

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| | | | DENTAL, VISION, & HEARING CARE UTILIZATION QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007, C010 SPALIVE=ALL SEASON=ALL SPProxy=SP or PROXY Other: N/A <u>PLACEMENT</u> Administer after HIQ. | | |
| DUINT | DUINTRO | no entry | The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE/UTLDATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD). (Now would be a good time to get out the planner that [you/(SP)] may have used to record health care visits or other medical expenses. We will also refer to any statements [you/(SP)] may have received since the last interview.) First, we'll talk about dental care. | | DU1 - DUPROBE |
| DUPROBE | DU1 | yes/no | [Since (REFERENCE DATE/UTLDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) DU2 - PROVIDER_DU (02) BOX DU5 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX DU6 (-9) BOX DU6 |
| PROVIDER_DU | DU2 | roster | Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER. ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER | (01) [Continuous answer.] [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | (01-N) BOX DU1 (N+1) DU2B-PROVNAME (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX DU1. ELSE IF "ADD ANOTHER" SELECTED, GO TO DU2B-PROVNAME ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL. |
| PROVNAME | DU2B | verbatim text | ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW. YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK. YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. [PROVIDER LOOKUP CALLED FROM THIS SCREEN] NAME: | | DU2B - GRPNAME |
| GRPNAME | DU2B | verbatim text | GROUP: | | PROVSPEC |

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| CHNGSPL | CHNGSPL | roster | <p>WHICH PROVIDER IS MISPELLED?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.</p> | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS:</p> <p>1. [PROVIDER 1]</p> <p>2. [PROVIDER 2]</p> <p>...</p> <p>N. [PROVIDER N]</p> <p>DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.</p> | CRCTSPL-CRCTSPL |
| CRCTSPL | CRCTSPL | verbatim | <p>WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>[DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL]</p> | (01) [Continuous Answer] | BOX DU1 |
| PROVSPEC | DU2C | code one | What kind of dental provider is [PROVNAME]? | <p>(01) GENERAL DENTIST</p> <p>(35) DENTAL HYGIENIST</p> <p>(36) DENTAL TECHNICIAN</p> <p>(37) DENTAL/ORAL SURGEON</p> <p>(38) ORTHODONTIST</p> <p>(39) ENDODONTIST</p> <p>(40) PERIODONTIST</p> <p>(41) PROSTHODONTIST</p> <p>(91) OTHER MEDICAL PROVIDER SPECIALTY</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>(01) BOX DU2</p> <p>(02) BOX DU2</p> <p>(03) BOX DU2</p> <p>(04) BOX DU2</p> <p>(05) BOX DU2</p> <p>(06) BOX DU2</p> <p>(07) BOX DU2</p> <p>(08) BOX DU2</p> <p>(91) DU2C1 - PROVSPEC</p> <p>(-8) BOX DU2</p> <p>(-9) BOX DU2</p> |

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| PROVSPEC | DU2C1 | code one | What kind of dental provider is [PROVNAME]? | (01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY) (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused | (01) DO NOT DISPLAY (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) BOX DU2 (10) BOX DU2 (11) BOX DU2 (12) BOX DU2 (13) BOX DU2 (14) BOX DU2 (15) BOX DU2 (16) BOX DU2 (17) BOX DU2 (18) BOX DU2 (19) BOX DU2 (20) BOX DU2 (21) BOX DU2 (22) BOX DU2 (23) BOX DU2 (24) BOX DU2 (25) BOX DU2 (26) BOX DU2 (27) BOX DU2 (28) BOX DU2 (29) BOX DU2 (30) BOX DU2 (31) BOX DU2 (32) BOX DU2 (33) BOX DU2 (34) BOX DU2 (91) DU2D - PROVSPOS (-8) BOX DU2 (-9) BOX DU2 |
| PROVSPOS | DU2D | verbatim text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) [Continuous answer.] | BOX DU2 |
| | BOX DU1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO DU3 - VAPLACE. ELSE GO TO BOX DU2. | | |
| VAPLACE | DU3 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX DU2 |
| | BOX DU2 | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO DU4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO DU5 - HMOREFER. ELSE GO TO DU6 - EVENT_DU. | | |

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| HMOASSOC | DU4 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) DU6 - EVENT_DU (02) DU5 - HMOREFER (-8) DU5 - HMOREFER (-9) DU5 - HMOREFER |
| HMOREFER | DU5 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | DU6 - EVENT_DU |
| EVENT_DU | DU6 | roster | When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/(UTILDATE))/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY. | (01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS | DU6B-DUADD |
| DUADD | DU6B | chose one | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE | (01) DU6 -EVENT_DU (02) DU7-DVPROCDR |
| DVPROCDR | DU7 | code all | SHOW CARD DVH1 For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done? CHECK ALL THAT APPLY. | (01) GENERAL EXAM, CHECKUP OR CONSULTATION (02) CLEANING, PROPHYLAXIS, OR POLISHING (03) X-RAYS, RADIOGRAPHS, OR BITEWINGS (04) FLUORIDE TREATMENT (05) SEALANT (PLASTIC COATINGS ON BACK TEETH) (06) FILLINGS (07) INLAYS (08) CROWNS OR CAPS (09) ROOT CANAL (10) PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY (11) PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) (12) EXTRACTION, TOOTH PULLED (13) IMPLANTS (14) ABSCESS OR INFECTION TREATMENT (15) OTHER ORAL SURGERY (16) FIXED BRIDGES (17) DENTURES OR REMOVABLE PARTIAL DENTURES (18) RELINING OR REPAIR OF BRIDGES OR DENTURES (19) ORTHODONTIA, BRACES, OR RETAINERS (20) BOND, WHITEN, OR BLEACH (21) TREATMENT FOR TMD OR TMJ (91) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | (01) DU9-PRESMDCN (02) DU9-PRESMDCN (03) DU9-PRESMDCN (04) DU9-PRESMDCN (05) DU9-PRESMDCN (06) DU9-PRESMDCN (07) DU9-PRESMDCN (08) DU9-PRESMDCN (09) DU9-PRESMDCN (10) DU9-PRESMDCN (11) DU9-PRESMDCN (12) DU9-PRESMDCN (13) DU9-PRESMDCN (14) DU9-PRESMDCN (15) DU9-PRESMDCN (16) DU9-PRESMDCN (17) DU9-PRESMDCN (18) DU9-PRESMDCN (19) DU9-PRESMDCN (20) DU9-PRESMDCN (21) DU9-PRESMDCN (91) DU7A-EVOSTEXT (-8) DU9-PRESMDCN (-9) DU9-PRESMDCN |
| EVOSTEXT | DU7A | verbatim text | OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY) | (01) [CONTINUOUS ANSWER] | DU9 - PRESMDCN |
| PRESMDCN | DU9 | yes/no | Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) DU10 - PRESFILL (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4 |

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| PRESFILL | DU10 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX DU3B (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4 |
| | BOX DU3B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO DU10A - DUPMMEDS. ELSE GO TO BOX PM2. | | |
| DUPMMEDS | DU10A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since (REFERENCE DATE/UTLDATE), if you'd like to get those bottles, too. | (01) INSTRUCTION WAS READ | BOX PM2 |
| | BOX PM2 | routing | IF THERE IS AT LEAST ONE MEDICINE FROM A PRIOR ROUND ON THE EVENT TABLE FOR THIS CASE, GO TO MEDICINE_PM1-MEDICINE_SP1. ELSE GO TO PM2B-PMBOTTLE. | | |
| MEDICINE_PM1 | MEDICINE_PM1 | code one | What is the name of the medicine? | [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME, STRENGTH, FORM, AND QUANTITY FOR EACH. | BOX PM3 |
| | BOX PM3 | routing | IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST (PMEDID^=.), THEN GO TO PM2A-SAMEFSAM. ELSE GO TO PMBOTTLE-PMBOTTLE. | | |
| SAMEFSAM | SAMEFSAM | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE <u>EXACTLY</u> THE SAME AS IN THE PREVIOUS INTERVIEW. At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). The strength was [MEDICINE STRENGTH]. The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same strength, form and amount? CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT <u>EXACTLY</u> MATCH PREVIOUS ROUND. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM4 |
| | BOX PM4 | routing | IF SAMEFSAM=1/YES, THEN DO NOT CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM6A-GETNUM. ELSE, CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM2B-PMBOTTLE. | | |

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| PMBOTTLE | PMBOTTLE | code one | CODE "YES" WITHOUT ASKING IF-BOTTLE, CONTAINER, BAG, STATEMENT, OR RECEIPT IS PRESENT. Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available? IF R DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE. | (01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED | (01) MED-PMEDNAME (02) PMKNWNM-PMKNWNM (03) MED-PMEDNAME (-8) PMKNWNM-PMKNWNM (-9) PMKNWNM-PMKNWNM |
| PMEDNAME | MED | lookup | TO USE THE MEDICINE LOOKUP, START TYPING THE MEDICINE NAME IN THE PRESCRIBED MEDICINE LOOKUP BOX. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. ONCE YOU HAVE ENTERED ALL DETAILS FOR A MEDICINE, IF YOU NEED TO GO BACK AND CORRECT, USE THE GREEN "RETURN TO PRESCRIBED MEDICINE LOOKUP" BUTTON. [PRESCRIBED MEDICINE LOOKUP TOOL] | [MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED] | |
| PMBRNAME | MED | lookup | [PM BRAND NAME] | | |
| PMGNNAME | MED | lookup | [PM GENERIC NAME] | | |
| PMFORMFD | MED | lookup | Medicine Form [FDB LIST FORM NAME] | | |
| PMFORMMC | MED | code one | Medicine Form [MCBS FORM] | (01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know | (01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS (-8) MED-PMSTRNFD (-9) MED-PMSTRNFD |
| PMFORMOS | MED | verbatim | [MEDICINE FORM OTHER SPECIFY] | (01) CONTINUOUS ANSWER | |
| PMFORMFN | MED | verbatim | [FINAL CONCATENATED MEDICINE FORM] | | |
| PMSTRNFD | MED | verbatim | Medicine Strength | (01) [MEDICINE FORM SELECTED FROM LOOKUP] (-7) NOT FOUND (-8) DON'T KNOW | |
| STRNUMBB | MED | numeric | Medicine strength number | (01) CONTINUOUS ANSWER | |

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|---------------|----------------|---------------|--|---|---|
| STRNUNIT | MED | code one | Medicine strength unit | (01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (-8) Don't Know (-9) Refused | (01)-(08) MED-PMEDID (91) MED-PMSTRNOS (-8) MED-PMEDID (-9) MED-PMEDID |
| PMSTRNOS | MED | verbatim | [MEDICINE STRENGTH UNIT OTHER SPECIFY] | | |
| PMSTRUNI | MED | lookup | [FINAL CONCATENATED MEDICINE STRENGTH] | | |
| PMEDID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| FAMILYID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES BY NAME ONLY, EXCLUDING STRENGTH AND FORM, THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| PMKNWNM | PMKNWNM | code one | DOES THE RESPONDENT KNOW THE NAME OF THE MEDICINE? | (01) YES (02) NO (-9) REFUSED | (01) MED-PMEDNAME (02) PMCOND-PMCOND (-9) PMCOND-PMCOND |
| PMCOND | PMCOND | code one | What condition is this medicine prescribed for or what is its primary use? IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE. | (01) ALLERGY MEDICINE (02) ALZHEIMERS (03) ANTIBIOTICS (04) ANTIPSYCHOTIC (05) ASTHMA OR COPD (06) BLOOD PRESSURE (07) CHOLESTEROL (08) COUGH AND COLD MEDICINE (09) DEPRESSION (10) DIABETES (11) DIURETICS (WATER PILLS) (12) EAR DROPS (13) ESTROGEN (14) EYE DROPS OR PREPARATION (15) NASAL SPRAY/DROPS (16) OSTEOPOROSIS (BONE LOSS) (17) PAIN MEDICINE (18) STEROID (GLUCOCORTICOID) (19) STOMACH ACID OR ULCER (20) OTHER (-8) DON'T KNOW (-9) REFUSED | (01)-(19) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM |
| PMCONDOS | PMCOND | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | |

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| GETNUM | GETNUM | numeric | How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP))] obtain (MEDICINE NAME)]]? [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.] | (01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | BOX PM5 |
| | BOX PM5 | routing | IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE-PMORE; IF SAMEFSAM=1/YES AND PMFORMFN=pills (tablets, capsules), GO TO PM12-TABSADAY; ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM; ELSE GO TO PM16-AMTUNIT. | | |
| TABNUM | TABNUM | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | BOX PM6 |
| AMTUNIT | PM16 | quantity unit | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW | (01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM6 |
| AMTUNOS | PM16 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | PM16 - AMTNUM |
| AMTNUM | PM16 | numeric | | (01) CONTINUOUS ANSWER | BOX PM6 |
| | BOX PM6 | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7. | | |
| TABSADAY | PM12 | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY? IF LESS THAN ONE UNIT IS TO BE TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED". FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". IF THE AMOUNT TO BE TAKEN PER DAY IS NOT CLEAR OR NOT INDICATED, SELECT "DON'T KNOW". | (01) CONTINUOUS ANSWER | PM12 - TABSADAY95 |
| TABSADAY95 | PM12 | code one | | (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) Empty | PM13-TABTAKE |

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|---------------|----------------|---------------|--|--|--|
| TABTAKE | PM13 | numeric | How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day? [READ IF NECESSARY: This question is asking about how often you actually take the medicine, not how often the medicine is prescribed to be taken.] IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED". FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW | PM13 - TABTAKE96 |
| TABTAKE96 | PM13 | code one | | (01) DON'T TAKE EVERY DAY (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) EMPTY | BOX PM7 |
| | BOX PM7 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PMSATVA - PMSATVA. ELSE GO TO BOX PM8. | | |
| PMSATVA | PMSATVA | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM8 |
| | BOX PM8 | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE. | | |
| PMSATHMO | PMSATHMO | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | PMMORE-PMMORE |
| PMMORE | PM17 | yes/no | ([NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.]) [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTLDATE) that we haven't talked about?] | (01) ADD ANOTHER (02) ALL DONE | (01) BOX PM2 (02) BOX DU4 |
| | BOX DU4 | routing | IF ANOTHER EVENT WAS ADDED WITH THIS PROVIDER, GO TO DU7-DVPROCDR. ELSE GO TO DU14-DUMORE. | | |
| DUMORE | DU14 | yes/no | [Since (REFERENCE DATE/UTLDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other dental care visits to this or any other provider? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) DU2 - PROVIDER_DU (02) BOX DU5 (-8) BOX DU5 (-9) BOX DU5 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| | BOX DU5 | routing | IF SPALIVE=1 (ALIVE) AND SEASON=WINTER, GO TO DU15-DVNEED. ELSE GO TO BOX DU6. | | |
| DVNEED | DU15 | yes/no | Now thinking about all of last year, that is calendar year [CURRENT YEAR – 1], was there a time when {you/SP} needed dental care but could not get it at that time? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) DU16 - DVNDRS (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6 |
| DVNDRS | DU16 | code all | What were the reasons that {you/SP} could not get the dental care {you/she/he} needed? | (01) COULD NOT AFFORD THE COST (02) DID NOT WANT TO SPEND THE MONEY (03) INSURANCE DID NOT COVER RECOMMENDED PROCEDURES (04) DENTAL OFFICE IS TOO FAR AWAY (05) DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES (06) ANOTHER DENTIST RECOMMENDED NOT DOING IT (07) AFRAID OR DO NOT LIKE DENTISTS (08) UNABLE TO TAKE TIME OFF FROM WORK (09) TOO BUSY (10) I DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED DENTAL PROBLEMS TO GO AWAY (91) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | (01) BOX DU6 (02) BOX DU6 (03) BOX DU6 (04) BOX DU6 (05) BOX DU6 (06) BOX DU6 (07) BOX DU6 (08) BOX DU6 (09) BOX DU6 (10) BOX DU6 (91) DU16A - DVNDRSOS (-8) BOX DU6 (-9) BOX DU6 |
| DVNDRSOS | DU16A | verbatim text | WHAT OTHER REASON (SPECIFY) | (01) continuous answer | BOX DU6 |
| | BOX DU6 | routing | GO TO VU1-VUPROBE. | | |
| VUPROBE | VU1 | yes/no | [Since (REFERENCE DATE/UTLDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did {you/(SP)} go to an eye doctor or any other person for eye care? [Eye care providers include ophthalmologists, optometrists, and opticians.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) VU2 - PROVIDER_VU (02) OM1-OMPREG (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) OM1-OMPREG (-9) OM1-OMPREG |
| PROVIDER_VU | VU2 | roster | Who did {you/(SP)} see? SELECT OR ADD ONLY ONE PROVIDER. ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER | (01) [Continuous answer.] [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | (01-N) BOX VU1 (N+1) VU2B-PROVNAME (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX VU1. ELSE IF "ADD ANOTHER" SELECTED, GO TO VU2-PROVNAME. ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL... |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| VPRVNAME | VU2B | verbatim text | <p>ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW.</p> <p>YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK.</p> <p>YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY.</p> <p>[PROVIDER LOOKUP CALLED FROM THIS SCREEN]</p> <p>NAME:</p> | | VU2B - GRPNAME |
| VGRPNAME | VU2B | verbatim text | GROUP: | | PROVSPEC |
| CHNGSPL | CHNGSPL | roster | <p>WHICH PROVIDER IS MISSPELLED?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISSPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.</p> | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS:</p> <p>1. [PROVIDER 1]</p> <p>2. [PROVIDER 2]</p> <p>...</p> <p>N. [PROVIDER N]</p> <p>DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.</p> | CRCTSPL-CRCTSPL |
| CRCTSPL | CRCTSPL | verbatim | <p>WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>[DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL]</p> | (01) [Continuous Answer] | BOX VU1 |
| PROVSPEC | VU2C | code one | What kind of eye care provider is [PROVNAME]? | <p>(02) MEDICAL DOCTOR, INCLUDING OPHTHALMOLOGIST</p> <p>(16) OPTOMETRIST (OD)</p> <p>(43) OPTICIAN</p> <p>(91) OTHER MEDICAL PROVIDER SPECIALTY</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p> | <p>(02) BOX VU1</p> <p>(16) BOX VU1</p> <p>(43) BOX VU1</p> <p>(91) VU2C1 - PROVSPEC</p> <p>(-8) BOX VU1</p> <p>(-9) BOX VU1</p> |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| PROVSPEC | VU2C1 | code one | What kind of eye care provider is [PROVNAME]? | (01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (DO NOT DISPLAY) (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOME MAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (DO NOT DISPLAY) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused | (01) BOX VU1 (02) DO NOT DISPLAY (03) BOX VU1 (04) BOX VU1 (05) BOX VU1 (06) BOX VU1 (07) BOX VU1 (08) BOX VU1 (09) BOX VU1 (10) BOX VU1 (11) BOX VU1 (12) BOX VU1 (13) BOX VU1 (14) BOX VU1 (15) BOX VU1 (16) DO NOT DISPLAY (17) BOX VU1 (18) BOX VU1 (19) BOX VU1 (20) BOX VU1 (21) BOX VU1 (22) BOX VU1 (23) BOX VU1 (24) BOX VU1 (25) BOX VU1 (26) BOX VU1 (27) BOX VU1 (28) BOX VU1 (29) BOX VU1 (30) BOX VU1 (31) BOX VU1 (32) BOX VU1 (33) BOX VU1 (34) BOX VU1 (91) VU2D - PROVSPOS (-8) BOX VU1 (-9) BOX VU1 |
| PROVSPOS | VU2D | verbatim text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) [Continuous answer.] | BOX VU1 |
| | BOX VU1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO VU3 - VAPLACE. ELSE GO TO BOX VU2. | | |
| VAPLACE | VU3 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX VU2 |
| | BOX VU2 | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO VU4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO VU5 - HMOREFER. ELSE GO TO VU6 - EVENT_VU. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|---|
| HMOASSC | VU4 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) VU6 - EVENT_VU (02) VU5 - HMOREFER (-8) VU5 - HMOREFER (-9) VU5 - HMOREFER |
| HMOREFR | VU5 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | VU6 - EVENT_VU |
| EVENT_VU | VU6 | roster | When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/(UTILDATE))/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY. | (01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS | VU6B-VUADD |
| VUADD | VU6B | chose one | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE | (01) VU6 -EVENT_VU (02) VU7-VUPROCDR |
| VUPROCDR | VU7 | code all | SHOW CARD DVH2 For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done? CHECK ALL THAT APPLY. | (01) EYE OR VISION EXAM (02) CONTACT LENS FITTING (03) CONTACT LENS PURCHASE (04) EYE GLASS FRAME FITTING OR ADJUSTMENT (05) EYE GLASS PURCHASE (06) REFRACTIVE SURGERY (CORRECTIVE VISION SURGERY) (07) CATARACT SURGERY (08) GLAUCOMA SURGERY (09) CORNEAL SURGERY (10) VITREO-RETINAL SURGERY (11) OCULOPLASTIC SURGERY (12) EYE MUSCLE SURGERY (13) EYE REMOVAL (91) OTHER (-8) DON'T KNOW (-9) REFUSED | (01) VU9-PRESMDCN (02) VU9-PRESMDCN (03) VU9-PRESMDCN (04) VU9-PRESMDCN (05) VU9-PRESMDCN (06) VU9-PRESMDCN (07) VU9-PRESMDCN (08) VU9-PRESMDCN (09) VU9-PRESMDCN (10) VU9-PRESMDCN (11) VU9-PRESMDCN (12) VU9-PRESMDCN (13) VU9-PRESMDCN (91) VU7A-EVOSTEXT (-8) VU9-PRESMDCN (-9) VU9-PRESMDCN |
| EVOSTEXT | VU7A | verbatim text | OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY) | (01) [CONTINUOUS ANSWER] | VU9 - PRESMDCN |
| PRESMDCN | VU9 | yes/no | Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) VU10 - PRESFILL (02) BOX VU4 (-8) BOX VU4 (-9) BOX VU4 |
| PRESFILL | VU10 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX VU3B (02) BOX VU4 (-8) BOX VU4 (-9) BOX VU4 |
| | BOX VU3B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO VU10A - VUPMMEDS. ELSE GO TO BOX PM2. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| VUPMMEDS | VU10A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since (REFERENCE DATE/UTILDATE), if you'd like to get those bottles, too. | (01) INSTRUCTION WAS READ | BOX PM2 |
| | BOX PM2 | routing | IF THERE IS AT LEAST ONE MEDICINE FROM A PRIOR ROUND ON THE EVENT TABLE FOR THIS CASE, GO TO MEDICINE_PM1-MEDICINE_PM1. ELSE GO TO PM2B-PMBOTTLE. | | |
| MEDICINE_PM1 | MEDICINE_PM1 | code one | What is the name of the medicine? | [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME, STRENGTH, FORM, AND QUANTITY FOR EACH. | BOX PM3 |
| | BOX PM3 | routing | IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST (PMEDID*=.), THEN GO TO PM2A-SAMEFSAM. ELSE GO TO PMBOTTLE-PMBOTTLE. | | |
| SAMEFSAM | SAMEFSAM | yes/no | CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE <u>EXACTLY</u> THE SAME AS IN THE PREVIOUS INTERVIEW. At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). The strength was [MEDICINE STRENGTH]. The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same strength, form and amount? CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT <u>EXACTLY</u> MATCH PREVIOUS ROUND. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM4 |
| | BOX PM4 | routing | IF SAMEFSAM=1/YES, THEN DO NOT CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM6A-GETNUM. ELSE, CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM2B-PMBOTTLE. | | |
| PMBOTTLE | PMBOTTLE | code one | CODE "YES" WITHOUT ASKING IF-BOTTLE, CONTAINER, BAG, STATEMENT, OR RECEIPT IS PRESENT. Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available? IF R DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE. | (01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED | (01) MED-PMEDNAME (02) PMKNWNM-PMKNWNM (03) MED-PMEDNAME (-8) PMKNWNM-PMKNWNM (-9) PMKNWNM-PMKNWNM |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| PMEDNAME | MED | lookup | TO USE THE MEDICINE LOOKUP, START TYPING THE MEDICINE NAME IN THE PRESCRIBED MEDICINE LOOKUP BOX. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. ONCE YOU HAVE ENTERED ALL DETAILS FOR A MEDICINE, IF YOU NEED TO GO BACK AND CORRECT, USE THE GREEN "RETURN TO PRESCRIBED MEDICINE LOOKUP" BUTTON. [PRESCRIBED MEDICINE LOOKUP TOOL] | [MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED] | |
| PMBRNAME | MED | lookup | [PM BRAND NAME] | | |
| PMGNNAME | MED | lookup | [PM GENERIC NAME] | | |
| PMFORMFD | MED | lookup | Medicine Form [FDB LIST FORM NAME] | | |
| PMFORMMC | MED | code one | Medicine Form [MCBS FORM] | (01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know | (01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS |
| PMFORMOS | MED | verbatim | [MEDICINE FORM OTHER SPECIFY] | (01) CONTINUOUS ANSWER | |
| PMFORMFN | MED | verbatim | [FINAL CONCATENATED MEDICINE FORM] | | |
| PMSTRNFD | MED | verbatim | Medicine Strength | (01) [MEDICINE FORM SELECTED FROM LOOKUP] (-7) NOT FOUND (-8) DON'T KNOW | |
| STRNNUMBB | MED | numeric | Medicine strength number | (01) CONTINUOUS ANSWER | |
| STRNUNIT | MED | code one | Medicine strength unit | (01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (-8) Don't Know (-9) Refused | (01)-(08) MED-PMEDID (91) MED-PMSTRNOS (-8) MED-PMEDID (-9) MED-PMEDID |
| PMSTRNOS | MED | verbatim | [MEDICINE STRENGTH UNIT OTHER SPECIFY] | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| PMSTRUNI | MED | lookup | [FINAL CONCATENATED MEDICINE STRENGTH] | | |
| PMEDID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| FAMILYID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES BY NAME ONLY, EXCLUDING STRENGTH AND FORM, THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| PMKNWNM | PMKNWNM | code one | DOES THE RESPONDENT KNOW THE NAME OF THE MEDICINE? | (01) YES (02) NO (-9) REFUSED | (01) MED-PMEDNAME (02) PMCOND-PMCOND (-9) PMCOND-PMCOND |
| PMCOND | PMCOND | code one | What condition is this medicine prescribed for or what is its primary use? IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE. | (01) ALLERGY MEDICINE (02) ALZHEIMERS (03) ANTIBIOTICS (04) ANTIPSYCHOTIC (05) ASTHMA OR COPD (06) BLOOD PRESSURE (07) CHOLESTEROL (08) COUGH AND COLD MEDICINE (09) DEPRESSION (10) DIABETES (11) DIURETICS (WATER PILLS) (12) EAR DROPS (13) ESTROGEN (14) EYE DROPS OR PREPARATION (15) NASAL SPRAY/DROPS (16) OSTEOPOROSIS (BONE LOSS) (17) PAIN MEDICINE (18) STEROID (GLUCOCORTICOID) (19) STOMACH ACID OR ULCER (20) OTHER (-8) DON'T KNOW (-9) REFUSED | (01)-(19) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM |
| PMCONDOS | PMCOND | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | |
| GETNUM | GETNUM | numeric | How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you)/(SP)] obtain (MEDICINE NAME)]]? [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.] | (01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | BOX PM5 |
| | BOX PM5 | routing | IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE-PMMORE; IF SAMEFSAM=1/YES AND PMFORMFN=pills (tablets, capsules), GO TO PM12-TABSADAY; ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM; ELSE GO TO PM16-AMTUNIT. | | |
| TABNUM | TABNUM | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | BOX PM6 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| AMTUNIT | PM16 | quantity unit | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW | (01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM6 |
| AMTUNOS | PM16 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | PM16 - AMTNUM |
| AMTNUM | PM16 | numeric | | (01) CONTINUOUS ANSWER | BOX PM6 |
| | BOX PM6 | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7. | | |
| TABSADAY | PM12 | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY? IF LESS THAN ONE UNIT IS TO BE TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED". FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". IF THE AMOUNT TO BE TAKEN PER DAY IS NOT CLEAR OR NOT INDICATED, SELECT "DON'T KNOW". | (01) CONTINUOUS ANSWER | PM12 - TABSADAY95 |
| TABSADAY95 | PM12 | code one | | (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) Empty | PM13-TABTAKE |
| TABTAKE | PM13 | numeric | How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day? [READ IF NECESSARY: This question is asking about how often you actually take the medicine, not how often the medicine is prescribed to be taken.] IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED". FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW | PM13 - TABTAKE96 |
| TABTAKE96 | PM13 | code one | | (01) DON'T TAKE EVERY DAY (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) EMPTY | BOX PM7 |
| | BOX PM7 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PMSATVA - PMSATVA. ELSE GO TO BOX PM8. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| PMSATVA | PMSATVA | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM8 |
| | BOX PM8 | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE. | | |
| PMSATHMO | PMSATHMO | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | PMMORE-PMMORE |
| PMMORE | PM17 | yes/no | [[NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.]] [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTILDATE) that we haven't talked about?] | (01) ADD ANOTHER (02) ALL DONE | (01) BOX PM2 (02) BOX VU4 |
| | BOX VU4 | routing | IF ANOTHER EVENT WAS ADDED WITH THIS PROVIDER, GO TO VU7-VUPROCDR. ELSE GO TO VU14-VUMORE. | | |
| VUMORE | VU14 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other eye care visits to this or any other provider? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) VU2 - PROVIDER_VU (02) OM1-OMPREG (-8) OM1-OMPREG (-9) OM1-OMPREG |
| OMPREG | OM1 | yes/no | Next I'm going to ask you about other medical expenses related to vision care that [you/(SP)] may have had [between (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE) and (today/(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD))]. [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, replace, or pay for repairs of eyeglasses or contact lenses? [Please include the purchases you made during the visit(s) to eye care providers on (EVENT DATES) that you just told me about.] [INCLUDE NON-PRESCRIPTION READING GLASSES.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) OM1B-VUTYPE (02) BOX VU5 (03) DO NOT DISPLAY. (-8) BOX VU5 (-9) BOX VU5 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|---|
| VUTYPE | OM1B | code all | What did [you/(SP)] buy or repair? FOR EACH DATE, CHECK ALL THAT APPLY. THE DATE WILL BE ENTERED ON THE NEXT SCREEN. | (01) BUY EYEGLASS LENSES (02) BUY EYEGLASS FRAMES (03) BUY CONTACT LENSES (04) REPAIR EYEGLASSES (-8) DON'T KNOW (-9) REFUSED | OM2-EVENT_OMEYEG |
| EVENT_OMEYEG | OM2 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair glasses or contact lenses? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. [INCLUDE NON-PRESCRIPTION READING GLASSES.] | (01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY: | BOX OM1AA |
| OMADD | OM2AA | code one | In addition to the medical expenses related to vision care you just told me about, did [you/(SP)] buy, replace, or pay for repairs for any other eyeglasses or contact lenses [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? [DISPLAY ALL EVENTS ENTERED] | (01) ADD ANOTHER (02) ALL DONE | (01) OM1B - VUTYPE (02) BOX OM1AA |
| | BOX OM1AA | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM2A-OMSATHMO. ELSE GO TO BOX OM1AA2. | | |
| OMSATHMO | OM2A | yes/no | On (EVENT DATE), did [you/(SP)] buy or repair the glasses or contact lenses at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the glasses or lenses at a plan center; at an optician, optometrist or other place that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] [INCLUDE NON-PRESCRIPTION READING GLASSES.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX OM1AA2 |
| | BOX OM1AA2 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX VU5. | | |
| | BOX VU5 | routing | IF SPALIVE=1 (ALIVE) AND SEASON=WINTER, GO TO VU15-VUNEED. ELSE GO TO BOX VU6. | | |
| VUNEED | VU15 | yes/no | Now thinking about all of last year, that is calendar year [CURRENT YEAR – 1], was there a time when {you/SP} needed vision care but could not get it at that time? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) VU16 - VUVNDRS (02) BOX VU6 (-8) BOX VU6 (-9) BOX VU6 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| VUVNDRS | VU16 | code all | What were the reasons that {you/SP} could not get the vision care {you/she/he} needed? | (01) COULD NOT AFFORD THE COST (02) DID NOT WANT TO SPEND THE MONEY (03) INSURANCE DID NOT COVER RECOMMENDED PROCEDURES (04) DOCTOR'S OFFICE IS TOO FAR AWAY (05) DOCTOR'S OFFICE IS NOT OPEN AT CONVENIENT TIMES (06) ANOTHER DOCTOR RECOMMENDED NOT DOING IT (07) AFRAID OR DO NOT LIKE DOCTORS (08) UNABLE TO TAKE TIME OFF FROM WORK (09) TOO BUSY (10) I DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED PROBLEMS TO GO AWAY (91) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | (01) BOX VU6 (02) BOX VU6 (03) BOX VU6 (04) BOX VU6 (05) BOX VU6 (06) BOX VU6 (07) BOX VU6 (08) BOX VU6 (09) BOX VU6 (10) BOX VU6 (91) VU16A - VUVNDRSOS (-8) BOX VU6 (-9) BOX VU6 |
| VUVNDRSOS | VU16A | verbatim text | WHAT OTHER REASON (SPECIFY) | (01) continuous answer | BOX VU6 |
| | BOX VU6 | routing | GO TO HU1-HUPROBE | | |
| HUPROBE | HU1 | yes/no | [Since (REFERENCE DATE/UTILDAT)Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did {you/(SP)} go to a doctor or any other person for hearing care? [Hearing care providers include otorhinolaryngologists (ear nose and throat doctors), otologists, neurotologists, audiologists, audiometrists, and hearing instrument specialists.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) HU2 - PROVIDER_HU (02) HU15--OMHEARAD (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) OM3-OMPRHEAR (-9) OM3-OMPRHEAR |
| PROVIDER_HU | HU2 | roster | Who did {you/(SP)} see? SELECT OR ADD ONLY ONE PROVIDER. ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER | (01) [Continuous answer.] [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | (01-N) BOX HU1 (N+1) HU2B-PROVNAME (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX HU1. ELSE IF "ADD ANOTHER" SELECTED, GO TO HU2-PROVNAME ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL.-CHNGSPL. |
| HPRVNAME | HU2B | verbatim text | ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW. YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK. YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. [PROVIDER LOOKUP CALLED FROM THIS SCREEN] NAME: | | HU2B - GRPNAME |
| HGRPNAM | HU2B | verbatim text | GROUP: | | PROVSPEC |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| CHNGSPL | CHNGSPL | roster | <p>WHICH PROVIDER IS MISPELLED?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT.</p> | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS:</p> <p>1. [PROVIDER 1]</p> <p>2. [PROVIDER 2]</p> <p>...</p> <p>N. [PROVIDER N]</p> <p>[DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.</p> | CRCTSPL-CRCTSPL |
| CRCTSPL | CRCTSPL | verbatim | <p>WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME?</p> <p>THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER."</p> <p>[DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL]</p> | (01) [Continuous Answer] | BOX HU1 |
| PROVSPEC | HU2C | code one | What kind of hearing care provider is [PROVNAME]? | <p>(02) MEDICAL DOCTOR, INCLUDING OTOLARYNGOLOGIST (ENT), OTOLOGIST, NEUROTOLOGIST</p> <p>(03) AUDIOLOGIST</p> <p>(44) AUDIOMETRIST</p> <p>(45) HEARING INSTRUMENT SPECIALIST</p> <p>(91) OTHER</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | <p>(02) BOX HU1</p> <p>(03) BOX HU1</p> <p>(44) BOX HU1</p> <p>(45) BOX HU1</p> <p>(91) HU2C1 - PROVSPEC</p> <p>(-8) BOX HU1</p> <p>(-9) BOX HU1</p> |
| PROVSPEC | HU2C1 | code one | What kind of hearing care provider is [PROVNAME]? | <p>(01) DENTIST/DENTAL PROVIDER</p> <p>(02) MEDICAL DOCTOR (DO NOT DISPLAY)</p> <p>(03) AUDIOLOGIST (DO NOT DISPLAY)</p> <p>(04) CHIROPRACTOR</p> <p>(05) CLINICAL SOCIAL WORKER</p> <p>(06) DIETITIAN-NUTRITIONIST</p> <p>(07) HEARING THERAPIST</p> <p>(08) HOME HEALTH/HEALTH AIDE</p> <p>(09) HOMEMAKER</p> <p>(10) HOSPICE WORKER</p> <p>(11) I.V. THERAPIST</p> <p>(12) NURSE (RN)</p> <p>(13) NURSE PRACTITIONER</p> <p>(14) NURSE'S AIDE</p> <p>(15) OCCUPATIONAL THERAPIST (OT)</p> <p>(16) OPTOMETRIST (OD)</p> <p>(17) OSTEOPATH (DO)</p> <p>(18) PARAMEDIC</p> <p>(19) PHYSICAL THERAPIST (PT)</p> <p>(20) PHYSICIAN'S ASSISTANT</p> <p>(21) PODIATRIST (FOOT DOCTOR)</p> <p>(22) PSYCHOLOGIST</p> <p>(23) RESPIRATORY THERAPIST</p> <p>(24) SOCIAL/CASE WORKER</p> <p>(25) SPEECH THERAPIST</p> <p>(26) THERAPIST (MENTAL HEALTH)</p> <p>(27) X-RAY TECHNICIAN</p> <p>(28) LICENSED PRACTICAL NURSE (LPN)</p> <p>(29) ACUPUNCTURIST</p> <p>(30) HOMEOPATH</p> <p>(31) MASSAGE THERAPIST</p> <p>(32) NATUROPATH</p> <p>(33) LICENSED PROFESSIONAL COUNSELOR [LPC]</p> <p>(34) LAB TECHNICIAN</p> <p>(91) OTHER MEDICAL PROVIDER SPECIALTY</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | <p>(01) BOX HU1</p> <p>(02) DO NOT DISPLAY</p> <p>(03) DO NOT DISPLAY</p> <p>(04) BOX HU1</p> <p>(05) BOX HU1</p> <p>(06) BOX HU1</p> <p>(07) BOX HU1</p> <p>(08) BOX HU1</p> <p>(09) BOX HU1</p> <p>(10) BOX HU1</p> <p>(11) BOX HU1</p> <p>(12) BOX HU1</p> <p>(13) BOX HU1</p> <p>(14) BOX HU1</p> <p>(15) BOX HU1</p> <p>(16) BOX HU1</p> <p>(17) BOX HU1</p> <p>(18) BOX HU1</p> <p>(19) BOX HU1</p> <p>(20) BOX HU1</p> <p>(21) BOX HU1</p> <p>(22) BOX HU1</p> <p>(23) BOX HU1</p> <p>(24) BOX HU1</p> <p>(25) BOX HU1</p> <p>(26) BOX HU1</p> <p>(27) BOX HU1</p> <p>(28) BOX HU1</p> <p>(29) BOX HU1</p> <p>(30) BOX HU1</p> <p>(31) BOX HU1</p> <p>(32) BOX HU1</p> <p>(33) BOX HU1</p> <p>(34) BOX HU1</p> <p>(91) HU2D - PROVSPOS</p> <p>(-8) BOX HU1</p> <p>(-9) BOX HU1</p> |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| PROVSPOS | HU2D | verbatim text | OTHER MEDICAL PROVIDER (SPECIFY) | (01) [Continuous answer.] | BOX HU1 |
| | BOX HU1 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO HU3 - VAPLACE. ELSE GO TO BOX HU2. | | |
| VAPLACE | HU3 | yes/no | Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HU2 |
| | BOX HU2 | routing | IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO HU4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO HU5 - HMOREFER. ELSE GO TO HU6 - EVENT_HU. | | |
| HMOASSC | HU4 | yes/no | Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HU6 - EVENT_HU (02) HU5 - HMOREFER (-8) HU5 - HMOREFER (-9) HU5 - HMOREFER |
| HMOREFR | HU5 | yes/no | [Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HU6 - EVENT_HU |
| EVENT_HU | HU6 | roster | When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/(UTLDATE))/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTL)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY. | (01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS | HU6B-HUADD |
| HUADD | HU6B | chose one | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE | (01) HU6 -EVENT_HU (02) HU7 - DVPROCDR |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| HUPROCDR | HU7 | code all | SHOW CARD DVH3 For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done? CHECK ALL THAT APPLY. | (01) HEARING AID FITTING/EVALUATION (02) HEARING AID PURCHASE/REPAIR (03) HEARING EXAM (04) EAR WAX REMOVAL (05) EAR VENTILATION TUBES (06) TYMPANOPLASTY (RECONSTRUCTION OF EAR DRUM) (07) COCHLEAR IMPLANT SURGERY (08) HEARING REHABILITATIVE SERVICES (91) OTHER (-8) DON'T KNOW (-9) REFUSED | (01) HU9-PRESMDCN (02) HU9-PRESMDCN (03) HU9-PRESMDCN (04) HU9-PRESMDCN (05) HU9-PRESMDCN (06) HU9-PRESMDCN (07) HU9-PRESMDCN (91) HU7A-EVOSTEXT (-8) HU9-PRESMDCN (-9) HU9-PRESMDCN |
| EVOSTEXT | HU7A | verbatim text | OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY) | (01) [CONTINUOUS ANSWER] | HU9 - PRESMDCN |
| PRESMDCN | HU9 | yes/no | Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HU10 - PRESFILL (02) BOX HU4 (-8) BOX HU4 (-9) BOX HU4 |
| PRESFILL | HU10 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HU3B (02) BOX HU4 (-8) BOX HU4 (-9) BOX HU4 |
| | BOX HU3B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO HU10A - HUPMMEDS. ELSE GO TO BOX PM2. | | |
| HUPMMEDS | HU10A | no entry | It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since (REFERENCE DATE/UTLDATE), if you'd like to get those bottles, too. | (01) INSTRUCTION WAS READ | BOX PM2 |
| | BOX PM2 | routing | IF THERE IS AT LEAST ONE MEDICINE FROM A PRIOR ROUND ON THE EVENT TABLE FOR THIS CASE, GO TO MEDICINE_PM1-MEDICINE_PM1. ELSE GO TO PM2B-PMBOTTLE. | | |
| MEDICINE_PM1 | MEDICINE_PM1 | code one | What is the name of the medicine? | [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME, STRENGTH, FORM, AND QUANTITY FOR EACH. | BOX PM3 |
| | BOX PM3 | routing | IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST (PMEDID^=.), THEN GO TO PM2A-SAMEFSAM. ELSE GO TO PMBOTTLE-PMBOTTLE. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| SAMEFSAM | SAMEFSAM | yes/no | <p>CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE <u>EXACTLY</u> THE SAME AS IN THE PREVIOUS INTERVIEW.</p> <p>At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM).</p> <p>The strength was [MEDICINE STRENGTH].</p> <p>The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT).</p> <p>Is this medicine in the same strength, form and amount?</p> <p>CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT <u>EXACTLY</u> MATCH PREVIOUS ROUND.</p> | <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p> | BOX PM4 |
| | BOX PM4 | routing | <p>IF SAMEFSAM=1/YES, THEN DO NOT CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM6A-GETNUM. ELSE, CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM2B-PMBOTTLE.</p> | | |
| PMBOTTLE | PMBOTTLE | code one | <p>CODE "YES" WITHOUT ASKING IF-BOTTLE, CONTAINER, BAG, STATEMENT, OR RECEIPT IS PRESENT. Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available? IF R DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.</p> | <p>(01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED</p> | <p>(01) MED-PMEDNAME (02) PMKNWNM-PMKNWNM (03) MED-PMEDNAME (-8) PMKNWNM-PMKNWNM (-9) PMKNWNM-PMKNWNM</p> |
| PMEDNAME | MED | lookup | <p>TO USE THE MEDICINE LOOKUP, START TYPING THE MEDICINE NAME IN THE PRESCRIBED MEDICINE LOOKUP BOX. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.</p> <p>ONCE YOU HAVE ENTERED ALL DETAILS FOR A MEDICINE, IF YOU NEED TO GO BACK AND CORRECT, USE THE GREEN "RETURN TO PRESCRIBED MEDICINE LOOKUP" BUTTON.</p> <p>[PRESCRIBED MEDICINE LOOKUP TOOL]</p> | [MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED] | |
| PMBRNAME | MED | lookup | [PM BRAND NAME] | | |
| PMGNNAME | MED | lookup | [PM GENERIC NAME] | | |
| PMFORMFD | MED | lookup | Medicine Form [FDB LIST FORM NAME] | | |
| PMFORMMC | MED | code one | Medicine Form [MCBS FORM] | <p>(01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know</p> | <p>(01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS</p> |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|---|
| PMFORMOS | MED | verbatim | [MEDICINE FORM OTHER SPECIFY] | (01) CONTINUOUS ANSWER | |
| PMFORMFN | MED | verbatim | [FINAL CONCATENATED MEDICINE FORM] | | |
| PMSTRNFD | MED | verbatim | Medicine Strength | (01) [MEDICINE FORM SELECTED FROM LOOKUP] (-7) NOT FOUND (-8) DONT KNOW | |
| STRNNUMBB | MED | numeric | Medicine strength number | (01) CONTINUOUS ANSWER | |
| STRNUNIT | MED | code one | Medicine strength unit | (01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (-8) Don't Know (-9) Refused | (01)-(08) MED-PMEDID (91) MED-PMSTRNOS (-8) MED-PMEDID (-9) MED-PMEDID |
| PMSTRNOS | MED | verbatim | [MEDICINE STRENGTH UNIT OTHER SPECIFY] | | |
| PMSTRUNI | MED | lookup | [FINAL CONCATENATED MEDICINE STRENGTH] | | |
| PMEDID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| FAMILYID | MED | numeric | [THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES BY NAME ONLY, EXCLUDING STRENGTH AND FORM, THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.] | | |
| PMKNWNM | PMKNWNM | code one | DOES THE RESPONDENT KNOW THE NAME OF THE MEDICINE? | (01) YES (02) NO (-9) REFUSED | (01) MED-PMEDNAME (02) PMCOND-PMCOND (-9) PMCOND-PMCOND |
| PMCOND | PMCOND | code one | What condition is this medicine prescribed for or what is its primary use? IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE. | (01) ALLERGY MEDICINE (02) ALZHEIMERS (03) ANTIBIOTICS (04) ANTIPSYCHOTIC (05) ASTHMA OR COPD (06) BLOOD PRESSURE (07) CHOLESTEROL (08) COUGH AND COLD MEDICINE (09) DEPRESSION (10) DIABETES (11) DIURETICS (WATER PILLS) (12) EAR DROPS (13) ESTROGEN (14) EYE DROPS OR PREPARATION (15) NASAL SPRAY/DROPS (16) OSTEOPOROSIS (BONE LOSS) (17) PAIN MEDICINE (18) STEROID (GLUCOCORTICOID) (19) STOMACH ACID OR ULCER (20) OTHER (-8) DONT KNOW (-9) REFUSED | (01)-(19) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| PMCONDOS | PMCOND | verbatim | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED | |
| GETNUM | GETNUM | numeric | How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [[you/(SP)] obtain (MEDICINE NAME)]]? [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.] | (01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused | BOX PM5 |
| | BOX PM5 | routing | IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE-PMMORE; IF SAMEFSAM=1/YES AND PMFORMFN=pills (tablets, capsules), GO TO PM12-TABSADAY; ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM; ELSE GO TO PM16-AMTUNIT. | | |
| TABNUM | TABNUM | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) CONTINUOUS ANSWER (-8) DON'T KNOW | BOX PM6 |
| AMTUNIT | PM16 | quantity unit | HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.] | (01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW | (01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM6 |
| AMTUNOS | PM16 | text | OTHER (SPECIFY) | (01) CONTINUOUS ANSWER | PM16 - AMTNUM |
| AMTNUM | PM16 | numeric | | (01) CONTINUOUS ANSWER | BOX PM6 |
| | BOX PM6 | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7. | | |
| TABSADAY | PM12 | numeric | HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY? IF LESS THAN ONE UNIT IS TO BE TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED". FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". IF THE AMOUNT TO BE TAKEN PER DAY IS NOT CLEAR OR NOT INDICATED, SELECT "DON'T KNOW". | (01) CONTINUOUS ANSWER | PM12 - TABSADAY95 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|------------------------------|
| TABSADAY95 | PM12 | code one | | (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) Empty | PM13-TABTAKE |
| TABTAKE | PM13 | numeric | How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day? [READ IF NECESSARY: This question is asking about how often you actually take the medicine, not how often the medicine is prescribed to be taken.] IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED". FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". | (01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW | PM13 - TABTAKE96 |
| TABTAKE96 | PM13 | code one | | (01) DON'T TAKE EVERY DAY (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) EMPTY | BOX PM7 |
| | BOX PM7 | routing | IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PMSATVA - PMSATVA. ELSE GO TO BOX PM8. | | |
| PMSATVA | PMSATVA | yes/no | Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.? | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | BOX PM8 |
| | BOX PM8 | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE. | | |
| PMSATHMO | PMSATHMO | yes/no | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE. | (01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED | PMMORE-PMMORE |
| PMMORE | PM17 | yes/no | ((NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.)) [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTLDATE) that we haven't talked about?] | (01) ADD ANOTHER (02) ALL DONE | (01) BOX PM2 (02) BOX HU4 |
| | BOX HU4 | routing | IF ANOTHER EVENT WAS ADDED WITH THIS PROVIDER, GO TO HU7-HUPROCDR. ELSE GO TO HU14-HUMORE. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| HUMORE | HU14 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other hearing care visits to this or any other provider? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HU2 - PROVIDER_HU (02) HU15-OMHEARAD (-8) HU15-OMHEARAD (-9) HU15-OMHEARAD |
| OMHEARAD | HU15 | yes/no | Next I'm going to ask you about other medical expenses related to hearing care that [you/(SP)] may have had [between (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE) and (today/(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD))]. [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, replace, or pay for repairs of a hearing aid? [Please include the purchases you made during the visit(s) to hearing care provider on (EVENT DATES) that you just told me about.] [DO NOT INCLUDE HEARING AID BATTERIES AT THIS QUESTION. ENTER HEARING AID BATTERIES IN THE OMQ AS A HEARING/SPEECH DEVICE.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) HU16-INTHCANL (02) BOX HU9 (03) DO NOT DISPLAY. (-8) BOX HU9 (-9) BOX HU9 |
| INTHCANL | HU16B | list | SHOW CARD DVH4 What type of hearing aid(s) did [you/(SP)] buy or repair? [IF NEEDED: Were they for [your/(SP's)] left ear, right ear, or both?] FOR EACH DATE, CHECK ALL THAT APPLY. THE DATE WILL BE ENTERED ON THE NEXT SCREEN. In the canal hearing aid | (01) LEFT EAR (02) RIGHT EAR (-8) Don't Know (-9) Refused | HU16-INTHEEAR |
| INTHEEAR | HU16B | list | In the ear hearing aid | (01) LEFT EAR (02) RIGHT EAR (-8) Don't Know (-9) Refused | HU16-BHNDEAR |
| BHNDEAR | HU16B | list | Behind the ear hearing aid | (01) LEFT EAR (02) RIGHT EAR (-8) Don't Know (-9) Refused | HU17-EVENT_OMHRAD |
| EVENT_OMHRAD | HU17 | roster | SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair the (HEARING AID ITEM)? Please tell me the dates of each purchase or repair [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. | (01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY: | HU18-OMADD |
| OMADD | HU18 | code one | In addition to the medical expenses related to hearing care you just told me about, did [you/(SP)] buy, replace, or pay for repairs for any other hearing aids? [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? [DISPLAY ALL EVENTS ENTERED] | (01) ADD ANOTHER (02) ALL DONE | (01) HU16- INTHCANL (02) BOX HU6 |
| | BOX HU6 | routing | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO HU19-OMSATHMO. ELSE GO TO BOX HU8. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| OMSATHMO | HU19 | yes/no | On (EVENT DATE), did [you/(SP)] buy or repair the hearing aid at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the hearing aid at a plan center; from an audiologist, or other provider that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HU8 |
| | BOX HU8 | routing | IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX HU9. | | |
| | BOX HU9 | routing | IF SPALIVE=1 (ALIVE) AND SEASON=WINTER, GO TO HU20-HVNEED. ELSE GO TO BOX HU10. | | |
| HVNEED | HU20 | yes/no | Now thinking about all of last year, that is calendar year [CURRENT YEAR – 1], was there a time when {you/SP} needed hearing care but could not get it at that time? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HU21- HVNDRS (02) BOX HU10 (-8) BOX HU10 (-9) BOX HU10 |
| HVNDRS | HU21 | code all | What were the reasons that {you/SP} could not get the hearing care {you/she/he} needed? | (01) COULD NOT AFFORD THE COST (02) DID NOT WANT TO SPEND THE MONEY (03) INSURANCE DID NOT COVER RECOMMENDED PROCEDURES (04) DOCTOR'S OFFICE IS TOO FAR AWAY (05) DOCTOR'S OFFICE IS NOT OPEN AT CONVENIENT TIMES (06) ANOTHER DOCTOR RECOMMENDED NOT DOING IT (07) AFRAID OR DO NOT LIKE DOCTORS (08) UNABLE TO TAKE TIME OFF FROM WORK (09) TOO BUSY (10) I DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED PROBLEMS TO GO AWAY (91) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED | (01) BOX HU10 (02) BOX HU10 (03) BOX HU10 (04) BOX HU10 (05) BOX HU10 (06) BOX HU10 (07) BOX HU10 (08) BOX HU10 (09) BOX HU10 (10) BOX HU10 (91) HU16A - HVNDRSOS (-8) BOX HU10 (-9) BOX HU10 |
| HVNDRSOS | HU21A | verbatim text | WHAT OTHER REASON (SPECIFY) | (01) continuous answer | BOX HU10 |
| | BOX HU10 | routing | GO TO EMERGENCY ROOM UTILIZATION (ERQ). | | |