Closing (CL) Section

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

BOX_00
======

----------------------------------------------------
| 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), '91' (OTHER) OR '-1'|
| (ADDED BY COMMENT REVIEW) 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.
**NOTEBOX**

THERE ARE 6 PERSON TYPES (AND TWO SUB-TYPES) IN THE MEPS RU

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PRSLT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECEASED/ELIGIBLE FOR PART OF REF PERIOD</td>
<td>41</td>
</tr>
<tr>
<td>INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD</td>
<td>51</td>
</tr>
<tr>
<td>IN A HEALTHCARE FACILITY (INSTTYPE 1 OR 2)</td>
<td></td>
</tr>
<tr>
<td>IN A NON-HEALTHCARE FACILITY (INSTTYPE 3)</td>
<td></td>
</tr>
<tr>
<td>MEPS STUDENT/ELIGIBLE ALL OF REF PERIOD</td>
<td>71</td>
</tr>
<tr>
<td>LIVING OUTSIDE US/ELIGIBLE PT OF REF PERIOD</td>
<td>75</td>
</tr>
<tr>
<td>LIVING-MILITARY BASE/ELIGIBLE PT REF PERIOD</td>
<td>76</td>
</tr>
<tr>
<td>ELIGIBLE FOR ALL OF REFERENCE PERIOD</td>
<td>99</td>
</tr>
</tbody>
</table>

THE FOLLOWING PERSON TYPES (AND SUB-TYPES) ARE ELIGIBLE FOR AUTHORIZATION FORM COLLECTION:

- PRSLT 41 - DECEASED/ELIGIBLE FOR PART OF REF PERIOD
- PRSLT 51 – SUB-TYPE INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD IN A HEALTHCARE FACILITY (INSTTYPE 1 OR 2)
- PRSLT 71 - MEPS STUDENT/ELIGIBLE ALL OF REF PERIOD
- PRSLT 99 - ELIGIBLE FOR ALL OF REFERENCE PERIOD

THERE ARE TWO TYPES OF OUT OF SCOPE RU MEMBERS THAT ARE ELIGIBLE FOR AUTHORIZATION FORM COLLECTION (NOTE: OUT OF SCOPE REFERS TO RU MEMBERS WHO HAD PARTIAL ELIGIBILITY IN THE PREVIOUS ROUND AND NO ELIGIBILITY IN THE CURRENT ROUND):

- PRSLT 41 - DECEASED/ELIGIBLE FOR PART OF REF PERIOD
- PRSLT 51 – SUB-TYPE INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD IN A HEALTHCARE FACILITY (INSTTYPE 1 OR 2)

2 PERSON TYPES AND 1 SUB-TYPE ARE NOT ELIGIBLE FOR AUTHORIZATION FORM COLLECTION:

- PRSLT 51 - SUB-TYPE INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD IN A NON-HEALTHCARE FACILITY (INSTTYPE 3)
- PRSLT 75 - LIVING OUTSIDE US/ELIGIBLE PT OF REF PERIOD
- PRSLT 76 - LIVING-MILITARY BASE/ELIGIBLE PT REF PERIOD

PERSON-PROVIDER-PAIRS WHERE THE PROVIDER LOCATION IS IN A FOREIGN COUNTRY I.E., ‘FC’ IS ENTERED IN THE STATE FIELD OF PROVIDER’S ADDRESS ARE NOT ELIGIBLE FOR MPC AUTHORIZATION FORM COLLECTION
SAMPLING BOX
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:

- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL EVENTS (HS) BOTH OPEN AND CLOSED.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH EMERGENCY ROOM EVENTS (ER).
- PERSON-PROVIDER PAIRS ASSOCIATED WITH OUTPATIENT EVENTS (OP).

ROUND 2: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE:

- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL TYPE EVENTS (HS, ER AND OP) AS IN ROUND 1.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL EVENTS (MV) WHERE THE PROVIDER EITHER IS A MEDICAL FACILITY (MV03=1) OR WORKS AT A MEDICAL FACILITY (MV06=1).
- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN AGENCY, BOTH OPEN AND CLOSED.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND CLOSED.
- ANY OUTSTANDING PERSON-PROVIDER PAIRS FROM ROUND 1 ARE ALSO REQUESTED FOR THE HOSPITAL RELATED PROVIDERS (EVENT TYPES HS, ER, OP), IC, HH (WHERE THE HHTYPE IS AN AGENCY) OR MV EVENTS WHERE THE PROVIDER EITHER IS A MEDICAL FACILITY OR WORKS AT A MEDICAL FACILITY.

ROUND 3: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE:

- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL TYPE EVENTS (HS, ER AND OP) AS IN OTHER ROUNDS.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL EVENTS (MV) WHERE THE PROVIDER EITHER IS A MEDICAL FACILITY (MV03=1) OR WORKS AT A MEDICAL FACILITY (MV06=1).
- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN AGENCY, BOTH OPEN AND CLOSED.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND CLOSED.
- ANY OUTSTANDING PERSON-PROVIDER PAIRS FROM ROUND 1 AND ROUND 2 ARE REQUESTED.
ROUND 4: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE:
- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL TYPE EVENTS (HS, ER AND OP) AS IN OTHER Rounds.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL EVENTS (MV) WHERE THE PROVIDER EITHER IS A MEDICAL FACILITY (MV03=1) OR WORKS AT A MEDICAL FACILITY (MV06=1).
- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN AGENCY, BOTH OPEN AND CLOSED.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND CLOSED.
- ANY OUTSTANDING PERSON-PROVIDER PAIRS ASSOCIATED WITH EVENTS OCCURRING (OR ENDING) IN REFERENCE YEAR 2 ARE ALSO REQUESTED.


FOR OTHER EVENT TYPES, ANY WITH DATE OF SERVICE WITH A REFERENCE YEAR 1 ARE NO LONGER REQUESTED

ROUND 5: PERSON-PROVIDER-PAIRS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION ARE:
- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL TYPE EVENTS (HS, ER AND OP) AS IN OTHER Rounds.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL EVENTS (MV) WHERE THE PROVIDER EITHER IS A MEDICAL FACILITY (MV03=1) OR WORKS AT A MEDICAL FACILITY (MV06=1).
- PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN AGENCY, BOTH OPEN AND CLOSED.
- PERSON-PROVIDER PAIRS ASSOCIATED WITH INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND CLOSED.
- ANY OUTSTANDING PERSON-PROVIDER PAIRS ASSOCIATED WITH EVENTS OCCURRING (OR ENDING) IN REFERENCE YEAR 2 ARE ALSO REQUESTED.

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], we/We] request written authorization to contact medical providers for more information about the services they provide. 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 |

----------------------------------------------------
| DISPLAY '[As I mentioned during the last interview], we’ IF NOT ROUND 1 AND AT LEAST ONE PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPC AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS ROUND. OTHERWISE, DISPLAY ‘We’.
----------------------------------------------------

----------------------------------------------------
| DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME ONLY ONCE. |
----------------------------------------------------

----------------------------------------------------
| CONTINUE WITH LOOP_01 |
----------------------------------------------------

----------------------------------------------------
| 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: |
| DISPLAY THE RU_PERSON_ESTABLISHMENT_PAIRS_ROSTER FOR DISPLAY OF RU MEMBERS ONLY. |
----------------------------------------------------

----------------------------------------------------
| 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), '91' (OTHER) OR '-1' (ADDED BY COMMENT REVIEW) FOR THIS PERSON-PROVIDER-PAIR IN PREVIOUS ROUND

LOOP_01
-------

FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-ROSTER, ASK CL03 - END LP01

LOOP DEFINITION: LOOP_01 PRESENTS EACH UNIQUE PERSON-PROVIDER-PAIR ELIGIBLE FOR AUTHORIZATION FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING FORMS) FOR THE INTERVIEWER TO COMPLETE THE AUTHORIZATION FORM. THIS LOOP CYCLES ON RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT MEET THE FOLLOWING CONDITION(S):
- PAIR IS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION FOR THE CURRENT ROUND (SEE BOX_01 SAMPLING SPECIFICATIONS)
OR
- PAIR WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION IN PREVIOUS ROUND, AND
- CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), '91' (OTHER) OR '-1' (ADDED BY COMMENT REVIEW) 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.}

FOR PANEL [PANEL-2], THE MPC AF COLOR IS {WHITE/BLUE/GREEN}.

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

RU ID: [RUID-7]  REGION: [Reg ID-1]  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 ‘WHITE’ IF PANEL 19 INTERVIEW. DISPLAY ‘BLUE’ IF PANEL 20 INTERVIEW. DISPLAY ‘GREEN’ IF PANEL 21 INTERVIEW.

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), '5' (REFUSED), '91' (OTHER) OR '-1' (ADDED BY COMMENT REVIEW) 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.

FOR PANEL [PANEL-2], THE MPC AF COLOR IS {WHITE/BLUE/GREEN}.

PID: [PID-3]         PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]
RU ID: [RUID-7]      REGION: [Reg ID-1]      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. |
--------------------------------------------------------------------------

--------------------------------------------------------------------------
| DISPLAY ‘WHITE’ IF PANEL 19 INTERVIEW. DISPLAY ‘BLUE’ IF PANEL 20 INTERVIEW. DISPLAY ‘GREEN’ IF PANEL 21 INTERVIEW. |
--------------------------------------------------------------------------

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

SPECIFY:

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

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

FOR PANEL [PANEL-2], THE MPC AF COLOR IS {WHITE/BLUE/GREEN}.

PID: [PID-3]         PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]
RU ID: [RUID-7]      REGION: [Reg ID-1]      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.                                       |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'WHITE' IF PANEL 19 INTERVIEW. DISPLAY    |
| 'BLUE' IF PANEL 20 INTERVIEW. DISPLAY 'GREEN' IF  |
| PANEL 21 INTERVIEW.                               |
----------------------------------------------------

----------------------------------------------------
| NOTE: EACH AUTHORIZATION FORM HAS A PRE-ASSIGNED |
| AUTHORIZATION FORM NUMBER.                       |
----------------------------------------------------
### HARD CHECK – PANEL 19 MPC AUTHORIZATION FORMS:

Authorization form numbers are panel and round specific. Number entered must be 8 characters long and must begin with an alpha character and end with an alpha character. Panel 19 MPC authorization forms are printed on white 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>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>FIELD GENERATED</td>
<td>A-M</td>
<td>29500-44999</td>
<td>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>T</td>
<td>45000-49999</td>
<td>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>TRAINING/QC</td>
<td>Y</td>
<td>96000-96399</td>
<td>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
</tbody>
</table>

### HARD CHECK – PANEL 20 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 20 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>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
<tr>
<td>FIELD GENERATED</td>
<td>A-M</td>
<td>29500-44999</td>
<td>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>T</td>
<td>45000-49999</td>
<td>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
<tr>
<td>TRAINING/QC</td>
<td>Y</td>
<td>96000-96399</td>
<td>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
</tbody>
</table>
HARD CHECK – PANEL 21 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 21 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>Random (0-9)</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>Field Generated</td>
<td>A-M</td>
<td>29500-44999</td>
<td>Random (0-9)</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>Home Office</td>
<td>T</td>
<td>45000-49999</td>
<td>Random (0-9)</td>
<td>1,2,3,4,5</td>
</tr>
<tr>
<td>Training/QC</td>
<td>Y</td>
<td>96000-96399</td>
<td>Random (0-9)</td>
<td>1,2,3,4,5</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 19, 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)

----------------------------------------------------
<p>| 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  |</p>
<table>
<thead>
<tr>
<th>THE MOST RECENT DATE.</th>
</tr>
</thead>
</table>
----------------------------------------------------

----------------------------------------------------
<p>| 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    |</p>
<table>
<thead>
<tr>
<th>AF.’</th>
</tr>
</thead>
</table>
CL06
====

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

RU ID: [RUID-7] REGION: [Reg ID-1] 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 |
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 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) IN ANY PREVIOUS ROUND 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 (RE19A = 1, 3, -7, -8 IN THE CURRENT ROUND)
- PERSON HAD A STATUS OF INSTITUTIONALIZED IN ANY PREVIOUS ROUND

NAVIGATOR DETAILS: LOOP_02A USES NAV_CL02A TO CONTROL THE FLOW OF THE LOOP.
NAV_CL02A

 SERIES: Complete the Institutionalized Health History Worksheet

 USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

 WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

 IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

 RU Member

[1. First Name,[Middle Name],Last Name-65]      [Status-25]
[2. First Name,[Middle Name],Last Name-65]      [Status-25]
[3. First Name,[Middle Name],Last Name-65]      [Status-25]
| CONTINUE WITH CL06A FOR SELECTED RU MEMBER. |
We request written authorization to contact medical facilities for more information about the services they provide. [HAND RESPONDENT THE AUTHORIZATION FORM BOOKLET.] [These materials explain more about why we contact medical facilities 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.]

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.
<table>
<thead>
<tr>
<th>CONTINUE WITH END_LP02A</th>
</tr>
</thead>
</table>

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

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

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

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: 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 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:

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

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

NOTE: HELD ON THE DATE OF THE ROUND 3 INTERVIEW:
- FOR PRIVATE SOURCES -- POLICYHOLDER HELD INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED '1' (YES) FOR THE POLICYHOLDER)
- FOR PRIVATE SOURCES WHERE POLICYHOLDER IS DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT HP16 OR OE45) OR (CONFIRMED AS STILL COVERED AT OE29 OR OE30)] IS COVERED BY THE INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED NOW) FOR THE COVERED PERSON) OR (OE26 IS CODED '1' (YES) FOR THE COVERED PERSON)]

NOTE: 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.

GO TO BOX_10
Subsection 4: Pharmacy Requests and Authorization Forms (Rounds 2-5)


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.

If at least one person-pharmacy-pair eligible (see sampling box below) for pharmacy authorization form collection for the current round, or

If 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), '91' (other), or '-1' (added by comment review) for this person-pharmacy-pair in previous round, continue with CL30

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.
**NOTE BOX**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>PRSLT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DECEASED/ELIGIBLE FOR PART OF REF PERIOD</td>
<td>41</td>
</tr>
<tr>
<td>INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD</td>
<td>51</td>
</tr>
<tr>
<td>IN A HEALTHCARE FACILITY (INSTTTYPE 1 OR 2)</td>
<td></td>
</tr>
<tr>
<td>IN A NON-HEALTHCARE FACILITY (INSTTTYPE 3)</td>
<td></td>
</tr>
<tr>
<td>MEPS STUDENT/ELIGIBLE ALL OF REF PERIOD</td>
<td>71</td>
</tr>
<tr>
<td>LIVING OUTSIDE US/ELIGIBLE PT OF REF PERIOD</td>
<td>75</td>
</tr>
<tr>
<td>LIVING-MILITARY BASE/ELIGIBLE PT REF PERIOD</td>
<td>76</td>
</tr>
<tr>
<td>ELIGIBLE FOR ALL OF REFERENCE PERIOD</td>
<td>99</td>
</tr>
</tbody>
</table>

The following person types (and sub-types) are **eligible** for pharmacy authorization form collection:
- PRSLT 41 - Deceased/eligible for part of ref period
- PRSLT 51 - Sub-type institutionalized/eligible pt of ref period in a healthcare facility (instttype 1 or 2)
- PRSLT 71 - MEPS student/eligible all of ref period
- PRSLT 99 - Eligible for all of reference period

There are two types of out of scope RU members that are **eligible** for pharmacy authorization form collection (note: out of scope refers to RU members who had partial eligibility in the previous round and no eligibility in the current round):
- PRSLT 41 - Deceased/eligible for part of ref period
- PRSLT 51 - Sub-type institutionalized/eligible pt of ref period in a healthcare facility (instttype 1 or 2)

2 person types and 1 sub-type are **not eligible** for pharmacy authorization form collection:
- PRSLT 51 - Sub-type institutionalized/eligible pt of ref period in a non-healthcare facility (instttype 3)
- PRSLT 75 - Living outside us/eligible pt of ref period
- PRSLT 76 - Living-military base/eligible pt ref period

Person-pharmacy-pairs where the pharmacy location is in a foreign country (i.e., ‘FC’ is entered in the state field of pharmacy’s address are not eligible for pharmacy authorization form collection)
NOTE: PHARMACY AUTHORIZATION FORMS ARE NOT EVENT DEPENDENT, ARE NOT LINKED TO ANY SPECIFIC YEAR IN ROUND 3 AND ARE ASKED AS TWO SEPARATE SAMPLES. FOR THE FIRST SAMPLE, CAPI REQUESTS AUTHORIZATION FORMS FROM ROUNDS 1, 2 AND 3. FOR THE SECOND SAMPLE, CAPI REQUESTS AUTHORIZATION FORMS FROM ROUNDS 3, 4 AND 5. REQUESTS FOR OUTSTANDING AUTHORIZATION FORMS FROM ROUNDS 1 AND 2 SHOULD NOT BE CONTINUED IN ROUND 4, INCLUDING AUTHORIZATION FORMS FOR DECEASED AND INSTITUTIONALIZED PERSONS.
**SAMPLING BOX**

PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM COLLECTION:
NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME OF EVENT).

**ROUND 1:**
- AUTHORIZATION FORMS (AFS) ARE NOT REQUESTED IN ROUND 1 BUT PHARMACY RECORDS ARE CREATED.

**ROUND 2:**
- PERSON-PHARMACY PAIRS CREATED IN THE CURRENT ROUND.
- PERSON-PHARMACY PAIRS CREATED IN THE PREVIOUS ROUND.

**ROUND 3:**
- PERSON-PHARMACY PAIRS CREATED IN THE CURRENT ROUND.
- PERSON-PHARMACY PAIRS OUTSTANDING FROM THE PREVIOUS ROUND.
- PERSON-PHARMACY PAIRS CREATED IN PREVIOUS ROUNDS BUT SELECTED IN THE CURRENT ROUND.

**ROUND 4:**
- PERSON-PHARMACY PAIRS CREATED IN THE CURRENT ROUND.
- PERSON-PHARMACY PAIRS OUTSTANDING FROM THE PREVIOUS ROUND IF THEY WERE CREATED IN ROUND 3.
- PERSON-PHARMACY PAIRS CREATED IN PREVIOUS ROUNDS BUT SELECTED IN THE CURRENT ROUND.

**ROUND 5:**
- PERSON-PHARMACY PAIRS CREATED IN THE CURRENT ROUND.
- PERSON-PHARMACY PAIRS OUTSTANDING FROM THE PREVIOUS ROUND IF THEY WERE CREATED IN ROUND 3 OR 4.
- PERSON-PHARMACY PAIRS CREATED IN PREVIOUS ROUNDS BUT SELECTED IN THE CURRENT ROUND.

---

**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.

---

To obtain complete and accurate information about health care use and expenditures, we would like authorization to contact pharmacies to obtain a printed summary 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>
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</table>

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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<th>ROSTER DETAILS:</th>
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</thead>
<tbody>
<tr>
<td>TITLE: RU_PERS_PHAR_PAIR_1</td>
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<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>COL # 2 HEADER: PHARMACY</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY PHARMACY NAME (PHAR.PHARNAME)</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY EACH UNIQUE PAIR ON THE RU-PERSON-PHARMACY-PAIRS-ROSTER.</td>
</tr>
</tbody>
</table>
ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, EDIT, ADD, AND DELETE DISALLOWED.

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), '91' (OTHER) OR '-1' (ADDED BY COMMENT REVIEW) 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), '91' (OTHER) OR '-1' (ADDED BY COMMENT REVIEW) FOR THIS PERSON-PHARMACY-PAIR IN PREVIOUS ROUND

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

CL31
====

INTERVIEWER: CHECK FIRST FOR PREPRINTED PHARMACY AF FOR THIS PAIR. IF THERE IS NO PREPRINTED AF, FILL OUT A BLANK PHARMACY AF.

FOR PANEL [PANEL-2], THE PHARMACY AF COLOR IS {ORCHID/PINK/GRAY}.

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

FOR 'DISPLAY PREVIOUS ROUND STATUS-40', DISPLAY THE CATEGORY ENTRY ASSOCIATED WITH THE PREVIOUS ROUND (OR RECEIPT CONTROL UPDATED) CL32 OUTSTANDING STATUS. THAT IS, IF CL32 WAS CODED '3', DISPLAY 'LEFT WITH R'; IF CL32 WAS CODED '4', DISPLAY 'MAILED TO R'; IF CL32 WAS CODED '5', DISPLAY 'REFUSED'; AND IF CL32 WAS CODED '91' OR '-1', DISPLAY THE FIRST 40 CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD (OR THE RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE '91' OR '-1' CODES).

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

----------------------------------------
| DISPLAY '19' AND 'ORCHID' IF PANEL 19 INTERVIEW. |
| DISPLAY '20' AND 'PINK' IF PANEL 20 INTERVIEW.  |
| DISPLAY '21' AND 'GRAY' IF PANEL 21 INTERVIEW.  |

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), '91' (OTHER) OR '-1' (ADDED BY COMMENT REVIEW) 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.

FOR PANEL [PANEL-2], THE PHARMACY AF COLOR IS {ORCHID/PINK/GRAY}.

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

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.

DISPLAY '19' AND 'ORCHID' IF PANEL 19 INTERVIEW.
DISPLAY '20' AND 'PINK' IF PANEL 20 INTERVIEW.
DISPLAY '21' AND 'GRAY' IF PANEL 21 INTERVIEW.
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.'

---

CL32OV1

PROBLEM:

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

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

CL32OV2

SPECIFY:

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

HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY AUTHORIZATION FORMS.

CL33

FOR PANEL [PANEL-2], THE PHARMACY AF COLOR IS (ORCHID/PINK/GRAY).

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

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. |

| DISPLAY ‘19’ AND ‘ORCHID’ IF PANEL 19 INTERVIEW. |
| DISPLAY ‘20’ AND ‘PINK’ IF PANEL 20 INTERVIEW. |
| DISPLAY ‘21’ AND ‘GRAY’ IF PANEL 21 INTERVIEW. |

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

### HARD CHECK–PANEL 19 PHARMACY AUTHORIZATION FORMS:

AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG AND MUST BEGIN WITH AN ALPHA CHARACTER AND END WITH AN ALPHA CHARACTER. PANEL 19 PHARMACY AUTHORIZATION FORMS ARE PRINTED ON ORCHID 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>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>FIELD GENERATED</td>
<td>Q,R,S</td>
<td>80000-89999</td>
<td>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>Z</td>
<td>90000-95999</td>
<td>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
<tr>
<td>TRAINING/QC</td>
<td>Y</td>
<td>96600-96799</td>
<td>RANDOM (0-9)</td>
<td>M,N,P,Q,R</td>
</tr>
</tbody>
</table>

### HARD CHECK–PANEL 20 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 20 PHARMACY AUTHORIZATION FORMS ARE PRINTED ON PINK 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>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
<tr>
<td>FIELD GENERATED</td>
<td>Q,R,S</td>
<td>80000-89999</td>
<td>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>Z</td>
<td>90000-95999</td>
<td>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
<tr>
<td>TRAINING/QC</td>
<td>Y</td>
<td>96600-96799</td>
<td>RANDOM (0-9)</td>
<td>S,T,U,V,W</td>
</tr>
</tbody>
</table>
HARD CHECK–PANEL 21 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 21 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>RANDOM (0-9)</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>FIELD GENERATED</td>
<td>Q, R, S</td>
<td>80000-89999</td>
<td>RANDOM (0-9)</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>HOME OFFICE</td>
<td>Z</td>
<td>90000-95999</td>
<td>RANDOM (0-9)</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>TRAINING/QC</td>
<td>Y</td>
<td>96600-96799</td>
<td>RANDOM (0-9)</td>
<td>1, 2, 3, 4, 5</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.
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]
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]
OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ................. {END_LP08}
IF ROUND 2 OR 4 AND AT LEAST ONE KEY RU MEMBER
ELIGIBLE FOR SAQ (I.E., AT LEAST ONE CURRENT RU
MEMBER WHO IS KEY AND 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 BOX_16A

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.

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 IS KEY
- 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

LOOP_09
=======

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK NAV_CL09 – 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 IS KEY
- 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
NAVIGATOR DETAILS: LOOP_09 USES NAV_CL09 TO CONTROL THE FLOW OF THE LOOP.

NAV_CL09
========
SERIES: Collect and Record the Status of Each SAQ.
USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.
WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.
IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member
[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]

ROSTER DETAILS:
COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
COL # 2 HEADER: EMPTY
INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED

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

ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.
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 {HIM/HER} 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]
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.’

SPECIFY:

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

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}

CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.
During the last interview a short booklet 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 booklets 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></td>
<td>[First Name, [Middle Name], Last Name-65]</td>
</tr>
<tr>
<td></td>
<td>[First Name, [Middle Name], Last Name-65]</td>
</tr>
<tr>
<td></td>
<td>[First Name, [Middle Name], Last Name-65]</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 IS KEY
- 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
- 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)))
LOOP_10
=======

<p>| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |</p>
<table>
<thead>
<tr>
<th>NAV_CL10 - END_LP10</th>
</tr>
</thead>
</table>

--- LOOP DEFINITION: LOOP_10 COLLECTS THE SAQ STATUS FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITIONS:
- PERSON IS KEY
- 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
- 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))

--- NAVIGATOR DETAILS: LOOP_10 USES NAV_CL10 TO CONTROL THE FLOW OF THE LOOP.
SERIES: SAQ Forms.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**SAQ Forms**

| [1. First Name,[Middle Name],Last Name-65] | [Status-25] |
| [2. First Name,[Middle Name],Last Name-65] | [Status-25] |
| [3. First Name,[Middle Name],Last Name-65] | [Status-25] |

----------------------------------------------------
| ROSTER DETAILS: |
| COL # 1 HEADER: SAQ FORMS |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |

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

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

----------------------------------------------------
| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS STATED AT THE LOOP_10 DEFINITION. |
CONTINUE WITH CL39 FOR SELECTED RU MEMBER.

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 {CL390V}

[Code One]

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

DISPLAY ‘SAQ STATUS FROM PREVIOUS ROUND’ {PREVIOUS ROUND STATUS -40’}. OTHERWISE, USE A NULL DISPLAY.

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

DISPLAY ‘AND EXPLAIN...SAQ’ IF PANEL 17, ROUND 5. OTHERWISE, USE A NULL DISPLAY.

NOTE: STARTING IN PANEL 18, PAYMENT WILL NO LONGER BE MADE FOR COMPLETED SAQ FORMS.
CL39OV
======

SPECIFY:

[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 BOX_16C                            |
----------------------------------------------------
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]</td>
<td>[PID]</td>
<td>(SELF/PROXY)</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>(SELF/PROXY)</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>(SELF/PROXY)</td>
</tr>
</tbody>
</table>

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
ROSTER DEFINITION:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER FOR DISPLAY ONLY.

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

ROSTER FILTER:
DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION:
- PC02A IS CODED '1' (CONTINUE) FOR THE PERSON

LOOP_10A
========

FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK NAV-CL10A – 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:
- PC02A IS CODED '1' (CONTINUE) FOR THE PERSON

NAVIGATOR DETAILS: LOOP_10A USES NAV_CL10A TO CONTROL THE FLOW OF THE LOOP.
SERIES: DCS Forms.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

DCS Forms

[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]

<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: DCS FORMS</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>COL # 2 HEADER: EMPTY</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED</td>
</tr>
</tbody>
</table>

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

<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 DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS STATED AT THE LOOP 10A DEFINITION.</td>
</tr>
</tbody>
</table>
CONTINUE WITH CL40B FOR SELECTED RU MEMBER.

CL40B

{PERSON’S FIRST MIDDLE AND LAST NAME}

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

COLLECT {PERSON}’S COMPLETED DIABETES CARE SUPPLEMENT

IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE DCS AT THIS TIME, LEAVE DCS WITH (HIM/HER) 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.’
SPECIFY:

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

(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]

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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |

----------------------------------------------------
| 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 CONTINUE WITH BOX_16C |
BOX_16C
=======
----------------------------------------------------
| SUBSECTION 5B: CANCER SAQ QUESTIONNAIRE (ROUNDS 3 AND 5 ONLY) |
----------------------------------------------------

----------------------------------------------------
| IF PANEL 21 ROUND 1 OR PANEL 20 ROUND 3, CONTINUE WITH BOX_16D |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_16E |
----------------------------------------------------

----------------------------------------------------
| NOTE: THE DISTRIBUTION AND COLLECTION OF THE CANCER SAQ OCCURS ONLY DURING PANEL 16 ROUND 3 AND PANEL 15 ROUND 5, PANEL 21 ROUND 1 AND PANEL 20 ROUND 3. |
----------------------------------------------------

BOX_16D
=======
----------------------------------------------------
| IF PANEL 21 ROUND 1 OR PANEL 20 ROUND 3 AND AT LEAST ONE RU MEMBER ELIGIBLE FOR CANCER SAQ (I.E., AT LEAST ONE RU MEMBER WHO IS CONFIRMED AS HAVING CANCER AT PC04), CONTINUE WITH CL40D |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_16E |
----------------------------------------------------
CANCER SAQ FOLLOW-UP:

Earlier we asked (READ NAMES BELOW) to complete a short survey about their experience with cancer.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL40D 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, COLLECT A CANCER SAQ FOR EACH PERSON LISTED ABOVE.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

-----------------------------
| ROSTER DETAILS:            |
| TITLE: RU-MEMBERS_9        |
|                          |
| 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 ALL PERSONS ON THE RU-MEMBERS-ROSTER FOR DISPLAY ONLY. |

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

-----------------------------
| ROSTER FILTER:             |
| DISPLAY ALL PERSONS WHO MEET THE FOLLOWING CONDITION: |
| - PC04 IS CODED ‘1’ (CONTINUE) FOR THE PERSON |

-----------------------------
LOOP_10B
=======

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK NAV-CL10B – END_LP10B</th>
</tr>
</thead>
</table>

LOOP DEFINITION: LOOP_10B COLLECTS THE CANCER SAQ STATUS FOR EACH PERSON ELIGIBLE TO COMPLETE THE CANCER SAQ. THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITION:

- PC04 IS CODED ‘1’ (CONTINUE) FOR THE PERSON

NAVIGATOR DETAILS: LOOP_10B USES NAV_CL10B TO CONTROL THE FLOW OF THE LOOP.

NAV_CL10B
=========

SERIES: Cancer SAQ Forms.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES. WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES. IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

Cancer SAQ Forms

[1. First Name, [Middle Name], Last Name-65] [Status-25]
[2. First Name, [Middle Name], Last Name-65] [Status-25]
[3. First Name, [Middle Name], Last Name-65] [Status-25]

ROSTER DETAILS:
| COL # 1 HEADER: CANCER SAQ FORMS |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |
ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

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

ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS STATED AT THE LOOP_10B DEFINITION.

CONTINUE WITH CL40E FOR SELECTED RU MEMBER.

Cl40e
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

PID: {PID}

COLLECT {PERSON}‘S COMPLETED CANCER SAQ.

IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE CANCER SAQ AT THIS TIME, LEAVE CANCER SAQ WITH {HIM/HER} OR RESPONDENT AND EXPLAIN INSTRUCTIONS.

SELECT THE STATUS OF THE CANCER SAQ:

COMPLETED AND GIVEN TO INTERVIEWER .... 1 {END_LP10B}
NOT COMPLETED, WILL PICK UP AT LATER DATE ....................... 2 {END_LP10B}
NOT COMPLETED, WILL MAIL TO HOME OFFICE ........................... 3 {END_LP10B}
MAILED TO CANCER SAQ RESPONDENT ........ 4 {END_LP10B}
REFUSED TO COMPLETE ....................... 5 {CL40F}
OTHER ................................. 91 {CL40EOV}

[Code One]
| DISPLAY THE PERSON’S 3-DIGIT PID FOR ‘PID’. |
----------------------------------------------------
| SOFT CHECK: |
| CODE ‘4’ (MAILED TO CANCER 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.’ |
----------------------------------------------------

CL40EOV
=======
SPECIFY:
[Enter Other Specify-45] ............... {END_LP10B}

CL40F
=====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED ............... 1 {END_LP10B}
TOO PERSONAL/SENSITIVE INFORMATION .... 2 {END_LP10B}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10B}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10B}
WANTS MORE INFORMATION ................... 5 {END_LP10B}
NOT INTERESTED .......................... 6 {END_LP10B}
NO REASON GIVEN .......................... 7 {END_LP10B}
OTHER ................................. 91 {CL40FOV}

[Code One]

CL40FOV
=======

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ............... {END_LP10B}
END_LP10B

-----------
| 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_10B AND GO TO BOX_16E |

-----------
| BOX_16E BEGINS SUBSECTION 5B: COLLECTING/UPDATING |
| PREVENTIVE CARE SAQ STATUS (ROUND 5) |

BOX_16E

-----------
| SUBSECTION 5B: PREVENTIVE CARE SELF-ADMINISTERED |
| QUESTIONNAIRE (ROUND 5) |

-----------
| IF PANEL 18 ROUND 5 AND AT LEAST ONE RU MEMBER |
| ELIGIBLE |
| FOR PREVENTIVE CARE SAQ (I.E., AT LEAST ONE |
| CURRENT RU MEMBER WHO DOES NOT HAVE ROUND 5 STATUS |
| OF DECEASED OR INSTITUTIONALIZED WAS SAMPLED), |
| CONTINUE WITH CL40AA |

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

-----------
| NOTE: THERE WILL BE NO FOLLOW-UP ON THE |
| PREVENTIVE CARE SAQS. COLLECTION INFORMATION IN |
| ROUND 5 WILL BE BASED ONLY ON PRELOADED SAMPLE |
| INFORMATION. THAT IS, NO RU MEMBERS ADDED IN |
| ROUND 5 WILL BE ASKED TO COMPLETE A PREVENTIVE |
| CARE SAQ. |
| THE PREVENTIVE SAQ WAS ONLY ADMINISTERED IN |
| PANEL 18, ROUND 5. |
(Not long ago), we mailed a short {blue/purple} questionnaire about health choices to (READ PERSON NAMES BELOW).

I want to check if (READ NAMES BELOW) completed that questionnaire already or needs a replacement.

<table>
<thead>
<tr>
<th>ROSTER. PERSON</th>
<th>CL40AA 01. PID</th>
<th>CL40AA 02. SEX</th>
</tr>
</thead>
<tbody>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>[MALE/FEMALE]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>[MALE/FEMALE]</td>
</tr>
<tr>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[PID]</td>
<td>[MALE/FEMALE]</td>
</tr>
</tbody>
</table>

1. COLLECT BLUE PREVENTIVE CARE SAQ FROM MALES. COLLECT PURPLE PREVENTIVE CARE SAQ FROM FEMALES.

2. IF INCORRECT COLOR PREVENTIVE CARE SAQ COMPLETED, GIVE CORRECT COLOR.

3. IF ANY REPORTED AS LOST, RE-DISTRIBUTE APPROPRIATE NUMBER AND TYPE OF SAQs TO THE RESPONDENT.

HELP AVAILABLE FOR MORE INFORMATION ON PREVENTIVE CARE SAQ COLLECTION.

-----------------------------------------------
| DISPLAY 'blue' IF PERSON BEING ASKED ABOUT IS | MALE. DISPLAY 'purple' IF PERSON BEING ASKED |
| ABOUT IS FEMALE. IF MULTIPLE PERSONS OF DIFFERENT | SEXES ARE BEING ASKED ABOUT, USE A NULL DISPLAY. |
-----------------------------------------------

-----------------------------
| 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) | |
| COL # 3 HEADER: SEX | |
| INSTRUCTIONS: DISPLAY RU MEMBERS’ SEX (PERS.SMPSEXR) | |
-----------------------------
<p>| ROSTER DEFINITION: |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR |</p>
<table>
<thead>
<tr>
<th>DISPLAY ONLY.</th>
</tr>
</thead>
</table>

<p>| ROSTER BEHAVIOR: |
| 1. DISPLAY ONLY. |</p>
<table>
<thead>
<tr>
<th>2. SELECT, EDIT, ADD, DELETE DISALLOWED.</th>
</tr>
</thead>
</table>

<p>| ROSTER FILTER: |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO |
| MEET THE FOLLOWING CONDITIONS: |
| - PERSON MARKED WITH THE IN-SAMPLE INDICATOR |
| - PERSON CURRENTLY IN RU ON ROUND 5 INTERVIEW DATE |
| - PERSON DOES NOT HAVE A STATUS OF DECEASED OR |</p>
<table>
<thead>
<tr>
<th>INSTITUTIONALIZED ON ROUND 5 INTERVIEW DATE</th>
</tr>
</thead>
</table>

LOOP_10C
========

<p>| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK |</p>
<table>
<thead>
<tr>
<th>NAV_CL10C - END_LP10C</th>
</tr>
</thead>
</table>

<p>| LOOP DEFINITION: LOOP_10C COLLECTS THE |
| YOUR CHOICES ABOUT YOUR HEALTH SAQ STATUS FOR EACH |
| PERSON ELIGIBLE TO COMPLETE THIS SAQ. THIS LOOP |
| CYCLES ON EACH PERSON ON THE RU-MEMBERS-ROSTER WHO |
| MEETS THE FOLLOWING CONDITIONS: |
| - RU MEMBER MARKED WITH THE IN-SAMPLE INDICATOR |
| - PERSON CURRENTLY IN RU ON ROUND 5 INTERVIEW DATE |
| - PERSON DOES NOT HAVE A STATUS OF DECEASED OR |</p>
<table>
<thead>
<tr>
<th>INSTITUTIONALIZED ON ROUND 5 INTERVIEW DATE</th>
</tr>
</thead>
</table>

<p>| NAVIGATOR DETAILS: LOOP_10C USES NAV_CL10C TO |</p>
<table>
<thead>
<tr>
<th>CONTROL THE FLOW OF THE LOOP.</th>
</tr>
</thead>
</table>
SERIES: Your Choices About Your Health SAQ.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

"Your Choices About Your Health" SAQ

[1. First Name,[Middle Name],Last Name-65]      [Status-25]
[2. First Name,[Middle Name],Last Name-65]      [Status-25]
[3. First Name,[Middle Name],Last Name-65]      [Status-25]

-----------------------------------------------
| ROSTER DETAILS:                                |
| COL # 1 HEADER: YOUR CHOICES ABOUT YOUR HEALTH |
| SAQ FORMS                                      |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                 |
| COL # 2 HEADER: EMPTY                           |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR|
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR|
| IS PRESENTED                                    |
-----------------------------------------------

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

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

-----------------------------------------------
| ROSTER FILTER:                                |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS |
| STATED AT THE LOOP_10C DEFINITION.            |
-----------------------------------------------

70
CONTINUE WITH CL40AAA FOR SELECTED RU MEMBER.

CL40AAA
=======

{PERSON’S FIRST MIDDLE AND LAST NAME}

DOB: [MM/DD/YYYY] PID: [PID-3] RU ID: [RUID-7]

COLLECT {PERSON}’S COMPLETED “YOUR CHOICES ABOUT YOUR HEALTH” SAQ. IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE THIS SAQ AT THIS TIME, LEAVE {MALE=BLUE/FEMALE=PURPLE} “YOUR CHOICES ABOUT YOUR HEALTH” SAQ WITH {HIM/HER} OR RESPONDENT AND EXPLAIN SAQ INSTRUCTIONS.

SELECT THE STATUS OF THE SAQ:

- COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP10C}
- NOT COMPLETED, WILL PICK UP AT LATER DATE ........................... 2 {END_LP10C}
- NOT COMPLETED, WILL MAIL TO HOME OFFICE. 3 {END_LP10C}
- MAILED TO SAQ RESPONDENT ............... 4 {END_LP10C}
- REFUSED TO COMPLETE .................... 5 {CL40AAAA}
- OTHER ................................. 91 {CL40AAAOV}

[Code One]

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

DISPLAY ‘MALE=BLUE’ AND ‘HIM’ IF PERSON BEING ASKED ABOUT IS MALE. DISPLAY ‘FEMALE=PURPLE’ AND ‘HER’ IF PERSON BEING ASKED ABOUT IS FEMALE.
| 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.’ |

CL40AAA0V
========

SPECIFY:

[Enter Other Specify-45] ............... {END_LP10C}

CL40AAAA
========

{PERSON’S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED ............... 1 {END_LP10C}
TOO PERSONAL/SENSITIVE INFORMATION .... 2 {END_LP10C}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10C}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10C}
WANTS MORE INFORMATION .................. 5 {END_LP10C}
NOT INTERESTED .......................... 6 {END_LP10C}
NO REASON GIVEN ........................ 7 {END_LP10C}
OTHER .................................. 91 {CL40_4OV}

[Code One]

CL40_4OV
========

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ............... {END_LP10C}
{In the coming months, we will be contacting you again to collect information on health care use and expenses. We are nearing the end of this study. I’d like to verify a few pieces of information in case my supervisor needs to reach you to confirm that I was here and collected this information correctly.}

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
CL42
====

What is the best time of day and day of the week to get in touch with you?

ENTER BEST TIME TO CONTACT RESPONDENT/PROXY.
RECORD VERBATIM. TO LEAVE BOX, PRESS TAB.

[Enter Text] ............................. {CL42OV1}

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

CL42OV2
=======

SPECIFY:

[Enter Other Specify] ........................ {BOX_17}
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 BOX_17AA |
-------------------------------

BOX_17AA

-------------------------------
| IF ROUND 1, GO TO CL42B |
-------------------------------

-------------------------------
| IF ROUNDS 2-5, AND THERE IS AN EMAIL ADDRESS |
| LINKED TO THE PID OF THE CURRENT RESPONDENT, |
| CONTINUE WITH CL42A |
-------------------------------

-------------------------------
| OTHERWISE (I.E., IF ROUNDS 2-5 AND THE CURRENT |
| RESPONDENT DOES NOT HAVE AN EMAIL LINKED TO THEIR |
| PID), GO TO CL42B |
-------------------------------

-------------------------------
| NOTE: PROXY RESPONDENTS DO NOT HAVE A PID. NO |
| PREVIOUS EMAIL ADDRESS IS LINKED TO THEM. |
-------------------------------
CL42A

Is this still the best email address to contact you to schedule appointments and send MEPS interview reminders?

Current Info:  [EMAIL_ADDRESS]

YES .................................... 1 {CL42E}
NO, UPDATE EMAIL ADDRESS .............. 2 {CL42C}
NO, NO EMAIL ADDRESS ................... 3 {CL43}
REF ................................... -7 {CL43}
DK .................................... -8 {CL43}

[Code One]

| FOR `EMAIL_ADDRESS’ DISPLAY THE EMAIL ADDRESS |
| ASSOCIATED WITH THE PID OF THE CURRENT RESPONDENT. |

| IF CODED ’3’ (NO, NO EMAIL ADDRESS), ’-7’ (REF) |
| OR ’-8’ (DK), DELETE THE EMAIL ADDRESS ASSOCIATED |
| WITH THE PID OF THE CURRENT RESPONDENT. |

CL42B

Do you send or receive emails?

YES .................................... 1 {CL42C}
NO ..................................... 2 {CL43}
REF ................................... -7 {CL43}
DK .................................... -8 {CL43}
(What is your new email address?/We’d like to contact you by email to help schedule the next interview and send an interview reminder. May I have your email address?)

ENTER COMPLETE EMAIL ADDRESS. CONFIRM SPELLING.

EMAIL ADDRESS: [_____________] {CL42D}
REF ................................... -7 {CL43}
DK .................................... -8 {CL43}

----------------------------------------------------
| DISPLAY ‘What is your new email address?’ IF CL42A|  
| IS CODED ‘2’ (NO, UPDATE EMAIL ADDRESS). DISPLAY |  
| ‘We’d like to ... your email address?’ IF CL42B |  
| IS CODED ‘1’ (YES). |  
----------------------------------------------------

----------------------------------------------------
| ALLOW A 50 CHARACTER ENTRY INCLUDING ALPHA AND |  
| NUMERIC CHARACTERS AS WELL AS SYMBOLS. |  
----------------------------------------------------

----------------------------------------------------
| HARD CHECK: |  
| EDITS: EMAIL ADDRESS MUST CONTAIN AN ‘@’ SYMBOL. |  
| IF ENTRY DOES NOT INCLUDE THIS SYMBOL, DISPLAY THE|  
| FOLLOWING MESSAGE: “EMAIL ADDRESS MUST CONTAIN |  
| AN ‘@’ SYMBOL. VERIFY AND RE-ENTER.” |  
| EMAIL ADDRESS MUST NOT CONTAIN ANY SPACES. |  
| IF ENTRY INCLUDES A SPACE, DISPLAY THE FOLLOWING |  
| MESSAGE: “EMAIL ADDRESS CANNOT CONTAIN BLANK |  
| SPACES. VERIFY AND RE-ENTER.” |  
----------------------------------------------------

----------------------------------------------------
| LINK EMAIL ADDRESS COLLECTED TO PID OF RESPONDENT |  
| SELECTED AT RE06/RE08 OR PROXY SELECTED AT |  
| RE07/RE08 FOR THE CURRENT ROUND. |  
----------------------------------------------------
Is that your personal e-mail, work e-mail, a family or shared e-mail address, or some other type of email account?

PERSONAL ........................................ 1 {CL42E}
WORK ........................................ 2 {CL42E}
FAMILY/SHARED .................................. 3 {CL42E}
OTHER TYPE .................................... 91 {CL42DOV}
REF ........................................... -7 {CL42E}
DK ............................................. -8 {CL42E}

[Code One]

SPECIFY TYPE OF EMAIL ACCOUNT:

[Enter Other Specify] ....................... {CL42E}
REF ........................................... -7 {CL42E}
DK ............................................. -8 {CL42E}

How often do you check this email account?

PROBE: How many times per day, per week, per month, per year do you check this email account?

NUMBER:

[Enter Number of Times-3] ............... {CL42EOV1}
REF ........................................... -7 {CL43}
DK ............................................. -8 {CL43}
CL42EOV1
======

PER PERIOD:

PER DAY ................................ 1 {CL43}
PER WEEK .................................. 2 {CL43}
PER MONTH ............................... 3 {CL43}
PER YEAR ............................... 4 {CL43}
REF ................................... -7 {CL43}
DK .................................... -8 {CL43}

[Code One]

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}

----------------------------------------------------
<p>| FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE |
| NUMBER ENTERED OR CORRECTED AT CL44 FOR THE       |</p>
<table>
<thead>
<tr>
<th>CURRENT ROUND.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| HARD CHECK:                                       |</p>
<table>
<thead>
<tr>
<th>DISALLOW LEADING ZEROS AS AN ENTRY.</th>
</tr>
</thead>
</table>

CL45

====

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]
CL45OV1
=======

SPECIFY:

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

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        |
----------------------------------------------------
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.' |

---------------------------------------------
CL49
=====

[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:  

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).   |
|----------------------------------------------------

CL49_2
=====

[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:  

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?

IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION SHOWN BELOW.

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

YES, ENTER NEW CONTACT PERSON/INFORMATION .. 1 {CL51}
YES, CONTACT PERSON/ADDRESS ABOVE CORRECT .. 2 {CL52}
YES, CONTACT PERSON/ADDRESS ABOVE NEEDS CORRECTION ............................... 3 {CL51_2}
NO CONTACT PERSON AVAILABLE ................. 4 {CL53}
REF ....................................... -7 {CL53}
DK ........................................ -8 {CL53}

---------------------------------------------------------------------
| HARD CHECK: | 
| CODES '2' (YES, CONTACT PERSON/ADDRESS ABOVE CORRECT) AND '3' (YES, CONTACT PERSON/ADDRESS ABOVE NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT CONTACT PERSON INFORMATION AVAILABLE. IF CODES '2' OR '3' SELECTED WHEN NO CURRENT CONTACT INFORMATION, DISPLAY THE FOLLOWING MESSAGE: ‘CODE NOT AVAILABLE. NO CURRENT CONTACT INFORMATION. VERIFY AND RE-ENTER.’ |
---------------------------------------------------------------------

---------------------------------------------------------------------
| NOTE: BEGINNING IN PANEL 17 ROUND 1, PANEL 16 ROUND 3, AND PANEL 14 ROUND 5 AND FOR ALL FUTURE ROUNDS MEPS NO LONGER COLLECTS OR DISPLAYS THE CONTACT PERSON’S MIDDLE NAME (HOME.CONTMNAM) IN CAPI OR IN THE IMS. |
---------------------------------------------------------------------
[What is the name, address, and phone number of that person?]

[PROBE: What is (his/her) relationship to {NAME OF REFERENCE PERSON}?]

ENTER COMPLETE CONTACT INFORMATION.

Current Info:

[NAME]
[1ST_STR_ADDRESS]
[2ND_STR_ADDRESS]
[CITY], [STATE] [ZIP CODE]
[TELEPHONE]

NAME [FIRST, LAST] [_____________
1ST_STR_ADDRESS [_____________
2ND_STR_ADDRESS [_____________
CITY [_____________
STATE [_____________
ZIP CODE [_____________
TELEPHONE [_____________
RELATIONSHIP [_____________

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

-------------------------------------------------------------------------------------------------------------------------
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE RU FOR ‘NAME OF REFERENCE PERSON’.
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| GO TO CL53
-------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------
| 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?]

[PROBE: What is (his/her) relationship to {NAME OF REFERENCE PERSON}]

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:  

| CONTACT_NAME: [___________] |
| 1ST_STR_ADDRESS: [___________] |
| 2ND_STR_ADDRESS: [___________] |
| CITY: [___________] |
| STATE: [___________] |
| ZIP CODE: [___________] |
| TELEPHONE: [___________] |
| RELATIONSHIP: [___________] |

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

-----------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE</th>
<th>RU FOR 'NAME OF REFERENCE PERSON'.</th>
</tr>
</thead>
</table>
-----------------------------------------------------------------------------

-----------------------------------------------------------------------------
<table>
<thead>
<tr>
<th>CONTINUE WITH CL53</th>
</tr>
</thead>
</table>
-----------------------------------------------------------------------------
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_STRADDRESS]  
[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)

---------------------------------------------------------------------
| IF CURRENT ALTERNATE RESPONDENT IS A DU MEMBER, DO NOT DISPLAY CURRENT ADDRESS AND PHONE |
| INFORMATION. ONLY DISPLAY CURRENT ADDRESS AND PHONE INFORMATION IF CURRENT ALTERNATE RESPONDENT |
| IS OUTSIDE OF THE DU. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| HARD CHECK: |
| CODES '2' (ALTERNATE RESPONDENT INFORMATION CORRECT) AND '3' (ALTERNATE RESPONDENT INFORMATION NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT ALTERNATE RESPONDENT INFORMATION AVAILABLE. IF |
| CODES '2' OR '3' SELECTED WHEN NO CURRENT ALTERNATE RESPONDENT INFORMATION, DISPLAY THE FOLLOWING MESSAGE: 'RESPONSE NOT AVAILABLE. NO |
| NO CURRENT ALTERNATE INFORMATION. VERIFY AND RE-ENTER.' |
---------------------------------------------------------------------

90
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]

----------------------------------------------------
<p>| IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS      |
| 'ENTER NEW ALTTERNATE RESPONDENT INFORMATION,      |
| CONTINUE WITH CL55.                               |
| ELSE IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS |
| 'ALTERNATE RESPONDENT INFORMATION NEEDS           |</p>
<table>
<thead>
<tr>
<th>CORRECTION', CONTINUE WITH CL55_2.</th>
</tr>
</thead>
</table>

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

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’.

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

CL57
====

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)

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

CL59
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number of the place where {you/{PERSON}} {are/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.

---

CL60

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF KNOWN, CODE WITHOUT ASKING.

{Are/Is} {you/{PERSON}} planning to move with anyone in the family?

YES .................................... 1 {CL61}
NO ..................................... 2 {END_LP11}
REF ................................... -7 {END_LP11}
DK .................................... -8 {END_LP11}

---

CL61

{PERSON’S FIRST MIDDLE AND LAST NAME}
IF KNOWN, CODE WITHOUT ASKING.

Who {are/is} {you/{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
IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH CL61A

OTHERWISE, GO TO BOX_18A

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 {BOX_18A}
YES, PROXY ADDRESS OR TELEPHONE ABOVE NEEDS CORRECTION ............. 3 {CL61B_2}
NO ..................................... 4 {BOX_18A}
REF ..................................... 4 {BOX_18A}
DK .................................... -8 {BOX_18A}

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 BOX_18A                           |
---

---
| 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]

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

BOX_18A

---------------------------------------------------------------------
|  IF ROUND 1, GO TO CL67                                         |
---------------------------------------------------------------------

---------------------------------------------------------------------
|  OTHERWISE, CONTINUE WITH BOX_18B                               |
---------------------------------------------------------------------
IF AT LEAST ONE RU MEMBER COMPLETED THE SAQ [CL36 | IS CODED ‘1’ (COMPLETED AND GIVEN TO INTERVIEWER) | FOR AT LEAST ONE RU MEMBER AND IF PANEL 17, ROUND | 4 OR CL39 IS CODED ‘1’ (COMPLETED AND GIVEN TO | INTERVIEWER) FOR AT LEAST ONE RU MEMBER AND IF | PANEL 17, ROUND 5], CONTINUE WITH CL64A

OTHERWISE, GO TO CL67

NOTE: STARTING IN PANEL 18, PAYMENT WILL NO | LONGER BE MADE FOR COMPLETED SAQ FORMS.

INTERVIEWER: FILL OUT SAQ CHECK(S) WITH SAQ RESPONDENT NAME(S). THEN RECORD PAYMENT TYPE AND CHECK NUMBER(S) (IF APPLICABLE).

<table>
<thead>
<tr>
<th>CL64A_01.PID</th>
<th>CL64A_02. ROSTER. RU MEMBER</th>
<th>CL64A_03. PAYMENT TYPE</th>
<th>CL64A_04. CHECK NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Display PID]</td>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[Select Payment Type]</td>
<td>[Enter Check Number]</td>
</tr>
<tr>
<td>[Display PID]</td>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[Select Payment Type]</td>
<td>[Enter Check Number]</td>
</tr>
<tr>
<td>[Display PID]</td>
<td>[First Name, [Middle Name], Last Name-65]</td>
<td>[Select Payment Type]</td>
<td>[Enter Check Number]</td>
</tr>
</tbody>
</table>
ROSTER DETAILS:
TITLE: RU_MEMBERS

COL # 1 HEADER: PID
INSTRUCTIONS: DISPLAY RU MEMBERS’ 3-DIGIT ID (PERS.PID)

COL # 2 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

COL # 3 HEADER: PAYMENT TYPE
INSTRUCTIONS: SELECT PAYMENT TYPE

COL # 4 HEADER: CHECK NUMBER
INSTRUCTIONS: ENTER CHECK NUMBER

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

ROSTER BEHAVIOR:
1. THE PID COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.
2. THE NAME COLUMN IS PROTECTED; NO CHANGES ARE ALLOWED.
3. THE PAYMENT TYPE COLUMN IS A DROP DOWN SELECTION BOX WITH TWO CHOICES: CHECK AND CASH.
4. THE CHECK NUMBER COLUMN IS A 7 DIGIT NUMERIC ENTRY FIELD.
5. THE CHECK NUMBER COLUMN SHOULD BE INACTIVE OR “GRAYED OUT” UNTIL A SELECTION IS MADE IN THE PAYMENT TYPE COLUMN. IF ‘CHECK’ IS SELECTED, THE CURSOR MOVES TO THE CHECK NUMBER COLUMN FOR COMPLETION. IF ‘CASH’ IS SELECTED THE CHECK NUMBER COLUMN REMAINS INACTIVE AND THE CURSOR MOVES TO THE PAYMENT TYPE COLUMN FOR THE NEXT RU MEMBER ON THE ROSTER.
6. SELECT, ADD, AND DELETE DISALLOWED.
ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER THAT HAVE COMPLETED AN SAQ FOR THIS ROUND. THAT IS, DISPLAY ALL RU MEMBERS THAT MEET THE FOLLOWING CONDITION:

- IF ROUNDS 2 OR 4: CL36 IS CODED ‘1’ (COMPLETED AND GIVEN TO INTERVIEWER) FOR THIS PERSON
  OR
- IF ROUNDS 3 OR 5: CL39 IS CODED ‘1’ (COMPLETED AND GIVEN TO INTERVIEWER) FOR THIS PERSON

CL67
=====

READ IF RESPONDENT REFERRED TO RECORDS DURING THE INTERVIEW:
Thank you for your cooperation in this important research. And I especially wanted to thank you for referring to records during the interview to help answer the questions. We’ve learned over the years that using records can help the interview move along a little more easily.

REVIEW WITH THE RESPONDENT WHICH OF THE FOLLOWING MEMORY AIDS WERE USED DURING THE INTERVIEW AND CODE ANY APPLICABLE. ENCOURAGE RECORD USE FOR NEXT ROUND. REFER TO RECORDS JOB AID AS APPROPRIATE.

CL67_01
======

CALENDAR YES NO
(PAPER OR ELECTRONIC; COMPLETED PRIOR TO INTERVIEW)

CL67_03
======

ELECTRONIC RECORDS YES NO
(E.G., ONLINE PATIENT PORTALS, MOBILE HEALTH APPS, ETC.)

CL67_04
======

INSURANCE PAYMENT STATEMENT/EOB YES NO
<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL67_05</td>
<td>BILL/STATEMENT FROM PROVIDER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_06</td>
<td>PHARMACY PATIENT PROFILE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_07</td>
<td>MEDICINE BOTTLE/RECEIPT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_08</td>
<td>CHECK BOOK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_09</td>
<td>DOCTOR’S CARD OR APPOINTMENT SLIP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_10</td>
<td>TELEPHONE BOOK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_11</td>
<td>TAX RETURN/TAX FORM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_12</td>
<td>INSURANCE CARDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CL67_13</td>
<td>OTHER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Help available for definitions of Memory Aids.
<p>| IF CL67_13 IS CODED '1' (YES), CONTINUE WITH |</p>
<table>
<thead>
<tr>
<th>CL67OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO CL65</th>
</tr>
</thead>
</table>

CL67OV

OTHER:

[Enter Other Specify] ..................   {CL65}

CL65

INTERVIEWER: FILL OUT INTERVIEW CHECK WITH RESPONDENT’S NAME.
THEN RECORD PAYMENT TYPE AND CHECK NUMBER BELOW (IF APPLICABLE).

GIVE CHECK TO RESPONDENT. THANK RESPONDENT FOR THIS INTERVIEW.
(READ STATEMENT BELOW)

Thank you again for your cooperation in this important research.
This check is a gift to show our appreciation. {The next interview
will take place in about six months.}

{GIVE RESPONDENT GIFT./GIVE RESPONDENT CERTIFICATE:  I would also like
to thank you on behalf of the two Department of Health and Human
Services agencies that sponsor this study – the Agency for Healthcare
Research and Quality and the Centers for Disease Control and Prevention.
As a token of their appreciation, they would like you to have this
certificate recognizing your time and effort participating in the
Medical Expenditure Panel Survey.}

CHECK .................................. 1 {CL65OV}
CASH ................................... 2 {BOX_20}
CHECK NUMBER:
[Enter Check Number – 7] ................. {BOX_20}

| DISPLAY 'The next interview will take place in about six months.' IF ROUNDS 1 OR 2 OR 3 OR 4. |
| IF ROUND 5, USE A NULL DISPLAY. |
| |
| DISPLAY 'GIVE RESPONDENT GIFT.' IF ROUND 1. |
| DISPLAY 'GIVE RESPONDENT ... Panel Survey.' IF ROUND 5. IF ROUNDS 2 OR 3 OR 4, USE A NULL |
| DISPLAY. |

CL65OV SHOULD ALWAYS BE DISPLAYED AT CL65 (NOT AN OVERLAY), BUT IT SHOULD BE INACTIVE OR "GRAYED OUT". IF CL65 IS CODED '1' (CHECK), CL65OV SHOULD BECOME ACTIVE. IF CL65 IS CODED '2' (CASH), CL65OV REMAINS INACTIVE.

END INTERVIEW.