK .................................... -8 {HH11}

[Code One]
HH100V
=====

What other services?

{IF MEDICAL TREATMENT OR THERAPY MENTIONED, BACKUP TO HH06 TO BE
SURE ‘YES’ IS CODED.
IF MEDICAL EQUIPMENT OR ASSISTIVE DEVICE MENTIONED, BACKUP TO HH07
TO BE SURE ‘YES’ IS CODED.}
IF DAILY ACTIVITIES OR PERSONAL CARE TASKS MENTIONED, BACKUP TO
HH08 TO BE SURE ‘YES’ IS CODED.
IF COMPANIONSHIP MENTIONED, BACKUP TO HH09 TO BE SURE ‘YES’ IS
CODED.

[Enter Other Specify] ..................   {HH11}
REF ................................... -7 {HH11}
DK .................................... -8 {HH11}

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 {HH12}
SOME WEEKS ............................. 2 {HH13}
ONLY CAME ONCE .......................... 3 {HH16}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]
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)
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] ....... (HH14)

REF ................................................ -7 (BOX_03)

DK .............................................. -8 (BOX_03)

| DISPLAY 'someone from' IF PROVIDER IS FLAGGED AS 'AGENCY'.

| HARD CHECK:
| WVS ERROR HANDLER WILL DISPLAY AN ERROR MESSAGE AND FORCE THE INTERVIEWER TO RECTIFY THE DATA IF ANY OF THE FOLLOWING SITUATIONS OCCUR:
| 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 IF 2008. OTHERWISE, 1-28 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 {HH15}
24 HOURS PER DAY ........................ 3 {BOX_03}
REF .................................. -7 {BOX_03}
DK .................................. -8 {BOX_03}

[Code One]

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] ......... {HH16}
REF .................................. -7 {BOX_03}
DK .................................. -8 {BOX_03}

-- Hard Check: Allow only 2-6 for number of times per day. --

-- Display 'someone from' if provider is flagged as 'agancy'. --
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}

HH16_02
========

MINUTES:

[Enter Minutes] .....................
REF ................................. -7 {BOX_03}
DK ................................. -8 {BOX_03}

----------------------------------------------------
| DISPLAY ‘each visit usually’ IF HH11 IS NOT CODED |
| ‘3’ (ONLY CAME ONCE). DISPLAY ‘the visit’ IF HH11 |
| IS CODED ‘3’ (ONLY CAME ONCE).                    |
----------------------------------------------------

----------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES    |
| THIS AUTOMATICALLY): ALLOW 0-24 FOR HOURS AND     |
| 0-59 FOR MINUTES.                                 |
----------------------------------------------------

----------------------------------------------------
| IF ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW), OR ‘24’     |
| ENTERED FOR HOURS, GO TO BOX_03.                   |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK: IF ‘0’ ENTERED IN BOTH HOURS AND      |
| MINUTES, THE WVS ERROR HANDLER WILL FORCE THE    |
| INTERVIEWER TO RECTIFY THE DATA.                  |
----------------------------------------------------
IF 2 OR MORE MONTHS, EXCLUDING INTERVIEW MONTH, FOR THIS PROVIDER FOR THIS PERSON HAVE NOT COMPLETED THE HOME HEALTH (HH) UTILIZATION SECTION AND IF THIS EVENT IS NOT PART OF A FLAT FEE GROUP, CONTINUE WITH HH17

OTHERWISE, GO TO BOX_04
HH17
=====

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

I have recorded that (PERSON) received services from (PROVIDER) during other months. Were the services received from (PROVIDER) during the other months similar to the services received during (VISIT MONTH). That is, in the other months, did (PROVIDER) visit {the same number of times/(READ FREQUENCY BELOW)} and provide {the same services/(READ SERVICES BELOW)}?

FREQUENCY                              SERVICES

{FREQUENCY OF SERVICES...}  {DESCRIPTION OF SERVICES RECEIVED}
{DESCRIPTION OF SERVICES RECEIVED}
{DESCRIPTION OF SERVICES RECEIVED}
{DESCRIPTION OF SERVICES RECEIVED}
{DESCRIPTION OF SERVICES RECEIVED}

YES .................................... 1 {HH18}
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

----------------------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>BELOW)'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| FREQUENCY =                                       |
| DISPLAY NUMBER AND 'DAYS PER WEEK' IF A |
| RESPONSE WASRecorded AT HH12.               |
| DISPLAY NUMBER AND 'DAYS PER MONTH' IF A |
| RESPONSE WASRecorded AT HH13.               |
| DISPLAY 'THE SAME NUMBER OF TIMES' IF HH12 AND |
| HH13 WERE NOT ASKED OR WERE CODED '-7' |</p>
<table>
<thead>
<tr>
<th>(REFUSED) OR '-8' (DON'T KNOW).</th>
</tr>
</thead>
</table>
SERVICES =
FOR EACH CODE 1 RECORDED AT HH06, HH07, HH08, HH09, AND HH10, DISPLAY THE FOLLOWING SERVICE ABBREVIATIONS FOR ‘DESCRIPTION OF SERVICE’:

IF HH06 = 1, DISPLAY ‘MEDICAL TREATMENT OR THERAPY’
IF HH07 = 1, DISPLAY ‘MEDICAL EQUIPMENT OR ASSISTIVE DEVICE INSTRUCTION.’
IF HH08 = 1, DISPLAY ‘HELP WITH DAILY ACTIVITIES OR PERSONAL CARE’
IF HH09 = 1, DISPLAY ‘COMPANIONSHIP’
IF HH10 = 1, DISPLAY TEXT ENTERED AT HH10OV
IF HH06 - HH10 ARE ALL CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), OR ANY COMBINATION OF ONLY THESE CODES, DISPLAY ‘THE SAME SERVICES’. 
During which of the following months did (PROVIDER) visit (the same number of times/(READ FREQUENCY BELOW)) and provide (the same services/(READ SERVICES BELOW))?  

PROBE: Any other months with the same number of visits and the same services?

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(FREQUENCY OF SERVICES...)</td>
<td>(DESCRIPTION OF SERVICES RECEIVED)</td>
</tr>
<tr>
<td>(DESCRIPTION OF SERVICES RECEIVED)</td>
<td></td>
</tr>
<tr>
<td>(DESCRIPTION OF SERVICES RECEIVED)</td>
<td></td>
</tr>
<tr>
<td>(DESCRIPTION OF SERVICES RECEIVED)</td>
<td></td>
</tr>
<tr>
<td>(DESCRIPTION OF SERVICES RECEIVED)</td>
<td></td>
</tr>
</tbody>
</table>

[1. Month, Year-4]  
[2. Month, Year-4]  
[3. Month, Year-4]
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.

ROSTER DETAILS:
Title: PERS_EVNT_1

COL #1 HEADER: MONTH/YEAR
INSTRUCTIONS: DISPLAY EVENT BEGIN DATE (EVNT.EVNTBEGM, EVNT.EVNTBEGY)

ROSTER DEFINITION:
DISPLAY THE PERSON’S MEDICAL-EVENTS-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL EVENTS (DATES) IN PERSON’S MEDICAL- EVENTS-ROSTER THAT MEET THE FOLLOWING CRITERIA:
- CREATED THIS ROUND, EXCLUDING THE INTERVIEW MONTH
- HAVE NOT BEEN PROCESSED THROUGH UTILIZATION
- HAVE EVENT TYPE ‘HH’
- ARE ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT DURING THIS ROUND

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

INTERVIEWER: RECORD ‘NAME OF REPEAT VISIT GROUP’ FOR MONTHS SELECTED IN PREVIOUS QUESTION.

[Enter Repeat Month Group] .......... {BOX_04}

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
| GO TO THE EVENT DRIVER (ED) SECTION |
Private Health Insurance Detail (HP) Section

---------------------------------------------------------------------
THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE
PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN
ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS,
THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE SECOND YEAR OF THE PANEL.
---------------------------------------------------------------------

---------------------------------------------------------------------
NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS
OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN ALL FUTURE ROUNDS.
---------------------------------------------------------------------

---------------------------------------------------------------------
NOTE THAT ESTABLISHMENT ADDRESS INFORMATION AND THE INFORMED CONSENT SCREENS WERE OMITTED STARTING
IN PANEL 12 ROUND 3. THIS INFORMATION WAS IN PANEL 12 ROUNDS 1 AND 2.
STARTING IN PANEL 13 THESE ITEMS WILL BE OMITTED IN ALL ROUNDS.
---------------------------------------------------------------------

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,
PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY, 'INSURANCE SOURCE'.
FOR 'INSURANCE SOURCE', DISPLAY THE CATEGORY TEXT FROM HX23. IF HX23=91, DISPLAY THE OTHER SPECIFY TEXT.
BOX_01
========

elif looping on any establishment flagged in the employment (EM) section as 'provides health insurance' and not flagged as 'self-employed' with a firm-size-1, go to loop_01

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

| IF LOOPING ON AN HX03 CATEGORY OR IF LOOPING ON AN HX23 CATEGORY (EXCEPT CODE '3' (DIRECTLY FROM A SCHOOL)), GO TO HP03 |
--------------------------------------------------------------------------------------------------------------------

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

| IF LOOPING ON CODE '3' (DIRECTLY FROM A SCHOOL) AT HX23, CONTINUE WITH HP01 |
--------------------------------------------------------------------------------------------------------------------

HP01
====

Does the insurance from the school cover only injuries caused by accidents, or does it have general health coverage?

  GENERAL HEALTH COVERAGE ............... 1 {HP02}
  ONLY INJURIES CAUSED BY ACCIDENTS ...... 2 {BOX_11}
  REF ................................... -7 {HP02}
  DK .................................... -8 {HP02}

HELP AVAILABLE FOR DEFINITION OF GENERAL HEALTH COVERAGE.

[Code One]
Would the insurance from the school cover health services outside of a school clinic?

YES .................................... 1 {HP03}
NO ..................................... 2 {BOX_11}
REF ................................... -7 {HP03}
DK .................................... -8 {HP03}

I'd like to talk about the insurance which is from {CATEGORY NAME FROM HX03 OR HX23}. That is, the health insurance {through a self-employed business/someone in the family purchased or obtained directly from that source.}

SELECT ‘CONTINUE’ UNLESS RESPONDENT VOLUNTEERS INSURANCE REPORTED IN ERROR.

CONTINUE ............................... 1 {LOOP_01}
INSURANCE REPORTED IN ERROR ............ 2 {BOX_11}

[Code One]
DISPLAY THE FOLLOWING FOR ‘CATEGORY NAME FROM HX03 OR HX23’:

- ‘a professional association’ IF CODED ‘1’ AT HX03
- ‘a small business group’ IF CODED ‘2’ AT HX03
- ‘a union’ IF CODED ‘3’ AT HX03
- ‘an insurance agent’ IF CODED ‘5’ AT HX03
- ‘an insurance company’ IF CODED ‘6’ AT HX03
- ‘an HMO’ IF CODED ‘7’ AT HX03
- ‘a previous employer’ IF CODED ‘8’ AT HX03
- ‘a previous employer (COBRA)’ IF CODED ‘9’ AT HX03
- ‘the {HX03OV OTHER SPECIFY TEXT}’ IF CODED ‘91’ AT HX03
- ‘source purchased for that business’ IF CODED ‘-7’ OR ‘-8’ AT HX03

- ‘a group or association’ IF CODED ‘1’ AT HX23
- ‘a school’ IF CODED ‘3’ AT HX23
- ‘an insurance agent’ IF CODED ‘4’ AT HX23
- ‘an insurance company’ IF CODED ‘5’ AT HX23
- ‘an HMO’ IF CODED ‘6’ AT HX23
- ‘a union’ IF CODED ‘7’ AT HX23
- ‘a previous employer (COBRA)’ IF CODED ‘8’ AT HX23
- ‘a previous employer (not COBRA)’ IF CODED ‘9’ AT HX23
- ‘a spouse’s (or deceased spouse’s) previous employer’ IF CODED ‘10’ AT HX23
- ‘some other employer’ IF CODED ‘11’ AT HX23
- ‘the plan of someone not living here’ IF CODED ‘12’ AT HX23
- ‘the {HX23OV OTHER SPECIFY TEXT}’ IF CODED ‘91’ AT HX23
- ‘a source that provided directly purchased insurance’ IF CODED ‘-7’ OR ‘-8’

IF CODED ‘2’ (INSURANCE REPORTED IN ERROR), FLAG ITEM FOR SOURCE CLEAN-UP.
LOOP_01
=======

<table>
<thead>
<tr>
<th>FOR EACH OF THE FOLLOWING:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESTABLISHMENT 1</td>
</tr>
<tr>
<td>ESTABLISHMENT 2</td>
</tr>
<tr>
<td>ESTABLISHMENT 3</td>
</tr>
<tr>
<td>ESTABLISHMENT 4</td>
</tr>
<tr>
<td>ASK BOX_01A-END_LP01</td>
</tr>
</tbody>
</table>

LOOP DEFINITION: LOOP-01 COLLECTS DETAILED INFORMATION ABOUT INSURANCE PROVIDED THROUGH AN EMPLOYER OR THE ESTABLISHMENT NAMES OF THE INSURANCE SOURCE COLLECTED IN 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
(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF ESTABLISHMENT)  
(STR- DT)  (END-DT)  

(Please give me the name of the {professional association/small business group/union/insurance company/HMO/previous employer/previous employer (using COBRA)/group or association/school/spouse's (or deceased spouse's) previous employer/employer/\{HX03OV/HX23OV OTHER SPECIFY\}/the source) {from which someone in the family purchased/obtained} this insurance/for the insurance purchased from an agent}. / 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?)  

VERIFY WITH RESPONDENT AND SELECT (ESTABLISHMENT) BELOW:  

<table>
<thead>
<tr>
<th>ROSTER. ESTABLISHMENT</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishment Name-30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Establishment Name-30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Establishment Name-30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'Please give ... an agent.' IF NOT LOOPING ON HX23 CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE).</td>
</tr>
<tr>
<td>DISPLAY 'You mentioned...this insurance?' IF LOOPING ON HX23 CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE).</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY 'professional association' IF LOOPING ON HX03 CODE '1' (FROM A PROFESSIONAL ASSOCIATION).</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY 'small business group' IF LOOPING ON HX03 CODE '2' (FROM A SMALL BUSINESS GROUP).</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY 'union' IF LOOPING ON HX03 CODE '3' (FROM A UNION) OR LOOPING ON HX23 CODE '7' (FROM A UNION).</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY 'insurance company' IF LOOPING ON HX03 CODE '5' (DIRECTLY FROM AN INSURANCE AGENT) OR '6' (DIRECTLY FROM INSURANCE COMPANY) OR LOOPING ON HX23 CODE '4' (DIRECTLY FROM AN INSURANCE AGENT) OR '5' (DIRECTLY FROM INSURANCE COMPANY).</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY 'HMO' IF LOOPING ON HX03 CODE '7' (DIRECTLY FROM AN HMO) OR LOOPING ON HX23 CODE '6' (DIRECTLY FROM AN HMO).</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>
DISPLAY "previous employer' IF LOOPING ON HX03 CODE '8' (FROM A PREVIOUS EMPLOYER) OR LOOPING ON HX23 CODE '9' (FROM ANYONE'S PREVIOUS EMPLOYER).

DISPLAY "previous employer (using COBRA)’ IF LOOPING ON HX03 CODE '9' (FROM A PREVIOUS EMPLOYER (COBRA)) OR LOOPING ON HX23 CODE '8' (FROM ANYONE'S PREVIOUS EMPLOYER (COBRA)).

DISPLAY 'group or association' IF LOOPING ON HX23 CODE '1' (FROM A GROUP OR ASSOCIATION).

DISPLAY ‘school’ IF LOOPING ON HX23 CODE ‘3’ (DIRECTLY THROUGH A SCHOOL).

DISPLAY ‘spouse’s (or deceased spouse’s) previous employer’ IF LOOPING ON HX23 CODE ‘10’ (FROM SPOUSE’S/DECEASED SPOUSE’S PREVIOUS EMPLOYER).

DISPLAY ‘employer’ IF LOOPING ON HX23 CODE ‘11’ (FROM SOME OTHER EMPLOYER).

DISPLAY '{HX03OV/HX23OV OTHER SPECIFY}' IF LOOPING ON HX03 CODE ‘91’ (OTHER) OR LOOPING ON HX23 CODE ‘91’ (OTHER SOURCE).

FOR ‘HX03OV/HX23OV OTHER SPECIFY’ DISPLAY THE TEXT ENTERED AT EITHER HX03OV OR HX23OV.

DISPLAY ‘the source’ IF LOOPING ON HX03 OR HX23 CODES ‘-7’ (REF) OR ‘-8’ (DK).

DISPLAY ‘from which someone in the family purchased/obtained this insurance’ IF NOT LOOPING ON HX03 CODE ‘5’ (DIRECTLY FROM AN INSURANCE AGENT) OR HX23 CODE ‘4’ (DIRECTLY FROM AN INSURANCE AGENT) IF LOOPING ON HX03 CODE ‘5’ OR HX23 CODE ‘4’, DISPLAY, ‘for the insurance purchased from an agent’.


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 ANHX03
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. FOR
ROUND 5, CAPI ALSO DISPLAYS THE END DATE OF THE
REFERENCE PERIOD.

DISPLAY AN “ADD ESTABLISHMENT” OPTION ON THIS
SCREEN.

IF 'ADD ESTABLISHMENT' OPTION IS SELECTED,
CONTINUE WITH BOX_01B

OTHERWISE (ESTABLISHMENT WAS SELECTED FROM THE
LIST), GO TO BOX_02

ROSTER DETAILS:
TITLE: RU_ESTB_3
COL # 1 HEADER: ESTABLISHMENT
INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME
(ESTB.ESTBNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENTS-ROSTERS FOR
DISPLAY OF PRIVATE INSURANCE ESTABLISHMENTS.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT
   DISALLOWED.
ROSTER FILTER:
DISPLAY ESTABLISHMENTS THAT ARE SOURCES OF PRIVATE INSURANCE. THIS DOES NOT INCLUDE ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND 'SELF-EMPLOYED' WITH A FIRM-SIZE-1 THAT ARE COMING FROM THEHX03 SERIES.

BOX_01B

IF LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23 AND IF 'ADD ESTABLISHMENT' IS SELECTED, GO TO HP07. (NOTE THAT HP07 IS NOT A SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.)

IF 'ADD ESTABLISHMENT' IS SELECTED AND IF NOT LOOPING ON CODE '12' (UNDER PLAN OF SOMEONE NOT LIVING HERE) AT HX23, CONTINUE WITH HP06 (NOTE THAT HP06 IS NOT A SEPARATE SCREEN; IT REPRESENTS A POPUP ON HP04.)

HP05
OMITTED.
(PERSON'S FIRST MIDDLE AND LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT)
(END-DT)

INSURANCE SOURCE: (CATEGORY NAME FROM HX03 OR HX23)

ENTER NAME OF ESTABLISHMENT WHERE PERSON PURCHASED INSURANCE.

(ESTABLISHMENT: [_____________] (BOX_02)

<table>
<thead>
<tr>
<th>DISPLAY THE FOLLOWING FOR 'CATEGORY NAME FROM HX03' OR HX23:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 'PROFESSIONAL ASSOCIATION' IF CODED '1' AT HX03</td>
</tr>
<tr>
<td>- 'SMALL BUSINESS GROUP' IF CODED '2' AT HX03</td>
</tr>
<tr>
<td>- 'UNION' IF CODED '3' AT HX03</td>
</tr>
<tr>
<td>- 'INSURANCE AGENT' IF CODED '5' AT HX03</td>
</tr>
<tr>
<td>- 'INSURANCE COMPANY' IF CODED '6' AT HX03</td>
</tr>
<tr>
<td>- 'HMO' IF CODED '7' AT HX03</td>
</tr>
<tr>
<td>- 'PREVIOUS EMPLOYER' IF CODED '8' AT HX03</td>
</tr>
<tr>
<td>- 'PREVIOUS EMPLOYER [COBRA]' IF CODED '9' AT HX03</td>
</tr>
<tr>
<td>- THE TEXT ENTERED AT HX03OV IF CODED '91' AT HX03</td>
</tr>
<tr>
<td>- 'SOURCE PURCHASED FROM FOR THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>- 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23</td>
</tr>
<tr>
<td>- 'SCHOOL' IF CODED '3' AT HX23</td>
</tr>
<tr>
<td>- 'INSURANCE AGENT' IF CODED '4' AT HX23</td>
</tr>
<tr>
<td>- 'INSURANCE COMPANY' IF CODED '5' AT HX23</td>
</tr>
<tr>
<td>- 'HMO' IF CODED '6' AT HX23</td>
</tr>
<tr>
<td>- 'UNION' IF CODED '7' AT HX23</td>
</tr>
<tr>
<td>- 'PREVIOUS EMPLOYER [COBRA]' IF CODED '8' AT HX23</td>
</tr>
<tr>
<td>- 'SOURCE PURCHASED FROM FOR THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03</td>
</tr>
<tr>
<td>- 'GROUP OR ASSOCIATION' IF CODED '1' AT HX23</td>
</tr>
<tr>
<td>- 'SCHOOL' IF CODED '3' AT HX23</td>
</tr>
<tr>
<td>- 'INSURANCE AGENT' IF CODED '4' AT HX23</td>
</tr>
<tr>
<td>- 'INSURANCE COMPANY' IF CODED '5' AT HX23</td>
</tr>
<tr>
<td>- 'HMO' IF CODED '6' AT HX23</td>
</tr>
<tr>
<td>- 'UNION' IF CODED '7' AT HX23</td>
</tr>
<tr>
<td>- 'PREVIOUS EMPLOYER [COBRA]' IF CODED '8' AT HX23</td>
</tr>
<tr>
<td>- 'SOURCE PURCHASED FROM FOR THAT BUSINESS' IF CODED '-7' OR '-8' AT HX03</td>
</tr>
</tbody>
</table>
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.

[Establishment Name] ................. (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 '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 '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'. |

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

NOTE THAT 'HEALTH INSURANCE PURCHASING ALLIANCE' (CODE '4' AT HX03 AND CODE '2' AT HX23) WAS OMITTED IN PANEL 12 ROUND 2 AND WILL BE OMITTED IN ALL FUTURE ROUNDS.

-------------------------------------------------------------------
If looping on an HX23 category, go to HP11.

Otherwise, continue with 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 {HP10}
REF ................................... -7 {HP10}
DK .................................... -8 {HP10}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

DISPLAY '(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘As of| (END DATE), was’ IF ROUND 5.

PERSON REFERS TO JOBHOLDER.

IF CODED '1' (YES), FLAG JOBHOLDER AS 'POLICYHOLDER'.

13
Who {is/was} the primary insured person or policyholder of this health coverage through (ESTABLISHMENT) {on (END DATE)}?

{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}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code One]
<p>| ROSTER BEHAVIOR:                                  |
| 1. DISPLAY ONLY.                                 |</p>
<table>
<thead>
<tr>
<th>2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER FILTER:</td>
</tr>
<tr>
<td>DISPLAY ALL PAIRS ON THE RU-ESTABLISHMENT-PERSON-</td>
</tr>
<tr>
<td>PAIRS-ROSTER THAT MEET BOTH OF THE FOLLOWING</td>
</tr>
<tr>
<td>CONDITIONS:</td>
</tr>
<tr>
<td>1. ESTABLISHMENT IS FLAGGED AS AN 'EMPLOYER' THAT</td>
</tr>
<tr>
<td>IS ALSO FLAGGED AS 'PROVIDES HEALTH INSURANCE'</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>2. PERSON IS A JOBHOLDER AT THE JOB PROVIDED BY</td>
</tr>
<tr>
<td>ESTABLISHMENT</td>
</tr>
</tbody>
</table>

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))? 

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

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

[Code All that Apply]

<p>| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on (END DATE)' IF ROUND 5. |
| OTHERWISE, USE NULL DISPLAY. DISPLAY A |
| &quot;POLICYHOLDER NOT LISTED IN DU&quot; AND &quot;POLICYHOLDER |
| DECEASED&quot; OPTION ON THIS SCREEN. |</p>
<table>
<thead>
<tr>
<th>IF BOTH 'POLICYHOLDER NOT LISTED IN DU' AND 'POLICYHOLDER DECEASED' ARE NOT SELECTED, GO TO LOOP_02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF 'POLICYHOLDER DECEASED' SELECTED, ALONE OR IN COMBINATION WITH OTHER NAMES EXCEPT 'POLICYHOLDER NOT LISTED IN DU', GO TO HP11B</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF 'POLICYHOLDER NOT LISTED IN DU' SELECTED, ALONE OR IN COMBINATION WITH OTHER NAMES AND/OR 'POLICYHOLDER DECEASED', CONTINUE WITH HP11A</th>
</tr>
</thead>
</table>

<p>| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| COL # 1 HEADER: NAME |</p>
<table>
<thead>
<tr>
<th>INSTRUCTIONS: DISPLAY DU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION: THIS ITEM DISPLAYS DU-MEMBERS- ROSTER FOR SELECTION.</th>
</tr>
</thead>
</table>

<p>| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |</p>
<table>
<thead>
<tr>
<th>2. ADD, DELETE, AND EDIT DISALLOWED.</th>
</tr>
</thead>
</table>

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL DU MEMBERS. |
HP11A

(NAME OF ESTABLISHMENT)  (STR-DT)
(END-DT)

INTERVIEWER: ENTER NAME OR DESCRIPTION OF POLICYHOLDER WHO IS NOT IN THE DU:

[Enter Specify-15] .................... {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

------------------------------------------------------------------------------------------------------------------
| 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] .................... {LOOP_02}

HELP AVAILABLE FOR DEFINITION OF POLICYHOLDER.

------------------------------------------------------------------------------------------------------------------
| FLAG POLICYHOLDER AS 'DECEASED'. |
------------------------------------------------------------------------------------------------------------------
MEPS P13R5/P14R3/P15R1 Private Health Insurance Detail (HP) Section
November 10, 2009


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), | | IF HX23 IS CODED '8' (PREVIOUS EMPLOYER-COBRA), |
| '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE | | '9' (PREVIOUS EMPLOYER-NOT COBRA), '10' (SPOUSE |
| PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER) | | PREVIOUS EMPLOYER), OR '11' (OTHER EMPLOYER) |
| CONTINUE WITH BOX_06 | | CONTINUE WITH BOX_06 |

| OTHERWISE, GO TO BOX_07 |

BOX_06

| IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', | | IF POLICYHOLDER WAS FLAGGED AT HP11 AS 'DECEASED', |
| CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI | | CODE HP12 AS '4' (DECEASED) AUTOMATICALLY BY CAPI |
| AND GO TO HP13 | | AND GO TO HP13 |

| IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO | | IF POLICYHOLDER IS NOT A CURRENT RU MEMBER, GO TO |
| BOX_07 | | BOX_07 |

| OTHERWISE, CONTINUE WITH 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 {HP12OV}
REF ................................... -7 {HP13}
DK .................................... -8 {HP13}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| IF CODED '4' (DECEASED), FLAG POLICYHOLDER AS |
| 'DECEASED'. |

| HARD CHECK: |
| CODE '4' (DECEASED) CANNOT BE SELECTED FOR A |
| POLICYHOLDER WHO IS A CURRENT RU MEMBER. |

OTHER:

[Enter Other Specify] ..................... {HP13}
REF ................................... -7 {HP13}
DK .................................... -8 {HP13}
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 {BOX_07}
NO ....................................  2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF FEDERAL GOVERNMENT.
BOX_07
======

---

IF ESTABLISHMENT THAT PROVIDES INSURANCE IS
FLAGGED AS:

'EMPLOYER' AND JOB SUBTYPE IS NOT 'CURRENT MAIN',
'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE
PERIOD', OR 'RETIirement JOB'
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

---
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 {HP15}  
NO ..................................... 2 {HP15}  
REF ................................... -7 {HP15}  
DK .................................... -8 {HP15}  

HELP AVAILABLE FOR DEFINITION OF COBRA.

---

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 {HP16}  
NO ..................................... 2 {HP17}  
REF ................................... -7 {HP17}  
DK .................................... -8 {HP17}  

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.
Who is that?

PROBE: Was anyone else covered as a dependent {since (START DATE)/between (START DATE) and (END DATE)}?

[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 DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER EXCLUDING THE PERSON WHO IS THE POLICYHOLDER FOR THIS INSURANCE; THAT IS, DO NOT DISPLAY THE NAME OF PERSON IN THE ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT.

DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ITEM ON ROSTER.
HP17

(POLICYHOLDER FIRST MIDDLE LAST NAME)  {NAME OF ESTABLISHMENT}  {STR-DT}  {END-DT}

(Does/Between (START DATE) and (END DATE), did) (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1 {BOX_08}
NO ..................................... 2 {BOX_08}
REF ................................... -7 {BOX_08}
DK .................................... -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |
| (START DATE) and (END DATE), did' IF ROUND 5.     |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS    |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN HP16.                            |
----------------------------------------------------

BOX_08

=======

----------------------------------------------------
| IF THERE ARE NO POLICYHOLDERS OR DEPENDENTS WHO    |
| ARE CURRENT RU MEMBERS, THAT IS, POLICYHOLDER IS A|
| DU MEMBER BUT NOT A CURRENT RU MEMBER, OR IS      |
| FLAGGED AS 'NOT LISTED IN DU' OR 'POLICYHOLDER    |
| DECEASED' AND INSURANCE ALSO FLAGGED ONLY AS      |
| 'COVERING PERSON NOT IN RU', GO TO END_LP02        |
----------------------------------------------------

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

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK BOX-09-END_LP03 |

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

| LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD | COVERAGE FOR ALL CURRENT RU MEMBERS COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON CURRENT RU MEMBERS WHO ARE SELECTED AS DEPENDENTS AT HP16 AND THE RU MEMBER WHO IS FLAGGED AS THE POLICYHOLDER FOR THIS INSURANCE. |

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

BOX_09
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION. |
| AT COMPLETION OF TIME PERIOD COVERED DETAIL (HQ) SECTION, CONTINUE WITH END_LP03 |

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

END_LP03
========

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_03 AND CONTINUE WITH END_LP02 |

---------------------------------------
END_LP02
========

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

----------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_02 AND CONTINUE WITH BOX_10                 |
----------------------------------------------------

BOX_10
======

----------------------------------------------------
| IF LOOPING ON AN ESTABLISHMENT FLAGGED IN         |
| EMPLOYMENT AS 'PROVIDES HEALTH INSURANCE' AND NOT |
| FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, GO |
| TO END_LP01                                       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HP18                     |
----------------------------------------------------

HP18
=====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF
ESTABLISHMENT) (STR-DT)
(END-DT)

Aside from (POLICYHOLDER)’s (ESTABLISHMENT) insurance, is there another health insurance plan that anyone in the family obtains from (CATEGORY NAME FROM HX03 OR HX23)?

YES .......................... 1 {END_LP01}
NO .............................. 2 {END_LP01}
REF .............................. -7 {END_LP01}
DK .............................. -8 {END_LP01}
DISPLAY THE FOLLOWING FOR ‘CATEGORY NAME FROM HX03’ OR HX23:

- ‘a professional association’ IF CODED ‘1’ AT HX03
- ‘a small business group’ IF CODED ‘2’ AT HX03
- ‘a union’ IF CODED ‘3’ AT HX03
- ‘an insurance agent’ IF CODED ‘5’ AT HX03
- ‘an insurance company’ IF CODED ‘6’ AT HX03
- ‘an HMO’ IF CODED ‘7’ AT HX03
- ‘a previous employer’ IF CODED ‘8’ AT HX03
- ‘a previous employer (COBRA)’ IF CODED ‘9’ AT HX03
- ‘the ([HX03OV OTHER SPECIFY TEXT])’ IF CODED ‘91’ AT HX03
- ‘source purchased for that business’ IF CODED ‘-7’ OR ‘-8’ AT HX03

- ‘a group or association’ IF CODED ‘1’ AT HX23
- ‘a school’ IF CODED ‘3’ AT HX23
- ‘an insurance agent’ IF CODED ‘4’ AT HX23
- ‘an insurance company’ IF CODED ‘5’ AT HX23
- ‘an HMO’ IF CODED ‘6’ AT HX23
- ‘a union’ IF CODED ‘7’ AT HX23
- ‘a previous employer (COBRA)’ IF CODED ‘8’ AT HX23
- ‘a previous employer (not COBRA)’ IF CODED ‘9’ AT HX23
- ‘a spouse’s (or deceased spouse’s) previous employer’ IF CODED ‘10’ AT HX23
- ‘some other employer’ IF CODED ‘11’ AT HX23
- ‘the plan of someone not living here’ IF CODED ‘12’ AT HX23
- ‘the ([HX23OV OTHER SPECIFY TEXT])’ IF CODED ‘91’ AT HX23
- ‘a source that provided directly purchased insurance’ IF CODED ‘-7’ OR ‘-8’
END_LP01

--------

| IF HP18 IS CODED '1' (YES), CYCLE TO COLLECT NEXT |
| ESTABLISHMENT NAME.                             |
|                                                 |

--------

| IF HP18 IS NOT ASKED OR IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), END LOOP_01 AND |
| CONTINUE WITH BOX_11                             |

--------

BOX_11

--------

| RETURN TO THE HEALTH INSURANCE (HX) SECTION.     |
|                                                 |
Time Period Covered Detail (HQ) Section

THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE PERIOD (END DATE) AS PART OF THE CONTEXT HEADER, CAPI DISPLAYS THE (END DATE) ONLY FOR ROUND 5. IN ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE (END DATE) IN THE CONTEXT HEADER. FOR MOST PERSONS, THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE SECOND YEAR OF THE PANEL.

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, ESTB.ESTBNAME,
PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY,
PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY.

(Were/Was) (PERSON) covered the whole time from (START DATE) until {today/(END DATE)}, or only part of the time?

WHOLE TIME ............................. 1
PART OF THE TIME ........................ 2
REF ................................. -7
DK ................................. -8

[Code One]
MEPS P13R5/P14R3/P15R1 Time Period Covered Detail (HQ) Section
November 10, 2009

----------------------------------------------------
| FOR ROUND 5, DISPLAY END DATE IN THE CONTEXT      |
| HEADER FOR QUESTIONS HQ01 AND HQ05.               |
----------------------------------------------------

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

HQ02
====

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

(Are/Is) (PERSON) covered now?

YES .................................... 1 {HQ03}
NO ..................................... 2 {HQ04}
REF ................................... -7 {HQ04}
DK .................................... -8 {HQ04}

HQ03
====

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

(Have/Has) (PERSON) been covered continuously, since the first
of (INTERVIEW MONTH) through today?

YES .................................... 1 {HQ05}
NO ..................................... 2 {HQ05}
REF ................................... -7 {HQ05}
DK .................................... -8 {HQ05}
| DISPLAY NAME OF MONTH IN WHICH INTERVIEW IS BEING |
| CONDUCTED (I.E., MONTH IN WHICH INTERVIEW FIRST |
| STARTED) FOR 'INTERVIEW MONTH'. |

HQ04
====

(PERSON'S FIRST MIDDLE AND LAST NAME)  (NAME OF 
ESTABLISHMENT)  (STR-DT) 
(END-DT)

(Were/Was) (PERSON) covered at all during {INTERVIEW MONTH}?

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'. |

3
For each of the following months, (were/was) (PERSON) covered the whole month, part of the month, or not at all during the month? (READ MONTH NAMES BELOW.)

1 = WHOLE MONTH  
2 = PART OF MONTH (INCLUDING FIRST OF MONTH)  
3 = PART OF MONTH (NOT INCLUDING FIRST OF MONTH)  
4 = NOT COVERED

<table>
<thead>
<tr>
<th>HQ05_01. MONTH AND YEAR</th>
<th>HQ05_02. COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MONTH AND YEAR</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. MONTH AND YEAR</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. MONTH AND YEAR</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

---


FOR ROUND 5, THE END DATE IS NOT THE INTERVIEW DATE. IT IS EITHER 12/31/{YEAR} OR THE DATE THE PERSON LEFT THE RU, DIED, WAS INSTITUTIONALIZED, MOVED, ETC.

THE SCREEN LAYOUT SHOULD ACCOMMODATE AS MANY MONTHS AS POSSIBLE.
HARD CHECK:
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.”

GO TO BOX_01

RETURN TO THEHX, HP, OR PR SECTION.
Hospital Stay (HS) Section

BOX_01
======

| IF HOSPITAL STAY DISCHARGE DATE IS '95' (STILL IN |
| HOSPITAL) [OR IF ROUND 5, CODE '95' INDICATES |
| 'STILL IN HOSPITAL' AND 'RELEASED IN 2009'], DO |
| NOT ASK THE HOSPITAL STAY (HS) SECTION OR THE |
| CHARGE/PAYMENT (CP) SECTION FOR THIS EVENT. |
| (WE WILL FOLLOW UP WITH THESE EVENTS NEXT ROUND. |
| IF ROUND 5, WE WILL OBTAIN NECESSARY INFORMATION |
| DURING MPS FOLLOW-UP.)|

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

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

| IF THE MONTH OR DAY OR 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] ............... {HS02} |
REF ................................... -7 {HS02} |
DK .................................... -8 {HS02} |

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

| SOFT RANGE CHECK: 1 TO 30. |

----------------------------------------------------
MEPS P13R5/P14R3/P15R1 Hospital Stay (HS) Section
November 10, 2009

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 {HS03}
NO ..................................... 2 {HS03}
REF ................................... -7 {HS03}
DK .................................... -8 {HS03}

HELP AVAILABLE 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 {HS04}
NO ..................................... 2 {HS05}
REF ................................... -7 {HS05}
DK .................................... -8 {HS05}
What conditions were discovered or led (PERSON) to enter the hospital?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

1. Medical Condition
2. Medical Condition
3. Medical Condition

<table>
<thead>
<tr>
<th>DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

| ROSTER DETAILS: | |
| Title: PERS-COND-1 |

| COL #1 HEADER: MEDICAL CONDITION |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION |
| (COND.CONDNAM) |

| ROSTER DEFINITION: | |
| THIS ITEM DISPLAYS PERSON-MEDICAL-CONDITIONS- |
| ROSTER FOR SELECTION AND ADDITION OF ONE OR MANY |
| MEDICAL CONDITIONS ASSOCIATED WITH THIS EVENT |
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 {HS08}
TREATMENT OR THERAPY, NOT INCLUDING
  SURGERY ..................................... 2 {HS06}
DIAGNOSTIC TESTS ONLY ....................... 3 {HS06}
GIVE BIRTH TO A BABY - NORMAL OR
  CAESAREAN SECTION (MOTHER) ............ 4 {HS06}
TO BE BORN (BABY) ........................... 5 {HS06}
PREGNANCY-RELATED COMPLICATIONS ........ 6 {HS06}
OTHER ........................................ 91 {HS06}
REF ............................................ -7 {HS06}
DK ............................................. -8 {HS06}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
ALLOW CODE ‘4’ (GIVE BIRTH TO A BABY) AND CODE ‘6’ (PREGNANCY-RELATED COMPLICATIONS) 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 IN RED: “PLEASE BE SURE YOU HAVE ALSO ENTERED A HOSPITAL STAY EVENT FOR THE BABY.” IF CODED ‘5’ (TO BE BORN), DISPLAY THE FOLLOWING MESSAGE IN RED: “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.

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 {BOX_01A}
NO .................................... 2 {BOX_01A}
REF ..................................... -7 {BOX_01A}
DK ..................................... -8 {BOX_01A}

HELP AVAILABLE FOR DEFINITION OF OPERATIONS/SURGICAL PROCEDURES.

IF HS05 IS CODED ‘4’ (GIVE BIRTH TO A BABY), CONTINUE WITH HS06A.
| OTHERWISE, GO TO HS08 |
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 {HS09}
NO ........................................... 2 {BOX_04}
REF ......................................... -7 {BOX_04}
DK ........................................... -8 {BOX_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

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?

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

---------------------------------------------------------------------
| DISPLAY ‘ADD MEDICINE’ AS AN OPTION ON THIS SCREEN |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: PERSON'S-PRESCRIBED-MEDICINES_1. |
| |
| COL # 1 HEADER: PRESCRIBED MEDICINE |
| INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE |
| (DRUG.DRUGNAME) |
---------------------------------------------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES-ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED MEDICINES.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT AND ADD ALLOWED.

2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE MEDICINES ADDED AT THE SECTION AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS MEDICINE AND THE EVENT.

3. EDIT DISALLOWED.

4. ANY MEDICINE ADDED TO THE ROSTER SHOULD BE FLAGGED AS 'CREATED' THIS ROUND. ANY MEDICINE SELECTED AT THE ROSTER SHOULD BE FLAGGED AS 'SELECTED' THIS ROUND. 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 BE FLAGGED ONLY AS EITHER ‘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.

5. WHEN A MEDICINE FROM A PREVIOUS ROUND IS SELECTED, A NEW EVENT IS CREATED SINCE IT INVOLVES A NEW PURCHASE OF THE MEDICINE. A NEW PURCHASE REQUIRES ASKING CP AND THE 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).
| ROSTER FILTER:                                    |
| DISPLAY ALL MEDICINES ON PERSON’S ROSTER;        |
| NO FILTER.                                        |

HS10
====
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.  |
Now I’d like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time {since (START DATE)/between (START DATE) and (END DATE)}. 

{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION IF NOT ALREADY AVAILABLE.} 

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
| DISPLAY 'ASK....AVAILABLE.' IF ROUND 1. | 
| OTHERWISE, USE A NULL DISPLAY. | 
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. | 
| DISPLAY 'between (START DATE) and (END DATE)' IF | 
| ROUND 5. | 

| IF ROUND 1, GO TO BOX_03 | 
| OTHERWISE, CONTINUE WITH BOX_01 | 

BOX_01
======

| ASK THE OLD EMPLOYMENT AND PRIVATE RELATED | 
| INSURANCE (OE) SECTION. | 

| AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02 | 

BOX_02
======

| ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION. | 

| AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03 |
IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS PROVIDING HEALTH INSURANCE
AND
- ESTABLISHMENT IS AN EMPLOYER
AND
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT
AND
- ESTABLISHMENT IS FLAGGED AS ‘NOT SELF-EMPLOYED’ OR IS FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-GREATER-THAN-1,
CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_05

LOOP_01 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.
(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)/between (START DATE) and (END DATE)}.

SELECT ‘CONTINUE’ UNLESS RESPONDENT VOLUNTEERS INSURANCE REPORTED IN ERROR.

CONTINUE ............................... 1 {BOX_04}
INSURANCE REPORTED IN ERROR ............ 2 {END_LP01}

[Code One]

| IF ROUND 1 THROUGH ROUND 4, DISPLAY ‘at some point after (START DATE)’. IF ROUND 5, DISPLAY ‘between (START DATE) and (END DATE)’.

| ‘(ESTABLISHMENT)’ AND ‘(START DATE)’ IN RESPONSE |
| LABELS SHOULD BE PURPLE. |

| IF CODED ‘2’ (INSURANCE REPORTED IN ERROR) FLAG |
| THIS ESTABLISHMENT-PERSON-PAIR AS ‘NOT SEPARATE SOURCE OF INSURANCE’ AND GO TO END_LP01 |

| OTHERWISE, CONTINUE WITH BOX_04 |
ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR.

AT COMPLETION OF HP SECTION, CONTINUE WITH 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

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
LOOP_02
======

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’ AND 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}
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 {HX03OV}

[Code One]

Help available for definitions of answer categories.
| STARTING IN PANEL 12 ROUND 2, CATEGORY ‘4’ (FROM | A HEALTH INSURANCE PURCHASING ALLIANCE) WAS | OMMITTED AND WILL BE OMMITTED IN ALL FUTURE ROUNDS. |
|---------------------------------------------------|
| 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------

OTHER:
[Enter Other Specify] ................. {BOX_06}
DK .................................... -8 {BOX_06}

--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 {END_LP03}
    NO ........................................... 2 {END_LP03}
    REF ....................................... -7 {END_LP03}
    DK ........................................... -8 {END_LP03}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP03
======

------------------------------------------------------------------------
| IF HX04 IS CODED ‘1’ (YES), CYCLE TO COLLECT THE                    |
| NEXT WAY OF PURCHASING INSURANCE.                                    |
------------------------------------------------------------------------

------------------------------------------------------------------------
| OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02                   |
------------------------------------------------------------------------

END_LP02
-------

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

------------------------------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND       |
| CONTINUE WITH BOX_07                                              |
------------------------------------------------------------------------
BOX_07
======
----------------------------------------------------
| IF ROUND 1, GO TO HX06                           |
----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_08                  |
----------------------------------------------------

BOX_08
======
----------------------------------------------------
| IF:                                             |
| ANY NEW RU MEMBERS ADDED TO RU THIS ROUND,     |
| OR                                              |
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING|
| MEDICARE TURNED 65 SINCE START DATE (USE REAL   |
| DATE OF BIRTH ONLY),                            |
| OR                                              |
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING|
| MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN|
| PREVIOUS ROUND,                                 |
| CONTINUE WITH HX05                              |
----------------------------------------------------
| OTHERWISE, GO TO BOX_12                         |
----------------------------------------------------
HX05
====

(STR-DT)
(END-DT)

My records indicate that (READ NAMES BELOW) {(are/is)}
{either} {65 years old or older} {or} {joined the household
since our last interview}.

[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}

HELP AVAILABLE 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. |
--------------------------------------------------------------------------------
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

ROSTER DETAILS:
Title: RU_MEMBERS_1

COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
OTHERWISE, DISPLAY RU-MEMBERS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
1. PERSON IS A NEW RU MEMBER THIS ROUND,
2. PERSON TURNED 65 YEARS OLD THIS ROUND AND IS NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND,
3. OR PERSON >= 65 (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.
There are several large public health insurance programs {with similar names} that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. Other programs, such as {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}, are state programs which cover low income families and individuals or children who do not have private health insurance.

SHOW CARD HX-2.

Let me first ask about Medicare. People covered by Medicare usually have a card that looks like this.

At any time since {START DATE}, has anyone in the family been covered by Medicare?

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

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

| 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 Healthy Families' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA. |
| |

-----------------------------------
DISPLAY 'or Child Health Plan Plus (CHP+)' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS COLORADO.

DISPLAY 'or HUSKY' 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 DE Healthy Children Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS DELAWARE.

DISPLAY 'or Florida KidCare' 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 'or QUEST' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS HAWAII.

DISPLAY 'or hawk-i' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS IOWA.

DISPLAY 'or Children’s Health Insurance Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS IDAHO.

DISPLAY 'or All Kids' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ILLINOIS.

DISPLAY 'or Hoosier Healthwise' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS INDIANA.

DISPLAY 'or Heathwave 21' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KANSAS.
DISPLAY 'or KY Children’s Hlth Insurance Prgm (KCHIP)’ FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.

DISPLAY 'or LaCHIP' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS LOUISIANA.

DISPLAY 'or Maryland Children’s Health Program’ FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MARYLAND.

DISPLAY 'or Children’s Medical Sec. Plan’ 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 MO HealthNet for Kids’ FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSOURI.

DISPLAY 'or Children’s Health Insurance Program’ FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSISSIPPI.

DISPLAY 'or Healthy Montana Kids 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 NH Healthy Kids’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW HAMPSHIRE.
| DISPLAY 'or NJ Family Care' FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS NEW JERSEY. |
| DISPLAY 'or New MexiKids' 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 PA 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 Healthy Connections Kids’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH CAROLINA. |
| DISPLAY ‘or Children’s Health Insurance Program’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS SOUTH DAKOTA. |
| DISPLAY ‘or CoverKids’ FOR ‘STATE CHIP NAME’ 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’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS VIRGINIA.

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 (CHIP)’ FOR ‘STATE CHIP NAME’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WYOMING.

OTHERWISE (I.E., STATE IS ME, MN, OK, OR, WA) DISPLAY 'or State Children’s Health Insurance Program’ FOR ‘STATE CHIP NAME.’

DISPLAY 'with similar names’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES ‘MEDICAID’ OR A NAME SIMILAR TO MEDICARE (WHICH INCLUDES CA: MEDI-CAL AND ME: MAINECARE).

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:

- ALASKA
- LOUISIANA
- OHIO
- ALABAMA
- MICHIGAN
- SOUTH CAROLINA
- ARKANSAS
- MISSISSIPPI
- TEXAS
- COLORADO
- MONTANA
- UTAH
- DELAWARE
- NEBRASKA
- VERMONT
- FLORIDA
- NEVADA
- VIRGINIA
- GEORGIA
- NEW HAMPSHIRE
- WASHINGTON
- IDAHO
- NEW JERSEY
- WEST VIRGINIA
- ILLINOIS
- NEW MEXICO
- WISCONSIN
- INDIANA
- NEW YORK
- IOWA
- NORTH CAROLINA
- KANSAS
- NORTH DAKOTA
DISPLAY 'Medical Assistance' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ONE OF THE FOLLOWING:
CONNECTICUT MARYLAND RHODE ISLAND
DISTRICT OF COLUMBIA MINNESOTA SOUTH DAKOTA
HAWAII PENNSYLVANIA

DISPLAY 'AZ Hlth Care Cost Containment System’ FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS ARIZONA.

DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS CALIFORNIA.

DISPLAY 'KYHealth Choices’ FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.

DISPLAY ‘MaineCare’ FOR 'STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MAINE.

DISPLAY 'MassHealth' FOR ‘STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MASSACHUSETTS.

DISPLAY 'MO HealthNet’ FOR ‘STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS MISSOURI.

DISPLAY ‘OR 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 ‘EqualityCare’ FOR ‘STATE NAME FOR MEDICAID’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS WYOMING.
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

HX07
====

(STR-DT)
(END-DT)

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

[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}

ROSTER DETAILS:

TITLE: RU_MEMBERS_SELECTONE

COL # 1 HEADER: PERSON-TYPE-PROVIDER

INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR SELECTION OF RU MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
IN ROUND 1, NONE. DISPLAY ALL.
IN_rounds 2-5, DISPLAY RU MEMBERS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
1. PERSON IS A NEW RU MEMBER THIS ROUND,
2. PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND,
3. OR PERSON >= 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

LOOP_04

FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK BOX_09-END_LP04
LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY STATUS FOR PERSONS = > 65 WHO ARE NOT COVERED BY MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET ANY OF THE FOLLOWING CONDITIONS:
- IF ROUND 1: ALL CURRENT RU MEMBERS
- IF NOT ROUND 1: ALL CURRENT RU MEMBERS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
  - PERSON IS A NEW RU MEMBER THIS ROUND, OR
  - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND
  OR
  - PERSON >= 65 YEARS OLD (OR IN AGE CATEGORY 9) LAST ROUND AND NOT FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND.

IF ROUND 1, GO TO BOX_11

OTHERWISE, CONTINUE WITH 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.

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}

Help available 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 {END_LP04}
NO ..................................... 2 {END_LP04}
REF ..................................... -7 {END_LP04}
DK ..................................... -8 {END_LP04}

Help available 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} or {STATE CHIP NAME} usually have a (piece of paper/card) that looks something like this.

(During the last interview, we recorded that no one in the family was covered by Medicaid/STATE NAME FOR MEDICAID} or {STATE CHIP NAME}.)

Has anyone in the family been covered by Medicaid/STATE NAME FOR MEDICAID} or {STATE CHIP NAME} at any time {since (START DATE)/between (START DATE) and (END DATE)}?

YES .................................... 1
NO ..................................... 2 {BOX_14}
REF ..................................... -7 {BOX_14}
DK ..................................... -8 {BOX_14}

HELP AVAILABLE FOR DEFINITION OF MEDICAID/SCHIP.
DISPLAY THIRD PARAGRAPH ("During... CHIP NAME}).")
| ONLY IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ONHX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS SUBSTITUTING THE REAL NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ONHX06.

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

IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO LOOP_05

IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX11
WHO IS COVERED BY [Medicaid/{STATE NAME FOR MEDICAID}] OR {STATE CHIP NAME}?

PROBE: WHO ELSE IS COVERED BY [Medicaid/{STATE NAME FOR MEDICAID}] OR {STATE CHIP NAME}?

[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:</th>
<th>THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU MEMBERS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER BEHAVIOR:</td>
<td>1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT FROM THE LISTED MEMBERS.</td>
</tr>
<tr>
<td></td>
<td>2. ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
<tr>
<td>ROSTER FILTER:</td>
<td>NONE, DISPLAY ALL.</td>
</tr>
</tbody>
</table>

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                       |
-----------------------------------------------------
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 {HX12A}
NO ............................................. 2 {BOX_16}
REF .......................................... -7 {BOX_16}
DK ............................................. -8 {BOX_16}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

---

DISPLAY FIRST PARAGRAPH ('During .... TRICARE or CHAMPVA.') IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY.

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

---
Which plan is it? Is it...

INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS
HAVE DIFFERENT PLANS.

CHECK ALL THAT APPLY.

- 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 |
---
Who is covered by TRICARE or CHAMPVA?

PROBE: Who else is covered by TRICARE or CHAMPVA?

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

| GO TO LOOP_06 |
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) |

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

BOX_15
======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PERSON. |

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

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06 |

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

END_LP06
========

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

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

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_16 |

----------------------------------------------------
BOX_16
======

---------------------------------------------
| IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR |
| ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19 |
---------------------------------------------

---------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_17 |
---------------------------------------------

BOX_17
======

---------------------------------------------
| IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU |
| MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19 |
---------------------------------------------

---------------------------------------------
| OTHERWISE, CONTINUE WITH HX14 |
---------------------------------------------
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 other type of health insurance obtained through any state or local government agency which provided hospital and physician benefits?

YES .................................... 1 {HX14A}
NO ..................................... 2 {BOX_19}
REF ................................... -7 {BOX_19}
DK .................................... -8 {BOX_19}

HELP AVAILABLE FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.
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).

| IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND GO TO LOOP_07

| IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE WITH HX15
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?

[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
- 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                   |
-----------------------------------------------
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)/between (START DATE) and (END DATE)), has anyone in the family been covered by any program like this?

YES .................................... 1 {LOOP_08}
NO ..................................... 2 {HX21}
REF ................................... -7 {HX21}
DK .................................... -8 {HX21}

HELP AVAILABLE 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 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.         |
|                                                   |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5.     |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5.                                         |
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<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</td>
</tr>
<tr>
<td></td>
<td>AK AIDS Drug Assistance Program</td>
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<td></td>
<td>AK Breast and Cervical Health Check</td>
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<td></td>
<td>Senior Benefits Program</td>
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<tr>
<td>ALABAMA</td>
<td>Senior Rx</td>
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<td></td>
<td>AL AIDS Drug Assistance Program (ADAP)</td>
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<tr>
<td></td>
<td>Breast/Cervical Cancer Early Detect</td>
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<td></td>
<td>Alabama Perinatal Hepatitis B Prog</td>
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<td>ARIZONA</td>
<td>CoppeRx Card</td>
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<td></td>
<td>Non-Renal Transplant Medication Prgm</td>
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<td></td>
<td>AZ AIDS Drug Assistance Program</td>
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<td></td>
<td>Well Woman HealthCheck Program</td>
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<tr>
<td>ARKANSAS</td>
<td>Arkansas Kidney Disease Commission</td>
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<td></td>
<td>AR AIDS Drug Assistance Program</td>
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<td></td>
<td>Breast Care</td>
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<td>CALIFORNIA</td>
<td>AIDS Drug Assistance Program</td>
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<td></td>
<td>CA Discount Rx Drug Program</td>
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<td></td>
<td>Cancer Detection Programs: Every Woman Counts</td>
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<td>COLORADO</td>
<td>Colorado Indigent Care Program</td>
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<td>Women’s Wellness Connection</td>
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<td>CO AIDS Drug Assistance Program</td>
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<td>CONNECTICUT</td>
<td>ConnPACE</td>
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<td></td>
<td>CT AIDS Drug Assistance Program</td>
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<td></td>
<td>Healthy Start</td>
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<td></td>
<td>Breast/Cervical Cancer Early Detect</td>
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<tr>
<td>DELAWARE</td>
<td>DE Prescription Assistance Program</td>
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<td></td>
<td>DE AIDS Drug Assistance Program</td>
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<td></td>
<td>Chronic Renal Disease Program</td>
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<tr>
<td></td>
<td>Breast and Cervical Cancer Program</td>
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<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>DC AIDS Drug Assistance Program</td>
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<td></td>
<td>Breast/Cervical Cancer Early Detect.</td>
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<tr>
<td>FLORIDA</td>
<td>AIDS Drug Assistance Program</td>
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<td></td>
<td>Breast/Cervical Cancer Early Detect.</td>
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<td>Positive Healthcare</td>
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<td>Florida Discount Drug Card Program</td>
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<td>GEORGIA</td>
<td>AIDS Drug Assistance Program</td>
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<td>Cancer Screening Program</td>
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<td>STATE</td>
<td>PROGRAM</td>
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<tr>
<td>HAWAII</td>
<td>HIV Drug Assistance Program</td>
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<td></td>
<td>Breast/Cervical Cancer Control Pgrm</td>
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<td>Hawaii Rx Plus</td>
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<td>Rx Idaho</td>
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<td>Chronic Renal Disease Program</td>
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<td>IL Breast and Cervical Cancer Program</td>
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<td>IL AID Drug Assistance Program</td>
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<td>Illinois Cares Rx</td>
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<td>INDIANA</td>
<td>Hoosier Rx</td>
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<td>Children’s Special Hlth Care Service</td>
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<td></td>
<td>IN AIDS Drug Assistance Program</td>
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<td></td>
<td>IN Breast and Cervical Cancer Program</td>
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<tr>
<td>IOWA</td>
<td>AIDS Drug Assistance Program</td>
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<td></td>
<td>Care for Yourself BCCED Pgrm</td>
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<td>KANSAS</td>
<td>MediKan</td>
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<td>KS AIDS Drug Assistance Program</td>
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<td>Early Detection Works Program</td>
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<td>KENTUCKY</td>
<td>KY AIDS Drug Assistance Program</td>
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<td></td>
<td>Kentucky Rx Drug Assistance Prgm</td>
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<td>KY Women’s Cancer Screening Program</td>
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<tr>
<td>LOUISIANA</td>
<td>Breast and Cervical Cancer Screening Program</td>
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<tr>
<td>MAINE</td>
<td>LA AIDS Drug Assistance Program</td>
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<td></td>
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<td></td>
<td>Maine Breast and Cervical Health Program</td>
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<td></td>
<td>Drugs for the Elderly</td>
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<td>Medical Eye Care</td>
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<td>MARYLAND</td>
<td>Kidney Disease Program</td>
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<td>MD AIDS Drug Assistance Program</td>
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<td>Breast/Cervical Cancer Early Detect.</td>
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<td></td>
<td>Maryland Primary Adult Care Program</td>
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<tr>
<td>MASSACHUSETTS</td>
<td>Prescription Advantage Plan</td>
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<tr>
<td></td>
<td>MA HIV Drug Assistance Program</td>
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<td>Women’s Health Network</td>
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<td>MICHIGAN</td>
<td>MiRx Card</td>
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<td>Adult Medical Program</td>
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<td>MI Rx Prescription Savings Program</td>
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<td>Breast/Cervical Cancer Control Pgrm</td>
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<tr>
<td>State</td>
<td>Program/Program Description</td>
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<tr>
<td>MINNESOTA</td>
<td>MN AIDS Drug Assistance Program</td>
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<td>Sage Screening Program</td>
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<td>Breast/Cervical Cancer Early Detect.</td>
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<td>First Steps: Early Intervention Program</td>
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<tr>
<td>MISSOURI</td>
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<td></td>
<td>Every Woman Matters Program</td>
</tr>
<tr>
<td>NEW HAMPSHIRE</td>
<td>Catastrophic Illness Program</td>
</tr>
<tr>
<td></td>
<td>Ryan White CARE Program</td>
</tr>
<tr>
<td></td>
<td>Let No Woman Be Overlooked</td>
</tr>
<tr>
<td>NEVADA</td>
<td>Senior Rx</td>
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<tr>
<td></td>
<td>NV AIDS Drug Assistance Program</td>
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<tr>
<td></td>
<td>Women’s Health Connection Program</td>
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<tr>
<td></td>
<td>Children w/Special Hlth Care Needs</td>
</tr>
<tr>
<td>NEW JERSEY</td>
<td>Rx Assist. for the Aged and Disabled</td>
</tr>
<tr>
<td></td>
<td>NJ AIDS Drug Distribution Program</td>
</tr>
<tr>
<td></td>
<td>End Stage Renal Disease Ptnt Assist.</td>
</tr>
<tr>
<td></td>
<td>NJ Cancer Education/Early Detection</td>
</tr>
<tr>
<td>NEW MEXICO</td>
<td>NM AIDS Drug Assistance Program</td>
</tr>
<tr>
<td></td>
<td>Family Infant Toddler Program</td>
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<tr>
<td></td>
<td>Breast/Cervical Cancer Early Detect.</td>
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<tr>
<td></td>
<td>Discount Prescription Drug Program</td>
</tr>
<tr>
<td>NEW YORK</td>
<td>Elderly Pharmaceutical Insurance Coverage Program</td>
</tr>
<tr>
<td></td>
<td>APIC</td>
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<tr>
<td></td>
<td>NY AIDS Drugs Assistance Program</td>
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<tr>
<td></td>
<td>Cancer Services Prgm Partnerships</td>
</tr>
<tr>
<td>NORTH</td>
<td>State Kidney Program</td>
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<tr>
<td>CAROLINA</td>
<td>Breast/Cervical Cancer Control Prgm</td>
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<tr>
<td></td>
<td>School Health Fund</td>
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<tr>
<td></td>
<td>Sickle Cell Syndrome Program</td>
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<tr>
<td>NORTH DAKOTA</td>
<td>Women’s Way</td>
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<tr>
<td></td>
<td>ND AIDS Drug Assistance Program</td>
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<td></td>
<td>Health Tracks</td>
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<td></td>
<td>Children’s Special Health Services</td>
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<tr>
<td>OHIO</td>
<td>OH Disability Assist Medical Prgm</td>
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<tr>
<td></td>
<td>Ohio HIV Drug Assistance Program</td>
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<tr>
<td></td>
<td>Ohio’s Best Rx Discount Card</td>
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<tr>
<td></td>
<td>Breast and Cervical Cancer Project</td>
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<tr>
<td>OKLAHOMA</td>
<td>HIV Drug Assistance Program</td>
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<tr>
<td></td>
<td>Take Charge!</td>
</tr>
<tr>
<td></td>
<td>Oklahoma Family Planning Program</td>
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<tr>
<td>OREGON</td>
<td>CAREAssist/AIDS Drug Assist Prgm</td>
</tr>
<tr>
<td></td>
<td>Senior Rx Drug Assist Prgm</td>
</tr>
<tr>
<td></td>
<td>OR Breast/Cervical Cancer Program</td>
</tr>
<tr>
<td>PENNSYLVANIA</td>
<td>Special Pharmaceutical Benefits</td>
</tr>
<tr>
<td></td>
<td>Pharma. Assist Contract for Elderly</td>
</tr>
<tr>
<td></td>
<td>The Healthy Woman Program</td>
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<td></td>
<td>Chronic Renal Disease Program</td>
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<tr>
<td>RHODE ISLAND</td>
<td>General Public Assistance Program</td>
</tr>
<tr>
<td></td>
<td>RI Pharma. Assist to the Elderly</td>
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<tr>
<td></td>
<td>RI AIDS Drug Assistance Program</td>
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<td></td>
<td>RI Women’s Cancer Screening Prgm</td>
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<tr>
<td>SOUTH CAROLINA</td>
<td>Best Chance Network</td>
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<td></td>
<td>Gap Assist. Pharmacy Prog for Seniors</td>
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<tr>
<td></td>
<td>Medically Indigent Assistance Prog. Family Planning Program</td>
</tr>
<tr>
<td>SOUTH DAKOTA</td>
<td>SD Chronic Renal Disease Program</td>
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<td></td>
<td>All Women Count! Program</td>
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<td></td>
<td>Rx Access</td>
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<td>TENNESSEE</td>
<td>AIDS Drug Assistance Program</td>
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<td></td>
<td>Tennessee Renal Disease Program</td>
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<td></td>
<td>Breast/Cervical Cancer Screen Prgm</td>
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<td></td>
<td>CoverRx</td>
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<td></td>
<td>HIV Drug Assistance Program</td>
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<td>TEXAS</td>
<td>Kidney Health Care Program</td>
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<td></td>
<td>Texas HIV Medication Program</td>
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<td></td>
<td>Breast and Cervical Cancer Services</td>
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<td></td>
<td>Children w/Special Hlth Care Needs</td>
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<tr>
<td>UTAH</td>
<td>Children w/Special Hlth Care Needs</td>
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<tr>
<td></td>
<td>Utah AIDS Drug Assistance Program</td>
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<td></td>
<td>Utah Cancer Control Program</td>
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<td>Primary Care Network of Utah</td>
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<td>VIRGINIA</td>
<td>VA AIDS Drug Assistance Program</td>
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<td></td>
<td>Every Woman’s Life</td>
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<td></td>
<td>Child Development Services Program</td>
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<td>State/Local Hospitalization Program</td>
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<td>VERMONT</td>
<td>Ladies First</td>
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<td></td>
<td>VT End Stage Renal Disease Program</td>
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<td></td>
<td>General Assistance</td>
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<td>Vpharm</td>
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<td>WASHINGTON</td>
<td>WA State Kidney Disease Program</td>
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<td></td>
<td>Early Intervention Program</td>
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<td></td>
<td>WA Breast and Cervical Health Program</td>
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<td></td>
<td>General Assistance</td>
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<tr>
<td>WEST VIRGINIA</td>
<td>WV AIDS Drug Assistance Program</td>
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<td></td>
<td>Children w/Special Hlth Care Needs</td>
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<tr>
<td></td>
<td>WV Breast/Cervical Cancer Scrng Pgrm</td>
</tr>
<tr>
<td></td>
<td>Right from the Start Project</td>
</tr>
<tr>
<td>WISCONSIN</td>
<td>WI Sr. Care Rx Drug Assistance Program</td>
</tr>
<tr>
<td></td>
<td>WI AIDS Drug Assistance Program</td>
</tr>
<tr>
<td></td>
<td>WI Chronic Renal Disease Program</td>
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<tr>
<td></td>
<td>Well-Woman Program</td>
</tr>
<tr>
<td>WYOMING</td>
<td>Prescription Drug Assistance Program</td>
</tr>
<tr>
<td></td>
<td>WY HIV/AIDS/Hepatitis Program</td>
</tr>
<tr>
<td></td>
<td>WY End Stage Renal Disease Program</td>
</tr>
<tr>
<td></td>
<td>Breast/Cervical Cancer Early Detect.</td>
</tr>
</tbody>
</table>

---

LOOP_08

======

---

FOR EACH OF THE FOLLOWING:

GROUP 1

GROUP 2

ASK BOX_20-END_LP08

---

45
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
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 {HX17OV}
NONE OF THESE .......................... 95 {HX18}
REF ................................. -7 {BOX_21}
DK ................................. -8 {BOX_21}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX17OV

IF CODED ‘95’ (NONE OF THESE), GO TO HX18

OTHERWISE, GO TO BOX_21

HARD CHECK:
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. CONTINUE.”

HX17OV

OTHER:

[Enter Other Specify] .................. {BOX_21}
REF ................................... -7 {BOX_21}
DK .................................... -8 {BOX_21}
What is the name of the program?

PROBE: Any other state program?

TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES) ....................... 7
SSI (SUPPLEMENTAL SECURITY INCOME) .......... 8
WIC (WOMEN, INFANTS AND CHILDREN) ...... 9
IHS (INDIAN HEALTH SERVICE) ............ 10
PUBLIC HEALTH CLINIC .................. 11
VA (VETERANS ADMINISTRATION) ........... 12
REF .................................. -7 {END_LP08}
DK .................................. -8 {END_LP08}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

-------------------------------------------------------
| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A GROUP 2 |  |  |
| PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED |  |  |
| ABOUT IN HX19 |  |  |
-------------------------------------------------------

-------------------------------------------------------
| IF: |  |  |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT- |  |  |
| HOSPITAL/PHYSICIAN DURING CURRENT ROUND |  |  |
| AND |  |  |
| HX18 IS CODED '7' (TANF), '8' (SSI), OR '9' (WIC), ALONE OR WITH ANY OTHER COMBINATION OF |  |  |
| CODES, CONTINUE WITH BOX_21 |  |  |
-------------------------------------------------------

-------------------------------------------------------
| OTHERWISE, GO TO END_LP08 |  |  |
-------------------------------------------------------
BOX_21
======

----------------------------------------------------
| IF SINGLE-PERSON RU, SELECT PERSON AT HX19        |
| AUTOMATICALLY BY CAPI AND GO TO LOOP_09            |
----------------------------------------------------

----------------------------------------------------
| IF MULTI-PERSON RU, CONTINUE WITH HX19            |
----------------------------------------------------

HX19
====

{STR-DT}
{END-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}

Who is covered by (READ PROGRAMS ABOVE)?

PROBE: Who else is covered by (READ PROGRAMS ABOVE)?

[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 DETAILS:                                  |
| TITLE: RU_MEMBERS_1                               |
|                                                  |
| COL # 1 HEADER: NAME                             |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)                   |
----------------------------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR
SELECTION OF RU MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT
FROM THE LISTED MEMBERS.

2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
NONE, DISPLAY ALL.

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 SECOND CYCLE OF LOOP_08, GO TO END_LP08

OTHERWISE, CONTINUE WITH HX20
HX20
=====

{STR-DT}
{END-DT}

Are there any other state programs that provide coverage for health care services to anyone else in the family?

YES .................................... 1 {END_LP08}
NO ..................................... 2 {END_LP08}
REF ................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}

END_LP08
========

----------------------------------------------------
<p>| IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP |</p>
<table>
<thead>
<tr>
<th>2 PUBLIC INSURANCE INFORMATION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8'    |
| (DON'T KNOW), OR IS NOT ASKED, END LOOP_08 AND     |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH HX21</th>
</tr>
</thead>
</table>

HX21
=====

{STR-DT}
{END-DT}

Next, I have some questions about other sources of health insurance anyone in the family may have had {since (START DATE)/between (START DATE) and (END DATE)} to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
DISPLAY 'This includes...coverage.' IF ANYONE IN RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND.

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

HX22
====

{STR-DT}
(END-DT)

SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain health 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 {LOOP_10}
NO ..................................... 2 {BOX_25}
REF ................................... -7 {BOX_25}
DK .................................... -8 {BOX_25}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

----------------------------------------------------
| DISPLAY 'Not counting insurance you already told | |
| me about, at’ AND ‘other’ IF ANY SOURCES OF |
| INSURANCE ARE RECORDED FOR THIS RU. |
| |
| IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS |
| RU, DISPLAY ‘At’. |
| |
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘between (START DATE) and (END DATE)’ IF |
| ROUND 5. |
----------------------------------------------------
LOOP_10

=================================================================================================
| FOR EACH OF THE FOLLOWING: |
|PRIVATELY PURCHASED INSURANCE CATEGORY 1|
|PRIVATELY PURCHASED INSURANCE CATEGORY 2|
|PRIVATELY PURCHASED INSURANCE CATEGORY 3|
|PRIVATELY PURCHASED INSURANCE CATEGORY 4|
|PRIVATELY PURCHASED INSURANCE CATEGORY 5|
|PRIVATELY PURCHASED INSURANCE CATEGORY 6|
|ASK HX23 - END_LP10|
=================================================================================================

=================================================================================================
| LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION ABOUT PRIVATELY PURCHASED HEALTH INSURANCE OBTAINED FROM SOURCES OTHER THAN EMPLOYERS MENTIONED IN THE EMPLOYMENT SECTION OF THE INTERVIEW. THIS LOOP CYCLES ON SOURCES OF PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT HX24. IF HX24 IS CODED ‘1’ (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF PRIVATELY PURCHASED INSURANCE. IF HX24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS. |
=================================================================================================
SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

FROM A GROUP OR ASSOCIATION ............... 1 {BOX_24}
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 {HX23OV}
REF ....................................... -7 {BOX_24}
DK ..................................... -8 {BOX_24}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| STARTING IN PANEL 12 ROUND 2, CATEGORY ‘2’ (FROM |
| A HEALTH INSURANCE PURCHASING ALLIANCE) WAS      |
| OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS. |
----------------------------------------------------

----------------------------------------------------
| DISPLAY AN ‘ADD OTHER SOURCE’ BUTTON ON THIS      |
| SCREEN.                                           |
----------------------------------------------------

----------------------------------------------------
| IF ‘ADD OTHER SOURCE’ IS SELECTED, PRESENT ‘ADD |
| OTHER SOURCE’ POP-UP (HX23OV) AND THEN GO TO |
| BOX_24.                                          |
----------------------------------------------------
ENTER OTHER:

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

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

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 {END_LP10}
NO ..................................... 2 {END_LP10}
REF ..................................... -7 {END_LP10}
DK ..................................... -8 {END_LP10}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.
| DISPLAY ‘since (START DATE)’ IF NOT ROUND 5. | DISPLAY ‘between (START DATE) and (END DATE)’ IF ROUND 5. |

END_LP10
========

| IF HX24 IS CODED ‘1’ (YES), CYCLE TO COLLECT THE NEXT INSURANCE CATEGORY. |

| OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25 |

BOX_25
======

| IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY CURRENT RU MEMBER, GO TO BOX_45 |

| OTHERWISE, CONTINUE WITH BOX_26 |

BOX_26
======

| IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_27 |

| OTHERWISE, GO TO BOX_29 |
BOX_27
======

----------------------------------------------------
| IF ROUND 1, GO TO LOOP_11                           |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_28                     |
----------------------------------------------------

BOX_28
======

----------------------------------------------------
| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU  |
| MEMBERS WHERE MEDICARE WAS RECORDED AS BEING       |
| RECEIVED THIS ROUND. THAT IS, CONTINUE WITH        |
| LOOP_11 ONLY IF THERE IS AT LEAST ONE              |
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT  |
| IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND.   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_29                            |
----------------------------------------------------

LOOP_11
======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-   |
| PAIRS-ROSTER, ASK HX25-END_LP11                    |
----------------------------------------------------
LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD AND MANAGED CARE INFORMATION FOR RU MEMBERS COVERED BY MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

IF ROUND 1:
- ESTABLISHMENT IS MEDICARE
  AND
- PERSON IS AN RU MEMBER FLAGGED AS COVERED BY MEDICARE DURING THE ROUND

IF NOT ROUND 1:
- ESTABLISHMENT IS MEDICARE
  AND
- PERSON IS AN RU MEMBER
  AND
- ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND

HX25
====

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

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)’s Medicare card?

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.

CARD AVAILABLE ......................... 1 {HX26}
CARD NOT AVAILABLE ..................... 2 {HX28A}
REF ................................... -7 {HX28A}
DK .................................... -8 {HX28A}

[Code One]

STARTING IN PANEL 13 ROUND 1/PANEL 12 ROUND 3, CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN).
HX26
====

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

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

----------------------------------------------------
| IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD RETIREMENT BOARD CARD), CONTINUE WITH HX27 |
----------------------------------------------------

----------------------------------------------------
| IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28A |
----------------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)  (STR-DT)
(END-DT)

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]

<p>| STARTING IN PANEL 13, ROUND 1/PANEL 12, ROUND 3, |</p>
<table>
<thead>
<tr>
<th>CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN).</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>GO TO BOX_28A</th>
</tr>
</thead>
</table>

<p>| HARD CHECK: |
| CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE |
| (I.E., &lt; OR =) THE INTERVIEW DATE. IF EFFECTIVE |
| DATE IS ON OR BEFORE JANUARY 1, {YEAR}, WHERE |
| ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, |
| FLAG RU MEMBER AS ‘WITH HEALTH INSURANCE COVERAGE |</p>
<table>
<thead>
<tr>
<th>ON JAN 1, {YEAR}’.</th>
</tr>
</thead>
</table>
SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE OF PERSON.

HX28
=====
OMITTED.

HX28A
=====

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

Part A of Medicare covers most hospital expenses. Part B covers many doctors’ expenses, including doctor visits, and the premium is usually deducted from (PERSON)’s Social Security.

(Are/Is) (PERSON) covered under Part B of Medicare?

YES ................................... 1 {HX29}
NO .................................... 2 {HX29}
REF ................................... -7 {HX29}
DK .................................... -8 {HX29}

HX29
=====

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

When did (PERSON)’s Medicare coverage start?

[Enter Month,Year-4] .................. {HX30}
REF ................................... -7 {HX29OV}
DK .................................... -8 {HX29OV}
| IF EFFECTIVE DATE IS: | |
| - A VALID DATE (I.E., NOT ‘RF’ (REFUSED) OR ‘DK’ (DON’T KNOW) IN THE MONTH OR YEAR FIELDS | |
| AND | |
| - ON OR BEFORE JANUARY 1, {YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, | |
| THEN FLAG RU MEMBER AS ‘WITH HEALTH INSURANCE COVERAGE ON JAN 1, {YEAR}. | |

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

| HARD CHECK: | |
| DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW DATE OR 12/31/{YEAR}, WHERE YEAR IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS. | |
| MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE OF PERSON. | |

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

HX29OV
=======

Did (PERSON) have Medicare coverage on January 1, {YEAR}?

YES ................................. 1 {HX30}
NO ................................. 2 {HX30}
REF ................................. -7 {HX30}
DK ................................. -8 {HX30}

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

| IF HX29OV CODED ‘1’ (YES), FLAG PERSON AS ‘WITH HEALTH INSURANCE COVERAGE ON JAN 1, {YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL. | |

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

HX29OV2
=======

OMITTED.
HX30
=====

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

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES .................................... 1 {BOX_28A}
NO ..................................... 2 {BOX_28A}
REF ................................... -7 {BOX_28A}
DK .................................... -8 {BOX_28A}

HX30A
=====

OMITTED. MOVED AND RENUMBERED TO HX35A

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 AND HX32 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO HX35A |
| OTHERWISE, CONTINUE WITH HX31 |

-----------------------------------
SHOW CARD HX-5.

As you may know, Medicare allows beneficiaries to enroll in Medicare Advantage or 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{, as of (END DATE),} listed on this card?

YES .................................... 1 {HX31OV}
NO ..................................... 2 {HX32}
REF ................................... -7 {HX32}
DK .................................... -8 {HX32}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

<table>
<thead>
<tr>
<th>DISPLAY ‘, as of (END DATE),’ IF ROUND 5.</th>
<th>OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

Which insurance plan {is/was} (PERSON)’s Medicare managed care plan {as of (END DATE)}?

CODE LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card] ........... {HX33A}
Even though (PERSON)’s Medicare plan is not listed on the card, ((are/is) (PERSON) currently/(were/was) (PERSON)) enrolled in a Medicare managed care plan such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) {as of (END DATE)}? When answering this question, please include only insurance from Medicare, not any privately purchased insurance and not any job-related insurance.

YES .................................... 1 {HX33}
NO ..................................... 2 {HX35A}
REF ................................... -7 {HX35A}
DK .................................... -8 {HX35A}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.
HX32A
=====

OMITTED.

HX33
=====

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

What {is/was} the name of (PERSON)’s Medicare managed care plan 
(as of (END DATE))? 

[Enter Plan Name] .....................    {HX33A}
REF ................................... -7 {HX33A}
DK .................................... -8 {HX33A}

----------------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF     |
| ROUND 5.                                          |
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY.                               |
----------------------------------------------------

----------------------------------------------------
| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND’S      |
| MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                             |
----------------------------------------------------

HX33A
=====

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

{(Do/Does)/Did} (PERSON) have prescribed medicine coverage through 
{{PLAN NAME ENTERED AT HX31OV-50}/NAME OF PLAN FROM HX33}/ 
(PERSON)’s Medicare managed care plan {as of (END DATE)}?

YES ................................. 1
NO .................................... 2
REF ................................... 7 {HX33A}
DK ................................. 8 {HX33A}
<table>
<thead>
<tr>
<th>DISPLAY ‘(Do/Does)’ IF NOT ROUND 5. DISPLAY ‘Did’</th>
<th>IF ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ‘{(PLAN NAME ENTERED AT HX31OV-50)/{NAME</td>
<td>OF PLAN FROM HX33)’ IF A PLAN NAME WAS CODED AT</td>
</tr>
<tr>
<td>HX31OV OR HX33. DISPLAY ‘(PERSON)’s Medicare</td>
<td>managed care plan’ IF HX33 IS CODED ‘-7’ (REF)</td>
</tr>
<tr>
<td>OR ‘-8’ (DK).</td>
<td>OR ‘-8’ (DK).</td>
</tr>
<tr>
<td>DISPLAY ‘{PLAN NAME ENTERED AT HX31OV-50}’ IF A</td>
<td>PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE</td>
</tr>
<tr>
<td>PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE</td>
<td>ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER</td>
</tr>
<tr>
<td>ACTUAL PLAN NAME ENTERED AT HX31OV FOR THIS STATE.</td>
<td>ENTERED AT HX31OV FOR THIS STATE.</td>
</tr>
<tr>
<td>DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR</td>
<td>‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS</td>
</tr>
<tr>
<td>‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS</td>
<td>ENTERED.</td>
</tr>
<tr>
<td>ENTERED.</td>
<td></td>
</tr>
<tr>
<td>DISPLAY ‘as of (END DATE)’ IF ROUND 5. OTHERWISE,</td>
<td>USE A NULL DISPLAY.</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>IF ROUND 1 OR ROUND 3, CONTINUE WITH HX34</td>
<td>-------------</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO END_LP11</td>
<td>-------------</td>
</tr>
</tbody>
</table>
Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything else for {the coverage with {{PLAN NAME ENTERED AT HX31OV}/{NAME OF PLAN FROM HX33}}/this Medicare Managed Care plan)?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {HX34A}
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
Many Medicare beneficiaries pay the premium for their Medicare Advantage coverage through their Social Security checks. Some pay directly to the provider. How (do/does) (PERSON) pay for (PERSON)’s {{PLAN NAME ENTERED AT HX31OV}/{{NAME OF PLAN FROM HX33}}/Medicare managed care} premium?

DEDUCTED FROM SOCIAL SECURITY ........ 1 {HX35}
PAY DIRECTLY ........................... 2 {HX35}
BOTH ................................... 3 {HX35}
REF ................................. -7 {END_LP11}
DK ................................. -8 {END_LP11}
HX35
=====

(Person’s first middle and last name) (STR-DT)
(End-DT)

How much is (Person)’s Social Security deduction/(do/does) (Person) pay in premiums for (Person)’s ((Plan name entered at HX31OV)/(Name of plan from HX33)) plan?

If respondent is not sure, do not probe. Code ‘don’t know’.

[Enter amount in dollars] .............. {HX35OV1}
REF .................................. -7 {HX35AA}
DK .................................... -8 {HX35AA}

Display ‘is (Person)’s Social Security deduction’

If HX34A is coded ‘1’ (Deducted from Social Security’. Display ‘(do/does) (Person) pay in premiums’ if HX34A is coded ‘2’ (Pay directly) or ‘3’ (Both).

Display ‘{(Plan name entered at HX31OV)/(Name of plan from HX33)}’ if a Medicare plan name was selected at HX31OV or entered at HX33. Otherwise (i.e., if HX33 was coded ‘-7’ (Ref) or ‘-8’ (DK)), use a null display.

Display ‘{(Plan name entered at HX31OV)’ if a plan letter was entered at HX31OV. Display the actual plan name that corresponds to the letter entered at HX31OV for this state.

Display the actual plan name entered at HX33 for ‘Name of plan from HX33’ if a plan name was entered.
Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

- PER YEAR ........................................... 1 {END_LP11}
- QUARTERLY/EVERY 3 MONTHS ................. 2 {END_LP11}
- BIMONTHLY/EVERY 2 MONTHS ................. 3 {END_LP11}
- PER MONTH ........................................... 4 {END_LP11}
- PER WEEK ........................................... 5 {END_LP11}
- BIWEEKLY/EVERY 2 WEEKS ..................... 6 {END_LP11}
- SEMI-ANNUALLY/2 TIMES PER YEAR ......... 7 {END_LP11}
- SEMI-MONTHLY/2 TIMES PER MONTH .......... 8 {END_LP11}
- OTHER ............................................... 91 {HX35OV2}
- REF ................................................... -7 {END_LP11}
- DK ..................................................... -8 {END_LP11}

[Code One]

OTHER:

- [Enter Other Specify] .............................. {END_LP11}
- REF ................................................... -7 {END_LP11}
- DK ..................................................... -8 {END_LP11}
HX35AA
========

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

(Plan Name: {{Plan Name Entered at HX31OV}/(Name of Plan from HX33}})

Show Card HX-5A.

Which category on the card best indicates the cost of this plan per month?

1 - 50 ........................................ 1 (END_LP11)
51 - 100 ...................................... 2 (END_LP11)
101 - 200 .................................... 3 (END_LP11)
201 - 300 .................................... 4 (END_LP11)
301 or More .................................. 5 (END_LP11)
REF ........................................... -7 (END_LP11)
DK ............................................ -8 (END_LP11)

----------------------------------------------------
| DISPLAY ‘PLAN NAME: {{PLAN NAME ENTERED AT |
| HX31OV}/(NAME OF PLAN FROM HX33}’ IF A MEDICARE |
| PLAN NAME WAS SELECTED AT HX31OV OR ENTERED AT |
| HX33. OTHERWISE (I.E., IF HX33 WAS CODED ‘-7’ |
| (REF) OR ‘-8’ (DK)), USE A NULL DISPLAY. |
| |
| DISPLAY ‘{{PLAN NAME ENTERED AT HX31OV}’ IF A PLAN |
| LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX31OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| ‘NAME OF PLAN FROM HX33’ IF A PLAN NAME WAS |
| ENTERED. |
----------------------------------------------------
(PERSON’S FIRST MIDDLE AND LAST NAME)    (STR-DT)

(Are/Is)/(Were/Was) (PERSON) enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan (as of (END DATE))? 

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

HELP AVAILABLE FOR DEFINITION OF MEDICARE PART D.

| DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY | |
| ‘(Were/Was)’ IF ROUND 5. | |
| DISPLAY ‘as of (END DATE)’ IF ROUND 5. OTHERWISE, | |
| USE A NULL DISPLAY. | |

| IF CODED ‘1’ (YES) AND ROUND 1 OR ROUND 3, | |
| CONTINUE WITH HX35B | |

| OTHERWISE, GO TO END_LP11 | |

---
Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything else for (PERSON)’s Medicare Prescription Drug Plan (also known as Part D)?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {HX35C}
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

Many Medicare beneficiaries pay the premium for their Medicare drug coverage through their Social Security checks. Some pay directly to the provider? How (do/does) (PERSON) pay for (PERSON)’s Part D premium?

DEDUCTED FROM SOCIAL SECURITY .......... 1 {HX35D}
PAY DIRECTLY ................................ 2 {HX35D}
BOTH ....................................... 3 {HX35D}
REF ....................................... -7 {END_LP11}
DK ......................................... -8 {END_LP11}
PERSON’S FIRST MIDDLE AND LAST NAME    (STR-DT)
(END-DT)

How much is PERSON’s Social Security deduction/(do/does) PERSON pay in premiums) for PERSON’s Part D plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE ‘DON’T KNOW’.

[Enter Amount in Dollars] .............. {HX35DOV1}
REF ................................... -7 {HX35E}
DK .................................... -8 {HX35E}

----------------------------------------------------
| DISPLAY ‘is PERSON’s Social Security deduction’ |
| IF HX35C IS CODED ‘1’ (DEDUCTED FROM SOCIAL    |
| SECURITY’. DISPLAY ‘(do/does) PERSON pay in  |
| premiums’ IF HX35C IS CODED ‘2’ (PAY DIRECTLY) OR |
| ‘3’ (BOTH).                                       |
----------------------------------------------------

HX35DOV1

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

PER YEAR ............................... 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS ............... 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {END_LP11}
PER MONTH ................................ 4 {END_LP11}
PER WEEK ................................... 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS ................... 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {END_LP11}
OTHER .................................... 91 {HX35DOV2}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

[Code One]
HX35DOV2
========

OTHER:

[Enter Other Specify] ................. {END_LP11}
REF .................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

HX35E
=====

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

SHOW CARD HX-5B.

Which category on the card best indicates the cost of this plan per month?

1 - 30 .................................... 1 {END_LP11}
31 - 60 ................................ 2 {END_LP11}
61 - 90 ................................ 3 {END_LP11}
91 - 120 ............................... 4 {END_LP11}
121 OR MORE ............................ 5 {END_LP11}
REF .................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

END_LP11
========

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

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,      |
| END LOOP_11 AND CONTINUE WITH BOX_29             |
----------------------------------------------------
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_31C

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, GO TO BOX_31AA

OTHERWISE, GO TO BOX_31C

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).
BOX_31
======
OMITTED.

HX37
====
OMITTED.

HX38
====
OMITTED.

HX38OV1
======
OMITTED.

HX38OV2
======
OMITTED.

HX39
====
OMITTED.

HX40
====
OMITTED.

BOX_31AA
======

----------------------------------------------------
| NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED    |
| CARE PLANS INCLUDE THE FOLLOWING:                 |
|    ALASKA             MISSISSIPPI                  |
|    WYOMING                                         |
|                                                    |
| ARKANSAS AND NEW HAMPSHIRE WERE REMOVED FROM THIS  |
| LIST STARTING IN PANEL 12 ROUND 3.                 |
----------------------------------------------------

----------------------------------------------------
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED    |
| DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE |
| HX41 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX42 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH HX41                      |
----------------------------------------------------
Some people on Medicaid or state CHIP name can enroll in plans called HMOs. These plans have names like those listed on this card.

SHOW CARD HX-6.

Is the name of the health insurance through 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 {HX410V}
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 government 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.
Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/that program)?

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.
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.]

[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 {HX44}
REF ................................... -7 {HX43}
DK .................................... -8 {HX43}

[Code One]

HELP AVAILABLE 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 '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.

DISPLAY 'between (START DATE) and (END DATE)' IF
ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-
ROSTER FOR SELECTION OF RU MEMBERS.
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN,
AND
2. 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.

[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 {HX44}
YES, SOME REQUIRED ..................... 2 {HX44}
NO, NONE REQUIRED ...................... 3
REF ................................. -7
DK .................................. -8

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE), did' IF ROUND 5.
DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/SCHIP. DISPLAY 'the program...benefits' IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

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_31B

IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, GO TO HX45

OTHERWISE, (I.E., IF CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED)), CONTINUE WITH HX44
What is the name of the Medicaid/STATE NAME FOR MEDICAID} or {STATE CHIP NAME} HMO/health insurance} {from the program sponsored by a state or local government agency which provides hospital and physician benefits)?

[Enter Plan Name] .................
REF ..................................... -7
DK ...................................... -8
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 GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID/SCHIP, USE A NULL DISPLAY.
DISPLAY 'HMO' IF HX42 IS CODED '1' (YES, ALL ARE) OR '2' (YES, SOME ARE).
DISPLAY 'health insurance' IF HX43 IS CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY 'or STATE CHIP NAME' 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.

IF ASKING ABOUT MEDICAID/SCHIP, CONTINUE WITH BOX_31B

OTHERWISE, GO TO HX45
IF ROUND 1 OR ROUND 3 (AND ASKING ABOUT MEDICAID/ SCHIP), CONTINUE WITH HX45

OTHERWISE (I.E., IF ROUNDS 2, 4, OR 5 AND ASKING ABOUT MEDICAID/SCHIP), GO TO BOX_31C

--------

{STR-DT}

{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX410V}/{NAME OF PLAN FROM HX44}}}

Does anyone in the family pay anything for the coverage through {{PLAN NAME}/{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}?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {HX46}
NO ........................................ 2 {HX47}
REF ....................................... -7 {BOX_31C}
DK ........................................ -8 {BOX_31C}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED.

DISPLAY '{PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, {{Medicaid/... and physician benefits}'. 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 '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.
How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

[Enter Amount in Dollars] .................. {HX46OV1}
REF ................................... -7 {HX47}
DK .................................... -8 {HX47}

---

DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT HX41OV FOR THIS STATE.

DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS ENTERED.

DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY, 'that'.

---
Is that per year, per month, per week, or what?

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 {HX46OV2}
REF ............................................. -7 {HX47}
DK ............................................. -8 {HX47}

[Code One]

OTHER:

[Enter Other Specify] ...................... {HX47}
REF ............................................. -7 {HX47}
DK ............................................. -8 {HX47}

OMITTED.
Who (else) pays (some of/for) the premium or cost of this insurance?

FEDERAL GOVERNMENT .................... 1
STATE GOVERNMENT ...................... 2
LOCAL GOVERNMENT ...................... 3
SOME GOVERNMENT ....................... 4
OTHER .................................. 91 {HX47OV}
REF ................................... -7 {BOX_31C}
DK .................................... -8 {BOX_31C}

[Code All That Apply]
| IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX47OV |

| OTHERWISE, GO TO BOX_31C |

HX47OV

OTHER:

[Enter Other Specify] ................. {BOX_31C}
REF .................................. -7 {BOX_31C}
DK .................................... -8 {BOX_31C}

BOX_31C

| IF ROUND 1 OR ROUND 3, CONTINUE WITH BOX_31D |

| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO BOX_32 |

BOX_31D

| IF ANY RU MEMBER HAS TRICARE/CHAMPVA AS A SOURCE OF INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH BOX_31E |

| OTHERWISE, GO TO BOX_32 |
BOX_31E

----------------------------------------
| IF NO ONE IN THE RU WAS COVERED BY TRICARE/CHAMPVA |
| DURING THE PREVIOUS ROUND AND AT LEAST ONE RU      |
| MEMBER IS COVERED BY TRICARE/CHAMPVA DURING THE  |
| CURRENT ROUND CONTINUE WITH HX47A                 |
----------------------------------------

----------------------------------------
| OTHERWISE, GO TO BOX_32                |
----------------------------------------

HX47A

{(STR-DT)
(END-DT)

[Now, let’s talk about the coverage someone in the family has through TRICARE or CHAMPVA.]

Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {HX47B}
NO ..................................... 2 {BOX_32}
REF ................................... -7 {BOX_32}
DK .................................... -8 {BOX_32}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

HX47B

{(STR-DT)
(END-DT)

How much does anyone in the family pay for the coverage through TRICARE or CHAMPVA?

[Enter Amount in Dollars] .............. {HX47BOV1}
REF ................................... -7 {BOX_32}
DK .................................... -8 {BOX_32}
HX47BOV1

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR ........................................ 1 {BOX_32}
QUARTERLY/EVERY 3 MONTHS .................... 2 {BOX_32}
BIMONTHLY/EVERY 2 MONTHS ..................... 3 {BOX_32}
PER MONTH ...................................... 4 {BOX_32}
PER WEEK ...................................... 5 {BOX_32}
BIWEEKLY/EVERY 2 WEEKS ....................... 6 {BOX_32}
SEMI-ANNUALLY/2 TIMES PER YEAR ............. 7 {BOX_32}
SEMI-MONTHLY/2 TIMES PER MONTH ............. 8 {BOX_32}
OTHER ......................................... 91 {HX47BOV2}
REF ......................................... -7 {BOX_32}
DK ........................................ -8 {BOX_32}

[Code One]

HX47BOV2

OTHER:

[Enter Other Specify] ..................... {BOX_32}
REF ......................................... -7 {BOX_32}
DK ........................................ -8 {BOX_32}

BOX_32

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

| IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE |
| INSURANCE (THAT WAS CREATED DURING THE CURRENT |
| ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH |
| LOOP_12 |

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

| OTHERWISE, GO TO BOX_45 |

--------------------
LOOP_12

----------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER, ASK HX48-END_LP12                  |
----------------------------

----------------------------
| LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH |
| INSURANCE INFORMATION. THIS LOOP CYCLES ON       |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE         |
| FOLLOWING CONDITIONS:                           |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH   |
|   INSURANCE TO A CURRENT RU MEMBER              |
| AND                                              |
| - THE INSURANCE COVERAGE PROVIDED BY THE        |
|   ESTABLISHMENT IS CREATED DURING THE CURRENT   |
| ROUND                                           |
----------------------------
(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) {as of (END DATE)}?

CHECK 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 {HX48OV}
REF ................................... -7 {BOX_33}
DK .................................... -8 {BOX_33}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

----------------------------------------------------
| DISPLAY ‘(do/does)’ IF INSURANCE BEING ASKED      |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED ‘1’ (YES, |
| COVERED NOW) FOR THE POLICYHOLDER, AND THE CURRENT|
| ROUND IS NOT ROUND 5. OTHERWISE, DISPLAY ‘did’.   |
|                                                   |
| DISPLAY ‘as of (END DATE)’ IF ROUND 5. OTHERWISE,|
| USE A NULL DISPLAY.                              |
----------------------------------------------------

----------------------------------------------------
| NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE   |
| SHOW CARD.                                       |
----------------------------------------------------
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH HX48OV

OTHERWISE, GO TO BOX_33

HX48OV

OTHER:

[Enter Other Specify] ................... {BOX_33}
REF ................................... -7 {BOX_33}
DK .................................... -8 {BOX_33}

BOX_33

IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE WITH HX49

IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, AUTOMATICALLY CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND THEN GO TO LOOP_13

OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP)), GO TO BOX_35
What is the name of the insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company or HMO from which (POLICYHOLDER) receives the Medicare Supplement or Medigap benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer] ............
   REF ....................... -7
   DK ....................... -8

TYPE: 1 = INSURANCE COMPANY ...............
   2 = HMO .............................
   3 = SELF-INSURED COMPANY ............
   REF ............................... -7
   DK ................................. -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

| FLAG INSURANCE CO./HMO AS ‘SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS’. ALSO FLAG AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR. |

| BOTH INSURER NAME AND INSURER TYPE MUST BE ENTERED. |

| IF INSURER NAME IS ENTERED, CONTINUE WITH LOOP_13 |

| IF INSURER NAME IS CODED ‘-7’ (REF) OR ‘-8’ (DK), GO TO BOX_35 |
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13 |

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

| LOOP DEFINITION: LOOP_13 COLLECTS OTHER POLICY NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (THAT IS, INSURERS ENUMERATED AT HX49). THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP BENEFITS AND
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE PROVIDED THROUGH THIS ESTABLISHMENT AND
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY) |

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

HX50
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT)
(END-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 {HX500V}
NO OTHER NAME .......................... 2 {END_LP13}
REF ................................. -7 {END_LP13}
DK ................................. -8 {END_LP13}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]
DISPLAY THE NAME OF THE INSURANCE CO/HMO
RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR 'INSURANCE...NAME.'

HX50OV

OTHER NAME:

[Enter Insurance Company or HMO] ....... {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

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 ROUND 1 AND HX48 IS CODED ‘1’ (HOSPITAL AND |
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |
| HMO) AND ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) (IN |
| COMBINATION WITH ANY OTHER CODES), GO TO BOX_38 |
| |

| IF HX48 IS NOT CODED ‘1’ (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT |
| IS CODED ‘2’ (DENTAL), ‘3’ (PRESCRIPTION DRUGS), |
| ‘4’ (VISION), ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), |
| ‘6’ (LONG TERM CARE IN A NURSING HOME), ‘7’ (EXTRA |
| CASH FOR HOSPITAL STAYS), ‘8’ (SERIOUS DISEASE OR |
| DREAD DISEASE), OR ‘91’ (OTHER), GO TO BOX_38 |
| |

| IF HX48 IS CODED ANY COMBINATION OF ONLY CODES ‘9’ |
| (DISABILITY), ‘10’ (WORKER’S COMPENSATION) OR ‘11’ |
| (ACCIDENT), GO TO END_LP12 |
| |

| IF ROUND 1 AND HX48 IS CODED ‘-7’ (REFUSED) OR |
| ‘-8’ (DON’T KNOW), GO TO BOX_39 |
| |

| IF ROUND 2, 3, 4, OR 5 AND HX48 IS CODED ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW), GO TO BOX_38 |
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, SELECT ‘HMO’.

NAME OF INSURER: [Enter Insurer] ...........
  REF .......................... -7
  DK .......................... -8

TYPE: 1 = INSURANCE COMPANY ...............
  2 = HMO ............................
  3 = SELF-INSURED COMPANY ............
  REF .......................... -7
  DK .......................... -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>FLAG INSURANCE CO./HMO AS ‘SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS’. ALSO FLAG AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOTH INSURER NAME AND INSURER TYPE MUST BE ENTERED.</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IF INSURER NAME IS ENTERED, CONTINUE WITH LOOP_14</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IF INSURER NAME IS CODED ‘-7’ (REF) OR ‘-8’ (DK), GO TO BOX_38</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

104
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    |
| INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)   |
----------------------------------------------------

HX52
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT} {STR-DT}  
(END-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 {HX52OV}
NO OTHER NAME .......................... 2 {END_LP14}
REF ................................... -7 {END_LP14}
DK .................................... -8 {END_LP14}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]
Display the name of the insurance company or HMO recorded in HX51_01 which is being looped on for 'insurance...name.'

OTHER NAME:

[Enter Insurance Company or HMO] ........ {END_LP14}
REF ..................................... -7 {END_LP14}
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.

Omitted.

NOTE: ALL rounds, continue with box_38.

OMITTED.

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}
(END-DT)

SHOW CARD HX-8.

Is the name of (POLICYHOLDER)’s insurance plan through
(ESTABLISHMENT) listed on this card?

YES .................................... 1 {HX590V}
NO ..................................... 2 {BOX_40}
REF ................................... -7 {BOX_40}
DK .................................... -8 {BOX_40}

HX590V
=====

Which insurance plan is (POLICYHOLDER)’s (ESTABLISHMENT)
insurance?

CODE LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card] ............ {BOX_40}
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY PLAN ENTERED.” WHEN INTERVIEWER PRESSES CLEARS 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_4OA - 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/MANAGED CARE PLAN. 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
=======

<table>
<thead>
<tr>
<th>IF INSURER IS AN HMO (EPIN.INSTYPE = 2), CONTINUE WITH HX60A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., IF INSURER IS NOT AN HMO), GO TO BOX_41</th>
</tr>
</thead>
</table>

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
=======

<table>
<thead>
<tr>
<th>PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>AT COMPLETION OF THE MC SECTION, CONTINUE WITH END_LP17</th>
</tr>
</thead>
</table>
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  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_43                           |
----------------------------------------------------

HX60
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT}  {STR-DT}
(END-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] ....................... {BOX_43}
REF .................................... -7 {BOX_43}
DK ..................................... -8 {BOX_43}

HELP AVAILABLE FOR DEFINITION OF PLAN LETTER.
HARD CHECK: MEDICARE SUPPLEMENTAL OR MEDIGAP PLAN
LETTER MUST BE 1 CHARACTER LONG, A-L, UPPER OR LOWER CASE. IF CODED OTHER THAN A-L DISPLAY THE FOLLOWING MESSAGE: “Medicare Supplemental or Medigap Plan letter must be A through L. Verify and re-enter plan letter.”
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 {HX62}
YES, PAY SOME OF PREMIUM/COST .......... 2 {HX62}
YES, BUT DON’T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST ........................ 3 {HX62}
NO, DO NOT PAY ............................ 4 {HX63}
REF ....................................... -7 {END_LP12}
DK ........................................... -8 {END_LP12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

HX62
====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT}
(END-DT)

How much {(do/does)/did} (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

[Enter Amount in Dollars] ..............  {HX62OV1}
REF ................................... -7  {BOX_44A}
DK .................................... -8  {BOX_44A}

HX62OV1
========

(Is/Was) that per year, per month, per week, or what?

UNIT OF COVERAGE:

<table>
<thead>
<tr>
<th>UNIT OF COVERAGE</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER YEAR ................................</td>
<td>1</td>
</tr>
<tr>
<td>QUARTERLY/EVERY 3 MONTHS ..........</td>
<td>2</td>
</tr>
<tr>
<td>BIMONTHLY/EVERY 2 MONTHS ..........</td>
<td>3</td>
</tr>
<tr>
<td>PER MONTH ................................</td>
<td>4</td>
</tr>
<tr>
<td>PER WEEK ................................</td>
<td>5</td>
</tr>
<tr>
<td>BIWEEKLY/EVERY 2 WEEKS ............</td>
<td>6</td>
</tr>
<tr>
<td>SEMI-ANNUALLY/2 TIMES PER YEAR ....</td>
<td>7</td>
</tr>
<tr>
<td>SEMI-MONTHLY/2 TIMES PER MONTH ....</td>
<td>8</td>
</tr>
<tr>
<td>OTHER ..................................</td>
<td>91</td>
</tr>
</tbody>
</table>

HX62OV2
========

OTHER:

<table>
<thead>
<tr>
<th>OTHER SPECIFY</th>
<th>REFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify] ..............</td>
<td>1</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

BOX_44A
========

| IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/ | COST), GO TO END LP12 |
| OTHERWISE, CONTINUE WITH HX63 | |
Who {else} pays {some of/for} the premium or cost of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ................. 1
STATE GOVERNMENT ................... 2
LOCAL GOVERNMENT .................... 3
SOME GOVERNMENT ...................... 4
EMPLOYER ............................ 5
UNION .................................. 6
OTHER ................................. 91 {HX63OV}
REF ................................... -7 {END_LP12}
DK ..................................... -8 {END_LP12}

[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).            |
|                                                   |
----------------------------------------------------

----------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT   |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN      |
| COMBINATION WITH ANY OTHER CODE.                  |
|                                                   |
----------------------------------------------------

----------------------------------------------------
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION    |
| WITH ANY OTHER CODE, CONTINUE WITH HX63OV         |
|                                                   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP12                         |
|                                                   |
HX63OV
=====

OTHER:

[Enter Other Specify] ..................   {END_LP12}
REF ................................... -7 {END_LP12}
DK .................................... -8 {END_LP12}

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_51 |
------------------------------------------------------

BOX_46
=====

------------------------------------------------------
| IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., FLAGGED AS HAVING MEDICARE, MEDICAID/SCHIP, GOVT-HOSPITAL/PHYSICIAN, TRICARE/CHAMPVA, OTHER PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, GO TO BOX_48 |
------------------------------------------------------
Otherwise, (at least one RU member born before 12/31/\{YEAR\}, where ‘YEAR’ is the year prior to the first calendar year of the panel, is without health insurance on January 1, \{YEAR\}, where ‘YEAR’ is the first calendar year of the panel), 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, \{YEAR\}, where year is the first calendar year of the panel. 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/SCHIP, Govt-Hospital/Physician, Other Public, TRICARE/CHAMPVA, or Private Insurance
- Person is a current RU member with a birth date prior to December 31, \{YEAR\}, where ‘YEAR’ is the year prior to the first calendar year of the panel (or age category > 1)
- Period of coverage includes January 1, \{YEAR\}, where ‘YEAR’ is the first calendar year of the panel.
I have recorded that (PERSON) (were/was) without insurance on January 1, {YEAR}. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years {YEAR} or {YEAR}?

YES .................................... 1 {HX65}
NO ..................................... 2 {END_LP18}
REF ................................... -7 {END_LP18}
DK .................................... -8 {END_LP18}

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 {YEAR} or {YEAR}?

[Enter Month,Year-4] ...................   {HX66}
REF ................................... -7 {HX66}
DK .................................... -8 {HX66}
FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY: CAPI DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL FOR "YEAR" OR "YEAR"?". (FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE '2005 or 2006').

-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}
(END-DT)

Was (PERSON)’s health insurance that ended in {MONTH AND YEAR FROM HX65/{YEAR} or {YEAR}} obtained through an employer or a union, was it a government program such as Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE EMPLOYER OR PUBLIC EMPLOYER (FEDERAL, STATE, OR LOCAL GOVT.) .................. 1
MEDICARE ........................................... 2
MEDICAID ............................................ 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 {HX66OV}
REF ............................................... -7 {END_LP18}
DK ............................................... -8 {END_LP18}

[Code All That Apply]

HELP AVAILABLE 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 ‘{YEAR} or {YEAR}’ IF HX65 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), WHERE ‘YEAR’ AND ‘YEAR’ DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE ‘2005’ or ‘2006’.

FOR ‘STATE PROGRAM N’, DISPLAY AN ACTUAL NAME OF A STATE PLAN. FOR THE SPECIFIC NAMES OF PLANS BY STATE, SEE BOX ON HX16.

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO END_LP18

HX66OV
=====

OTHER:

[Enter Other Specify] ................. {END_LP18}
REF ................................... -7 {END_LP18}
DK .................................... -8 {END_LP18}

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, {YEAR}, WHERE ‘YEAR’ IS THE YEAR     |
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL,    |
| HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE   |
| (I.E., MEDICARE, MEDICAID/SCHIP, GOVT-            |
| HOSPITAL/PHYSICIAN, OR TRICARE/CHAMPVA)           |
| AND                                               |
| NO CURRENT RU MEMBERS WHO WERE BORN BEFORE        |
| DECEMBER 31, {YEAR}, WHERE ‘YEAR’ IS THE YEAR     |
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL,    |
| HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL |
| AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/    |
| MEDI GAP BENEFITS ON 1/1/{YEAR}, WHERE ‘YEAR’ IS  |
| THE FIRST CALENDAR YEAR OF THE PANEL, GO TO       |
| BOX_49                                            |
----------------------------------------------------
LOOP_19

| OTHERWISE, CONTINUE WITH LOOP_19 |

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, \{YEAR\}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, TO DETERMINE PERIODS OF COVERAGE IN \{YEAR\}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER

AND

- PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, OR PERSON'S AGE IS AGE CATEGORIES 2-9

AND

- PERSON HAD COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL. 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/{YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL:

- 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)

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

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
| HX70-END_LP19 |

----------------------------------------------------
HX70
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {STR-DT}
(END-DT)

I have recorded that (PERSON) had health insurance coverage on January 1, {YEAR}. (Were/Was) (PERSON) ever without health insurance coverage at any time in {YEAR}?

YES .................................... 1 {HX71}
NO ..................................... 2 {END_LP19}
REF ..................................... -7 {END_LP19}
DK ..................................... -8 {END_LP19}

------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): |
| FOR ‘YEAR’ IN, "... on JANUARY 1, {YEAR}," DISPLAY THE FIRST CALENDAR YEAR OF THE PANEL. FOR ‘YEAR’ IN "... at any time in {YEAR}," DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL. |
------------------------------------------------------------------

HX71
====

(POLICYHOLDER FIRST MIDDLE LAST NAME) {STR-DT}
(END-DT)

Altogether, how many weeks or months (were/was) (PERSON) without health insurance coverage in the year {YEAR}?

[Enter Small Number] ...................   {HX71OV}
REF ..................................... -7 {END_LP19}
DK ..................................... -8 {END_LP19}

------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): |
| FOR ‘YEAR’ IN THE QUESTION TEXT, DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL. |
------------------------------------------------------------------
HX71OV
======

ENTER UNIT:

WEEKS .................................. 1 {END_LP19}
MONTHS .................................. 2 {END_LP19}
REF ................................... -7 {END_LP19}
DK .................................... -8 {END_LP19}

[Code One]

HX72
====
OMITTED.

HX73
====
OMITTED.

HX73OV
======
OMITTED.

HX74
====
OMITTED.

HX75
====
OMITTED.

HX75OV
======
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, (YEAR), WHERE ‘YEAR’ IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL AND PHYSICIAN BENEFITS AND/OR ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE PUBLIC INSURANCE ON JANUARY 1, (YEAR), WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, GO TO BOX_51 |

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

| OTHERWISE, CONTINUE WITH LOOP_20 |

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

LOOP_20

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK HX76-END_LP20 |

----------------------------------------------------
LOOP DEFINITION: LOOP_20 COLLECTS INFORMATION FOR EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO 12/31/{YEAR}, WHERE ‘YEAR’ IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, (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, {YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL. THE LOOP CYCLES ON PERSONS WERE EVER COVERED BY A MORE COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/PHYSICIAN COVERAGE DURING {YEAR}, WHERE ‘YEAR’ IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, OR {YEAR}, WHERE ‘YEAR’ IS TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL. THE LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER AND
- PERSON’S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, WHERE ‘YEAR’ IS THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, OR IN AGE CATEGORIES 2-9 AND
- PERSON DID NOT HAVE COMPREHENSIVE HEALTH INSURANCE COVERAGE ON 1/1/{YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL.

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/{YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL:

- ESTABLISHMENT IS MEDICARE
- ESTABLISHMENT IS MEDICAID
- 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
- PERSON IS COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLES ON 1/1/{YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL:
| - 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 IS NOT CODED 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, [Year]. (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 [Year] or [Year]?

(Type of Insurance in HX48) {Type of Insurance in HX48}
(Type of Insurance in HX48) {Type of Insurance in HX48}
(Type of Insurance in HX48) {Type of Insurance in HX48}

YES .................................... 1 {HX77}
NO ..................................... 2 {END_LP20}
REF ................................... -7 {END_LP20}
DK .................................... -8 {END_LP20}
DISPLAY ‘had health...(BELOW)’ IF PERSON
CONFIRMED AS POLICYHOLDER (HP09 IS CODED ‘1’
(YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT
HP11) OR SELECTED AS A DEPENDENT (SELECTED AT
HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER
PAIR WHERE HX48 IS NOT CODED ‘1’ (HOSPITAL AND
PHYSICIAN BENEFITS) AND NOT CODED ‘5’ (MEDICARE
SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY
COMBINATION OF CODES FOR ALL OF THOSE PRIVATE
ESTABLISHMENT-POLICYHOLDER PAIRS. OTHERWISE, USE
A NULL DISPLAY.

DISPLAY ‘was....program’ IF PERSON SELECTED AT
HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM).
OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘and’ IF PERSON CONFIRMED AS POLICYHOLDER
(HP09 IS CODED ‘1’ (YES)) OR SELECTED AS
POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A
DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE
ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT
CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) AND
NOT CODED ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP) EITHER
ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF
THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS
AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1
OR GROUP 2 PROGRAM).

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES
AUTOMATICALLY): IN THE QUESTION TEXT, “... on
JANUARY 1, {YEAR},” ‘YEAR’ IS THE FIRST CALENDAR
YEAR OF THE PANEL. IN THE QUESTION TEXT, “... at
any time in the years {YEAR} or {YEAR}?" CAPI
DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR
YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS
WOULD BE ‘2005 or 2006?’).
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 {YEAR} or {YEAR}?

[Enter Month,Year-4] ................... {HX78}
REF ................................. -7 {HX78}
DK ................................. -8 {HX78}

------------------------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL FOR “‘YEAR’ OR ‘YEAR’?” (FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE ‘2005 or 2006?’). |
------------------------------------------------------------------------------------

------------------------------------------------------------------------------------
| ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ARE ALLOWED ON THE MONTH AND YEAR FIELDS. |
------------------------------------------------------------------------------------

130
(PERSON’S FIRST MIDDLE AND LAST NAME)

Was (PERSON)’s health insurance that ended in {DATE FROM HX77/{YEAR} or {YEAR}} obtained through an employer or union, was it a government program such as Medicare or Medicaid, or what?

CHECK ALL THAT APPLY.

| Obtained Through Union, Private Employer or Public Employer (Federal, State, or Local Government) | 1 |
| Medicare | 2 |
| Medicaid | 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 {HX78OV} |
| Ref | -7 {END_LP20} |
| DK | -8 {END_LP20} |

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.
| 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. |

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

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
| COMBINATION WITH ANY OTHER CODE. |

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

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

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH OTHER CODES, CONTINUE WITH HX78OV |

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

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

| OTHERWISE, GO TO END_LP20 |

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

HX78OV
======

OTHER:

[Enter Other Specify] .................. {END_LP20}
REF ................................... -7 {END_LP20}
DK .................................... -8 {END_LP20}

HX79
====

OMITTED.

HX80
====

OMITTED.
HX800V
======
OMITTED.

END_LP20
======

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

----------------------------------------------------
| IF NO MORE PERSONS MEET THE STATED CONDITIONS,     |
| END LOOP_20 AND CONTINUE WITH BOX_51              |
----------------------------------------------------

BOX_50
======
OMITTED.

LOOP_21
======
OMITTED.

HX81
====
OMITTED.

END_LP21
======
OMITTED.

BOX_51
======

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                    |
----------------------------------------------------
Income (IN) Section

For the next questions, it might be useful to have out some of the family’s financial records, such as a copy of the family’s tax forms or materials used to complete the tax form, such as year end bank statements, financial summaries, pay stubs, W-2 forms, and the like.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

NOTE: FOR ALL DOLLAR AMOUNT RANGE CHECKS, ALLOW THE ENTRY OF WHOLE DOLLAR AMOUNTS ONLY; DO NOT COLLECT CENTS.

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK BOX_00 - END_LP01
LOOP DEFINITION: LOOP_01 DETERMINES WHICH RU MEMBERS HAVE FILED OR WILL FILE A FEDERAL INCOME TAX FORM FOR THE CALENDAR YEAR. IF A JOINT RETURN WAS OR WILL BE FILED, THE LOOP DETERMINES WHO IS THE SECONDARY FILER. THIS LOOP CYCLES ON PERSONS WHO MEET THE FOLLOWING CONDITION:

- PERSON IS A CURRENT 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 {YEAR} Federal income tax return?

YES .................................... 1 {IN04}
NO ..................................... 2 {IN03}
REF ................................... -7 {IN03}
DK .................................... -8 {IN03}

HELP AVAILABLE FOR DEFINITION OF TAX RETURN.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.
IN03

{PERSON'S FIRST MIDDLE AND LAST NAME}

Will (PERSON) file a {YEAR} Federal income tax return?

YES .................................... 1 {IN04}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

HELP AVAILABLE FOR DEFINITION OF TAX RETURN.

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR|
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY     |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.         |
----------------------------------------------------

IN04

{PERSON'S FIRST MIDDLE AND LAST NAME}

What {was/will be} (PERSON)’s filing status ...

single; ............................... 1 {IN06}
married filing joint return; ........ 2 {IN05}
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]

HELP AVAILABLE 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?

[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]

HELP AVAILABLE FOR DEFINITION OF ‘FILING JOINTLY’.

| FLAG PERSON SELECTED AT IN05 AS ‘SECONDARY FILER |
| ON JOINT FEDERAL TAX RETURN’.|

| CONTINUE WITH IN06 |

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
| SELECTION. |
ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY ‘PERSON NOT IN RU’ AS THE LAST ENTRY ON THE ROSTER.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT 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 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 {IN07}
NO .......................................... 2 {IN09}
REF ......................................... -7 {IN09}
DK ........................................... -8 {IN09}

HELP AVAILABLE FOR DEFINITION OF DEPENDENTS.

DISPLAY ‘Did’ IF IN02 IS CODED ‘1’ (YES). DISPLAY ‘Will’ IF IN03 IS CODED ‘1’ (YES). 
{PERSON'S FIRST MIDDLE AND LAST NAME}

Who (is/will be) listed as (PERSON)’s dependents?

[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 'is' IF IN02 IS CODED '1' (YES). DISPLAY 'will be' IF IN03 IS CODED '1' (YES).

CONTINUE WITH BOX_IN07

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY 'PERSON(S) NOT IN RU' AS THE LAST ENTRY ON THE ROSTER.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON IS NOT A JOINT FILER (I.E., PERSON WAS NOT SELECTED AT IN05)
- PERSON IS NOT CURRENTLY BEING LOOPED ON.

IF 'PERSON(S) NOT IN RU' SELECTED AT IN07, CONTINUE WITH IN08

OTHERWISE, GO TO IN09

(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] ........... {IN09}
REF .................................... -7 {IN09}
DK ..................................... -8 {IN09}

HELP AVAILABLE FOR DEFINITION OF HOUSEHOLD.
{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) file on the long form 1040, the short form 1040A, or the short form 1040EZ?

   LONG FORM 1040  .........................  1 {IN10}  
   SHORT FORM 1040A .........................  2 {IN17}  
   SHORT FORM 1040EZ .......................  3 {END_LP01}  
   OTHER .................................. 91 {IN10}  
   REF .................................... -7 {END_LP01}  
   DK ..................................... -8 {END_LP01}  

[Code One]

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY|  
| 'Will' IF IN03 IS CODED '1' (YES). |
IN10
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

{Did/Will} (PERSON) itemize deductions or take the standard deduction?

ITEMIZED DEDUCTIONS ....................  1 {IN14}
STANDARD DEDUCTION .....................  2 {END_LP01}
REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF ITEMIZED AND STANDARD DEDUCTIONS.

--------------------------------------------------------------------------
| DISPLAY 'Did' IF IN02 IS CODED '1' (YES). DISPLAY |
| 'Will' IF IN03 IS CODED '1' (YES).                 |
--------------------------------------------------------------------------

IN11
====
OMITTED.

IN12
====
OMITTED.

IN13
====
OMITTED.
IN14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

About how much \textit{was/will be} the total of \textbf{all} the itemized deduction expenses?

[Enter $ Amount] ....................... {IN15}
REF .................................... -7 {IN15}
DK ..................................... -8 {IN15}

----------------------------------------------------
| DISPLAY 'was' IF IN02 IS CODED '1' (YES). DISPLAY|
| 'will be' IF IN03 IS CODED '1' (YES).             |
----------------------------------------------------

----------------------------------------------------
| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH |
| '00' SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT    |
| only.                                           |
----------------------------------------------------

----------------------------------------------------
| SOFT CHECK:                                       |
| SOFT RANGE CHECK: 0-200,000                       |
----------------------------------------------------


IN15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Did/Will) (PERSON) claim a deduction for health insurance premiums?

YES ........................................ 1 {IN17}
NO ........................................... 2 {IN17}
NOT APPLICABLE ............................ 3 {IN17}
REF ......................................... -7 {IN17}
DK ........................................... -8 {IN17}

[Code One]

HELP AVAILABLE 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?

YES .................................... 1 {END_LP01}
NO ..................................... 2 {END_LP01}
NOT APPLICABLE .......................... 3 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF EARNED INCOME CREDITS.

| DISPLAY 'Did' IF IN02 IS CODED '1' (YES).  DISPLAY| | 'Will' IF IN03 IS CODED '1' (YES). |
----------------------------------------------------

END_LP01

--------

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

--------

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | |
| END LOOP_01 AND CONTINUE WITH LOOP_02 |

--------

BOX_01

--------

OMITTED.
LOOP_02
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |
| ASK BOX_01A - END_LP02 |

LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION
ON TAXABLE INCOME FOR EACH RU MEMBER WHO IS 16
YEARS OF AGE OR OLDER OR HAS FILED OR WILL FILE A
FEDERAL TAX RETURN FOR THIS CALENDAR YEAR. THIS
LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-
ROSTER WHO MEETS THE FOLLOWING CONDITION:

- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED
AND INSTITUTIONALIZED RU MEMBERS)

IN17A
=====
OMITTED.

BOX_01A
=======

| IF PERSON BEING LOOPED ON IS FLAGGED AS A 'PRIMARY|
| FILER ON FEDERAL TAX RETURN', GO TO IN18 |

| IF PERSON BEING LOOPED ON IS FLAGGED AS A |
| 'SECONDARY FILER ON A JOINT FEDERAL TAX RETURN', |
| GO TO END_LP02 |

| OTHERWISE (I.E., PERSON IS NOT FLAGGED AS EITHER |
| 'PRIMARY FILER ON FEDERAL TAX RETURN' OR A |
| 'SECONDARY FILER ON A JOINT FEDERAL TAX RETURN', |
| THAT IS, IN03 IS CODED '2' (NO), '-7' (REFUSED) |
| OR '-8' (DON'T KNOW)), CONTINUE WITH BOX_01B |

...
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>
</table>

<table>
<thead>
<tr>
<th>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)), GO TO END_LP02</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>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 THEY HAVE FILED OR WILL FILE A FEDERAL INCOME TAX RETURN.</th>
</tr>
</thead>
</table>

<p>| NOTE: PERSONS REPORTING THAT THEY HAVE FILED OR 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 THEY HAVE FILED OR 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. |</p>
<table>
<thead>
<tr>
<th>PERSONS REPORTING THAT THEY HAVE NOT AND WILL NOT FILE ANY FEDERAL TAX RETURN (IN03=2, -7, -8) AND ARE 16 YEARS OF AGE OR OLDER ALSO RECEIVE ALL THE TAXABLE INCOME QUESTIONS.</th>
</tr>
</thead>
</table>
(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 {YEAR}. It would be useful to have out any tax materials that you may have.

(Now let’s talk about (READ NAME(S) ABOVE).)

During {YEAR}, how much money did (READ NAME(S) ABOVE) receive from wages or salary, tips, commissions, or bonuses?

[Enter $ Amount] .......................    (BOX_IN18)
REF .................................... -7 (IN19)
DK ..................................... -8 (IN18A)

HELP AVAILABLE 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 {YEAR}. 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.
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH '00' SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK:
SOFT RANGE CHECK: 0-300,000

IF AMOUNT OTHER THAN ZERO ENTERED AT IN18 AND IN04 IS CODED '2' (MARRIED FILING JOINT RETURN), CONTINUE WITH IN18OV OTHERWISE, GO TO IN19

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}
What percentage of this amount was received by (PRIMARY FILER)?

[Enter Percent] ....................... {IN19}
REF ................................. -7 {IN19}
DK ..................................... -8 {IN19}

HARD CHECK:
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 {YEAR}]?

1 - 5,000 ............................... 1 {IN19}
5,001 - 10,000 .......................... 2 {IN19}
10,001 - 15,000 ........................ 3 {IN19}
15,001 - 25,000 ........................ 4 {IN19}
25,001 - 50,000 ........................ 5 {IN19}
50,001 - 100,000 ....................... 6 {IN19}
100,001 OR MORE ...................... 7 {IN19}
REF ................................. -7 {IN19}
DK ..................................... -8 {IN19}

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

---------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES                    |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL   |
| FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR  |
| {YEAR}.                                                          |
---------------------------------------------------------------------
IN19
====

{PERSON'S FIRST MIDDLE AND LAST NAME}    {NAME OF SECONDARY FILER}

During {YEAR}, 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.}

[Enter $ Amount] .......................    {IN20}
REF .................................... -7 {IN20}
DK ..................................... -8 {IN19A}

HELP AVAILABLE 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.                                  | |
----------------------------------------------------

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   | |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR| |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY     | |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.         | |
----------------------------------------------------

----------------------------------------------------
| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS     | |
| WITH '00' SO THAT FIELD ACCEPTS WHOLE DOLLAR     | |
| AMOUNT ONLY.                                     | |
----------------------------------------------------
SOFT CHECK: 0-100,000

BOX_IN19
========
OMITTED.

IN19OV
======
OMITTED.

IN19A
=====  

{Name of Secondary Filer}

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 {YEAR}]?

1 - 100 ................................. 1 {IN20}
101 - 500 ............................... 2 {IN20}
501 - 1,000 ............................. 3 {IN20}
1,001 - 5,000 ........................... 4 {IN20}
5,001 - 15,000 .......................... 5 {IN20}
15,001 OR MORE .......................... 6 {IN20}
REF .................................... -7 {IN20}
DK ..................................... -8 {IN20}

[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.
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

IN19B
=====
OMITTED.

BOX_02
=====
OMITTED.

IN20
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During {YEAR}, 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.}

[Enter $ Amount] ....................... {BOX_02A}
REF .................................... -7 {BOX_02A}
DK ..................................... -8 {IN20A}

HELP AVAILABLE FOR DEFINITION OF DIVIDENDS.
FOR 'NAME OF SECONDARY FILER', DISPLAY THE PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE A NULL DISPLAY.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

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

IN20A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from dividends in {YEAR}]?

1 - 100 ................................. 1 {BOX_02A}
101 - 500 ............................... 2 {BOX_02A}
501 - 1,000 ............................. 3 {BOX_02A}
1,001 - 5,000 ........................... 4 {BOX_02A}
5,001 - 15,000 .......................... 5 {BOX_02A}
15,001 OR MORE .......................... 6 {BOX_02A}
REF .................................... -7 {BOX_02A}
DK ..................................... -8 {BOX_02A}

[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.

(For specifications purposes only; CAPI handles automatically:) If Round 3, Display first calendar year of panel for {YEAR}. If Round 5, Display second calendar year of panel for {YEAR}.

Box_02A

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 {YEAR}, 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.}

[Enter $ Amount] ....................... {IN22}
REF .................................... -7 {IN22}
DK ..................................... -8 {IN21A}

Help available 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.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK:
SOFT RANGE CHECK: 0-100,000
MEPS P13R5/P14R3/P15R1 Income (IN) Section
November 10, 2009

IN21A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from refunds of state or local taxes in {YEAR}]?

1 - 100 ................................. 1 {IN22}
101 - 500 ............................... 2 {IN22}
501 - 1,000 ............................. 3 {IN22}
1,001 - 5,000 ........................... 4 {IN22}
5,001 - 15,000 .......................... 5 {IN22}
15,001 OR MORE .......................... 6 {IN22}
REF .................................... -7 {IN22}
DK ..................................... -8 {IN22}

[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.

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

{FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

---------------------------------------------------------------------
IN22

{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

During {YEAR}, how much money did (READ NAME(S) ABOVE) receive from alimony?

[Enter $ Amount] ....................... {IN23}
REF .......................... -7 {IN23}
DK .................................. -8 {IN22A}

HELP AVAILABLE FOR DEFINITION OF ALIMONY.

----------------------------------------------------
<p>| 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    |</p>
<table>
<thead>
<tr>
<th>A NULL DISPLAY.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES      |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR   |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY        |</p>
<table>
<thead>
<tr>
<th>SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH    |</p>
<table>
<thead>
<tr>
<th>'00' SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| SOFT CHECK:                                          |</p>
<table>
<thead>
<tr>
<th>SOFT RANGE CHECK:  0-100,000</th>
</tr>
</thead>
</table>
SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from alimony in {YEAR}]?

1 - 100 ........................................ 1 {IN23}
101 - 500 ..................................... 2 {IN23}
501 - 1,000 ................................... 3 {IN23}
1,001 - 5,000 .................................. 4 {IN23}
5,001 - 15,000 ............................... 5 {IN23}
15,001 OR MORE .............................. 6 {IN23}
REF ........................................... -7 {IN23}
DK ............................................. -8 {IN23}

[Code One]
IN23
====

{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

During {YEAR}, 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.}

[Enter $ Amount] .......................    {BOX_IN23}
REF .................................... -7 {IN24}
DK ..................................... -8 {IN23A}

HELP AVAILABLE FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
MEPS P13R5/P14R3/P15R1 Income (IN) Section
November 10, 2009

-----------------------------------------------
| SOFT CHECK:                                      |
| SOFT RANGE CHECK: 0-300,000                      |
-----------------------------------------------

BOX_IN23
-------

-----------------------------------------------
| IF AMOUNT OTHER THAN ZERO ENTERED AT IN23,      |
| CONTINUE WITH IN23OV1                          |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO IN24                          |
-----------------------------------------------

IN23OV1
------

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF SECONDARY FILER}

INTERVIEWER: WAS THE AMOUNT ENTERED EARNINGS OR LOSS?

EARNINGS ..................................... 1 {BOX_IN23OV1}
LOSS ......................................... 2 {BOX_IN23OV1}

[Code One]

HELP AVAILABLE FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

BOX_IN23OV1
---------

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

HELP AVAILABLE FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

| IF IN23OV1 IS CODED '1' (EARNINGS), DISPLAY | 'received'. IF IN23OV1 IS CODED '2' (LOSS), |
| RANGE CHECK:  0-100 | DISPLAY 'lost'. |______________________________|

<table>
<thead>
<tr>
<th>HARD CHECK:</th>
<th>RANGE CHECK: 0-100</th>
</tr>
</thead>
</table>

SHOW CARD IN-1A.

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 {YEAR}]?

1 - 100 ............................. 1 {IN23AOV}
101 - 500 ............................ 2 {IN23AOV}
501 - 1,000 ........................... 3 {IN23AOV}
1,001 - 5,000 .......................... 4 {IN23AOV}
5,001 - 15,000 .......................... 5 {IN23AOV}
15,001 OR MORE .......................... 6 {IN23AOV}
REF .................................. -7 {IN24}
DK .................................. -8 {IN24}

[Code One]
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT EARNINGS OR LOSS?

EARNINGS ........................................ 1 {IN24}
LOSS ................................................ 2 {IN24}

[Code One]

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF SECONDARY FILER}

During {YEAR}, 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.}

[Enter $ Amount] ......................... {BOX_IN24}
REF .......................... -7 {IN25}
DK .............................................. -8 {IN24A}

HELP AVAILABLE 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.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK: 0-300,000

IF AMOUNT OTHER THAN ZERO ENTERED AT IN24, CONTINUE WITH IN24OV

OTHERWISE, GO TO IN25
IN240V

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ........................................ 1 {IN25}
NET LOSS ......................................... 2 {IN25}

[Code One]

HELP AVAILABLE FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

IN24A

{PERSON'S FIRST MIDDLE AND LAST NAME}    {NAME OF SECONDARY FILER}

SHOW CARD IN-1A.

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 {YEAR}]?

1 - 100 ....................................... 1 {IN24AOV}
101 - 500 .................................... 2 {IN24AOV}
501 - 1,000 .................................. 3 {IN24AOV}
1,001 - 5,000 ............................... 4 {IN24AOV}
5,001 - 15,000 ............................. 5 {IN24AOV}
15,001 OR MORE ............................ 6 {IN24AOV}
REF ........................................... -7 {IN25}
DK .............................................. -8 {IN25}

[Code One]

----------------------------------------------------
| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE       |
| PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR |
| THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF |
| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE |
| A NULL DISPLAY.                                   |
----------------------------------------------------
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT
NET GAIN OR NET LOSS?

NET GAIN ............................... 1 {IN25}
NET LOSS ............................... 2 {IN25}

[Code One]

{PERSON’S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

During {YEAR}, how much money did (READ NAME(S) ABOVE) receive from payments from Individual Retirement Accounts, that is, IRA, Keogh, or 401K accounts?

[Enter $ Amount] ........................ {IN26}
REF .................................... -7 {IN26}
DK ..................................... -8 {IN25A}

HELP AVAILABLE FOR DEFINITION OF IRA.
Looking at this card, which range best estimates how much money was received [from payments from IRA, Keogh, and 401K accounts in {YEAR}]?

1 - 100 ................................. 1 {IN26}
101 - 500 ............................... 2 {IN26}
501 - 1,000 .............................. 3 {IN26}
1,001 - 5,000 ............................ 4 {IN26}
5,001 - 15,000 ........................... 5 {IN26}
15,001 OR MORE .......................... 6 {IN26}
REF .................................... -7 {IN26}
DK ..................................... -8 {IN26}

[Code One]
During \{YEAR\}, 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?

[Enter $ Amount] ........................  \{BOX_02B\}
REF .................................... -7 \{BOX_02B\}
DK ..................................... -8 \{IN27\}

HELP AVAILABLE FOR DESCRIPTION OF AMOUNTS TO INCLUDE.
(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 {YEAR}]?

1 - 5,000 .................................. 1 {BOX_02B}
5,001 - 10,000 ............................ 2 {BOX_02B}
10,001 - 15,000 ......................... 3 {BOX_02B}
15,001 - 25,000 ......................... 4 {BOX_02B}
25,001 - 50,000 ......................... 5 {BOX_02B}
50,001 - 100,000 ........................ 6 {BOX_02B}
100,001 OR MORE ......................... 7 {BOX_02B}
REF .................................... -7 {BOX_02B}
DK ..................................... -8 {BOX_02B}

[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. | |
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

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 {YEAR}, 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.}

[Enter $ Amount] ....................... {BOX_IN28}
REF .................................... -7 {IN30}
DK ..................................... -8 {IN28A}

HELP AVAILABLE 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.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK:
SOFT RANGE CHECK: 0-300,000

IF AMOUNT OTHER THAN ZERO ENTERED AT IN28, CONTINUE WITH IN28OV

OTHERWISE, GO TO IN30
INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

   NET GAIN ........................................ 1 {IN30}
   NET LOSS ........................................ 2 {IN30}

   [Code One]

HELP AVAILABLE FOR DESCRIPTION OF AMOUNTS TO INCLUDE.

{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

SHOW CARD IN-1A.

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 {YEAR}]?

   1 - 100 ........................................ 1 {IN28AOV1}
   101 - 500 ..................................... 2 {IN28AOV1}
   501 - 1,000 .................................... 3 {IN28AOV1}
   1,001 - 5,000 .................................. 4 {IN28AOV1}
   5,001 - 15,000 ................................ 5 {IN28AOV1}
   15,001 OR MORE ................................... 6 {IN28AOV1}
   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. |
---------------------------------------------

---------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY;) IF ROUND 3, DISPLAY FIRST CALENDAR |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
---------------------------------------------
INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ........................................ 1 {IN30}
NET LOSS ........................................ 2 {IN30}

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

During {YEAR}, how much money did (READ NAME(S) ABOVE) receive from unemployment compensation?

[Enter $ Amount] .......................    {IN31}
REF .................................... -7 {IN31}
DK ..................................... -8 {IN30A}

HELP AVAILABLE FOR DEFINITION OF UNEMPLOYMENT COMPENSATION.

| FOR ‘NAME OF SECONDARY FILER’, DISPLAY THE | PERSON’S NAME SELECTED AT IN05 DURING LOOP_01 FOR | THE PRIMARY FILER CURRENTLY BEING ASKED ABOUT. IF| IN05 WAS NOT ASKED IN LOOP_01 FOR THIS PERSON, USE| A NULL DISPLAY. |
---------------------------------------------------------------------

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES | AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY | SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
---------------------------------------------------------------------

| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS | WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR | AMOUNT ONLY. |
---------------------------------------------------------------------

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

BOX_IN30
========
OMITTED.
IN300V
======
OMITTED.

IN30A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from unemployment compensation in {YEAR}]?

1 - 100 .................................. 1 {IN31}
101 - 500 ................................ 2 {IN31}
501 - 1,000 ................................ 3 {IN31}
1,001 - 5,000 ................................ 4 {IN31}
5,001 - 15,000 ............................ 5 {IN31}
15,001 OR MORE ............................. 6 {IN31}
REF ..................................... -7 {IN31}
DK ..................................... -8 {IN31}

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

--------------------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.  |
--------------------------------------------------------------------------------

BOX_03
======
OMITTED.
{PERSON'S FIRST MIDDLE AND LAST NAME}     {NAME OF SECONDARY FILER}

During {YEAR}, how much money did (READ NAME(S) ABOVE) receive from Social Security and equivalent tier 1 Railroad Retirement benefits?

[Enter $ Amount] .......................    {END_LP02}
REF .................................... -7 {END_LP02}
DK ..................................... -8 {IN32}

HELP AVAILABLE FOR DEFINITION OF SOCIAL SECURITY.
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 {YEAR}]?

1 - 5,000 ............................... 1 {END_LP02}
5,001 - 10,000 .......................... 2 {END_LP02}
10,001 - 15,000 ......................... 3 {END_LP02}
15,001 - 25,000 ......................... 4 {END_LP02}
25,001 - 50,000 ......................... 5 {END_LP02}
50,001 - 100,000 ....................... 6 {END_LP02}
100,001 OR MORE ....................... 7 {END_LP02}
REF .................................... -7 {END_LP02}
DK ..................................... -8 {END_LP02}

[Code One]
During {YEAR}, did anyone in the family receive Worker’s Compensation?

YES .................................... 1
NO ..................................... 2 {IN37}
REF ................................... -7 {IN37}
DK .................................... -8 {IN37}

HELP AVAILABLE 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 {YEAR}?

PROBE: Anyone else receive Worker’s Compensation in {YEAR}?

[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]

(For specifications purposes only; CAPI handles automatically:) If round 3, display first calendar year of panel for {YEAR}. If round 5, display second calendar year of panel for {YEAR}.

Continue with Loop_03

Roster Details:
Title: RU_MEMBERS_1

Col # 1 Header: Name
Instructions: Display RU member’s first, middle, and last names (pers.fullname)

Roster Definition:
This item displays RU-members-roster for selection.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED 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 THE CALENDAR YEAR. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED WORKER’S COMPENSATION IN THE CALENDAR YEAR (SELECTED AT IN35)

IN36

(PERSON'S FIRST MIDDLE AND LAST NAME)

How much money did (PERSON) receive from Worker’s Compensation [in {YEAR}]?

[Enter $ Amount] ....................... {END_LP03}
REF ................................. -7 {END_LP03}
DK ................................. -8 {IN36A}
IN36A
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from Worker’s Compensation in (YEAR)]?

1 - 100 ................................. 1 {END_LP03}
101 - 500 ............................... 2 {END_LP03}
501 - 1,000 ............................. 3 {END_LP03}
1,001 - 5,000 ........................... 4 {END_LP03}
5,001 - 15,000 .......................... 5 {END_LP03}
15,001 OR MORE ......................... 6 {END_LP03}
REF .................................... -7 {END_LP03}
DK ..................................... -8 {END_LP03}

[Code One]

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK:  0-50,000

FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY: IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR (YEAR). IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR (YEAR).
During \( \text{YEAR} \), did anyone in the family receive Supplemental Security Income, also known as S.S.I.?

\[
\begin{align*}
\text{YES} & \quad \ldots \quad 1 \\
\text{NO} & \quad \ldots \quad 2 \{\text{IN41}\} \\
\text{REF} & \quad \ldots \quad -7 \{\text{IN41}\} \\
\text{DK} & \quad \ldots \quad -8 \{\text{IN41}\}
\end{align*}
\]

HELP AVAILABLE FOR DEFINITION OF S.S.I.
Who received Supplemental Security Income in {YEAR}?

PROBE: Anyone else receive S.S.I. in {YEAR}?

[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]

---

{FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

---

CONTINUE WITH LOOP_04

---

ROSTER DETAILS:
| TITLE: RU_MEMBERS_1 |
| CHOICE: |

ROSTER DEFINITION:
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

ROSTER BEHAVIOR:
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |
ROSTER FILTER:  
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION: 
- PERSON IS A CURRENT 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 THE CALENDAR YEAR. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED SUPPLEMENTAL SECURITY INCOME IN THE CALENDAR YEAR (SELECTED AT IN38)

BOX_03A
 =====

IF PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1-8, CONTINUE WITH IN39

OTHERWISE, GO TO IN40A
IN39
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Did (PERSON) receive money from Supplemental Security Income because of (PERSON)'s own disability or for some other reason?

DISABILITY ......................... 1 {IN40A}
SOME OTHER REASON .................. 2 {IN40A}
REF .................................. -7 {IN40A}
DK .................................. -8 {IN40A}

[Code One]

IN40A
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in {YEAR} did (PERSON) receive money from Supplemental Security Income?

[Enter Number of Months] ............... {IN40B}
REF .................................. -7 {IN40B}
DK .................................. -8 {IN40B}

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES  |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR|
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY    |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.        |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                       |
| 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 {YEAR}]?

[Enter $ Amount] .........................  {END_LP04}
REF ...................................... -7 {END_LP04}
DK ........................................  -8 {IN40C}

-----------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
-----------------------------------------------

-----------------------------------------------
| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS |
| WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR |
| AMOUNT ONLY. |
-----------------------------------------------

-----------------------------------------------
| SOFT CHECK: |
| SOFT RANGE CHECK: 0-50,000 |
-----------------------------------------------
IN40C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from Supplemental Security Income in (YEAR)]?

1 - 250 ........................................ 1 {END_LP04}
251 - 500 ...................................... 2 {END_LP04}
501 - 750 ...................................... 3 {END_LP04}
751 - 1,000 .................................... 4 {END_LP04}
1,001 OR MORE ................................ 5 {END_LP04}
REF ........................................... -7 {END_LP04}
DK ............................................. -8 {END_LP04}

[Code One]

-----------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR |
| YEAR OF PANEL FOR (YEAR). IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR (YEAR). |
-----------------------------------------------

END_LP04
=======

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

-----------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_04 AND CONTINUE WITH IN41 |
-----------------------------------------------
{SHOW CARD IN-2A.}

During {YEAR}, did anyone in the family receive any money from public assistance, such as Temporary Assistance for Needy Families, also known as TANF (or the program(s) listed on this card), or general assistance?

YES .................................... 1
NO ..................................... 2 {IN46}
REF ................................... -7 {IN46}
DK .................................... -8 {IN46}

HELP AVAILABLE FOR DEFINITION OF PUBLIC ASSISTANCE.

------------------------------------------------------------------------
| DISPLAY 'SHOW CARD IN-2A.' AND 'or the program(s) listed on this card' IF INTERVIEW STATE IS NOT DC, GA, IL, MS, NV, OK, SD. OTHERWISE (I.E., INTERVIEW STATE IS: DC, GA, IL, MS, NV, OK, SD), USE A NULL DISPLAY.
------------------------------------------------------------------------

------------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE PERSON RU, AUTOMATICALLY CODE PERSON AS 'RECEIVED PUBLIC ASSISTANCE' AT IN42 AND GO TO LOOP_05
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH IN42
------------------------------------------------------------------------
Whose name was on the checks?

PROBE: Does anyone else receive a check from public assistance in their name?

[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]

---
| CONTINUE WITH LOOP_05 |
---

---
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
---

---
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |
---

---
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |
---

---
| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION: |
| - PERSON IS A CURRENT 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 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?

[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]

| CONTINUE WITH IN44 |

|
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. ADD, DELETE, AND EDIT DISALLOWED.

3. DISPLAY ‘PERSON NOT IN RU’ AS THE 2ND TO LAST ENTRY ON THE ROSTER.

4. DISPLAY ‘CHECK ONLY COVERS (PERSON) IN HEADER’ AS THE LAST ENTRY ON THE ROSTER.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT 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
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 {IN45A}
NO ...................................... 2 {IN45A}
REF .................................... -7 {IN45A}
DK ..................................... -8 {IN45A}

HELP AVAILABLE FOR DEFINITION OF TANF.

----------------------------------------------------
| DISPLAY 'SHOW CARD IN-2A.' AND 'or the program(s) | |
| listed on this card' IF INTERVIEW STATE IS NOT DC, |
| GA, IL, MS, NV, OK, SD. OTHERWISE, (IF INTERVIEW |
| STATE IS DC, GA, IL, MS, NV, OK, SD) USE A NULL   |
| DISPLAY.                                          |
----------------------------------------------------

IN45A

{PERSON'S FIRST MIDDLE AND LAST NAME}

For how many months in {YEAR} did (PERSON) receive checks from public assistance?

[Enter Number of Months] ............... {IN45B}
REF .................................... -7 {IN45B}
DK ..................................... -8 {IN45B}

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.       |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                      |
| 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 {YEAR}]?

[Enter $ Amount] ........................ (END_LP05)
REF ................................. -7 (END_LP05)
DK ................................. -8 (IN45C)

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 {YEAR}]?

1 - 250 ................................. 1 (END_LP05)
251 - 500 ............................... 2 (END_LP05)
501 - 750 ............................... 3 (END_LP05)
751 - 1,000 .............................. 4 (END_LP05)
1,001 OR MORE .......................... 5 (END_LP05)
REF ................................. -7 (END_LP05)
DK ................................. -8 (END_LP05)

[Code One]
---
(For specifications purposes only; CAPI handles automatically:) If round 3, display first calendar year of panel for {year}. If round 5, display second calendar year of panel for {year}.
---

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 {year}, did anyone in the family receive any money from child support?

YES .................................... 1
NO ..................................... 2 {IN49}
REF ................................... -7 {IN49}
DK .................................... -8 {IN49}

Help available for definition of child support.
---
(For specifications purposes only; CAPI handles automatically:) If round 3, display first calendar year of panel for {year}. If round 5, display second calendar year of panel for {year}.
---

---
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 {YEAR}?

PROBE: Anyone else receive child support in {YEAR}?

[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]

HELP AVAILABLE FOR DESCRIPTION OF WHO TO INCLUDE.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A CURRENT 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 CALENDAR YEAR. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED CHILD SUPPORT IN CALENDAR YEAR (SELECTED AT IN47)

IN48A

(PERSON'S FIRST MIDDLE AND LAST NAME)

For how many months in {YEAR} did (PERSON) receive money from child support?

[Enter Number of Months] ............... {IN48B}
REF ................................. -7 {IN48B}
DK ................................. -8 {IN48B}
IN48B
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On average, how much money did (PERSON) get per month [from child support in {YEAR}]

[Enter $ Amount] ........................  \{END_LP06\}
REF .................................... -7  \{END_LP06\}
DK ..................................... -8 \{IN48C\}

-----------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
-----------------------------------------------

-----------------------------------------------
| HARD CHECK:                                       |
| RANGE CHECK:  1-12                                |
-----------------------------------------------

-----------------------------------------------
| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS     |
| WITH '00' SO THAT FIELD ACCEPTS WHOLE DOLLAR     |
| AMOUNT ONLY.                                    |
-----------------------------------------------

-----------------------------------------------
| SOFT CHECK:                                      |
| SOFT RANGE CHECK:  0-100,000                    |
-----------------------------------------------
{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-2.

Looking at this card, which range best estimates how much money was received per month [from child support in {YEAR}]?

1 - 250 ................................. 1 {END_LP06}
251 - 500 ............................... 2 {END_LP06}
501 - 750 ............................... 3 {END_LP06}
751 - 1,000 ............................. 4 {END_LP06}
1,001 OR MORE ........................... 5 {END_LP06}
REF  .................................... -7 {END_LP06}
DK  ..................................... -8 {END_LP06}

[Code One]

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES | |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR| |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY | |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. | |

END_LP06

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_06 AND CONTINUE WITH IN49 |
Not counting military retirement, during {YEAR}, 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}

HELP AVAILABLE 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          |

| IF CODED ‘1’ (YES) AND A MULTI-PERSON RU,   |
| CONTINUE WITH IN50                          |

Who received veteran’s payments such as education or disability benefits [in {YEAR}]?

PROBE: Anyone else receive veteran’s payments in {YEAR}?

[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>(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_07</th>
</tr>
</thead>
</table>

<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>TITLe: RU_MEMBERS_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

<p>| ROSTER DEFINITION: |</p>
<table>
<thead>
<tr>
<th>THIS ITEM DISPlAYS RU-MEMBERS-ROSTER FOR SELECTION.</th>
</tr>
</thead>
</table>

<p>| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |</p>
<table>
<thead>
<tr>
<th>2. ADD, DELETE, AND EDIT DISALLOWED.</th>
</tr>
</thead>
</table>

<p>| ROSTER FILTER: |</p>
<table>
<thead>
<tr>
<th>DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)</td>
</tr>
<tr>
<td>---</td>
</tr>
</tbody>
</table>

LOOP_07 
======

<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, |</p>
<table>
<thead>
<tr>
<th>ASK IN51 - END_LP07</th>
</tr>
</thead>
</table>
INU51

{PERSON'S FIRST MIDDLE AND LAST NAME}

How much money did (PERSON) receive from veteran’s payments such as education or disability benefits in {YEAR}? [Do not include military retirement.]

[Enter $ Amount] .......................  {END_LP07}
REF .................................... -7  {END_LP07}
DK ..................................... -8  {IN51A}

---

(for specifications purposes only; CAPI handles automatically:) If Round 3, display first calendar year of panel for {YEAR}. If Round 5, display second calendar year of panel for {YEAR}.

---

(beginning in panel 12, pre-fill cents digits with ‘00’ so that field accepts whole dollar amount only.)

---

soft check:
soft range check: 0-100,000
IN51A

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from veteran’s payments such as education or disability benefits in {YEAR}]?

1 - 100 .................................. 1 {END_LP07}
101 - 500 ................................. 2 {END_LP07}
501 - 1,000 ............................... 3 {END_LP07}
1,001 - 5,000 ............................. 4 {END_LP07}
5,001 - 15,000 ............................ 5 {END_LP07}
15,001 OR MORE .......................... 6 {END_LP07}
REF .................................... -7 {END_LP07}
DK ..................................... -8 {END_LP07}

[Code One]

---------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
---------

END_LP07

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, END LOOP_07 AND CONTINUE WITH IN52 |
---------
Besides what we have already talked about, during {YEAR}, did anyone 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}

HELP AVAILABLE FOR DESCRIPTION OF REGULAR CASH CONTRIBUTIONS AND HOUSEHOLD.

-------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES | AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
-------------------------------

-------------------------------
| IF CODED '1' (YES) AND A SINGLE PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'RECEIVED REGULAR CASH CONTRIBUTIONS FROM OUTSIDE HOUSEHOLD' AT |
| IN53 AND GO TO LOOP_08 |
-------------------------------

-------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |
| CONTINUE WITH IN53 |
-------------------------------

Who received regular cash contributions from people who do not live in this household [in {YEAR}]?

PROBE: Anyone else receive regular cash contributions, in {YEAR}, from people who do not live here?

[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]
(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.

CONTINUE WITH LOOP_08

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. ADD, EDIT, AND DELETE DISALLOWED.

ROSTER FILTER:
DISPLAY ALL CURRENT RU MEMBERS (INCLUDING PERSONS WHO ARE DECEASED AND INSTITUTIONALIZED THIS ROUND WHO ARE CURRENT ROUND 3 MEMBERS.

LOOP_08

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER,
ASK IN54A - END_LP08
LOOP DEFINITION: LOOP_08 DETERMINES HOW MUCH MONEY WAS RECEIVED FROM REGULAR CASH CONTRIBUTIONS FROM OUTSIDE THE HOUSEHOLD FOR RU MEMBERS WHO RECEIVED THESE TYPES OF CONTRIBUTIONS IN THE CALENDAR YEAR. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:

- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)
- PERSON RECEIVED REGULAR CASH CONTRIBUTIONS FROM SOMEONE OUTSIDE OF THE HOUSEHOLD IN THE CALENDAR YEAR (SELECTED AT IN53)

IN54A
=====

(PERSON'S FIRST MIDDLE AND LAST NAME)

For how many months in {YEAR} did (PERSON) receive money from regular cash contributions from people who do not live in this household?

[Enter Number of Months] ............... {IN54B}
REF ...................................... -7 {IN54B}
DK ....................................... -8 {IN54B}

(HARD CHECK: RANGE CHECK: 1-12)
{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 {YEAR}]?

[Enter $ Amount] ........................   {END_LP08}
REF .................................... -7 {END_LP08}
DK ..................................... -8 {IN54C}

-----------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |}
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR|}
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY |}
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}. |
-----------------------------------------

-----------------------------------------
| BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS |}
| WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR |}
| AMOUNT ONLY. |
-----------------------------------------

-----------------------------------------
| SOFT CHECK: |}
| 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 \(\text{YEAR}\)]?

1 - 250 ........................................ 1 {END_LP08}
251 - 500 .................................... 2 {END_LP08}
501 - 750 .................................... 3 {END_LP08}
751 - 1,000 .................................. 4 {END_LP08}
1,001 OR MORE ................................ 5 {END_LP08}
REF ........................................... -7 {END_LP08}
DK ............................................ -8 {END_LP08}

[Code One]

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR|
| YEAR OF PANEL FOR \(\text{YEAR}\). IF ROUND 5, DISPLAY |
| SECOND CALENDAR YEAR OF PANEL FOR \(\text{YEAR}\). |
----------------------------------------------------

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 |
----------------------------------------------------
During {YEAR}, did anyone in the family receive food stamps?

YES ........................................ 1 {IN56}
NO ......................................... 2 {IN59}
REF ........................................ -7 {IN59}
DK .......................................... -8 {IN59}

HELP AVAILABLE FOR DEFINITION OF FOOD STAMPS.

For how many months in {YEAR} were these food stamps received?

[Enter Months] .........................   {IN58}
REF ........................................ -7 {IN58}
DK .......................................... -8 {IN58}

OMITTED.
IN58
====

What was the approximate *monthly* value of the stamps?

[Enter $ Amount] ....................... {IN59}
REF ................................. -7 {IN59}
DK .................................... -8 {IN59}

BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH ‘00’ SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK: 0-1,000

SHOW CARD IN-3.

This card lists some sources of income. Has anyone in the family received any income, other than income we have already talked about, such as income from sources listed on this card?

YES .................................... 1 {LOOP_09}
NO ..................................... 2 {BOX_04}
REF .................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

HELP AVAILABLE FOR DEFINITIONS OF SHOW CARD CATEGORIES.
FOR EACH OF THE FOLLOWING:

OTHER INCOME SOURCE CATEGORY 1
OTHER INCOME SOURCE CATEGORY 2
OTHER INCOME SOURCE CATEGORY 3
OTHER INCOME SOURCE CATEGORY 4
OTHER INCOME SOURCE CATEGORY 5

ASK IN60 - END_LP09

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT OTHER SOURCES OF TAXABLE INCOME. THIS LOOP CYCLES ON SOURCES OF TAXABLE INCOME LISTED AT IN60. THE FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE OF TAXABLE INCOME. SUBSEQUENT CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE AT IN63. IF IN63 IS CODED '1' (YES), THE LOOP CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF TAXABLE INCOME. IF IN63 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), THE LOOP ENDS.
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]?

<table>
<thead>
<tr>
<th>Source</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAGES AND SALARY</td>
<td>1</td>
</tr>
<tr>
<td>FARM INCOME (OR LOSS)</td>
<td>2</td>
</tr>
<tr>
<td>BUSINESS INCOME (OR LOSS)</td>
<td>3</td>
</tr>
<tr>
<td>SOCIAL SECURITY/RAILROAD RETIREMENT</td>
<td>4</td>
</tr>
<tr>
<td>PRIVATE, MILITARY, OR GOVERNMENT PENSIONS</td>
<td>5</td>
</tr>
<tr>
<td>INTEREST</td>
<td>6</td>
</tr>
<tr>
<td>DIVIDENDS</td>
<td>7</td>
</tr>
<tr>
<td>RENTAL INCOME (OR LOSS)</td>
<td>8</td>
</tr>
<tr>
<td>OTHER SOURCE</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]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

IN60OV

OTHER:

<table>
<thead>
<tr>
<th>Other Specify</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Other Specify]</td>
<td>1</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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         |
-----------------------------------------------
Who received income from (INCOME SOURCE) in {YEAR}?

PROBE: Anyone else receive income from (INCOME SOURCE) in {YEAR}?

[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 BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITION:
- PERSON IS A CURRENT RU MEMBER (INCLUDES DECEASED AND INSTITUTIONALIZED RU MEMBERS)

What is the total amount received from (INCOME SOURCE), in {YEAR}, for {all of the people just mentioned/(PERSON)}?

[Enter $ Amount] ....................... {BOX_IN62}
REF ................................... -7 {IN63}
DK .................................... -8 {IN62A}

FOR 'DISPLAY CATEGORY SELECTED AT IN60.....',
DISPLAY THE RESPONSE CATEGORY NAME SELECTED AT IN60 DURING THE CURRENT LOOP.

DISPLAY 'all of the people just mentioned’ IF A MULTI-PERSON RU. OTHERWISE (I.E., SINGLE-PERSON RU), DISPLAY '(PERSON)’.

(FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.
BEGINNING IN PANEL 12, PRE-FILL CENTS DIGITS WITH '00' SO THAT FIELD ACCEPTS WHOLE DOLLAR AMOUNT ONLY.

SOFT CHECK:
SOFT RANGE CHECK: 0-100,000

BOX_IN62

IF AMOUNT OTHER THAN ZERO ENTERED AT IN62 AND IN60 IS CODED '2' (FARM INCOME OR LOSS), '3' (BUSINESS INCOME OR LOSS), '8' (RENTAL INCOME OR LOSS), OR '91' (OTHER SOURCE), CONTINUE WITH IN62OV

OTHERWISE, GO TO IN63

IN62OV

INCOME SOURCE: (DISPLAY CATEGORY SELECTED AT IN60...........

INTERVIEWER: WAS THE AMOUNT ENTERED A NET GAIN OR A NET LOSS?

NET GAIN ............................... 1 {IN63}
NET LOSS ............................... 2 {IN63}

[Code One]
INCOME SOURCE: {CATEGORY SELECTED AT IN60}

SHOW CARD IN-1A.

Looking at this card, which range best estimates how much money was received [from (INCOME SOURCE) in {YEAR}]?

1 - 100 ................................. 1 {BOX_IN62A}
101 - 500 ............................... 2 {BOX_IN62A}
501 - 1,000 ............................. 3 {BOX_IN62A}
1,001 - 5,000 ........................... 4 {BOX_IN62A}
5,001 - 15,000 .......................... 5 {BOX_IN62A}
15,001 OR MORE .......................... 6 {BOX_IN62A}
REF .................................... -7 {BOX_IN62A}
DK ..................................... -8 {BOX_IN62A}

[Code One]

___________________________________________________________________
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES                  |
| AUTOMATICALLY:) IF ROUND 3, DISPLAY FIRST CALENDAR               |
| YEAR OF PANEL FOR {YEAR}. IF ROUND 5, DISPLAY                  |
| SECOND CALENDAR YEAR OF PANEL FOR {YEAR}.                  |
___________________________________________________________________

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), |
| (OTHER SOURCE), CONTINUE WITH IN62AOV                         |
___________________________________________________________________

___________________________________________________________________
| OTHERWISE, GO TO IN63                                         |
___________________________________________________________________
INCOME SOURCE: {DISPLAY CATEGORY SELECTED AT IN60...........}

INTERVIEWER: DOES THE RANGE SELECTED REPRESENT NET GAIN OR NET LOSS?

NET GAIN ........................................ 1 {IN63}
NET LOSS ........................................... 2 {IN63}

[Code One]

SHOW CARD IN-3.

Aside from what you already told me about, has anyone in the family received any other income, such as income from another source listed on this card?

YES ........................................... 1 {END_LP09}
NO ............................................... 2 {END_LP09}
REF .............................................. -7 {END_LP09}
DK ................................................. -8 {END_LP09}

HELP AVAILABLE FOR DEFINITIONS OF SHOW CARD CATEGORIES.

---

| IF IN63 IS CODED '1' (YES), CYCLE TO COLLECT THE NEXT OTHER INCOME CATEGORY. |
| Otherwise END LOOP_09, AND CONTINUE WITH BOX_04 |
---
IN64
====

OMITTED.
Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {works/worked} for non-emergency care {on (END-DT)}.

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-DT)}?

YES .................................... 1 {MC05}
NO ..................................... 2 {MC02}
REF ................................... -7 {MC02}
DK .................................... -8 {MC02}

HELP AVAILABLE FOR DEFINITION OF HMO.
DISPLAY 'When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.' IF POLICYHOLDER BEING ASKED ABOUT IS ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'works' AND 'is' IF NOT ROUND 5. DISPLAY 'worked' AND 'was' IF ROUND 5.

DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

---

MC02

{(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT) (END-DT)}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{(Do/Does)/As of (END DATE), did} (POLICYHOLDER)’s insurance plan require (POLICYHOLDER) to sign up with a certain primary care doctor, group of doctors, or a certain clinic which (POLICYHOLDER) must go to for all of (POLICYHOLDER)’s routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES ........................................ 1 {MC04}
NO .......................................... 2 {MC03}
REF .......................................... -7 {MC03}
DK .......................................... -8 {MC03}

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

---

DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'As of (END DATE), did' IF ROUND 5.
MC03

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT}  {STR-DT}  {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Is/As of (END DATE), was} there a book or list of doctors associated with the plan?

YES .................................... 1 {MC04}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

----------------------------------------------------
|  DISPLAY 'Is' IF NOT ROUND 5.  DISPLAY 'As of (END |  
|  DATE), was' IF ROUND 5.                           |  
----------------------------------------------------

MC04

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT}  {STR-DT}  {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)’s plan pay for any of the costs of visits to doctors who are not associated with (POLICYHOLDER)’s plan, even if (POLICYHOLDER) {(do/does)/did} not have a referral?

YES .................................... 1 {BOX_01}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

----------------------------------------------------
|  DISPLAY 'Will' AND '{do/does}' IF NOT ROUND 5.  |  
|  DISPLAY 'As of (END DATE), would' AND 'did' IF  |  
|  ROUND 5.                                       |  
----------------------------------------------------
{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 {BOX_01}
NO ..................................... 2 {BOX_01}
REF  ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

----------------------------------------------------
|  DISPLAY ‘Will’ AND ‘(do/does)’ IF NOT ROUND 5.    |
|  DISPLAY ‘As of (END DATE), would’ AND ‘did’ IF     |
|  ROUND 5.                                          |
----------------------------------------------------

BOX_01

----------------------------------------------------
|  RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR  |
|  OE.                                              |
----------------------------------------------------
Medical Provider Visits (MV) Section

BOX_00
=====

-----------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:          |
| DISPLAY PERS.FULLNAME, PROV.LORPNAME,         |
| EVNT.EVTBEGM, EVNT.EVTBEGIN, EVNT.EVTBEGINY   |
-----------------------------------------------

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 {MV02A}
TELEPHONE CALL .......................... 2 {MV03}
REF .............................. -7 {MV03}
DK ............................ -8 {MV03}

[Code One]

-----------------------------------------------
| IF MV01 IS CODED '1' (SAW PROVIDER), FLAG EVENT AS |
| 'MV-IN-PERSON'.                                   |
-----------------------------------------------

-----------------------------------------------
| IF MV01 IS CODED '2' (TELEPHONE CALL), '-7', |
| (REFUSED), OR '-8' (DON’T KNOW), FLAG EVENT AS |
| 'MV-TELEPHONE'. (THIS EVENT IS FLAGGED FOR |
| PURPOSES OF SKIPS IN THE C/P SECTION. HOWEVER |
| '-7' AND '-8' WILL USE THE SAME QUESTION WORDING |
| AS IN 'MV-IN-PERSON' EVENTS DURING THE |
| ADMINISTRATION OF THE MV SECTION.)             |
-----------------------------------------------

MV02
====

OMITTED.
What kind of place is that -- a managed care plan center or HMO, a clinic, a doctor’s office, or some other place?

<table>
<thead>
<tr>
<th>What type of place did you see?</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s Office or Group Practice</td>
<td>1 (MV03)</td>
</tr>
<tr>
<td>Medical Clinic</td>
<td>2 (MV03)</td>
</tr>
<tr>
<td>Managed Care Plan Center/HMO</td>
<td>3 (MV03)</td>
</tr>
<tr>
<td>Neighborhood/Family Health Center</td>
<td>4 (MV03)</td>
</tr>
<tr>
<td>Laser Eye Surgery Center</td>
<td>5 (MV03)</td>
</tr>
<tr>
<td>Other Freestanding Surgical Center</td>
<td>6 (MV03)</td>
</tr>
<tr>
<td>Rural Health Clinic</td>
<td>7 (MV03)</td>
</tr>
<tr>
<td>Company Clinic</td>
<td>8 (MV03)</td>
</tr>
<tr>
<td>School Clinic</td>
<td>9 (MV03)</td>
</tr>
<tr>
<td>Other Clinic</td>
<td>10 (MV03)</td>
</tr>
<tr>
<td>Walk-in Urgent Care</td>
<td>11 (MV03)</td>
</tr>
<tr>
<td>VA Facility</td>
<td>12 (MV03)</td>
</tr>
<tr>
<td>Community Health Center</td>
<td>13 (MV03)</td>
</tr>
<tr>
<td>Laboratory/X-ray Facility</td>
<td>14 (MV03)</td>
</tr>
<tr>
<td>Birthing Center</td>
<td>15 (MV03)</td>
</tr>
<tr>
<td>Indian Health Service (IHS) Facility</td>
<td>16 (MV03)</td>
</tr>
<tr>
<td>Some Other Place</td>
<td>91 (MV03)</td>
</tr>
<tr>
<td>REF</td>
<td>-7 (MV03)</td>
</tr>
<tr>
<td>DK</td>
<td>-8 (MV03)</td>
</tr>
</tbody>
</table>

[Code One]

---

CODE ‘16’ (IHS FACILITY) WAS INTRODUCED IN PANEL 12 ROUND 3 AND WILL BE INCLUDED IN ALL FUTURE PANELS AND ROUNDS. ‘16’ WAS NOT AVAILABLE IN PANEL 12 ROUNDS 1 AND 2.

---

HARD CHECK:
EDIT: IF CODED ‘15’ BIRTHING CENTER, AND PERSON IS NOT FEMALE, DISPLAY THE FOLLOWING MESSAGE:
“‘BIRTHING CENTER’ CAN BE SELECTED ONLY IF PERSON IS FEMALE. VERIFY AND RE-ENTER.”
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 {MV03A}
NO ..................................... 2 {MV04}
REF ................................... -7 {MV04}
DK .................................... -8 {MV04}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

-----------------------------------------------------------------------------------
| DISPLAY 'Did (PERSON) see a medical doctor during | | | |
| this particular visit?' IF MV01 IS CODED '1' (SAW | | | |
| PROVIDER), '-7' (REFUSED), OR '-8' (DON’T KNOW) | | | |
| FOR THIS EVENT. | | | |
| | | |
| DISPLAY 'Was this telephone call about (PERSON)’s | | | |
| health with a medical doctor?' IF MV01 IS CODED | | | |
| '2' (TELEPHONE CALL) FOR THIS EVENT. | | | |
-----------------------------------------------------------------------------------
What was the doctor’s specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>2</td>
</tr>
<tr>
<td>Cardiology (Heart)</td>
<td>3</td>
</tr>
<tr>
<td>Dermatology (Skin)</td>
<td>4</td>
</tr>
<tr>
<td>Endocrinology/Metabolism (Diabetes, Thyroid)</td>
<td>5</td>
</tr>
<tr>
<td>Family Practice</td>
<td>6</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>7</td>
</tr>
<tr>
<td>General Practice</td>
<td>8</td>
</tr>
<tr>
<td>General Surgery</td>
<td>9</td>
</tr>
<tr>
<td>Geriatrics (Elderly)</td>
<td>10</td>
</tr>
<tr>
<td>Gynecology/Obstetrics</td>
<td>11</td>
</tr>
<tr>
<td>Hematology (Blood)</td>
<td>12</td>
</tr>
<tr>
<td>Hospital Residence</td>
<td>13</td>
</tr>
<tr>
<td>Internal Medicine (Internist)</td>
<td>14</td>
</tr>
<tr>
<td>Nephrology (Kidneys)</td>
<td>15</td>
</tr>
<tr>
<td>Neurology</td>
<td>16</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>17</td>
</tr>
<tr>
<td>Oncology (Tumors, Cancer)</td>
<td>18</td>
</tr>
<tr>
<td>Ophthalmology (Eyes)</td>
<td>19</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>20</td>
</tr>
<tr>
<td>Osteopathy (Do)</td>
<td>21</td>
</tr>
<tr>
<td>Otorhinolaryngology (Ear, Nose, Throat)</td>
<td>22</td>
</tr>
<tr>
<td>Pathology</td>
<td>23</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>24</td>
</tr>
<tr>
<td>Physical Medicine/Rehab</td>
<td>25</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>26</td>
</tr>
<tr>
<td>Proctology</td>
<td>27</td>
</tr>
<tr>
<td>Psychiatry/Psychiatrist</td>
<td>28</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>29</td>
</tr>
<tr>
<td>Radiology</td>
<td>30</td>
</tr>
<tr>
<td>Rheumatology (Arthritis)</td>
<td>31</td>
</tr>
<tr>
<td>Thoracic Surgery (Chest)</td>
<td>32</td>
</tr>
<tr>
<td>Urology</td>
<td>33</td>
</tr>
<tr>
<td>Other Dr Specialty</td>
<td>91</td>
</tr>
<tr>
<td>Ref</td>
<td>-7</td>
</tr>
<tr>
<td>Dk</td>
<td>-8</td>
</tr>
</tbody>
</table>
What type of medical person did (PERSON) talk to on (VISIT DATE)?

IF TALKED TO MORE THAN ONE MEDICAL PERSON, PROBE FOR MAIN PROVIDER.

<table>
<thead>
<tr>
<th>Medical Person</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHIROPRACTOR</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>RECEPTIONIST, CLERK, SECRETARY</td>
<td>13</td>
</tr>
<tr>
<td>ACUPUNCTURIST</td>
<td>14</td>
</tr>
<tr>
<td>MASSAGE THERAPIST</td>
<td>15</td>
</tr>
<tr>
<td>HOMEOPATHIC/NATUROPATHIC/HERBALIST</td>
<td>16</td>
</tr>
<tr>
<td>OTHER ALTERNATIVE/COMPLEMENTARY 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]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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

HELP AVAILABLE 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 SELECTED 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

OTHERWISE, CONTINUE WITH MV07
MV07
====

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

SHOW CARD MV-1.

Please look at this card and tell me which category best describes the care (PERSON) received during the visit to (PROVIDER) on (VISIT DATE).

GENERAL CHECKUP ......................... 1 {MV08}
DIAGNOSIS OR TREATMENT .................. 2 {MV08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3 {MV08}
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING ......................... 4 {MV08}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5 {MV08}
IMMUNIZATIONS OR SHOTS ................... 6 {MV08}
VISION EXAM ............................... 7 {MV08}
PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY) ........... 8 {MV08}
WELL CHILD EXAM .......................... 9 {MV08}
LASER EYE SURGERY ....................... 10 {MV08}
OTHER ..................................... 91 {MV08}
REF ....................................... -7 {MV08}
DK ........................................ -8 {MV08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------------
| HARD CHECK: |
| EDITS: IF MV07 IS CODED ‘8’ (PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)), 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.” |
------------------------------------------------------------------------
MEPS P13R5/P14R3/P15R1 Medical Provider Visits (MV) Section November 10, 2009

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 (MV09)
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, SELECT ENTRY ON ROSTER.

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

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

9
DISPLAY ‘ADD CONDITION’ AS AN OPTION ON THIS SCREEN.

GO TO BOX_02

ROSTER DETAILS:
Title: PERS_COND_1

COL #1 HEADER: MEDICAL CONDITION
INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION (COND.CONDNAM)

ROSTER DEFINITION:
DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR SELECTION AND ADDITION OF ONE OR MANY MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. MULTIPLE ADD ALLOWED.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.

4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A CONDITION NAME NEWLY ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.
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?

CHECK ALL THAT APPLY.

PHYSICAL THERAPY ....................... 1 {MV11}
OCCUPATIONAL THERAPY ................... 2 {MV11}
SPEECH THERAPY .......................... 3 {MV11}
CHEMOTHERAPY ............................ 4 {MV11}
RADIATION THERAPY ....................... 5 {MV11}
KIDNEY DIALYSIS .......................... 6 {MV11}
IV THERAPY ............................... 7 {MV11}
DRUG OR ALCOHOL TREATMENT .......... 8 {MV11}
ALLERGY SHOT ............................ 9 {MV11}
PSYCHOTHERAPY/COUNSELING .......... 10 {MV11}
SHOTS, OTHER THAN ALLERGY ........ 11 {MV11}
NO TREATMENTS RECEIVED .............. 95 {MV11}
REF ................................... -7 {MV11}
DK .................................... -8 {MV11}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| ALLOW CODE ’95’ (NO TREATMENTS RECEIVED), ’-7’ | |
| (REFUSED), AND ’-8’ (DON’T KNOW) ALONE ONLY.    | |
| THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER| |
| RESPONSE.                                       | |
----------------------------------------------------

----------------------------------------------------
| ’NO TREATMENTS RECEIVED’ IS NOT DISPLAYED ON SHOW | |
| CARD.                                             | |
----------------------------------------------------
HARD CHECK:

EDIT:  IF CODED ‘95’ (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTS ANOTHER CODE WITH ‘NO TREATMENTS’ DISPLAY THE FOLLOWING MESSAGE: “NO TREATMENTS RECEIVED CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER.”

MV11

(Person’s First Middle and Last Name)  (Name of Medical Care Provider)  (EVN-DT)

SHOW CARD MV-3.

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

CHECK ALL THAT APPLY.

LABORATORY TESTS ...................... 1 (MV12)
SONOGRAM OR ULTRASOUND .............. 2 (MV12)
X-RAYS .................................. 3 (MV12)
MAMMOGRAM .............................. 4 (MV12)
MRI OR CATSCAN ........................ 5 (MV12)
EKG OR ECG .............................. 6 (MV12)
EEG ..................................... 7 (MV12)
VACCINATION ............................ 8 (MV12)
ANESTHESIA ............................. 9 (MV12)
OTHER DIAGNOSTIC TEST .............. 10 (MV12)
THROAT SWAB ........................... 11 (MV12)
NO SERVICES RECEIVED ............... 95 (MV12)
REF .................................... -7 (MV12)
DK ...................................... -8 (MV12)

[Code All That Apply]

HELP AVAILABLE 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).

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

November 10, 2009
ALLOW CODE ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) ALONE ONLY. THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER RESPONSE.

'NO SERVICES RECEIVED' IS NOT DISPLAYED ON SHOW CARD.

HARD CHECK:
EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTS ANOTHER CODE WITH 'NO SERVICES' DISPLAY THE FOLLOWING MESSAGE: "NO SERVICES RECEIVED CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER."

NOTE: CODE ‘11’ (THROAT SWAB) IS DISPLAYED ON THE SCREEN AND ON THE SHOW CARD BETWEEN CODES ‘1’ (LABORATORY TESTS) AND ‘2’ (SONOGRAM OR ULTRASOUND).

{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 {MV14}
NO ..................................... 2 {MV14}
REF ................................... -7 {MV14}
DK .................................... -8 {MV14}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

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

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1 {MV15}
NO ..................................... 2 {BOX_04}
REF .................................... -7 {BOX_04}
DK ..................................... -8 {BOX_04}

HELP AVAILABLE FOR DEFINITION OF PRESCRIBED MEDICINE.

------------------------------------------------------------------
| DISPLAY ‘visit’ IF MV01 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT.  DISPLAY ‘telephone call’ IF MV01 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT. |
------------------------------------------------------------------

{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/telephone call} that were filled.

PROBE: Any other prescribed medicines from this {visit/telephone call} that were filled?

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

------------------------------------------------------------------
| DISPLAY ‘ADD MEDICINE’ AS AN OPTION ON THIS SCREEN. |
------------------------------------------------------------------
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.

GO TO BOX_04

ROSTER DETAILS:
TITLE: PERSON'S_PRESCRIBED_MEDICINES_1

COL #1 HEADER: PRESCRIBED MEDICINE
INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE (DRUG.DRUGNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION-MEDICINES-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT AND ADD ALLOWED.

2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE EVENT.

3. EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL MEDICINES IN PERSON'S ROSTER; NO FILTER.
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 |
Earlier I recorded that (PERSON) had some other visits to (PROVIDER). Were any of these visits related to any condition associated with (PERSON)’s visit on (VISIT DATE)? That is, were any of the other visits for the (READ CONDITIONS BELOW) and did (PERSON) receive {(READ SERVICES BELOW)/the same services)?

<table>
<thead>
<tr>
<th>CONDITIONS</th>
<th>SERVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>{PERSON'S MV MEDICAL CONDITION}</td>
<td>{SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{PERSON'S MV MEDICAL CONDITION}</td>
<td>{SERVICES RECEIVED}</td>
</tr>
<tr>
<td>{PERSON'S MV MEDICAL CONDITION}</td>
<td>{SERVICES RECEIVED}</td>
</tr>
</tbody>
</table>

YES .................................... 1 {MV17}
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

-----------------------------------------------
| DISPLAY ‘(READ SERVICES BELOW)’ IF MV11 IS NOT |
| CODED ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED),|
| OR ‘-8′ (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO |
| SERVICES RECEIVED), ‘-7’ (REFUSED), OR ‘-8’ (DON’T| |
| KNOW), DISPLAY ‘the same services’. |
-----------------------------------------------
MEPS P13R5/P14R3/P15R1 Medical Provider Visits (MV) Section
November 10, 2009

----------------------------------------------------
| FOR ‘PERSON’S MV MEDICAL CONDITION’, DISPLAY ALL  |
| CONDITIONS SELECTED FROM OR ADDED TO PERSON’S-    |
| MEDICAL-CONDITIONS-ROSTER AT MV09.                |
|                                                    |
| FOR ‘SERVICES RECEIVED’, DISPLAY THE FOLLOWING    |
| TEXT FOR EACH SERVICE SELECTED 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                        |
| CODE ‘11’ = THROAT SWAB                           |
----------------------------------------------------

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 {MV18}
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

HELP AVAILABLE 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 HELP 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)/and 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>

[1. Month,Day,Year-4]
[2. Month,Day,Year-4]
[3. Month,Day,Year-4]

-----------------------------------------------------------------------------------
| DISPLAY ‘and (READ SERVICES BELOW)’ IF MV11 IS NOT CODED ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED), ‘-8’ (DON’T KNOW). IF MV11 IS CODED ‘95’ (NO SERVICES RECEIVED), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), DISPLAY ‘and 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 SERVICE SELECTED 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
CODE '11' = 'THROAT SWAB'

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.

GO TO MV19

ROSTER DETAILS:
TITLE: PERS_EVNT_1

COL # 1 HEADER: MONTH/DAY/YEAR
INSTRUCTIONS: DISPLAY EVENT BEGIN DATE (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)
ROSTER DEFINITION:
THIS ITEM DISPLAYS ALL MEDICAL EVENTS (DATES) ON PERSON’S MEDICAL-EVENTS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE EVENTS WITH THE FOLLOWING CHARACTERISTICS.
1. EVENT WAS CREATED THIS ROUND.
2. EVENT HAS NOT BEEN PROCESSED IN UTILIZATION.
3. EVENT HAS EVENT TYPE ‘MV’.
4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

MV19
====

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

INTERVIEWER: RECORD ‘NAME OF REPEAT VISIT GROUP’ FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group] ............ {BOX_07}

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 |
Old Employment and Private Related Insurance (OE) Section

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

BOX_00

======

-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY |
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
IF ONE OR MORE RU MEMBERS STILL HOLDS 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

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

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE FIFTH CONDITION ABOVE 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.

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

OTHERWISE, GO TO BOX_10

---------------------------------------------------------------------
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND’S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_01.

LOOP_01

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE01 - END_LP01.

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A ‘CURRENT MAIN’ OR ‘CURRENT MISCELLANEOUS’ JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED ‘1’ (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’ AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ01 WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1
OE01
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT}    {STR-DT}  
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. {Are/Is}/(Were/Was) (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ...................................  1 {BOX_02}
NO ....................................  2 {OE02}
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?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE01 AND SELECT ‘YES’.}

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

-------------------------------------------------------------------------
| DISPLAY ‘IF INSURANCE ENDED... SELECT ‘YES’.’ IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY.                |
-------------------------------------------------------------------------
<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 OE02OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_02</th>
</tr>
</thead>
</table>

**OE02OV**

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 {BOX_02}
PART OF THE MONTH ........................ 2 {BOX_02}
REF ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

[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 DATE))?

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

------------------------------------------------------------------
| 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 DATE)’ IF OE01 IS CODED ’1’               |
| (YES).                                                    |

DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’.
IF THE MONTH OR YEAR FIELD AT OE02 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE02 DATE’.
------------------------------------------------------------------

------------------------------------------------------------------
| ROSTER DETAILS:                                          |
| TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1               |
| COL # 1 HEADER: NAME                                    |
| INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES            |
| (PERS.FULLNAME)                                         |

------------------------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY. |

| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |
| 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| 1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER |
| 2. PERSON IS AN RU MEMBER |

---

BOX_03

---

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED ‘1’ (YES) AND OE03 IS CODED ‘1’ (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_05 |

---
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE02 AND

GO TO BOX_05

OTHERWISE (I.E., OE03 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW)), CONTINUE WITH OE04

OE04

Who {is/was} no longer covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on (END DATE)}?

[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 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 DATE)' IF OE01 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'. IF THE MONTH OR YEAR FIELD AT OE02 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended' FOR 'OE02 DATE'.
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>GO TO LOOP_02</th>
</tr>
</thead>
</table>

<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)</td>
</tr>
</tbody>
</table>

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| 1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER |
| 2. PERSON IS AN RU MEMBER |
MEPS P13R5/P14R3/P15R1 Old Empl and Private Related Insurance (OE) Section
November 10, 2009

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
====

{POLICYHOLDER’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 {BOX_04} DK .................................... -8 {BOX_04}

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
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 \{BOX_04\}
PART OF THE MONTH ..................... 2 \{BOX_04\}
REF ................................. -7 \{BOX_04\}
DK .................................... -8 \{BOX_04\}

[Code One]

END_LP02

-------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
-------------------------------------

-------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_05 |
-------------------------------------
BOX_05

| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04), |
| CONTINUE WITH OE06 |

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

| OTHERWISE, GO TO OE08A |

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

OE06

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT}    {STR-DT}
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have
any persons living here, we have not yet mentioned, been covered
by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................................  1 {OE07}
NO ....................................  2 {OE08A}
REF ................................... -7 {OE08A}
DK .................................... -8 {OE08A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5.                                     |
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: Anyone else?

[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 RU-MEMBERS-ROSTER FOR SELECTION|
| OF RU-MEMBERS.             |
-----------------------------

-----------------------------
| ROSTER BEHAVIOR:           |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY |
| SELECT ONE OR MORE FROM THE LISTED MEMBERS. |
| 2. ADD, DELETE, AND EDIT DISALLOWED.         |
| 3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY |
| ON THIS ROSTER.                |
-----------------------------

-----------------------------
| ROSTER FILTER:              |
| DISPLAY PERSONS WHO WERE NOT COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| ON THE PREVIOUS ROUND’S INTERVIEW DATE.         |
-----------------------------

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 (BOX_06)
DK .................................... -8 (BOX_06)

----------------------------------------------------
| 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 (BOX_06)
PART OF THE MONTH .....................  2 (BOX_06)
REF ................................... -7 (BOX_06)
DK .................................... -8 (BOX_06)

[Code One]

----------------------------------------------------
| HARD CHECK:                                      |
| COMPLETE DATE AT OE08 MUST BE < THAN COMPLETE    |
| DATE AT OE02 IF A DATE IS RECORDED AT OE02       |
| OR < THAN REFERENCE PERIOD END DATE IF NO DATE   |
| IS RECORDED AT OE02.                            |
----------------------------------------------------
BOX_06

| IF FAMILY STILL HAS INSURANCE THROUGH THIS | ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’) | (YES)), FLAG INSURANCE FOR THIS PERSON AS | ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE08 | UNTIL THE REFERENCE PERIOD END DATE. |

| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH | ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘2’ (NO)) | FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS | COVERAGE’ FROM DATE RECORDED AT OE08 UNTIL DATE | RECORDED AT OE02. |

END_LP03

| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, | END LOOP_03 AND GO TO BOX_07 |
OE08A

{POLICYHOLDER’S 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 {BOX_07}
NO ..................................... 2 {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----------------------------------------------
| DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between |
| (START DATE) and (END DATE), did’ IF ROUND 5. |
-----------------------------------------------

-----------------------------------------------
| IF CODED ‘1’ (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS ‘COVERING PERSON NOT |
| LISTED IN RU’ IN OE07                                |
-----------------------------------------------

BOX_07

-----------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE|
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, |
| OE01 IS CODED ‘1’ (YES), CONTINUE WITH BOX_07A    |
-----------------------------------------------

-----------------------------------------------
| OTHERWISE, GO TO END_LP01                      |
-----------------------------------------------
BOX_07A
======

--------
| IF ROUND 3, CONTINUE WITH OE09A |
--------

--------
| OTHERWISE, GO TO OE09 |
--------

OE09A
=====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT}  {STR-DT}  {END-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 {OE09AA}
YES, PAY SOME OF PREMIUM/COST .......... 2 {OE09AA}
YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ......................... 3 {OE09AA}
NO, DO NOT PAY .......................... 4 {OE09AAA}
REF ................................... -7 {OE09}
DK .................................... -8 {OE09}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

--------
--------
OE09AA

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

[Enter Amount in Dollars] ..............
REF ................................... -7 {BOX_08A}
DK .................................... -8 {BOX_08A}

----------------------------------------------------
<p>| 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       |</p>
<table>
<thead>
<tr>
<th>DIRECTLY PURCHASED CATEGORY.</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTINUE WITH OE09AAOV1</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

OE09AAOV1

UNIT OF COVERAGE:

Is that per year, per month, per week, or what?

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 {OE09AAOV2}
REF ................................... -7 {BOX_08A}
DK .................................... -8 {BOX_08A}

[Code One]
OTHER:

[Enter Other Specify] ................. {BOX_08A}
REF .................................. -7 {BOX_08A}
DK .................................... -8 {BOX_08A}

BOX_08A

--------

-----------------------------------------------------
| IF OE09A IS CODED ‘1’ (YES, PAY ALL OF PREMIUM/ |
| COST), GO TO OE09
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE09AAA                  |
-----------------------------------------------------

OE09AAA

--------

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

Who {else} pays {some of/for} the premium or cost of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ................. 1
STATE GOVERNMENT ................... 2
LOCAL GOVERNMENT ................... 3
SOME GOVERNMENT .................... 4
EMPLOYER ............................ 5
UNION ................................ 6
OTHER ................................. 91 {OE09AAAOV}
REF .................................. -7 {OE09}
DK .................................... -8 {OE09}

[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).

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE.

---

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH OE09AAAOV

---

OTHERWISE, GO TO OE09

---

OE09AAAOV

OTHER:

[Enter Other Specify] ................. {OE09}
REF ................................... -7 {OE09}
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 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) (have/has) through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1 {OE10}
NO ....................................  2 {END_LP01}
REF .................................. -7 {END_LP01}
DK .................................. -8 {END_LP01}

-----------------------------
| DISPLAY FIRST PARAGRAPH AND THE INSURER NAME 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 |
| '(have/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.                                            |
-----------------------------

-----------------------------
| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_INSURER_TRPLS_1 |
| COL # 1 HEADER: INSURER |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |
| (ESTB.ESTBNAME) |
-----------------------------
SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)’s new plan {on (END DATE)}?

CHECK 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 {OE100V}
REF ................................. -7 {BOX_08}
DK ................................. -8 {BOX_08}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: ‘DISABILITY,’ ‘WORKER’S COMPENSATION,’ AND ‘ACCIDENT’ WILL NOT APPEAR ON THE SHOW CARD.]
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE. |
----------------------------------------------------

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE10OV 
----------------------------------------------------

| OTHERWISE, GO TO BOX_08 
----------------------------------------------------

---

OE10OV
======

OTHER:

[Enter Other Specify] ................. (BOX_08)
REF ................................... -7 (BOX_08)
DK .................................... -8 (BOX_08)

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

---

BOX_08
=====

---

| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOLED ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT NECESSARY TO AUTOMATICALLY CODE OE11 IF THE ESTABLISHMENT IS AN INSURANCE COMPANY OR HMO. |
----------------------------------------------------

| 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 
----------------------------------------------------
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, SELECT HMO.

NAME OF INSURER: [Enter Insurer] ..............

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

TYPE:

INSURANCE COMPANY ...................... 1
HMO .................................... 2
SELF-INSURED COMPANY ................. 3
REF ................................... -7
DK .................. ................... -8

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

| DISPLAY ‘hospital and physician benefits’ AND |
| ‘HOSPITAL AND PHYSICIAN’ 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 BOX_08B - 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
BOX_08B

----------------------------------------------------
| IF AN INSURER NAME IS ENTERED AT OE11, CONTINUE   |
| WITH OE11A                                        |
----------------------------------------------------

----------------------------------------------------
| IF INSURER NAME IS CODED ‘-7’ (REF) OR ‘-8’ (DK)  |
| AT OE11, GO TO BOX_09A                            |
----------------------------------------------------

OE11A

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-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 {OE11AOV}
NO OTHER NAME .......................... 2 {BOX_09A}
REF ................................... -7 {BOX_09A}
DK .................................... -8 {BOX_09A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THE INSURANCE CO/HMO          |
| RECORDED IN OE11 WHICH IS BEING LOOPED ON FOR     |
| ‘INSURANCE...NAME’.                              |
----------------------------------------------------
OTHER NAME:

[Enter Policy Name] ....................  {BOX_09A}
REF ................................... -7  {BOX_09A}
DK .................................... -8  {BOX_09A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

---

| IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN | OE11, CONTINUE WITH OE11B |
|--------------------------------------------------|

---

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_09</th>
</tr>
</thead>
</table>

---

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}
ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER.

AT COMPLETION OF MANAGED CARE (MC) SECTION,
CONTINUE WITH 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

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

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 {OE13}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

-----------------------------------------------
| DISPLAY `(Are/Is)` IF NOT ROUND 5. DISPLAY    |
| `(Was/Were)` IF ROUND 5.                     |
|                                               |
| DISPLAY `today,` IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY.                                 |
| -----------------------------------------------

OE13
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT)  {STR-DT}
{END-DT}

Did the health insurance (POLICYHOLDER) had through
(ESTABLISHMENT) continue for any period of time after
(POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES ...................................  1 {OE14}
NO ....................................  2 {OE15}
REF ................................... -7 {OE15}
DK .................................... -8 {OE15}
Did that health insurance continue through COBRA?

YES ................................... 1 {OE15}
NO .................................... 2 {OE15}
REF ................................... -7 {OE15}
DK .................................... -8 {OE15}

HELP AVAILABLE FOR DEFINITION OF COBRA.
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 {BOX_11}
PART OF THE MONTH  ......................  2 {BOX_11}
REF  ................................... -7 {BOX_11}
DK  _______________________________  -8 {BOX_11}

[Code One]

Is (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) now extended through COBRA?

YES  .................................  1 {BOX_11}
NO  _______________________________  2 {BOX_11}
REF  _______________________________ -7 {BOX_11}
DK  _______________________________  -8 {BOX_11}

HELP AVAILABLE 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 DATE))?

(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 {BOX_12}
NO ....................................  2 {BOX_12}
REF ................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}
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 DATE)’ IF OE12 IS CODED ‘1’ (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR ‘OE15 DATE’. IF THE MONTH OR YEAR FIELD AT OE15 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE15 DATE’.

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSONS ON THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER AND
2. PERSON IS AN RU MEMBER
### 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
Who is/was no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/on (END DATE)}?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
MEPS P13R5/P14R3/P15R1 Old Empl and Private Related Insurance (OE) Section
November 10, 2009

---------------------
| ROSTER DETAILS:    |
| TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1 |
|                    |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES |
| (PERS.FULLNAME)    |

---------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. |

---------------------
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

---------------------
| ROSTER FILTER:     |
| 1. PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER |
| 2. PERSON IS AN RU MEMBER |

---------------------
| 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 CYCLING 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 (BOX_13)
DK .................................... -8 (BOX_13)

---------------------------------------------------------------------
| 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 {BOX_13}
PART OF THE MONTH ........................ 2 {BOX_13}
REF ................................... -7 {BOX_13}
DK .................................... -8 {BOX_13}

[Code One]

BOX_13
=====

---------------------------------------------------------------------
| FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ |
| THROUGH THE COMPLETE DATE RECORDED AT OE19 AND      |
| OE19OV.                                          |
---------------------------------------------------------------------
END_LP06

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, BUT 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 {OE21}
NO .....................................  2 {OE22A}
REF ..................................... -7 {OE22A}
DK ..................................... -8 {OE22A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.
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: Any else?

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

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’.

ROSTER DETAILS:
Title: RU_MEMBERS_1

COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION
OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT
   ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY
   ON THIS ROSTER.

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT COVERED BY THE
INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR
ON THE PREVIOUS ROUND’S INTERVIEW DATE.

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 {BOX_15}
PART OF THE MONTH .......................... 2 {BOX_15}
REF ................................... -7 {BOX_15}
DK .................................... -8 {BOX_15}

[Code One]

----------------------------------------
| HARD CHECK: |
| 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'S 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 {BOX_16}
NO ..................................... 2 {BOX_16}
REF ................................... -7 {BOX_16}
DK .................................... -8 {BOX_16}

HELP AVAILABLE 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’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT) (END-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]

HELP AVAILABLE 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. |
-----------------------------------------------|
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT} {STR-DT} 
(END-DT)

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT) coverage?

[Enter Amount in Dollars] ..............  {OE23AAOV1}
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
=======

Is that per year, per month, per week, or what?

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}
REF ................................... -7 {BOX_17A}
DK .................................... -8 {BOX_17A}

[Code One]
OTHER:

[Enter Other Specify] ..................   {BOX_17A}
REF ................................... -7 {BOX_17A}
DK .................................... -8 {BOX_17A}

---

| IF OE23A IS CODED ‘1’ (YES, PAY ALL OF PREMIUM/COST), GO TO OE23 |
| OTHERWISE, CONTINUE WITH OE23AAA |

---

OE23AAA

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Who {else} pays {some of/for} the premium or cost of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ..................... 1
STATE GOVERNMENT ..................... 2
LOCAL GOVERNMENT ..................... 3
SOME GOVERNMENT ...................... 4
EMPLOYER ............................... 5
UNION ................................. 6
OTHER ................................. 91
REF ................................... -7 {OE23}
DK .................................... -8 {OE23}

[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).

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH OE23AA0V

OTHERWISE, GO TO OE23

OE23AA0V

OTHER:

[Enter Other Specify] .................. {OE23}
REF ................................... -7 {OE23}
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 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) {(have/has)/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

| YES .................................................. 1 {OE24} |
| NO ................................................... 2 {END_LP05} |
| REF .................................................. -7 {END_LP05} |
| DK .................................................... -8 {END_LP05} |

--------------------
| DISPLAY FIRST PARAGRAPH AND THE INSURER NAME 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 |
| '(have/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. |

--------------------
| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_INSURER_TRPLS_1 |
| COL # 1 HEADER: INSURER |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |
| (ESTB.ESTBNNAME) |
SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER) {now} have through (ESTABLISHMENT)’s new plan {on (END DATE)}? CHECK 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 {BOX_17}
DK .............................................. -8 {BOX_17}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: ‘DISABILITY,’ ‘WORKER’S COMPENSATION,’ AND ‘ACCIDENT’ 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.
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE24OV

OTHERWISE, GO TO BOX_17

---

OE24OV

OTHER:

[Enter Other Specify] .................. {BOX_17}
REF ................................... -7 {BOX_17}
DK .................................... -8 {BOX_17}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.


---

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.

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 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, SELECT ‘HMO’.

NAME OF INSURER: [Enter Insurer] ...........
REF ......................... -7
DK ...... ................... -8

TYPE:

INSURANCE COMPANY ..................... 1 {LOOP_08}
HMO .................................... 2 {LOOP_08}
SELF-INSURED COMPANY ................. 3 {LOOP_08}

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

| DISPLAY 'hospital and physician benefits’ AND | 'HOSPITAL AND PHYSICIAN’ 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.

LOOP_08
=======

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_17B - 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
BOX_17B

| IF AN INSURER NAME IS ENTERED AT OE25, CONTINUE WITH OE25AA |

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

| IF INSURER NAME IS CODED ‘-7’ (REF) OR ‘-8’ (DK) |
| AT OE25, GO TO BOX_18A |

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

OE25AA

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT)
(END-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 {OE25AAOV}
NO OTHER NAME .......................... 2 {BOX_18A}
REF ................................... -7 {BOX_18A}
DK .................................... -8 {BOX_18A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

| DISPLAY THE NAME OF THE INSURANCE CO/HMO |
| RECORDED IN OE25 WHICH IS BEING LOOPED ON FOR |
| ‘INSURANCE...NAME’. |

-----------------------------------------------------------------
OTHER NAME:

[Enter Policy Name] ....................   {BOX_18A}

REF ................................... -7 {BOX_18A}

DK .................................... -8 {BOX_18A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX_18A

-------------------------------------------
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN | | OE25, CONTINUE WITH OE25B |
-------------------------------------------

-------------------------------------------
| OTHERWISE, GO TO BOX_18 |
-------------------------------------------

OE25B

{POLICYHOLDER’S 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

----------------------------------------------------
<p>| IF ONE OR MORE OF 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);                              |
|                                                   |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_09</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_29</th>
</tr>
</thead>
</table>
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-Than-1, FLAGGED DURING THE PREVIOUS ROUND AS ‘PROVIDES HEALTH INSURANCE’, AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - ‘FORMER MAIN WITHIN REFERENCE PERIOD’
    - ‘FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD’
    - ‘LAST JOB OUTSIDE REFERENCE PERIOD’
    - ‘RETIREMENT JOB’
  - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
  - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
  - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND)

BOX_19A
======

IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS ‘POLICYHOLDER NOT LISTED IN RU (DU)’ OR ‘POLICYHOLDER DECEASED’, CONTINUE WITH OE25A

OTHERWISE, GO TO OE26
{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.

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

[Code One]

----------------------------------------------------
<p>| IF A DU MEMBER’S NAME IS SELECTED FROM THE |
| ROSTER, REPLACE THIS NAME AS THE CURRENT |
| POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR. |
| IF ‘NAME NOT ON ROSTER’ SELECTED LEAVE THE |
| POLICYHOLDER NAME OF THIS ESTABLISHMENT-PERSON- |</p>
<table>
<thead>
<tr>
<th>PAIR AS IS.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>TITLE: DU_MEMBERS_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE,</td>
</tr>
<tr>
<td>AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

----------------------------------------------------
<p>| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS PERSONS ON THE DU-MEMBERS- |</p>
<table>
<thead>
<tr>
<th>ROSTER FOR SELECTION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
| DISALLOWED. |
| 3. DISPLAY ‘NAME NOT ON ROSTER’ AS LAST ENTRY ON |</p>
<table>
<thead>
<tr>
<th>THIS ROSTER.</th>
</tr>
</thead>
</table>
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}
OE27

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF ESTABLISHMENT}    {STR-DT}    {END-DT}

Is this insurance still through (POLICYHOLDER)’s self-employed business?

YES ........................................ 1 {BOX_20}
NO ......................................... 2 {BOX_20}
REF .......................................... -7 {BOX_20}
DK ........................................... -8 {BOX_20}

HELP AVAILABLE 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?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE26 AND SELECT ‘YES’.)

[Enter Month-2, Day-2, Year-4] .......... 
REF .......................................... -7 {BOX_20}
DK ........................................... -8 {BOX_20}

| DISPLAY 'IF INSURANCE ENDED... SELECT ‘YES’.’ IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY |
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE28OV |
| OTHERWISE, GO TO BOX_20 |

----------------------------------------------------
| DISPLAY ‘IF INSURANCE ENDED... SELECT ‘YES’.’ IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY |
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE28OV |
| OTHERWISE, GO TO BOX_20 |

----------------------------------------------------
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 {BOX_20}
PART OF THE MONTH  .....................  2 {BOX_20}
REF ................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

[Code One]
OE29
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF ESTABLISHMENT)   (STR-DT)
(END-DT)

During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance {until {{OE28 DATE}/it ended}/on (END DATE)}?

{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 {BOX_21}
NO ....................................  2 {BOX_21}
REF ................................... -7 {BOX_21}
DK .................................... -8 {BOX_21}

DISPLAY ‘Are’ IF OE26 IS CODED ‘1’ (YES).
DISPLAY ‘Were’ IF OE26 IS CODED ‘2’ (NO) OR IF CURRENT ROUND IS ROUND 5.
DISPLAY ‘until {OE28 DATE}’ IF OE26 IS CODED ‘2’ (NO). DISPLAY ‘on (END DATE)’ IF OE26 IS CODED ‘1’ (YES).
DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’.
IF THE MONTH OR YEAR FIELD AT OE28 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE28 DATE’.

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
2. PERSON IS AN RU MEMBER

BOX_21
======

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:
IF OE26 IS CODED ‘1’ (YES) AND OE29 IS CODED ‘1’ (YES),
FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND
GO TO BOX_23
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1' (YES).

FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE28 AND

GO TO BOX_23

OTHERWISE (I.E., OE29 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE30

OE30

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/on (END DATE)}?

[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 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 DATE)’ IF OE26 IS CODED ‘1’      |
| (YES).                                            |
| DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’.|
| IF THE MONTH OR YEAR 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                                          |

| GO TO LOOP_10                                    |

| ROSTER DETAILS:                                   |
| TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1        |
| COL # 1 HEADER: NAME                             |
| INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES     |
| (PERS.FULLNAME)                                  |

| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-    |
| PERS-TRPLS-ROSTER FOR SELECTION.                  |
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
2. PERSON IS AN RU MEMBER

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} {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] ........ OE31OV
REF .................................. -7 (BOX_22)
DK .................................... -8 (BOX_22)
| 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 {BOX_22}
PART OF THE MONTH ...................... 2 {BOX_22}
REF ................................... -7 {BOX_22}
DK .................................... -8 {BOX_22}

[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 |

---
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

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 {OE33}
NO ..................................... 2 {OE34A}
REF ..................................... -7 {OE34A}
DK ..................................... -8 {OE34A}

HELP AVAILABLE 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: Anyone else?

[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 ‘has been’ AND ‘since (START DATE)’ IF NOT| ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE) | and (END DATE)’ IF ROUND 5.                     |
|----------------------------------------------------|

----------------------------------------------------
<p>| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR-   |</p>
<table>
<thead>
<tr>
<th>COVRD-PERS-TRPLS-ROSTER.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG    |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR  |</p>
<table>
<thead>
<tr>
<th>AS ‘COVERING PERSON NOT LISTED IN RU’.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO LOOP_11</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| ROSTER DETAILS:                                    |</p>
<table>
<thead>
<tr>
<th>TITLE: RU_MEMBERS_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,</td>
</tr>
<tr>
<td>AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>
--------------------------
| ROSTER DEFINITION:      |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION|
| OF RU-MEMBERS.          |
--------------------------

--------------------------
| ROSTER BEHAVIOR:        |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY |
| SELECT ONE OR MORE FROM THE LISTED MEMBERS.  |
| 2. ADD, DELETE, AND EDIT DISALLOWED.         |
| 3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY|
| ON THIS ROSTER.          |
--------------------------

--------------------------
| ROSTER FILTER:          |
| DISPLAY PERSONS WHO WERE NOT COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| ON THE PREVIOUS ROUND’S INTERVIEW DATE.         |
--------------------------

LOOP_11
-------

--------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-|
| PERS-TRPLS-ROSTER, ASK OE34 - END_LP11.       |
--------------------------

--------------------------
| LOOP DEFINITION: LOOP_11 COLLECTS THE COVERAGE |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |
| PERSONS SELECTED AT OE33.                       |
--------------------------
OE34
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}  {NAME OF
ESTABLISHMENT}  {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)
begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7 (BOX_24)
DK .................................... -8 (BOX_24)

-----------------------------------------------------
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T |
| KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) |
| OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE34OV         |
-----------------------------------------------------

-----------------------------------------------------
| OTHERWISE, GO TO BOX_24                           |
-----------------------------------------------------

OE34OV
======

Can you just tell me if (PERSON) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 (BOX_24)
PART OF THE MONTH ........................  2 (BOX_24)
REF ................................... -7 (BOX_24)
DK .................................... -8 (BOX_24)

[Code One]

-----------------------------------------------------
| HARD CHECK:                                       |
| 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 CONTINUE WITH BOX_25 |

----------------------------------------------------
OE34A

{POLICYHOLDER’S 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 (BOX_25)
NO .......................................... 2 (BOX_25)
REF ....................................... -7 (BOX_25)
DK .......................................... -8 (BOX_25)

HELP AVAILABLE 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'S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT)  (STR-DT)
(END-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 {OE35AA}
YES, PAY SOME OF PREMIUM/COST .......... 2 {OE35AA}
YES, BUT DON'T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST ....................... 3 {OE35AA}
NO, DO NOT PAY .......................... 4 {OE35AAA}
REF ................................... -7 {OE35}
DK .................................... -8 {OE35}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

----------------------------------------------------
| NOTE:  THE ESTABLISHMENT NAME WHICH SHOULD BE     |
| DISPLAYED HERE FOR THE INSURANCE FROM A           |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM      |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR       |
| DIRECTLY PURCHASED CATEGORY.                      |
----------------------------------------------------
OE35AA
======

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT) (STR-DT)
(END-DT)

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
coverage?

[Enter Amount in Dollars] ..............   {OE35AAOV1}
REF ................................... -7 {BOX_26A}
DK .................................... -8 {BOX_26A}

----------------------------------------------------
<p>| 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       |</p>
<table>
<thead>
<tr>
<th>DIRECTLY PURCHASED CATEGORY.</th>
</tr>
</thead>
</table>

OE35AAOV1
======

Is that per year, per month, per week, or what?

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 {OE35AAOV2}
REF ................................... -7 {BOX_26A}
DK .................................... -8 {BOX_26A}

[Code One]
OTHER:

[Enter Other Specify] ................. (BOX_26A)

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’S FIRST MIDDLE LAST NAME)  (NAME OF
ESTABLISHMENT)  (STR-DT)
(END-DT)

Who {else} pays {some of/for} the premium or cost
of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ..................... 1
STATE GOVERNMENT ...................... 2
LOCAL GOVERNMENT ..................... 3
SOME GOVERNMENT ...................... 4
EMPLOYER .............................. 5
UNION ................................. 6
OTHER ................................. 91 (OE35AAAOV)

REF ................................... -7 (OE35)

DK .................................... -8 (OE35)

[Code All That Apply]
DISPLAY 'else' IF OE35A IS CODED '2' (YES, PAY SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'some of' IF OE35A IS CODED '2' (YES, PAY SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' IF OE35A IS CODED '4' (NO, DO NOT PAY).

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH OE35AAAOV.

OTHERWISE, GO TO OE35.

OE35AAAOV

OTHER:

[Enter Other Specify] .................
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 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) {(have/has)/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

----------------------------------------------------
| 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 |
| ‘(have/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

-----------------------------
ROSTER DETAILS:
TITLE: RU_ESTB_PERS_INSURER_TRPLS_1

COL # 1 HEADER: INSURER
INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME (ESTB.ESTBNAME)

-----------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS INSURERS IN THE RU-ESTB-PERS-INSURER-TRPLS-ROSTER FOR DISPLAY.

-----------------------------
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-----------------------------
ROSTER FILTER:
1. FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE SUPPLEMENT /MEDIGAP BENEFITS' AND
2. ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

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

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] ............. {OE37}
WRITE ESTABLISHMENT NAME CORRECTION TO THE RU-ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE CORRECTED ESTABLISHMENT NAME.

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

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND’S INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

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

NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE IN PLAN NAME AUTOMATICALLY DICTATES A CHANGE IN THE ESTABLISHMENT NAME.

----------------------------------------------------
{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)}?

CHECK 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 {OE37OV} 
REF ................................. -7 {BOX_26} 
DK ................................. -8 {BOX_26} 

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: ‘DISABILITY,’ ‘WORKER’S COMPENSATION,’ AND ‘ACCIDENT’ 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. |
| | --
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.

--

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE37OV

--

OTHERWISE, GO TO BOX_26

---

OE37OV

---

OTHER:

[Enter Other Specify] ..................  (BOX_26)

REF ................................... -7  (BOX_26)

DK .................................... -8  (BOX_26)

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

---

BOX_26

---

IF OE37 IS CODED ‘1’ (HOSPITAL AND PHYSICIAN BENEFITS) OR ‘5’ (MEDICARE SUPPLEMENT/MEDIGAP), ALONE OR WITH ANY OTHER COMBINATION OF CODES, CONTINUE WITH BOX_27

---

OTHERWISE, GO TO END_LP09

---
| 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, SELECT ‘HMO’.

NAME OF INSURER: [Enter Insurer] ...........

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

TYPE:

INSURANCE COMPANY ......................... 1 {LOOP_12}
HMO .................................... 2 {LOOP_12}
SELF-INSURED COMPANY ................... 3 {LOOP_12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.
DISPLAY 'hospital and physician benefits' AND 'HOSPITAL AND PHYSICIAN' IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR.

FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT ROUND.

IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.
LOOPS_12

----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |
| TRIPLES-ROSTER, ASK BOX_27A - 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                     |
----------------------------------------------------

BOX_27A

----------------------------------------------------
| IF AN INSURER NAME IS ENTERED AT OE38, CONTINUE   |
| WITH OE38A                                       |
----------------------------------------------------

----------------------------------------------------
| IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK) |
| AT OE38, GO TO BOX_28A                            |
----------------------------------------------------
OE38A
=======

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT}  {STR-DT}
{END-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 {OE38AOV}
NO OTHER NAME .......................... 2 {BOX_28A}
REF ................................. -7 {BOX_28A}
DK .................................... -8 {BOX_28A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

<table>
<thead>
<tr>
<th>[Code One]</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY THE NAME OF THE INSURANCE CO/HMO</td>
</tr>
<tr>
<td>RECORDED IN OE38 WHICH IS BEING LOOPED ON</td>
</tr>
<tr>
<td>FOR ‘INSURANCE...NAME’.</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
</tbody>
</table>

OE38AOV
=======

OTHER NAME:

[Enter Policy Name] ....................   {BOX_28A}
REF ................................... -7 {BOX_28A}
DK .................................... -8 {BOX_28A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX_28A
=======

| IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN | |
| OE38, CONTINUE WITH OE38B | |
|--------------------------|

| OTHERWISE, GO TO BOX_28 | |
|--------------------------|
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 |
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
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT)   {STR-DT}   {END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. {Is/Was} anyone in the family, living here {now}, covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN DISCUSSED, SELECT ‘INSURANCE ALREADY DISCUSSED’.

YES ...................................  1
NO ....................................  2 {OE40}
INSURANCE already discussed ............  3 {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

[Code One]

| 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. |

| IF YES AND ONLY ONE PERSON IS FLAGGED AS COVERED AT THE END OF THE PREVIOUS ROUND, AUTOMATICALLY CODE OE41 AS ‘1’ (YES) AND GO TO BOX_31. |
| IF YES AND MORE THAN ONE PERSON FLAGGED AS COVERED AT THE END OF THE PREVIOUS ROUND, GO TO OE41. |
OE40
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT}  {STR-DT}  {END-DT}

On what date did this health insurance through (ESTABLISHMENT) end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE39 AND SELECT ‘YES’.)

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8

| DISPLAY ‘IF INSURANCE ENDED... SELECT ‘YES’.’, IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY          |

| 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 |

| IF ONLY ONE PERSON COVERED AT THE END OF THE PREVIOUS ROUND, GO TO LOOP_14 |

| OTHERWISE, CONTINUE WITH OE41 |

----------------------------------------------------
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]

<table>
<thead>
<tr>
<th>IF ONLY ONE PERSON COVERED AT END OF PREVIOUS ROUND, GO TO LOOP_14</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OE41</th>
</tr>
</thead>
</table>

(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 DATE)}?

{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
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 DATE)' 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 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.

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.

IF OE41 IS CODED '1' (YES) AND OE39 IS CODED '1' (YES) OR '2' (NO), GO TO BOX_31

OTHERWISE (I.E., OE41 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW)), CONTINUE WITH OE42
ROSTER DETAILS:
| TITLE: RU_ESTB_PLCYHLD_COVRD_PERS_TRPLS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES |
| (PERS.FULLNAME) |

ROSTER DEFINITION:
| THIS ITEM DISPLAYS PERSONS ON THE RU-ESTB-PLCYHLD-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY. |

ROSTER BEHAVIOR:
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

ROSTER FILTER:
| 1. PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR AND |
| 2. PERSON IS AN RU MBMBER |

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 DATE)}?

[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 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 DATE}’ IF OE39 IS CODED ‘1’ (YES).

DISPLAY THE DATE RECORDED AT OE40 FOR ‘OE40 DATE’.
IF THE MONTH AND DAY FIELD AT OE40 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE40 DATE’.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘1’ (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS ‘CONTINUOUS COVERAGE’ FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘2’ (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS ‘CONTINUOUS COVERAGE’ FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE40.

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND'S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR AND
2. PERSON IS AN RU MEMBER

LOOP_14


LOOP DEFINITION: LOOP_14 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE40. THIS LOOP CYCLES ON PERSONS SELECTED AT OE42.

OE43

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ........
REF ...................................... -7
DK ....................................... -8
IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE43OV

OTHERWISE, GO TO BOX_30

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1 {BOX_30}
PART OF THE MONTH .................... 2 {BOX_30}
REF ..................................... -7 {BOX_30}
DK ...................................... -8 {BOX_30}

[Code One]

FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ THROUGH THE COMPLETE DATE RECORDED 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 |

---

**OE44**

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT)
(END-DT)

(Since (START DATE)/Between (START DATE) and (END DATE)), have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ................................... 1 (OE45)
NO .................................... 2 (OE47)
REF .................................... -7 (OE47)
DK .................................... -8 (OE47)

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5. |

---
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: Anyone else?

[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 ‘has been’ AND ‘since (START DATE)’ IF NOT |
| ROUND 5. DISPLAY ‘was’ AND ‘between (START DATE)’ AND (END DATE)’ IF ROUND 5. |

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’.

ROSTER DETAILS:
TITLE: RU_MEMBERS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON THIS ROSTER.

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.

LOOP_15
======


LOOP DEFINITION: LOOP_15 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE45.

OE46
=====

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] .......
REF ................................... -7
DK .................................... -8
IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE46OV

OTHERWISE, GO TO BOX_32

OE46OV

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 {BOX_32}
PART OF THE MONTH ..................... 2 {BOX_32}
REF ................................... -7 {BOX_32}
DK .................................... -8 {BOX_32}

[Code One]

HARD CHECK: 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

{POLICYHOLDER’S 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 {END_LP13}
NO ..................................... 2 {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between (START DATE) and (END DATE), did’ IF ROUND 5.
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE45 |

END_LP13

--------

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

--------

| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_13 AND CONTINUE WITH BOX_33 |

BOX_33

------

| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX. |

--------
Other Medical Expenses (OM) Section

BOX_01A
=======

| IF ROUND 3, CONTINUE WITH BOX_01B |
----------------------------------------------------
| OTHERWISE, GO TO BOX_01 |
----------------------------------------------------

BOX_01B
=======

| IF OM ITEM TYPE IS GLASSES/CONTACT LENSES, |
| CONTINUE WITH OM01A |
----------------------------------------------------
| OTHERWISE, GO TO BOX_01 |
----------------------------------------------------

OM01A
=====

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

Of the times (PERSON) obtained glasses or contact lenses since (START DATE), how many were during {YEAR}?

[Enter Number of Times]............... {OM01B}
REF.................................... -7 {OM01B}
DK..................................... -8 {OM01B}

----------------------------------------------------
| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL. |
----------------------------------------------------
{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 {YEAR}?

[Enter Number of Times]..............
REF................................. -7
DK.................................. -8

----------------------------------------------------
<p>| (FOR SPECIFICATIONS ONLY; CAPI HANDLES |<br />
| AUTOMATICALLY): 'YEAR' IN QUESTION TEXT IS SECOND |</p>
<table>
<thead>
<tr>
<th>CALENDAR YEAR OF PANEL.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF THE CHARGE/PAYMENT (CP) SECTION HAS NOT BEEN  |<br />
| ASKED FOR THE EVENT BEING ASKED ABOUT, GO TO THE |</p>
<table>
<thead>
<tr>
<th>CP SECTION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO THE EVENT DRIVER (ED) SECTION.</th>
</tr>
</thead>
</table>

BOX 01

----------------------------------------------------
<p>| IF THE OM ITEM TYPE IS INSULIN OR OTHER DIABETIC |</p>
<table>
<thead>
<tr>
<th>EQUIPMENT OR SUPPLIES, GO TO OM02</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OM01</th>
</tr>
</thead>
</table>
{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}{END-DT}

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 OR SELECT NEXT PAGE 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' |
----------------------------------------------------

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

3
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 OR SELECT NEXT PAGE TO CONTINUE.

| DISPLAY ‘INSULIN’ IF OM ITEM TYPE BEING ASKED      |                   |
| ABOUT IS INSULIN. DISPLAY ‘OTHER DIABETIC’         |                   |
| EQUIPMENT OR SUPPLIES’ IF OM TYPE BEING ASKED     |                   |
| ABOUT IS OTHER DIABETIC EQUIPMENT OR SUPPLIES.    |                   |

| FLAG THE OM CHARGE/PAYMENT (CP) SECTION AS        |                   |
| ‘PROCESSED’. INSULIN AND OTHER DIABETIC EQUIPMENT|                   |
| AND SUPPLIES WILL BE PROCESSED THROUGH CP AS      |                   |
| PRESCRIBED MEDICINES.                             |                   |

| GO TO BOX_02                                      |                   |

| GO TO THE EVENT DRIVER (ED) SECTION              |                   |
Outpatient Department (OP) Section

OP01
====
OMITTED.

OP02
====

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

Did (PERSON) visit the outpatient department at (PROVIDER) on (VISIT DATE) in person or was this a telephone call?

SAW PROVIDER ........................... 1 {OP04}
TELEPHONE CALL ........................ 2 {OP04}
REF ................................... -7 {OP04}
DK .................................... -8 {OP04}

[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'. (THIS EVENT IS FLAGGED IN SUCH A WAY FOR PURPOSES OF SKIPS IN THE C/P SECTION. HOWEVER, ’RF’ AND ’DK’ WILL USE THE SAME QUESTION WORDING AS ’OP-IN-PERSON’ EVENTS DURING THE ADMINISTRATION OF THE OP SECTION.
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 {OP04A}
NO ..................................... 2 {OP05}
REF ................................... -7 {OP05}
DK .................................... -8 {OP05}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

-------------------------------------------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY 'Was this telephone call about (PERSON)'s health with a medical doctor?' IF OP02 IS CODED '2' (TELEPHONE CALL) FOR THIS EVENT.</td>
</tr>
</tbody>
</table>
-------------------------------------------------------------------------------------------------------------------
What was the doctor’s specialty?

IF TALKED TO MORE THAN ONE DOCTOR, PROBE FOR MAIN PROVIDER.

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy/Immunology</td>
<td>1</td>
</tr>
<tr>
<td>Anesthesiology</td>
<td>2</td>
</tr>
<tr>
<td>Cardiology (Heart)</td>
<td>3</td>
</tr>
<tr>
<td>Dermatology (Skin)</td>
<td>4</td>
</tr>
<tr>
<td>Endocrinology/Metabolism (Diabetes, Thyroid)</td>
<td>5</td>
</tr>
<tr>
<td>Family Practice</td>
<td>6</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>7</td>
</tr>
<tr>
<td>General Practice</td>
<td>8</td>
</tr>
<tr>
<td>General Surgery</td>
<td>9</td>
</tr>
<tr>
<td>Geriatrics (Elderly)</td>
<td>10</td>
</tr>
<tr>
<td>Gynecology/Obstetrics</td>
<td>11</td>
</tr>
<tr>
<td>Hematology (Blood)</td>
<td>12</td>
</tr>
<tr>
<td>Hospital Residence</td>
<td>13</td>
</tr>
<tr>
<td>Internal Medicine (Internist)</td>
<td>14</td>
</tr>
<tr>
<td>Nephrology (Kidneys)</td>
<td>15</td>
</tr>
<tr>
<td>Neurology</td>
<td>16</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>17</td>
</tr>
<tr>
<td>Oncology (Tumors, Cancer)</td>
<td>18</td>
</tr>
<tr>
<td>Ophthalmology (Eyes)</td>
<td>19</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>20</td>
</tr>
<tr>
<td>Osteopathy (DO)</td>
<td>21</td>
</tr>
<tr>
<td>Otorhinolaryngology (Ear, nose, throat)</td>
<td>22</td>
</tr>
<tr>
<td>Pathology</td>
<td>23</td>
</tr>
<tr>
<td>Pediatrician</td>
<td>24</td>
</tr>
<tr>
<td>Physical Medicine/Rehab</td>
<td>25</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>26</td>
</tr>
<tr>
<td>Proctology</td>
<td>27</td>
</tr>
<tr>
<td>Psychiatry/Psychiatrist</td>
<td>28</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>29</td>
</tr>
<tr>
<td>Radiology</td>
<td>30</td>
</tr>
<tr>
<td>Rheumatology (Arthritis)</td>
<td>31</td>
</tr>
<tr>
<td>Thoracic Surgery (Chest)</td>
<td>32</td>
</tr>
<tr>
<td>Urology</td>
<td>33</td>
</tr>
<tr>
<td>Other Dr Specialty</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]
{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 {BOX_01}
DENTIST/DENTAL CARE PERSON .......... 2 {BOX_01}
MIDWIFE .................................. 3 {BOX_01}
NURSE/NURSE PRACTITIONER .......... 4 {BOX_01}
OPTOMETRIST ........................... 5 {BOX_01}
PODIATRIST ............................. 6 {BOX_01}
PHYSICIAN’S ASSISTANT .............. 7 {BOX_01}
PHYSICAL THERAPIST .................. 8 {BOX_01}
OCCUPATIONAL THERAPIST .......... 9 {BOX_01}
PSYCHOLOGIST .......................... 10 {BOX_01}
SOCIAL WORKER ........................ 11 {BOX_01}
TECHNICIAN ............................ 12 {BOX_01}
ACUPUNCTURIST ....................... 14 {BOX_01}
MASSAGE THERAPIST .................... 15 {BOX_01}
HOMEOPATHIC/NATUROPATHIC/HERBALIST ... 16 {BOX_01}
OTHER ALTERNATIVE/COMPLEMENTARY CARE PROVIDER .............. 17 {BOX_01}
OTHER .................................. 91 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

[Code One]
HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
<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>

<p>| IF OP02 IS CODED '1' (SAW PROVIDER), CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>OP07</th>
</tr>
</thead>
</table>

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 {OP08}
DIAGNOSIS OR TREATMENT .................. 2 {OP08}
EMERGENCY (E.G., ACCIDENT OR INJURY) ... 3 {OP08}
PSYCHOTHERAPY OR MENTAL HEALTH COUNSELING .......................... 4 {OP08}
FOLLOW-UP OR POST-OPERATIVE VISIT ...... 5 {OP08}
IMMUNIZATIONS OR SHOTS .................. 6 {OP08}
VISION EXAM ............................. 7 {OP08}
PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY) .......... 8 {OP08}
WELL CHILD EXAM ........................ 9 {OP08}
LASER EYE SURGERY ........................ 10 {OP08}
OTHER ................................. 91 {OP08}
REF ................................... -7 {OP08}
DK .................................... -8 {OP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
IF CODED ‘8’ (PREGNANCY-RELATED (INCLUDING PRENATAL CARE AND DELIVERY)), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: “CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.”

IF CODED ‘9’ (WELL CHILD EXAM), CHECK THAT PERSON IS <7 YEARS OLD (OR AGE CATEGORIES 1 TO 3). IF NOT, DISPLAY THE FOLLOWING MESSAGE: “CODE UNAVAILABLE FOR PERSONS 7 AND OLDER. VERIFY AND RE-ENTER.”

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 {OP09}
NO ..................................... 2 {BOX_02}
REF  ................................... -7 {BOX_02}
DK .................................... -8 {BOX_02}

DISPLAY 'visit’ IF OP02 IS CODED ‘1’ (SAW PROVIDER), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) FOR THIS EVENT. DISPLAY ‘telephone call’ IF OP02 IS CODED ‘2’ (TELEPHONE CALL) FOR THIS EVENT.
What conditions were discovered or led (PERSON) to make this (visit/telephone call)?

PROBE: Any other condition?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

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

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.

DISPLAY ‘ADD CONDITION’ AS AN OPTION ON THIS SCREEN.

GO TO BOX_02

ROSTER DETAILS:
Title: PERS_COND_1

COL #1 HEADER: MEDICAL CONDITION
INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION (COND.CONDNAM)

ROSTER DEFINITION:
DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR SELECTION AND ADDITION OF ONE OR MANY MEDICAL CONDITION(S) ASSOCIATED WITH THIS EVENT.
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. MULTIPLE ADD ALLOWED.
3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.
4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A CONDITION NAME NEWLY ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.

BOX_02
-----
IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO OP14

BOX_03
-----
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?

CHECK ALL THAT APPLY.

PHYSICAL THERAPY ....................... 1 {OP11}
OCCUPATIONAL THERAPY ................... 2 {OP11}
SPEECH THERAPY .......................... 3 {OP11}
CHEMOTHERAPY ............................ 4 {OP11}
RADIATION THERAPY ....................... 5 {OP11}
KIDNEY DIALYSIS .......................... 6 {OP11}
IV THERAPY ............................... 7 {OP11}
DRUG OR ALCOHOL TREATMENT .............. 8 {OP11}
ALLERGY SHOT ............................ 9 {OP11}
PSYCHOTHERAPY/COUNSELING .............. 10 {OP11}
SHOTS, OTHER THAN ALLERGY .............. 11 {OP11}
NO TREATMENTS RECEIVED ................ 95 {OP11}
REF .................................. -7 {OP11}
DK .................................... -8 {OP11}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

=================================================================================================

| ALLOW CODE ’95’ (NO TREATMENTS RECEIVED), ‘-7’ (REFUSED), AND ‘-8’ (DON’T KNOW) ALONE ONLY. |
| THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER RESPONSE. |
=================================================================================================

=================================================================================================

| ’NO TREATMENTS RECEIVED’ IS NOT DISPLAYED ON SHOW CARD. |
=================================================================================================
HARD CHECK:
EDIT: IF CODED ‘95’ (NO TREATMENTS RECEIVED), NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTS ANOTHER CODE WITH ‘NO TREATMENTS’, DISPLAY THE FOLLOWING MESSAGE: “NO TREATMENTS RECEIVED CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER.”

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?

CHECK ALL THAT APPLY.

LABORATORY TESTS ....................... 1 {OP12}
SONOGRAM OR ULTRASOUND ................. 2 {OP12}
X-RAYS ................................... 3 {OP12}
MAMMOGRAM .............................. 4 {OP12}
MRI OR CATSCAN ......................... 5 {OP12}
EKG OR ECG ............................. 6 {OP12}
EEG .................................... 7 {OP12}
VACCINATION ............................ 8 {OP12}
ANESTHESIA ............................. 9 {OP12}
OTHER DIAGNOSTIC TEST ................. 10 {OP12}
THROAT SWAB ........................... 11 {OP12}
NO SERVICES RECEIVED .................. 95 {OP12}
REF ................................... -7 {OP12}
DK .................................... -8 {OP12}

[Code All That Apply]

HELP AVAILABLE 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) ALONE ONLY. THESE RESPONSES MAY NOT BE SELECTED WITH ANY OTHER RESPONSE. |
| 'OTHER DIAGNOSTIC TEST' AND 'NO SERVICES RECEIVED' ARE NOT DISPLAYED ON SHOW CARD. |
| HARD CHECK: EDIT: IF CODED ‘95’ (NO SERVICES RECEIVED), NO OTHER TREATMENT CATEGORIES CAN BE CODED. IF INTERVIEWER SELECTS ANOTHER CODE WITH ‘NO SERVICES’, DISPLAY THE FOLLOWING MESSAGE: "NO SERVICES RECEIVED CANNOT BE SELECTED WITH OTHER OPTIONS. VERIFY AND RE-ENTER." |
| NOTE: CODE ‘11’ (THROAT SWAB) IS DISPLAYED ON THE SCREEN AND ON THE SHOW CARD BETWEEN CODES ‘1’ (LABORATORY TESTS) AND ‘2’ (SONOGRAM OR ULTRASOUND). |

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 {OP14}
NO ........................................... 2 {OP14}
REF ......................................... -7 {OP14}
DK .......................................... -8 {OP14}

HELP AVAILABLE FOR DEFINITION OF SURGICAL PROCEDURE.

OP13

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

During this {visit/telephone call}, were any medicines prescribed for (PERSON)? Please include only prescriptions which were filled.

YES .................................... 1 {OP15}
NO ..................................... 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

HELP AVAILABLE 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. |
----------------------------------------------------

{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/telephone call} that were filled.

PROBE: Any other prescribed medicines from this {visit/telephone call} that were filled?

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

----------------------------------------------------
| DISPLAY 'ADD MEDICINE' AS AN OPTION ON THIS SCREEN. |
----------------------------------------------------
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.

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

GO TO BOX_04

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

ROSTER DETAILS:
TITLE: PERSON'S_PRESCRIBED_MEDICINES_1

COL # 1 HEADER: PRESCRIBED MEDICINE
INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE (DRUG.DRUGNAME)

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

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE PERSON'S-PRESCRIPTION-MEDICINES-ROSTER FOR SELECTION AND ADDITION OF PRESCRIBED MEDICINES.

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

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED AND ADD ALLOWED.

2. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE EVENT.

3. EDIT DISALLOWED.

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

ROSTER FILTER:
DISPLAY ALL MEDICINES ON PERSON'S ROSTER; NO FILTER.
AMEP P13R5/P14R3/P15R1 Outpatient Department (OP) Section
November 10, 2009

BOX_04
=======

<table>
<thead>
<tr>
<th>IF OP02 IS CODED '2' (TELEPHONE CALL), '-7' (REFUSED), OR '-8' (DON'T KNOW), GO TO BOX_10</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF OP02 IS CODED '1' (SAW PROVIDER), GO TO BOX_07</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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 |
|----------------------------------------
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) or 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 {OP20}
NO ........................................... 2 {BOX_10}
REF ......................................... -7 {BOX_10}
DK .......................................... -8 {BOX_10}

HELP AVAILABLE FOR DEFINITION OF REPEAT VISITS.

 displays '{READ SERVICES BELOW}' if OP11 is not coded '95' (no services received), '-7' (refused), or '-8' (don't know). If OP11 is coded '95' (no services received), '-7' (refused), or '-8' (don't know), display 'the same services'.

16
FOR ‘PERSON’S OP MEDICAL CONDITION’, DISPLAY ALL CONDITIONS SELECTED FROM OR ADDED TO PERSON’S-MEDICAL-CONDITIONS-ROSTER AT OPP09.

FOR ‘SERVICES RECEIVED’, DISPLAY THE FOLLOWING TEXT FOR EACH CODE ENTERED AT OPl1:

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
CODE ‘11’ = THROAT SWAB

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

{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 {OP21}
NO .......................................... 2 {BOX_10}
REF ....................................... -7 {BOX_10}
DK .......................................... -8 {BOX_10}

HELP AVAILABLE 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 HELP FILE DEFINITION.
Which of the following visits were related to the (READ CONDITIONS BELOW) and { (READ SERVICES BELOW) / the same services } and cost the same amount as the (VISIT DATE) visit we’ve just talked about?

PROBE: Any other visits related to this condition and cost the same amount?

<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>

[1. Month, Day, Year-4]  
[2. Month, Day, Year-4]  
[3. Month, Day, Year-4]  

| DISPLAY '(READ SERVICES BELOW)' IF OP11 IS NOT CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF OP11 IS CODED '95' (NO SERVICES RECEIVED), '-7' (REFUSED), OR '-8' (DON'T KNOW), DISPLAY 'the same services'. |
FOR ‘PERSON’S OP MEDICAL CONDITION’, DISPLAY ALL CONDITIONS SELECTED FROM OR ADDED TO PERSON’S MEDICAL-CONDITIONS-ROSTER AT OP09.

FOR ‘SERVICES RECEIVED’, DISPLAY THE FOLLOWING TEXT FOR EACH SERVICE 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
CODE ‘11’ = THROAT SWAB

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.

GO TO OP22

ROSTER DETAILS:
TITLE: PERS_EVNT_1

COL # 1 HEADER: MONTH/DAY/YEAR
INSTRUCTIONS: DISPLAY EVENT BEGIN DATE
(EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)
ROSTER DEFINITION:
THIS ITEM DISPLAYS ALL MEDICAL EVENTS (DATES) ON PERSON’S-MEDICAL-EVENTS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE EVENTS WITH THE FOLLOWING CHARACTERISTICS:
1. EVENT WAS CREATED THIS ROUND.
2. EVENT HAS NOT BEEN PROCESSED IN UTILIZATION.
3. EVENT HAS EVENT TYPE ‘OP’.
4. EVENT IS ASSOCIATED WITH THE SAME PROVIDER AS THE EVENT BEING ASKED ABOUT.

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

INTERVIEWER: RECORD 'NAME OF REPEAT VISIT GROUP' FOR EVENTS SELECTED IN PREVIOUS QUESTION:

[Enter Repeat Visit Group] ............ {BOX_10}
| IF CHARGE/PAYMENT (CP) SECTION IS NOT COMPLETED |
| FOR THIS OUTPATIENT EVENT, ASK THE CHARGE/PAYMENT |
| (CP) SECTION |

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

| 21 |
Quality (Priority Conditions) Supplement (PC) Section

BOX_00A
======

----------------------------------------------------
| THE PC SECTION IS ASKED IN rounds 3 AND 5 ONLY. IF |
| IT IS ROUND 1, 2, OR 4, CONTINUE TO THE NEXT       |
| SECTION.                                          |
----------------------------------------------------

BOX_00
======

----------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
| DISPLAY PERS.FULLNAME                             |
----------------------------------------------------

BOX_01
======

----------------------------------------------------
| NOTE: CURRENTLY THE QUALITY SUPPLEMENT CONTAINS    |
| QUESTIONS FOR PERSONS FOR WHOM DIABETES OR ASTHMA  |
| WAS REPORTED IN THE PRIORITY CONDITION ENUMERATION |
| (PE) SECTION. OTHER QUALITY QUESTIONS ARE LOCATED  |
| IN THE PREVENTIVE CARE (AP) SECTION. HOWEVER, THE |
| QUALITY SECTION COULD INCLUDE QUESTIONS FOR THE    |
| OTHER PRIORITY CONDITIONS AS THEY ARE NEEDED IN    |
| FUTURE PANELS.                                    |
----------------------------------------------------

PC01
=====
OMITTED.
BOX_01A
========

----------------------------------------
| IF PERSON IS => 18 YEARS OF AGE OR IN AGE |
| CATEGORIES 4-9 AND IF 'DIABETES' ON PERSON'S- |
| MEDICAL-CONDITIONS-ROSTER AND FLAGGED AS CREATED |
| IN THE PE SECTION (IN ANY ROUND), CONTINUE WITH |
| BOX_01AA                                      |
----------------------------------------

----------------------------------------
| OTHERWISE, GO TO BOX_01B                 |
----------------------------------------

BOX_01AA
========

----------------------------------------
| IF PERSON BEING ASKED ABOUT IS FLAGGED AS |
| 'DECEASED' FOR THE CURRENT ROUND, GO TO BOX_01B |
----------------------------------------

----------------------------------------
| OTHERWISE, CONTINUE WITH PC02A          |
----------------------------------------

PC01A
=====  OMITTED.

PC01B
=====  OMITTED.

PC01C
=====  OMITTED.

PC01D
=====  OMITTED.

PC01E
=====  OMITTED.
The care of adults with diabetes is an interest of the Public Health Service. (During an earlier interview, it/It) was mentioned that (PERSON) (have/has) diabetes. We have a short questionnaire on the care adults may get for their diabetes.

SELECT ‘CONTINUE’ UNLESS RESPONDENT VOLUNTEERS DIABETES REPORTED IN ERROR.

CONTINUE ............................... 1 [PC03]
(PERSON) DOES NOT HAVE DIABETES ........ 2 [BOX_01B]

[Code One]

| DISPLAY ‘During an earlier interview, it’ IF |
| DIABETES WAS NOT CREATED DURING THE CURRENT ROUND. |
| DISPLAY ‘It’ IF DIABETES CREATED DURING THE |
| CURRENT ROUND. |

| DISPLAY ‘PERSON’ IN PURPLE IN THE ANSWER TEXT. |
| DISPLAY ‘NOT’ IN BOLD IN THE ANSWER TEXT. |

| IF ‘PERSON DOES NOT HAVE DIABETES’ IS SELECTED, |
| THIS DOES NOT RE-SET THE DATA FROM THE PE SECTION |
| (PRND.PCDIABET). THE RESPONSE TO PC02A WILL |
| DETERMINE WHETHER PC03 IS ASKED AND WHETHER THERE |
| IS DCS FOLLOW-UP FOR THIS PERSON IN THE CL SECTION|
PC03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID} DOB: {MM/DD/YYYY} RU ID: {RUID-7}
STATUS: {CURRENT/INSTITUTIONALIZED}

DETERMINE IF SELF OR PROXY DIABETES CARE SUPPLEMENT (DCS) SHOULD BE DISTRIBUTED:

SELF DCS: FOR ANY CURRENT RU MEMBER (18 YEARS OR OLDER) WHO HAS DIABETES.

PROXY DCS: FOR ANY CURRENT RU MEMBER (18 OR OLDER) WHO IS INSTITUTIONALIZED OR OTHERWISE INCAPACITATED.

CODE TYPE OF DCS DISTRIBUTED FOR (PERSON).

SELF ................................... 1 {PC03A}
PROXY .................................. 2 {PC03OV1}

[Code One]

-----------------------------------------------------------------------------------
| DISPLAY PID OF PERSON BEING ASKED ABOUT FOR 'PID'. |
| DISPLAY DATE OF BIRTH FOR PERSON BEING ASKED ABOUT FOR 'MM/DD/YYYY'. |
| DISPLAY THE RU ID FOR THE CURRENT CASE FOR 'RUID-7'. |
| DISPLAY 'CURRENT' IF PERSON BEING ASKED ABOUT IS A CURRENT RU MEMBER AND IS NOT DECEASED OR INSTITUTIONALIZED. DISPLAY 'INSTITUTIONALIZED' IF PERSON BEING ASKED ABOUT IS FLAGGED AS 'INSTITUTIONALIZED' FOR THE CURRENT ROUND. |
-----------------------------------------------------------------------------------

-----------------------------------------------------------------------------------
| FLAG ALL PERSONS WHO ARE ASKED PC03 FOR DCS FOLLOW-UP IN THE CLOSING (CL) SECTION. |
-----------------------------------------------------------------------------------
PC03OV1

{PERSON'S FIRST MIDDLE AND LAST NAME}

CODE REASON FOR PROXY DCS.

INSTITUTIONALIZED ...................... 2 {PC03A}
OTHER .................................. 3 {PC03OV2}

[Code One]

| THIS ITEM IS A SEPARATE SCREEN RATHER THAN AN OVERLAY AS IMPLIED BY THE ITEM NAME. |

PC03OV2

{PERSON'S FIRST MIDDLE AND LAST NAME}

SPECIFY OTHER REASON FOR PROXY DCS.

[Enter Other Specify] ................. {PC03A}

PC03A

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID} DOB: {MM/DD/YYYY} RU ID: {RUID-7}

PREPARE {SELF/PROXY} DIABETES CARE SUPPLEMENT (DCS): WRITE IN PERSON NAME, PID, DATE OF BIRTH, AND RUID.

HAND PREPARED {SELF/PROXY} DCS TO RESPONDENT AND SAY:

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 OR SELECT NEXT PAGE 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)

DISPLAY PID OF PERSON BEING ASKED ABOUT FOR 'PID'.
DISPLAY DATE OF BIRTH FOR PERSON BEING ASKED ABOUT FOR 'MM/DD/YYYY'.
DISPLAY THE RU ID FOR THE CURRENT CASE FOR 'RUID-7'.

PC04
====
OMITTED.

PC04A
====
OMITTED.

PC05
====
OMITTED.

BOX_01B
=======

IF 'ASTHMA' ON PERSON'S-MEDICAL-CONDITIONS-ROSTER, AND FLAGGED AS CREATED IN THE PE SECTION (IN ANY ROUND), CONTINUE WITH PC04B

OTHERWISE, GO TO BOX_03
{PERSON'S FIRST MIDDLE AND LAST NAME}

{During an earlier interview, it was mentioned that (PERSON) (have/has) asthma.)

Now I would like to ask you a few questions about (PERSON)’s asthma and the course of treatment (PERSON) received.

SELECT ‘CONTINUE’ UNLESS RESPONDENT VOLUNTEERS ASTHMA REPORTED IN ERROR.

CONTINUE ........................................ 1 {PC05A}
(PERSON) DOES NOT HAVE ASTHMA .......... 2 {BOX_03}

[Code One]

-------------------------------
| DISPLAY ‘During an earlier interview....’ IF |
| ASTHMA WAS NOT CREATED DURING THE CURRENT ROUND. |
| IF ASTHMA WAS CREATED DURING THE CURRENT ROUND, |
| USE A NULL DISPLAY. |
-------------------------------

-------------------------------
| DISPLAY ‘PERSON’ IN PURPLE IN THE ANSWER TEXT. |
| DISPLAY ‘NOT’ IN BOLD IN THE ANSWER TEXT. |
| IF ‘PERSON DOES NOT HAVE ASTHMA’ IS SELECTED, THIS |
| DOES NOT RE-SET THE DATA AS RECORDED IN THE PE |
| SECTION (PRND.PCASTHMA). THE RESPONSE TO PC04B |
| WILL DETERMINE WHETHER SUBSEQUENT DETAILED ASTHMA |
| QUESTIONS ARE ASKED IN THIS PC SECTION. |
-------------------------------
I am going to ask you about two different kinds of asthma medicine. One is for quick relief. The other does not give quick relief but protects your lungs and prevents symptoms over the long term.

During the past 3 months, (have/has) (PERSON) used the kind of prescription inhaler that you breathe in through your mouth that gives quick relief from asthma symptoms?

YES .................................... 1 {PC05B}
NO ..................................... 2 {PC06A}
REF ................................... -7 {PC06A}
DK .................................... -8 {PC06A}

During the past 3 months, did (PERSON) use more than three canisters of this type of inhaler?

YES .................................... 1 {PC06A}
NO ..................................... 2 {PC06A}
REF ................................... -7 {PC06A}
DK .................................... -8 {PC06A}

(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 {PC06B}
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 {PC08}
NO ........................................ 2 {PC08}
REF ........................................ -7 {PC08}
DK ........................................ -8 {PC08}

OMITTED.

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 {PC08A}
NO ........................................ 2 {BOX_03}
REF ........................................ -7 {BOX_03}
DK ........................................ -8 {BOX_03}

OMITTED.

Did (PERSON) ever use the peak flow meter?

YES .................................... 1 {PC08B}
NO ........................................ 2 {BOX_03}
REF ........................................ -7 {BOX_03}
DK ........................................ -8 {BOX_03}
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?

<table>
<thead>
<tr>
<th>Option</th>
<th>Box Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>WITHIN LAST 7 DAYS</td>
<td>1</td>
</tr>
<tr>
<td>MORE THAN 7, BUT WITHIN LAST 30 DAYS</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 30 DAYS AGO</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]

OMITTED.
PC12_03
======  OMITTED.

PC12_04
======  OMITTED.

PC12_04OV
========  OMITTED.

PC12_05
======  OMITTED.

PC12_06
======  OMITTED.

PC13
====  OMITTED.

PC13_01
======  OMITTED.

PC13_02
======  OMITTED.

PC14
====  OMITTED.

PC15
====  OMITTED.

PC16
====  OMITTED.

PC17
====  OMITTED.

PC18
====  OMITTED.
PC19
====
OMITTED.

PC20
====
OMITTED.

BOX_03
=====

----------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION                   |
----------------------------------------------------
Provider Directory (PD) Section

Note: There are three basic types of providers:

1. Person-Type-Providers
2. Person-In-Facility-Providers
3. Facility Providers

The Provider Directory (PD) section deals only with the first and third types. The second type (Person-In-Facility-Providers) should be treated as a facility for the purposes of the PD section. That is, the person's name is not displayed or searched on, but rather the facility with which s/he is associated will be displayed and searched on. Therefore, if there is more than one Person-In-Facility-Provider associated with the same facility, the Provider Loop will be cycled on once for that facility.

Context Header Display Instructions:

- Display Prov.Lorpname, Prov.Pvstrt1

OMITTED.
LOOP_01
=======

-----------------------------------------------------
| FOR EACH ELEMENT IN RU-MEDICAL-PROVIDERS-ROSTER,   |
| ASK PD01A - END_LP01                               |
-----------------------------------------------------

-----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS VA AFFILIATION   |
| AND ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP    |
| CYCLES ON PROVIDERS THAT MEET THE FOLLOWING        |
| CONDITIONS:                                         |
| - CREATED THIS ROUND                               |
-----------------------------------------------------

-----------------------------------------------------
| NOTE THAT, STARTING IN PANEL 12 ROUND 3, THE LOOP   |
| DEFINITION AND CRITERIA WERE AS FOLLOWS. STARTING   |
| IN PANEL 13, THIS DEFINITION AND CRITERIA WILL BE   |
| IMPLEMENTED IN ALL ROUNDS.                          |
|                                                    |
| LOOP DEFINITION: LOOP_01 COLLECTS VA AFFILIATION   |
| AND ADDRESS INFORMATION FOR PROVIDERS. THIS LOOP    |
| CYCLES ON PROVIDERS THAT MEET THE FOLLOWING        |
| CONDITIONS:                                         |
| - CREATED THIS ROUND AND LINKED TO A KEY RU MEMBER  |
| OR                                                 |
| - CREATED IN A PREVIOUS ROUND AND NOW LINKED TO A   |
| KEY RU MEMBER (AND HAS NOT BEEN THROUGH THE PD      |
| SECTION PREVIOUSLY)                                |
| AND                                                |
| - ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT        |
| OR                                                 |
| - ASSOCIATED WITH AN MV EVENT                       |
| OR                                                 |
| - ASSOCIATED WITH AN HH EVENT AND FLAGGED AS        |
| 'AGENCY'                                           |
-----------------------------------------------------
PROVIDER:  {NAME OF MEDICAL CARE PROVIDER......}

(Is the clinic or place where (PROVIDER) was seen a facility of the Veteran’s Administration?/ Is (PROVIDER) a facility of the Veteran’s Administration?)

YES ........................................ 1 {BOX_01A}
NO ........................................ 2 {BOX_01A}
REF ....................................... -7 {BOX_01A}
DK ........................................ -8 {BOX_01A}

<table>
<thead>
<tr>
<th>DISPLAY NAME OF PROVIDER BEING LOOPED ON FOR 'NAME OF MEDICAL CARE PROVIDER.'</th>
</tr>
</thead>
</table>

<p>| IF PERSON PROVIDER DISPLAY 'Is the clinic or place where (PROVIDER) was seen a facility of the Veteran’s Administration?' |</p>
<table>
<thead>
<tr>
<th>IF FACILITY PROVIDER DISPLAY 'Is (PROVIDER) a facility of the Veteran’s Administration?'</th>
</tr>
</thead>
</table>

BOX_01A

<table>
<thead>
<tr>
<th>IF PROVIDER IS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- ASSOCIATED WITH AN HS, ER, OP, OR IC EVENT OR</td>
</tr>
<tr>
<td>- 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</td>
</tr>
<tr>
<td>- ASSOCIATED WITH A HH EVENT AND FLAGGED AS 'AGENCY',</td>
</tr>
<tr>
<td>CONTINUE WITH BOX_03</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP01</th>
</tr>
</thead>
</table>
BOX_01
======
OMITTED.

BOX_02
======
OMITTED.

PD01
====
OMITTED.

PD02
====
OMITTED.

BOX_03
======

<p>| IF LOOPING ON PROVIDER ASSOCIATED ONLY WITH AN MV |<br />
| EVENT AND RU IS NOT SELECTED FOR THE MEDICAL |</p>
<table>
<thead>
<tr>
<th>PROVIDER COMPONENT (MPC), GO TO END_LP01</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH BOX_04</th>
</tr>
</thead>
</table>

BOX_04
======

<table>
<thead>
<tr>
<th>IF FIRST TIME THROUGH LOOP_01, CONTINUE WITH PD03</th>
</tr>
</thead>
</table>

<p>| OTHERWISE, GO TO PD05A IF PERSON-PROVIDER OR PD05B |</p>
<table>
<thead>
<tr>
<th>IF FACILITY-PROVIDER</th>
</tr>
</thead>
</table>
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 OR SELECT NEXT PAGE TO CONTINUE.

<table>
<thead>
<tr>
<th>IF PROVIDER TYPE IS PERSON GO TO PD05A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE GO TO PD05B</th>
</tr>
</thead>
</table>

OMITTED.
PD05A

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

CURRENT STATE CODE: {STATE ABBREVIATION FOR RESPONDENT}

STATE: [_____] [CHANGE STATE FOR SEARCH]

SELECT A SEARCH STRATEGY:

  _  SEARCH ON PROVIDER NAME
  _  SEARCH ON ADDRESS
  _  SEARCH ON TELEPHONE NUMBER
  _  SEARCH ON PROVIDER NAME AND ADDRESS

<table>
<thead>
<tr>
<th>ITEM DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIRST NAME: .. {Display Provider First Name}</td>
</tr>
<tr>
<td>LAST NAME: ... {Display Provider Last Name (Legal)}</td>
</tr>
<tr>
<td>ADDRESSS: .... {Display Provider First Line Business Location Street Address}</td>
</tr>
<tr>
<td>.... {Display Second Line Business Location Address}</td>
</tr>
<tr>
<td>.... {Display Provider Business Location Address City, State, Zip}</td>
</tr>
<tr>
<td>PHONE: ....... {Display Provider Business Location Address Telephone Number}</td>
</tr>
<tr>
<td>SPECIALTY: ... {Display Healthcare Provider Taxonomy Code (Primary)}</td>
</tr>
</tbody>
</table>

{SEARCH CRITERIA 1}
{SEARCH CRITERIA 2}
[SEARCH]

THE NUMBER OF POTENTIAL MATCHES FOUND: {NUMBER OF MATCHES}

<table>
<thead>
<tr>
<th>PROVIDER NAME-40</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-35]</td>
<td>[Display City-15]</td>
<td>[Display Phone Number-12]</td>
</tr>
<tr>
<td>[Display Provider Name-40]</td>
<td>[Display Street Address-35]</td>
<td>[Display City-15]</td>
<td>[Display Phone Number-12]</td>
</tr>
</tbody>
</table>

{DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES}
<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>
<tbody>
<tr>
<td>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’.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘FIRST NAME’ FOR SEARCH CRITERIA 1 AND ‘LAST NAME’ FOR SEARCH CRITERIA 2 IF ‘SEARCH ON PROVIDER NAME SHOWN ABOVE’ SELECTED.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘STREET LIKE’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON CORE STREET NAME’ SELECTED. DISPLAY NO SEARCH CRITERIA 2.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘PHONE NUMBER’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON TELEPHONE NUMBER’ SELECTED. DISPLAY NO SEARCH CRITERIA 2.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY TWO-CHARACTER STATE ABBREVIATION ASSOCIATED WITH THIS RU’S ADDRESS FOR ‘STATE ABBREVIATION FOR RESPONDENT’.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>A LIST OF PROVIDERS IS DISPLAYED ON THE BOTTOM HALF OF THE SCREEN AFTER SEARCH CRITERIA ENTERED AND ‘SEARCH’ BUTTON SELECTED.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>AN ‘ITEM DETAILS’ BOX WILL APPEAR AFTER A PROVIDER HAS BEEN SELECTED FROM THE LIST OF PROVIDERS.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>SEARCHES CAN BE CONDUCTED MULTIPLE TIMES FROM THIS SCREEN WITHOUT MOVING FORWARD IN THE INSTRUMENT.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>YOU CAN ONLY PROCEED AFTER A PROVIDER OR 'DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED.</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IF A PROVIDER IS SELECTED, PROCEED TO PD14</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IF 'DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED, PROCEED TO PD18</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

PD05B

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FOR RESPONDENT}

STATE: {STATE ABBREVIATION FOR RESPONDENT}

STATE: [_____] [CHANGE STATE FOR SEARCH]

SELECT A SEARCH STRATEGY:

_ SEARCH ON PROVIDER NAME
_ SEARCH ON ADDRESS
_ SEARCH ON TELEPHONE NUMBER
_ SEARCH ON PROVIDER NAME AND ADDRESS
<table>
<thead>
<tr>
<th>ITEM DETAILS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER: ....</td>
<td></td>
</tr>
<tr>
<td>{Display Provider Organization Name}</td>
<td></td>
</tr>
<tr>
<td>OTHER NAME: ...</td>
<td></td>
</tr>
<tr>
<td>{Display Provider Other Organization Name}</td>
<td></td>
</tr>
<tr>
<td>ADDRESS: ....</td>
<td></td>
</tr>
<tr>
<td>{Display Provider First Line Business Location Address}</td>
<td></td>
</tr>
<tr>
<td>....</td>
<td></td>
</tr>
<tr>
<td>{Display Second Line Business Location Address}</td>
<td></td>
</tr>
<tr>
<td>....</td>
<td></td>
</tr>
<tr>
<td>{Display Provider Business Location Address, City, State, Zip}</td>
<td></td>
</tr>
<tr>
<td>PHONE: ........</td>
<td></td>
</tr>
<tr>
<td>{Display Provider Business Location Address Telephone Number}</td>
<td></td>
</tr>
<tr>
<td>SPECIALTY: ...</td>
<td></td>
</tr>
<tr>
<td>{Display Healthcare Provider Taxonomy Code (Primary)}</td>
<td></td>
</tr>
</tbody>
</table>

{SEARCH CRITERIA 1}
{SEARCH CRITERIA 2}
[SEARCH]

THE NUMBER OF POTENTIAL MATCHES FOUND:  {NUMBER OF MATCHES}

<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>OTHER NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display Provider Name-35]</td>
<td>[Display Other Provider Name-20]</td>
<td>[Display Street Address-35]</td>
<td>[Display Phone Number-12]</td>
</tr>
<tr>
<td>[Display Provider Name-35]</td>
<td>[Display Other Provider Name-20]</td>
<td>[Display Street Address-35]</td>
<td>[Display Phone Number-12]</td>
</tr>
</tbody>
</table>

{DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES}
| 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 TWO-CHARACTER STATE ABBREVIATION ASSOCIATED WITH THIS RU’S ADDRESS FOR ‘STATE ABBREVIATION FOR RESPONDENT’. |

| 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 ‘PROVIDER LIKE’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON PROVIDER NAME SHOWN ABOVE’ SELECTED. DISPLAY NO SEARCH CRITERIA 2. |

| DISPLAY ‘STREET LIKE’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON CORE STREET NAME’ SELECTED. DISPLAY NO SEARCH CRITERIA 2. |

| DISPLAY ‘PHONE NUMBER’ FOR SEARCH CRITERIA 1 IF ‘SEARCH ON TELEPHONE NUMBER’ SELECTED. DISPLAY NO SEARCH CRITERIA 2. |

| DISPLAY ‘PROVIDER LIKE’ FOR SEARCH CRITERIA 1 AND ‘STREET LIKE’ FOR SEARCH CRITERIA 2 IF ‘SEARCH ON PROVIDER NAME AND STREET SHOWN ABOVE’ SELECTED. |

| A LIST OF PROVIDERS IS DISPLAYED ON THE BOTTOM HALF OF THE SCREEN AFTER SEARCH CRITERIA ENTERED AND ‘SEARCH’ BUTTON SELECTED. |
AN ‘ITEM DETAILS’ BOX WILL APPEAR AFTER A PROVIDER HAS BEEN SELECTED FROM THE LIST OF PROVIDERS.

SEARCHES CAN BE CONDUCTED MULTIPLE TIMES FROM THIS SCREEN WITHOUT MOVING FORWARD IN THE INSTRUMENT.

YOU CAN ONLY PROCEED AFTER A PROVIDER OR ‘DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED.

IF A PROVIDER IS SELECTED, PROCEED TO PD14

IF ‘DON’T SEARCH ANYMORE/NONE OF THE ABOVE MATCHES’ HAS BEEN SELECTED, PROCEED TO PD18

LOOP_02
=======
OMITTED.

PD05
====
OMITTED.

PD06
====
OMITTED.

PD07
====
OMITTED.

PD08
====
OMITTED.

PD09
====
OMITTED.
YOU HAVE CHOSEN THE FOLLOWING PROVIDER:
{NAME OF PROVIDER SELECTED AT PD05A/B}
{ADDRESS OF PROVIDER SELECTED AT PD05A/B}

YOUR ORIGINAL INPUT PROVIDER:
{NAME OF MEDICAL CARE PROVIDER FROM PV}
{STREET ADDRESS FROM PV}

YOUR OPTIONS:

ACCEPT PROVIDER AS SHOWN ............... 1 {END_LP01}
ACCEPT PROVIDER BUT MAKE CHANGES ........ 2 {PD15}
WRONG PROVIDER, GO BACK TO PREVIOUS
SCREEN .................................... 3
DON'T SEARCH ANYMORE .................... 4 {PD18}
<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 FULL INFORMATION (I.E., NAME, ADDRESS, CITY, STATE, ZIP, TELEPHONE, AND SPECIALTY) FOR PROVIDER SELECTED IN PD05A OR PD05B FOR ‘NAME OF PROVIDER SELECTED AT PD05A/PD05B’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF CODED ‘1’ (ACCEPT PROVIDER AS SHOWN) OR ‘2’ (ACCEPT PROVIDER BUT MAKE CHANGES), STORE THIS PROVIDER DIRECTORY ID.</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>IF CODED ‘3’ (WRONG PROVIDER, GO BACK TO PREVIOUS SCREEN), CAPI AUTOMATICALLY RETURNS TO PD05A OR PD05B.</th>
</tr>
</thead>
</table>
PD15
====

PROVIDER NAME: {NAME OF PROVIDER SELECTED AT PD05A/B}
PROVIDER ADDRESS: {ADDRESS OF PROVIDER SELECTED AT PD05A/B}

PROVIDER NAME: {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS: {STREET ADDRESS FROM PV}

MAKE CORRECTIONS TO ADDRESS BELOW.
USE TAB TO MOVE THROUGH FIELDS. RETYPE ANY FIELDS WHICH NEED CORRECTION.

{Display Prov Name from ProvDir}
NAME: [______________________________]
{Display Prov Street Address from ProvDir}
1ST_STR_ ADDRESS: [______________________________]
{Display Prov City from ProvDir}
CITY: [______________________________]
{Display Prov State from ProvDir}
STATE: [______________________________]
{Display Prov Zip Code from ProvDir}
ZIP CODE: [______________________________]
{Display Prov Telephone from ProvDir}
TELEPHONE: [______________________________]

PRESS ENTER OR SELECT NEXT PAGE 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 NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED IN PD05A OR PD05B ‘NAME OF PROVIDER SELECTED AT PD05A/B’.

ENTRY FIELD SPECIFICATIONS:
- FOR NAME, IF PERSON-TYPE-PROVIDER, DISPLAY TITLE, FIRST NAME, AND LAST NAME FIELDS.
- ELSE, DISPLAY FACILITY NAME FIELD.

FLAG THIS RECORD AS ‘UPDATED. NEEDS HOME OFFICE REVIEW.’

CONTINUE WITH PD16

PD16
====

PROVIDER NAME:  {NAME OF PROVIDER SELECTED AT PD05A/B}
PROVIDER ADDRESS:  {ADDRESS OF PROVIDER SELECTED AT PD05A/B}

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES ..................................... 1 {PD160V}
NO ..................................... 2 {END_LP01}

DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV 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.
<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’.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY NAME, ADDRESS, CITY, STATE, ZIP, AND TELEPHONE FOR PROVIDER SELECTED IN PD05A OR PD05B ‘NAME OF PROVIDER SELECTED AT PD05A/B’.</th>
</tr>
</thead>
</table>

PD16OV
======

PROVIDER NAME: (NAME OF PROVIDER SELECTED AT PD05A/B)
PROVIDER ADDRESS: (ADDRESS OF PROVIDER SELECTED AT PD05A/B)

PROVIDER NAME: (NAME OF MEDICAL CARE PROVIDER FROM PV)
STREET ADDRESS: (STREET ADDRESS FROM PV)

[ENTER TEXT].................................{END_LP01}

<table>
<thead>
<tr>
<th>ALLOW MULTIPLE LINES FOR ENTRY.</th>
</tr>
</thead>
</table>

OMITTED.
ENTER COMPLETE PROVIDER NAME, ADDRESS, AND TELEPHONE.
USE TAB TO MOVE THROUGH FIELDS. RETYPE ANY FIELDS WHICH
NEED CORRECTION.
IF NEEDED, TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

{Provider Name from PV}
NAME: [______________________________]

{1ST_STR_Provider Address from PV}
1ST_STR_ADDRESS: [______________________________]

{2ND_STR_Provider Address from PV}
2ND_STR_ADDRESS: [______________________________]

CITY: [______________________________]
STATE: [______________________________]
ZIP CODE: [______________________________]
PHONE: [______________________________]
SPECIALTY: [______________________________]

USE HELP TO VIEW 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. |
-------------------------------------------------------------------------------------
ENTRY FIELD SPECIFICATIONS:

- For Name, if Person-Type-Provider, display title, first name, and last name fields.

- Else, display facility name field.

- Display the name (in appropriate first & last name or facility fields) as recorded on the provider roster from section PV for the provider being looped on in the entry field for the interviewer to either accept or edit.

- Display the address (in appropriate first and second street fields) as recorded on the provider roster from section PV for the provider being looped on in the entry field for the interviewer to either accept or edit.

FLAG THIS RECORD AS 'NEW NAME/ADDRESS INFORMATION. NEEDS HOME OFFICE REVIEW.'

REFUSED AND DON'T KNOW ALLOWED IN ALL FIELDS, EXCEPT THE 'NAME' AND 'STATE' FIELDS.

CONTINUE WITH PD19

PD19
====

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

DO YOU WANT TO MAKE ANY NOTES ABOUT THIS PROVIDER?

YES ................................. 1 {PD19OV}
NO ................................. 2 {END_LP01}
| DISPLAY NAME OF PROVIDER AS RECORDED ON THE PROVIDER ROSTER FROM SECTION PV 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 FOR THE PROVIDER BEING LOOPED ON FOR ‘STREET ADDRESS’. |

PD19OV
======

PROVIDER NAME:  {NAME OF MEDICAL CARE PROVIDER FROM PV}
STREET ADDRESS:  {STREET ADDRESS FROM PV}

[ENTER TEXT].................... {END_LP01}

-----------------------------------------------
| ALLOW MULTIPLE LINES FOR ENTRY. |
-----------------------------------------------

END_LP02
=======

OMITTED.

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

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

| 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 |

----------------------------------------------------
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}

{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 {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    |
| 'CORONARY HEART DISEASE' 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                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_06                          |
----------------------------------------------------

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                          |
--------------------------------------------------------------------------------
PE11
====

{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)

PE11OV
=====

What did the doctor or other health professional call it?

[Enter Other Specify-45] ...............    {PE12}
REF ..................................... -7 (PE12)
DK ..................................... -8 (PE12)

---------------------------------------------------------------------------------------------------
| 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.            |
---------------------------------------------------------------------------------------------------
PE12
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

How old (were/was) (PERSON) when the other kind of heart condition, that is the {OTHER HEART CONDITION SPECIFY TEXT}, was first diagnosed?

IF LESS THAN ONE YEAR OLD WHEN DIAGNOSED, ENTER 0 FOR AGE.

[Enter Age-3] .........................    {BOX_07}
REF ................................... -7 {BOX_07}
DK .................................... -8 {BOX_07}

----------------------------------------------------
| FOR ‘OTHER HEART CONDITION SPECIFY TEXT’, DISPLAY |
| THE TEXT ENTERED AT PE110V.                       |
----------------------------------------------------

----------------------------------------------------
| HARD CHECK:                                       |
| RANGE CHECK: 0 TO PERSON’S CURRENT AGE            |
----------------------------------------------------

BOX_07
=====

------------------------------------------------------------------------
| 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|
| ‘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

<table>
<thead>
<tr>
<th>IF:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- ROUND 1</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>- ROUND 2 OR 4 AND PERSON ADDED TO DU-MEMBERS-ROSTER DURING THE CURRENT ROUND</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>- ROUND 3 OR 5 AND PERSON DID NOT REPORT IN A PREVIOUS ROUND EVER HAVING BEEN DIAGNOSED WITH ‘EMPHYSEMA’ IN THE PE SECTION,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>CONTINUE WITH PE15</td>
<td></td>
</tr>
</tbody>
</table>

| 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. | |

14
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.         |
----------------------------------------------------
{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
REF ................................... -7
DK .................................... -8

HELP AVAILABLE FOR DEFINITION OF ACUTE AND CHRONIC BRONCHITIS.

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

----------------------------------------------------
| IF:                                              |
|   - PE17 IS CODED ‘1’ (YES)                       |
| AND                                              |
|   - ROUND 1 OR [NOT ROUND 1 AND PE18 NOT ASKED IN A PREVIOUS ROUND] |
| CONTINUE WITH PE18                                |
|----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_10                          |
|----------------------------------------------------
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] .........................    {BOX_10}  
REF ................................... -7 {BOX_10}  
DK .................................... -8 {BOX_10}

--------------------------------------------------------------------------------------------------------------------------
| HARD CHECK:                                                                                                             |
| RANGE CHECK:  0 TO PERSON’S CURRENT AGE                                                                                |
--------------------------------------------------------------------------------------------------------------------------

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}

----------------------------------------------------
<p>| IF CODED ‘1’ (YES), ADD THE PRIORITY CONDITION    |
| ‘HIGH CHOLESTEROL’ TO PERSON’S-MEDICAL-CONDITIONS-|</p>
<table>
<thead>
<tr>
<th>ROSTER.</th>
</tr>
</thead>
</table>

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}

----------------------------------------------------
<p>| HARD CHECK:                                       |</p>
<table>
<thead>
<tr>
<th>RANGE CHECK:  0 TO PERSON’S CURRENT AGE</th>
</tr>
</thead>
</table>
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

(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?

IF RESPONDENT DOESN’T KNOW OR REFUSES THE KIND OF CANCER, SELECT ‘OTHER’ AND THEN SELECT ‘DON’T KNOW’ OR ‘REFUSAL.’

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]
---

**HARD CHECK:**

**EDITS:** IF PE22 IS CODED '6' (CERVIX), '18' (OVARY), OR '29' (UTERUS), CHECK THAT PERSON IS FEMALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: “AT LEAST ONE CODE UNAVAILABLE FOR MALES. VERIFY AND RE-ENTER.”

IF PE22 IS CODED '20' (PROSTATE) OR '26' (TESTIS), CHECK THAT PERSON IS MALE. IF NOT, DISPLAY THE FOLLOWING MESSAGE: “AT LEAST ONE CODE UNAVAILABLE FOR FEMALES. VERIFY AND RE-ENTER.”

---

**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 MUSCL/FAT’. FOR EACH TYPE OF CANCER SELECTED, CREATE A CONDITION AND CONDITION-BY-ROUND RECORD.

REFUSED AND DON’T KNOW DISALLOWED. INTERVIEWER MUST SELECT ‘91’ (OTHER) AND ENTER THE APPROPRIATE TEXT STRING.

---

IF ‘OTHER’ SELECTED ALONE OR IN COMBINATION WITH ANY OTHER RESPONSE, CONTINUE WITH PE22OV

---

OTHERWISE, GO TO LOOP_02

---
PE22OV
======

{PERSON’S FIRST MIDDLE AND LAST NAME}

SPECIFY OTHER TYPE OF CANCER:

[Enter Other Specify-23] .............. {LOOP_02}
REF ................................... -7 {LOOP_02}
DK .................................... -8 {LOOP_02}

----------------------------------------------------
| ALLOW UP TO 23 CHARACTERS FOR THIS FIELD.         |
----------------------------------------------------

----------------------------------------------------
| ADD THE PRIORITY CONDITION ‘CANCER - {OTHER       |
| SPECIFY}’ TO PERSON’S-MEDICAL-CONDITIONS-ROSTER.  |
----------------------------------------------------
LOOP_02
=======

| FOR EACH ELEMENT IN PERSON’S-MEDICAL-CONDITIONS ROSTER, ASK PE23-END_LP02 |

===============================================================
| LOOP DEFINITION: LOOP_02 CYCLES ON EACH TYPE OF CANCER ENUMERATED AT PE22 OR PE22OV FOR PERSON. LOOP_02 COLLECTS THE AGE THE CANCER WAS DIAGNOSED AND WHETHER IT IS IN REMISSION. THIS LOOP CYCLES ON EACH CONDITION IN PERSON’S-MEDICAL-CONDITIONS-ROSTER THAT MEETS THE FOLLOWING CONDITIONS:
| - 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              |
----------------------------------------------------
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:                                      |   |
| RANGE CHECK:  0 TO PERSON’S CURRENT AGE          |   |
------------------------------------------------------------------

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. |   |
------------------------------------------------------------------
(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 {PE30}
NO ..................................... 2 {BOX_14}
REF ................................... -7 {BOX_14}
DK .................................... -8 {BOX_14}

----------------------------------------------------
| 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                                |
| OR                                                |
| - 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.)                        |
|                                                  |

----------------------------------------------------
(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/osteoarthritis/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.   |
----------------------------------------------------

PE33
====

{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}

----------------------------------------------------
<p>| DISPLAY ‘During an earlier interview, it…’ IF     |
| ASTHMA WAS ADDED DURING A PREVIOUS ROUND.         |
| OTHERWISE (ASTHMA ADDED FOR PERSON IN THE CURRENT |</p>
<table>
<thead>
<tr>
<th>ROUND), USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

PE34

{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 {BOX_17}
NO ..................................... 2
REF ................................... -7 {BOX_17}
DK .................................... -8 {BOX_17}

HELP AVAILABLE FOR DEFINITION OF ASTHMA ATTACK.

----------------------------------------------------
<p>| IF:                                               |
| - PE34 IS CODED ‘2’ (NO)                          |
| AND                                               |
| - ROUND 1 OR NOT ROUND 1 AND PE35 NOT ASKED IN A  |
|   PREVIOUS ROUND                                  |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH PE35</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_17</th>
</tr>
</thead>
</table>
{PERSON’S FIRST MIDDLE AND LAST NAME}

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]

BOX_17

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

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: 0 TO PERSON’S CURRENT AGE

END_LP01
======

BOX_19
======

GO TO NEXT QUESTIONNAIRE SECTION
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 OR SELECT NEXT PAGE TO CONTINUE.
| IF PERSON HAS NO MEDICINES CREATED OR SELECTED ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER DURING THE CURRENT ROUND, GO TO PM04 |

| OTHERWISE, CONTINUE WITH PM02 |

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.)

(NAME OF PRESCRIPTION MEDICINE)
(NAME OF PRESCRIPTION MEDICINE)
(NAME OF PRESCRIPTION MEDICINE)

INFORMATION OKAY ....................... 1 {PM04}
AT LEAST ONE MEDICINE INCORRECT ....... 2

[Code One]

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

| IF CODED ‘2’ (AT LEAST ONE MEDICINE INCORRECT) AND THERE IS ONLY ONE MEDICINE ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER, SELECT THAT MEDICINE AUTOMATICALLY BY CAPI AT PM03 AND GO TO PM04 |

| IF CODED ‘2’ (AT LEAST ONE MEDICINE INCORRECT) AND THERE IS MORE THAN ONE MEDICINE ON PERSON’S-PRESCRIBED-MEDICINES-ROSTER, CONTINUE WITH PM03 |
ROSTER DETAILS:
Title: PERSON’S PRESCRIBED-MEDICINES_1

COL #1 HEADER: DRUG NAME
INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE (DRUG.DRUGNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE PERSON’S-PRESCRIBED-MEDICINES-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.

2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE PRESCRIBED MEDICINES THAT ARE FLAGGED AS EITHER ‘CREATED’ OR ‘SELECTED’ DURING THE CURRENT ROUND.

PM03

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

SELECT MEDICINE(S) THAT WERE RECORDED INCORRECTLY.

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

FLAG SELECTED MEDICINES AS 'INCORRECT'. THESE MEDICINES WILL NOT BE ELIGIBLE FOR LOOP_01 (I.E., NOT ‘CREATED’ OR ‘SELECTED’ THIS ROUND).
<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title: PERSON’S_PRESCRIBED-MEDICINES_1</td>
</tr>
<tr>
<td>COL #1 HEADER: PRESCRIBED MEDICINE</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE</td>
</tr>
<tr>
<td>(DRUG.DRUGNAME)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS ITEM DISPLAYS THE PERSON’S-PRESCRIBED-MEDICINES-ROSTER FOR SELECTION.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MULTIPLE SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ONLY THOSE PRESCRIBED MEDICINES THAT ARE FLAGGED AS EITHER ‘CREATED’ OR ‘SELECTED’ DURING THE CURRENT ROUND.</td>
</tr>
</tbody>
</table>
 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 {PM05}
NO ........................................... 2 {PM06}
REF .................................... -7 {PM06}
DK .................................... -8 {PM06}

HELP AVAILABLE FOR DEFINITION OF PRESCRIPTIONS AND REFILLS.

| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'Between (START DATE) and (END DATE)' IF |
| ROUND 5.                                      |

What were the names of these medicines?

PROBE: Any other medicines?

[1. Prescribed Medicine]
[2. Prescribed Medicine]
[3. Prescribed Medicine]
FLAG ANY MEDICINE ADDED TO THE ROSTER AS ‘CREATED’ IN THIS ROUND.

FLAG ANY MEDICINE SELECTED FROM THE ROSTER AS ‘SELECTED’ IN THIS ROUND, IF THIS IS THE FIRST TIME THAT THE MEDICINE IS SELECTED IN CAPI IN THIS ROUND. FOR ANY ONE ROUND, A MEDICINE CAN BE FLAGGED ONLY AS ‘CREATED’ OR ‘SELECTED’, BUT NOT BOTH IN THAT SAME ROUND.

AT THIS ITEM, THE ROSTER WILL DISPLAY ALL MEDICINES IN PERSON’S-PRESCRIBED-MEDICINES-ROSTER. THAT DISPLAY WILL INCLUDE ALL MEDICINES CREATED IN PREVIOUS ROUNDS AND IN THE CURRENT ROUND. WHEN A MEDICINE CREATED IN A PREVIOUS ROUND IS SELECTED, CREATE A NEW EVENT FOR THAT MEDICINE. FOR SUCH MEDICINES, (AND FOR ADDED MEDICINES), CAPI WILL ASK THE CP SECTION AND THE PHARMACY OF THE PURCHASE.


WHEN A MEDICINE FROM A PREVIOUS ROUND IS SELECTED, CREATE A NEW EVENT SINCE IT INVOLVES A NEW PURCHASE. A NEW PURCHASE REQUIRES ASKING THE CHARGE/Payment (CP) SECTION AND PHARMACY OF THE PURCHASE. 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).
<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE: PERSON'S_PRESCRIBED-MEDICINES_1</td>
</tr>
<tr>
<td>COL # 1 HEADER: PRESCRIBED MEDICINE</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE (DRUG.DRUGNAME)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS ITEM DISPLAYS PERSON'S-PRESCRIBED-MEDICINES-ROSTER FOR SELECTION/ADDITION.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MULTIPLE SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. MULTIPLE ADD ALLOWED.</td>
</tr>
<tr>
<td>3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE EVENT.</td>
</tr>
<tr>
<td>4. EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ALL; NO FILTER.</td>
</tr>
</tbody>
</table>
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 {PM07}
NO ..................................... 2 {BOX_01}
REF ...................................... -7 {BOX_01}
DK ..................................... -8 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF FREE SAMPLES.

---------------------------------------------------------------------
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5.                      |
| DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.         |
---------------------------------------------------------------------

PM07
====

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

What are the names of the medicines (PERSON) got as free samples?

PROBE: Any other free samples?

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

---------------------------------------------------------------------
| FLAG MEDICINES AS 'FREE SAMPLE' ON IF MEDICINE WAS CREATED AT PM07 DURING THE CURRENT ROUND. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| GO TO BOX_01 |
---------------------------------------------------------------------
ROSTER DETAILS:
TITLE: PERSON'S_PRESCRIBED-MEDICINES_1

COL # 1 HEADER: PRESCRIBED MEDICINE
INSTRUCTIONS: DISPLAY NAME OF PRESCRIBED MEDICINE (DRUG.DRUGNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSON'S-PRESCRIPTION-MEDICINES-ROSTER FOR SELECTION/ADDITION.
ROSTER BEHAVIOR:

1. MULTIPLE SELECT ALLOWED.

2. MULTIPLE ADD ALLOWED.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A PMED ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS PMED AND THE EVENT.

4. EDIT DISALLOWED.

5. 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.

6. 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 THE CHARGE/PAYMENT (CP) SECTION AND THE PHARMACY OF THE PURCHASE. 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).

ROSTER FILTER:
DISPLAY ALL; NO FILTER.
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 |
Now, let’s talk about (MEDICINE).

Was (MEDICINE) purchased or obtained sometime between (START DATE) and (END DATE)?

YES ........................................... 1 {PM08}
NO ........................................... 2 {END_LP01}
REF ......................................... -7 {PM08}
DK ........................................... -8 {PM08}

| IF CODED ‘2’ (NO), FLAG MEDICINE AS ‘INCORRECT’. |
| THIS MEDICINE SHOULD NOT BE FLAGGED AS ‘CREATED’ |
| OR ‘SELECTED’ FOR ROUND 5 AND THE ROUND 5 RECORDS |
| SHOULD BE DELETED. |

Is (MEDICINE) used for a specific health problem?

YES ............................................ 1 {PM09}
NO ............................................ 2 {BOX_02A}
REF .......................................... -7 {BOX_02A}
DK .......................................... -8 {BOX_02A}

| DISPLAY ‘Now let’s talk about (MEDICINE).’ IF NOT |
| ROUND 5. IF ROUND 5, USE A NULL DISPLAY. |
PM09

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF PRESCRIPTION MEDICINE.}  {STR-DT}
{END-DT}

What health problem is (MEDICINE) prescribed for?
PROBE:  Any other health problems?

IF CONDITION IS ALREADY LISTED, SELECT ENTRY ON ROSTER.

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

----------------------------------------------------
| GO TO BOX_02A                                    |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS      |
| SCREEN.                                          |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS:                                  |
| Title: PERS_COND_1                               |
| COL #1 HEADER: MEDICAL CONDITION                 |
| INSTRUCTIONS: DISPLAY NAME OF MEDICAL CONDITION  |
| (COND.CONDNAM)                                   |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION:                               |
| DISPLAY THE PERSON-MEDICAL-CONDITIONS-ROSTER FOR |
| THE SELECTION AND ADDITION OF ONE OR MANY MEDICAL |
| CONDITION(S) ASSOCIATED WITH THIS EVENT.         |
----------------------------------------------------
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. SELECTION SHOULD NOT IMPACT THE ROUND FLAG OF THE CONDITION.

2. MULTIPLE ADD ALLOWED. INTERVIEWER SHOULD RECORD CONDITION NAME.

3. LIMITED DELETE ALLOWED. INTERVIEWER MAY DELETE A CONDITION ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.

4. LIMITED EDIT ALLOWED. INTERVIEWER MAY EDIT A CONDITION NAME NEWLY ADDED ON THIS SCREEN AS LONG AS CAPI HAS NOT YET CREATED THE LINK BETWEEN THIS CONDITION AND THE EVENT.

ROSTER FILTER:
DISPLAY ALL CONDITIONS ON PERSON’S ROSTER; NO FILTER.

---

IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS ‘SELECTED’ DURING THE CURRENT ROUND, GO TO PM10

---

IF MEDICINE BEING ASKED ABOUT IS FLAGGED AS ‘CREATED’ DURING THE CURRENT ROUND, CONTINUE WITH PM11
PM11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} (NAME OF PRESCRIPTION MEDICINE.) (STR-DT) (END-DT)

In what year did (PERSON) first use (MEDICINE)?

XXXX HAS NOT YET TAKEN/USED

[Enter Year-4] .........................
REF ................................... -7 {PM10}
DK ..................................... -8 {PM10}

----------------------------------------------------
| IF XXXX (HAS NOT YET TAKEN/USED) ENTERED, GO TO | PM10
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR OR REFERENCE YEAR MINUS |
| 1, CONTINUE WITH PM11OV1                      |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO PM10                           |
----------------------------------------------------

PM11OV1
=======

MONTH:

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

----------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES |
| AUTOMATICALLY): ALLOWABLE VALUES FOR MONTH ARE  |
| 1-12.                                          |
----------------------------------------------------

----------------------------------------------------
| IF YEAR IS REFERENCE YEAR, CONTINUE WITH PM11OV2 |
| OTHERWISE, GO TO PM10                            |
----------------------------------------------------
PM110V2
=====

DAY:

[Enter Day-2] .........................  {PM10}
REF ................................... -7  {PM10}
DK .................................... -8  {PM10}

-----------------------------------------------
<table>
<thead>
<tr>
<th>HARD CHECK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTRIES FOR DAY MUST CORRESPOND TO CALENDAR</td>
</tr>
<tr>
<td>MONTHS AND DAYS. THAT IS,</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 31 IF MONTH CODED</td>
</tr>
<tr>
<td>'01', '03', '05', '07', '08', '10', '12';</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 30 IF MONTH CODED</td>
</tr>
<tr>
<td>'04', '06', '09', '11';</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 29 IF MONTH CODED</td>
</tr>
<tr>
<td>'02' AND YEAR IS 2008 (LEAP YEAR);</td>
</tr>
<tr>
<td>- ALLOWABLE VALUES = 01 - 28 IF MONTH CODED</td>
</tr>
<tr>
<td>'02' AND YEAR IS NOT 2008 (I.E., NOT LEAP</td>
</tr>
<tr>
<td>YEAR).</td>
</tr>
<tr>
<td>---------------------------------------------</td>
</tr>
</tbody>
</table>

-----------------------------------------------
<p>| THE COMPLETE DATE CANNOT BE BEFORE THE PERSON’S |
| DATE OF BIRTH OR AFTER THE REFERENCE PERIOD END |</p>
<table>
<thead>
<tr>
<th>DATE FOR THIS PERSON.</th>
</tr>
</thead>
</table>

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] .................  {BOX_02B}
REF ................................... -7  {BOX_02B}
DK .................................... -8  {BOX_02B}
DISPLAY 'since (START DATE)' IF NOT ROUND 5.
DISABLE 'between (START DATE) and (END DATE)' IF ROUND 5.

BOX_02B
=======

IF ROUND 3 AND PM10 IS NOT -7 OR -8, CONTINUE WITH PM10A

OTHERWISE, GO TO BOX_02

PM10A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF PRESCRIPTION MEDICINE.} {STR-DT} {END-DT}

NUMBER OF TIMES OBTAINED/PURCHASED SINCE (START DATE):
{NUMBER OF TIMES}

Of these times, how many were in {YEAR}?

[Enter Number of Times] ............... {BOX_02}
REF .................................. -7 {BOX_02}
DK .................................... -8 {BOX_02}

FOR 'NUMBER OF TIMES,' DISPLAY THE NUMBER ENTERED AT PM10.

FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES AUTOMATICALLY): FOR 'YEAR,' DISPLAY THE YEAR THAT IS THE FIRST YEAR OF THE GIVEN PANEL.
HARD CHECK:
NUMBER OF TIMES MUST BE <= NUMBER OF TIMES OBTAINED/PURCHASED 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. |
---

BOX_04A
=======

---
| As a pharmacy is entered or selected, flag the person-pharmacy pair with the current round (i.e., the most recent round it was entered/selected). This round flag is used to determine whether the pharmacy is eligible for pharmacy permission form collection for this RU member. |
---

BOX_04
======

---
| If there are no pharmacies on the RU-pharmacies-roster, go to PM14 |
---

---
| Otherwise, continue with PM12 |
---
PM12

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

What is the name of the (next) pharmacy that filled the prescription(s) for (PERSON)?

[1. Pharmacy] [STREET ADDRESS] [CITY]
[2. Pharmacy] [STREET ADDRESS] [CITY]
[3. Pharmacy] [STREET ADDRESS] [CITY]
REF ......................... -7
DK .............................. -8

----------------------------------------------------
| DISPLAY 'ADD PHARMACY' AND 'DELETE PHARMACY' |
| BUTTONS AS OPTIONS ON THIS SCREEN.            |
----------------------------------------------------

----------------------------------------------------
| IF 'ADD PHARMACY' IS SELECTED, GO TO PM14       |
| (NOTE THAT PM14 IS ACTUALLY A POPUP ON PM12).    |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH PM13                    |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS:                                  |
| Title: RU_PHAR_1                                 |
|                                                |
| COL #1 HEADER: PHARMACY                          |
| INSTRUCTIONS: DISPLAY PHARMACY NAME             |
| (PHAR.PHARNAME)                                  |
|                                                |
| COL #2 HEADER: STREET ADDRESS                    |
| INSTRUCTIONS: DISPLAY TRUNCATED STREET ADDRESS  |
| (PHAR.PHARADR1)                                  |
|                                                |
| COL #3 HEADER: CITY                              |
| INSTRUCTIONS: DISPLAY TRUNCATED CITY            |
| (PHAR.PHARCITY)                                 |
----------------------------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-PHARMACIES-ROSTER FOR SELECTION/ADDITION.

ROSTER BEHAVIOR:
1. SELECT ONE ALLOWED. INTERVIEWER MUST SELECT ONE ONLY FROM THE LIST OF PROVIDERS OR MAY SELECT ‘ADD PHARMACY’
2. ADD ALLOWED.
3. EDITS ARE NOT ALLOWED.
4. LIMITED DELETE ALLOWED.

ROSTER FILTER:
DISPLAY ALL; NO FILTER.

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 {PM14}
ABOVE ADDRESS/TELEPHONE NEEDS CORRECTION .................. 3 {PM15}
SELECTED WRONG PHARMACY/ADDRESS ........ 4
REF ........................................ -7 {BOX_05}
DK ........................................... -8 {BOX_05}

[Code One]
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:  [_____________]
PHARMACY_STR1:  [_____________]
PHARMACY_STR2:  [_____________]
PHARMACY_CITY:  [_____________]
PHARMACY_STATE:  [_____________]
PHARMACY_ZIPCDE:  [_____________]
PHARMACY_PHONE:  [_____________]

REF .................................. -7 {BOX_05}
DK ................................... -8 {BOX_05}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| IF PM13 IS CODED '2' (ADD NEW ADDRESS FOR PHARMACY), PM14 WILL NOT COLLECT THE PHARMACY NAME, PM14_01 WILL DISPLAY THE PHARMACY NAME AND CANNOT BE EDITED. |
----------------------------------------------------

----------------------------------------------------
| CODES '-7' (REFUSED) AND '-8' (DON’T KNOW) ARE ALLOWED ON EACH FORM ITEM EXCEPT FOR PHARMACY NAME (PM14_01). |
----------------------------------------------------
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 ANY INNACURATE FIELDS, TYPE ENTIRE FIELD.

PHARMACY_STR1:  [_____________]  {BOX_05}
PHARMACY_STR2:  [_____________]
PHARMACY_CITY:  [_____________]
PHARMACY_STATE:  [_____________]
PHARMACY_ZIPCDE:  [_____________]
PHARMACY_PHONE:  [_____________]
RF ................................... -7 {BOX_05}
DK ................................... -8 {BOX_05}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

---

<table>
<thead>
<tr>
<th>ADDRESS FIELDS CONTAIN PREVIOUSLY COLLECTED INFORMATION WHICH CAN BE UPDATED.</th>
</tr>
</thead>
</table>
---

| HARD CHECK:       |
| EDIT: CHECK THAT STATE ABBREVIATION IS VALID. |
---
BOX_05
=======

| IF THE NAME OR ADDRESS FIELDS WERE COMPLETED IN PM14 FOR THE PHARMACY BEING ASKED ABOUT (THAT IS, THE PHARMACY WAS ADDED TO THE RU-PHARMACIES-ROSTER OR A NEW ADDRESS WAS ENTERED FOR AN EXISTING PHARMACY), CONTINUE WITH PM16 |

| OTHERWISE, GO TO PM17 |

PM16
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}{PHARMACY 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 {PM17}
IN ANOTHER STORE ..................... 2 {PM17}
IN HMO/CLINIC/HOSPITAL ............ 3 {PM17}
DRUG STORE ............................. 4 {PM17}
ON-LINE ................................. 5 {PM17}
REF ................................... -7 {PM17}
DK .................................... -8 {PM17}

HELP AVAILABLE 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 {END_LP02}
NO ..................................... 2 {END_LP02}
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

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

END_LP02

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

IF PM17 IS CODED '1' (YES), CYCLE TO COLLECT INFORMATION ABOUT THE NEXT PHARMACY USED BY PERSON.

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

IF PM17 IS CODED '2' (NO), '-7 (REFUSED), OR '-8' (DON'T KNOW), END LOOP_02 AND CONTINUE WITH BOX_06

BOX_06

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

GO TO NEXT QUESTIONNAIRE SECTION
Provider Probes (PP) Section

BOX_00
=====

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME, PRND.BEGREFMM,DD,YY AND
PRND.ENDREFMM,DD,YY.

BOX_01A
=====

THE PROVIDER PROBES (PP) SECTION (INCLUDING THE
EVENT ROSTER (EV) AND PROVIDER ROSTER (PV)
SECTIONS WHICH ARE CALLED IN THE COURSE OF PP)
COLLECTS THE INFORMATION REQUIRED TO CREATE AN
EVENT. THIS INFORMATION INCLUDES THE EVENT TYPE,
PERSON, PROVIDER, AND DATE OR DATE RANGE. ONCE
THE EV SECTION IS COMPLETED FOR AN EVENT, THE
INTERVIEWER CANNOT BACK UP TO EDIT THAT EVENT OR
ANY OTHER EVENTS THAT WERE CREATED PREVIOUSLY.
HOWEVER, EVENTS CAN BE EDITED IN THE EVENT DRIVER
(ED) SECTION OF THE QUESTIONNAIRE.

BOX_01
=====

IF DISCHARGE DATE CODED '95' (STILL IN HOSPITAL)
FOR ANY HOSPITAL STAY (HS) EVENT REPORTED IN
PREVIOUS ROUND FOR ANY RU MEMBER, CONTINUE WITH
LOOP_01

OTHERWISE, GO TO BOX_02
LOOP_01
======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| PP01 - END_LP01 |

LOOP DEFINITION: LOOP_01 COLLECTS THE DISCHARGE DATE OF A HOSPITAL STAY FOR ANY PERSON STILL IN THE HOSPITAL AT THE END OF THE PREVIOUS ROUND. THIS LOOP CYCLES ON PERSONS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:

- PERSON HAD AN HS EVENT DURING THE PREVIOUS ROUND AND
- ONE OF PERSON’S HS EVENTS HAD A DISCHARGE DATE CODED ‘95’ (STILL IN HOSPITAL).

PP01
====

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

Last time, we recorded that (PERSON) entered (PROVIDER) on (ADMIT DATE) and was still in the hospital at the time of our interview on {PREV RD INTV DT}.

On what date was (PERSON) discharged from (PROVIDER)?

IF STILL IN HOSPITAL {OR RELEASED IN {YEAR}, SELECT EVENT AND CONTINUE INTERVIEW.

| {Display Month,Day,Year-4} | [Enter Month,Day,Year-4] |
| {Display Month,Day,Year-4} | [Enter Month,Day,Year-4] |
| {Display Month,Day,Year-4} | [Enter Month,Day,Year-4] |

DISPLAY THE DATE OF THE PREVIOUS ROUND’S INTERVIEW FOR ‘{PREV RD INTV DT}’. DISPLAY ‘OR RELEASED IN {YEAR}’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
(FOR SPECIFICATION PURPOSES ONLY, YEAR IN PROGRAM IS AUTOMATICALLY SET): DISPLAY THE YEAR SUBSEQUENT TO THE SECOND CALENDAR YEAR OF THE PANEL.

GO TO END_LP01

ROSTER DETAILS:
Title: PERS_EVNT_EDIT_1

COL #1 HEADER: ADMIT DATE
INSTRUCTIONS: DISPLAY EVENT BEGIN DATE (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)

COL #2 HEADER: DISCHARGE DATE
INSTRUCTIONS: ENTER EVENT END DATE (EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY)

ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSON’S-MEDICAL-EVENTS-ROSTER FOR ENTERING THE DISCHARGE DATE FOR ALL OPEN-ENDED HOSPITAL STAYS.

ROSTER BEHAVIOR:
1. SELECT, ADD, AND DELETE DISALLOWED.

2. LIMITED EDIT ALLOWED. ADMIT DATE IS A PROTECTED FIELD. INTERVIEWER CAN UPDATE DISCHARGE DATE.

ROSTER FILTER:
DISPLAYS ALL HS EVENTS THAT WERE CODED ‘95’ (STILL IN HOSPITAL) IN THE PREVIOUS ROUND.
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 {YEAR}, SELECT EVENT AND CONTINUE INTERVIEW.

{Display Month,Day,Year-4}  [Enter Month,Day,Year-4]
{Display Month,Day,Year-4}  [Enter Month,Day,Year-4]
{Display Month,Day,Year-4}  [Enter Month,Day,Year-4]

---

| DISPLAY THE DATE OF THE PREVIOUS ROUND'S INTERVIEW |
| FOR '{PREV RD INTV DT}'.                          |
| DISPLAY 'OR RELEASED IN {YEAR}' IF ROUND 5.       |
| OTHERWISE, USE A NULL DISPLAY.                    |
|                                                      |

---

| (FOR SPECIFICATION PURPOSES ONLY, YEAR IN PROGRAM |
| IS AUTOMATICALLY SET): DISPLAY THE YEAR SUBSEQUENT|
| TO THE SECOND CALENDAR YEAR OF THE PANEL.         |
|                                                      |

---

| GO TO END_LP02                                      |
|                                                      |

---

| ROSTER DETAILS:                                     |
| Title: PERS_EVNT_EDIT_2                             |
|                                                      |
| COL #1 HEADER: ADMIT DATE                           |
| INSTRUCTIONS: DISPLAY EVENT BEGIN DATE              |
| (EVNT.EVNTBEGM, EVNT.EVNTBEGD, EVNT.EVNTBEGY)       |
|                                                      |
| COL #2 HEADER: DISCHARGE DATE                       |
| INSTRUCTIONS: ENTER EVENT END DATE                  |
| (EVNT.EVNTENDM, EVNT.EVNTENDD, EVNT.EVNTENDY)       |
ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSON’S-MEDICAL-EVENTS-ROSTER
FOR ENTERING THE DISCHARGE DATE FOR ALL OPEN-ENDED
STAYS IN INSTITUTIONS.

ROSTER BEHAVIOR:
1. SELECT, ADD, AND DELETE DISALLOWED.

2. LIMITED EDIT ALLOWED. ADMIT DATE IS A PROTECTED
FIELD. INTERVIEWER CAN UPDATE DISCHARGE DATE.

ROSTER FILTER:
DISPLAYS ALL IC EVENTS THAT WERE CODED ‘95’ (STILL
IN INSTITUTION) IN THE PREVIOUS ROUND.

END_LP02

---

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

IF NO OTHER PERSONS MEET THE STATED CONDITIONS,
END LOOP_02 AND CONTINUE WITH BOX_03

BOX_03

---

IF CA03 IS CODED ‘5’ (VOLUNTEERED NO EVENTS TO
RECORD), GO TO PP03A

IF CA03 IS CODED ‘3’ (SOME VISITS RECORDED), ‘4’
(DID NOT USE), ‘7’ (REFUSED), ‘8’ (DON’T KNOW),
OR IS NOT ASKED (CALENDAR NEVER USED), GO TO PP14
| OTHERWISE, CONTINUE WITH LOOP_03 |

LOOP_03
=======

| For each of the following: |

| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

| ask BOX_04 - END_LP03 |

LOOP DEFINITION: LOOP_03 ASKS THE EVENT ROSTER (EV) SECTION FOR EACH EVENT RECORDED ON THE CALENDAR. THE RESPONSE TO PP03 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP03 IS CODED ’1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP03 IS CODED ’2’ (NO) OR ’3’ (NO EVENTS ON CALENDAR TO RECORD), THE LOOP ENDS.

BOX_04
======

| IF FIRST CYCLE OF LOOP_03, GO TO PP03 |

| OTHERWISE, CONTINUE WITH BOX_05 |

BOX_05
======

| ASK THE EVENT ROSTER (EV) SECTION |
AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP03

PP03

INTERVIEWER: ADD (AN/ANOTHER) EVENT?

YES .................................... 1 {END_LP03)
NO ..................................... 2 {END_LP03)
{NO EVENTS ON CALENDAR TO RECORD ........ 3} {END_LP03)

DISPLAY CODE 3 (NO EVENTS ON CALENDAR TO RECORD), ONLY IF FIRST CYCLE OF LOOP_03. OTHERWISE, USE A NULL DISPLAY.

END_LP03

IF PP03 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP03 IS CODED ‘2’ (NO) OR ‘3’ (NO EVENTS ON CALENDAR TO RECORD), END LOOP_03 AND CONTINUE WITH PP03A
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. Please be sure to include any visits or phone calls to a health care provider that you haven’t told me about that were related to any health conditions we may have already discussed.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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 {LOOP_04}
NO ..................................... 2 {PP06}
REF .................................... -7 {PP06}
DK ................................. -8 {PP06}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
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 {END_LP04}
NO ..................................... 2 {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

----------------------------------------------------
| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT |
| WAS JUST ADDED FOR ‘{PERSON’S FIRST MIDDLE AND |
| LAST NAME}’.                                      |
----------------------------------------------------

END_LP04
========

----------------------------------------------------
| IF PP05 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT |
| EVENT.                                            |
----------------------------------------------------

----------------------------------------------------
| IF PP05 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ |
| (DON’T KNOW), END LOOP_04 AND CONTINUE WITH PP06  |
----------------------------------------------------
SHOW CARD PP-2.

{Has/Between (START DATE) and (END DATE), has} anyone in the family been a patient in a hospital or been seen in a hospital emergency room or outpatient department? Or has anyone been a patient in any type of long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1 {LOOP_05}
NO ..................................... 2 {PP07A}
REF ................................... -7 {PP07A}
DK .................................... -8 {PP07A}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

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

BOX_07

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP07

PP07

{STR-DT}
{END-DT}

SHOW CARD PP-2.

Has {PERSON’S FIRST MIDDLE AND LAST NAME} had any other visits to a hospital or long term care facility? Or has anyone else in the family been a patient in or seen at a hospital or long term care facility? [Please include any hospital care we have not yet talked about.]

YES .................................... 1 {END_LP05}
NO ..................................... 2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON'S FIRST MIDDLE AND LAST NAME}'.

END_LP05

 IF PP07 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT.

 IF PP07 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), END LOOP_05 AND CONTINUE WITH PP07A.

PP07A

{STR-DT}
{END-DT}

Since (START DATE)/Between (START DATE) and (END DATE), has anyone in the family had any visits to an independent lab or testing facility for x-rays or other tests? [Please include any care we have not yet talked about.]

YES .................................... 1 {LOOP_05A}
NO ..................................... 2 {PP07B}
REF ................................... -7 {PP07B}
DK .................................... -8 {PP07B}

HELP AVAILABLE FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

DISPLAY 'Since (START DATE)' IF NOT ROUND 5.
DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.
LOOP_05A
========

---
For each of the following:
---

| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |

| ask BOX_07A - END_LP05A. |
---

| LOOP DEFINITION: LOOP_05A COLLECTS ALL LAB EVENTS (I.E., OP, OR MV EVENTS) NOT ALREADY RECORDED. |
| THE RESPONSE TO PP07AA DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP07AA IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP07AA IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |
---

BOX_07A
=======

---
ASK THE EVENT ROSTER (EV) SECTION
---

| AT COMPLETION OF THE EV SECTION, |
| CONTINUE WITH PP07AA |
---
PP07AA
=======

{STR-DT}
{END-DT}

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 {END_LP05A}
NO ..................................... 2 {END_LP05A}
REF ................................... -7 {END_LP05A}
DK .................................... -8 {END_LP05A}

HELP AVAILABLE FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

----------------------------------------------
<p>| DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT | |
| WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND |</p>
<table>
<thead>
<tr>
<th>LAST NAME}'.</th>
</tr>
</thead>
</table>

END_LP05A
========

-----------------------------------------------
<p>| IF PP07AA IS CODED ‘1’ (YES), CYCLE TO COLLECT |</p>
<table>
<thead>
<tr>
<th>NEXT EVENT.</th>
</tr>
</thead>
</table>
|-----------------------------------------------
<p>| IF PP07AA IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR |
| ‘-8’ (DON’T KNOW), END LOOP_05A AND CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>PP07B</th>
</tr>
</thead>
</table>
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? [Please include any alternative care we have not yet talked about.]

YES .................................... 1 {LOOP_05B}
NO ..................................... 2 {PP08}
REF ................................... -7 {PP08}
DK .................................... -8 {PP08}

HELP AVAILABLE FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.

----------------------------------------------------
| 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.
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 {END_LP05B}
NO ..................................... 2 {END_LP05B}
REF ................................... -7 {END_LP05B}
DK .................................... -8 {END_LP05B}

HELP AVAILABLE FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.

DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

END_LP05B

| IF PP07BB IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |
PP08
====

{STR-DT}
{END-DT}

SHOW CARD PP-3.

What about visits to the home because of a health problem for any of these services {between (START DATE) and (END DATE)}? [Please include any home care services we have not yet talked about.]

YES .................................... 1 {LOOP_06}
NO ..................................... 2 {PP12}
REF ................................... -7 {PP12}
DK .................................... -8 {PP12}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

LOOP_06
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_08 - END_LP06.
LOOP DEFINITION: LOOP_06 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP09 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP09 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

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 {END_LP06}
NO ..................................... 2 {END_LP06}
REF ................................... -7 {END_LP06}
DK .................................... -8 {END_LP06}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
DISPLAY THE NAME OF THE PERSON FOR WHOM AN EVENT WAS JUST ADDED FOR '{PERSON’S FIRST MIDDLE AND LAST NAME}'.

END_LP06

 IF PP09 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

 IF PP09 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_06 AND CONTINUE WITH PP12.

PP12

{STR-DT}
{END-DT}

SHOW CARD PP-4.

{And finally/Between (START DATE) and (END DATE)}, did anyone in the family obtain eyeglasses, contact lenses, or diabetic equipment {since (START DATE)} [other than what we have already talked about]? 

YES .................................... 1 {LOOP_07}
NO ..................................... 2 {BOX_09A}
REF ................................... -7 {BOX_09A}
DK .................................... -8 {BOX_09A}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

 DISPLAY 'And finally' IF NOT ROUND 5. DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.

 DISPLAY 'since (START DATE)' IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.
LOOP_07
=======
----------------------------------------------------
| For each of the following:                         |
|                                                    |
| EVENT 1                                           |
| EVENT 2                                           |
| EVENT 3                                           |
| EVENT 4                                           |
|                                                    |
| ask BOX_09 - END_LP07.                            |
----------------------------------------------------

LOOP DEFINITION: LOOP_07 COLLECTS ALL OTHER MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED.

THE RESPONSE TO PP13 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP13 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP13 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_09
======
----------------------------------------------------
| ASK THE EVENT ROSTER (EV) SECTION                  |
----------------------------------------------------
| AT COMPLETION OF THE EV SECTION,                   |
| CONTINUE WITH PP13                                 |
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 {END_LP07}
NO ..................................... 2 {END_LP07}
REF ................................... -7 {END_LP07}
DK .................................... -8 {END_LP07}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
SHOW CARD PP-4A.

Now I would like you to think about the entire calendar year \( \text{YEAR} \), that is from January 1, \( \text{YEAR} \) until December 31, \( \text{YEAR} \).

Please look at the types of other medical expenses listed on this card. \textbf{Did anyone in the family obtain any of these types of other medical expenses during the year \( \text{YEAR} \)?} 

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.

\begin{itemize}
  \item \textbf{YES} ......................................... 1 \{LOOP\}_07A
  \item \textbf{NO} ........................................... 2 \{BOX\}_10
  \item \textbf{REF} ...................................... -7 \{BOX\}_10
  \item \textbf{DK} ...................................... -8 \{BOX\}_10
\end{itemize}

\textbf{HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.}

---
| (FOR SPECIFICATIONS PURPOSE ONLY, YEAR IN |
| PROGRAM IS AUTOMATICALLY SET.) |
| IF ROUND 3, DISPLAY FIRST YEAR OF PANEL FOR |
| 'YEAR'. |
| IF ROUND 5, DISPLAY SECOND YEAR OF PANEL FOR |
| 'YEAR'. |
---
LOOP_07A
=======

For each of the following:

- EVENT 1
- EVENT 2
- EVENT 3
- EVENT 4

ask BOX_09B - END_LP07A.


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
SHOW CARD PP-4A.

During the calendar year (YEAR), 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 {END_LP07A}
NO ..................................... 2 {END_LP07A}
REF ................................... -7 {END_LP07A}
DK .................................... -8 {END_LP07A}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

----------------------------------------------------
| (FOR SPECIFICATIONS PURPOSE ONLY, YEAR IN     |     |
| PROGRAM IS AUTOMATICALLY SET.)                |     |
| IF ROUND 3, DISPLAY FIRST YEAR OF PANEL FOR  |     |
| 'YEAR'.                                       |     |
| IF ROUND 5, DISPLAY SECOND YEAR OF PANEL FOR  |     |
| 'YEAR'.                                       |     |
|----------------------------------------------------

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                                         |     |
|----------------------------------------------------
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. Also include any visits or phone calls to a health care provider that were related to any conditions we may have already discussed.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |
| PP15 - END_LP08. |
PP15
====

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

SHOW CARD PP-5.

Now think about the health care (PERSON) (have/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 {LOOP_09}
NO ..................................... 2 {PP17}
REF ................................... -7 {PP17}
DK .................................... -8 {PP17}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
LOOP_09
=======

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_11- END_LP09.

LOOP DEFINITION: LOOP_09 COLLECTS ALL DENTAL (DN) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP16 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP16 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP16 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_11
=======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP16
PP16
=====

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

SHOW CARD PP-5.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did {PERSON} see or talk to any other type of dental care provider, such as the types listed on this card (other than what you’ve already told me about)?

YES ........................................ 1 {END_LP09}
NO .......................................... 2 {END_LP09}
REF ......................................... -7 {END_LP09}
DK ........................................... -8 {END_LP09}

HELP AVAILABLE 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.                                      |
-----------------------------------------------

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 {LOOP_10}
NO ..................................... 2 {PP19}
REF ................................... -7 {PP19}
DK .................................... -8 {PP19}

HELP AVAILABLE 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.          |
------------------------------------------------------------------

LOOP_10
=====

------------------------------------------------------------------
| For each of the following:                                       |
| |                             |                             |
| | EVENT 1                     |                             |
| | EVENT 2                     |                             |
| | EVENT 3                     |                             |
| | EVENT 4                     |                             |
| | ask BOX_12 - END_LP10.      |                             |
------------------------------------------------------------------
LOOP DEFINITION: LOOP_10 COLLECTS ALL MEDICAL PROVIDER VISIT (MV) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP18 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP18 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

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 {END_LP10}
NO ..................................... 2 {END_LP10}
REF ................................... -7 {END_LP10}
DK .................................... -8 {END_LP10}

HELP AVAILABLE 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.

END_LP10

IF PP18 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT.

IF PP18 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), END LOOP_10 AND CONTINUE WITH PP19.

PP19

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

SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, (were/was) (PERSON) a patient in a hospital or did (PERSON) receive care in a hospital emergency room or hospital outpatient department?

YES .................................... 1 {LOOP_11}
NO ..................................... 2 {PP21}
REF ................................... -7 {PP21}
DK .................................... -8 {PP21}

HELP AVAILABLE 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.
LOOP_11
========

For each of the following:

EVENT 1
EVENT 2
EVENT 3
EVENT 4

ask BOX_13 - END_LP11.

LOOP DEFINITION: LOOP_11 COLLECTS ALL HOSPITAL-BASED EVENTS (I.E., HS, ER, AND OP EVENTS) NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP20 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP20 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP20 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_13
======

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP20
SHOW CARD PP-7.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) receive any other care as a patient in a hospital or from a hospital emergency room or outpatient department (other than what you’ve already told me about)?

YES .................................... 1 {END_LP11}
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP11

---

| IF PP20 IS CODED ‘1’ (YES), CYCLE TO COLLECT NEXT EVENT. |

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

SHOW CARD PP-8.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did {PERSON} see or talk to any of the health care providers listed on this card?

YES .................................... 1 {LOOP_12}
NO ..................................... 2 {PP22A}
REF ................................... -7 {PP22A}
DK ................................. -8 {PP22A}

HELP AVAILABLE 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.                                         |
----------------------------------------------------

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.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH 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 {END_LP12}
NO ..................................... 2 {END_LP12}
REF ................................... -7 {END_LP12}
DK .................................... -8 {END_LP12}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
MEPS P13R5/P14R3/P15R1 Provider Probes (PP) Section
November 10, 2009

----------------------------------------------------
| 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 {LOOP_12A}
NO ..................................... 2 {PP22B}
REF ................................... -7 {PP22B}
DK .................................... -8 {PP22B}

HELP AVAILABLE FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

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

BOX_14A

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 {END_LP12A}
NO ..................................... 2 {END_LP12A}
REF ................................... -7 {END_LP12A}
DK .................................... -8 {END_LP12A}

HELP AVAILABLE FOR DEFINITION OF INDEPENDENT LAB OR TESTING FACILITY.

----------------------------------------------------
| 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                                            |
----------------------------------------------------
{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 {LOOP_12B}
NO ..................................... 2 {PP23}
REF ........................................ -7 {PP23}
DK ........................................ -8 {PP23}

HELP AVAILABLE FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.

| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and (END DATE)’ IF |
| ROUND 5. |

LOOP_12B  

| For each of the following: |
| EVENT 1 |
| EVENT 2 |
| EVENT 3 |
| EVENT 4 |
| ask BOX_14B - END_LP12B. |
LOOP DEFINITION: LOOP_12B COLLECTS ALL ALTERNATIVE CARE EVENTS (I.E., MV EVENTS) NOT ALREADY RECORDED.

THE RESPONSE TO PP22BB DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP22BB IS CODED '1' (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP22BB IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), THE LOOP ENDS.

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 {END_LP12B}
NO .............................................. 2 {END_LP12B}
REF ............................................. -7 {END_LP12B}
DK .............................................. -8 {END_LP12B}

HELP AVAILABLE FOR DEFINITION OF ALTERNATIVE CARE PROVIDER.
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 {LOOP_13}
NO ..................................... 2 {PP25}
REF ................................... -7 {PP25}
DK .................................... -8 {PP25}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

---

{PERSON’S FIRST MIDDLE AND LAST NAME}   {STR-DT}
{END-DT}
LOOP_13
=======

| For each of the following: |
| EVENT 1                     |
| EVENT 2                     |
| EVENT 3                     |
| EVENT 4                     |
| ask BOX_15 - END_LP13.      |

LOOP DEFINITION: LOOP_13 COLLECTS ALL HOME HEALTH (HH) EVENTS NOT ALREADY RECORDED FOR PERSON BEING ASKED ABOUT.

THE RESPONSE TO PP24 DETERMINES WHETHER THE LOOP CYCLES AGAIN. IF PP24 IS CODED ‘1’ (YES), THE LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP24 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), THE LOOP ENDS.

BOX_15
=====

| ASK THE EVENT ROSTER (EV) SECTION |

| AT COMPLETION OF THE EV SECTION, CONTINUE WITH |
| PP24 |

---
PP24
=====

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

SHOW CARD PP-9.

{Since (START DATE)/Between (START DATE) and (END DATE)}, because of a health problem, did (PERSON) receive home care services such as the types listed on this card (other than what you’ve already told me about)?

YES .................................... 1 {END_LP13}
NO ..................................... 2 {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

HELP AVAILABLE 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.                                          |
----------------------------------------------------

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 {LOOP_14}
NO ..................................... 2 {PP27}
REF .................................... -7 {PP27}
DK .................................... -8 {PP27}

HELP AVAILABLE 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.                                       |
----------------------------------------------------

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.

ASK THE EVENT ROSTER (EV) SECTION

AT COMPLETION OF THE EV SECTION, CONTINUE WITH 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 {END_LP14}
NO ........................................... 2 {END_LP14}
REF ......................................... -7 {END_LP14}
DK ........................................... -8 {END_LP14}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
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 {LOOP_15}
NO ..................................... 2 {BOX_17A}
REF ................................... -7 {BOX_17A}
DK .................................... -8 {BOX_17A}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

---------------------------------------------------------------------------
<p>| DISPLAY 'Since (START DATE)' IF NOT ROUND 5.                           |</p>
<table>
<thead>
<tr>
<th>DISPLAY 'Between (START DATE) and (END DATE)' IF ROUND 5.</th>
</tr>
</thead>
</table>
LOOP_15
=======

----------------------------------------------------
| For each of the following:                        |
|                                                    |
| EVENT 1                                           |
| EVENT 2                                           |
| EVENT 3                                           |
| EVENT 4                                           |
|                                                    |
| ask BOX_17 - END_LP15.                            |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_15 COLLECTS ALL OTHER       |
| MEDICAL EXPENSE (OM) EVENTS NOT ALREADY RECORDED   |
| FOR PERSON BEING ASKED ABOUT.                     |
|                                                    |
| THE RESPONSE TO PP28 DETERMINES WHETHER THE LOOP  |
| CYCLES AGAIN. IF PP28 IS CODED ‘1’ (YES), THE     |
| LOOP CYCLES TO COLLECT THE NEXT EVENT. IF PP28    |
| IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), THE LOOP ENDS.                             |
----------------------------------------------------

BOX_17
=====

----------------------------------------------------
| ASK THE EVENT ROSTER (EV) SECTION                   |
----------------------------------------------------

----------------------------------------------------
| AT COMPLETION OF THE EV SECTION, CONTINUE WITH PP28 |
----------------------------------------------------
PP28
====

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

SHOW CARD PP-11.

{Since (START DATE)/Between (START DATE) and (END DATE)}, did (PERSON) obtain any other medical supplies listed on this card (other than what you’ve already told me about)?

YES .................................... 1 {END_LP15}
NO ..................................... 2 {END_LP15}
REF ................................... -7 {END_LP15}
DK .................................... -8 {END_LP15}

HELP AVAILABLE 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.                                          |
|----------------------------------------------------

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                                           |
|----------------------------------------------------
SHOW CARD PP-12.

Now I would like you to think about the entire calendar year (YEAR), that is from January 1, (YEAR) until December 31, (YEAR).

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 (YEAR)?

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 {LOOP_16}
NO ................................. 2 {END_LP08}
REF .................................... -7 {END_LP08}
DK .................................... -8 {END_LP08}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
LOOP_16
=======

| For each of the following: |
| EVENT 1                  |
| EVENT 2                  |
| EVENT 3                  |
| EVENT 4                  |
| ask BOX_17B - END_LP16.  |


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 {YEAR}, (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 {END_LP16}
NO ..................................... 2 {END_LP16}
REF ................................... -7 {END_LP16}
DK .................................... -8 {END_LP16}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

--------------------------------------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSE ONLY, YEAR IN PROGRAM IS AUTOMATICALLY SET.) |
| IF ROUND 3, DISPLAY FIRST YEAR OF PANEL FOR 'YEAR'. |
| IF ROUND 5, DISPLAY SECOND YEAR OF PANEL FOR 'YEAR'. |
--------------------------------------------------------------------------------------------------

END_LP16
=======

--------------------------------------------------------------------------------------------------
| IF PP30 IS CODED '1' (YES), CYCLE TO COLLECT NEXT EVENT. |
--------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------
| IF PP30 IS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T KNOW), END LOOP_16 AND CONTINUE WITH |
| END_LP08 |
--------------------------------------------------------------------------------------------------
END_LP08

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_08 AND CONTINUE WITH BOX_18             |

BOX_18

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

----------------------------------------------------
THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS, THE END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE SECOND YEAR OF THE PANEL.

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY {PERS.FULLNAME}, PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY.

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE
AND
- PERSON WAS COVERED BY MEDICARE DURING THE PREVIOUS ROUND,
CONTINUE WITH LOOP_01

OTHERWISE, GO TO BOX_02
LOOP_01
=======

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK PR01A - END_LP01 |

LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION ABOUT THE COVERAGE PROVIDED THROUGH MEDICARE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS MEDICARE
- PERSON WAS COVERED BY MEDICARE AT ANY TIME DURING THE PREVIOUS ROUND

BOX_01A
=======
OMITTED.

PR01
=====
OMITTED.

PR01A
=====
OMITTED. MOVED AND RENUMBERED TO PR06B

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 CAPl AND GO TO PR06B |
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.

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.

As you may know, Medicare allows beneficiaries to enroll in Medicare Advantage or 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{, as of (end date),} listed on this card?

YES .................................... 1 {PR02OV}
NO ..................................... 2 {PR03}
REF ................................... -7 {PR03}
DK ................................. -8 {PR03}

Help available for definition of Medicare managed care.

| DISPLAY ‘, as of (end date),’ IF ROUND 5. |
| OTHERWISE, USE A NULL DISPLAY. |
Which insurance plan {is/was} (PERSON)’s Medicare managed care plan (as of (END DATE))? 

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] ........... {PR05}

----------------------------------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. |
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE,     |
| USE A NULL DISPLAY.                                   |

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

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.

IN THE MESSAGE FOR ‘DISPLAY PLAN NAME SELECTED’ DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THAT STATE.

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

FLAG INSURER CODED ABOVE AS ‘CURRENT RD’S MEDICARE INSURER’ FOR THIS ESTABLISHMENT-PERSON-PAIR.
Even though (PERSON)’s Medicare plan is not listed on the card, \{(are/is) (PERSON) currently/(were/was) (PERSON)\} enrolled in a Medicare managed care plan such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)\{as of (END DATE)\}? When answering this question, please include only insurance from Medicare, not any privately purchased insurance and not any job-related insurance.

YES .................................... 1 [PR04]

NO ..................................... 2 [PR06B]

REF ................................... -7 [PR06B]

DK .................................... -8 [PR06B]

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

| DISPLAY '{are/is) (PERSON) currently' IF NOT |
| ROUND 5. DISPLAY '{(were/was) (PERSON)'} IF |
| ROUND 5. |
| |
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY. |

OMITTED.

What \{is/was\} the name of (PERSON)’s Medicare managed care plan \{(as of (END DATE)\)?

[Enter Plan Name] .....................    {PR05}

REF ................................... -7 [PR05]

DK .................................... -8 [PR05]
{PERSON’S FIRST MIDDLE AND LAST NAME}    {STR-DT}
{END-DT}

{(Do/Does)/Did} (PERSON) have prescribed medicine coverage through
{{PLAN NAME ENTERED AT PR02OV-50}/{NAME OF PLAN FROM PR04}}/
(PERSON)’s Medicare managed care plan} (as of (END DATE))? 

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

DISPLAY ‘(Do/Does)’ IF NOT ROUND 5. DISPLAY ‘Did’ IF ROUND 5.

DISPLAY ‘{{PLAN NAME ENTERED AT PR02OV-50}/{NAME OF PLAN FROM PR04}}’ IF A PLAN NAME WAS CODED AT PR02OV OR PR04. DISPLAY ‘(PERSON)’s Medicare managed care plan’ IF PR04 IS CODED ‘-7’ (REF) OR ‘-8’ (DK).

DISPLAY ‘{PLAN NAME ENTERED AT PR02OV-50}’ IF A PLAN LETTER WAS ENTERED AT PR04OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR02OV FOR THIS STATE. DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR ‘NAME OF PLAN FROM PR04’ IF A PLAN NAME WAS ENTERED.

DISPLAY ‘as of (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH PR06</th>
</tr>
</thead>
<tbody>
<tr>
<td>-------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO END_LP01</td>
</tr>
<tr>
<td>-------------------------------</td>
</tr>
</tbody>
</table>

PR06
====

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

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything else for {the coverage with {{PLAN NAME ENTERED AT PR02OV}/{NAME OF PLAN FROM PR04}}/this Medicare managed care plan}?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {PR06A}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

| DISPLAY ‘the coverage with {{PLAN NAME ENTERED AT PR02OV}/{NAME OF PLAN FROM PR04}}’ IF A MEDICARE PLAN NAME WAS SELECTED AT PR02OV OR ENTERED AT PR04. DISPLAY ‘this Medicare managed care plan’ IF PR04 WAS CODED ‘-7’ (REF) OR ‘-8’ (DK). |
| DISPLAY ‘{PLAN NAME ENTERED AT PR02OV}’ IF A PLAN LETTER WAS ENTERED AT PR02OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR02OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR ‘NAME OF PLAN FROM PR04’ IF A PLAN NAME WAS ENTERED. |

---
Many Medicare beneficiaries pay the premium for their Medicare Advantage coverage through their Social Security checks. Some pay directly to the provider. How (do/does) (PERSON) pay for (PERSON)’s Medicare managed care premium?

DEDUCTED FROM SOCIAL SECURITY ........ 1 {PR06AA}
PAY DIRECTLY ........................... 2 {PR06AA}
BOTH ................................... 3 {PR06AA}
REF ................................. -7 {END_LP01}
DK .............................. -8 {END_LP01}

| DISPLAY '{(PLAN NAME ENTERED AT PR02OV)/{NAME OF PLAN FROM PR04}}' IF A PLAN LETTER WAS ENTERED AT PR02OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR02OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR 'NAME OF PLAN FROM PR04' IF A PLAN NAME WAS ENTERED. |
{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

How much {is (PERSON)’s Social Security deduction/(do/does) (PERSON) pay in premiums} for (PERSON)’s {{PLAN NAME ENTERED AT PR02OV}/{NAME OF PLAN FROM PR04}} plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON’T KNOW'.

[Enter Amount in Dollars] ..............   {PR06AAOV1}
REF ................................... -7 {PR06AAA}
DK .................................... -8 {PR06AAA}

---
| DISPLAY 'is (PERSON)’s Social Security deduction’ |
| IF PR06AA IS CODED ‘1’ (DEDUCTED FROM SOCIAL |
| SECURITY’. DISPLAY '(do/does) (PERSON) pay in |
| premiums’ IF PR06AA IS CODED ‘2’ (PAY DIRECTLY) OR |
| ‘3’ (BOTH). |
| ---

---
| DISPLAY '{(PLAN NAME ENTERED AT PR02OV}/{NAME OF |
| PLAN FROM PR04})’ IF A MEDICARE PLAN NAME WAS |
| SELECTED AT PR02OV OR ENTERED AT PR04. OTHERWISE |
| (I.E., IF PR04 WAS CODED ‘-7’ (REF) OR ‘-8’ (DK)), |
| USE A NULL DISPLAY. |
| ---

| DISPLAY '{PLAN NAME ENTERED AT PR02OV}’ IF A PLAN |
| LETTER WAS ENTERED AT PR02OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT PR02OV FOR THIS STATE. |
| ---

| DISPLAY THE ACTUAL PLAN NAME ENTERED AT PR04 FOR |
| ‘NAME OF PLAN FROM PR04’ IF A PLAN NAME WAS |
| ENTERED. |

---
**PR06AAOV1**

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

<table>
<thead>
<tr>
<th>Unit of Coverage</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PER YEAR</td>
<td>1 {END_LP01}</td>
</tr>
<tr>
<td>QUARTERLY/EVERY 3 MONTHS</td>
<td>2 {END_LP01}</td>
</tr>
<tr>
<td>BIMONTHLY/EVERY 2 MONTHS</td>
<td>3 {END_LP01}</td>
</tr>
<tr>
<td>PER MONTH</td>
<td>4 {END_LP01}</td>
</tr>
<tr>
<td>PER WEEK</td>
<td>5 {END_LP01}</td>
</tr>
<tr>
<td>BIWEEKLY/EVERY 2 WEEKS</td>
<td>6 {END_LP01}</td>
</tr>
<tr>
<td>SEMI-ANNUALLY/2 TIMES PER YEAR</td>
<td>7 {END_LP01}</td>
</tr>
<tr>
<td>SEMI-MONTHLY/2 TIMES PER MONTH</td>
<td>8 {END_LP01}</td>
</tr>
<tr>
<td>OTHER</td>
<td>91 {PR06AAOV2}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {END_LP01}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {END_LP01}</td>
</tr>
</tbody>
</table>

[Code One]

**PR06AAOV2**

OTHER:

<table>
<thead>
<tr>
<th>Other Specify</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Enter Other Specify]</td>
<td>{END_LP01}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {END_LP01}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {END_LP01}</td>
</tr>
</tbody>
</table>
Which category on the card best indicates the cost of this plan per month?

1 - 50 ................................. 1 {END_LP01}
51 - 100 ............................... 2 {END_LP01}
101 - 200 .............................. 3 {END_LP01}
201 - 300 .............................. 4 {END_LP01}
301 OR MORE ............................ 5 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}
{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.}

{(Are/Is)/(Were/Was)} (PERSON) enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan {as of (END DATE)}?

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

HELP AVAILABLE FOR DEFINITION OF MEDICARE PART D.

DISPLAY ‘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.’ IF PR02 WAS NOT ASKED. IF PR02 WAS ASKED, USE A NULL DISPLAY.

DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘(Were/Was)’ IF ROUND 5.
DISPLAY ‘as of (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

IF CODED ‘1’ (YES) AND ROUND 3, CONTINUE WITH PR06C

OTHERWISE, GO TO END_LP01
Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything else for (PERSON)’s Medicare Prescription Drug Plan (also known as Part D)? 

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {PR06A}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

Many Medicare beneficiaries pay the premium for their Medicare drug coverage through their Social Security checks. Some pay directly to the provider? How (do/does) (PERSON) pay for (PERSON)’s Part D premium?

DEDUCTED FROM SOCIAL SECURITY ........ 1 {PR06E}
PAY DIRECTLY ........................... 2 {PR06E}
BOTH ................................... 3 {PR06E}
REF ..................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}
How much is (PERSON)'s Social Security deduction/(do/does) (PERSON) pay in premiums) for (PERSON)'s Part D plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW'.

[Enter Amount in Dollars] ..............   {PR06EOV1}
REF ................................... -7 {PR06F}
DK .................................... -8 {PR06F}

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

PER YEAR .............................. 1 {END_LP01}
QUARTERLY/EVERY 3 MONTHS .......... 2 {END_LP01}
BIMONTHLY/EVERY 2 MONTHS .......... 3 {END_LP01}
PER MONTH ...........................] 4 {END_LP01}
PER WEEK .............................. 5 {END_LP01}
BIWEEKLY/EVERY 2 WEEKS .......... 6 {END_LP01}
SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {END_LP01}
SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {END_LP01}
OTHER ................................. 91 {PR06EOV2}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}
MEPS P13R5/P14R3/P15R1 Old Public Related Insurance (PR) Section
November 10, 2009

PR06EOV2
========

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

PR06F
=====

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

SHOW CARD PR-1B.

Which category on the card best indicates the cost of this plan per month?

1 - 30 ........................................... 1 {END_LP01}
31 - 60 ........................................ 2 {END_LP01}
61 - 90 ........................................ 3 {END_LP01}
91 - 120 ....................................... 4 {END_LP01}
121 OR MORE ................................ 5 {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_02            |
----------------------------------------------------
BOX_02

<table>
<thead>
<tr>
<th>IF ANY RU MEMBER HAD MEDICAID/SCHIP AS A SOURCE OF INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR07</th>
</tr>
</thead>
</table>

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

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)}?

[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 {BOX_03}
NO, ONLY SOME ........................ 2 {PR08}
NO, NONE ............................. 3
REF ................................... -7 {BOX_05}
DK ................................. -8 {BOX_05}

DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid' DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME BY STATE TO DISPLAY, SEE BOX ON HX06.
| DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, | SUBSTITUTE 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 ‘1’ (YES, ALL), FLAG ALL RU MEMBERS | LISTED HERE AS ‘COVERED BY MEDICAID/SCHIP DURING CURRENT ROUND.’ |
|----------------------------------------------------|
| 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 |
|----------------------------------------------------|
| ROSTER DETAILS: | TITLE: RU_ESTB_PERS_PAIRS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY MEDICAID/SCHIP AT ANY TIME DURING THE PREVIOUS ROUND.

---

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: Anyone else?

[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 TO DISPLAY, SEE BOX ON HX06.
DISPLAY ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM.
FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06.

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

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.’

GO TO BOX_03

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY MEDICAID/SCHIP AT ANY TIME DURING THE PREVIOUS 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 {PR10}
NO .................................... 2
REF ................................... -7
DK .................................... -8

HELP AVAILABLE 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 TO DISPLAY 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 DISPLAY BY STATE, SEE BOX |
| ON HX06.                                        |
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: Anyone else?

[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 ‘or STATE CHIP NAME’ UNDER ALL CONDITIONS, SUBSTITUTING THE REAL STATE NAME FOR PROGRAM. FOR THE SPECIFIC NAME TO DISPLAY BY STATE, SEE BOX ON HX06.

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

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.

GO TO LOOP_02

ROSTER DETAILS:
Title: RU_MEMBERS_1
COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
1. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. RU MEMBERS NOT FLAGGED AS COVERED BY MEDICAID/ SCHIP AT ANY TIME DURING THE PREVIOUS 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
- PERSON IS COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND

BOX_04
=======

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP02 |

END_LP02
=======

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH PR11 |
PR11
====

{STR-DT}
{END-DT}

PLAN NAME: {NAME OF PREV RD’S MEDICAID/SCHIP 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}?

[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_04A}
REF ................................... -7 {BOX_04A}
DK .................................... -8 {BOX_04A}

HELP AVAILABLE FOR A 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 TO DISPLAY 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 DISPLAY BY STATE, SEE BOX ON HX06.

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. ARKANSAS AND NEW HAMPSHIRE WERE REMOVED FROM THIS LIST STARTING IN PANEL 12 ROUND 3.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A MEDICAID/SCHIP MANAGED CARE PLAN, CODE PR12 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO PR13.

IF CODED '1' (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES OFFER A MEDICAID/SCHIP MANAGED CARE PLAN, CONTINUE WITH PR12.
---
| ROSTER DETAILS:               |
| TITLE: RU_ESTB_PERS_PAIRS_1   |
| COL # 1 HEADER: NAME         |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
---

---
| ROSTER DEFINITION:           |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS. |
---

---
| ROSTER BEHAVIOR:             |
| 1. DISPLAY ONLY.             |
| 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
---

---
| ROSTER FILTER:               |
| 1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND. |
---

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 {PR120V}
NO ........................................... 2 {PR13}
REF ........................................... -7 {PR13}
DK ........................................... -8 {PR13}
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_04A\}
WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.” WHEN INTERVIEWER CLEARS THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN.

FOR ‘DISPLAY PLAN NAME SELECTED’ IN THIS MESSAGE, DISPLAY THE PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE.

FLAG INSURER CODED ABOVE AS ‘CURRENT ROUND’S INSURER FOR MEDICAID/SCHIP.’

---

Under {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} ((are/is)/(were/was)) (READ NAME(S) BELOW) signed up with an HMO, that is a Health Maintenance Organization (between (START DATE) and (END DATE))? [With an HMO, you must generally receive care from HMO physicians. If another doctor is seen, the expense is not covered unless you were referred by the HMO, or there was a medical emergency.]

[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 {PR14}
REF ................................... -7 {PR14}
DK .................................... -8 {PR14}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.
DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME 'Medicaid'. DISPLAY 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME 'Medicaid'. FOR THE SPECIFIC MEDICAID PROGRAM NAME TO DISPLAY 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 DISPLAY BY STATE, SEE BOX ON HX06.

DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY '(were/was)' IF ROUND 5.

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.
PR14
====

{STR-DT}
{END-DT}

(Does/Between (START DATE) and (END DATE), did) (Medicaid/{STATE NAME FOR MEDICAID}) or {STATE CHIP NAME} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

[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 {PR15}
YES, SOME REQUIRED ..................... 2 {PR15}
NO, NONE REQUIRED ...................... 3 {BOX_04A}
REF ................................... -7 {BOX_04A}
DK .................................... -8 {BOX_04A}

[Code One]

HELP AVAILABLE 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 TO DISPLAY 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 DISPLAY BY STATE, SEE BOX| |
| ON HX06. |
-----------------------------------------------------
<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), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/SCHIP.</td>
</tr>
<tr>
<td>ROSTER DETAILS:</td>
</tr>
<tr>
<td>TITLE: RU_ESTB_PERS_PAIRS_1</td>
</tr>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>ROSTER DEFINITION:</td>
</tr>
<tr>
<td>THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.</td>
</tr>
<tr>
<td>ROSTER BEHAVIOR:</td>
</tr>
<tr>
<td>1. DISPLAY ONLY.</td>
</tr>
<tr>
<td>2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
<tr>
<td>ROSTER FILTER:</td>
</tr>
<tr>
<td>1. DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY MEDICAID/SCHIP DURING THE CURRENT ROUND.</td>
</tr>
</tbody>
</table>
PR15
====

What is the name of the Medicaid/{STATE NAME FOR MEDICAID} or {STATE CHIP NAME} HMO/health insurance?

[Enter Plan Name] ..................... (BOX_04A)
REF ................................... -7 (BOX_04A)
DK .................................... -8 (BOX_04A)

---
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 TO DISPLAY 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 DISPLAY BY STATE, SEE BOX ON HX06.
---
DISPLAY 'HMO' IF PR13 IS CODED '1' (YES, ALL ARE) OR '2' (YES, SOME ARE). DISPLAY 'health insurance' IF PR14 IS CODED '1' (YES, ALL REQUIRED) OR '2' (YES, SOME REQUIRED).
---
FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S MEDICAID/SCHIP INSURER'.


--------
| IF ROUND 3, CONTINUE WITH PR16 |
--------

--------
| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO BOX_05 |
--------

PR16
====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT PR12OV}/(NAME OF PLAN FROM PR15)}}

For the coverage through {{PLAN NAME}/(Medicaid/(STATE NAME FOR MEDICAID)) or (STATE CHIP NAME)}, 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 {PR17}
NO ........................................ 2 {PR18}
REF ....................................... -7 {BOX_05}
DK ....................................... -8 {BOX_05}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.
DISPLAY ‘PLAN NAME: ...’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘(PLAN NAME ENTERED AT PR12OV)’ IF A PLAN WAS ENTERED AT PR12OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR12OV FOR THIS STATE.

DISPLAY ‘(NAME OF PLAN FROM PR15)’ IF A PLAN NAME WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED.

DISPLAY ‘(PLAN NAME)’ IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, DISPLAY ‘{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}’

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 TO DISPLAY 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 DISPLAY BY STATE, SEE BOX ON HX06.
PR17
====

{STR-DT}
{END-DT}

{PLAN NAME:  {{PLAN NAME ENTERED AT PR12OV}/(NAME OF PLAN FROM PR15)}}

How much does anyone in the family pay for {the (PLAN NAME)/ that} coverage?

[Enter Amount in Dollars] ..............   {PR17OV1}
REF ................................... -7 {PR18}
DK .................................... -8 {PR18}

-----------------------------------------------------------------------
| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY '(PLAN NAME ENTERED AT PR12OV)' IF A PLAN WAS ENTERED AT PR12OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT FR12OV FOR THIS STATE. |
| DISPLAY '(NAME OF PLAN FROM PR15)' IF A PLAN NAME WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED. |
| DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, DISPLAY ‘that’. |
-----------------------------------------------------------------------
PR17OV1
========

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

PER YEAR .................................... 1 {PR18}
QUARTERLY/EVERY 3 MONTHS ................. 2 {PR18}
BIMONTHLY/EVERY 2 MONTHS ................. 3 {PR18}
PER MONTH ................................... 4 {PR18}
PER WEEK .................................... 5 {PR18}
BIWEEKLY/EVERY 2 WEEKS .................... 6 {PR18}
SEMI-ANNUALLY/2 TIMES PER YEAR .......... 7 {PR18}
SEMI-MONTHLY/2 TIMES PER MONTH .......... 8 {PR18}
OTHER ...................................... 91 {PR17OV2}
REF ......................................... -7 {PR18}
DK .......................................... -8 {PR18}

[Code One]

PR17OV2
========

ENTER OTHER:

[Enter Other Specify] .................... {PR18}
REF ......................................... -7 {PR18}
DK .......................................... -8 {PR18}

PR18
====

{STR-DT}
(END-DT)

{PLAN NAME: {{PLAN NAME ENTERED AT PR12OV}/(NAME OF PLAN FROM PR15)}}

Who {else} pays {some of/for} the premium or cost of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ....................... 1
STATE GOVERNMENT .......................... 2
LOCAL GOVERNMENT ......................... 3
SOME GOVERNMENT ........................... 4
OTHER ....................................... 91 {PR18OV}
REF ......................................... -7 {BOX_05}
DK .......................................... -8 {BOX_05}

[Code All That Apply]
DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '(PLAN NAME ENTERED AT PR12OV)' IF A PLAN WAS ENTERED AT PR12OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR12OV FOR THIS STATE.

DISPLAY '(NAME OF PLAN FROM PR15)' IF A PLAN NAME WAS ENTERED AT PR15. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED.

DISPLAY 'else' IF PR16 IS CODED '1' (YES). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'some of' IF PR16 IS CODED '1' (YES).
DISPLAY 'for' IF PR16 IS CODED '2' (NO).

FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR18OV

OTHERWISE, GO TO BOX_05

PR18OV
=====

ENTER OTHER:

[Enter Other Specify] .................. (BOX_05)
REF ................................... -7 (BOX_05)
DK ..................................... -8 (BOX_05)
BOX_05
=======

<table>
<thead>
<tr>
<th>IF ANY RU MEMBER HAD TRICARE/CHAMPVA AS A SOURCE OF INSURANCE DURING PREVIOUS ROUND, CONTINUE WITH PR19</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_08</th>
</tr>
</thead>
</table>

PR19
=====

{STR-DT}
{END-DT}

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)}?

[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 {PR19A}
NO, ONLY SOME .......................... 2 {PR19A}
NO, NONE .............................. 3
REF .................................. -7 {BOX_08}
DK ................................... -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

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

IF CODED ‘3’ (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS ‘NOT COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND.’
IF CODED '3' (NO, NONE)
AND
IF ANY CURRENT RU MEMBERS NOT LISTED IN PR19,
GO TO PR21

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

IF CODED '3' (NO, NONE),
AND
IF ALL CURRENT RU MEMBERS ARE LISTED IN PR19,
GO TO BOX_08

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

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

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

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

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

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.
Which plan is it? Is it...

INTERVIEWER: CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.

CHECK ALL THAT APPLY.

TRICARE Standard; ...................... 1
TRICARE Prime; ......................... 2
TRICARE Extra; .......................... 3
TRICARE for Life; or ................... 4
CHAMPVA? ................................ 5
REF ................................... -7
DK .................................... -8

[Code All That Apply]

| IF PR19 IS CODED ‘1’ (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS ‘COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND.’ THEN GO TO BOX_06 |

| IF PR19 IS CODED ‘2’ (NO, ONLY SOME), CONTINUE WITH PR20 |

----------------------------------------------------------------------------------------------------------------------------------
Who has been covered by TRICARE or CHAMPVA {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Anyone else?

[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 BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND. |

---

**BOX_06**

---

| 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 LISTED IN PR19), GO TO LOOP_03 |

---

| OTHERWISE, CONTINUE WITH PR21 |

---

**PR21**

---

{STR-DT}

{END-DT}

Besides the family members we’ve just talked about, have any additional family members been covered by TRICARE or CHAMPVA since (START DATE)/between (START DATE) and (END DATE)?

YES ................................... 1 {PR21A}

NO .................................... 2

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

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

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
| ROUND 5. |

----------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T |
| KNOW) AND AT LEAST ONE RU MEMBER FLAGGED AS |
| COVERED BY TRICARE/CHAMPVA DURING CURRENT ROUND, |
| GO TO LOOP_03 |

----------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED) OR '8' (DON'T |
| KNOW) AND NO RU MEMBERS FLAGGED AS COVERED BY |
| TRICARE/CHAMPVA DURING CURRENT ROUND, GO TO BOX_08 |

PR21A
====

{STR-DT}
{END-DT}

Which plan is it? Is it...

INTERVIEWER: CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS HAVE DIFFERENT PLANS.

CHECK ALL THAT APPLY.

TRICARE Standard; .......................  1 {PR22}
TRICARE Prime; ........................  2 {PR22}
TRICARE Extra; .........................  3 {PR22}
TRICARE for Life; or ...................  4 {PR22}
CHAMPVA? ...............................  5 {PR22}
REF ................................... -7 {PR22}
DK .................................... -8 {PR22}

[Code All That Apply]
Who has been covered by TRICARE or CHAMPVA (since (START DATE)/
between (START DATE) and (END DATE))?

PROBE: Anyone else?

[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 BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
1. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY TRICARE/CHAMPVA AT ANY TIME DURING THE PREVIOUS ROUND.

LOOP_03
=======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_07 - END_LP03

LOOP DEFINITION: LOOP_03 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE/CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS TRICARE/CHAMPVA
AND
- PERSON IS COVERED BY TRICARE/CHAMPVA DURING THE CURRENT ROUND

BOX_07
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP03
END_LP03

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

----------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,      |
| END LOOP_03 AND CONTINUE WITH BOX_07A             |
----------------------------------------------------

BOX_07A

----------------------------------------------------
| IF ROUND 1 OR ROUND 3, CONTINUE WITH PR22A        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO     |
| BOX_08                                           |
----------------------------------------------------

PR22A

{STR-DT}
{END-DT}

Does anyone in the family pay anything for the coverage through TRICARE or CHAMPVA?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES .................................... 1 {PR22B}
NO ..................................... 2 {BOX_08}
REF ................................... -7 {BOX_08}
DK .................................... -8 {BOX_08}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPayment/COINSURANCE/DEDUCTIBLE.
How much does anyone in the family pay for the coverage through TRICARE or CHAMPVA?

[Enter Amount in Dollars] ..............  {PR22BOV1}
REF ................................... -7  {BOX_08}
DK .................................... -8  {BOX_08}

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR ............................... 1  {BOX_08}
QUARTERLY/EVERY 3 MONTHS ............. 2  {BOX_08}
BIMONTHLY/EVERY 2 MONTHS .............. 3  {BOX_08}
PER MONTH ................................ 4  {BOX_08}
PER WEEK .................................. 5  {BOX_08}
BIWEEKLY/EVERY 2 WEEKS ................. 6  {BOX_08}
SEMI-ANNUALLY/2 TIMES PER YEAR ....... 7  {BOX_08}
SEMI-MONTHLY/2 TIMES PER MONTH ...... 8  {BOX_08}
OTHER ................................... 91  {PR22BOV2}
REF ................................... -7  {BOX_08}
DK .................................... -8  {BOX_08}

[Code One]
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)}?

[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 {BOX_09}
NO, ONLY SOME ................... 2 {PR24}
NO, NONE ........................... 3
REF ................................. -7 {BOX_11}
DK ................................. -8 {BOX_11}

HELP AVAILABLE 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.
IF CODED '3' (NO, NONE), FLAG ALL RU MEMBERS LISTED HERE AS 'NOT COVERED BY GOVT-HOSPITAL/ PHYSICIAN' DURING CURRENT ROUND.

IF CODED '1' (YES, ALL), FLAG ALL RU MEMBERS LISTED HERE AS '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

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.
ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS ROUND.

PR24
====

{STR-DT}
{END-DT}

Who has been covered by this program {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Anyone else?

[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.

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.

GO TO BOX_09

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS 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 [PR26]
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

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

{STR-DT}
{END-DT}

Who has been covered by this program?

PROBE: Who else has been covered by a program sponsored by a state or local government agency which provides hospital and physician benefits {since (START DATE)/between (START DATE) and (END DATE)}?

[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.

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

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.
GO TO LOOP_04

ROSTER DETAILS:
Title: RU_MEMBERS_1

COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
1. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN AT ANY TIME DURING THE PREVIOUS 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

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.
AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP04

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

IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_04 AND CONTINUE WITH PR27
{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?

[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}

HELP AVAILABLE 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 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.

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/SCHIP) MANAGED CARE PLANS ARE ALASKA, MISSISSIPPI, AND WYOMING.

ARKANSAS AND NEW HAMPSHIRE WERE REMOVED FROM THIS LIST STARTING IN PANEL 12 ROUND 3.

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES NOT OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID/SCHIP) MANAGED CARE PLAN, CODE PR28 ‘2’ (NO) AUTOMATICALLY BY CAPI AND GO TO PR29

IF CODED ‘1’ (YES) AND IF STATE IN WHICH THE INTERVIEW IS BEING CONDUCTED DOES OFFER A GOVT-HOSPITAL/PHYSICIAN (MEDICAID/SCHIP) MANAGED CARE PLAN, CONTINUE WITH PR28

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO ARE FLAGGED AS COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.
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 {PR28OV}
NO ..................................... 2 {PR29}
REF ................................... -7 {PR29}
DK .................................... -8 {PR29}

| DISPLAY ', between (START DATE) and (END DATE)', | IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

Which plan is the health insurance through this program?

CODE LETTER OF PLAN FROM SHOW CARD.

[Enter Plan Letter From Card] .........   {PR32}

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND’S INSURER FOR GOVT-HOSPITAL/PHYSICIAN.’ |
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY THE FOLLOWING MESSAGE: “PLEASE VERIFY PLAN SELECTED: {DISPLAY PLAN NAME SELECTED}.” WHEN INTERVIEWER CLEARS THE MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. |
| IN THIS MESSAGE FOR ’DISPLAY PLAN NAME SELECTED’, DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED FOR THIS STATE. |
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.]

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YES, ALL ARE ...........................</td>
</tr>
<tr>
<td>2</td>
<td>YES, SOME ARE ..........................</td>
</tr>
<tr>
<td>3</td>
<td>NO, NONE ARE ...........................</td>
</tr>
<tr>
<td>-7</td>
<td>REF  ...................................</td>
</tr>
<tr>
<td>-8</td>
<td>DK  .................................</td>
</tr>
</tbody>
</table>

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.

---

DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY '(were/was)' IF ROUND 5.

---

ROSTER DETAILS:

<table>
<thead>
<tr>
<th>TITLE: RU_ESTB_PERS_PAIRS_1</th>
</tr>
</thead>
</table>

| COL # 1 HEADER: NAME          |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

---
PR30

{STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} the program sponsored by a state or local government agency which provides hospital and physician benefits require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

[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 {PR31}
YES, SOME REQUIRED ..................... 2 {PR31}
NO, NONE REQUIRED ....................... 3 {PR32}
REF ................................... -7 {PR32}
DK .................................... -8 {PR32}

[Code One]

HELP AVAILABLE 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), OR '-8' (DON'T KNOW), THERE IS NO INSURER ASSOCIATED WITH THE CURRENT ROUND FOR GOVT-HOSPITAL/PHYSICIAN.</td>
</tr>
<tr>
<td>ROSTER DETAILS:</td>
</tr>
<tr>
<td>TITLE: RU_ESTB_PERS_PAIRS_1</td>
</tr>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>ROSTER DEFINITION:</td>
</tr>
<tr>
<td>THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.</td>
</tr>
<tr>
<td>ROSTER BEHAVIOR:</td>
</tr>
<tr>
<td>1. DISPLAY ONLY.</td>
</tr>
<tr>
<td>2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
<tr>
<td>ROSTER FILTER:</td>
</tr>
<tr>
<td>DISPLAY ONLY THOSE RU MEMBERS WHO ARE COVERED BY GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND.</td>
</tr>
</tbody>
</table>
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] .....................    {PR32}
REF ................................. -7 {PR32}
DK ................................. -8 {PR32}

| DISPLAY 'HMO' IF PR29 IS CODED '1' (YES, ALL ARE) |
| OR '2' (YES, SOME ARE). DISPLAY 'health |
| insurance' IF PR30 CODED '1' (YES, ALL REQUIRED) |
| OR '2' (YES, SOME REQUIRED). |

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| INSURER FOR GOVT-HOSPITAL/PHYSICIAN.' |

--------------------
{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 {PR33}
NO ..................................... 2 {PR34}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY '(PLAN NAME ENTERED AT PR28OV)' IF A PLAN WAS ENTERED AT PR28OV. DISPLAY THE ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED AT PR28OV FOR THIS STATE.

DISPLAY '(NAME OF PLAN FROM PR31)' IF A PLAN NAME WAS ENTERED AT PR31. DISPLAY THE ACTUAL PLAN NAME THAT WAS ENTERED.

DISPLAY '(PLAN NAME)' IF THERE IS A CURRENT ROUND INSURER ASSOCIATED WITH THE GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, DISPLAY 'the program sponsored ...'.
How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

[Enter Amount in Dollars] ..............   {PR33OV1}
REF ................................... -7 {PR34}
DK .................................... -8 {PR34}

How much does anyone in the family pay for {the (PLAN NAME)/that} coverage?

[Enter Amount in Dollars] ..............   {PR33OV1}
REF ................................... -7 {PR34}
DK .................................... -8 {PR34}
Is that per year, per month, per week, or what?

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 {PR33OV2}
- REF ............................................. -7 {PR34}
- DK ............................................. -8 {PR34}

[Code One]

ENTER OTHER:

- [Enter Other Specify] .......................... {PR34}
- REF ............................................. -7 {PR34}
- DK ............................................. -8 {PR34}

OMITTED.
Who {else} pays {some of/for} the premium or cost of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ....................  1
STATE GOVERNMENT ......................  2
LOCAL GOVERNMENT ......................  3
SOME GOVERNMENT .......................  4
OTHER ..................................... 91 {PR34OV}
REF ..................................... -7 {BOX_11}
DK ..................................... -8 {BOX_11}

{Code All That Apply)
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODE, CONTINUE WITH PR34OV

OTHERWISE, GO TO BOX_11

PR34OV
ENTER OTHER:

[Enter Other Specify] .................  {BOX_11}
REF ................................. -7 {BOX_11}
DK ................................. -8 {BOX_11}

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
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_15</th>
</tr>
</thead>
</table>

---

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.

---

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)}?

[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 {BOX_13}
NO, ONLY SOME ........................... 2 {PR36}
NO, NONE ................................ 3
REF ................................. -7 {BOX_15}
DK ..................................... -8 {BOX_15}

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

---

DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF STATE PROGRAMS (AS LISTED IN HX16) FOR ‘STATE NAME FOR PROGRAM #N’.

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

IF PR35 IS CODED '1' (YES, ALL), MARK ALL RU MEMBERS LISTED HERE AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING CURRENT ROUND.

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

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.
| ROSTER FILTER:                                      |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY |
| GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING |
| THE PREVIOUS ROUND.                                |

PR36
====

{STR-DT}
{END-DT}

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Anyone else?

[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. |

| FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 1 |
| OTHER PUBLIC INSURANCE’ DURING CURRENT ROUND. |
| FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY |
| GROUP 1 OTHER PUBLIC INSURANCE’ DURING CURRENT |
| ROUND.                                          |

| GO TO BOX 13 |

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
ROSTER DEFINITION:
This item displays RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for selection of RU-members.

ROSTER BEHAVIOR:
1. Multiple select allowed.
2. Add, delete, and edit disallowed.

ROSTER FILTER:
Display only those RU members who were covered by Group 1 other public insurance at any time during the previous round.

BOX_13

If all current RU members already flagged as covered or not covered by Group 1 other public insurance during current round (i.e., all current RU members were listed in PR35), go to Loop_05

Otherwise, continue with PR37
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 {PR38}
NO .................................... 2
REF ................................... -7
DK .................................... -8

HELP AVAILABLE FOR DEFINITION OF STATE SPECIFIC PROGRAMS LISTED.

<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>
</table>

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

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

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
</table>
Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Anyone else?

[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 BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
1. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.

LOOP_05
=======

FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_14 - END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 1 OTHER PUBLIC INSURANCE AND
- PERSON IS COVERED BY GROUP 1 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_14
======

ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR.

AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP05
END_LP05

--------

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

--------

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_05 AND CONTINUE WITH BOX_15 |

--------

BOX_15

--------

| IF ANY CURRENT RU MEMBER HAD ANY ELIGIBLE GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND, CONTINUE WITH PR39 |

--------

| OTHERWISE, GO TO BOX_18 |
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)}?

[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 {BOX_16}
NO, ONLY SOME ....................  2 {PR40}
NO, NONE ...........................  3
REF ................................... -7 {BOX_18}
DK .................................... -8 {BOX_18}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
| IF CODED ‘3’ (NO, NONE), |
| AND |
| IF ALL CURRENT RU MEMBERS ARE LISTED AT PR39, |
| GO TO BOX_18 |

---

ROSTER DETAILS:
TITLE: RU_ESTB_PERS_PAIRS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

---

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR DISPLAY OF RU-MEMBERS.

---

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

---

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.
SHOW CARD PR-3.

Who has been covered by any of these programs {since (START DATE)/between (START DATE) and (END DATE)}?

PROBE: Anyone else?

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

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

---------------------------------------------------------------------
<p>| DISPLAY 'since (START DATE)' IF NOT ROUND 5.                      |</p>
<table>
<thead>
<tr>
<th>DISPLAY 'between (START DATE) and (END DATE)' IF ROUND 5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>FLAG ALL PERSONS SELECTED AS 'COVERED BY GROUP 2 OTHER PUBLIC</td>
</tr>
<tr>
<td>INSURANCE' DURING CURRENT ROUND.</td>
</tr>
<tr>
<td>FLAG ALL PERSONS NOT SELECTED AS 'NOT COVERED BY GROUP 2 OTHER</td>
</tr>
<tr>
<td>PUBLIC INSURANCE' DURING CURRENT ROUND.</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
</tr>
<tr>
<td>GO TO BOX_16</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

---------------------------------------------------------------------
| ROSTER DETAILS:
| TITLE: RU_ESTB_PERS_PAIRES_1
|---------------------------------------------------------------------|
| COL # 1 HEADER: NAME
<p>| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES   |</p>
<table>
<thead>
<tr>
<th>(PERS.FULLNAME)</th>
</tr>
</thead>
</table>

---------------------------------------------------------------------
| ROSTER DEFINITION:
<p>| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR       |</p>
<table>
<thead>
<tr>
<th>SELECTION OF RU-MEMBERS.</th>
</tr>
</thead>
</table>
--- ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.
---

--- ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO WERE COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND.
---

---

| 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 (PR42)
NO ..................................... 2
REF ..................................... -7
DK ..................................... -8

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
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: Anyone else?

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

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.
| 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.' |

| GO TO LOOP_06 |

| ROSTER DETAILS: |
| Title: RU_MEMBERS_1 |
| COL #1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 1. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ONLY THOSE RU MEMBERS WHO WERE NOT FLAGGED AS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE AT ANY TIME DURING THE PREVIOUS ROUND. |
LOOP_06

| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-PAIRES-ROSTER, ASK BOX_17 - END_LP06 |

LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD COVERAGE DETAIL FOR RU MEMBERS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET BOTH OF THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS GROUP 2 OTHER PUBLIC INSURANCE
- PERSON IS COVERED BY GROUP 2 OTHER PUBLIC INSURANCE DURING THE CURRENT ROUND

BOX_17

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION FOR THIS PAIR. |
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH END_LP06 |

END_LP06

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT-PERSON-PAIRS ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. |
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END LOOP_06 AND CONTINUE WITH BOX_18 |
RETURN TO THE HEALTH INSURANCE (HX) SECTION.
Provider Roster (PV) Section

BOX_00
=====

------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME AND EVNT.EVTTYPE. |
------------------------------

BOX_00A
=====

------------------------------
| CAPI SETS PROV.PROVTYPE USING DATA FROM MULTIPLE |
| QUESTIONS, NOT JUST PV01. ULTIMATELY, THE VALUES |
| ARE AS FOLLOWS: |
| 1 – FACILITY |
| 2 – PERSON |
| 3 – PERSON IN FACILITY |
------------------------------

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)?

{IF FACILITY NAMED, PROBE: If (PERSON) usually (see/sees) a particular person at this place, please give me the name of that person first.}

PERSON ................................. 1
FACILITY ............................... 2 {BOX_01}

HELP AVAILABLE FOR DEFINITION OF PERSON/FACILITY.
DISPLAY ‘[What is ... (PERSON)?]’ AND ‘ASSOCIATED WITH THIS EVENT’ IF THE PROVIDER ROSTER (PV) SECTION WAS NOT CALLED FROM THE ACCESS TO CARE (AC) SECTION. IF THE PV SECTION WAS CALLED FROM THE AC SECTION, USE A NULL DISPLAY.

DISPLAY ‘IF FACILITY NAMED, PROBE: ... person first.’ IF THE PV SECTION WAS CALLED FROM THE AC SECTION. IF THE PV SECTION WAS NOT CALLED FROM THE AC SECTION, USE A NULL DISPLAY.

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

IF CODED ‘1’ (PERSON), SET PROVIDER TYPE TO ‘PERSON-TYPE-PROVIDER’.

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

IF CODED ‘2’ (FACILITY), SET PROVIDER TYPE TO ‘FACILITY-PROVIDER’.

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

IF NO PERSON-PROVIDERS ON RU-MEDICAL-PROVIDERS-ROSTER AND PV01 IS CODED ‘1’, THEN CREATE A NEW PROV RECORD.

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

IF CODED ‘1’ (PERSON) AND NO PROVIDERS THAT ARE TYPE ‘PERSON-PROVIDER’ ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV04

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

IF CODED ‘1’ (PERSON) AND AT LEAST ONE PROVIDER THAT IS TYPE ‘PERSON-PROVIDER’ ON RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH PV02

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

HARD CHECK: 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, THE ERROR HANDLER WILL FORCE THE INTERVIEWER TO RECTIFY THE DATA.
PV02

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

What is the name of the person that {provided health care to (PERSON)/(PERSON) usually (go/goes) to if (PERSON) (is/are) sick}?

SELECT CORRECT {USUAL SOURCE OF CARE} PROVIDER {ASSOCIATED WITH THE EVENT}.

<table>
<thead>
<tr>
<th>ROSTER. PERSON-TYPE-PROVIDER</th>
<th>PV02_02. FACILITY</th>
<th>PV02_03. STREET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>2. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
<tr>
<td>3. [Display Truncated Person-Provider-25]</td>
<td>[Display Truncated Facility-Provider-30]</td>
<td>[Display Truncated Street Address-15]</td>
</tr>
</tbody>
</table>

---

DISPLAY ‘provided health care to (PERSON)’ 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, DISPLAY ‘(PERSON) usually (go/goes) to if (PERSON) (is/are) sick’.

---

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.

DISPLAY AN ‘ADD PROVIDER’ OPTION ON THIS SCREEN.

---
IF 'ADD NEW PROVIDER' IS SELECTED, GO TO PV04

OTHERWISE, CONTINUE WITH PV03

ROSTER DETAILS:
TITLE: RU_PROV_SELECTONE_1

COL # 1 HEADER: PERSON-TYPE-PROVIDER
INSTRUCTIONS: DISPLAY TRUNCATED PERSON-PROVIDER NAME (PROV.DRFNAME (10), PROV.LORPNM (15))

COL # 2 HEADER: FACILITY
INSTRUCTIONS: DISPLAY FACILITY-PROVIDER NAME (PROV.PVASSOC (30)) (IF NO FACILITY, USE NULL DISPLAY)

COL # 3 HEADER: STREET
INSTRUCTIONS: DISPLAY TRUNCATED STREET ADDRESS (PROV.PVSTR1, PROV.PVSTR2 (15))

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEDICAL-PROVIDERS-ROSTER FOR SELECTING ONE MEDICAL PROVIDER.

ROSTER BEHAVIOR:
1. SELECT ALLOWED. INTERVIEWER MAY SELECT ONE FROM THE LISTED MEDICAL PROVIDERS.

2. MULTIPLE SELECT DISALLOWED.

3. ADD ALLOWED USING THE 'ADD PROVIDER' BUTTON.

4. DELETE AND EDIT ARE NOT ALLOWED.

5. IF PROVIDER IS A PERSON-PROVIDER NOT ASSOCIATED WITH A FACILITY (PROV.PROVTYPE=2), THE FACILITY COLUMN IS EMPTY FOR THAT ROW.
PV03
====

(PERSON'S FIRST MIDDLE AND LAST NAME) (EV)

Is the address of (READ NAME AND ADDRESS OF PROVIDER BELOW)...

{PERSON-TYPE-PROVIDER NAME SELECTED AT PV02}
{FACILITY-PROVIDER ASSOC 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}
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 ASSOC W/ PERSON-TYPE-PROVIDER},
DISPLAY THE FACILITY PROVIDER NAME
ASSOCIATED WITH THE PERSON-PROVIDER SELECTED AT PV02. IF NO FACILITY ASSOCIATED WITH THIS
PERSON 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 ADDRESS FOR THE PERSON PROVIDER SELECTED AT PV02.

DISPLAY '& FACILITY NAME' IF THERE IS A FACILITY-PROVIDER NAME ASSOCIATED WITH THE PERSON PROVIDER
SELECTED AT PV02. IF NO FACILITY ASSOCIATED WITH THIS PROVIDER, USE A NULL DISPLAY.
| IF “ADD NEW ADDRESS FOR PROVIDER” SELECTED, CREATE | A NEW PROVIDER RECORD FOR THIS PROVIDER. SET | PROVIDER TYPE AS ‘PERSON-TYPE-PROVIDER’ | (PROVTYPE=2). |
|----------------------------------------------------|

| IF CODED ‘5’ (SELECTED WRONG PROVIDER/ADDRESS), | CAPI REDISPLAYS PV02 TO ALLOW INTERVIEWER TO | SELECT CORRECT PROVIDER. |
|----------------------------------------------------|

PV04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   (EV)
What is the first and last name of the person that {provided health care to (PERSON)/(PERSON) usually (go/goes) to if (PERSON) (is/are) sick}?

ENTER COMPLETE PROVIDER NAME {ASSOCIATED WITH THIS EVENT} AND VERIFY SPELLING.

[Enter Provider Name-65] ............... {PV05}

| DISPLAY ‘provided health care to (PERSON)’ 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, DISPLAY | '(PERSON) usually (go/goes) to if (PERSON) (is/are) sick’. |
|----------------------------------------------------|

| DISPLAY ‘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. |
|----------------------------------------------------|

| DISPLAY ‘CLICK ‘ADD PROVIDER’ TO ADD A NEW | PROVIDER.’ IF THERE ARE NO RECORDS IN THE ROSTER. |
|----------------------------------------------------|
CREATE A NEW PERSON-PROVIDER ON THE RU-MEDICAL- PROVIDERS-ROSTER.

---

PV05

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

Is (PROVIDER) in a group practice, that is, do other doctors practice at the same office (or are part of an HMO)?

YES ........................................... 1 {BOX_01}
NO ............................................ 2 {PV06}
REF ........................................... -7 {PV06}
DK ............................................ -8 {PV06}

---

IF CODED '1' (YES), FLAG PROVIDER AS 'PERSON-IN- FACILITY-PROVIDER’ (PROVTYPE=3).

---

IF CODED '2' (NO), FLAG PROVIDER AS 'PERSON- PROVIDER’ (PROVTYPE=2).

---

PV06

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

What is the {new} street address for (PROVIDER)?

ENTER STREET ADDRESS AND VERIFY SPELLING. IF PROVIDER HAS MORE THAN ONE LOCATION, RECORD LOCATION PERSON VISITED.

PROVIDER_STR1: [______________]
PROVIDER_STR2: [______________]
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 ADDRESS FIELD.

IF PV04 WAS ASKED, ASSOCIATE ADDRESS WITH PERSON-TYPE-PROVIDER ENTERED AT PV04.

IF PV03 WAS CODED ‘2’ (ADD NEW ADDRESS PROVIDER), RECORD ADDRESS IN THE NEW PROVIDER RECORD CREATED AT PV03.


GO TO BOX_02

PV07
==== OMMITTED.

BOX_01
====

IF NO PROVIDERS THAT ARE ‘FACILITY-PROVIDER’ (PROVTYPE=1) ON RU-MEDICAL-PROVIDERS-ROSTER, GO TO PV10

OTHERWISE, CONTINUE WITH PV08
{PERSON'S FIRST MIDDLE AND LAST NAME}  {EV}

What is the name of the place that {provided health care to (PERSON)/(PERSON) usually (go/goes) to if (PERSON) (is/are) sick}?

SELECT CORRECT {USUAL SOURCE OF CARE} {PROVIDER/FACILITY} {ASSOCIATED WITH THE EVENT}.

<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>

DISPLAY 'provided health care to (PERSON)' 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, DISPLAY '(PERSON) usually (go/goes) to if (PERSON) (is/are) sick'.

DISPLAY 'USUAL SOURCE OF CARE' IF THE PROVIDER ROSTER (PV) SECTION WAS CALLED FROM THE ACCESS TO CARE (AC) SECTION. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'PROVIDER' IF PV01 IS CODED '1' (PERSON). DISPLAY 'FACILITY' IF PV01 IS CODED '2' (FACILITY).

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.

DISPLAY AN 'ADD PROVIDER' OR 'ADD NEW FACILITY' OPTION ON THIS SCREEN.
IF 'ADD PROVIDER' IS SELECTED, GO TO PV10 (NOTE THAT PV10 IS ACTUALLY A POPUP ON PV08 AND PV09)

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

OTHERWISE, CONTINUE WITH PV09

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

ROSTER DETAILS:
TITLE: RU_PROV_SELECTONE_2

COL # 1 HEADER: FACILITY-PROVIDER
INSTRUCTIONS: DISPLAY TRUNCATED FACILITY-PROVIDER
             (PROV.LORPNAME)

COL # 2 HEADER: STREET
INSTRUCTIONS: DISPLAY TRUNCATED STREET ADDRESS
             (PROV.PVSTRT1, PROV.PVSTRT2)

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

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEDICAL-PROVIDERS-ROSTER
FOR SELECTING ONE FACILITY TYPE MEDICAL PROVIDER.

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

ROSTER BEHAVIOR:
1. SELECT ALLOWED. INTERVIEWER MAY SELECT ONE
   FROM THE LISTED MEDICAL PROVIDERS.

2. MULTIPLE SELECT DISALLOWED.

3. DELETE AND EDIT ARE NOT ALLOWED.

4. ADD ALLOWED. INTERVIEWER CAN SELECT THE 'ADD PROVIDER' BUTTON.

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

ROSTER FILTER:
DISPLAY FACILITY TYPE (PROV.PROVTYPE = 1)
PROVIDERS.
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  {PV10}
SELECTED WRONG FACILITY/ADDRESS ........ 4
REF ................................... -7  {BOX_02}
DK .................................... -8  {BOX_02}

[Code One]

-----------------------------------------------------------------------
| DISPLAY 'PROVIDER' IF PV01 IS CODED '1' |          |
| (PERSON). DISPLAY 'FACILITY' IF PV01 IS CODED '2' (FACILITY). |
|          |          |
| 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 ADDRESS FOR THE FACILITY-PROVIDER |
| SELECTED AT PV08. |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| IF CODED '1' (FACILITY NAME AND ADDRESS CORRECT) |          |
| AND PV01 IS CODED '1' (PERSON), LINK THE FACILITY |
| SELECTED AT PV08 TO THE PERSON PROVIDER FLAGGED |
| AS 'PERSON-IN-FACILITY-PROVIDER'. |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| IF FACILITY-PROVIDER WAS SELECTED AT PV08 AND |
| PV09 WAS CODED '2' (ADD NEW ADDRESS FOR FACILITY), |
| CREATE ANOTHER RECORD FOR THE FACILITY-PROVIDER ON |
| THE RU-MEDICAL-PROVIDERS-ROSTER AND ASSOCIATE |
| ADDRESS THAT WILL BE ENTERED AT PV10 WITH THAT NEW |
| PROVIDER RECORD. FLAG NEW PROVIDER AS FACILITY |
| (PROVTYPE=1). |
-----------------------------------------------------------------------
PV10
====

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

What is the [new] name and street address of the place that provided health care to (PERSON)/(PERSON) usually (go/goes) to if (PERSON) (is/are) sick?

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): [_____________] (BOX_02)
FACILITY_STR2 (PV10_03): [_____________] (BOX_02)
REF ................................... -7 (BOX_02)
DK .................................... -8 (BOX_02)

---------------------------------------------------------------------
| DISPLAY 'provided health care to (PERSON)' 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, DISPLAY '(PERSON) usually (go/goes) to if (PERSON) (is/are) sick'. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY 'new' IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR FACILITY). OTHERWISE, USE A NULL DISPLAY. DISPLAY 'PROVIDER' IF PV01 IS CODED '1' (PERSON). DISPLAY 'FACILITY' IF PV01 IS CODED '2' (FACILITY). DISPLAY 'NAME AND' IF 'ADD PROVIDER' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED. IF 'ADD PROVIDER' WAS SELECTED AT PV08 OR PV08 WAS NOT ASKED, THE CONTEXT HEADER WILL NOT DISPLAY THE NAME OF THE MEDICAL CARE PROVIDER. THE CONTEXT HEADER WILL DISPLAY THE NAME OF THE PROVIDER(S) ASSOCIATED WITH THE EVENT ONLY IF PV09 WAS CODED '2' (ADD NEW ADDRESS FOR FACILITY). |
---------------------------------------------------------------------
CODES '-7' (REF) AND '-8' (DK) ARE ALLOWED ON THE STREET ADDRESS FIELDS ONLY.

IF PV09 IS CODED '2' (ADD NEW ADDRESS FOR FACILITY), PV10 WILL NOT COLLECT THE FACILITY NAME. THE NEW PROVIDER RECORD FOR THIS FACILITY WAS ALREADY CREATED AT PV09 AND THE ADDRESS WILL BE RECORDED AT PV10.

IF FACILITY-PROVIDER NOT SELECTED AT PV08 (I.E., PV08 WAS NOT ASKED OR 'NONE OF THE ABOVE' WAS SELECTED), ADD A FACILITY-PROVIDER TO THE RU-MEDICAL-PROVIDERS-ROSTER. FLAG NEW PROVIDER AS FACILITY (PROVTYPE=1).

IF PV01 IS CODED '1' (PERSON), LINK THE FACILITY TO THE PERSON-TYPE-PROVIDER FLAGGED AS 'PERSON-IN-FACILITY-PROVIDER'.

PV11
====

OMITTED.

BOX_02
=====

RETURN TO QUESTIONNAIRE SECTION FROM WHICH THE PROVIDER ROSTER (PV) SECTION WAS CALLED.
Reenumeration (RE) Section Subsection A

BOX_00
======

-----------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS:   |
| DISPLAY PERS.FULLNAME                 |
-----------------------------------------
RU CLASSIFICATIONS:

THE FOLLOWING RU CLASSIFICATIONS ARE USED THROUGHOUT THE REENUMERATION SECTION IN SKIP AND WORD FILL SPECIFICATIONS:

STANDARD RU - AN RU (OTHER THAN A STUDENT RU) THAT EXISTED IN THE PREVIOUS ROUND. DURING THE INTERVIEW WITH THE STANDARD RU, INFORMATION MAY BE OBTAINED THAT IDENTIFIES A 'NEW RU' OR A 'STUDENT RU' AND A NEW CASE IS CREATED. SEE DEFINITIONS BELOW.

NEW RU - WHEN ONE OR MORE RU MEMBERS ARE IDENTIFIED AS HAVING LEFT THE RU AND FORMED ONE OR MORE NEW RUs, A NEW CASE IS CREATED FOR EACH OF THE NEW RUs WHERE AT LEAST ONE KEY RU MEMBER LIVES. IN THE CURRENT ROUND, THE CASE IS CLASSIFIED AS A 'NEW RU' UNLESS IT SATISFIES THE CONDITIONS FOR A 'STUDENT RU' (SEE DEFINITION BELOW). IN THE NEXT ROUND, THE NEW RU WILL BE RECLASSIFIED AS A 'STANDARD RU' SINCE IT EXISTED IN THE PREVIOUS ROUND.

STUDENT RU - WHEN AN RU MEMBER IS IDENTIFIED IN A STANDARD OR NEW RU AS BEING AGE 17-23 (INCLUSIVE), NEVER MARRIED, NON-MILITARY, AND LIVING AWAY FROM THE STANDARD/NEW RU AT POST-SECONDARY SCHOOL WITHIN THE U.S., AN RU IS CREATED AND CLASSIFIED AS A 'STUDENT RU'. THE 'STUDENT RU' REMAINS CLASSIFIED AS A 'STUDENT RU' UNTIL ONE OF THE CRITERIA FOR A STUDENT RU CLASSIFICATION IS VIOLATED (E.G., AGE RANGE OR MARITAL STATUS). (NOTE: A STUDENT RU IS ALWAYS A SINGLE-PERSON RU.)

NOTE: THE NHIS ORIGINAL RUs ARE DETERMINED FROM IN-HOUSE PRE-PROCESSING AND ARE CLASSIFIED AS STANDARD RUs.
NOTE: REFERENCES TO THE RU-MEMBERS-ROSTER AND ‘RU MEMBERS’ IN THESE SPECIFICATIONS INDICATE THE ROSTER IN ITS CURRENT STATE; THAT IS, INCLUDING ALL ADDITIONS TO AND DELETIONS FROM THE ROSTER THAT OCCUR UP TO THE POINT AT WHICH THE REFERENCE IS MADE.


IN ALL ROUNDS, FOR A CASE THAT HAS HAD A BREAKOFF, THE ROSTER INCLUDES PERSONS ELIGIBLE OR INSTITUTIONALIZED AT THE END OF RE. FOR A SPLIT RU, THE ROSTER INCLUDES RU MEMBERS WHO SPLIT FROM THE ORIGINAL RU.

RE01
====

YOU HAVE SELECTED THE {STUDENT RU} CASE FOR {FULL NAME OF REFERENCE PERSON}. THE RU MEMBERS ARE LISTED BELOW.

[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 {RE02}

IF YOU HAVE SELECTED THE WRONG CASE, CLICK ON THE BREAKOFF LINK AT THE TOP OF THE SCREEN TO RETURN TO THE IMS.

-----------------------------------------------
| 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.                 |
-----------------------------------------------
START RE_ENUM MAIN BLOCK OTHERWISE (CORRECT CASE SELECTED), CONTINUE WITH RE02

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
NONE. DISPLAY ALL RU MEMBERS
{INTERVIEWER: READ INTRODUCTION JOB AID BEFORE CODING.}
{PLEASE NOTE: THIS IS A ROUND 5 INTERVIEW. QUESTIONS ARE ASKED AS OF DEC 31, {YEAR} RATHER THAN ‘TODAY’.

THE RESPONDENT MUST HAVE BEEN LIVING IN THE RU ON DEC 31, {YEAR} TO BE CODED AS AN RU MEMBER RESPONDENT. OTHERWISE, CODE AS A PROXY.

IS RESPONDENT:

RU MEMBER OR ......................... 1
PROXY APPROVED BY SUPERVISOR? ........... 2 {RE03}

[Code One]

HELP AVAILABLE 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, {YEAR} RATHER THAN ‘TODAY’.’ IF ROUND 5, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY ‘THE RESPONDENT...’ IF ROUND 5, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. OTHERWISE, USE A NULL DISPLAY. |

| IF CODED ‘2’ (PROXY APPROVED BY SUPERVISOR), FLAG CASE AS ELIGIBLE FOR PROXY ITEMS IN CLOSING. THIS INCLUDES WHEN RESPONDENT IS A PROXY SELECTED DURING A RE-START. |

| 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
<table>
<thead>
<tr>
<th>IF ROUND 1 AND NEW RU, GO TO RE05A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ROUND 1 AND STUDENT RU, GO TO RE05B</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (NOT ROUND 1), GO TO RE07</th>
</tr>
</thead>
</table>

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 Department of Health and Human Services [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 OR SELECT NEXT PAGE TO CONTINUE.
(As I mentioned earlier,) my records show that (PERSON) (were/was) a member of a household that took part in the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since (PERSON) (are/is) no longer living with that household, we will interview this new household separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the Department of Health and Human Services [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 OR SELECT NEXT PAGE TO CONTINUE.
(As I mentioned earlier,) my records show that {PERSON} (were/was) a member of a household that took part in the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW} and, at that time, the Census Bureau interviewer mentioned that members of that household might be contacted again for another health related survey. Since {PERSON} (are/is) now a student and no longer living with that household, we will interview {PERSON} separately.

IF NEEDED, READ ALL OR PART OF THE FOLLOWING:

This survey, the Medical Expenditure Panel Survey, is also for the Department of Health and Human Services [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 OR SELECT NEXT PAGE TO CONTINUE.
### RE06

**SELECT THE RESPONDENT.**

<table>
<thead>
<tr>
<th>DU MEMBER’S NAME</th>
<th>RE06_02. RUID</th>
<th>RE06_03. GENDER</th>
<th>RE06_04. AGE</th>
<th>RE06_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUNITD]</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 RUNITD]</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 RUNITD]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

**HELP AVAILABLE FOR RESPONDENT RULES.**

<table>
<thead>
<tr>
<th>IF PERSON FROM ANOTHER RU IS SELECTED AND VERIFIED AS THE RESPONDENT, ADD PERSON TO RU-MEMBERS-ROSTER.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY AN ‘ADD PERSON’ OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ‘ADD PERSON’ IS SELECTED, GO TO RE08</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE (PERSON SELECTED AS RESPONDENT WAS ALREADY IN DU IN THE PREVIOUS ROUND), GO TO RE09</td>
</tr>
</tbody>
</table>

| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_2 |

| COL # 1 HEADER: SELECT DU MEMBER |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| COL # 2 HEADER: RUID |
| INSTRUCTIONS: DISPLAY RU ID (RUNT.RUNTID) |

| COL # 3 HEADER: GENDER |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ SEX (PERS.SMPSEXR) |

| COL # 4 HEADER: AGE |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ AGES (PRND.AGE) |

| COL # 5 HEADER: INTERVIEW COMPLETED THIS ROUND |
| INSTRUCTIONS: DISPLAY WHETHER THE DU MEMBER HAS ALREADY FINISHED THE INTERVIEW THIS ROUND (TEMPORARY VARIABLE) |

| ROSTER DEFINITION: |
| DISPLAY THE DU-MEMBERS-ROSTER FOR SELECTION. |
ROSTER BEHAVIOR:

1. ALL COLUMNS ARE PROTECTED; NO CHANGES ARE ALLOWED AT THIS SCREEN, EXCEPT TO ADD A PERSON AT THE POP-UP (RE08).

2. 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.

3. 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.”

4. 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.”

5. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: “PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.”

ROSTER FILTER:

NONE. DISPLAY ALL.

OMITTED.
RE07

SELECT PROXY.

[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]

<table>
<thead>
<tr>
<th>DISPLAY A 'NEW PROXY APPROVED BY SUPERVISOR' OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF 'NEW PROXY APPROVED BY SUPERVISOR' IS SELECTED, CONTINUE WITH RE08</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO RE09</th>
</tr>
</thead>
</table>

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |

| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF PROXY. |

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


<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. MULTIPLE SELECT, ADD, DELETE, AND EDIT</td>
</tr>
<tr>
<td>DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY THE PROXY FROM THE PREVIOUS ROUND ONLY.</td>
</tr>
</tbody>
</table>

RE08
====

ENTER NAME OF {RU MEMBER/PROXY} RESPONDENT.

May I have your full name?

VERIFY SPELLING.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

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

| DISPLAY 'RU MEMBER' IF RE02 CODED '1' (RU MEMBER). |
| DISPLAY 'PROXY' IF RE02 CODED '2' (PROXY APPROVED |
| BY SUPERVISOR). |

| REFUSED AND DON'T KNOW DISALLOWED AT ALL FIELDS. |

| IF 'ADD RU MEMBER' 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 {RE10}
NEW ADDRESS ............................ 3 {RE10}

[Code One]

HELP AVAILABLE FOR DEFINITION OF LOCATING ADDRESS.

---

FOR RU’S MOST RECENT ADDRESS FIELDS, DISPLAY ADDRESS INFORMATION FROM HOME TABLE.
MAKE CORRECTIONS TO LOCATING ADDRESS BELOW.

USE TAB TO MOVE THROUGH FIELDS.
RETYPE ANY FIELDS WHICH NEED CORRECTION.
TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

Current Info:  [STREET ADDRESS1]
               [STREET ADDRESS2]
               [CITY]
               [STATE]
               [ZIP CODE]

STREET ADDRESS1:  [__________]
STREET ADDRESS2:  [__________]
CITY:  [__________]
STATE:  [__________]
ZIP CODE:  [__________]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

-----------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED AT ALL FIELDS |
| EXCEPT STATE.                                |
-----------------------------------------------

-----------------------------------------------
| GO TO RE10A                                  |
-----------------------------------------------

RE10A
====

RECORD THE NAME OF THE COUNTY WHERE THIS RU IS LOCATED.

[Enter County Name -25]  .........................  {RE11}
REF  .............................................  -7  {RE11}
DK  ..............................................  -8  {RE11}
VERIFY TELEPHONE NUMBER BELOW WITH RESPONDENT.

USE TAB TO MOVE THROUGH FIELDS. RETYPE ANY FIELDS WHICH NEED CORRECTION.

IF NO TELEPHONE, ENTER ‘000’.

Current Info:  {TELEPHONE NUMBER}

TELEPHONE NUMBER:  [                     ]
REF ................................... -7
DK .................................... -8

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
| 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 {BOX_03A}
- FULL-TIME ............................ 2 {BOX_03A}
- NOT ATTENDING SCHOOL .............. 3 {BOX_03A}
- REF ................................. -7 {BOX_03A}
- DK .................................. -8 {BOX_03A}

[Code One]

BOX_03A
=====

| IF [ROUND 1] |
| OR [STUDENT RU CREATED IN THE CURRENT ROUND] |
| OR [RE11A CODED '1' (PART-TIME), '2' (FULL-TIME), |
| '-8' (DON’T KNOW), OR '-7' (REFUSED)] |
| THEN GO TO RE12 |
| |
| OTHERWISE [ROUNDS 2-5, |
| AND RE11A CODED '3' (NOT ATTENDING SCHOOL) |
| AND RU IS A STUDENT RU CREATED IN A PREVIOUS |
| ROUND], |
| CONTINUE WITH BOX_03B |
BOX_03B

<table>
<thead>
<tr>
<th>RU CLASSIFICATION CHANGE: CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE PERSON IS NO LONGER ATTENDING SCHOOL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO RE47</td>
</tr>
</tbody>
</table>

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, {YEAR}.}

<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>

---

<table>
<thead>
<tr>
<th>DISPLAY 'NOTE: FOR ROUND 5, AGE IS CALCULATED AS OF DEC 31, {YEAR}.' IF ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

| 'REFUSED' AND 'DON'T KNOW' ALLOWED IN ALL COLUMNS | | EXCEPT 'RU MEMBER' COLUMN. |
| --- |

---
BECAUSE THIS IS A STUDENT RU, THERE IS ONLY ONE RU MEMBER AND ONLY ONE ROW IN THE MATRIX.

FOR ROUND 5, AGE IS CALCULATED AS OF DECEMBER 31, {YEAR}, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. ALL AGE SKIPS (THROUGHOUT THE QUESTIONNAIRE) WILL BE BASED ON THIS AGE.

ROSTER DETAILS:
TITLE: RU_MEMBERS_2

COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: GENDER
INSTRUCTIONS: DISPLAY RU MEMBERS’ SEX (PERS.SMPSEX)

COL # 3 HEADER: DATE OF BIRTH
INSTRUCTIONS: DISPLAY RU MEMBERS’ DATES OF BIRTH (PERS.SMPDOBMM, PERS.SMPDOBDD, PERS.SMPDOBY)

COL # 4 HEADER: AGE
INSTRUCTIONS: DISPLAY RU MEMBERS’ AGES (PRND.AGE)

ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR VERIFICATION AND CORRECTION.
ROSTER BEHAVIOR:
1. THE NAME COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.
2. GENDER, DATE OF BIRTH, AND AGE (WHEN AGE IS NOT CALCULATED BY CAPI) CAN BE EDITED.
3. REPLACING 'REAL' DATA WITH -7 OR -8 IS DISALLOWED. IF THE INTERVIEWER TRIES TO DO SO, DISPLAY THE MESSAGE "DO NOT REPLACE EXISTING INFORMATION WITH REFUSED OR DON'T KNOW."
4. IF DATE OF BIRTH IS CHANGED, CAPI WILL CALCULATE THE NEW AGE AUTOMATICALLY AND DISPLAY THE AGE IN THE AGE COLUMN.
5. SELECT, ADD, AND DELETE DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER FOR THIS STUDENT; NO FILTER.

BOX_04
=======

IF STUDENT RU NOT CREATED THIS ROUND AND AGE > 23, CONTINUE WITH BOX_05

OTHERWISE, GO TO RE13

BOX_05
=======

RU CLASSIFICATION CHANGE: CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE STUDENT IS OUTSIDE OF DESIGNATED STUDENT RU AGE RANGE.
RE13
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

My records show that (as of December 31, {YEAR}) (PERSON) (have/has)/had never been married. Is that correct?

YES ........................................ 1 (RE14)
NO ........................................... 2 (RE13OV)
REF ......................................... -7 (RE14)
DK ............................................ -8 (RE14)

| DISPLAY ‘as of December 31, {YEAR}’ IF ROUND 5, |
| WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE |
| PANEL. OTHERWISE, USE A NULL DISPLAY.            |
| DISPLAY (have/has) IF NOT ROUND 5. IF ROUND 5, |
| DISPLAY ‘had’.                                    |

RE13OV
=====

{(Are/Is)/On December 31, {YEAR}, (were/was)} (PERSON) {now} married, widowed, divorced, or separated?

MARRIED .................................... 1 (BOX_06)
WIDOWED .................................... 2 (BOX_06)
DIVORCED ................................. 3 (BOX_06)
SEPARATED ............................... 4 (BOX_06)
REF ......................................... -7 (BOX_06)
DK ............................................ -8 (BOX_06)

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
DISPLAY ‘(Are/Is)’ IF NOT ROUND 5. DISPLAY ‘On December 31, {YEAR}, (were/was)’ IF ROUND 5, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. DISPLAY ‘now’ IF NOT ROUND 5. OTHERWISE, (IF ROUND 5), USE A NULL DISPLAY.

BOX_06

-------

IF ROUND 1, OR IF ROUND 2-5 AND STUDENT RU WAS IDENTIFIED DURING ANOTHER INTERVIEW IN THIS ROUND, CONTINUE WITH RE14

-------

IF ROUND 2-5, AND STUDENT RU WAS IDENTIFIED IN PREVIOUS ROUND, THEN RU CLASSIFICATION CHANGE: CHANGE RU CLASSIFICATION FROM STUDENT RU TO STANDARD RU SINCE STUDENT’S MARITAL STATUS HAS CHANGED SINCE PREVIOUS ROUND AND IS NO LONGER ‘NEVER MARRIED’. THEN GO TO RE47

RE14

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

{(Are/Is)/(Were/Was)} (PERSON) on full-time active duty with the Armed Forces of the United States {on December 31, {YEAR}}?

YES .................................... 1 {RE15}
NO ..................................... 2 {RE18A}
REF ....................................... -7 {RE18A}
DK ....................................... -8 {RE18A}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.
DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY '(Were/Was)' IF ROUND 5. DISPLAY 'on December 31, {YEAR}' IF ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. OTHERWISE, USE A NULL DISPLAY.

---

RE15

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) enter full-time active duty service in the Armed Forces?

[Enter Month, Day, Year-4] .......... {RE16}
REF .................................. -7 {RE16}
DK .................................... -8 {RE16}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

---

REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE15. PERSON IS INELIGIBLE FOR DATA COLLECTION IN THIS ROUND.

---

BOX_07

OMITTED.

---

RE16

At this time, we are only collecting information about persons who are not on full-time active duty with the Armed Forces of the United States. Therefore, that is all the information we need.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
Thank you for your participation in this important study.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER OR SELECT NEXT PAGE 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 {BOX_27}
TELEPHONE ........................................ 2 {BOX_27}

[Code One]

OMITTED.

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Have/Has) (PERSON) ever been honorably discharged from active duty in the U.S. Army, Navy, Air Force, Marine Corps, or Coast Guard?

YES ................................................. 1 {BOX_27}
NO .................................................... 2 {BOX_27}
REF ................................................... -7 {BOX_27}
DK .................................................... -8 {BOX_27}
BOX_08
=======
OMITTED.

BOX_09
=======

----------------------------------------------------
| IF ON DATE OF PREVIOUS ROUND INTERVIEW AT LEAST   |
| ONE KEY RU MEMBER WAS CODED AS INSTITUTIONALIZED  |
| IN A HEALTH CARE FACILITY (RE36 = 1 OR 2 -OR-    |
| RE19 = 1), CONTINUE WITH LOOP_02                 |
----------------------------------------------------

----------------------------------------------------
| IF STANDARD SINGLE-PERSON RU OR NEW SINGLE-PERSON |
| RU (THAT IS, ANY NON-STUDENT SINGLE-PERSON RU),    |
| AND RE02 CODED ‘1’ (RESPONDENT IS AN RU MEMBER),  |
| GO TO RE47                                         |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO RE20                             |
----------------------------------------------------

LOOP_02
=======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| BOX_09A-END_LP02                                  |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION     |
| TO DETERMINE THE LOCATION AND ELIGIBILITY OF KEY  |
| RU MEMBERS WHO WERE INSTITUTIONALIZED AT A HEALTH  |
| CARE FACILITY ON THE DATE OF THE PREVIOUS ROUND    |
| INTERVIEW. THIS LOOP CYCLES ON RU MEMBERS WHO      |
| MEET ALL OF THE FOLLOWING CONDITIONS:             |
| - PERSON IS KEY                                   |
| - PERSON WAS INSTITUTIONALIZED AT A HEALTH CARE    |
| FACILITY ON THE DATE OF THE PREVIOUS ROUND        |
| INTERVIEW (RE36 = 1 OR 2 -OR- RE19 = 1).          |
----------------------------------------------------
IF PERSON BEING ASKED ABOUT IS AN RU MEMBER, CODE 'NO' AT RE19 AUTOMATICALLY BY CAPI, THEN CONTINUE WITH BOX_09B

O therwise, continue with 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, {YEAR}, was} (PERSON) still institutionalized in a health care facility?

YES ................................. 1 {END_LP02}
NO ................................... 2 {BOX_09B}
REF ................................... -7 {END_LP02}
DK ................................... -8 {END_LP02}

HELP AVAILABLE FOR DEFINITION OF INSTITUTIONALIZED IN A HEALTH CARE FACILITY.

DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'On December| 31, {YEAR}, was' IF ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL.

IF PERSON BEING ASKED ABOUT IS AN RU MEMBER, CODE 'LIVING WITH THIS FAMILY' AT RE19A AUTOMATICALLY BY CAPI, THEN CONTINUE WITH RE19B
<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH RE19A</th>
</tr>
</thead>
<tbody>
<tr>
<td>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/{YEAR}), WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL.</td>
</tr>
</tbody>
</table>

RE19A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF RESPONDENT VOLUNTEERS THAT PERSON IS DECEASED, CODE '3' WITHOUT ASKING.

{Is/On December 31, {YEAR}, 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 (RE19B) |
| USUAL PLACE OF RESIDENCE |
| SOMEWHERE ELSE ....................... 2 (RE19D) |
| DECEASED .................................. 3 (RE19C) |
| REF ................................... -7 (RE19D) |
| DK .................................... -8 (RE19D) |

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY 'Is' AND 'does' IF NOT ROUND 5. DISPLAY |
| 'On December 31, {YEAR}, was' AND 'did' IF ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY. |

28
| IF CODED ‘1’ (LIVING WITH THIS FAMILY), FLAG | PERSON WITH THE NUMBER OF THE ROUND PERSON | REJOINED RU, THEN CONTINUE WITH RE19B |

---

RE19B

(PERSON’S FIRST MIDDLE AND LAST NAME)

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ............. (RE19BOV)
REF ................................... -7 (RE19BOV)
DK .................................... -8 (RE19BOV)

HELP AVAILABLE FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

---

| NOTE: THE DATE ENTERED HERE DETERMINES THE START |
| OF THE REFERENCE PERIOD FOR THIS PERSON. |

---

| HARD CHECK: |
| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/{YEAR}, WHERE ‘YEAR’ IS THE SECOND |
| CALENDAR YEAR OF THE PANEL. IF A DATE AFTER |
| 12/31/{YEAR} IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: “DATE MUST BE ON OR BEFORE 12/31/{YEAR}. |
| IF LEFT INSTITUTION AFTER 12/31/{YEAR}, BACK-UP |
| AND RE-CODE RE19 TO ‘YES’.” |

---

RE19BOV

(PERSON’S FIRST MIDDLE AND LAST NAME)

On what date did (PERSON) return to live with this family?

[Enter Month Day Year-4] ............. (END_LP02)
REF ................................... -7 (END_LP02)
DK .................................... -8 (END_LP02)

HELP AVAILABLE FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.
HARD CHECK:

RE19C
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] .............. (RE19COV)  
REF ................................... -7 (RE19COV)  
DK .................................... -8 (RE19COV)  

HELP AVAILABLE FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

NOTE: THE DATE ENTERED HERE DETERMINES THE START OF THE REFERENCE PERIOD FOR THIS PERSON.

HARD CHECK:
RE19COV

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) die?

[Enter Month Day Year-4] ..............  (END_LP02)
REF ................................... -7  (END_LP02)
DK .................................... -8  (END_LP02)

HELP AVAILABLE FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

------------------------------------
| HARD CHECK:                        |
| EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR |
| BEFORE 12/31/{YEAR}, WHERE ‘YEAR’ IS THE SECOND |
| CALENDAR YEAR OF THE PANEL. IF A DATE AFTER |
| 12/31/{YEAR} IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: “DATE MUST BE ON OR BEFORE 12/31/{YEAR}.
| IF DIED AFTER 12/31/{YEAR}, BACK-UP AND RE-CODE |
| RE19A.”                                 |
------------------------------------

RE19D

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) leave the health care facility?

[Enter Month Day Year-4] ..............  (RE19E)
REF ................................... -7  (RE19E)
DK .................................... -8  (RE19E)

HELP AVAILABLE FOR DEFINITION OF LEAVE THE HEALTH CARE FACILITY.

-----------------------------------------------------------------------------------------------
| THE DATE ENTERED HERE DETERMINES THE START OF THE |
| REFERENCE PERIOD FOR THIS PERSON.  |
-----------------------------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>HARD CHECK:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EDIT (FOR ROUND 5):</td>
<td>DATE ENTERED MUST BE ON OR</td>
</tr>
<tr>
<td></td>
<td>BEFORE 12/31/{YEAR}, WHERE ‘YEAR’ IS THE SECOND</td>
</tr>
<tr>
<td>CALENDAR YEAR OF THE PANEL. IF A DATE AFTER</td>
<td></td>
</tr>
<tr>
<td>12/31/{YEAR} IS ENTERED, DISPLAY THE FOLLOWING</td>
<td></td>
</tr>
<tr>
<td>MESSAGE: “DATE MUST BE ON OR BEFORE 12/31/{YEAR}. IF LEFT INSTITUTION AFTER 12/31/{YEAR}, BACK-UP</td>
<td></td>
</tr>
<tr>
<td>AND RE-CODE RE19 TO ‘YES’.”</td>
<td></td>
</tr>
</tbody>
</table>

**RE19E**

#### {PERSON’S FIRST MIDDLE AND LAST NAME}

Where {is (PERSON) now/was (PERSON) on December 31, {YEAR}}?

- **INSTITUTIONALIZED IN A HEALTH CARE FACILITY** .............................. 1 {RE19F}
- **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 {RE19F}
- **ANOTHER HOUSEHOLD - CURRENTLY NOT FULL-TIME MILITARY** .................. 5 {RE19F}
- **ANOTHER HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME MILITARY** .... 6 {RE19H}
- **REF** ................................ -7 {RE19F}
- **DK** ................................... -8 {RE19F}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY ‘is (PERSON) now’ IF NOT ROUND 5. DISPLAY |
| ‘was (PERSON) on December 31, {YEAR}’, WHERE |
| ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL, |
| IF ROUND 5. |
HARD CHECK:

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 BACK UP 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, {YEAR}}?

WITHIN U.S. ......................... 1
OUTSIDE U.S. ......................... 2
REF .................................. -7
DK .................................. -8

HELP AVAILABLE FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

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

DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF ROUND 5. DISPLAY 'on December 31, {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. 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, {YEAR}, (were/was)} (PERSON) attending ... 

grades 1-12, ............................... 1 

a college or university, or ............ 2 {RE19I}

some other training school after high 

school? ................................. 3 {RE19I}

REF ................................. -7 {RE19I}

DK ................................. -8 {RE19I}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY 'On |
| December 31, {YEAR}, (were/was)' IF ROUND 5, |
| WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE |
| PANEL. |

| HARD CHECK: |
| DISALLOW FINAL ENTRY OF CODE '1' (GRADES 1-12). IF |
| INTERVIEWER ENTERS CODE '1', DISPLAY THE FOLLOWING |
| MESSAGE: "JUMPBACK TO CORRECT RE19E TO STUDENT < |
| 24 LIVING AWAY AT SCHOOL GRADES 1-12)." |

---
RE19H
EQUAL

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Is/Was) (PERSON) living in another household or in a military facility {on December 31, {YEAR}}?

ANOTHER HOUSEHOLD ................... 1 {RE19HOV}
MILITARY FACILITY ................... 2 {RE19HOV}
REF ................................ -7 {RE19HOV}
DK ...................................... 8 {RE19HOV}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5. DISPLAY 'on December 31, {YEAR}' IF |
| ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR |
| OF THE PANEL. OTHERWISE, USE A NULL DISPLAY. |
------------------------------------------------------------------

RE19HOV
EQUAL

{Is/Was} (PERSON) living within the U.S. or outside the U.S. {on December 31, {YEAR}}?

WITHIN U.S. ............................. 1 {RE19I}
OUTSIDE U.S. ................................ 2 {RE19I}
REF ...................................... -7 {RE19I}
DK ...................................... -8 {RE19I}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5. DISPLAY 'on December 31, {YEAR}' IF |
| ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR |
| OF THE PANEL. 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] ..............    {END_LP02}
REF ................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

----------------------------------------------------
|  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' (REFUSED),|
|  OR '-8' (DON'T KNOW).                             |
|                                                    |
|  DISPLAY 'start living in another household' IF    |
|  [RE19E CODED '5' (ANOTHER HOUSEHOLD - CURRENTLY   |
|  NOT FT MILITARY) AND RE19F CODED '1' (WITHIN     |
|  U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW)] OR   |
|  [RE19E CODED '6' (ANOTHER HOUSEHOLD/MILITARY      |
|  FACILITY - CURRENTLY FULL-TIME MILITARY) AND RE19H|
|  CODED '1' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR |
|  '-8' (DON'T KNOW) AND RE19HOV CODED '1' (WITHIN  |
|  U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW)] OR   |
|  [RE19E CODED 'RF' (REFUSED) OR 'DK' (DON'T KNOW)].|
|                                                    |
|  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' (REFUSED), OR '-8' (DON'T |
|  KNOW).                                            |
|                                                    |
|  DISPLAY 'leave the U.S.' IF RE19E CODED '4'       |
|  (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY   |
|  SCHOOL) AND RE19F CODED '2' (OUTSIDE U.S.) OR IF  |
|  RE19E CODED '5' (ANOTHER HOUSEHOLD - CURRENTLY    |
|  NOT FULL-TIME MILITARY) AND RE19F CODED '2'       |
|  (OUTSIDE U.S.) OR IF RE19E CODED '6' (ANOTHER     |
|  HOUSEHOLD/MILITARY FACILITY - CURRENTLY FULL-TIME|
|  MILITARY) AND RE19HOV CODED '2' (OUTSIDE U.S.).   |
HARD CHECK:

END_LP02

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS, END LOOP_02 AND CONTINUE WITH BOX_09C

BOX_09C

IF STANDARD SINGLE-PERSON RU (THAT IS NON-STUDENT) AND RE02 IS CODED ‘1’ (RU MEMBER), GO TO RE47

OTHERWISE, CONTINUE WITH RE20
RE20

---

{INTERVIEWER: IF ALL RU MEMBERS DEAD OR INSTITUTIONALIZED, CODE NO WITHOUT ASKING.}

Before we begin the health interview, {I'd like to ask some questions about this household./I'd like you to think about the people living here on December 31, {YEAR}, regardless of whether they are living here now.}

My records indicate that {on {DATE OF PREVIOUS ROUND INTERVIEW},} (READ NAMES BELOW) {were/are} living together as a family. {Do/Did} they still live together as a family {on December 31, {YEAR}}?

[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 {BOX_22AAA}
NO ..................................... 2 {RE21}
REF ................................... -7 {BOX_22AAA}
DK .................................... -8 {BOX_22AAA}

| 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.’, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL, 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, {YEAR}’ IF ROUND 5, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. OTHERWISE, USE A NULL DISPLAY.

---

IF RE20 CODED ‘1’ (YES), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), CODE RE21 AS ‘1’ (IN RU) FOR ALL RU MEMBERS AUTOMATICALLY BY CAPI, AND GO TO BOX_22AAA

---

Otherwise (RE20 CODED ‘2’ (NO)), CONTINUE WITH RE21

---

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

---

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
IF ROUND 1, DISPLAY PERSONS WHO WERE NOT ADDED TO THE ROSTER THIS ROUND. IF NOT ROUND 1, DISPLAY PERSONS WHO WERE NOT ADDED TO THE ROSTER THIS ROUND AND PERSONS WHO WERE NOT INSTITUTIONALIZED ON DATE OF PREVIOUS ROUND’S INTERVIEW.

BOX_10
OMITTED.

BOX_11
OMITTED.

RE21
Who {is/was} not living here with the family {on December 31, {YEAR}}?

CHANGE RU STATUS AS NECESSARY TO: IN RU, LEFT RU, INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS ROUND}.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE21 02. KEYNESS</th>
<th>RE21 03. RU STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
<td>[Enter RU Status]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
<td>[Enter RU Status]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
<td>[Enter RU Status]</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR HH MEMBERSHIP RULES.
DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'on December 31, {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'NHIS' IF ROUND 1. OTHERWISE, DISPLAY 'PREVIOUS ROUND'.

REFUSED AND DON'T KNOW DISALLOWED.

IF ROUND 1 AND PERSON'S RU STATUS CODED '3' (INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS INTERVIEW}) AT RE21, REMOVE PERSON FROM RU-MEMBERS-ROSTER AND FLAG PERSON AS 'NOT IN RU - INCORRECTLY LISTED IN RU DURING NHIS.' IF NOT ROUND 1 AND PERSON'S RU STATUS CODED '3' AT RE21, FLAG PERSON 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 RU STATUS 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/PREVIOUS INTERVIEW)), GO TO BOX_22

HARD CHECK:
IF RESPONDENT IS SELECTED, DISPLAY THE FOLLOWING ERROR MESSAGE: "THE RESPONDENT CANNOT BE MARKED HERE AS HAVING LEFT THE RU."
ROSTER DETAILS:
TITLE: RU_MEMBERS_3

COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: KEYNESS
INSTRUCTIONS: DISPLAY THE RU MEMBER’S KEYNESS AS EITHER ‘KEY’ OR ‘NON-KEY’ OR ‘NOT DETERMINED’ (IF KEYNESS IS MISSING) (PERS.KEYNESS)

COL # 3 HEADER: RU STATUS
INSTRUCTIONS: DISPLAY THE RU MEMBERS’ RU STATUS (PRND.INRUSTAT)

ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR ENTRY.

ROSTER BEHAVIOR:
1. THE RU MEMBERS COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.

2. THE KEYNESS COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.

3. EACH ROW INITIALLY HAS RU STATUS SET TO ‘1’.

4. SELECT, ADD, EDIT, AND DELETE OF PERSONS DISALLOWED.

5. INTERVIEWERS SHOULD NOT BE ALLOWED TO LEAVE THE SCREEN IF NO PERSON’S RU STATUS IS UPDATED FROM ‘1’. IF THE INTERVIEWER ATTEMPTS TO LEAVE THE SCREEN WITHOUT MAKING ANY UPDATES, DISPLAY THE MESSAGE “IF EVERYONE IS STILL IN RU, BACKUP TO CORRECT PREVIOUS SCREEN.”

6. IF ANY RU MEMBER IS CODED “INCORRECTLY LISTED IN RU DURING {NHIS/PREVIOUS ROUND),” DISPLAY THE MESSAGE “ENTER COMMENT EXPLAINING WHY (EACH) PERSON IS INCORRECTLY LISTED.”
| ROSTER FILTER: |
| DISPLAY ALL PERSONS NOT ADDED THIS ROUND. |

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

BOX_11A
======
OMITTED.

BOX_12
======
OMITTED.

RE22
====
OMITTED.

RE23
====
OMITTED.

BOX_13
======
OMITTED.

LOOP_02
======
OMITTED. USED ELSEWHERE.

RE24
====
OMITTED.

RE25
====
OMITTED.

END_LP02
======
OMITTED. USED ELSEWHERE.

BOX_14
======
OMITTED.

RE26
====
OMITTED.
OMITTED.
END_LP03
========
OMITTED.

BOX_19
======
OMITTED.

LOOP_04
=======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| RE35-END_LP04                                     |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_04 DETERMINES THE LOCATION   |
| OF RU MEMBERS WHO HAVE LEFT THE RU AND THE DATE    |
| SUCH PERSONS LEFT. THIS INFORMATION IS USED TO      |
| DETERMINE WHETHER SUCH PERSONS ARE ELIGIBLE FOR     |
| THIS INTERVIEW (THAT IS, REMAIN ON THE RU-MEMBERS-|
| ROSTER) AND TO DEFINE THE REFERENCE PERIOD, IF     |
| ANY, FOR SUCH PERSONS. THIS LOOP CYCLES ON RU      |
| MEMBERS WHO MEET THE FOLLOWING CONDITION:          |
|    - PERSON LEFT RU (RU STATUS 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, {YEAR}}?

DECEASED ................................ 1 {RE41}
INSTITUTIONALIZED ...................... 2 {RE36}
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]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| DISPLAY '{are/is}' IF NOT ROUND 5. DISPLAY 'was' |
| IF ROUND 5. DISPLAY 'on December 31, {YEAR}' IF |
| ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR |
| OF THE PANEL. 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, {YEAR}}?

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 {RE41}
DK ...................................... -8 {RE41}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
{PERSON'S FIRST MIDDLE AND LAST NAME}

{Is/Was} (PERSON) living within the U.S. or outside the U.S. {on December 31, {YEAR}}?

WITHIN U.S. ......................... 1 {RE41}
OUTSIDE U.S. ......................... 2 {RE41}
REF .................................. -7 {RE41}
DK .................................. -8 {RE41}

[Code One]

HELP AVAILABLE FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

IF RE35 CODED '4' (STUDENT AWAY AT POST-SECONDARY SCHOOL) AND RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PERSON AS A 'NEW STUDENT'.

IF RE35 CODED '5' (MOVED - CURRENTLY NOT IN MILITARY) AND RE37 CODED '1' (WITHIN U.S.), '-7' (REFUSED), OR '-8' (DON'T KNOW), FLAG PERSON AS A 'NON-MILITARY MOVER IN U.S.'
RE38
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Is/Was) (PERSON) living in another household or in a military facility {on December 31, {YEAR}}?

ANOTHER HOUSEHOLD ................... 1 {RE38OV}
MILITARY FACILITY ................... 2 {RE41}
REF ................................ -7 {RE38OV}
DK ...................................... -8 {RE38OV}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF    |
| ROUND 5. DISPLAY 'on December 31, {YEAR}', WHERE |
| 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL,|
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.       |
----------------------------------------------------

RE38OV
=====

(Is/Was) (PERSON) living within the U.S. or outside the U.S. {on December 31, {YEAR}}?

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, {YEAR}', WHERE |
| 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL,|
| 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'   |
----------------------------------------------------
{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, {YEAR}}.

PLACE NAME: [___________]
STREET ADDRESS1: [___________]
STREET ADDRESS2: [___________]
   CITY: [___________]
   STATE: [___________]
   ZIP CODE: [___________]

USE HELP TO VIEW 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, {YEAR}', WHERE 'YEAR' IS THE |
| SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. |
------------------------------------------------------------------

------------------------------------------------------------------
| CODES '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE |
| ALLOWED ON EACH FORM ITEM. |
------------------------------------------------------------------

------------------------------------------------------------------
| GO TO RE41 |
------------------------------------------------------------------
MEPS P13R5/P14R3/P15R1 Reenumeration (RE) Section Subsection A
November 10, 2009

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 U.S./leave the household}?

[Enter Month,Day,Year-4] ..............  {END_LP04}
REF ................................... -7 {END_LP04}
DK .................................... -8 {END_LP04}

----------------------------------------------------
| 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' (REFUSED), OR '-8' (DON'T
| KNOW) 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'
| (REFUSED) OR '-8' (DON'T KNOW).

----------------------------------------------------
IF DATE IS PRIOR TO 01/01/(YEAR), WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, AND PERSON MEETS ONE OF THE FOLLOWING SETS OF CONDITIONS:
- RE35 CODED '1' (DECEASED), '2' (INSTITUTIONALIZED), '-7' (REFUSED), OR '-8' (DON'T KNOW)
OR
- (RE35 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) OR '5' (MOVED - CURRENTLY NOT IN MILITARY)) AND RE37 CODED '2' (OUTSIDE U.S.)
OR
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND RE38 CODED '2' (MILITARY FACILITY)
OR
- RE35 CODED '6' (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED '1' (ANOTHER HOUSEHOLD), '-7' (REFUSED), OR '-8' (DON'T KNOW)) AND RE380V CODED '2' (OUTSIDE U.S.)

REMOVE PERSON FROM THE RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. PERSON IS OUT OF SCOPE AND INELIGIBLE. INFORMATION WILL NOT BE COLLECTED FOR THIS PERSON.
IF PERSON IS FLAGGED DURING THIS INTERVIEW AS ONE OF THE FOLLOWING:
- ‘NEW STUDENT’ ( THAT IS, RE35 CODED ‘4′ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) AND (RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
OR
- ‘NON-MILITARY MOVER IN U.S.’ ( THAT IS, RE35 CODED ‘5’ (MOVED - CURRENTLY NOT IN MILITARY) AND (RE37 CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
OR
- ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’ ( THAT IS, RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES) AND (RE38 CODED ‘2’ (ANOTHER HOUSEHOLD), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) AND (RE38OV CODED ‘1’ (WITHIN U.S.), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)),

REMOVE PERSON FROM RU-MEMBERS-ROSTER AND FLAG PERSON AS REMOVED AT RE41. THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.
IF DATE IS = OR AFTER 01/01/{YEAR} AND PERSON MEETS ONE OF THE FOLLOWING SETS OF CONDITIONS:
- RE35 CODED ‘1’ (DECEASED)
OR
- RE35 CODED ‘2’ (INSTITUTIONALIZED)
OR
- (RE35 CODED ‘4’ (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL) OR ‘5’ (MOVED - CURRENTLY NOT IN MILITARY))
  AND
  RE37 CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)
  AND
  RE38 CODED ‘2’ (MILITARY FACILITY)
OR
- RE35 CODED ‘6’ (MOVED - CURRENTLY ON FULL-TIME ACTIVE DUTY IN ARMED FORCES)
  AND
  (RE38 CODED ‘1’ (ANOTHER HOUSEHOLD), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW))
  AND
  RE38OV CODED ‘2’ (OUTSIDE U.S.)
OR
- RE35 CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW)

FLAG PERSON AS ‘REMOVE FROM RU BEFORE NEXT ROUND’. INFORMATION MAY BE COLLECTED FOR PERSON DURING THIS ROUND 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.

---------------------------------------
HARD CHECK:
---------------------------------------
END_LP04

-----------------------------
<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 MORE PERSONS MEET THE STATED CONDITIONS,    |</p>
<table>
<thead>
<tr>
<th>END LOOP_04 AND CONTINUE WITH BOX_22</th>
</tr>
</thead>
</table>

BOX_22

-----------------------------
<p>| 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,                                       |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH RE42A</th>
</tr>
</thead>
</table>
IF AT LEAST ONE RU MEMBER IS CURRENTLY LIVING IN
THE RU (THAT IS, IF AT LEAST ONE PERSON ON THE
CURRENT RU-MEMBERS-ROSTER MEETS ALL OF THE
FOLLOWING CONDITIONS:
- NOT DECEASED (RE35 IS NOT CODED ‘1’)
AND
- NOT INSTITUTIONALIZED (RE35 IS NOT CODED ‘2’)
AND
- NOT A STUDENT OR NON-MILITARY MOVER LIVING
OUTSIDE THE U.S. (RE37 IS NOT CODED ‘2’)
AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING AT A
MILITARY FACILITY (RE38 IS NOT CODED ‘2’)
AND
- NOT ON FULL-TIME ACTIVE DUTY AND LIVING OUTSIDE
THE U.S. (RE38OV IS NOT CODED ‘2’)
AND
- NOT LEFT RU FOR UNKNOWN REASON (RE35 IS NOT
CODED ‘-7’ OR ‘-8’),
GO TO BOX_22AAA

OTHERWISE, IF ROUND 1 (THAT IS, EITHER THE
RU-MEMBERS-ROSTER INCLUDES ONLY PERSONS WHO HAVE
LEFT THE RU SINCE START DATE OR (THE RU-MEMBERS-
ROSTER IS EMPTY AND AT LEAST ONE REMOVED PERSON
IS FLAGGED AS ‘NEW STUDENT’ OR ‘NON-MILITARY
MOVER IN U.S.’ OR ‘FULL-TIME MILITARY IN U.S.
AND NOT ON MILITARY FACILITY’)), GO TO BOX_24A

OTHERWISE, IF NOT ROUND 1 (THAT IS, EITHER THE
RU-MEMBERS-ROSTER INCLUDES ONLY PERSONS WHO HAVE
LEFT THE RU SINCE START DATE OR (THE RU-MEMBERS-
ROSTER IS EMPTY AND AT LEAST ONE REMOVED PERSON
IN FLAGGED AS ‘NEW STUDENT’ OR ‘NON-MILITARY
MOVER IN U.S.’ OR ‘FULL-TIME MILITARY IN U.S.
AND NOT ON MILITARY FACILITY’)), GO TO RE57A
INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER OR SELECT NEXT PAGE 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 {BOX_27}
TELEPHONE ............................. 2 {BOX_27}

[Code One]
IF PREVIOUS ROUND REFERENCE PERSON (OR NHIS REFERENCE PERSON IF ROUND 1) IS STILL IN RU ON DATE OF INTERVIEW (OR AS OF DECEMBER 31, {YEAR}), WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5), THAT IS IF PREVIOUS ROUND REFERENCE PERSON MEETS 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’)

THEN FLAG PREVIOUS ROUND REFERENCE PERSON (OR NHIS REFERENCE PERSON IF ROUND 1) AS CURRENT ROUND REFERENCE PERSON AND GO TO BOX_22AA

OTHERWISE, CONTINUE WITH RE42
RE42

Of all the people who {live/lived} in this household {on December 31, {YEAR}}, {does/did} anyone own or rent this home?

YES .................................... 1 {RE43}
NO ..................................... 2 {RE44}
REF ................................... -7 {RE44}
DK .................................... -8 {RE44}

HELP AVAILABLE FOR DEFINITION OF OWNS/RENTS HOME.

RE43

Of the people in this family who {live/lived} here {now/on December 31, {YEAR}}, 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.

[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]

HELP AVAILABLE FOR DEFINITION OF OWNS/RENTS HOME.
DISPLAY ‘PERSON NOT IN RU’ AS THE LAST ENTRY ON
THIS ROSTER.

IF ‘PERSON NOT IN RU’ SELECTED, CONTINUE WITH
RE44

OTHERWISE (CURRENT RU MEMBER SELECTED),
GO TO BOX 22AA

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR
SELECTION OF THE PERSON WHO OWNS OR RENTS THE
HOME.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.

2. MULTIPLE SELECT, ADD, DELETE, AND EDIT
   DISALLOWED.
ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CRITERIA:

PERSON >= 16 YEARS OLD OR AGE CATEGORY 4-9 INCLUSIVE
AND
PERSON IS STILL LIVING IN THE RU AT THE DATE OF THE CURRENT INTERVIEW. THAT IS, THE PERSON 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 THE U.S. (RE38OV CODED ‘2’)
OR
- LEFT RU FOR UNKNOWN REASON (RE35 CODED ‘-7’ OR ‘-8’)

--------------------------------------------------------------------------------
Of all the people in this family who {live/lived} here {now/on December 31, {YEAR}}, who {is/was} considered the head of household?

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBER</th>
<th>RE44_02. RUID</th>
<th>RE44_03. GENDER</th>
<th>RE44_04. AGE</th>
<th>RE44_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

[Code One]

HELP AVAILABLE FOR DEFINITION OF HEAD OF HOUSEHOLD.

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>DISPLAY 'live' AND 'now' AND 'is' IF NOT ROUND 5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DISPLAY 'lived' AND 'on December 31, {YEAR}',</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PANEL, AND 'was' IF ROUND 5.</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
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<th></th>
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<tbody>
<tr>
<td>DISPLAY 'ADD RU MEMBER' AS AN OPTION ON THIS</td>
<td></td>
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<tr>
<td>SCREEN.</td>
<td></td>
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</tbody>
</table>

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<th></th>
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<tbody>
<tr>
<td>IF PERSON FROM ANOTHER RU SELECTED AND VERIFIED</td>
<td></td>
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</tr>
<tr>
<td>AS THE HEAD OF HOUSEHOLD, ADD PERSON TO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RU-MEMBERS-ROSTER.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IF ‘ADD RU MEMBER’ SELECTED, CONTINUE WITH RE45
(NOTE THAT RE45 IS ACTUALLY A POP-UP ON RE44.)

OTHERWISE (CURRENT DU MEMBER SELECTED),
GO TO BOX_22AA

ROSTER DETAILS:
TITLE: DU_MEMBERS_2

COL # 1 HEADER: SELECT DU MEMBER
INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: RUID
INSTRUCTIONS: DISPLAY RU ID (RUNT.RUNTID)

COL # 3 HEADER: GENDER
INSTRUCTIONS: DISPLAY THE DU MEMBERS’ SEX (PERS.SMPSEXMR)

COL # 4 HEADER: AGE
INSTRUCTIONS: DISPLAY DU MEMBERS’ AGES (PRND.AGE)

COL # 5 HEADER: INTERVIEW COMPLETED THIS ROUND
INSTRUCTIONS: DISPLAY WHETHER THE DU MEMBER HAS ALREADY FINISHED THE INTERVIEW THIS ROUND (TEMPORARY VARIABLE)

ROSTER DEFINITION:
DISPLAY THE DU-MEMBERS-ROSTER FOR SELECTION OF HEAD OF HOUSEHOLD.
ROSTER BEHAVIOR:
1. ALL COLUMNS ARE PROTECTED; NO CHANGES ARE ALLOWED AT THIS SCREEN.

2. 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.

3. 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."

4. IF AN RU MEMBER UNDER 16 IS SELECTED AS THE HEAD OF HOUSEHOLD, DISPLAY MESSAGE "HEAD OF HOUSEHOLD < 16. S/HE MUST BE APPROVED BY SUPERVISOR. RESELECT TO VERIFY."

5. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU, DISPLAY THE MESSAGE: "PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION."

6. IF INTERVIEWER SELECTS PERSON WHO HAS LEFT THE RU, DISPLAY THE MESSAGE: "SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION."

ROSTER FILTER:
NONE. DISPLAY ALL DU MEMBERS.

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] {BOX_22AA}
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'),
then continue with RE46.

Otherwise, go to Box 24A.
(REFERENCE PERSON'S FIRST MIDDLE AND LAST NAME)

(Please think about the people living here as of December 31, (YEAR) 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, (YEAR)) as part of this family, other than (READ NAMES BELOW)? Do not include anyone (who was) staying here temporarily who usually (lives/lived) somewhere else. By related we mean by blood, marriage, living together as married, adoption or foster care relationship.

[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}

HELP AVAILABLE FOR DEFINITION OF LIVING TOGETHER AS MARRIED/PARTNER RELATIONSHIPS.

------------------------------------------------------------------------------------------------------------------
| DISPLAY 'Please .. questions.' IF ROUND 5, WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. |
| OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'Is’ AND 'is’ AND 'now’ IF NOT ROUND 5. |
| DISPLAY 'Was' AND 'was' AND 'on December 31, (YEAR)', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. |
| DISPLAY 'who was’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| DISPLAY 'lives’ IF ROUND 1-4. DISPLAY 'lived’ IF ROUND 5. |
| DISPLAY ‘other than you’ IF RESPONDENT FLAGGED AS 'NEW RU MEMBER ADDED AT RE08 (RE06 POP-UP)' OR IF A PREVIOUS ROUND INSTITUTIONALIZED RU MEMBER HAS RETURNED TO THE RU AND IS THE RESPONDENT. |
| OTHERWISE, USE A NULL DISPLAY. |
| FOR CONTEXT HEADER, DISPLAY CURRENT ROUND REFERENCE PERSON. |
------------------------------------------------------------------------------------------------------------------
IF NOT ROUND 1 AND CE05A 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.”

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.

2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT ADDED TO THE ROSTER THIS ROUND.
{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, {YEAR})? 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 {RE48}
NO ..................................... 2 {RE50}
REF ................................... -7 {RE50}
DK .................................... -8 {RE50}

HELP AVAILABLE 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, {YEAR}’, WHERE ‘YEAR’ IS THE |
| SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. |

| IF NOT ROUND 1 AND CE05A 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.” |

-----------------------------------------------
{INTERVIEWER: IF ALL PERSONS WHO HAVE JOINED THE RU ARE ALREADY SELECTED, BACKUP AND CHANGE PREVIOUS SCREEN TO 'NO'.}

Who else {is/was} related and living here {now/on December 31, {YEAR}}?

PROBE: Anyone else?

<table>
<thead>
<tr>
<th>ROSTER. SELECT DU MEMBER</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 AN 'ANY NEW RU MEMBERS NOT LISTED' OPTION | | AS THE LAST SELECTABLE ROW ON THE ROSTER. | | ---------------------------------------------------- |

| ---------------------------------------------------- | | ---------------------------------------------------- | | ---------------------------------------------------- |
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. | | DISPLAY 'now' IF NOT ROUND 5. DISPLAY 'on December 31, {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. | | ---------------------------------------------------- |

| ---------------------------------------------------- | | ---------------------------------------------------- | | ---------------------------------------------------- |
| DISPLAY 'INTERVIEWER...' IF NOT ROUND 1. | | OTHERWISE, USE NULL DISPLAY. | | ---------------------------------------------------- |
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

ROSTER DETAILS:
TITLE: DU_MEMBERS_2

COL # 1 HEADER: SELECT DU MEMBER
INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: RUID
INSTRUCTIONS: DISPLAY RU ID (RUNT.RUNTID)

COL # 3 HEADER: GENDER
INSTRUCTIONS: DISPLAY THE DU MEMBERS’ SEX (PERS.SMPSEXR)

COL # 4 HEADER: AGE
INSTRUCTIONS: DISPLAY DU MEMBERS’ AGES (PRND.AGE)

COL # 5 HEADER: INTERVIEW COMPLETED THIS ROUND
INSTRUCTIONS: DISPLAY WHETHER THE DU MEMBER HAS ALREADY FINISHED THE INTERVIEW THIS ROUND (TEMPORARY VARIABLE)

ROSTER DEFINITION:
DISPLAY THE DU-MEMBERS-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. ALL COLUMNS ARE PROTECTED; NO CHANGES ARE ALLOWED AT THIS SCREEN, EXCEPT TO ADD AN RU MEMBER AT THE POP-UP (RE49).

2. 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.

3. 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.”

4. IF INTERVIEWER SELECTS A PERSON FROM ANOTHER RU FOR WHOM AN INTERVIEW HAS NOT YET BEEN COMPLETED, DISPLAY THE MESSAGE: “PERSON IS MEMBER OF ANOTHER RU. VERIFY THAT PERSON JOINED OR CORRECT SELECTION.”

5. IF INTERVIEWER SELECTS PERSON WHO HAS LEFT THE RU, DISPLAY THE MESSAGE: “SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.”

6. IF INTERVIEWER TRIES TO LEAVE THE SCREEN WITHOUT MAKING A SELECTION, DISPLAY THE MESSAGE: “IF NO NEW PERSON HAS JOINED THE RU, BACKUP TO CORRECT PREVIOUS SCREENS.”

ROSTER FILTER:
DISPLAY ALL DU MEMBERS; NO FILTER.
Please give me the name of each new related person who {is/was} living with this household {on December 31, (YEAR)}.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE49_02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

-----------------------------------------------
| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. DISPLAY 'on December 31, (YEAR)', WHERE |
| 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.    |
-----------------------------------------------

-----------------------------------------------
| DISPLAY AN 'ADD RU MEMBER' OPTION AT THIS SCREEN. |
-----------------------------------------------

-----------------------------------------------
| IF PERSON IS ADDED AT RE49, ADD PERSON TO RU- |
| MEMBERS-ROSTER AND FLAG PERSON AS ADDED AT RE49 |
-----------------------------------------------

-----------------------------------------------
| CONTINUE WITH RE50 |
-----------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_4 |

| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| COL # 2 HEADER: IN RU NOW? |
| INSTRUCTIONS: DISPLAY THE RU MEMBERS’ RU STATUS (PRND.INRUSTAT) |

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR ENTRY. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE ADD ALLOWED. |

| 2. LIMITED DELETE ALLOWED. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN. |

| 3. LIMITED EDIT ALLOWED. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN. |

| 4. EACH ROW INITIALLY HAS ’IN RU NOW?’ SET TO ’YES’ FOR EACH PERSON CODED ’1’ (IN RU) AT RE21 OR ADDED TO RU DURING THIS INTERVIEW. |

| 5. ’IN RU NOW?’ COLUMN IS PROTECTED. |

| 6. AUTOMATICALLY DISPLAY ’YES’ FOR ’IN RU NOW?’ FOR PERSON(S) ADDED AT THIS SCREEN. |

| ROSTER FILTER: |
| DISPLAY ALL MEMBERS OF THE RU; NO FILTER. |
Have we missed anyone? For example, babies born or adopted {since/between} {DATE OF PREVIOUS ROUND INTERVIEW} {and December 31, {YEAR}}, anyone related who usually {lives/lived} here but {is/was} traveling, away on business, or in the hospital?

YES .................................... 1 {RE51}
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, {YEAR}’, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.

---

IF ROUND 1 AND RE50 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO RE53

---

IF NOT ROUND 1 AND RE50 CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO BOX_24A

---

OTHERWISE (RE50 CODED ‘1’ (YES)), CONTINUE WITH RE51
Who else *(is/was)* related and living here *(now/on December 31, {YEAR})*?

PROBE: Anyone else?

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBER</th>
<th>RE51_02. RUID-</th>
<th>RE51_03. GENDER</th>
<th>RE51_04. AGE</th>
<th>RE51_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
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DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'now' IF NOT ROUND 5. DISPLAY 'on December 31, {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5.

---

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 'ADD RU MEMBER' NOT SELECTED, GO TO RE53

OTHERWISE, GO TO BOX_24A

ROSTER DETAILS:
TITLE: DU_MEMBERS_2

COL # 1 HEADER: SELECT DU MEMBER
INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: RUID
INSTRUCTIONS: DISPLAY RU ID (RUNT.RUNTID)

COL # 3 HEADER: GENDER
INSTRUCTIONS: DISPLAY THE DU MEMBERS’ SEX (PERS.SMPSEXR)

COL # 4 HEADER: AGE
INSTRUCTIONS: DISPLAY DU MEMBERS’ AGES (PRND.AGE)

COL # 5 HEADER: INTERVIEW COMPLETED THIS ROUND
INSTRUCTIONS: DISPLAY WHETHER THE DU MEMBER HAS ALREADY FINISHED THE INTERVIEW THIS ROUND (TEMPORARY VARIABLE)

ROSTER DEFINITION:
DISPLAY THE DU-MEMBERS-ROSTER FOR SELECTION.
---

**ROSTER BEHAVIOR:**

1. **ALL COLUMNS ARE PROTECTED; NO CHANGES ARE ALLOWED AT THIS SCREEN.**

2. **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.**

3. **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.”**

4. **IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THE RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: “SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION.”**

---

**ROSTER FILTER:**

**DISPLAY ALL RU MEMBERS; NO FILTER.**

---
Please give me the name of each new related person who {is/was} living with this household {on December 31, {YEAR}}.

PROBE: Anyone else?

ENTER NAMES. VERIFY SPELLING. IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

<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>

---

<table>
<thead>
<tr>
<th>DISPLAY 'ADD RU MEMBER' AS AN OPTION ON THIS SCREEN.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF ROUND 5. DISPLAY 'on December 31, {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADD ENTERED PERSONS TO RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED TO RU AT RE52.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF ROUND 1, CONTINUE WITH RE53</th>
</tr>
</thead>
</table>
OTHERWISE, GO TO BOX_24A

ROSTER DETAILS:
TITLE: RU_MEMBERS_4

COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: IN RU NOW?
INSTRUCTIONS: DISPLAY THE RU MEMBERS’ RU STATUS (PRND.INRUSTAT)

ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR ENTRY OF NEW RU MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE ADD ALLOWED.

2. LIMITED DELETE ALLOWED. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.

3. LIMITED EDIT ALLOWED. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.

4. EACH ROW INITIALLY HAS ‘IN RU NOW?’ SET TO ‘YES’ FOR EACH PERSON CODED ‘1’ (IN RU) AT RE21 OR ADDED TO RU DURING THIS INTERVIEW.

5. ‘IN RU NOW?’ COLUMN IS PROTECTED.

6. AUTOMATICALLY DISPLAY ‘YES’ FOR ‘IN RU NOW?’ FOR PERSON(S) ADDED AT THIS SCREEN.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS; NO FILTER.
ARE THERE ANY CHILDREN OR YOUNG PEOPLE UNDER 24 YEARS OF AGE RELATED TO (REFERENCE PERSON) 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 {RE54}
NO ..................................... 2 {BOX_24}
REF ................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}
### RE54

Who is under 24, never married, and living away at school in the U.S.?

**PROBE:** Anyone else?

<table>
<thead>
<tr>
<th>ROSTER. DU MEMBER</th>
<th>RE54_02. RUID</th>
<th>RE54_03. GENDER</th>
<th>RE54_04. AGE</th>
<th>RE54_05. INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display RUID]</td>
<td>[Display Selection]</td>
<td>[Display Age]</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

| DISPLAY 'ANY NEW RU MEMBERS NOT LISTED' AS AN OPTION ON THIS SCREEN. |
| ADD EACH SUCCESSFULLY SELECTED PERSON TO THE RU-MEMBERS-ROSTER AND FLAG PERSON AS ADDED TO THE RU AT RE54. |
| IF 'ANY NEW RU MEMBERS NOT LISTED' SELECTED, CONTINUE WITH RE55 |

80
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_22A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE: DU_MEMBERS_2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COL # 1 HEADER: SELECT DU MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COL # 2 HEADER: RUID</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS: DISPLAY RU ID (RUNT.RUNTID)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COL # 3 HEADER: GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS: DISPLAY THE DU MEMBERS’ SEX (PERS.SMPSEXR)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COL # 4 HEADER: AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS: DISPLAY DU MEMBERS’ AGES (PRND.AGE)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COL # 5 HEADER: INTERVIEW COMPLETED THIS ROUND</th>
</tr>
</thead>
<tbody>
<tr>
<td>INSTRUCTIONS: DISPLAY WHETHER THE DU MEMBER HAS ALREADY FINISHED THE INTERVIEW THIS ROUND (TEMPORARY VARIABLE)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY THE DU-MEMBERS-ROSTER FOR SELECTION.</td>
</tr>
</tbody>
</table>
ROSTER BEHAVIOR:
1. RU MEMBERS, RUID, GENDER, AND AGE COLUMNS ARE PROTECTED; NO CHANGES ARE ALLOWED.

2. IF NEW RU, AN 'X' WILL BE DISPLAYED IN THE INTERVIEW COMPLETED THIS ROUND FOR EACH PERSON WHO HAS ALREADY BEEN INTERVIEWED IN ANOTHER RU IN THE DU.

3. 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."

4. IF INTERVIEWER SELECTS A PERSON WHO HAS LEFT THIS RU OR A CURRENT RU MEMBER, DISPLAY THE MESSAGE: "SELECTION IS INAPPROPRIATE. MAKE ANOTHER SELECTION."

5. IF GENDER OR AGE HAS NOT BEEN COLLECTED, DISPLAY '--' IN APPROPRIATE CELLS.

ROSTER FILTER:
DISPLAY ALL DU MEMBERS; NO FILTER.
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'.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE55 02. IN RU NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
</tr>
</tbody>
</table>

---

| DISPLAY 'ADD RU MEMBER' AS AN OPTION ON THIS SCREEN. |
---

| ADD PERSONS TO THE RU-MEMBERS-ROSTER AND FLAG PERSONS AS ADDED TO THE RU AT RE55. |
---

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_4 |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: IN RU NOW? |
| INSTRUCTIONS: DISPLAY THE RU MEMBERS’ RU STATUS (PRND.INRUSTAT) |
---
ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR ENTRY OF NEW RU MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE ADD ALLOWED.

2. LIMITED DELETE ALLOWED. ALLOW INTERVIEWERS TO DELETE ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.

3. LIMITED EDIT ALLOWED. ALLOW INTERVIEWERS TO EDIT ONLY THOSE PERSONS WHO WERE ADDED AT THIS SCREEN.

4. EACH ROW INITIALLY HAS ‘IN RU NOW?’ SET TO ‘YES’ FOR EACH PERSON CODED ‘1’ (IN RU) AT RE21 OR ADDED TO RU DURING THIS INTERVIEW.

5. ‘IN RU NOW?’ COLUMN IS PROTECTED.

6. AUTOMATICALLY DISPLAY ‘YES’ FOR ‘IN RU NOW?’ FOR PERSON(S) ADDED AT THIS SCREEN.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS; NO FILTER.
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. |
----------------------------------------------------
(Are/Is) (PERSON) attending ...

grades 1-12, ............................ 1 (RE56A)
a college or university, or .......... 2 (RE56A)
some other training school
    after high school? .................. 3 (RE56A)
REF ................................... -7 (RE56A)
DK .................................... -8 (RE56A)

[Code One]

HELP AVAILABLE 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 < 24, LIVING AWAY,
POST-SECONDARY SCHOOL........... 2 {RE56B}

PERSON WAS NOT FT MILITARY AT TIME OF NHIS AND WAS ...

LIVING IN U.S. ..................... 3 {RE56B}

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 {RE56B}

PERSON WAS ...

LIVING WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER) .............. 8 {BOX_23A}

OTHER .............................. 91 {RE56B}

REF ................................. -7 {RE56B}

DK .................................. -8 {RE56B}

{Code One}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
IF CODED ONE OF THE FOLLOWING:
- '1' (INSTITUTIONALIZED),
OR
- '4' (NOT FT MILITARY AT TIME OF NHIS AND LIVING OUTSIDE U.S.),
OR
- '5' (FT MILITARY AT TIME OF NHIS AND LIVING AT A MILITARY FACILITY),
OR
- '6' (FT MILITARY AT TIME OF NHIS AND LIVING OUTSIDE U.S.),
OR
- '8' (LIVING WITH THIS FAMILY BUT LEFT OFF NHIS ROSTER),
FLAG PERSON AS 'NOT SAMPLEABLE AT NHIS' (PERSON HAD NO POSSIBILITY OF BEING INCLUDED IN THE NHIS SAMPLE).

IF CODED ANY OTHER CODE (INCLUDING '-7' (REFUSED) AND '-8' (DON'T KNOW), FLAG PERSON AS 'SAMPLEABLE AT NHIS.' (PERSON HAD POSSIBILITY OF BEING INCLUDED IN THE NHIS SAMPLE.)

IF PERSON MEETS BOTH OF THE FOLLOWING CONDITIONS:
- PERSON IS FLAGGED AS 'NOT SAMPLEABLE AT NHIS' (SEE PREVIOUS BOX)
AND
- PERSON IS ATTENDING (COLLEGE OR UNIVERSITY) OR (SOME OTHER TRAINING SCHOOL AFTER HIGH SCHOOL) (THAT IS, RE56 IS CODED '2' OR '3' FOR PERSON),
FLAG PERSON AS A 'NEW STUDENT'.

IF PERSON MEETS BOTH OF THE FOLLOWING CONDITIONS:
- PERSON IS FLAGGED AS 'NOT SAMPLEABLE AT NHIS' (SEE BOX ABOVE)
AND
- RE56 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) FOR PERSON,
FLAG PERSON AS 'NON-MILITARY MOVER IN U.S.'
RE56B

{PERSON’S FIRST MIDDLE AND LAST NAME}

At the time of the National Health Interview Survey on {MONTH, DAY, YEAR OF NHIS INTERVIEW}, (were/was) (PERSON) 17 to 23 years old?

YES .................................... 1
NO ..................................... 2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

----------------------------------------------------
| FOR {MONTH...}, DISPLAY THE NHIS INTERVIEW DATE. |
----------------------------------------------------

----------------------------------------------------
| 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 {BOX_23A}
NO ..................................... 2 {BOX_23A}
REF ................................... -7 {BOX_23A}
DK .................................... -8 {BOX_23A}
FOR {MONTH...}, DISPLAY THE NHIS INTERVIEW DATE.

IF CODED ‘1’ (YES), FLAG PERSON AS ‘A NEW STUDENT’.

BOX_23A

IF PERSON MEETS EITHER OF THE FOLLOWING CONDITIONS:
- FLAGGED AS A ‘NEW STUDENT’ (SEE BOX ON RE56A AND RE56C)
OR
- FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ (SEE BOX ON RE56A)

REMOVE PERSON FROM RU-MEMBERS-ROSTER.
THE RE SECTION WILL COLLECT LOCATING AND OTHER PERTINENT INFORMATION FOR PERSON BUT PERSON WILL NOT BE INCLUDED IN THIS INTERVIEW AFTER THE RE SECTION. INFORMATION FOR PERSON MAY BE COLLECTED AS PART OF ANOTHER RU.

END_LP05

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_05 AND CONTINUE WITH BOX_23
<table>
<thead>
<tr>
<th>IF NO ONE ON THE RU-MEMBERS-ROSTER IS FLAGGED AS ‘SAMPLEABLE AT NHIS’, GO TO BOX 24</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH RE56D</th>
</tr>
</thead>
</table>

RE56D

{PERSON’S FIRST MIDDLE LAST NAME}

At the time we are only collecting information about some of the students you just now identified. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

[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 ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

<table>
<thead>
<tr>
<th>GO TO BOX 24</th>
</tr>
</thead>
</table>

ROSTER DETAILS:
TITLE: RU_MEMBERS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO ARE FLAGGED AS 'SAMPLEABLE AT NHIS'. SEE BOX ON RE56A.

BOX_24A

IF ROUND 1, GO TO BOX_25A

OTHERWISE (ROUNDS 2 – 5), CONTINUE WITH RE57A
VERIFY DISPLAYED INFORMATION.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

SELECT GENDER.
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, {YEAR}.}

<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, {YEAR}.’, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

REFUSED AND DON’T KNOW ALLOWED.

FOR ROUND 5, AGE IS CALCULATED AS OF DECEMBER 31, {YEAR}, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. ALL AGE SKIPS (THROUGHOUT THE QUESTIONNAIRE) WILL BE BASED ON THIS AGE.
IF THE INTERVIEWER ENTERS AN AGE THAT CONTRADICTS THE DOB, CAPI WILL STILL CALCULATE THE AGE BASED ON DOB WHEN THE INTERVIEWER LEAVES THE SCREEN. NO ERROR MESSAGE IS DISPLAYED.

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

IF AGE MISSING FOR ANY RU MEMBER, CONTINUE WITH LOOP_06A

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

OTHERWISE, GO TO BOX_26

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

ROSTER DETAILS:
TITLE: RU_MEMBERS_2

COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: GENDER
INSTRUCTIONS: DISPLAY RU MEMBERS’ SEX (PERS.SMPSEXR)

COL # 3 HEADER: DATE OF BIRTH
INSTRUCTIONS: DISPLAY RU MEMBERS’ DATES OF BIRTH (PERS.SMPDOBMM, PERS.SMPDOBDD, PERS.SMPDOBYY)

COL # 4 HEADER: AGE
INSTRUCTIONS: DISPLAY RU MEMBERS’ AGES (PRND.AGE)

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

ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR VERIFICATION AND CORRECTION.
ROSTER BEHAVIOR:
1. PRESENT BLANK FIELDS FOR ALL MISSING DATA ITEMS. ENABLE MOVEMENT ON SCREEN SO THAT INTERVIEWER CAN ENTER/UPDATE GENDER, DATE OF BIRTH AND AGE FOR ALL PERSONS BY ROW.

2. THE NAME COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.

3. GENDER, DATE OF BIRTH, AND AGE (WHEN AGE IS NOT CALCULATED BY CAPI) CAN BE EDITED.

4. REPLACING 'REAL' DATA WITH -7 OR -8 IS DISALLOWED. IF THE INTERVIEWER TRIES TO DO SO, DISPLAY THE MESSAGE "DO NOT REPLACE EXISTING INFORMATION WITH REFUSED OR DON'T KNOW."

5. IF DATE OF BIRTH IS CHANGED, CAPI WILL CALCULATE THE NEW AGE AUTOMATICALLY AND DISPLAY THE AGE IN THE AGE COLUMN.

6. SELECT, ADD, AND DELETE DISALLOWED IN ALL COLUMNS.

ROSTER FILTER:
DISPLAY ALL RU MEMBERS; NO FILTER.

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
PROBE FOR RESPONDENT'S BEST ESTIMATE OF AGE.

{(Are/Is)/As of December 31, {YEAR}, (were/was)} (PERSON)...

Less than 1 year old, .................. 1 {END_LP06A}
1 - 4, ................................. 2 {END_LP06A}
5 - 15, ................................. 3 {END_LP06A}
16 - 23, ................................. 4 {END_LP06A}
24 - 34, ................................ 5 {END_LP06A}
35 - 44, ................................ 6 {END_LP06A}
45 - 54, ................................ 7 {END_LP06A}
55 - 64, or .............................. 8 {END_LP06A}
65 years or older? ..................... 9 {END_LP06A}

REF ................................... -7 {RE57C}
DK .................................... -8 {RE57C}

[Code One]
DISPLAY 'As of December 31, {YEAR}', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, 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.
ASK APPROPRIATE QUESTION FOR EACH BLANK FIELD.

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.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE57_02. GENDER [Select Gender]</th>
<th>RE57_03. DATE OF BIRTH [Enter Month Day Year-4]</th>
<th>RE57_04. AGE [Verify/Enter Age]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>[Select Gender]</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>[Select Gender]</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>[Select Gender]</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.          |---------------------------------------------------------|

---------------------------------------------------------|---------------------------------------------------------|
| 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)),                                      |---------------------------------------------------------|
| 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, AGE IS MISSING AT RE57)),                          |---------------------------------------------------------|
| CONTINUE WITH LOOP_06                                  |---------------------------------------------------------|
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_2 |

| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| COL # 2 HEADER: GENDER |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ SEX (PERS.SMPSEX) |

| COL # 3 HEADER: DATE OF BIRTH |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ DATES OF BIRTH (PERS.SMPDOBMM, PERS.SMPDOBDD, PERS.SMPDOBYY) |

| COL # 4 HEADER: AGE |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ AGES (PRND.AGE) |

---

| ROSTER DEFINITION: |
| DISPLAY THE RU-MEMBERS-ROSTER FOR ENTRY OF MISSING DATA. |

---

| ROSTER BEHAVIOR: |
| 1. PRESENT BLANK FIELDS FOR ALL MISSING DATA ITEMS. ENABLE MOVEMENT ON SCREEN SO THAT INTERVIEWER CAN ENTER/UPDATE GENDER, DATE OF BIRTH AND AGE FOR ALL PERSONS BY ROW. |

| 2. THE NAME COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED. |

| 3. GENDER, DATE OF BIRTH, AND AGE (WHEN AGE IS NOT CALCULATED BY CAPI) CAN BE EDITED. |

| 4. REPLACING ‘REAL’ DATA WITH -7 OR -8 IS DISALLOWED. IF THE INTERVIEWER TRIES TO DO SO, DISPLAY THE MESSAGE “DO NOT REPLACE EXISTING INFORMATION WITH REFUSED OR DON’T KNOW.” |

| 5. IF DATE OF BIRTH IS CHANGED, CAPI WILL CALCULATE THE NEW AGE AUTOMATICALLY AND DISPLAY THE AGE IN THE AGE COLUMN. |

| 6. SELECT, ADD, AND DELETE DISALLOWED IN ALL COLUMNS. |
---

ROSTER FILTER:
DISPLAY NEW RU MEMBERS ADDED IN THE CURRENT ROUND WHO WERE NOT SELECTED FROM THE DU-MEMBERS-ROSTER.

---

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

---

RE58

---

(PERSON'S FIRST MIDDLE AND LAST NAME)

PROBE FOR RESPONDENT'S BEST ESTIMATE OF AGE.
(Are/Is) (PERSON)... 

<table>
<thead>
<tr>
<th>Less than 1 year old,</th>
<th>1 {END_LP06}</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 4,</td>
<td>2 {END_LP06}</td>
</tr>
<tr>
<td>5 - 15,</td>
<td>3 {END_LP06}</td>
</tr>
<tr>
<td>16 - 23,</td>
<td>4 {END_LP06}</td>
</tr>
<tr>
<td>24 - 34,</td>
<td>5 {END_LP06}</td>
</tr>
<tr>
<td>35 - 44,</td>
<td>6 {END_LP06}</td>
</tr>
<tr>
<td>45 - 54,</td>
<td>7 {END_LP06}</td>
</tr>
<tr>
<td>55 - 64, or 65 years or older?</td>
<td>8 {END_LP06}</td>
</tr>
<tr>
<td>REF</td>
<td>-7 {RE59}</td>
</tr>
<tr>
<td>DK</td>
<td>-8 {RE59}</td>
</tr>
</tbody>
</table>

[Code One]
**RE59**

{PERSON'S FIRST MIDDLE AND LAST NAME}

**ENTER YOUR BEST GUESS FOR (PERSON)'S AGE.**

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 1 YEAR OLD</td>
<td>1</td>
</tr>
<tr>
<td>1 - 4</td>
<td>2</td>
</tr>
<tr>
<td>5 - 15</td>
<td>3</td>
</tr>
<tr>
<td>16 - 23</td>
<td>4</td>
</tr>
<tr>
<td>24 - 34</td>
<td>5</td>
</tr>
<tr>
<td>35 - 44</td>
<td>6</td>
</tr>
<tr>
<td>45 - 54</td>
<td>7</td>
</tr>
<tr>
<td>55 - 64</td>
<td>8</td>
</tr>
<tr>
<td>65 YEARS OR OLDER</td>
<td>9</td>
</tr>
</tbody>
</table>

[Code One]

**END_LP06**

---

<table>
<thead>
<tr>
<th>CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER</th>
<th>WHO MEETS THE CONDITIONS STATED IN THE LOOP</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFINITION.</td>
<td></td>
</tr>
</tbody>
</table>

---

| IF NO MORE PERSONS MEET THE STATED CONDITIONS,  |
| END LOOP_06 AND CONTINUE WITH 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

FOR EACH ELEMENT IN THE DU MEMBERS-ROSTER, ASK RE60-END_LP07

LOOP DEFINITION: LOOP_07 UPDATES NAME, GENDER, BIRTH DATE, AND AGE OF BOTH CURRENT RU MEMBERS WHO WERE MEMBERS OF THE RU OR DU AT THE TIME OF NHIS AND PERSONS WHO ARE FLAGGED AS ‘NEW STUDENT’. THIS LOOP CYCLES ON ALL DU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS:
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A MEMBER OF THIS RU AT THE TIME OF NHIS OR
- PERSON IS A CURRENT MEMBER OF THIS RU AND WAS A MEMBER OF THE DU AT THE TIME OF NHIS OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A ‘NEW STUDENT’
Let's review some information about (PERSON), starting with the name.

VERIFY FULL NAME AND SPELLING.

USE TAB TO MOVE THROUGH FIELDS. RETYPE ANY FIELDS WHICH NEED CORRECTION.

IF NO MIDDLE NAME OR INITIAL, ENTER 'NMN'.

Current Info:  [NHIS FIRST NAME]  
[NHIS MIDDLE NAME]  
[NHIS LAST NAME]

FIRST NAME[_________________]
MIDDLE NAME[_______________]
LAST NAME[_______________]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

---------------------------------------------
| FOR NHIS FIRST NAME, MIDDLE NAME, AND LAST NAME, |  |
| DISPLAY THE PERSON’S NAME AS RECORDED IN THE NHIS. |  |
---------------------------------------------

---------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED AT ALL FIELDS. |  |
| HOWEVER, DO NOT ALLOW INTERVIEWER TO CHANGE ‘REAL |  |
| DATA’ TO ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW). |  |
---------------------------------------------

---------------------------------------------
| GO TO RE61 |  |
---------------------------------------------
ASK IF NOT OBVIOUS: I have (PERSON) recorded as (READ GENDER BELOW). Is that correct?

MAKE CORRECTIONS TO GENDER BELOW.

IF CORRECTION IS NECESSARY, SELECT APPROPRIATE CODE.
IF NO CORRECTION IS NECESSARY, PRESS ENTER.

Current Info: [NHIS GENDER]

| MALE ........................................ 1 {RE62} |
| FEMALE ......................................... 2 {RE62} |
| REF .................................. -7 {RE62} |
| DK ................................... -8 {RE62} |

| FOR 'NHIS GENDER', DISPLAY THE PERSON’S GENDER AS |
| RECORDED IN THE NHIS. |

| REFUSED AND DON’T KNOW ALLOWED. HOWEVER, DO NOT |
| ALLOW INTERVIEWER TO CHANGE ‘REAL DATA’ TO ‘-7’ |
| (REFUSED) OR ‘-8’ (DON’T KNOW). |
RE62
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) was born on (READ DATE BELOW). Is that correct?

VERIFY BIRTHDATE BELOW WITH RESPONDENT.

USE TAB TO MOVE THROUGH FIELDS. IF ANY CORRECTIONS ARE NEEDED, RETYPE ENTIRE DATE.

Current Info: [NHIS DATE OF BIRTH]

[Enter Month, Day, Year-4] ............ {RE63}
REF ................................. -7 {RE64}
DK ................................. -8 {RE64}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

------------------------------------------------------------------
| FOR ‘NHIS DATE OF BIRTH’, DISPLAY THE PERSON’S DATE OF BIRTH AS | |
| RECORDED IN THE NHIS.                                            | |
------------------------------------------------------------------

------------------------------------------------------------------
| REFUSED AND DON’T KNOW ALLOWED. HOWEVER, DO NOT ALLOW INTERVIEWER | |
| TO CHANGE ‘REAL DATA’ TO ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW).    | |
------------------------------------------------------------------

------------------------------------------------------------------
| IF CURRENT INFO IS NOT AVAILABLE, ENTRY FOR DATE OF BIRTH IS REQUIRED. (REF AND DK ARE ALLOWED.) |
------------------------------------------------------------------

------------------------------------------------------------------
| IF ANY FIELD IN DATE OF BIRTH CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), GO TO RE64 |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH RE63 |
------------------------------------------------------------------
RE63
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

So (PERSON) is {AGE CALCULATED FROM DATE OF BIRTH AT RE62} years old. Is that correct?

YES ........................................... 1 {END_LP07}
NO ........................................... 2
REF ........................................... -7 {RE65}
DK ........................................... -8 {RE65}

----------------------------------------------------
| IF CODED ‘2’ (NO), DISPLAY MESSAGE: “IF AGE INCORRECT, BACKUP 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 {RE65}
DK ....................................... -8 {RE65}
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 {RE66}
DK .................................... -8 {RE66}

[Code One]

RE66
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

ENTER YOUR BEST GUESS FOR (PERSON)’S AGE.

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 ................................ 8 {END_LP07}
65 YEARS OR OLDER ..................... 9 {END_LP07}

[Code One]
END_LP07

----------------------------------------------------
<p>| CYCLE ON NEXT PERSON IN RU-MEMBERS-ROSTER WHO     |
| MEETS THE CONDITIONS STATED IN THE LOOP           |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS,    |</p>
<table>
<thead>
<tr>
<th>END LOOP_07 AND CONTINUE WITH BOX_26</th>
</tr>
</thead>
</table>

BOX_26

----------------------------------------------------
<p>| IF ROUND 1 AND AT LEAST ONE RU MEMBER MEETS        |
| ALL THE FOLLOWING CONDITIONS:                      |
| - ADDED TO THE RU THIS ROUND                      |
| AND                                                |
| - NOT A NEWBORN (THAT IS, NOT BORN BETWEEN NHIS    |
| INTerview DATE AND DATE OF THE CURRENT            |
| INTERVIEW),                                        |</p>
<table>
<thead>
<tr>
<th>GO TO LOOP_08</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NOT ROUND 1 AND AT LEAST ONE RU MEMBER MEETS    |
| ALL OF THE FOLLOWING CONDITIONS:                   |
| - ADDED TO THE RU THIS ROUND                       |
| AND                                                |
| - NOT IN ANOTHER RU AT THE END OF THE PREVIOUS     |
| ROUND                                              |
| AND                                                |
| - NOT A NEWBORN (THAT IS, NOT BORN BETWEEN         |
| 1/1{(YEAR), WHERE ‘YEAR’ IS THE FIRST              |
| CALENDAR YEAR OF THE PANEL, AND THE DATE OF        |
| THE CURRENT INTERVIEW), CONTINUE WITH              |</p>
<table>
<thead>
<tr>
<th>LOOP_07A</th>
</tr>
</thead>
</table>

----------------------------------------------------
<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_27</th>
</tr>
</thead>
</table>
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/{YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, TO DETERMINE THEIR KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- ADDED TO RU IN CURRENT ROUND AND
- NOT IN ANOTHER RU AT THE END OF THE PREVIOUS ROUND AND
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN 1/1/{YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, AND THE DATE OF THE CURRENT INTERVIEW)

RE66A  =====

{PERSON’S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) start living with the family?

[Enter Month,Day,Year-4] .............
REF ................................. -7 (RE66C)
DK ................................. -8 (RE66C)

IF DATE IS LESS THAN OR EQUAL TO THE PREVIOUS ROUND INTERVIEW DATE, CONTINUE WITH RE66B

OTHERWISE, GO TO RE66C
HARD CHECK:
EDIT (FOR ROUND 5): DATE ENTERED MUST BE ON OR
BEFORE 12/31/{YEAR}, WHERE ‘YEAR’ IS THE SECOND
CALENDAR YEAR OF THE PANEL. IF A DATE AFTER
12/31/{YEAR} IS ENTERED, DISPLAY THE FOLLOWING
MESSAGE: “DATE MUST BE ON OR BEFORE 12/31/{YEAR}.
IF PERSON JOINED RU AFTER 12/31/{YEAR}, BACKUP TO
RE49/RE52 AND REVIEW ENTRIES.”

RE66B
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Let me make sure that I have entered this date correctly. I
have recorded that (PERSON) began living with this family on
{RE66A DATE}. That is before the interview on {DATE OF PREVIOUS
ROUND INTERVIEW}. Is that correct?

YES ........................................ 1 {RE66C}
NO ........................................... 2
REF ......................................... -7 {RE66C}
DK .......................................... -8 {RE66C}

[Code One]

BOX_26A
=====

OMITTED.
{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, {YEAR}, was (PERSON) living in an institution?

   YES .................................... 1 {RE66G}
   NO ..................................... 2 {RE66D}
   REF ................................... -7 {RE66D}
   DK .................................... -8 {RE66D}

HELP AVAILABLE FOR DEFINITION FOR LIVING IN AN INSTITUTION.

---

{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, {YEAR}, was (PERSON) living outside the United States?

   YES .................................... 1 {END_LP07A}
   NO ..................................... 2
   REF ................................... -7
   DK .................................... -8

HELP AVAILABLE FOR DEFINITION OF LIVING OUTSIDE U.S.

---

IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND PERSON < 18 YEARS OLD, GO TO RE66F
RE66E
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On January 1, {YEAR}, was (PERSON) serving on full-time active duty in the Armed Forces?

YES ................................. 1 {END_LP07A}
NO .................................... 2 {RE66F}
REF ................................. -7 {RE66F}
DK ................................... -8 {RE66F}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME MILITARY.

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES AUTOMATICALLY): DISPLAY FIRST CALENDAR YEAR OF PANEL FOR 'YEAR'. |
{PERSON'S FIRST MIDDLE AND LAST NAME}

Where (were/was) (PERSON) living on January 1, {YEAR}? 

- 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/{YEAR} .................. 5 {END_LP07A}
- ANOTHER HOUSEHOLD/MILITARY FACILITY - 
  FULL-TIME MILITARY ON 1/1/{YEAR} .... 6 {RE66K}
- LIVING WITH THIS FAMILY (PERSON LEFT 
  OFF ROSTER LAST INTERVIEW) .......... 7 {END_LP07A}
- OTHER ............................................ 91 {RE66FOV}
- REF .................................................. -7 {END_LP07A}
- DK ................................................. -8 {END_LP07A}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES | 
| AUTOMATICALLY): DISPLAY FIRST CALENDAR YEAR OF | 
| PANEL FOR ‘YEAR’. | 

{END_LP07A}
What type of institution (were/was) (PERSON) living in on January 1, {YEAR}?

NURSING HOME ........................ 1 {RE66H}
OTHER LONG-TERM HEALTH CARE
    INSTITUTION (EXCLUDE COMMUNITY
    BASED HOSPITAL) ................... 2 {RE66H}
OTHER NON-HEALTH CARE INSTITUTION ... 3 {END_LP07A}
REF ................................ -7 {RE66H}
DK ................................. -8 {RE66H}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

{name and address of the nursing home or long term care facility where (PERSON) (were/was) on January 1, {YEAR}?

NAME: [_____________]
STREET ADDRESS1: [_____________]
STREET ADDRESS2: [_____________]
CITY: [_____________]
STATE: [_____________]
ZIP CODE: [_____________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.
Were either of (PERSON)’s parents living in this household on January 1, (YEAR)?

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, {YEAR}?  

ANOTHER HOUSEHOLD ............... 1 {END_LP07A}
MILITARY FACILITY ............... 2 {END_LP07A}
REF ................................ -7 {END_LP07A}
DK ................................. -8 {END_LP07A}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

|  (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES | | AUTOMATICALLY): DISPLAY THE FIRST CALENDAR YEAR OF| PANEL FOR ‘YEAR’. | |

RE66KOV

OMITTED.

END_LP07A

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

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, | | END LOOP_07A AND GO TO BOX_27 |
LOOP_08
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK
| RE67-END_LP08
------------------------------------------------------------------

LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION
ON THE LOCATION AT THE TIME OF NHIS OF NEW RU
MEMBERS WHO ARE NOT NEWBORN TO DETERMINE THEIR
KEYNESS AND ELIGIBILITY. THIS LOOP CYCLES ON RU
MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- ADDED TO RU IN CURRENT ROUND
AND
- NOT NEWBORN (THAT IS, NOT BORN BETWEEN THE
  NHIS INTERVIEW DATE AND THE DATE OF THE
  CURRENT INTERVIEW)

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

RE67
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

On what date did (PERSON) **start** living with the family
{before leaving to live at school}?

[Enter Month,Day,Year-4] ..............
REF ................................... -7 {RE73}
DK .................................... -8 {RE73}

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

| DISPLAY ‘before leaving to live at school’ IF
| PERSON IS A STUDENT LIVING AWAY AT SCHOOL
| (SELECTED AT RE54 OR ADDED AT RE55). OTHERWISE,
| USE NULL DISPLAY.
----------------------------------------

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

| IF DATE < PREVIOUS ROUND INTERVIEW DATE,
| CONTINUE WITH RE68
----------------------------------------

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

| IF DATE = OR > PREVIOUS ROUND INTERVIEW DATE,
| GO TO RE73
----------------------------------------
{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]

----------------------------------------------------------------------
| FOR ‘RE67 DATE’, DISPLAY DATE ENTERED AT RE67. |
| FOR ‘MONTH...’, DISPLAY DATE OF NHIS INTERVIEW. |
----------------------------------------------------------------------

----------------------------------------------------------------------
| IF CODED ‘2’ (NO), DISPLAY MESSAGE: “BACKUP |
| AND CORRECT DATE PERSON JOINED RU AT PREVIOUS |
| SCREEN.” |
----------------------------------------------------------------------

----------------------------------------------------------------------
| IF RE68 CODED ‘1’ (YES), CODE RE73 ‘7’ (LIVING |
| WITH THIS FAMILY (PERSON LEFT OFF NHIS ROSTER)) |
| AUTOMATICALLY BY CAPI AND GO TO END_LP08 |
----------------------------------------------------------------------

BOX_26A
====
OMITTED. 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 {RE73OV}
REF .................................... -7 {END_LP08}
DK ..................................... -8 {END_LP08}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------------------------------
| FOR 'MONTH...', DISPLAY DATE OF NHIS INTERVIEW. |
---------------------------------------------------------------------
RE730V
======

{PERSON'S FIRST MIDDLE AND LAST NAME}

OTHER:

[Enter Other Specify] .................... (END_LP08)
REF .................................... -7 (END_LP08)
DK ..................................... -8 (END_LP08)

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

RE73A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What type of institution (were/was) (PERSON) living in on
(MONTH, DAY, YEAR OF NHIS INTERVIEW)?

NURSING HOME ......................... 1 (RE74)
OTHER LONG-TERM HEALTH CARE
   INSTITUTION (EXCLUDE COMMUNITY
   BASED HOSPITAL) .................... 2 (RE74)
OTHER NON-HEALTH CARE INSTITUTION ... 3 (END_LP08)
REF .................................... -7 (RE74)
DK ...................................... -8 (RE74)

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

-----------------------------------------------
| FOR 'MONTH...', DISPLAY DATE OF NHIS INTERVIEW. |
{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

HELP AVAILABLE FOR DEFINITION OF LIVING WITHIN/OUTSIDE U.S.

<table>
<thead>
<tr>
<th>FOR 'MONTH...', DISPLAY DATE OF NHIS INTERVIEW.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IF RE73 CODED '4' (STUDENT UNDER 24 LIVING AWAY AT POST-SECONDARY SCHOOL), GO TO RE75</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP08</th>
</tr>
</thead>
</table>
RE73C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Were/Was) (PERSON) living in another household or in a military facility on (MONTH, DAY, YEAR OF NHIS INTERVIEW)?

ANOTHER HOUSEHOLD .................... 1 {RE73COV}
MILITARY FACILITY ..................... 2 {END_LP08}
REF .................................. -7 {RE73COV}
DK .................................... -8 {RE73COV}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

------------------------------------------------------------------------------------------------------------------
| FOR 'MONTH...', DISPLAY DATE OF NHIS INTERVIEW. |
------------------------------------------------------------------------------------------------------------------

RE73COV
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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: [____________]
STREET ADDRESS1: [____________]
STREET ADDRESS2: [____________]
CITY: [____________]
STATE: [____________]
ZIP CODE: [____________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| FOR 'MONTH...', DISPLAY DATE OF NHIS INTERVIEW.   |
----------------------------------------------------

----------------------------------------------------
| 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 {END_LP08}
NO ....................................... 2 {END_LP08}
REF ...................................... -7 {END_LP08}
DK ....................................... -8 {END_LP08}
| FOR ‘MONTH...’, DISPLAY DATE OF NHIS INTERVIEW. |

END_LP08
=======

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

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_27          |

BOX_27
======

| CONTINUE WITH REENUMERATION-B (RE-B) SUBSECTION |
NOTE: THE RU-MEMBERS-ROSTER HAS BEEN UPDATED THROUGHOUT THE RE-A SECTION AS FOLLOWS:
- NEW RU MEMBERS RECORDED AT RE08, RE45, RE49, RE52, AND RE55 HAVE BEEN ADDED
- DU MEMBERS SELECTED AT RE06, RE44, RE48, RE51, AND RE54 HAVE BEEN ADDED
- RU MEMBERS WHO MEET ANY ONE OF THE FOLLOWING CONDITIONS HAVE BEEN REMOVED:
  - PERSONS IN STUDENT RUs IDENTIFIED AS FULL-TIME MILITARY (RE14 CODED ‘1’ (YES))
  OR
  - INCORRECTLY LISTED IN RU DURING (NHIS/PREVIOUS INTERVIEW) (RE21 CODED ‘3’)
  OR
  - LEFT THE RU BEFORE 01/01/{YEAR}, WHERE ‘YEAR’ IS THE FIRST CALENDAR YEAR OF THE PANEL, 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 SECTION TO RU MEMBERS OR TO THE RU-MEMBERS-ROSTER POINT TO THE CURRENT STATUS OF THAT ROSTER, INCLUDING THE ADDITIONS AND DELETIONS, IF ANY, THAT OCCURRED IN RE-A.
BOX_28
======

----------------------------------------------------
| IF STUDENT RU AND RU-MEMBERS-ROSTER IS EMPTY,     |
| GO TO BOX_44                                      |
----------------------------------------------------

----------------------------------------------------
| IF STUDENT RU AND RU-MEMBERS-ROSTER IS NOT EMPTY, |
| GO TO BOX_37                                      |
----------------------------------------------------

----------------------------------------------------
| IF STANDARD OR NEW RU                             |
| AND                                               |
| RU-MEMBERS-ROSTER IS EMPTY                        |
| AND                                               |
| NO PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-    |
| ROSTER DURING THIS INTERVIEW IS FLAGGED AS ONE OF |
| THE FOLLOWING:                                     |
|   - ‘NEW STUDENT’                                 |
|   OR                                               |
|   - ‘NON-MILITARY MOVER IN U.S.’                   |
|   OR                                               |
|   - ‘FULL-TIME MILITARY IN U.S. AND NOT ON        |
|       MILITARY FACILITY’,                          |
| GO TO BOX_44                                      |
----------------------------------------------------

----------------------------------------------------
| IF STANDARD OR NEW RU                             |
| AND                                               |
| RU-MEMBERS-ROSTER IS EMPTY                        |
| AND                                               |
| AT LEAST ONE PERSON WHO WAS AN ORIGINAL RU MEMBER |
| (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE TIME OF |
| NHIS) WAS REMOVED FROM THE RU-MEMBERS-ROSTER     |
| DURING THIS INTERVIEW AND FLAGGED AS A ‘NEW       |
| STUDENT’, GO TO LOOP_09                           |
----------------------------------------------------
- IF STANDARD OR NEW RU
  AND
  RU-MEMBERS-ROSTER IS EMPTY
  AND
  AT LEAST ONE PERSON WHO WAS ADDED TO THE RU DURING THIS INTERVIEW AT RE54 OR RE55 WAS SUBSEQUENTLY REMOVED FROM THE RU-MEMBERS-ROSTER AND IS FLAGGED AS A ‘NEW STUDENT’,
  GO TO LOOP_13

- IF STANDARD OR NEW RU
  AND
  RU-MEMBERS-ROSTER IS EMPTY
  AND
  NO ONE WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’,
  AND
  AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS EITHER OF THE FOLLOWING:
    - ‘NON-MILITARY MOVER IN U.S.’
    OR
    - ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’,
  GO TO RE85A

- IF SINGLE-PERSON RU (EITHER STANDARD OR NEW (SPLIT))
  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 (SPLIT))
  AND
  AT LEAST ONE PERSON WHO WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW IS FLAGGED AS A ‘NEW STUDENT’),
  CONTINUE WITH BOX_28AAA
BOX_28AAA
========

| IF NOT ROUND 1                                      |
| AND                                               |
| IF NO NEW RU MEMBERS HAVE BEEN ADDED THIS ROUND   |
| AND                                               |
| IF NO RELATIONSHIPS ARE CODED ‘-7’ (REFUSED),     |
| ‘-8’ (DON’T KNOW), OR MISSING FROM THE PREVIOUS   |
| ROUND                                             |
| CONTINUE WITH RE75B                                |

| OTHERWISE, GO TO RE76_1                            |

----------------------------------------------------
----------------------------------------------------
RE75B
=====

{STR-DT}

(Since (START DATE)/Between (START DATE) and December 31, (YEAR)), have any of the relationships between members of this household changed?

IF NECESSARY, REVIEW RELATIONSHIP GRID WITH RESPONDENT BY SHOWING OR READING FROM SCREEN.

{READ GRID STARTING FROM LEFT. EXAMPLE: "(NAME ON LEFT) IS (NAME ON TOP)’S ______________ (RELATIONSHIP)."}

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>RE75B_01. DU MEMBER 1</th>
<th>RE75B_02. DU MEMBER 2</th>
<th>RE75B_03. DU MEMBER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
</tbody>
</table>

YES .................................... 1 {RE76_1}
NO ..................................... 2 {BOX_29}
REF ................................... -7 {BOX_29}
DK .................................... -8 {BOX_29}

----------------------------------------------------
| DISPLAY ‘Since (START DATE)’ IF NOT ROUND 5. |
| DISPLAY ‘Between (START DATE) and December 31, |
| (YEAR)’, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR |
| OF THE PANEL, IF ROUND 5. |
| ROSTER DETAILS:               |
| TITLE: DU_MEMBERS_3           |

| COL # 1 HEADER: MEMBER NAME  |
| INSTRUCTIONS: DISPLAY DU MEMBER’S FIRST NAME (PERS.SMFPNAMR) |

| COL # 2 HEADER: DU MEMBER “n”|
| INSTRUCTIONS: DISPLAY DU MEMBER’S NAME |
| NOTE THAT THERE WILL BE AS MANY COLUMNS AS NECESSARY TO ACCOMMODATE ALL DU MEMBERS. |

| ROSTER DEFINITION:           |
| THIS ITEM DISPLAYS THE DU-MEMBERS-ROSTER FOR DISPLAY OF DU-MEMBERS. |

| ROSTER BEHAVIOR:             |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| 2. THE COLUMN HEADINGS ‘DU MEMBER N’ ARE FILLED WITH THE NAMES OF DU MEMBERS IN ORDER FROM YOUNGEST TO OLDEST. IF AGES OF ANY RU MEMBERS ARE UNKNOWN, AND RU MEMBERS ARE IN AGE CATEGORIES 1-4, LIST THESE RU MEMBERS FIRST, FOLLOWED BY RU MEMBERS WITH KNOWN AGES IN ORDER FROM YOUNGEST TO OLDEST IN ALL OTHER AGE CATEGORIES. |

| 3. DISPLAY RELATIONSHIPS THAT WERE CODED IN THE PREVIOUS ROUND AND ARE STILL APPLICABLE. NOTE THAT THE RELATIONSHIPS COLLECTED IN THE NHIS WILL NOT BE PRE-FILLED IN THE ROUND 1 CAPI. |

| 4. DISPLAY QUESTION MARK FOR RELATIONSHIPS NOT YET CODED OR WHERE RELATIONSHIP WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN PREVIOUS ROUND. |
---
ROCER FILTER:

DISPLAY PERSONS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
1. PERSON IS A MEMBER OF THE RU
2. PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND FLAGGED AS A 'NEW STUDENT'.
---

RE76_1

(Now I would like to collect information about how the {new} members of this household are related {to the family}. Please tell me whose relationships have changed. INTERVIEWER: FILL IN MISSING RELATIONSHIPS.)

(READ GRID STARTING FROM LEFT. EXAMPLE: "(NAME ON LEFT) IS (NAME ON TOP)'S ______________ (RELATIONSHIP).")

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>RE76_1_01. DU MEMBER 1</th>
<th>RE76_1_02. DU MEMBER 2</th>
<th>RE76_1_03. DU MEMBER 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
</tbody>
</table>

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE
Display 'Now I would like to collect information about how the {new} members of this household are related {to the family}.' if Round 1 or if Rounds 2-5 and at least one new RU member was added this round.

Display 'new' if Rounds 2-5 and at least one new RU member was added this round. Otherwise, use a null display.

Display 'to the family' if Rounds 2-5 and at least one new RU member was added this round. Otherwise, use a null display.

Display 'Please tell me whose relationships have changed.' if Rounds 2-5 and RE75B was coded '1' (YES).

Display 'INTERVIEWER: FILL IN MISSING RELATIONSHIPS.' if Rounds 2-5 and no new RU members have been added this round, and at least one relationship is coded ‘-7’ (REFUSED) or ‘-8’ (DON’T KNOW) from a previous round.

Display 'READ GRID STARTING...' IF ROUNDS 2-5. OTHERWISE, USE A NULL DISPLAY.

----------------------------------
CONTINUE WITH LOOP_08B
----------------------------------

| ROSTER DETAILS:
| TITLE: DU_MEMBERS_3
| |
| COL # 1 HEADER: MEMBER NAME
| INSTRUCTIONS: DISPLAY DU MEMBER’S FIRST NAME (PERS.SMPFNNAMR)
| |
| COL # 2 HEADER: DU MEMBER “n”
| INSTRUCTIONS: DISPLAY DU MEMBER’S NAME
| NOTE THAT THERE WILL BE AS MANY COLUMNS AS NECESSARY TO ACCOMMODATE ALL DU MEMBERS.

----------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS THE DU-MEMBERS-ROSTER FOR DISPLAY OF DU-MEMBERS.
----------------------------------
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

2. THE COLUMN HEADINGS ‘DU MEMBER N’ ARE FILLED WITH THE NAMES OF DU MEMBERS IN ORDER FROM YOUNGEST TO OLDEST. IF AGES OF ANY RU MEMBERS ARE UNKNOWN, AND RU MEMBERS ARE IN AGE CATEGORIES 1-4, LIST THESE RU MEMBERS FIRST, FOLLOWED BY RU MEMBERS WITH KNOWN AGES IN ORDER FROM YOUNGEST TO OLDEST IN ALL OTHER AGE CATEGORIES.

3. DISPLAY RELATIONSHIPS THAT WERE CODED IN THE PREVIOUS ROUND AND ARE STILL APPLICABLE. NOTE THAT THE RELATIONSHIPS COLLECTED IN THE NHIS WILL NOT BE PRE-FILLED IN THE ROUND 1 CAPI.

4. DISPLAY QUESTION MARK FOR RELATIONSHIPS NOT YET CODED OR WHERE RELATIONSHIP WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN PREVIOUS ROUND.

5. FOR EACH CYCLE THROUGH THE LOOP, THE MATRIX SHOULD DISPLAY TEXT LABELS FOR ALL RELATIONSHIPS CODED UP TO THAT POINT, INCLUDING RECIPROCAL RELATIONSHIPS.

ROSTER FILTER:
DISPLAY PERSONS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
1. PERSON IS A MEMBER OF THE RU OR
2. PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND FLAGGED AS A ‘NEW STUDENT’.

FOR EACH ELEMENT IN DU-MEMBERS-ROSTER, ASK RE76A-END_LP08B
LOOP DEFINITION: LOOP_08B COLLECTS RELATIONSHIPS BETWEEN RU MEMBERS. THE LOOP BEGINS WITH THE YOUNGEST RU MEMBER AND CONTINUES TO LOOP ON THE NEXT YOUNGEST RU MEMBER. THE LOOP CYCLES ON ALL DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS A MEMBER OF THE RU FOR THIS CASE OR
- PERSON WAS REMOVED FROM THE RU-MEMBERS ROSTER DURING THIS INTERVIEW AND IS FLAGGED AS A ‘NEW STUDENT’

OMITTED.

{PERSON’S FIRST, MIDDLE AND LAST NAME}
I would like to know how everyone in this household is related to (PERSON).

[DU MEMBER 1 First, Middle and Last Name] {is/was} (PERSON)’s [{Relation}]
[DU MEMBER 2 First, Middle and Last Name] {is/was} (PERSON)’s [{Relation}]
[DU MEMBER 3 First, Middle and Last Name] {is/was} (PERSON)’s [{Relation}]
[DU MEMBER 4 First, Middle and Last Name] {is/was} (PERSON)’s [{Relation}]

DISPLAY ‘is’ IF BOTH PERSONS ARE LIVING. DISPLAY ‘was’ IF BOTH ARE OR EITHER PERSON IS DECEASED.
DISPLAY NAME OF PERSON BEING LOOPED ON FOR ‘PERSON’ IN EACH ROW OF GRID.
DISPLAY THE NAME OF A DU MEMBER WHO MEETS THE FOLLOWING CONDITIONS IN EACH ROW OF THE GRID:
1. PERSON IS A MEMBER OF THE RU
2. PERSON WAS REMOVED FROM THE RU MEMBERS ROSTER DURING THIS INTERVIEW AND FLAGGED AS ‘NEW STUDENT’
DISPLAY NAME OF THE SELECTED RELATIONSHIP FOR ‘RELATION’ IN EACH ROW OF THE GRID.
QUESTION BEHAVIOR SPECIFICATIONS:

1. FOR EACH PERSON BEING LOOPED ON, DISPLAY A LIST OF QUESTIONS THAT ASKS THE RELATIONSHIP TO EVERY DU MEMBER ON THE RELATIONSHIP MATRIX AT RE76_1.

2. ALL RELATIONSHIPS THAT HAVE ALREADY BEEN ESTABLISHED BETWEEN THE PERSON BEING LOOPED ON AND THE DU MEMBER SHOULD BE FILLED IN. ALL FIELDS CONTAINING RELATIONSHIPS ARE INPUT FIELDS. EACH INPUT FIELD CAN DISPLAY A DROP DOWN LIST OF SELECTABLE RELATIONSHIP CODES AND LABELS. ALL RELATIONSHIPS CAN BE EDITED. IF NO CHANGES NEEDED, THE INTERVIEWER CAN MOVE TO THE NEXT FIELD.

3. IF CODE ‘91’ (OTHER RELATED, SPECIFY) IS SELECTED, MOVE INTERVIEWER TO TYPE THE RELATIONSHIP IN THE OTHER SPECIFY FIELD.

4. IF CODE ‘99’ (NOT RELATED) IS SELECTED, DISPLAY THE FOLLOWING MESSAGE: "THIS PERSON HAS BEEN CODED AS NOT RELATED. PROBE RESPONDENT AND REVIEW CODES. IF APPLICABLE, USE A MORE DESCRIPTIVE CODE OR USE CODE 91 (OTHER RELATED, SPECIFY). IF RESPONDENT CONFIRMS PERSON IS NOT RELATED, CONTINUE ENTERING OTHER RELATIONSHIPS."

REFUSED AND DON’T KNOW ALLOWED IN ALL RELATIONSHIP FIELDS.
THE LIST OF RELATIONSHIP CODES AND LABELS (IN ORDER OF PRESENTATION IN LIST) IS AS FOLLOWS:

21 = AUNT
2 = FATHER (BIOLOGICAL/ADOPTIVE)
4 = BROTHER/STEP-/HALF-
12 = BROTHER-IN-LAW
25 = COUSIN
5 = DAUGHTER/ADOPTED DAUGHTER
13 = DAUGHTER-IN-LAW
32 = DAUGHTER OF PARTNER
2 = FATHER (BIOLOGICAL/ADOPTIVE)
10 = FATHER-IN-LAW
31 = FATHER’S PARTNER
28 = FEMALE PARTNER
47 = FOSTER BROTHER
45 = FOSTER DAUGHTER
44 = FOSTER FATHER
43 = FOSTER MOTHER
48 = FOSTER SISTER
46 = FOSTER SON
20 = GRANDFATHER
19 = GRANDMOTHER
26 = GRANDSON
27 = GRANDDAUGHTER
36 = GREAT GRANDFATHER
35 = GREAT GRANDMOTHER
38 = GREAT GRANDSON
37 = GREAT GRANDDAUGHTER
39 = GREAT AUNT
40 = GREAT UNCLE
42 = GREAT NEPHEW
41 = GREAT NEICE
8 = HUSBAND
1 = MOTHER (BIOLOGICAL/ADOPTIVE)
9 = MOTHER-IN-LAW
30 = MOTHER’S PARTNER
29 = MALE PARTNER
24 = NEPHEW
23 = NIECE
99 = NOT RELATED
91 = OTHER RELATED, SPECIFY
3 = SISTER/STEP-/HALF-
6 = SON/ADOPTED SON
33 = SON OF PARTNER
11 = SISTER-IN-LAW
14 = SON-IN-LAW
16 = STEPFATHER
15 = STEPMOTHER
18 = STEPSON
17 = STEPDAUGHTER

| 22 = UNCLE |
| 7 = WIFE |

THE LEGAL GUARDIAN ITEMS (BOX_RE76A1 – RE76F) WERE INTRODUCED IN PANEL 12 ROUND 2. STARTING IN PANEL 13, THESE ITEMS WILL BE INCORPORATED IN ALL ROUNDS.

IF PANEL 12 ROUND 1, GO TO END_LP08B

OTHERWISE, CONTINUE WITH BOX_RE76A1

SOFT CHECK:
 IF CODE '1' (MOTHER) OR '2' (FATHER) IS USED MORE THAN ONCE, DISPLAY THE FOLLOWING MESSAGE:
 "UNLIKELY RESPONSE – RELATIONSHIP ALREADY USED. VERIFY AND RE-ENTER."

 IF CODE '15' (STEPMOTHER) OR '16' (STEPFATHER) AND THE AGE OF PERSON ASSOCIATED WITH CODE IS YOUNGER THAN PERSON BEING LOOPED ON, DISPLAY THE FOLLOWING MESSAGE: "UNLIKELY RESPONSE DUE TO AGE. VERIFY AND RE-ENTER."

HARD CHECK:
 IF CODE '1' (MOTHER), '2' (FATHER), '19' (GRANDMOTHER), '20' (GRANDFATHER), '35' (GREAT GRANDMOTHER), '36' (GREAT GRANDFATHER) '43' (FOSTER MOTHER), OR '44' (FOSTER FATHER), THE AGE OF PERSON ASSOCIATED WITH THE CODE MUST BE OLDER THAN THE PERSON BEING LOOPED ON.

BOX_RE76A1
 =======

IF PERSON BEING LOOPED ON IS AGE 18 OR UNDER OR IN AGE CATEGORIES 1-4, CONTINUE WITH BOX_RE76A2
MEPS P13R5/P14R3/P15R1 Reenumeration Section Subsection B
November 10, 2009

-----------------------------------------------------------------------
| OTHERWISE, GO TO END_LP08B                                          |
-----------------------------------------------------------------------

BOX_RE76A2
=========

-----------------------------------------------------------------------
| IF THERE IS NO ENTRY FOR MOTHER (CODE 1), STEP-MOTHER (CODE 15),   |
| FOSTER MOTHER (CODE 43), FATHER (CODE 2), STEP-FATHER (CODE 16),  |
| FOSTER FATHER (CODE 44), WIFE/SPouse (CODE 7), OR                |
| HUSBAND/SPouse (CODE 8), CONTINUE WITH BOX_RE76D                  |
-----------------------------------------------------------------------

-----------------------------------------------------------------------
| OTHERWISE, (AT LEAST ONE OF THESE RELATIONSHIPS IS CODED), GO TO   |
| END_LP08B                                                          |
-----------------------------------------------------------------------

RE76C
=====
OMITTED.

RE76COV
=======
OMITTED.

BOX_RE76C
=======
OMITTED.

BOX_RE76D
=========

-----------------------------------------------------------------------
| CHECK TO DETERMINE IF ELIGIBLE GUARDIAN:                            |
| IF AT LEAST ONE RU MEMBER WHO IS:                                  |
| -NOT PERSON BEING LOOPED ON                                        |
| AND                                                                |
| -IS 18 YEARS OF AGE OR OLDER OR IS IN AGE                          |
| CATEGORIES 4-9                                                     |
| AND                                                                |
| -IS NOT DECEASED,                                                 |
| CONTINUE WITH RE76E                                               |
-----------------------------------------------------------------------
RE76D
=====  OMITTED.
RE76DOV
======  OMITTED.
BOX_RE76D
=======  OMITTED.

RE76E
=====  

{PERSON’S FIRST, MIDDLE AND LAST NAME}
I have recorded that (PERSON) does not have a mother or father living in this household. Does (PERSON) have a legal guardian living in this household?

YES .................................... 1 {RE76F}
NO ..................................... 2 {END_LP08B}
REF ................................... -7 {END_LP08B}
DK .................................... -8 {END_LP08B}

HELP AVAILABLE FOR DEFINITION OF LEGAL GUARDIAN.

RE76F
=====  

{PERSON’S FIRST, MIDDLE AND LAST NAME}

Who is (PERSON)’s legal guardian?

[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 DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF LEGAL GUARDIAN.

ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ONLY THOSE RU MEMBERS WHO ARE 18 YEARS OF AGE OR OLDER OR IN AGE CATEGORIES 4-9 AND WHO ARE NOT DECEASED AND DO NOT DISPLAY THE PERSON BEING LOOPED ON.

CONTINUE WITH END_LP08B

END_LP08B

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

IF NO MORE PERSONS MEET THE STATED CONDITIONS, THEN END LOOP_08B AND CONTINUE WITH RE76_2
RE77
====

OMITTED.

RE76_2
=====

INTERVIEWER: REVIEW THE RELATIONSHIPS BELOW.
READ GRID STARTING FROM LEFT.
EXAMPLE: “(NAME ON LEFT) IS (NAME ALONG TOP)’S (RELATIONSHIP).”

<table>
<thead>
<tr>
<th>MEMBER NAME</th>
<th>RE76_2 01. DU MEMBER_1</th>
<th>RE76_2 02. DU MEMBER_2</th>
<th>RE76_2 03. DU MEMBER_3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
<tr>
<td>2. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
<tr>
<td>3. First Name-15</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
<td>[Display Relationship]</td>
</tr>
</tbody>
</table>

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE

--------------------------
| CONTINUE WITH BOX_28AAAA |
--------------------------

-----------------------------
| ROSTER DETAILS:            |
| TITLE: DU_MEMBERS_3        |
| COL # 1 HEADER: MEMBER NAME|
| INSTRUCTIONS: DISPLAY DU MEMBER’S FIRST NAME |
| (PERS.SMPFNAME)            |

| COL # 2 HEADER: DU MEMBER “n” |
| INSTRUCTIONS: DISPLAY DU MEMBER’S NAME |
| NOTE THAT THERE WILL BE AS MANY COLUMNS AS |
| NECESSARY TO ACCOMMODATE ALL DU MEMBERS. |

-----------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS DU-MEMBERS-ROSTER FOR DISPLAY OF DU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.
2. THE COLUMN HEADINGS ‘DU MEMBER n’ ARE FILLED WITH THE NAMES OF DU MEMBERS IN ORDER FROM YOUNGEST TO OLDEST. IF AGES OF ANY RU MEMBERS ARE UNKNOWN, AND RU MEMBERS ARE IN AGE CATEGORIES 1-4, LIST THESE RU MEMBERS FIRST, FOLLOWED BY RU MEMBERS WITH KNOWN AGES IN ORDER FROM YOUNGEST TO OLDEST IN ALL OTHER AGE CATEGORIES.
3. DISPLAY ALL RELATIONSHIPS CODED PREVIOUSLY.
4. DISPLAY RF OR DK FOR RELATIONSHIPS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW).

ROSTER FILTER:
DISPLAY PERSONS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
1. PERSON IS A MEMBER OF THE RU OR
2. PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THIS INTERVIEW AND FLAGGED AS A ‘NEW STUDENT’.

BOX_28AAAA

IF AT LEAST ONE RU MEMBER OR ‘NEW STUDENT’ MEETS THE FOLLOWING CONDITION:
- CODED NOT RELATED FOR RELATIONSHIP WITH REFERENCE PERSON AT RE76A,
CONTINUE WITH RE78

OTHERWISE, GO TO BOX_29
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).

[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 ENTER OR SELECT NEXT PAGE TO CONTINUE.

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

----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: DU_MEMBERS_1                               |
|                                                 |
| COL # 1 HEADER: NAME                             |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)                   |
----------------------------------------------------
-----------------------------------------------
| ROSTER DEFINITION:                           |
| THIS ITEM DISPLAYS PERSONS IN THE DU-MEMBERS-|
| ROSTER FOR DISPLAY ONLY.                     |
|-----------------------------------------------

-----------------------------------------------
| ROSTER BEHAVIOR:                             |
| 1. DISPLAY ONLY.                            |
|                                               |
| 2. SELECT, ADD, EDIT, AND DELETE DISALLOWED. |
|-----------------------------------------------

-----------------------------------------------
| ROSTER FILTER:                               |
| DISPLAY ONLY THOSE DU MEMBERS WHO MEET BOTH OF THE|
| FOLLOWING CONDITIONS:                        |
| - PERSON IS AN RU MEMBER OR 'NEW STUDENT'    |
|   DISPLAYED AT RE76_2                       |
|   AND                                       |
| - PERSON IS NOT RELATED TO REFERENCE PERSON |
|   (RELATIONSHIP TO REFERENCE PERSON CODED 'NOT |
|   RELATED' AT RE76A                         |
|-----------------------------------------------

BOX_28B
=======
OMITTED.

LOOP_08A
=======
OMITTED.

END_LP08A
========
OMITTED.
BOX_29

| IF ROUND 1 AND AT LEAST ONE PERSON ON THE |
| DU-MEMBERS-ROSTER MEETS EITHER OF THE FOLLOWING |
| SETS OF CONDITIONS: |

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER
  AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS
  AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE |
  RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER |
  AT THE START OF THIS ROUND)
  AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED |
  DURING THIS INTERVIEW OR IN A PREVIOUS |
  INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’
  AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU- |
  MEMBERS-ROSTER AT THE START OF THIS ROUND), |

CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_30A

LOOP_09

| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, |
| ASK RE79-END_LP09 |

---
LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION TO IDENTIFY THE FOLLOWING TYPES OF STUDENTS:
- STUDENTS SAMPLED BY NHIS APART FROM THEIR PARENTS
AND
- STUDENTS WHO ARE LIVING ‘PERMANENTLY’ APART FROM THEIR PARENTS AND WHO DO NOT RECEIVE HEALTH CARE BENEFITS THROUGH THE CURRENT RU

THIS LOOP CYCLES ON PERSONS ON THE DU-MEMBERS-ROSTER WHO MEET EITHER OF THE FOLLOWING SETS OF CONDITIONS:

PERSON IS:
- CURRENTLY ON THE RU-MEMBERS-ROSTER
AND
- AGE 17 - 23, INCLUSIVE, AT THE TIME OF NHIS
AND
- AN ORIGINAL RU OR DU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER OR THE DU-MEMBERS-ROSTER AT THE START OF THIS ROUND)
AND
- PERSON’S KEYNESS HAS NOT YET BEEN DETERMINED DURING THIS INTERVIEW OR IN A PREVIOUS INTERVIEW WITHIN THIS ROUND

OR PERSON IS:
- FLAGGED AS A ‘NEW STUDENT’
AND
- AN ORIGINAL RU MEMBER (THAT IS, ON THE RU-MEMBERS-ROSTER AT THE START OF THIS ROUND).

{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 {RE80}
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]

HELP AVAILABLE 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 {RE81}
REF .......................................... -7 {END_LP09}
DK ............................................ -8 {END_LP09}

----------------------------------------------------
| FOR (MONTH...) DISPLAY THE NHIS INTERVIEW DATE.   |
----------------------------------------------------

RE81
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

(Do/Does)(PERSON) have parents who live somewhere else?

YES ........................................ 1 {RE82}
NO .......................................... 2 {END_LP09}
REF .......................................... -7 {RE82}
DK .......................................... -8 {RE82}

BOX_29A
=====

OMITTED.
RE82
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Is this (PERSON)'s usual year-round place of residence or is this (PERSON)'s place of residence only during the school year?

USUAL YEAR-ROUND PLACE OF RESIDENCE .... 1 {END_LP09}
RESIDENCE ONLY DURING SCHOOL YEAR ...... 2 {END_LP09}
SOME OTHER ARRANGEMENT ................ 91 {RE83}
REF ................................... -7 {RE83}
DK .................................... -8 {RE83}

[Code One]

HELP AVAILABLE 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 AND CLEAN UP ALL RELATED VARIABLES. PERSON DOES NOT MEET THE REQUIREMENTS FOR A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU. PERSON IS NOT KEY AND IS OUT OF SCOPE FOR THIS STUDY. NO INFORMATION WILL BE COLLECTED FOR PERSON. |
------------------------------------------------------------------------

BOX_29B
=======

OMITTED.
RE83
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Does someone in this household have primary responsibility for (PERSON)'s health and health care?

YES .................................... 1 {END_LP09}
NO ..................................... 2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

HELP AVAILABLE FOR DEFINITION OF PRIMARY RESPONSIBILITY.

_____________________________________________________________________
| IF RE83 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) AND |
| PERSON IS FLAGGED AS A 'NEW STUDENT', |
| TURN OFF THE 'NEW STUDENT' FLAG AND CLEAN UP ALL RELATED VARIABLES. 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 |
_____________________________________________________________________
IF AT LEAST ONE PERSON BECAME NON-KEY IN THE COURSE OF LOOP_09, THAT IS, IF AT LEAST ONE PERSON WHOSE KEYNESS WAS EVALUATED IN LOOP_09 MEETS EITHER OF THE FOLLOWING CONDITIONS:

PERSON IS:
- AGE 17 - 23, INCLUSIVE, AND LIVES IN RU ONLY DURING SCHOOL YEAR (RE82 CODED '2')

OR PERSON IS:
- AGE 17-23, INCLUSIVE,
AND
- RU IS NOT PERSON’S YEAR-ROUND RESIDENCE,
AND
- PERSON’S HEALTH CARE IS NOT THE PRIMARY RESPONSIBILITY OF AN RU MEMBER (RE83 CODED ‘2’, ‘-7’, OR ‘-8’),

CONTINUE WITH RE84

OTHERWISE, GO TO BOX_30A

At this time, we are only collecting information about persons who are usual year-round residents of this household and for whom we can collect health care information. Therefore, the remaining questions will not be asked about (READ NAMES BELOW).

[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 ENTER OR SELECT NEXT PAGE TO CONTINUE.
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).

ROSTER DETAILS:
TITLE: DU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS DU-MEMBERS-ROSTER FOR DISPLAY OF DU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.
ROSTER FILTER:
DISPLAY PERSONS WHO MEET THE FOLLOWING CONDITIONS:

- 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’)

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.

(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]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

FOR ‘FULL...’ DISPLAY THE REFERENCE PERSON’S FULL NAME.

GO TO BOX_34

ROSTER DETAILS:
TITLE: RU_MEMBERS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
MEPS P13R5/P14R3/P15R1 Reenumeration Section Subsection B
November 10, 2009

-------------------------------
| ROSTER DEFINITION:          |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY |
| OF RU-MEMBERS.              |
-------------------------------

-------------------------------
| ROSTER BEHAVIOR:            |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
-------------------------------

-------------------------------
| ROSTER FILTER:              |
| DISPLAY ALL PERSONS WHO ARE ELIGIBLE FOR THE |
| SURVEY IN THE CURRENT ROUND. |
-------------------------------

RE85A
=====

INTERVIEWER: THERE ARE NO ELIGIBLE INDIVIDUALS REMAINING IN THIS RU. PLEASE REPORT THIS SITUATION TO YOUR SUPERVISOR.

PRESS ENTER OR SELECT NEXT PAGE 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

OMITTED.
RE89
====
OMITTED.

RE90
====
OMITTED.

LOOP_11
========
OMITTED.

RE91
====
OMITTED.

END_LP11
=========
OMITTED.

BOX_33
=====
OMITTED.

RE92
====
OMITTED.

RE93
====
OMITTED.

RE93A
=====
OMITTED.

RE93B
=====
OMITTED.
<table>
<thead>
<tr>
<th>IF ROUND 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
</tr>
<tr>
<td>AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER IS:</td>
</tr>
<tr>
<td>- &gt; 16 YEARS OLD AND &lt; 60 YEARS OLD</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- NOT CODED ‘FULL TIME ACTIVE DUTY IN THE MILITARY’ (RE35 CODED ‘6’),</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- IS A CURRENT RU MEMBER (NOT DECEASED OR INSTITUTIONALIZED)</td>
</tr>
<tr>
<td>CONTINUE WITH RE94A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF NOT ROUND 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
</tr>
<tr>
<td>AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER</td>
</tr>
<tr>
<td>- IS &gt; 16 YEARS OLD AND &lt; 60 YEARS OLD</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- ADDED TO THE RU THIS ROUND,</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- IS A CURRENT RU MEMBER (NOT DECEASED OR INSTITUTIONALIZED)</td>
</tr>
<tr>
<td>GO TO RE95A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IF NOT ROUND 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
</tr>
<tr>
<td>AT LEAST ONE PERSON ON THE RU-MEMBERS-ROSTER</td>
</tr>
<tr>
<td>- IS &gt; 16 YEARS OLD AND &lt; 60 YEARS OLD</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- NOT ADDED TO THE RU THIS ROUND,</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>- IS A CURRENT RU MEMBER (NOT DECEASED OR INSTITUTIONALIZED)</td>
</tr>
<tr>
<td>GO TO LOOP_12A0</td>
</tr>
</tbody>
</table>

| OTHERWISE, GO TO BOX_35B |
{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?

[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 {RE95}
NO ..................................... 2 {BOX_35B}
REF ................................... -7 {BOX_35B}
DK .................................... -8 {BOX_35B}

HELP AVAILABLE 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 DETAILS:                                    |
| TITLE: RU_MEMBERS_1                                |
|                                                   |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
----------------------------------------------------

OMITTED.

OMITTED.

OMITTED. (INTEGRATED WITH RE94A).
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY PERSONS WHO ARE 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?

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

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

DISPLAY 'else' IF A ROSTER WAS DISPLAYED AT RE94A. OTHERWISE, USE NULL DISPLAY.

[PERSON-LEVEL CONTROL VARIABLE SET HERE. STATUS (FULL-TIME MILITARY LIVING IN RU)] FOR THOSE SELECTED AT RE95.

CONTINUE WITH LOOP 12
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |

| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

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

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

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

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |

| 2. ADD, DELETE, AND EDIT DISALLOWED. |

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

| ROSTER FILTER: |
| DISPLAY ONLY THOSE PERSONS WHO ARE OLDER THAN 16 YEARS AND YOUNGER THAN 60 YEARS AND WHO ARE CURRENT RU MEMBERS (NOT DECEASED OR INSTITUTIONALIZED) AND WHO ARE NOT CODED AS ON FULL-TIME ACTIVE DUTY IN THE MILITARY (RE35 CODED ‘6’) IN ANY INTERVIEW DURING THIS ROUND. |

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

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 FIRST 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] ............  {END_LP12}
REF ................................... -7  {END_LP12}
DK .................................... -8  {END_LP12}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.
(Is/Are) (READ NAMES BELOW) currently serving on active duty in the Armed Forces of the United States?

[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 {RE95B}
NO ..................................... 2 {BOX_34AA}
REF ................................... -7 {BOX_34AA}
DK .................................... -8 {BOX_34AA}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-----------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
-----------------------------------------------

-----------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS. |
-----------------------------------------------

-----------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
-----------------------------------------------
ROSTER FILTER:
DISPLAY ONLY THOSE PERSONS WHO ARE OLDER THAN 16 YEARS AND YOUNGER THAN 60 YEARS OF AGE AND WHO WERE ADDED TO THE RU THIS ROUND AND WHO ARE CURRENT RU MEMBERS (NOT DECEASED OR INSTITUTIONALIZED).

RE95B

Who is currently serving on active duty in the Armed Forces?

PROBE: Anyone else?

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

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

[PERSON-LEVEL CONTROL VARIABLE SET HERE. STATUS (FULL-TIME MILITARY LIVING IN RU)] FOR THOSE SELECTED AT RE95B.

CONTINUE WITH LOOP_12B

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.
--- ROSTER BEHAVIOR: ---
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.
--- ROSTER FILTER: ---
DISPLAY ONLY THOSE PERSONS WHO ARE OLDER THAN 16 YEARS AND YOUNGER THAN 60 YEARS OF AGE AND WHO WERE ADDED TO THE RU THIS ROUND AND WHO ARE CURRENT RU MEMBERS (NOT DECEASED OR INSITUTIONALIZED).

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] ............ {END_LP12B}
REF ................................... -7 {END_LP12B}
DK .................................... -8 {END_LP12B}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

-----------------------------------------
| HARD CHECK:                           |
| EDIT (FOR ROUND 5): DATE MUST BE ON OR BEFORE |
| 12/31/{YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR |
| YEAR OF THE PANEL. IF A DATE AFTER 12/31/{YEAR} IS |
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: "DATE |
| MUST BE ON OR BEFORE 12/31/{YEAR}. IF PERSON WAS |
| ONLY FULL-TIME MILITARY AFTER 12/31/{YEAR}, |
| BACK-UP AND CHANGE RESPONSE TO Re95B." |
-----------------------------------------

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 |
| AND |
| - IS A CURRENT RU MEMBER (NOT DECEASED OR |
| INSITUTIONALIZED) |
| GO TO LOOP_12A0 |

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 AND IS A CURRENT RU MEMBER (NOT 
DECEASED OR INSTITUTIONALIZED).
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, {YEAR}}?

YES .................................... 1
NO ..................................... 2 {END_LP12A0}
REF ................................... -7 {END_LP12A0}
DK .................................... -8 {END_LP12A0}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

| DISPLAY 'Is' if not round 5. Display 'Was' if | round 5. |
| DISPLAY 'on December 31, {YEAR}', where 'YEAR' is | the second calendar year of the panel, if round 5. |
| otherwise, use a null display. |

| If coded '1' (yes), flag person as 'full-time military and living in ru'. |

| If coded '1' (yes), and previous round status not full-time military living in the ru/full-time military in u.s. and not on a military facility, continue with re96b2 |

| Otherwise, go to end_LP12A0 |
{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] ............ {END_LP12A0}
REF ................................... -7 {END_LP12A0}
DK .................................... -8 {END_LP12A0}

HELP AVAILABLE FOR DEFINITION OF FULL-TIME ACTIVE DUTY.

----------------------------------------------------
| HARD CHECK:                                      |
| EDIT (FOR ROUND 5): DATE MUST BE ON OR BEFORE    |
| 12/31/{YEAR}, WHERE 'YEAR' IS THE SECOND CALENDAR|
| YEAR OF THE PANEL. IF A DATE AFTER 12/31/{YEAR} IS|
| ENTERED, DISPLAY THE FOLLOWING MESSAGE: “DATE    |
| MUST BE ON OR BEFORE 12/31/{YEAR}. IF PERSON WAS |
| ONLY FULL-TIME MILITARY AFTER 12/31/{YEAR},      |
| 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
========

<table>
<thead>
<tr>
<th>IF AT LEAST ONE RU MEMBER MEETS ALL OF THE</th>
<th>FOLLOWING CONDITIONS, CONTINUE WITH RE96F:</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ROUND 1:</td>
<td></td>
</tr>
<tr>
<td>- AGE &gt; 16</td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>- RE35 IS NOT CODED '6' THAT IS NOT CODED AS</td>
<td></td>
</tr>
<tr>
<td>'FULL TIME ACTIVE DUTY IN THE MILITARY'</td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>- IS NOT CODED AS 'CURRENTLY SERVING ON ACTIVE</td>
<td></td>
</tr>
<tr>
<td>DUTY IN THE MILITARY AND LIVING IN THE RU'</td>
<td></td>
</tr>
<tr>
<td>(BOTH [NOT SELECTED AT RE95 AND RE95B] AND</td>
<td></td>
</tr>
<tr>
<td>[RE96B1 NOT CODED '1'])</td>
<td></td>
</tr>
<tr>
<td>IF ROUND 2-5:</td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>- [PERSON ADDED TO THE RU THIS ROUND OR PERSON’S</td>
<td></td>
</tr>
<tr>
<td>STATUS IN THE PREVIOUS ROUND WAS 'FULL TIME</td>
<td></td>
</tr>
<tr>
<td>MILITARY AND LIVING IN THE RU']</td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>- AGE &gt; 16</td>
<td></td>
</tr>
<tr>
<td>AND</td>
<td></td>
</tr>
<tr>
<td>- IS NOT CODED AS 'CURRENTLY SERVING ON ACTIVE</td>
<td></td>
</tr>
<tr>
<td>DUTY IN THE MILITARY AND LIVING IN THE RU’</td>
<td></td>
</tr>
<tr>
<td>(BOTH [NOT SELECTED AT RE95 AND RE95B] AND</td>
<td></td>
</tr>
<tr>
<td>[RE96B1 NOT CODED '1'])</td>
<td></td>
</tr>
</tbody>
</table>

| OTHERWISE, GO TO BOX_35A |
RE96F

{PERSON’S FIRST MIDDLE AND LAST NAME}

(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?

[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 {RE96G}
NO ..................................... 2 {BOX_35A}
REF ................................... -7 {BOX_35A}
DK .................................... -8 {BOX_35A}

---------------------------------------------------------------------
| ROSTER DETAILS:                                                   |
| TITLE: RU_MEMBERS_1                                               |
| COL # 1 HEADER: NAME                                             |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES |
| (PERS.FULLNAME)                                                  |
|---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION:                                               |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.   |
|---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER BEHAVIOR:                                                 |
| 1. DISPLAY ONLY.                                                 |
| 2. ADD, DELETE, AND EDIT DISALLOWED.                             |
|---------------------------------------------------------------------
ROSTER FILTER:
This item displays all persons on the RU-Members-Roster who meet all of the following conditions:

IF ROUND 1:
- Age > 16
  AND
- RE35 is not coded ‘6’ that is not coded as ‘Full Time Active Duty in the Military’
  AND
- Is not coded as ‘Currently Serving on Active Duty in the Military and living in the RU’
  (both [not selected at RE95 and RE95B] and [RE96B1 not coded ‘1’])

IF ROUND 2-5:
AND
- [Person added to the RU this round or person’s status in the previous round was ‘Full Time Military and living in the RU’]
  AND
- Age > 16
  AND
- Is not coded as ‘Currently Serving on Active Duty in the Military and living in the RU’
  (both [not selected at RE95 and RE95B] and [RE96B1 not coded ‘1’])

Who was this?

PROBE: Anyone else?

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

CONTINUE WITH BOX_35A
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
MULTIPLE SELECT ALLOWED.

ROSTER FILTER:
THIS ITEM DISPLAYS ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO MEET ALL OF THE FOLLOWING CONDITIONS:

IF ROUND 1:
- AGE > 16
AND
- RE35 IS NOT CODED ‘6’ THAT IS NOT CODED AS ‘FULL TIME ACTIVE DUTY IN THE MILITARY’
AND
- IS NOT CODED AS ‘CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY AND LIVING IN THE RU’
  (BOTH [NOT SELECTED AT RE95 AND RE95B] AND [RE96B1 NOT CODED ‘1’])

IF ROUND 2-5:
AND
- [PERSON ADDED TO THE RU THIS ROUND OR PERSON’S STATUS IN THE PREVIOUS ROUND WAS ‘FULL TIME MILITARY AND LIVING IN THE RU’]
AND
- AGE > 16
AND
- IS NOT CODED AS ‘CURRENTLY SERVING ON ACTIVE DUTY IN THE MILITARY AND LIVING IN THE RU’
  (BOTH [NOT SELECTED AT RE95 AND RE95B] AND [RE96B1 NOT CODED ‘1’])
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 IN 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 IN 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 OR SELECT NEXT PAGE 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 {BOX_37}
TELEPHONE ...................................... 2 {BOX_37}

[Code One]

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).

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

----------------------------------------------------
| CONTINUE WITH BOX_35                              |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: DU_MEMBERS_1                               |
|                                                |
| COL # 1 HEADER: NAME                             |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)                  |
----------------------------------------------------
ROSTER DEFINITION:
THIS ITEM DISPLAYS DU-MEMBERS-ROSTER FOR DISPLAY
OF DU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY PERSONS WHO ARE FLAGGED AS ‘FULL-TIME
MILITARY LIVING IN RU’ AND WHO WERE 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, {YEAR}, (were/was) (PERSON)} married, widowed, divorced, separated, or never married?

IF R SAYS 'SINGLE', PROBE: {(Are/Is)/Were/Was} (PERSON) married, widowed, divorced, separated, or never married?

IF MARITAL STATUS CHANGES TO 'NEVER MARRIED', MAKE A COMMENT EXPLAINING SITUATION.

<table>
<thead>
<tr>
<th>ROSTER. RU MEMBER</th>
<th>RE97 02. PREVIOUS ROUND MARITAL STATUS</th>
<th>RE97 03. MARITAL STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
<td>[ENTER MARITAL STATUS]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
<td>[ENTER MARITAL STATUS]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Display Selection]</td>
<td>[ENTER MARITAL STATUS]</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR DEFINITIONS OF MARITAL STATUS CODES.

| DISPLAY '(Are/Is) (PERSON) now' AND '(Are/Is)' IF |
| NOT ROUND 5. DISPLAY 'As of December 31, {YEAR}, |
| (were/was) (PERSON)' AND '(Were/Was)', WHERE |
| 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL, |
| IF ROUND 5. |

| REFUSED AND DON'T KNOW ALLOWED. |
ROSTER DETAILS:
TITLE: RU_MEMBERS_5

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 2 HEADER: PREVIOUS ROUND MARITAL STATUS
INSTRUCTIONS: DISPLAY RU MEMBER’S PREVIOUS ROUND MARITAL STATUS (PRND.MARISTAT). IF PREVIOUS ROUND MARITAL STATUS IS MISSING, REFUSED, DON’T KNOW, OR NOT ASCERTAINED, DISPLAY “UNAVAILABLE”.

COL # 3 HEADER: MARITAL STATUS
INSTRUCTIONS: DISPLAY RU MEMBER’S MARITAL STATUS (PRND.MARISTAT)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR ENTRY OF MARITAL STATUS.

ROSTER BEHAVIOR:
1. THE RU MEMBERS COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.

2. THE PREVIOUS ROUND MARITAL STATUS COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED

3. THE MARITAL STATUS COLUMN PROVIDES A DROP-DOWN LIST OF STATUS INCLUDING: MARRIED, WIDOWED, DIVORCED, SEPARATED, NEVER MARRIED, RF, DK.

ROSTER FILTER:
DISPLAY ALL PERSONS AGE 16 OR OLDER.
BOX_37

---------------------
| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS |
| ANY ONE OF THE FOLLOWING CONDITIONS:          |
| - PERSON IS AN RU MEMBER AND ETHNICITY DATA ARE |
|   MISSING                                      |
| OR                                            |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED|
|   WITH THIS RU AND ETHNICITY DATA ARE MISSING,|
| CONTINUE WITH LOOP_13                         |
---------------------

---------------------
| OTHERWISE, GO TO BOX_38
---------------------

LOOP_13

---------------------
| FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER, ASK |
| RE98A-END_LP13                                    |
---------------------

---------------------
| LOOP DEFINITION: LOOP_13 COLLECTS ETHNICITY FOR |
| RU MEMBERS AND NEW STUDENTS WHOSE ETHNICITY DATA |
| ARE MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO |
| MEET EITHER OF THE FOLLOWING CONDITIONS:         |
| - PERSON IS AN RU MEMBER AND ETHNICITY DATA ARE |
|   MISSING                                       |
| OR                                              |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED|
|   WITH THIS RU AND ETHNICITY DATA ARE MISSING   |
---------------------

BOX_37A

       OMITTED.

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 {RE100A}
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]
RE100AOV1
=========
OMITTED.

RE100AOV2
=========
OMITTED.

END_LP13
=========

----------------------------------------------------
<p>| CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER     |
| WHO 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_13 AND CONTINUE WITH BOX_38</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_38
======

----------------------------------------------------
<p>| IF ANY PERSON ON THE DU-MEMBERS-ROSTER MEETS      |
| ANY ONE OF THE FOLLOWING CONDITIONS:               |
| - PERSON IS AN RU MEMBER AND RACE DATA ARE       |
| MISSING                                          |
| OR                                               |
| - PERSON IS FLAGGED AS A 'NEW STUDENT' ASSOCIATED|
| WITH THIS RU AND RACE DATA ARE MISSING,           |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_14</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO LOOP_15</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</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 ARE MISSING. THIS LOOP CYCLES ON DU MEMBERS WHO MEET EITHER OF THE FOLLOWING CONDITIONS:
- PERSON IS AN RU MEMBER AND RACE DATA ARE MISSING
- PERSON IS FLAGGED AS A ‘NEW STUDENT’ ASSOCIATED WITH THIS RU AND RACE DATA ARE 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).

Check All That Apply.

White ................................. 1
Black/African American .............. 2
American Indian or Alaska Native ... 3
Asian ................................. 4
Native Hawaiian or Other Pacific Islander ........................................ 5
Other: Specify ........................ 91
Ref ................................... -7 (Box_38A)
DK .................................... -8 (Box_38A)

[Code All That Apply]

----------------------------------------------------
| FOR SPECIFICATIONS PURPOSES ONLY (CAPI HANDLES | | |
| AUTOMATICALLY): ‘-7’ (REFUSED) AND ‘-8’ (DON’T | | |
| KNOW) NOT ALLOWED IN COMBINATION WITH ANY OTHER | | |
| CODES.                                        | | |
----------------------------------------------------

----------------------------------------------------
| IF CODED ‘91’ (OTHER: SPECIFY) ALONE OR IN | | |
| COMBINATION W/ 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

----------------------------------------------------
OTHER RACE:

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

------------------------------------------
| IF RE101A CODED '4' (ASIAN) IN COMBINATION WITH |
| CODE '91' (OTHER: SPECIFY), CONTINUE WITH RE101B |
------------------------------------------

------------------------------------------
| OTHERWISE, GO TO BOX_38A                |
------------------------------------------

OMITTED.

OMITTED.

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD RE-2C.

Please look at this card and tell me which group best describes (PERSON)’s ethnic background.

ASIAN INDIAN ........................... 1 {BOX_38A}
CHINESE ................................ 2 {BOX_38A}
FILIPINO ................................ 3 {BOX_38A}
JAPANESE ................................ 4 {BOX_38A}
KOREAN .................................. 5 {BOX_38A}
VIETNAMESE .............................. 6 {BOX_38A}
OTHER ASIAN: SPECIFY ................... 91 {RE101BOV}
REF ...................................... -7 {BOX_38A}
DK ....................................... -8 {BOX_38A}
MEPS P13R5/P14R3/P15R1 Reenumeration Section Subsection B
November 10, 2009

RE101BOV
=======
OTHER ASIAN:

[Enter Other Asian Specify] ............ (BOX_38A)
REF .................................. -7 (BOX_38A)
DK .................................. -8 (BOX_38A)

BOX_38A
=======

----------------------------------------------------
<table>
<thead>
<tr>
<th>GO TO END_LP14</th>
</tr>
</thead>
</table>

RE102A
=======
OMITTED.

END_LP14
=======

----------------------------------------------------
<p>|     CYCLE ON NEXT PERSON IN THE DU-MEMBERS-ROSTER |
| WHO MEETS THE CONDITIONS STATED IN THE LOOP       |</p>
<table>
<thead>
<tr>
<th>DEFINITION.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF NO MORE PERSONS MEET THE STATED CONDITIONS,    |</p>
<table>
<thead>
<tr>
<th>END LOOP_14 AND CONTINUE WITH LOOP_15</th>
</tr>
</thead>
</table>
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 |

-------------------------------
| IF ROUND 1, CONTINUE WITH RE103 |

-------------------------------
| 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 |
{PERSON'S FIRST MIDDLE AND LAST NAME}

{As of December 31, {YEAR}, 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 {RE105}
SECOND YEAR ............................. 14 {RE105}
THIRD YEAR ............................... 15 {RE105}
FOURTH YEAR (BACHELOR’S DEGREE) ...... 16 {RE105}
FIVE OR MORE YEARS (GRADUATE DEGREE) .. 17 {RE105}
REF ...................................... -7 {RE105}
DK ....................................... -8 {RE105}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF REGULAR SCHOOL AND GRADE OR YEAR.

----------------------------------------------------
| DISPLAY 'What' IF NOT ROUND 5. DISPLAY 'As of    |
| December 31, {YEAR}, what' IF ROUND 5, WHERE    |
| 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. |
----------------------------------------------------

----------------------------------------------------
| IF CODED '0' (NEVER ATTENDED SCHOOL/KINDERGARTEN  |
| ONLY) THROUGH '12' (TWELFTH GRADE (HIGH SCHOOL   |
| DIPLOMA)) AND PERSON = OR > 16, CONTINUE WITH     |
| RE104                                             |
| IF CODED ‘13’ THROUGH ‘17’ (COLLEGE LEVEL), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW), GO TO RE105 |
| otherwise, go to end lp15 |

RE104
======

{PERSON'S FIRST MIDDLE AND LAST NAME}

{{Do/Does/Did}/As of December 31, {YEAR} 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]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| display 'Do' AND 'have' IF PERSON IS RESPONDENT. | display 'Does' AND 'has' IF PERSON IS NOT RESPONDENT AND LIVING. display 'Did' AND 'had' IF PERSON IS DECEASED. |

| if not round 5, display '(Do/Does/Did)'. if round 5, display 'As of December 31, {YEAR}, did', WHERE 'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL. |

| if not round 5, display {have/has/had}. if round 5, display 'had'. |
What is the highest educational degree (PERSON) obtained (as of December 31, {YEAR})?

BACHELOR’S DEGREE ....................... 1 {END_LP15}
MASTER’S DEGREE .......................... 2 {END_LP15}
DOCTORATE DEGREE ........................ 3 {END_LP15}
NO DEGREE ............................... 4 {END_LP15}
OTHER ................................. 91 {END_LP15}
REF ................................. -7 {END_LP15}
DK ................................. -8 {END_LP15}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.
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, {YEAR}, (were/was)} (READ NAMES BELOW) attending school either part-time or full-time?

SELECT 'YES' IF ANY PERSON ATTENDING SCHOOL.

[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 {RE107}
NO ...................................... 2 {BOX_41A}
REF .................................... -7 {BOX_41A}
DK ..................................... -8 {BOX_41A}

HELP AVAILABLE FOR DEFINITIONS OF PART-TIME/FULL-TIME.

| DISPLAY '(Is/Are)' IF NOT ROUND 5. DISPLAY 'As of |
| December 31, {YEAR}, (were/was)', WHERE 'YEAR' IS |
| THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND 5.|
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS AGE 17 TO 23 INCLUSIVE AND WHO ARE 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, {YEAR}}?

[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, {YEAR}’ IF ROUND 5, WHERE ‘YEAR’ IS THE SECOND CALENDAR YEAR OF THE PANEL. OTHERWISE, USE A NULL DISPLAY.
CONTINUE WITH BOX_41A

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS AGE 17 TO 23 INCLUSIVE AND WHO ARE NOT CODED AS LIVING AWAY AT SCHOOL IN GRADES 1-12.

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
{(Earlier you mentioned (PERSON) was living away at school in grades 1-12.)} (Is/Was) (PERSON) attending school part-time or full-time?

<table>
<thead>
<tr>
<th>ROSTER. NAME</th>
<th>RE108 02. PART-TIME/FULL-TIME STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. First Name Middle Name Last Name-35</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

HELP AVAILABLE FOR DEFINITIONS OF PART-TIME/FULL-TIME.

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

-----------------------------------------------
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF ROUND 5. |
-----------------------------------------------

-----------------------------------------------
| REFUSED AND DON'T KNOW ALLOWED. |
-----------------------------------------------

-----------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_6 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: PART-TIME/FULL-TIME STATUS |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ STUDENT STATUS (PRND.STUDTIME) |
-----------------------------------------------
ROSTER DEFINITION:
DISPLAY THE RU-MEMBERS-ROSTER FOR ENTRY OF SCHOOL STATUS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.

2. ADD, DELETE, AND EDIT DISALLOWED.


ROSTER FILTER:
DISPLAY ALL PERSONS WHO MEET ONE OF THE FOLLOWING CONDITIONS:
- AGE 17-23 AND ATTENDING SCHOOL PART-TIME OR FULL-TIME (I.E., SELECTED AT RE107)
OR
- PREVIOUSLY CODED AS LIVING AWAY AT SCHOOL GRADES 1-12
HOX_41B

| IF ROUND 1 OR ROUND 3                      |
| AND                                        |
| IF AT LEAST ONE ELIGIBLE RU MEMBER, THEN CONTINUE |
| WITH RE108B                               |

| OTHERWISE, GO TO BOX_42                    |

BOX_41BB

OMITTED.

RE108A

OMITTED.
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 {YEAR}.

Please tell me the letter on the bottom of the card that corresponds to your household’s total income from these sources during {YEAR}.

IF RESPONDENT WILL NOT ANSWER WITH A YEARLY INCOME AND MONTHLY INCOME VARIES, PROBE: Please pick the typical or average or most recent monthly amount.

A. {< 100%} ............................. 1 {BOX_42}
B. {100% - 150%} ........................ 2 {BOX_42}
C. {150% - 200%} ........................ 3 {BOX_42}
D. {200% - 300%} ........................ 4 {BOX_42}
E. {> 300%} ............................. 5 {BOX_42}
REF ................................. -7 {BOX_42}
DK ................................. -8 {BOX_42}

[Code One]

==================================================================
| (FOR SPECIFICATIONS ONLY; 'YEAR' IN PROGRAM IS HARD-CODED.) IF ROUND 1, DISPLAY THE YEAR PRIOR TO THE FIRST YEAR OF THE PANEL FOR 'YEAR'. IF ROUND 3, DISPLAY THE FIRST YEAR OF THE PANEL FOR 'YEAR'. |
==================================================================

72
FOR 'SHOWCARD RE-' DISPLAY THE FOLLOWING:

- IF REFERENCE PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1 THROUGH 8, AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER, DISPLAY ‘SHOWCARD RE-3A’

- IF REFERENCE PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1 THROUGH 8, AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS, DISPLAY ‘SHOWCARD RE-3B’

- IF REFERENCE PERSON IS AGE 65 OR OLDER OR IN AGE CATEGORY 9 AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER, DISPLAY ‘SHOWCARD RE-3C’

- IF REFERENCE PERSON IS AGE 65 OR OLDER OR IN AGE CATEGORY 9, AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS, DISPLAY ‘SHOWCARD RE-3D’

FOR ALL HOUSEHOLD ROSTERS WITH MORE THAN TWO RU MEMBERS,

- 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 REFERENCE PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1 THROUGH 8 AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER,

FOR {< 100%}, DISPLAY 'less than $11,000'
FOR {100%-150%}, DISPLAY '$11,000-$16,600'
FOR {150%-200%}, DISPLAY '$16,601-$22,100'
FOR {200%-300%}, DISPLAY '$22,101-$33,100'
FOR {> 300%}, DISPLAY 'more than $33,100'

IF REFERENCE PERSON IS LESS THAN 65 YEARS OLD OR IN AGE CATEGORIES 1 THROUGH 8 AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS,

FOR {< 100%}, DISPLAY 'less than $14,300'
FOR {100%-150%}, DISPLAY '$14,300-$21,400'
FOR {150%-200%}, DISPLAY '$21,401-$28,600'
FOR {200%-300%}, DISPLAY '$28,601-$42,800'
FOR {> 300%}, DISPLAY 'more than $42,800'

IF REFERENCE PERSON IS AGE 65 OR OLDER OR IN AGE CATEGORY 9 AND HOUSEHOLD ROSTER LISTS ONE RU MEMBER,

FOR {< 100%}, DISPLAY 'less than $10,200'
FOR {100%-150%}, DISPLAY '$10,200-$15,300'
FOR {150%-200%}, DISPLAY '$15,301-$20,400'
FOR {200%-300%}, DISPLAY '$20,401-$30,500'
FOR {> 300%}, DISPLAY 'more than $30,500'

IF REFERENCE PERSON IS AGE 65 OR OLDER OR IN AGE CATEGORY 9 AND HOUSEHOLD ROSTER LISTS TWO RU MEMBERS,

FOR {< 100%}, DISPLAY 'less than $12,800'
FOR {100%-150%}, DISPLAY '$12,800-$19,300'
FOR {150%-200%}, DISPLAY '$19,301-$25,700'
FOR {200%-300%}, DISPLAY '$25,701-$38,500'
FOR {> 300%}, DISPLAY 'more than $38,500'

-----------------------------------------------
IF RU ROSTER LISTS THREE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $16,900’
FOR {100%-150%}, DISPLAY ‘$16,900-$25,400’
FOR {150%-200%}, DISPLAY ‘$25,401-$33,800’
FOR {200%-300%}, DISPLAY ‘$33,801-$50,800’
FOR {> 300%}, DISPLAY ‘more than $50,800’

IF RU ROSTER LISTS FOUR HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $21,700’
FOR {100%-150%}, DISPLAY ‘$21,700-$32,600’
FOR {150%-200%}, DISPLAY ‘$32,601-$43,400’
FOR {200%-300%}, DISPLAY ‘$43,401-$65,100’
FOR {> 300%}, DISPLAY ‘more than $65,100’

IF RU ROSTER LISTS FIVE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $25,700’
FOR {100%-150%}, DISPLAY ‘$25,700-$38,500’
FOR {150%-200%}, DISPLAY ‘$38,501-$51,300’
FOR {200%-300%}, DISPLAY ‘$51,301-$77,000’
FOR {> 300%}, DISPLAY ‘more than $77,000’

IF RU ROSTER LISTS SIX HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $29,000’
FOR {100%-150%}, DISPLAY ‘$29,000-$43,500’
FOR {150%-200%}, DISPLAY ‘$43,501-$58,500’
FOR {200%-300%}, DISPLAY ‘$58,001-$87,000’
FOR {> 300%}, DISPLAY ‘more than $87,000’

IF RU ROSTER LISTS SEVEN HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $33,000’
FOR {100%-150%}, DISPLAY ‘$33,000-$49,500’
FOR {150%-200%}, DISPLAY ‘$49,501-$66,000’
FOR {200%-300%}, DISPLAY ‘$66,001-$99,000’
FOR {> 300%}, DISPLAY ‘more than $99,000’

IF RU ROSTER LISTS EIGHT HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $36,700’
FOR {100%-150%}, DISPLAY ‘$36,700-$55,000’
FOR {150%-200%}, DISPLAY ‘$55,001-$73,300’
FOR {200%-300%}, DISPLAY ‘$73,301-$110,000’
FOR {> 300%}, DISPLAY ‘more than $110,000’
IF RU ROSTER LISTS NINE OR MORE HOUSEHOLD MEMBERS,

FOR {< 100%}, DISPLAY ‘less than $43,700’
FOR {100%-150%}, DISPLAY ‘$43,700-$65,600’
FOR {150%-200%}, DISPLAY ‘$65,601-$87,500’
FOR {200%-300%}, DISPLAY ‘$87,501-$131,200’
FOR {> 300%}, DISPLAY ‘more than $131,200’

---

BOX_42

IF AT LEAST ONE DU MEMBER WAS REMOVED FROM THE
RU-MEMBERS-ROSTER THIS ROUND AND IS FLAGGED AS A
‘NEW STUDENT’, CONTINUE WITH RE109

OTHERWISE, GO TO BOX_43

RE109

We may conduct a separate interview with (READ NAMES BELOW)
so I will not ask any further questions about them today.

[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 DETAILS:

TITLE: DU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY |
| OF RU-MEMBERS. |

| ROSTER BEHAVIOR: |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL PERSONS WHO WERE REMOVED FROM THE RU- |
| MEMBERS-ROSTER THIS ROUND AND WHO WERE FLAGGED AS |
| A ‘NEW STUDENT’. |

LOOP_16
=======

| FOR EACH ELEMENT IN DU-MEMBERS-ROSTER, |
| ASK RE110-END_LP16 |

| LOOP DEFINITION: LOOP_16 COLLECTS LOCATING ADDRESS |
| AND PHONE NUMBER FOR EACH STUDENT RU. THIS LOOP |
| CYCLES ON PERSONS WHO MEET BOTH OF THE FOLLOWING |
| CONDITIONS: |
| - PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER |
| THIS ROUND |
| AND |
| - PERSON IS FLAGGED AS A ‘NEW STUDENT’ |
RE110

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number where (PERSON) can be reached at school.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1: [_______________]
STREET_ADDRESS2: [_______________]
CITY: [_______________]
STATE: [_______________]
ZIP CODE: [_______________]
TELEPHONE: [_______________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

| DISPLAY THE FOLLOWING MESSAGE IN RED UPON EXITING |
| RE110: “RECORD ADDRESS AND TELEPHONE ABOVE IN |
| INTERVIEWER NOTEBOOK NOW.” |

| CONTINUE WITH END_LP16 |

END_LP16

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

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_16 AND CONTINUE WITH BOX_43 |
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 not ask any further questions about them today.

[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 DETAILS:
TITLE: DU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS DU-MEMBERS-ROSTER FOR DISPLAY OF DU-MEMBERS.
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS 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 US’.

- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND IS FLAGGED AS ‘FULL-TIME MILITARY IN US AND NOT ON MILITARY FACILITY’.

LOOP_17

FOR EACH ELEMENT IN THE DU-MEMBERS-ROSTER,
ASK RE111A-END_LP17

LOOP DEFINITION: LOOP_17 COLLECTS LOCATING INFORMATION FOR EACH PERSON WHO HAS LEFT THE RU AND MOVED TO ANOTHER HOUSEHOLD IN THE U.S. THIS LOOP CYCLES ON DU MEMBERS WHO MEET BOTH OF THE FOLLOWING CONDITIONS:
- PERSON NOT FLAGGED AS ‘PROCESSED MOVER’ AND
- PERSON WAS REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS RU AND EITHER OF THE FOLLOWING CONDITIONS:
  - FLAGGED AS ‘NON-MILITARY MOVER IN U.S.’ OR
  - FLAGGED AS ‘FULL-TIME MILITARY IN U.S. AND NOT ON MILITARY FACILITY’
RE111A
======

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number where (PERSON) has moved.

IF NO TELEPHONE, ENTER ‘000’.

STREET_ADDRESS1: [_____________]
STREET_ADDRESS2: [_____________]
CITY: [_____________]
STATE: [_____________]
ZIP CODE: [_____________]
TELEPHONE: [_____________]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

----------------------------------------------------
| DISPLAY THE FOLLOWING MESSAGE IN RED UPON EXITING |
| RE111A: “RECORD ADDRESS AND TELEPHONE ABOVE IN |
| INTERVIEWER NOTEBOOK NOW.”                        |
----------------------------------------------------

----------------------------------------------------
| FLAG PERSON AS ‘PROCESSED MOVER’.                 |
----------------------------------------------------

----------------------------------------------------
| IF ALL PERSONS WHO MEET EITHER OF THE FOLLOWING |
| CONDITIONS:                                       |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE |
| INTERVIEW WITH THIS RU AND FLAGGED AS ‘NON-      |
| MILITARY MOVER IN U.S.’                           |
| OR                                                |
| - REMOVED FROM THE RU-MEMBERS-ROSTER DURING THE |
| INTERVIEW WITH THIS RU AND FLAGGED AS ‘FULL-      |
| TIME MILITARY IN U.S. AND NOT ON MILITARY         |
| FACILITY’                                         |
| ARE FLAGGED AS ‘PROCESSED MOVER’,                |
| GO TO END_LP17                                    |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH RE111B                   |
----------------------------------------------------
RE111B

{PERSON’S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) living with any of the following family members? (READ NAMES BELOW)

[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 {RE112}
NO .................................. 2 {END_LP17}
REF ................................. -7 {END_LP17}
DK ................................. -8 {END_LP17}

----------------------------------------------------
<p>| ROSTER DETAILS:                                    |
| TITLE: DU_MEMBERS_1                                |
|                                                   |
| COL # 1 HEADER: NAME                              |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE,  |</p>
<table>
<thead>
<tr>
<th>AND LAST NAMES (PERS.FULLNAME)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROSTER DEFINITION:</td>
</tr>
<tr>
<td>THIS ITEM DISPLAYS DU-MEMBERS-ROSTER FOR DISPLAY</td>
</tr>
<tr>
<td>OF DU-MEMBERS.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER BEHAVIOR:</td>
</tr>
<tr>
<td>1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>ROSTER FILTER:</td>
</tr>
<tr>
<td>DISPLAY ALL PERSONS WHO WERE NOT FLAGGED AS</td>
</tr>
<tr>
<td>‘PROCESSED MOVERS’ AND WHO WERE REMOVED FROM THE</td>
</tr>
<tr>
<td>RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS</td>
</tr>
<tr>
<td>RU AND MEET EITHER OF THE FOLLOWING CONDITIONS:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>- FLAGGED AS ‘NON-Military MOVER IN US’.</td>
</tr>
<tr>
<td>- FLAGGED AS ‘FULL-TIME MILITARY IN US AND NOT</td>
</tr>
<tr>
<td>ON MILITARY FACILITY’.</td>
</tr>
</tbody>
</table>
Who lives with (PERSON)?

[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>FLAG ALL SELECTED PERSONS AS ‘PROCESSED MOVER’.</th>
</tr>
</thead>
</table>

---
<table>
<thead>
<tr>
<th>CONTINUE WITH END_LP17</th>
</tr>
</thead>
</table>

---
| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

---
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS DU-MEMBERS-ROSTER FOR DISPLAY OF DU-MEMBERS. |

---
| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

---
ROSTER FILTER:
DISPLAY ALL PERSONS WHO WERE NOT FLAGGED AS
‘PROCESSED MOVERS’ AND WHO WERE REMOVED FROM THE
RU-MEMBERS-ROSTER DURING THE INTERVIEW WITH THIS
RU AND MEET EITHER OF THE FOLLOWING CONDITIONS:

- FLAGGED AS ‘NON-MILITARY MOVER IN US’.
- FLAGGED AS ‘FULL-TIME MILITARY IN US AND NOT
  ON MILITARY FACILITY’.

END_LP17

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

-----------------------------
IF NO MORE PERSONS MEET THE STATED CONDITIONS,
END LOOP_17 AND CONTINUE WITH BOX_44A

-----------------------------
BOX_44A

-----------------------------
THE PROGRAM DETERMINES THE ELIGIBILITY OF PERSONS
WHO HAVE MOVED TO ANOTHER HOUSEHOLD IN THE U.S.
AND HAVE THEREFORE BEEN REMOVED FROM THE
RU-MEMBERS-ROSTER FOR THE CURRENT CASE. THE
ELIGIBILITY OF SUCH PERSONS IS BASED ON WHETHER
THEY ARE KEY AND/OR MOVED WITH A KEY PERSON. IF A
PERSON WHO HAS MOVED TO A HOUSEHOLD WITHIN THE
U.S. IS DETERMINED TO BE ELIGIBLE, THAT PERSON
WILL BE INTERVIEWED AS PART OF A NEW RU.
| 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 |

<table>
<thead>
<tr>
<th></th>
</tr>
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<tbody>
<tr>
<td>-----------------------------------------------------</td>
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<td>-----------------------------------------------------</td>
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<td>-----------------------------------------------------</td>
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<tr>
<td>-----------------------------------------------------</td>
</tr>
</tbody>
</table>
Review of Employment Information (RJ) Section

BOX_00
=====

CONTEXT HEADER DISPLAY INSTRUCTIONS:
DISPLAY PERS.FULLNAME AND ESTB.ESTBNAME
{EVALUATE DATE}

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 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 |
{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 {RJ01AA}
NO .................................... 2 {RJ01AA}
REF ................................... -7 {RJ01AA}
DK .................................... -8 {RJ01AA}

---------------------------------------------------------------------
| FOR {PREV RD INTV DT} DISPLAY THE INTERVIEW DATE OF THE PREVIOUS ROUND. |
| DISPLAY ‘on {END DATE OF REFERENCE PERIOD}’ IF ROUND 5. OTHERWISE, USE NULL DISPLAY. |
| DISPLAY ‘(Do/Does)’ IF NOT ROUND 5. DISPLAY ‘Did’ IF ROUND 5. |
| FOR {END DATE OF REFERENCE PERIOD}, DISPLAY THE ROUND 5 REFERENCE PERIOD END DATE FOR THAT PERSON. |
---------------------------------------------------------------------
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 {RJ01AAA}
NO ....................................  2 {RJ01AAA}
REF ................................... -7 {RJ01AAA}
DK .................................... -8 {RJ01AAA}

---------------------------------------------------------------------
| DISPLAY 'Is' IF RJ01 IS CODED '1' (YES). DISPLAY 'Was' IF RJ01 IS CODED '2' (NO), '-'7' (REFUSED), |
| OR '-8' (DON'T KNOW).
---------------------------------------------------------------------
{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 {BOX_03A}
NOT YEAR ROUND ................................. 2 {BOX_03A}
REF .................................................. -7 {BOX_03A}
DK .................................................... -8 {BOX_03A}

[Code One]

------------------------------------------------------------------
| DISPLAY ‘Is’ IF RJ01 IS CODED ‘1’ (YES). DISPLAY |
| ‘Was’ IF RJ01 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), |
| OR ‘-8’ (DON’T KNOW). |
| |
| DISPLAY ‘is’ IF RJ01 IS CODED ‘1’ (YES). DISPLAY |
| ‘was’ IF RJ01 IS CODED ‘2’ (NO), ‘-7’ (REFUSED), |
| OR ‘-8’ (DON’T KNOW). |
------------------------------------------------------------------

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

HELP AVAILABLE FOR DEFINITION OF MAIN JOB/BUSINESS.

| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |
| ROUND 5.                                          |

| IF CODED '2' (NO), CHANGE JOB SUBTYPE FLAG TO |
| 'CURRENT MISCELLANEOUS JOB WITHIN REFERENCE |
| PERIOD'.                                          |

| IF JOB BEING ASKED ABOUT FLAGGED AS 'SELF- |
| EMPLOYED’, GO TO RJ04                          |

| IF JOB BEING ASKED ABOUT FLAGGED AS 'NOT SELF- |
| EMPLOYED’, CONTINUE WITH RJ02                   |
RJ02
====

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

{During our last interview, we recorded that (PERSON) made {$XXXXXX.XX} per {UNIT OF TIME}.}  {Since {PREV RD INT DT}, has/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}, was} there {been} any change in the amount (PERSON) {(make/makes)/made} through (ESTABLISHMENT)?

INTERVIEWER NOTE: THIS INCLUDES CHANGES IN BOTH DIRECTIONS.

YES ...................................  1 {RJ03}
NO ....................................  2 {RJ04}
REF ................................... -7 {RJ04}
DK .................................... -8 {RJ04}

-------------------------------------------------------------------
| {During our last interview, we recorded that (PERSON) made {$XXXXXX.XX} per {UNIT OF TIME}.}: |
| DISPLAY SENTENCE IF EW01, EW02, EW03, EW05, EW11, EW18, EW24B, AND/OR EW24C WERE NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) FOR THE JOB BEING ASKED ABOUT FOR THIS PERSON DURING THE PREVIOUS ROUND. |
| {$XXXXXX.XX}  {UNIT OF TIME}: |
| IF CODED '1' (SALARIED) AT EW01 FOR THE JOB BEING ASKED ABOUT FOR THIS PERSON DURING THE PREVIOUS ROUND, DISPLAY AMOUNT ENTERED AT EW11 FOR {$XXXXXX.XX} AND THE UNIT ENTERED AT EW11OV1 (OR AT EW11OV2 IF EW11OV1 IS CODED '91' (OTHER)) FOR {UNIT OF TIME}. |
| IF CODED '2' (PAID BY THE HOUR) AT EW01 FOR THE JOB BEING ASKED ABOUT FOR THIS PERSON DURING THE PREVIOUS ROUND, DISPLAY AMOUNT ENTERED AT EW18 FOR {$XXXXXX.XX} AND 'HOUR' FOR {UNIT OF TIME}. |
| IF CODED '3' (PAID SOME OTHER WAY) AT EW01 FOR THE JOB BEING ASKED ABOUT FOR THIS PERSON DURING THE PREVIOUS ROUND AND: |
| IF CODED '1' (BY THE DAY) AT EW02, DISPLAY THE AMOUNT ENTERED AT EW03 FOR {$XXXXXX.XX} AND 'DAY' FOR {UNIT OF TIME}. |
-------------------------------------------------------------------
IF CODED ‘2’ (PIECEWORK), ‘5’ (BY THE JOB/MILE), OR ‘91’ (OTHER) AT EW02, DISPLAY THE AMOUNT ENTERED AT EW05 FOR {$XXXXXX.XX} AND THE UNIT ENTERED AT EW05OV1 (OR AT EW05OV2 IF EW05OV1 IS CODED ‘91’ (OTHER)) FOR {UNIT OF TIME}.

IF CODED ‘3’ (COMMISSION) AT EW02, DISPLAY THE AMOUNT ENTERED AT EW24C FOR {$XXXXXX.XX} AND THE UNIT ENTERED AT EW24COV1 (OR AT EW24COV2 IF EW24COV1 IS CODED ‘91’ (OTHER)) FOR {UNIT OF TIME}.

IF CODED ‘4’ (BONUS) AT EW02, DISPLAY THE AMOUNT ENTERED AT EW24B FOR {$XXXXXX.XX} AND THE UNIT ENTERED AT EW24BOV1 (OR AT EW24BOV2 IF EW24BOV1 IS CODED ‘91’ (OTHER)) FOR {UNIT OF TIME}.

{Since {PREV RD INT DT}, has/Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}, was}: DISPLAY ‘Since {PREV RD INT DT}, has’ IF NOT ROUND 5. DISPLAY ‘Between {START DATE OF REFERENCE PERIOD} and {END DATE OF REFERENCE PERIOD}, was’ IF ROUND 5.

{START DATE OF REFERENCE PERIOD}: DISPLAY THE ROUND 5 REFERENCE PERIOD FOR START DATE FOR THIS PERSON.

{END DATE OF REFERENCE PERIOD}: DISPLAY THE ROUND 5 REFERENCE PERIOD END DATE FOR THIS PERSON.

{been}: DISPLAY ‘been’ IF NOT ROUND 5. OTHERWISE, USE A NULL DISPLAY.

{(make/makes)/made}: DISPLAY ‘(make/makes)’ IF NOT ROUND 5. DISPLAY ‘made’ IF ROUND 5.

FOR {PREV RD INT DT} DISPLAY THE INTERVIEW DATE OF THE PREVIOUS ROUND.
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 {RJ03OV}
- REF ................................... -7 {BOX_04}
- DK .................................... -8 {BOX_04}

[Code One]

OTHER SPECIFY:

- [Enter Other Specify] .................... {BOX_04}
- REF ..................................... -7 {BOX_04}
- DK ..................................... -8 {BOX_04}

| ASK THE EMPLOYMENT WAGE (EW) SECTION. |
| AT COMPLETION OF EMPLOYMENT WAGE (EW) SECTION, |
| CONTINUE WITH 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]
| FOR {PREV RD INTV DT} DISPLAY THE INTERVIEW DATE OF THE PREVIOUS ROUND. |
| DISPLAY 'full-time' IF NUMERIC ENTRY AT EM104 = OR > 35 OR EM104 WAS CODED '-7' (REFUSED) OR '8' (DON'T KNOW) AND EM105 WAS CODED '1' (YES) DURING THE PREVIOUS ROUND FOR JOB BEING ASKED ABOUT. DISPLAY 'part-time' IF NUMERIC ENTRY AT EM104 < 35 OR Если EM104 WAS CODED '-7' (REFUSED) OR '8' (DON'T KNOW) AND EM105 WAS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) DURING THE PREVIOUS ROUND FOR THIS JOB BEING ASKED ABOUT. |
| DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'Did' IF ROUND 5. |
| DISPLAY '35 hours or more' IF NUMERIC ENTRY AT EM104 = OR > 35 OR EM104 WAS CODED '-7' (REFUSED) OR '8' (DON'T KNOW) AND EM105 WAS CODED '1' (YES) DURING THE PREVIOUS ROUND FOR JOB BEING ASKED ABOUT. DISPLAY 'less than 35 hours' IF NUMERIC ENTRY AT EM104 < 35 OR EM104 WAS CODED '-7' (REFUSED) OR '8' (DON'T KNOW) AND EM105 WAS CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW) DURING THE PREVIOUS ROUND FOR THIS JOB BEING ASKED ABOUT. |
| DISPLAY 'on {END DATE OF REFERENCE PERIOD}' IF ROUND 5, DISPLAYING THE ROUND 5 END DATE FOR THIS PERSON FOR 'END DATE OF REFERENCE PERIOD'. OTHERWISE, USE NULL DISPLAY. |
| 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 |
What is the main reason (PERSON) changed from {full-time/part-time} to {part-time/full-time} at (ESTABLISHMENT)?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROMOTION OR DEMOTION</td>
<td>1</td>
</tr>
<tr>
<td>CHANGE IN RESPONSIBILITY</td>
<td>2</td>
</tr>
<tr>
<td>CHANGE IN AMOUNT OF WORK BUSINESS</td>
<td>3</td>
</tr>
<tr>
<td>BRINGS IN</td>
<td>4</td>
</tr>
<tr>
<td>CHANGE IN SHIFT TIME</td>
<td>5</td>
</tr>
<tr>
<td>CHANGE IN NUMBER OF EMPLOYEES AVAILABLE TO WORK</td>
<td>6</td>
</tr>
<tr>
<td>ILLNESS/DISABILITY (BEGINNING OR COMPLETED)</td>
<td>7</td>
</tr>
<tr>
<td>TEMPORARY LEAVE (BEGINNING OR COMPLETED)</td>
<td>8</td>
</tr>
<tr>
<td>MATERNITY/PATERNITY LEAVE (BEGINNING OR COMPLETED)</td>
<td>9</td>
</tr>
<tr>
<td>GOING TO SCHOOL/FINISHED SCHOOL</td>
<td>10</td>
</tr>
<tr>
<td>CHANGE IN HOME OR FAMILY SITUATION</td>
<td>11</td>
</tr>
<tr>
<td>NEEDED TIME OFF/WANTED TO WORK MORE</td>
<td>12</td>
</tr>
<tr>
<td>OTHER</td>
<td>13</td>
</tr>
<tr>
<td>REF</td>
<td>14</td>
</tr>
<tr>
<td>DK</td>
<td>15</td>
</tr>
</tbody>
</table>

[Code One]
(full-time/part-time): DISPLAY ‘full-time’ IF
NUMERIC ENTRY AT EM104 = OR > 35 OR IF EM104 WAS
CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘1’ (YES) DURING THE PREVIOUS
ROUND FOR JOB BEING ASKED ABOUT. DISPLAY ‘part-
time’ IF NUMERIC ENTRY AT EM104 < 35 OR IF EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) DURING THE PREVIOUS ROUND FOR THIS JOB BEING ASKED ABOUT.

(part-time/full-time): DISPLAY ‘part-time’ IF
NUMERIC ENTRY AT EM104 = OR > 35 OR IF EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘1’ (YES) DURING THE PREVIOUS ROUND FOR JOB BEING ASKED ABOUT. DISPLAY ‘full-
time’ IF NUMERIC ENTRY AT EM104 < 35 OR IF EM104 WAS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND EM105 WAS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW) DURING THE PREVIOUS ROUND FOR THIS JOB BEING ASKED ABOUT. THAT IS, DISPLAY THE OPPOSITE FROM WHAT WAS DISPLAYED IN THE EARLIER RJ05A (full-time/part-time) FILL.

RJ05OV
=====

OTHER SPECIFY:

[Enter Other Specify] .................    {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 {RJ06A}
NO ....................................  2 {RJ06A}
REF ................................... -7 {RJ06A}
DK .................................... -8 {RJ06A}

-----------------------------------------------------------------------
| FOR {PREV RD INTV DT} DISPLAY THE INTERVIEW DATE OF THE PREVIOUS ROUND. |
| DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'Did' IF ROUND 5. |
| FOR {on {END DATE OF REFERENCE PERIOD}}: DISPLAY |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| FOR {END DATE OF REFERENCE PERIOD}: DISPLAY THE |
| ROUND 5 REFERENCE PERIOD END DATE FOR THIS PERSON. |
-----------------------------------------------------------------------

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 {RJ06AA}
NO ....................................  2 {RJ06AA}
REF ................................... -7 {RJ06AA}
DK .................................... -8 {RJ06AA}
Display 'Is' if RJ06 is coded '1' (YES), display 'Was' if RJ06 is coded '2' (NO), '-7' (Refused), or '-8' (Don't Know).

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 {BOX_05AA}
NOT YEAR ROUND ........................ 2 {BOX_05AA}
REF ................................. -7 {BOX_05AA}
DK ................................. -8 {BOX_05AA}

[Code One]

Box_05AA

IF RJ06 IS CODED '1' (YES), CONTINUE WITH BOX 05

OTHERWISE (IF RJ06 IS NOT CODED '1'), GO TO RJ09
NO .................................... 2 {BOX_05A}

REF ................................... -7 {BOX_05A}

DK .................................... -8 {BOX_05A}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.
{PREV RD INTV DT}: DISPLAY THE INTERVIEW DATE OF THE PREVIOUS ROUND.

DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'Did' IF ROUND 5.

DISPLAY 'now' IF NOT ROUND 5. IF ROUND 5, DISPLAY NULL.

FOR {on {END DATE OF REFERENCE PERIOD}}: DISPLAY IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

FOR {END DATE OF REFERENCE PERIOD}: DISPLAY THE ROUND 5 REFERENCE PERIOD END DATE FOR THIS PERSON.

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

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 {RJ08AA}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.
MEPS P13R5/P14R3/P15R1 Review of Employment Information (RJ) Section
November 10, 2009

----------------------------------------------------
| {PREV RD INTV DT}: DISPLAY THE INTERVIEW DATE OF    |
| THE PREVIOUS ROUND.                                |
|                                                   |
| DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'Did'  |
| IF ROUND 5.                                       |
|                                                   |
| DISPLAY 'now' IF NOT ROUND 5. IF ROUND 5, DISPLAY  |
| NULL.                                             |
|                                                   |
| FOR {on {END DATE OF REFERENCE PERIOD}}: DISPLAY   |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.         |
|                                                   |
| FOR {END DATE OF REFERENCE PERIOD}: DISPLAY THE    |
| ROUND 5 REFERENCE PERIOD END DATE FOR THIS PERSON. |
|----------------------------------------------------

----------------------------------------------------
| 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 {RJ08AAA}
REF ..................................... -7 {BOX_05A}
DK ..................................... -8 {BOX_05A}
Was health insurance offered to any employees at (ESTABLISHMENT)?

YES ................................... 1 {RJO08AAAAA}
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 {RJO08AAOV}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

[Code One]

OTHER REASON:

[Enter Other Specify] ........................  {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}
{PERSON'S FIRST MIDDLE AND LAST NAME} {EMPLOYER BEING ASKED ABOUT} {JOB-ST} {JOB-ED}

During our last interview on {PREV RD INTV DATE}, we recorded that (PERSON) was not receiving health insurance through (ESTABLISHMENT). {(Do/Does)/Did} (PERSON) {now} have health insurance through (ESTABLISHMENT) {on {END DATE OF REFERENCE PERIOD}}?

YES ................................... 1 {BOX_05A}
NO .................................... 2 {BOX_05A}
REF ................................... -7 {BOX_05A}
DK .................................... -8 {BOX_05A}

HELP AVAILABLE FOR DEFINITION OF HEALTH INSURANCE.

| {PREV RD INTV DT): DISPLAY THE INTERVIEW DATE OF THE PREVIOUS ROUND. |
| DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'Did' IF ROUND 5. |
| DISPLAY 'now' IF NOT ROUND 5. IF ROUND 5, DISPLAY NULL. |
| FOR {on {END DATE OF REFERENCE PERIOD}}: DISPLAY IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |
| FOR {END DATE OF REFERENCE PERIOD}: DISPLAY THE ROUND 5 REFERENCE PERIOD END DATE FOR THIS PERSON. |

| 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}
{During our last interview we recorded that {NUMBER} employee(s), including (PERSON), worked at (ESTABLISHMENT).}  {DISPLAY SENTENCE IF EM124 WAS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) DURING THE PREVIOUS ROUND FOR THE JOB BEING ASKED ABOUT. OTHERWISE, USE A NULL DISPLAY.}

DISPLAY ‘on {END DATE OF REFERENCE PERIOD}’ IF ROUND 5. OTHERWISE, DISPLAY ‘last week’.

{NUMBER}: DISPLAY THE NUMBER ENTERED AT EM124 DURING THE PREVIOUS ROUND FOR THE JOB BEING ASKED ABOUT.

DISPLAY ‘work’ IF NOT ROUND 5. OTHERWISE, DISPLAY ‘have worked’.

FOR {END DATE OF REFERENCE PERIOD}: DISPLAY THE ROUND 5 REFERENCE PERIOD END DATE FOR THIS PERSON.

----------------------------------------
| IF ‘1’ ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG EMPLOYER AS ‘FIRM-SIZE-1’. |
----------------------------------------

----------------------------------------
| IF A NUMBER > 1 ENTERED FOR THE NUMBER OF EMPLOYEES, FLAG EMPLOYER AS ‘FIRM-SIZE-GREATER-THAN-1’. |
----------------------------------------

----------------------------------------
| IF CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), RETAIN EMPLOYER SIZE FLAG USED DURING THE PREVIOUS ROUND. |
----------------------------------------
When did (PERSON) last stop working at (ESTABLISHMENT) for pay?

{IF JOB ENDED AFTER 12/31/{YEAR}, BACK-UP TO (RJ01/RJ06) AND SELECT ‘YES’.)

[Enter Year-4, Month-2, Day-2] ........    {RJ10}
REF ................................... -7 {RJ10}
DK .................................... -8 {RJ10}
What is the main reason (PERSON) no longer (have/has) this job?

JOB ENDED .............................. 1 {END_LP01}
BUSINESS DISSOLVED OR SOLD .......... 2 {END_LP01}
RETIRED ................................. 3 {END_LP01}
ILLNESS OR INJURY ........................ 4 {END_LP01}
LAID OFF ................................. 5 {END_LP01}
QUIT TO HAVE A BABY .................... 6 {END_LP01}
QUIT TO GO TO SCHOOL .................. 7 {END_LP01}
QUIT TO TAKE CARE OF HOME OR FAMILY .... 8 {END_LP01}
QUIT BECAUSE WANTED TIME OFF .......... 9 {END_LP01}
QUIT TO TAKE OTHER JOB ............... 10 {END_LP01}
UNPAID LEAVE ........................... 11 {END_LP01}
OTHER .................................. 91 {RJ10OV}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]
END_LP01

----------------------------------------------------
| CYCLE ON NEXT JOB IN THE PERSON’S-JOBS-ROSTER THAT |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER JOBS MEET THE STATED CONDITIONS, END  |
| LOOP_01 AND CONTINUE WITH BOX_06                 |
----------------------------------------------------

BOX_06

----------------------------------------------------
| CONTINUE WITH EMPLOYMENT A SUBSECTION (EM-A)      |
----------------------------------------------------
Information Screen (RS) Section

---
NOTE: THIS SECTION DOES NOT REQUIRE DISPLAYS OF ANY PREVIOUSLY ENTERED INFORMATION. IT CONSISTS ONLY OF QUESTIONS ASKED TO THE INTERVIEWER AND INFORMATION RECORDED ON HARD COPY MATERIALS.
ALL INFORMATION IS SAVED BY ROUND. THE INFORMATION USED FOR THE FACE SHEET WILL BE THE ENTIRE HISTORY.
---

BOX_00
=====

---
IF NOT ROUND 5, CONTINUE WITH RS01
---

---
OTHERWISE (I.E., IF ROUND 5), GO TO RS05
---

RS01
=====

ARE THERE ANY {ADDITIONAL} SPECIAL INSTRUCTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND THAT WOULD HELP WITH THE COMPLETION OF THE INTERVIEW? INCLUDE SUCH THINGS AS BEST TIME TO CONTACT, SPECIAL NEEDS OF THE RESPONDENT, OR OTHER CONSIDERATIONS.

YES .................................... 1 {RS02}
NO ..................................... 2 {RS03}

---
IF ROUND > 1, DISPLAY THE WORD "ADDITIONAL".
IF ROUND 1, USE A NULL DISPLAY.
---

1
ENTER SPECIAL INSTRUCTIONS:

[Enter Text] ....................... {RS03}

-----------------------------------------------------
| ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS   |
| PER LINE THAT THE SCREEN WILL PERMIT.                |
-----------------------------------------------------

ARE THERE ANY {ADDITIONAL OR DIFFERENT} LOCATING
DIRECTIONS THAT SHOULD BE CARRIED OVER TO THE NEXT ROUND
THAT WOULD HELP IN FINDING THE HOUSEHOLD? INCLUDE SUCH
THINGS AS LANDMARKS, MILEAGE, ROAD SIGNS AND SO FORTH.

YES .................................... 1 {RS04}
NO ..................................... 2 {RS05}

-----------------------------------------------------
| IF ROUND > 1, DISPLAY “ADDITIONAL OR DIFFERENT”.     |
| IF ROUND 1, USE A NULL DISPLAY.                      |
-----------------------------------------------------

ENTER DIRECTIONS THAT WILL HELP TO LOCATE THE RU IN THE
NEXT ROUND.

[Enter Text] ....................... {RS05}

-----------------------------------------------------
| ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS     |
| PER LINE THAT THE SCREEN WILL PERMIT.                |
-----------------------------------------------------
OTHER THAN AUTHORIZATION FORM PROBLEMS REPORTED IN THE CLOSING SECTION, IN GENERAL, DID YOU HAVE ANY PROBLEMS WITH THE ADMINISTRATION OF THE QUESTIONNAIRE? IS THERE ANYTHING IN THE CASE RECORDS THAT NEEDS TO BE FIXED AT THE HOME OFFICE BEFORE THE NEXT ROUND?

YES .................................... 1 {RS06}
NO ..................................... 2 {RS09}

ENTER COMMENTS OR QUESTIONS OR DESCRIBE THE SITUATION:

[Enter Text] ............................ {RS09}

-----------------------------------------------
| ALLOW THE MAXIMUM NUMBER OF LINES AND CHARACTERS |
| PER LINE THAT THE SCREEN WILL PERMIT.          |
-----------------------------------------------

-----------------------------------------------
| NOTE THAT INFORMATION COLLECTED AT THIS ITEM WILL |
| NOT APPEAR ON THE FACE SHEET.                  |
-----------------------------------------------

OMITTED.

OMITTED.

WAS THE INTERVIEW FOR THIS RU OBSERVED THIS ROUND?

YES .................................... 1
NO ..................................... 2
MEPS P13R5/P14R3/P15R1 RU Information Screen (RS) Section
November 10, 2009

----------------------------------------------------
| IF MESSAGE FROM DATA PREP, CONTINUE WITH RS10     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO RS12                             |
----------------------------------------------------

RS10
====

MESSAGE FROM DATA PREP:

{MESSAGE TEXT}

----------------------------------------------------
| THE MESSAGE TEXT WILL DISPLAY THE SPECIAL         |
| INSTRUCTIONS (FROM DATA PREP).                    |
----------------------------------------------------

----------------------------------------------------
| 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] ................. {RS12}

----------------------------------------------------
| ALLOW 3 LINES OF 30 CHARACTERS PER LINE.          |
----------------------------------------------------

RS12
====

HAS THIS RU MOVED TO A NEW CITY OR STATE SINCE THE START OF THIS
ROUND?

YES .................................... 1 {RS12A}
NO ..................................... 2 {RS13}
PLEASE INDICATE THE NEW CITY AND STATE FOR THIS RU:

CITY:
[Enter City-30] ................

STATE:
[Enter State-2] ................ (RS13) 

WAS THIS RU CONVERTED FROM A REFUSAL?

YES .................................... 1 {RS14}
NO ..................................... 2 {BOX_01}

EXPLAIN HOW YOU CONVERTED THIS RU.

[Enter Text] ............................ {BOX_01}

END OF RU INFORMATION SCREEN (RS) SECTION.
Satisfaction with Health Plan (SP) Section

BOX_00A
========

<p>| THE SP SECTION IS ASKED IN ROUNDS 2 AND 4 ONLY. IF |
| IT IS ROUND 1, 3, OR 5, CONTINUE TO THE NEXT |</p>
<table>
<thead>
<tr>
<th>SECTION.</th>
</tr>
</thead>
</table>

BOX_00
======

<p>| CONTEXT HEADER DISPLAY INSTRUCTIONS: |</p>
<table>
<thead>
<tr>
<th>DISPLAY PERS.FULLNAME, ESTB.ESTBNAME</th>
</tr>
</thead>
</table>

PRIVATE INSURANCE AND MEDIGAP SERIES

BOX_01
=======

<p>| IF THERE IS AT LEAST ONE ESTABLISHMENT-PERSON- |
| INSURER-TRIPLE WHERE THE ESTABLISHMENT IS PRIVATE |
| AND THE INSURER IS FLAGGED AS PROVIDING 'HOSPITAL |
| AND PHYSICIAN BENEFITS' OR IS FLAGGED AS PROVIDING |
| 'MEDICARE SUPPLEMENT/MEDIGAP BENEFITS', CONTINUE |</p>
<table>
<thead>
<tr>
<th>WITH LOOP_01</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_02</th>
</tr>
</thead>
</table>
LOOP_01

FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-INSURER-TRIPLES-ROSTER, ASK SP01-END_LP01

LOOP DEFINITION: LOOP_01 COLLECTS SATISFACTION INFORMATION ON ALL PRIVATE HEALTH INSURANCE PLANS CURRENTLY HELD BY THE RU THAT PROVIDE HOSPITAL AND PHYSICIAN BENEFITS OR MEDIGAP BENEFITS. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR MEDIGAP AND
- PERSON IS A CURRENT RU MEMBER WHO IS THE POLICYHOLDER OF THE PRIVATE HEALTH INSURANCE OBTAINED THROUGH THIS ESTABLISHMENT AND
- 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........)

The next questions ask about (POLICYHOLDER)’s (and other family members’) experience(s) with (NAME OF INSURER BEING LOOPED ON), that is, (POLICYHOLDER)’s {hospital and physician/Medicare Supplement or Medigap} coverage through (ESTABLISHMENT).

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

----------------------------------------------------
| DISPLAY 'hospital and physician' IF THIS INSURER IS FLAGGED AS PROVIDING HOSPITAL AND PHYSICIAN BENEFITS (BUT NOT MEDICARE SUPPLEMENT OR MEDIGAP BENEFITS). DISPLAY 'Medicare Supplement or Medigap' IF THIS INSURER IS FLAGGED AS PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP BENEFITS AND HOSPITAL AND PHYSICIAN BENEFITS. |
----------------------------------------------------

----------------------------------------------------
----------------------------------------------------
SP02
====

(POLICYHOLDER FIRST MIDDLE NAME)  (NAME OF ESTABLISHMENT............)

SHOW CARD SP-1.

Since (POLICYHOLDER) (and the family) joined {NAME OF INSURER BEING LOOPED ON}, 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 {SP03}
a small problem, or .................... 2 {SP03}
not a problem? ......................... 3 {SP03}
IF VOLUNTEERED: DON’T HAVE A PERSONAL DOCTOR OR NURSE ..................... 95 {SP03}
REF ................................... -7 {SP03}
DK .................................... -8 {SP03}

[Code One]

------------------------------------------------------------------
| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY THE NAME OF THIS  |
| POLICYHOLDER'S CURRENT ROUND'S PRIVATE OR MEDIGAP INSURER FOR PLAN |
| NAME. THAT IS, DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/PHYSICIAN BENEFITS) ENTERED |
| AT HX49, HX51, OE11, OE25, OE36, OR OE38. |
------------------------------------------------------------------

------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 7 |
------------------------------------------------------------------
SP03
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF
ESTABLISHMENT.........}

In the last 12 months, did (POLICYHOLDER) (or anyone in the
family) need approval from {NAME OF INSURER BEING LOOPED ON}
for any care, tests, or treatment?

YES .................................... 1 {SP04}
NO ..................................... 2 {SP05}
REF ................................... -7 {SP05}
DK .................................... -8 {SP05}

----------------------------------------------------
<p>| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY    |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S    |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS, |
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE   |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |</p>
<table>
<thead>
<tr>
<th>OE25, OE36, OR OE38.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 23                |
----------------------------------------------------
SP04
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF ESTABLISHMENT.........}

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 {NAME OF INSURER BEING LOOPED ON}?

Would you say ...

a big problem, .......................... 1 {SP05}
a small problem, or ...................... 2 {SP05}
not a problem? .......................... 3 {SP05}

IF VOLUNTEERED: NO VISITS IN LAST 12 MONTHS ........................... 95 {SP05}
REF ................................... -7 {SP05}
DK .................................... -8 {SP05}

[Code One]

---------------------------------------------
| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS, |
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/ |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |
| OE25, OE36, OR OE38. |
---------------------------------------------

---------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 24 |
---------------------------------------------
In the last 12 months, did (POLICYHOLDER) (or anyone in the family) look for any information about how (NAME OF INSURER BEING LOOPED ON) works in written material or on the Internet?

YES .................................... 1 {SP06}
NO ..................................... 2 {SP07}
REF ................................... -7 {SP07}
DK .................................... -8 {SP07}

| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME, THAT IS, |
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/ |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |
| OE25, OE36, OR OE38. |

| NOTE: CAHPS 3.0 ADULT CORE ITEM 33 |

| |
SP06
====

{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 ...

a big problem, ............................ 1 {SP07}
a small problem, or ....................... 2 {SP07}
not a problem? ............................ 3 {SP07}
REF ................................. -7 {SP07}
DK ..................................... -8 {SP07}

[Code One]

----------------------------------------------------
| DISPLAY THE NAME OF THIS POLICYHOLDER'S CURRENT |
| ROUND'S PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. |
| THAT IS, DISPLAY THE NAME OF THE PLAN (PROVIDING |
| MEDICARE SUPPLEMENT / MEDIGAP BENEFITS OR |
| HOSPITAL/PHYSICIAN BENEFITS) ENTERED AT HX49, |
| HX51, OE11, OE25, OE36, OR OE38. |

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

----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 34 |

----------------------------------------------------
SP07
====

{POLICYHOLDER FIRST MIDDLE NAME} {NAME OF ESTABLISHMENT...........}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) call {NAME OF INSURER BEING LOOPED ON}’s customer service to get information or help?

YES .................................... 1 {SP08}
NO ..................................... 2 {SP09}
REF ................................... -7 {SP09}
DK .................................... -8 {SP09}

----------------------------------------------------
<p>| FOR 'NAME OF INSURER BEING LOOPED ON’, DISPLAY    |
| THE NAME OF THIS POLICYHOLDER’S CURRENT ROUND’S   |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,  |</p>
<table>
<thead>
<tr>
<th>OE25, OE36, OR OE38.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>NOTE: CAHPS 3.0 ADULT CORE ITEM 35</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>
SP08
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF
ESTABLISHMENT...........}

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 {NAME OF INSURER BEING LOOPED ON)’s customer
service?

Would you say ...

a big problem, ......................... 1 {SP09}
a small problem, or .................... 2 {SP09}
not a problem? ........................... 3 {SP09}
REF ................................... -7 {SP09}
DK .................................... -8 {SP09}

[Code One]

----------------------------------------------------
| FOR ’NAME OF INSURER BEING LOOPED ON’, DISPLAY    |
| THE NAME OF THIS POLICYHOLDER’S CURRENT ROUND’S |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/       |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |
| OE25, OE36, OR OE38.                            |
----------------------------------------------------

----------------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 36              |
----------------------------------------------------
{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF ESTABLISHMENT.........}

In the last 12 months, did (POLICYHOLDER) (or anyone in the family) have to fill out any paperwork for {NAME OF INSURER BEING LOOPED ON}?

YES .................................... 1 {SP10}
NO ..................................... 2 {SP11}
REF ................................... -7 {SP11}
DK .................................... -8 {SP11}

----------------------------------------------------
<p>| FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY    |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S    |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,|
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE  |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/        |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, |</p>
<table>
<thead>
<tr>
<th>OE25, OE36, OR OE38.</th>
</tr>
</thead>
</table>

----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 37            |
----------------------------------------------------

SP10
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF ESTABLISHMENT...........}

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 {NAME OF INSURER BEING LOOPED ON}?

Would you say ...

a big problem, .......................... 1 {SP11}

a small problem, or ........................ 2 {SP11}

not a problem? .......................... 3 {SP11}

REF ................................... -7 {SP11}

DK .................................... -8 {SP11}

[Code One]
SP11
====

{POLICYHOLDER FIRST MIDDLE NAME}  {NAME OF ESTABLISHMENT...........}

SHOW CARD SP-2.

We want to know your rating of all {POLICYHOLDER}’s (and the family’s) experience with {NAME OF INSURER BEING LOOPED ON}.

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 {NAME OF INSURER BEING LOOPED ON}?

ENTER RATING FROM 0-10:

[Enter Small Number] .................
REF ................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}

---------------------------------------------------------------------
| FOR ‘NAME OF INSURER BEING LOOPED ON’, DISPLAY                     |
| THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S                     |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS,                  |
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE                     |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/                          |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,                    |
| OE25, OE36, OR OE38.                                                |
---------------------------------------------------------------------

---------------------------------------------------------------------
| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE IS                  |
| 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 persons with Medicare Managed Care Plans. This loop cycles on pairs that meet the following conditions:
- Establishment is Medicare
- Medicare coverage is through a Managed Care Plan
- Person is currently covered by the Medicare Managed Care Plan

NOTE: Medicare Managed Care Coverage is defined as:
- If Medicare created in current round, then HX31, OR HX32 OR HX32A is coded '1' (YES)
- If Medicare created in a previous round and there has been no change in Medicare coverage (PR01 is coded '2' (NO), '-7' (REFUSED), or '-8' (DON'T KNOW)), then HX31 OR HX32 OR HX32A was coded '1' (YES) when the insurance was created or PR02 OR PR03 OR PR03A was coded '1' (YES) in a previous round
- If Medicare created in a previous round and there has been a change in Medicare coverage (PR01 is coded '1' (YES)), then PR02 OR PR03 OR PR03A IS CODED '1' (YES) during the current round
The next questions ask about {PERSON}’s experience with {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, {PERSON}’s coverage through Medicare.

PRESS ENTER OR SELECT NEXT PAGE 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............}

SHOW CARD SP-1.

Since (PERSON) joined {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, 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 {SP14}
a small problem, or ....................... 2 {SP14}
not a problem? ........................... 3 {SP14}
IF VOLUNTEERED: DON’T HAVE A PERSONAL DOCTOR OR NURSE .......................... 95 {SP14}
REF .................................. -7 {SP14}
DK .................................... -8 {SP14}

[Code One]

----------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12                  |
----------------------------------------------------

| NOTE: CAHPS 3.0 ADULT CORE ITEM 7                  |
----------------------------------------------------
SP14
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT.......}

In the last 12 months, did (PERSON) need approval from
(NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN), that is,
(PERSON)’s coverage through Medicare, for any care, tests or
treatment?

YES .................................... 1 {SP15}
NO ..................................... 2 {SP16}
REF  ................................... -7 {SP16}
DK  ..................................... -8 {SP16}

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
</tr>
</thead>
</table>

| NOTE: CAHPS 3.0 ADULT CORE ITEM 23 |
SP15
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT...........}

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 {NAME OF
CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, (PERSON)’s
coverage through Medicare?

Would you say ...

a big problem, ......................... 1 {SP16}
a small problem, or ..................... 2 {SP16}
not a problem?  ......................... 3 {SP16}
IF VOLUNTEERED:  NO VISITS IN LAST
12 MONTHS  ........................... 95 {SP16}
REF  ................................. -7 {SP16}
DK  ................................. -8 {SP16}

[Code One]

----------------------------------------------------
|  SEE FILL SPECIFICATIONS FOR SP12               |
----------------------------------------------------
SP16
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF ESTABLISHMENT........}

In the last 12 months, did (PERSON) look for any information about how {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, (PERSON)’s coverage through Medicare, works in written material or on the Internet?

YES .................................... 1 {SP17}
NO ..................................... 2 {SP18}
REF ................................... -7 {SP18}
DK .................................... -8 {SP18}

----------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12            |
----------------------------------------------

----------------------------------------------
| NOTE:  CAHPS 3.0 ADULT CORE ITEM 33         |
----------------------------------------------
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 {SP18}
a small problem, or ...................... 2 {SP18}
not a problem? ........................... 3 {SP18}
REF .......................... -7 {SP18}
DK .............................. -8 {SP18}

[Code One]

---------------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12 ----------------------------------------- |
---------------------------------------------------------------------------

---------------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 34 -------------------------------------- |
---------------------------------------------------------------------------
SP18

{PERSON FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT}

In the last 12 months, did (PERSON) call {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}’s, that is, (PERSON)’s coverage through Medicare, **customer service** to get information or help?

| YES .................................... 1 {SP19} |
| NO ..................................... 2 {SP20} |
| REF ................................... -7 {SP20} |
| DK .................................... -8 {SP20} |

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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<tbody>
<tr>
<td>NOTE: CAHPS 3.0 ADULT CORE ITEM 35</td>
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<tr>
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</tbody>
</table>
SP19
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT...........}

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 {NAME OF CURRENT
ROUND MEDICARE MANAGED CARE PLAN}’s, that is, (PERSON)’s coverage
through Medicare, customer service?

Would you say ...

a big problem, ......................... 1 {SP20}
a small problem, or .................... 2 {SP20}
not a problem? ......................... 3 {SP20}
REF ................................... -7 {SP20}
DK .................................... -8 {SP20}

[Code One]

| SEE FILL SPECIFICATIONS FOR SP12 |
In the last 12 months, did (PERSON) have to fill out any paperwork for (NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN), that is, (PERSON)’s coverage through Medicare?

YES .................................... 1 {SP21}
NO ..................................... 2 {SP22}
REF ................................... -7 {SP22}
DK .................................... -8 {SP22}

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<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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Note: CAHPS 3.0 Adult Core Item 37
SP21
====

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF ESTABLISHMENT........}

SHOW CARD SP-1.

In the last 12 months, how much of a problem, if any, did (PERSON) have with paperwork for {NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, that is, (PERSON)’s coverage through Medicare?

Would you say ...

a big problem, .......................... 1 {SP22}
a small problem, or ..................... 2 {SP22}
not a problem? .......................... 3 {SP22}
REF .................................... -7 {SP22}
DK ..................................... -8 {SP22}

[Code One]

<table>
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<th>SEE FILL SPECIFICATIONS FOR SP12</th>
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<tr>
<th>NOTE: CAHPS 3.0 ADULT CORE ITEM 38</th>
</tr>
</thead>
</table>
SP22

{PERSON FIRST MIDDLE LAST NAME......}  {NAME OF
ESTABLISHMENT.........}

SHOW CARD SP-2.

We want to know your rating of all (PERSON)’s experience with
{NAME OF CURRENT ROUND MEDICARE MANAGED CARE PLAN}, 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 {NAME OF CURRENT ROUND MEDICARE MANAGED
CARE PLAN}?

ENTER RATING FROM 0-10:

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

---------------------------------------------------------------------
| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE IS |
| 0-10                                               |
--------------------------------------------------------------------

---------------------------------------------------------------------
| SEE FILL SPECIFICATIONS FOR SP12                      |
--------------------------------------------------------------------

---------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 39                    |
--------------------------------------------------------------------

END_LP02

--------

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

---------------------------------------------------------------------
| IF NO MORE PAIRS MEET THE STATED CONDITIONS, END    |
| LOOP_02 AND CONTINUE WITH BOX_03                    |
--------------------------------------------------------------------
MEDICAID/SCHIP AND HOSPITAL/PHYSICIAN SERIES

BOX_03

=-----=

| IF AT LEAST ONE CURRENT RU MEMBER IS COVERED BY MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, CONTINUE WITH SP23 |

| OTHERWISE, GO TO BOX_04 |
SP23
====

(NAME OF ESTABLISHMENT........)

The next questions ask about the family’s experience with
{{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}, that is,
their coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME}/the program sponsored by a state or local
government agency which provides hospital and physician benefits).

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

-----------------------------------------------------
| DISPLAY '{NAME OF CURRENT ... 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. |
| |
| 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 ‘{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. |

-------------------------------------------------------------------
{NAME OF ESTABLISHMENT...........}

SHOW CARD SP-1.

Since the family joined {(NAME OF CURRENT ROUND MEDICAID/SCHIP/ GOVT-H/P INSURER)/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 {SP25}
a small problem, or ..................... 2 {SP25}
not a problem? ........................... 3 {SP25}
IF VOLUNTEERED: DON’T HAVE A PERSONAL DOCTOR OR NURSE ............... 95 {SP25}
REF .................................. -7 {SP25}
DK .................................... -8 {SP25}

[Code One]
DISPLAY '{NAME OF CURRENT ... INSURER}' IF THERE IS AN INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE DURING THE CURRENT ROUND. OTHERWISE, DISPLAY ‘the coverage through’.

FOR 'NAME OF ... INSURER’, DISPLAY THE NAME OF THE CURRENT ROUND’S INSURER FOR THE FAMILY’S MEDICAID/SCHIP OR GOV’T-HOSPITAL/PHYSICIAN INSURANCE.

DISPLAY '{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. IF THERE IS AN INSURER, USE A NULL DISPLAY.

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. IF THERE IS AN INSURER, USE A NULL DISPLAY.

DISPLAY ‘Medicaid’ IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED USES THE NAME ‘MEDICAID’. DISPLAY ‘STATE NAME FOR MEDICAID’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM) IF THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME ‘MEDICAID’. FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

DISPLAY ‘or STATE CHIP NAME’ (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM UNDER ALL CONDITIONS). FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

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

NOTE: CAHPS 3.0 ADULT CORE ITEM 7

-----------------------------------------------------
{NAME OF ESTABLISHMENT.........}

In the last 12 months, did anyone in the family need approval from 
{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/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 {SP26}
NO ..................................... 2 {SP27}
REF ................................... -7 {SP27}
DK .................................... -8 {SP27}

----------------------------------------------------
|  SEE FILL SPECIFICATIONS FROM SP24                 |
----------------------------------------------------

----------------------------------------------------
|  NOTE:  CAHPS 3.0 ADULT CORE ITEM 23               |
----------------------------------------------------
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 {{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/the coverage through} {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}} {the program sponsored by a state or local government agency which provides hospital and physician benefits}?

Would you say ...

- a big problem, ............................... 1 {SP27}
- a small problem, or .......................... 2 {SP27}
- not a problem? ............................... 3 {SP27}

IF VOLUNTEERED: NO VISITS IN LAST
- 12 MONTHS ............................... 95 {SP27}
- REF ...................................... -7 {SP27}
- DK ........................................ -8 {SP27}

[Code One]

SEE FILL SPECIFICATIONS FROM SP24.

NOTE: CAHPS 3.0 ADULT CORE ITEM 24

----------------------------------------------
In the last 12 months, did anyone in the family look for any information about how {{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/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 {SP28}
NO ..................................... 2 {SP29}
REF ................................... -7 {SP29}
DK .................................... -8 {SP29}

<table>
<thead>
<tr>
<th>SEE FILL SPECIFICATIONS FROM SP24</th>
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</thead>
</table>

| 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 {SP29}
a small problem, or ....................... 2 {SP29}
not a problem? ............................... 3 {SP29}
REF ................................... -7 {SP29}
DK .................................... -8 {SP29}

[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 34               |

----------------------------------------------------
{NAME OF ESTABLISHMENT........}

In the last 12 months, did anyone in the family call {{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER)’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 {SP30}
NO ..................................... 2 {SP31}
REF ................................... -7 {SP31}
DK .................................... -8 {SP31}

----------------------------------------------------
| SEE FILL SPECIFICATIONS FROM SP24                  |
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----------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 35                 |
----------------------------------------------------
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 {SP31}
  a small problem, or ...................... 2 {SP31}
  not a problem? ........................... 3 {SP31}
  REF ................................... -7 {SP31}
  DK .................................... -8 {SP31}

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

------------------------------------------------------------------------
| NOTE: CAHPS 3.0 ADULT CORE ITEM 36 |
------------------------------------------------------------------------
In the last 12 months, did anyone in the family have to fill out any paperwork for {{NAME OF CURRENT ROUND MEDICAID/SCHIP/ GOVT-H/P INSURER}/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 {SP32}
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/GOVT-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 {SP33}
a small problem, or ...................... 2 {SP33}
not a problem? .......................... 3 {SP33}
REF ................................... -7 {SP33}
DK .................................... -8 {SP33}

[Code One]

-----------------------------------------------
| DISPLAY ‘PLAN NAME: ... INSURER’ IF THERE IS AN |
| INSURER ASSOCIATED WITH THE FAMILY’S MEDICAID/SHIP|
| 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          |
-----------------------------------------------
SHOW CARD SP-2.

We want to know your rating of all the family’s experience with
{NAME OF CURRENT ROUND MEDICAID/SCHIP/GOVT-H/P INSURER}/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

| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE |
| IS 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...........}

The next questions ask about the family’s experience with {name of current round tricare/champva insurer(s), that is}, their coverage through TRICARE or CHAMPVA.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

| FOR ‘NAME OF ESTABLISHMENT...’, DISPLAY ‘TRICARE/CHAMPVA’. |
| DISPLAY ‘{NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}, 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. |
| 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 ‘/’. |

41
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 {SP36}
  a small problem, or .................... 2 {SP36}
  not a problem? ......................... 3 {SP36}
  IF VOLUNTEERED:  DON’T HAVE A PERSONAL
  DOCTOR OR NURSE ..................... 95 {SP36}
  REF ................................... -7 {SP36}
  DK .................................... -8 {SP36}

[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 {SP37} |
| 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 {SP38}
    a small problem, or .................... 2 {SP38}
    not a problem?  ......................... 3 {SP38}

IF VOLUNTEERED:  NO VISITS IN LAST

    12 MONTHS  ........................... 95 {SP38}
    REF  ................................... -7 {SP38}
    DK  .................................... -8 {SP38}

[Code One]

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| SEE FILL SPECIFICATIONS FROM SP35 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 24 |
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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 {SP39} |
| NO ..................................... 2 {SP40} |
| REF ................................... -7 {SP40} |
| DK .................................... -8 {SP40} |

| NOTE: CAHPS 3.0 ADULT CORE ITEM 33 |
SP39
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{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 {SP40}
- a small problem, or ........................... 2 {SP40}
- not a problem? ............................... 3 {SP40}
- REF ........................................ -7 {SP40}
- DK .......................................... -8 {SP40}

[Code One]

| SEE FILL SPECIFICATIONS FROM SP35 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 34 |
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{NAME OF ESTABLISHMENT...........}

{PLAN NAME: {NAME OF CURRENT ROUND TRICARE/CHAMPVA INSURER(S)}}

In the last 12 months, did anyone in the family call TRICARE’s or CHAMPVA’s customer service to get information or help?

YES .................................... 1 {SP41}
NO ..................................... 2 {SP42}
REF ................................... -7 {SP42}
DK .................................... -8 {SP42}

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| SEE FILL SPECIFICATIONS FROM SP35            |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 35           |
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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’s or CHAMPVA’S customer service?

Would you say ...

a big problem, .............................. 1 (SP42)
a small problem, or .......................... 2 (SP42)
not a problem? ............................. 3 (SP42)
REF ................................. -7 (SP42)
DK ................................. -8 (SP42)

[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 {SP43}
   NO ..................................... 2 {SP44}
   REF ................................... -7 {SP44}
   DK .................................... -8 {SP44}
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 {SP44}
- a small problem, or .................... 2 {SP44}
- not a problem? .......................... 3 {SP44}
- REF ................................. -7 {SP44}
- DK ................................. -8 {SP44}

[Code One]

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| SEE FILL SPECIFICATIONS FROM SP35 |}
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 38 |}
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SP44
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{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

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| HARD CHECK: ACCEPTABLE RANGE FOR THIS RESPONSE |
| IS 0-10 |
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| SEE FILL SPECIFICATIONS FROM SP35 |
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| NOTE: CAHPS 3.0 ADULT CORE ITEM 39 |
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BOX_05
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| GO TO NEXT QUESTIONNAIRE SECTION |
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