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, RUENMM, RUENDDD

BOX_01
=====

IF PERSON IS LESS THAN 1 YEAR OF AGE (OR AGE
CATEGORY 1), GO TO BOX_03

OTHERWISE, CONTINUE WITH DD01

DD01
====

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

{The next questions ask about time/Now think about} when {you/((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 {your/((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.
----------------------------------------------------
| DISPLAY 'The next questions ask about time' IF FIRST CYCLE THROUGH THE DISABILITY DAYS SECTION FOR THE CURRENT ROUND. OTHERWISE, DISPLAY 'Now think about'.
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'since {START DATE}' IF NOT ROUND 5. DISPLAY 'between {START DATE} and {END DATE}' IF ROUND 5.
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'In answering ... or depression.' IF FIRST CYCLE THROUGH THE DISABILITY DAYS SECTION FOR THE CURRENT ROUND. OTHERWISE, USE A NULL DISPLAY.
----------------------------------------------------

----------------------------------------------------
| NOTE: THERE IS NO UPPER AGE LIMIT RESTRICTION FOR PERSONS WHO ARE ASKED THE WORK-LOSS DISABILITY DAYS QUESTION.
----------------------------------------------------

----------------------------------------------------
| IF PERSON IS = OR > 1 YEAR OLD AND < 3 YEARS OLD (OR AGE CATEGORY 2), GO TO DD08
----------------------------------------------------

----------------------------------------------------
| IF PERSON IS = OR > 3 YEARS OLD AND < OR = 15 YEARS OLD (OR AGE CATEGORY 3), GO TO DD05
----------------------------------------------------

----------------------------------------------------
| IF PERSON IS = OR > 16 YEARS OLD (OR AGE CATEGORIES 4-9), CONTINUE WITH DD02
----------------------------------------------------
Let's start with work. (Including the time you/{PERSON} were/was in {the hospital} and the long-term care facility), how many days did you/{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.

[Enter Number of Days] .................
NO DAYS MISSED FROM WORK ................. 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 'NUMBER OF DAYS INSTITUTIONALIZED: {  }'
IF PERSON HAS AT LEAST ONE INSTITUTIONAL STAY (IC EVENT) THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN INSTITUTION)). OTHERWISE, USE A NULL DISPLAY.
NULL DISPLAY.

FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN AN INSTITUTION FOR ALL INSTITUTIONAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN INSTITUTION)). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'Including the time {you/{PERSON}} {were/was} in {the hospital} {and} {the long-term care facility}, how' IF PERSON HAS AT LEAST ONE HOSPITAL STAY (HS) OR ONE INSTITUTIONAL STAY (IC) EVENT THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL/INSTITUTION)). OTHERWISE, DISPLAY 'How'.

DISPLAY 'the hospital' IF PERSON HAS AT LEAST ONE HOSPITAL STAY (HS) EVENT THAT ENDED IN THE CURRENT ROUND.
DISPLAY 'the long-term care facility' IF PERSON HAS AT LEAST ONE INSTITUTIONAL CARE (IC) EVENT THAT ENDED IN THE CURRENT ROUND.
DISPLAY 'and' IF PERSON HAS BOTH A HOSPITAL STAY (HS) EVENT AND A INSTITUTIONAL STAY (IC) EVENT THAT BOTH ENDED IN THE CURRENT ROUND.

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: "SELECT THE CODE 'NO DAYS MISSED FROM WORK' TO RECORD ZERO."

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

OTHERWISE, CONTINUE WITH BOX_01A

HARD CHECK:
RANGE CHECK: 1 THROUGH NUMBER OF DAYS IN REFERENCE PERIOD OR 996 FOR THIS PERSON.
BOX_01A

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH DD02A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE (I.E., IF NOT ROUND 3), GO TO DD03</th>
</tr>
</thead>
</table>

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.
What are the health problems that caused {you/{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]

<table>
<thead>
<tr>
<th>FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH MISSED WORK DAYS IN THIS ROUND.</th>
</tr>
</thead>
</table>

| 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 {you/{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

IF ROUND 3, CONTINUE WITH DD04A

IF NOT ROUND 3 AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05

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.
Let's talk about school (and day care). (Including the time {you/{PERSON}} {were/was} in {the hospital} {and} {the long-term care facility}, how/How) many days did {you/{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.

[Enter Number of Days] ................. {BOX_01C}
NO DAYS MISSED FROM SCHOOL ............ 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 'NUMBER OF DAYS INSTITUTIONALIZED: { }'
IF PERSON HAS AT LEAST ONE INSTITUTIONAL STAY (IC EVENT) THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN INSTITUTION)). OTHERWISE, USE A NULL DISPLAY.
NULL DISPLAY.

FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN AN INSTITUTION FOR ALL INSTITUTIONAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN INSTITUTION)). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'Including the time {you/(PERSON)} {were/was} in {the hospital} {and} {the long-term care facility}, how' IF PERSON HAS AT LEAST ONE HOSPITAL STAY (HS) OR ONE INSTITUTIONAL STAY (IC) EVENT THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL/ INSTITUTION)). OTHERWISE, DISPLAY 'How'.

DISPLAY 'the hospital' IF PERSON HAS AT LEAST ONE HOSPITAL STAY (HS) EVENT THAT ENDED IN THE CURRENT ROUND.
DISPLAY 'the long-term care facility' IF PERSON HAS AT LEAST ONE INSTITUTIONAL CARE (IC) EVENT THAT ENDED IN THE CURRENT ROUND.
DISPLAY 'and' IF PERSON HAS BOTH A HOSPITAL STAY (HS) EVENT AND A INSTITUTIONAL STAY (IC) EVENT THAT BOTH ENDED IN THE CURRENT ROUND.
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: "SELECT THE CODE 'NO DAYS MISSED FROM SCHOOL' TO RECORD ZERO."
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.’

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 {you/{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]
FLAG ALL CONDITIONS SELECTED OR ADDED AS BEING ASSOCIATED WITH MISSED SCHOOL DAYS IN THIS ROUND.

DISPLAY 'ADD CONDITION' AS AN OPTION ON THIS SCREEN.

GO TO DD07

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.
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 {you/{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.

----------------------------------------------------
<p>| FOR ‘NUMBER OF DAYS’, DISPLAY NUMBER RECORDED IN |</p>
<table>
<thead>
<tr>
<th>DD05.</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF DD05A OR DD07 EQUALS 0, DON’T KNOW, OR REFUSED,</td>
</tr>
<tr>
<td>GO TO DD08</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH BOX_01D</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>HARD CHECK:</td>
</tr>
<tr>
<td>DAYS IN BED AT DD07 MUST BE &lt; OR = DAYS MISSED</td>
</tr>
<tr>
<td>FROM SCHOOL AT DD05.</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>TOTAL BED DAYS (SUM OF ENTRY AT DD04 PLUS ENTRY AT</td>
</tr>
<tr>
<td>DD07) MUST BE &lt; OR = NUMBER OF DAYS IN REFERENCE</td>
</tr>
<tr>
<td>PERIOD FOR PERSON.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

BOX_01D
=====

----------------------------------------------------
<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH DD07A</th>
</tr>
</thead>
</table>
MEPS P16R5/P17R3/P18R1 Disability Days (DD) Section
November 19, 2012

----------------------------------------------------
| 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.                 |
----------------------------------------------------
DD08
====

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

{NUMBER OF DAYS IN HOSPITAL: {NUMBER OF DAYS}}
{NUMBER OF DAYS INSTITUTIONALIZED: {NUMBER OF DAYS}}

{Besides the days in bed you just told me about, how/How} many
{additional} days did {you/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 {you/he/she} {were/was} in [the hospital]
{and} [the long-term care facility].}

[Enter Number of Days] ................. {BOX_01E}
NO {ADDITIONAL} BED DAYS ............... 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 'NUMBER OF DAYS INSTITUTIONALIZED: { }' |
| IF PERSON HAS AT LEAST ONE INSTITUTIONAL STAY |
| (IC EVENT) THAT ENDED IN CURRENT ROUND (I.E., |
| DISCHARGE DATE NOT CODED '95' (STILL IN |
| INSTITUTION)). OTHERWISE, USE A NULL DISPLAY. |
| NULL DISPLAY. |
-------------------------------------------------------------------------------------------------------------
| FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS | PERSON WAS IN AN INSTITUTION FOR ALL INSTITUTIONAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN INSTITUTION)). 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 (HS) OR ONE INSTITUTIONAL STAY (IC) EVENT THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL/ INSTITUTION)). OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY 'the hospital' IF PERSON HAS AT LEAST ONE HOSPITAL STAY (HS) EVENT THAT ENDED IN THE CURRENT ROUND. DISPLAY 'the long-term care facility' IF PERSON HAS AT LEAST ONE INSTITUTIONAL CARE (IC) EVENT THAT ENDEN IN THE CURRENT ROUND. DISPLAY 'and' IF PERSON HAS BOTH A HOSPITAL STAY (HS) EVENT AND AN INSTITUTIONAL STAY (IC) EVENT THAT BOTH ENDED IN THE CURRENT ROUND. |

| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: "SELECT THE CODE 'NO (ADDITIONAL) BED DAYS' TO RECORD ZERO." |
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.
MEPS P16R5/P17R3/P18R1 Disability Days (DD) Section
November 19, 2012

| (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. |

DD09
====

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

What are the health problems that caused {you/{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]

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

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

| GO TO BOX_02 |

21
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 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 {you/{PERSON}} missed a half day or more from work because of {your/his/her} own illness or injury, did/Did} {you/{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.

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 ROUND 5. OTHERWISE, USE A NULL DISPLAY.
How many days did {you/{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.

| IF ROUND 3, CONTINUE WITH DD11A |

| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_03 |
**DD11A**

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

NUMBER OF DAYS MISSED WORK DUE TO SOMEONE ELSE’S HEALTH:
{NUMBER OF DAYS}

Of those days, how many were in {YEAR}?

[Enter Number of Days] ...............   {BOX_03}
REF .................................... -7 {BOX_03}
DK ...................................... -8 {BOX_03}

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

---------------------------------------------------------------------
| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL.                           |
---------------------------------------------------------------------

---------------------------------------------------------------------
| HARD CHECK:                                       |
| DAYS IN {YEAR} AT DD11A MUST BE < OR = DAYS MISSED|
| WORK DUE TO SOMEONE ELSE’S HEALTH AT DD11.        |
---------------------------------------------------------------------

BOX_03

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