Disability Days (DD) Section

BOX_00
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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, PRND.BEGREFMM, |
| PRND.BEGREFDD, PRND.BEGREFYY, PRND.ENDREFMM, |
| PRND.ENDREFDD, PRND.ENDREFYY          |
| IF PRND DATES ARE MISSING USE RU DATES: |
| RUBEGMM, RUBEGDD, RUENMM, RUENDDD     |
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BOX_01
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| IF PERSON IS LESS THAN 3 YEARS OF AGE (OR AGE |
| CATEGORIES 1 OR 2), GO TO BOX_03              |
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| OTHERWISE, CONTINUE WITH DD01           |
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DD01
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{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{The next questions ask about time/Now think about} when 
{you/{(PERSON}} may have missed a half day or more from work or school 
{since (START DATE)/between (START DATE) and (END DATE)}. {In 
answering these questions, please include any time when this occurred 
because of {your/{PERSON}'s} physical illness or injury, or a mental or 
emotional problem such as stress or depression.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
DISPLAY 'The next questions ask about time' IF
FIRST CYCLE THROUGH THE DISABILITY DAYS SECTION
FOR THE CURRENT ROUND. OTHERWISE, DISPLAY 'Now
think about'.

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

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

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

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

IF PERSON IS = OR > 16 YEARS OLD (OR AGE
CATEGORIES 4-9), CONTINUE WITH DD02
{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

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

Let's talk about work. (Including the time {you/{PERSON}} {were/was} in (the hospital) {and} (the long-term care facility), how/How) many days did {you/{PERSON}} miss a half day or more from work (since {START DATE}/between {START DATE} and {END DATE})? Please do not include work around the house.

PROBE: Include any time when a half day or more was missed because of a physical illness or injury, or a mental or emotional problem.

[Enter Number of Days] ................
NO DAYS MISSED FROM WORK ............... 995
DOES NOT WORK (OTHER THAN AROUND THE HOUSE) ............................... 996
REF .................................... -7
DK ..................................... -8

HELP AVAILABLE FOR DEFINITION OF HALF DAY OR MORE.

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| DISPLAY ‘NUMBER OF DAYS IN HOSPITAL:  { }’ IF | | | | | | | | | |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED | IN CURRENT ROUND (I.E., DISCHARGE DATE NOT | CODED ‘95’ (STILL IN HOSPITAL)). OTHERWISE, USE A | NULL DISPLAY. |
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| FOR ‘NUMBER OF DAYS’, DISPLAY TOTAL NUMBER OF |
| DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL |
| STAYS THAT ENDED IN CURRENT ROUND (I.E., |
| DISCHARGE DATE NOT CODED ‘95’ (STILL IN HOSPITAL)). OTHERWISE, USE A NULL DISPLAY. |
-------------------------------------------------------------------------
DISPLAY ‘NUMBER OF DAYS INSTITUTIONALIZED: {}’
IF PERSON HAS AT LEAST ONE INSTITUTIONAL STAY (IC EVENT) THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED ‘95’ (STILL IN INSTITUTION)). OTHERWISE, USE A NULL DISPLAY.

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

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

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

DISPLAY ‘since {START DATE}’ IF NOT ROUND 5.
DISPLAY ‘between {START DATE} and {END DATE}’ IF ROUND 5.
IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: “SELECT THE CODE ‘NO DAYS MISSED FROM WORK’ TO RECORD ZERO.”

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

IF CODED ‘995’ (NO DAYS MISSED FROM WORK), ‘996’ (DOES NOT WORK), ‘-7’ (REFUSED), OR ‘-8’ (DON'T KNOW) AND PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE (OR AGE CATEGORY 4), GO TO DD05

IF CODED ‘995’ (NO DAYS MISSED FROM WORK), ‘996’ (DOES NOT WORK), ‘-7’ (REFUSED), OR ‘-8’ (DON'T KNOW) AND PERSON IS 23 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 5-9), GO TO BOX_02

OTHERWISE, CONTINUE WITH BOX_01A

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

HARD CHECK:
IF RU MEMBER’S REFERENCE PERIOD BEGIN DATE OR END DATE IS CODED AS ‘REFUSED’ (-7) OR ‘DON’T KNOW’ (-8) FOR THE MONTH, THE DAY OR THE YEAR, THE NUMBER OF DAYS ENTERED AT DD02 MUST BE EQUAL OR LESS THAN THE NUMBER OF DAYS IN THE RU’S REFERENCE PERIOD.
BOX_01A
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<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH DD02A</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_01B</td>
</tr>
</tbody>
</table>

DD02A
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{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

NUMBER OF DAYS MISSED WORK: {NUMBER OF DAYS}

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

[Enter Number of Days] .................   {BOX_01B}
REF ................................... -7 {BOX_01B}
DK .................................... -8 {BOX_01B}

| FOR 'NUMBER OF DAYS,' DISPLAY THE NUMBER ENTERED |
| AT DD02 |

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

| HARD CHECK: |
| DAYS IN {YEAR} AT DD02A MUST BE < OR = DAYS MISSED FROM WORK AT DD02. |
**BOX_01B**

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| IF PERSON IS 16 THROUGH 22 YEARS OF AGE INCLUSIVE |
| (OR AGE CATEGORY 4), CONTINUE WITH DD05           |
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| OTHERWISE (I.E., PERSON IS 23 YEARS OF AGE OR     |
| OLDER OR IN AGE CATEGORIES 5-9), GO TO BOX_02     |
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**DD05**

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

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

Let's talk about school (and day care). {Including the time {you/{PERSON}} {were/was} in {the hospital} {and} {the long-term care facility}, how/How} many days did {you/{PERSON}} miss a half day or more of school (or day care) {since {START DATE}/between {START DATE} and {END DATE})?  

PROBE: Include any time when a half day or more of school (or day care) was missed because of a physical illness or injury, or a mental or emotional problem.

[Enter Number of Days] ................. {BOX_01C}
NO DAYS MISSED FROM SCHOOL .......... 995 {BOX_02}
DOES NOT ATTEND SCHOOL ............. 996 {BOX_02}
REF .................................... -7 {BOX_02}
DK ..................................... -8 {BOX_02}

HELP AVAILABLE FOR DEFINITION OF HALF DAY OR MORE.

[Code One]

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| DISPLAY 'NUMBER OF DAYS IN HOSPITAL: { }' IF     |
| PERSON HAS AT LEAST ONE HOSPITAL STAY THAT ENDED |
| IN CURRENT ROUND (I.E., DISCHARGE DATE NOT      |
| CODED '95' (STILL IN HOSPITAL)). OTHERWISE, USE A |
| NULL DISPLAY.                                     |
FOR 'NUMBER OF DAYS', DISPLAY TOTAL NUMBER OF DAYS PERSON WAS IN HOSPITAL FOR ALL HOSPITAL STAYS THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN HOSPITAL)). OTHERWISE, USE A NULL DISPLAY.

DISPLAY 'NUMBER OF DAYS INSTITUTIONALIZED: { }' IF PERSON HAS AT LEAST ONE INSTITUTIONAL STAY (IC EVENT) THAT ENDED IN CURRENT ROUND (I.E., DISCHARGE DATE NOT CODED '95' (STILL IN INSTITUTION)). OTHERWISE, USE A NULL DISPLAY.

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

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

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

DISPLAY 'since {START DATE}' IF NOT ROUND 5.
DISPLAY 'between {START DATE} and {END DATE}' IF ROUND 5.
IF ‘0’ ENTERED, DISPLAY THE FOLLOWING ERROR MESSAGE: “SELECT THE CODE ‘NO DAYS MISSED FROM SCHOOL’ TO RECORD ZERO.”

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

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

HARD CHECK:
IF RU MEMBER’S REFERENCE PERIOD BEGIN DATE OR END DATE IS CODED AS ‘REFUSED’ (-7) OR ‘DON’T KNOW’ (-8) FOR THE MONTH, THE DAY OR THE YEAR, THE NUMBER OF DAYS ENTERED AT DD05 MUST BE EQUAL OR LESS THAN THE NUMBER OF DAYS IN THE RU’S REFERENCE PERIOD.

BOX_01C

IF ROUND 3, CONTINUE WITH DD05A

OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_02
DD05A

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

NUMBER OF DAYS MISSED SCHOOL: {NUMBER OF DAYS}

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

[Enter Number of Days] ................. {BOX_02}
REF ................................. -7 {BOX_02}
DK .................................. -8 {BOX_02}

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| FOR 'NUMBER OF DAYS,' DISPLAY THE NUMBER ENTERED |
| AT DD05.                                          |
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| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES   |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST  |
| CALENDAR YEAR OF PANEL.                           |
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| HARD CHECK:                                       |
| DAYS MISSED FROM SCHOOL IN {YEAR} AT DD05A MUST    |
| BE < OR = DAYS MISSED FROM SCHOOL AT DD05.         |
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BOX_02

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| CHECK AGE AND WORK STATUS:                    |
| IF LESS THAN 16 YEARS OF AGE (OR AGE CATEGORIES |
| 1-3), GO TO BOX_03                            |
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| IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES |
| 4-9) AND DD02 IS NOT CODED '996' (DOES NOT WORK |
| OTHER THAN AROUND THE HOUSE), CONTINUE WITH DD10 |
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IF 16 YEARS OF AGE OR OLDER (OR AGE CATEGORIES 4-9) AND DD02 IS CODED '996' (DOES NOT WORK OTHER THAN AROUND THE HOUSE), GO TO BOX_03

DD10

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

{Besides the {NUMBER OF MISSED WORK DAYS} days {you/{PERSON}} missed a half day or more from work because of {your/his/her} own illness or injury, did/Did} {you/{PERSON}} miss more than a half day from work between {START DATE} and {END DATE} because of someone else's illness, injury, or health care needs, for example, to take care of a sick child or a relative?

YES .................................... 1 {DD11}
NO/DO NOT WORK ........................ 2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HALF DAY OR MORE.

DISPLAY 'Besides the ..., did' IF ANY MISSED WORK DAYS RECORDED FOR THIS PERSON IN DD02. DISPLAY 'Did' IF NO MISSED WORK DAYS RECORDED FOR THIS PERSON IN DD02.

DISPLAY NUMBER RECORDED IN DD02 FOR 'NUMBER OF MISSED WORK DAYS' IF DD02 DOES NOT = '-7' (REFUSED) OR '-8' (DON'T KNOW). IF DD02 = '-7' (REFUSED) OR '-8' (DON'T KNOW), USE A NULL DISPLAY.

DISPLAY 'between {START DATE} and {END DATE}' IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
DD11
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{PERSON'S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

How many days did {you/{PERSON}} miss a half day or more from work because of someone else's illness, injury, or health care needs?

[Enter Number of Days] ..............   {BOX_02A}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}

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| IF '0' ENTERED, DISPLAY THE FOLLOWING ERROR        |
| MESSAGE: 'IF NO WORK DAYS MISSED, BACK UP AND     |
| CORRECT PREVIOUS ANSWER.'                         |
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| IF NUMBER ENTERED > NUMBER OF DAYS IN REFERENCE    |
| PERIOD, DISPLAY THE FOLLOWING ERROR MESSAGE:       |
| 'NUMBER OF DAYS MUST BE EQUAL TO OR LESS THAN     |
| NUMBER IN REFERENCE PERIOD.'                      |
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| HARD CHECK:                                       |
| DAYS ENTERED AT DD11 MUST BE < OR = NUMBER OF DAYS |
| IN REFERENCE PERIOD FOR PERSON.                   |
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| HARD CHECK:                                       |
| IF RU MEMBER’S REFERENCE PERIOD BEGIN DATE OR END |
| DATE IS CODED AS 'REFUSED' (-7) OR 'DON’T KNOW'    |
| (-8) FOR THE MONTH, THE DAY OR THE YEAR, THE      |
| NUMBER OF DAYS ENTERED AT DD11 MUST BE EQUAL OR    |
| LESS THAN THE NUMBER OF DAYS IN THE RU’S          |
| REFERENCE PERIOD.                                 |
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BOX_02A
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| IF ROUND 3, CONTINUE WITH DD11A                   |
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MEPS P20R5/P21R3/P22R1 Disability Days (DD) Section
November 14, 2016

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| OTHERWISE (I.E., IF NOT ROUND 3), GO TO BOX_03    |
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DD11A
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{PERSON’S FIRST MIDDLE AND LAST NAME}  {STR-DT}
{END-DT}

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

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

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

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| FOR ‘NUMBER OF DAYS,’ DISPLAY THE NUMBER ENTERED |
| AT DD11.                                          |
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| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): ‘YEAR’ IN QUESTION TEXT IS FIRST |
| CALENDAR YEAR OF PANEL.                           |
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| HARD CHECK:                                       |
| DAYS IN {YEAR} AT DD11A MUST BE < OR = DAYS MISSED|
| WORK DUE TO SOMEONE ELSE’S HEALTH AT DD11.        |
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BOX_03
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| GO TO NEXT QUESTIONNAIRE SECTION                   |
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