

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| | | | USE OF HEALTH SERVICES SECTION SPECIFICATIONS <u>CRITERIA</u> SAMPLE TYPE= CFR, CFC, FFC, FCF SEASON= ALL <u>PLACEMENT</u> Administered in flexible order after FQ and RH sections are completed. | | |
| | BOX USBEG | routing | IF USDISP = 1/ConsentRequired OR USDISP = 4/InitialRefusal, GO TO USCONREF - CONREFFN. ELSE GO TO US1PRE - US1PRECT. | | |
| CONREFFN | USCONREF | code one | PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION. | (01) CONSENT OBTAINED (CONTINUE INTERVIEW) (02) FINAL CONSENT DENIED (03) REFUSAL CONVERTED (CONTINUE INTERVIEW) (04) FINAL REFUSAL | (01) US1PRE - US1PRECT (02) USEND - USENDCT (03) US1PRE - US1PRECT) (04) USEND - USENDCT |
| US1PRECT | US1PRE | code one | This series of questions is about the health care services that (SP) may have received between (US REFERENCE START DATE) and (US REFERENCE END DATE) while (he/she) resided in (FACILITY). [The questions include any services that (he/she) received outside this (facility/home), as well as care from any providers who saw (him/her) here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while (he/she) was an overnight inpatient in an acute care hospital.] IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE. | (01) CONTINUE (02) CONSENT REQUIRED (03) INITIAL REFUSAL | (01) US1 - OUTMDVST (02) USEND - USENDCT (03) USEND - USENDCT |
| OUTMDVST | US1 | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE) while a resident in this (facility/home), did (SP) see a medical doctor of any kind, outside the (facility/home), excluding mental health therapy provided by a psychiatrist? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US3 - INMDVST (01) US2 - OUTMDFRQ (-8) US3 - INMDVST (-9) US3 - INMDVST |
| OUTMDFRQ | US2 | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see doctors outside this (facility/home)? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US48-OUTMDTEL (-8) US48-OUTMDTEL (-9) US48-OUTMDTEL |
| OUTMDTEL | US48 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US3 - INMDVST (01) US3 - INMDVST (-8) US3 - INMDVST (-9) US3 - INMDVST |
| INMDVST | US3 | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a medical doctor of any kind, here, in this (facility/home), excluding mental health therapy provided by a psychiatrist? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US6PRE - US6PRECT (01) US5A - ANYMDFRQ (-8) US3A - US3ACT (-9) US6PRE - US6PRECT |
| US3ACT | US3A | code one | Please tell me the name and title of someone in (FACILITY) who could give me that information. Thank you for your time, those are all the questions I have for you. Right now I need to continue with [PERSON NAMED] to complete these questions. PRESS "CTRL/R" TO ADD A PERSON TO THE PERSON ROSTER. PRESS "1" TO CONTINUE. | (01) Continue | (01) BOX USEND |
| ANYMDFRQ | US5A | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see any doctor here? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US49 - ANYMDTEL (-8) US49 - ANYMDTEL (-9) US49 - ANYMDTEL |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| ANYMDTEL | US49 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US6PRE - US6PRECT (01) US6PRE - US6PRECT (-8) US6PRE - US6PRECT (-9) US6PRE - US6PRECT |
| US6PRECT | US6PRE | code one | The following questions are about services used both inside and outside this (facility/home). We are only interested in services (SP) received while residing in (FACILITY). PRESS "1" TO CONTINUE. | (01) Continue | (01) US6 - DENTVST |
| DENTVST | US6 | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US8 - MENTLVST (01) US7 - DENTFRQ (-8) US8 - MENTLVST (-9) US8 - MENTLVST |
| DENTFRQ | US7 | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US50 - DENTTEL (-8) US50 - DENTTEL (-9) US50 - DENTTEL |
| DENTTEL | US50 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US8 - MENTLVST (01) US8 - MENTLVST (-8) US8 - MENTLVST (-9) US8 - MENTLVST |
| MENTLVST | US8 | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a psychiatrist or any other mental health care professional either inside or outside this (facility/home)? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US12 - PHYSTHPY (01) US9 - PSYCHTYP (-8) US12 - PHYSTHPY (-9) US12 - PHYSTHPY |
| PSYCHTYP | US9 | code all | What type of mental health specialist did (he/she) see? [PROBE: Any others?] SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) LICENSED CLINICAL SOCIAL WORKER (02) PSYCHIATRIC NURSE (03) PSYCHIATRIC SOCIAL WORKER (04) PSYCHIATRIST (05) PSYCHOLOGIST (91) OTHER | (01) BOX US10A (02) BOX US10A (03) BOX US10A (04) BOX US10A (05) BOX US10A (91) US9 - PSYCHOS |
| PSYCHOS | US9 | verbatim | OTHER (SPECIFY) | (01) [Continuous Answer] | (01) BOX US10A |
| | BOX US10A | routing | IF US9-PSYCHTYP INCLUDES 1/LicensedClinicalSocWork, GO TO US10A - LCSOWSES. ELSE GO TO BOX US10B. | | |
| LCSOWSES | US10A | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a licensed clinical social worker? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US11A - LCSOWTYP (-8) US11A - LCSOWTYP (-9) US11A - LCSOWTYP |
| LCSOWTYP | US11A | code one | Were these individual sessions, group sessions, or some of both? | (01) INDIVIDUAL (02) GROUP (03) BOTH | (01) US51 - LSCOWTEL (02) US51 - LSCOWTEL (03) US51 - LSCOWTEL |
| LSCOWTEL | US51 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX US10B (01) BOX US10B (-8) BOX US10B (-9) BOX US10B |
| | BOX US10B | routing | IF US9-PSYCHTYP INCLUDES 2/PsychiatricNurse, GO TO US10B - PSCNUSES. ELSE GO TO BOX US10C. | | |
| PSCNUSES | US10B | | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric nurse? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US11B - PSCNUTYP (-8) US11B - PSCNUTYP (-9) US11B - PSCNUTYP |
| PSCNUTYP | US11B | code one | Were these individual sessions, group sessions, or some of both? | (01) INDIVIDUAL (02) GROUP (03) BOTH | (01) US52 - PSCNUTEL (02) US52 - PSCNUTEL (03) US52 - PSCNUTEL |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| PSCNUTEL | US52 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX US10C (01) BOX US10C (-8) BOX US10C (-9) BOX US10C |
| | BOX US10C | routing | IF US9-PSYCHTYP INCLUDES 3/PsychiatricSocWork, GO TO US10C - PSSOWSES. ELSE GO TO BOX US10D. | | |
| PSSOWSES | US10C | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric social worker? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US11C - PSSOWTYP (-8) US11C - PSSOWTYP (-9) US11C - PSSOWTYP |
| PSSOWTYP | US11C | code one | Were these individual sessions, group sessions, or some of both? | (01) INDIVIDUAL (02) GROUP (03) BOTH | (01) US53 - PSSOWTEL (02) US53 - PSSOWTEL (03) US53 - PSSOWTEL |
| PSSOWTEL | US53 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX US10D (01) BOX US10D (-8) BOX US10D (-9) BOX US10D |
| | BOX US10D | routing | IF US9-PSYCHTYP INCLUDES 4/Psychiatrist, GO TO US10D - PSCIASES. ELSE GO TO BOX US10E. | | |
| PSCIASES | US10D | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatrist? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US11D - PSCIATYP (-8) US11D - PSCIATYP (-9) US11D - PSCIATYP |
| PSCIATYP | US11D | code one | Were these individual sessions, group sessions, or some of both? | (01) INDIVIDUAL (02) GROUP (03) BOTH | (01) US54 - PSCIATEL (02) US54 - PSCIATEL (03) US54 - PSCIATEL |
| PSCIATEL | US54 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX US10E (01) BOX US10E (-8) BOX US10E (-9) BOX US10E |
| | BOX US10E | routing | IF US9-PSYCHTYP INCLUDES 5/Psychologist, GO TO US10E - PSCOLSES. ELSE GO TO BOX US10F. | | |
| PSCOLSES | US10E | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychologist? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US11E - PSCOLTYP (-8) US11E - PSCOLTYP (-9) US11E - PSCOLTYP |
| PSCOLTYP | US11E | code one | Were these individual sessions, group sessions, or some of both? | (01) INDIVIDUAL (02) GROUP (03) BOTH | (01) US55 - PSCOLTEL (02) US55 - PSCOLTEL (03) US55 - PSCOLTEL |
| PSCOLTEL | US55 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) BOX US10F (01) BOX US10F (-8) BOX US10F (-9) BOX US10F |
| | BOX US10F | routing | IF US9-PSYCHTYP INCLUDES 91/Other, GO TO US10F - PSOTRSES. ELSE GO TO US12 - PHYSTHPY. | | |
| PSOTRSES | US10F | Numeric | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a (OTHER MENTAL HEALTH SPECIALIST)? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US11F - PSOTRTYP (-8) US11F - PSOTRTYP (-9) US11F - PSOTRTYP |
| PSOTRTYP | US11F | code one | Were these individual sessions, group sessions, or some of both? | (01) INDIVIDUAL (02) GROUP (03) BOTH | (01) US56 - PSOTRTEL (02) US56 - PSOTRTEL (03) US56 - PSOTRTEL |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| PSOTRTEL | US56 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US12 - PHYSTHPY (01) US12 - PHYSTHPY (-8) US12 - PHYSTHPY (-9) US12 - PHYSTHPY |
| PHYSTHPY | US12 | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a therapist such as a physical therapist, speech therapist, I.V. therapist, occupational therapist, or respiratory therapist? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US22A - PODRTHPY (01) US13 - PHTPYWKL (-8) US22A - PODRTHPY (-9) US22A - PODRTHPY |
| PHTPYWKL | US13 | code one | SHOW CARD US1 Please look at this card and tell me about how often each week therapy was provided. PRESS F1 FOR INFORMATION ON "ONE-TIME EVALUATION". | (01) LESS THAN ONCE A WEEK (02) ONCE OR TWICE A WEEK (03) 3 TO 5 TIMES A WEEK (04) MORE THAN 5 TIMES A WEEK (05) ONE-TIME EVALUATION (-8) Don't Know (-9) Refused | (01) US14 - PHTPYFRQ (02) US14 - PHTPYFRQ (03) US14 - PHTPYFRQ (04) US14 - PHTPYFRQ (05) US57 - PHTPYTEL (-8) US14 - PHTPYFRQ (-9) US57 - PHTPYTEL |
| PHTPYFRQ | US14 | code one | SHOW CARD US2 Now look at this card. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period was therapy provided? | (01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) Refused | (01) US57 - PHTPYTEL (02) US57 - PHTPYTEL (03) US57 - PHTPYTEL (04) US57 - PHTPYTEL (05) US57 - PHTPYTEL (-8) US57 - PHTPYTEL (-9) US57 - PHTPYTEL |
| PHTPYTEL | US57 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US22A - PODRTHPY (01) US22A - PODRTHPY (-8) US22A - PODRTHPY (-9) US22A - PODRTHPY |
| PODRTHPY | US22A | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE) was (SP) seen by a podiatrist (either inside or outside this (facility/home))? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US23 - EDHBSERV (01) US58 - PODRTEL (-8) US23 - EDHBSERV (-9) US23 - EDHBSERV |
| PODRTEL | US58 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US23 - EDHBSERV (01) US23 - EDHBSERV (-8) US23 - EDHBSERV (-9) US23 - EDHBSERV |
| EDHBSERV | US23 | yes/no | Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive educational or habilitational services (either inside or outside this (facility/home))? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] [PROBE: "Habilitational services" include training in daily living skills, self care, and so on, in a structured program.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US29 - OTHCPROV (01) US24 - EDUORHAB (-8) US29 - OTHCPROV (-9) US29 - OTHCPROV |
| EDUORHAB | US24 | code one | Were those services educational, habilitational, or both? | (01) EDUCATIONAL (02) HABILITATIONAL (03) BOTH (-8) Don't Know (-9) Refused | (01) US25 - EDHABFRQ (02) US25 - EDHABFRQ (03) US25 - EDHABFRQ (-8) US25 - EDHABFRQ (-9) US59 - EDHABTEL |
| EDHABFRQ | US25 | code one | SHOW CARD US2 Please look at this card and tell me, between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these (educational/habilitational) services provided? | (01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) Refused | (01) US59 - EDHABTEL (02) US59 - EDHABTEL (03) US59 - EDHABTEL (04) US59 - EDHABTEL (05) US59 - EDHABTEL (-8) US59 - EDHABTEL (-9) US59 - EDHABTEL |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| EDHABTEL | US59 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (01) BOX US2 (02) BOX US2 (-8) BOX US2 (-9) BOX US2 |
| | BOX US2 | routing | IF US24-EDUORHAB = 3/Both, THEN GO TO US27 - HABFRQ. ELSE GO TO US29 - OTHCPROV. | | |
| HABFRQ | US27 | code one | SHOW CARD US2 Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these habilitational services provided? | (01) LESS THAN 1 WEEK (02) 1 TO 3 WEEKS (03) 4 TO 8 WEEKS (04) MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME (05) ABOUT THE WHOLE TIME (-8) Don't Know (-9) Refused | (01) US60 - HABTEL (02) US60 - HABTEL (03) US60 - HABTEL (04) US60 - HABTEL (05) US60 - HABTEL (-8) US60 - HABTEL (-9) US60 - HABTEL |
| HABTEL | US60 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (01) US29 - OTHCPROV (02) US29 - OTHCPROV (-8) US29 - OTHCPROV (-9) US29 - OTHCPROV |
| OTHCPROV | US29 | yes/no | SHOW CARD US3 FOR PROMPTING AS NEEDED. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive care from any other licensed or certified health care provider (either inside or outside this (facility/home))? Please include telehealth visits. [IF NEEDED: Telehealth visits include visits by telephone or video.] PRESS F1 FOR "ANY OTHER PROVIDER" CLARIFICATION. | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US31PRE - US31PRCT (01) US30 - TYPHCPRV (-8) US31PRE - US31PRCT (-9) US31PRE - US31PRCT |
| TYPHCPRV | US30 | code all | SHOW CARD US3 What kind of provider was that? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) AUDIOLOGIST (02) DIETICIAN (03) LABORATORY TECHNICIAN (04) NURSE PRACTITIONER (05) OPHTHALMOLOGIST (06) OPTOMETRIST (07) PHYSICIAN'S ASSISTANT (08) RECREATIONAL THERAPIST (09) REGISTERED NURSE (10) SOCIAL WORKER (11) X-RAY TECHNICIAN (91) OTHER | (01) US61 - TYPHCTEL (02) US61 - TYPHCTEL (03) US61 - TYPHCTEL (04) US62 - TYPHCTEL (05) US61 - TYPHCTEL (06) US61 - TYPHCTEL (07) US61 - TYPHCTEL (08) US61 - TYPHCTEL (09) US61 - TYPHCTEL (10) US61 - TYPHCTEL (11) US61 - TYPHCTEL (91) US30 - TYPPRVOS |
| TYPPRVOS | US30 | verbatim | OTHER (SPECIFY) | (01) [Continuous Answer] | (01) US62 - TYPHCTEL |
| TYPHCTEL | US61 | yes/no | Were any of these telehealth visits? [IF NEEDED: Telehealth visits include visits by telephone or video.] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (01) US31PRE - US31PRCT (02) US31PRE - US31PRCT (-8) US31PRE - US31PRCT (-9) US31PRE - US31PRCT |
| US31PRCT | US31PRE | code all | The next few questions are about any visits (SP) may have made to a hospital emergency room from (US REFERENCE START DATE) through (US REFERENCE END DATE). Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays. PRESS "1" TO CONTINUE. | (01) Continue | (01) US32 - ERVISITS |
| ERVISITS | US32 | yes/no | While (he/she) was in this (facility/home), did (he/she) make any visits to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE)? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US37 - RETSMDAY (01) US33 - ERVSTMM (-8) US37 - RETSMDAY (-9) US37 - RETSMDAY |
| ERVSTMM | US33 | grid | COLLECT ALL ER VISITS. Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). [PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE. | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US33 - ERVSTDD (-8) US33 - ERVSTDD (-9) US33 - ERVSTDD |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| ERVSTDD | US33 | grid | COLLECT ALL ER VISITS. Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). [PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE. | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US33 - ERVSTYY (-8) US33 - ERVSTYY (-9) US33 - ERVSTYY |
| ERVSTYY | US33 | grid | COLLECT ALL ER VISITS. Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE). [PROBE: Were there any more visits to the ER?] IF NO MORE DATES, PRESS ENTER TO CONTINUE. | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) BOX US33 (-8) BOX US33 (-9) BOX US33 |
| | BOX US33 | routing | CREATE NEW EMERGENCY ROOM VISITS FOR EACH DATE ADDED AND GO TO US37 - RETSMDAY. | | |
| RETSMDAY | US37 | yes/no | [Besides the (health care providers and emergency room/health care providers/emergency room) visits you have already told me about, did (he/she) ever go to the hospital and return on the same day/Did (he/she) ever go to the hospital and return on the same day?] | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US40 - USEEQUIP (01) US38 - RETSMFRQ (-8) US40 - USEEQUIP (-9) US40 - USEEQUIP |
| RETSMFRQ | US38 | Numeric | How many times did this happen between (US REFERENCE START DATE) and (US REFERENCE END DATE)? | (01) [Continuous answer.] (-8) Don't Know (-9) Refused | (01) US40 - USEEQUIP (-8) US40 - USEEQUIP (-9) US40 - USEEQUIP |
| USEEQUIP | US40 | code all | SHOW CARD US4 Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services (SP) received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services (SP) received between (US REFERENCE START DATE) and (US REFERENCE END DATE). SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) AMBULANCE SERVICE (02) CLOTH DIAPERS (03) DIABETIC EQUIPMENT OR SUPPLIES (04) DISPOSABLE DIAPERS (05) EQUIPMENT OR SUPPLIES FOR KIDNEY DIALYSIS (06) EYE GLASSES OR CONTACT LENSES (07) HEARING AID OR OTHER COMMUNICATION DEVICE (08) ORTHOPEDIC ITEMS (09) OSTOMY SUPPLIES (10) OXYGEN (11) PROSTHESIS (96) NONE OF THE ABOVE (-8) Don't Know (-9) Refused | (01) BOX US3 (02) BOX US3 (03) BOX US3 (04) BOX US3 (05) BOX US3 (06) BOX US3 (07) BOX US3 (08) BOX US3 (09) BOX US3 (10) BOX US3 (11) BOX US3 (96) BOX US3 (-8) BOX US3 (-9) BOX US3 |
| | BOX US3 | routing | IF US40-USEEQUIP INCLUDES DK OR RF, GO TO US43 - MSTURN. ELSE GO TO US42 - USEEQUI2. | | |
| USEEQUI2 | US42 | code all | SHOW CARD US5 Please look at this second card and tell me what medical devices or equipment (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE). SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) BEDSIDE COMMODE (02) BED PADS (CLOTH OR DISPOSABLE) (03) CATHETER AND CATHETER SUPPLIES (04) FEEDING SUPPLIES (INCLUDE PUMPS, SYRINGES, TUBES) (05) G TUBE AND SUPPLIES (06) GERI CHAIR (07) HOSPITAL BED (08) IV SUPPLIES (09) NEBULIZER (10) SPECIAL MATTRESS, CUSHIONS OR MATTRESS PADS (INCLUDING EGG CRATE, AIR) (11) SUCTION MACHINE AND SUPPLIES (12) TED HOSE AND SUPPLIES (13) WHEELCHAIR/WALKER (91) SOME OTHER TYPE OF DEVICE OR EQUIPMENT (96) NONE OF THE ABOVE | (01) US43 - MSTURN (02) US43 - MSTURN (03) US43 - MSTURN (04) US43 - MSTURN (05) US43 - MSTURN (06) US43 - MSTURN (07) US43 - MSTURN (08) US43 - MSTURN (09) US43 - MSTURN (10) US43 - MSTURN (11) US43 - MSTURN (12) US43 - MSTURN (13) US43 - MSTURN (91) US42 - OTHREQOS (96) US43 - MSTURN |
| OTHREQOS | US42 | verbatim | SOME OTHER TYPE OF DEVICE OR EQUIPMENT (SPECIFY) | (01) [Continuous Answer] | (01) US43 - MSTURN |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| MSTURN | US43 | list | Please tell me if (SP) received any of the following medical services. Did (he/she) receive... turning and positioning? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US43 - MSTUBE (01) US43 - MSTUBE (-8) US43 - MSTUBE (-9) US43 - MSTUBE |
| MSTUBE | US43 | list | Please tell me if (SP) received any of the following medical services. Did (he/she) receive... tubefeeding? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US43 - MSRESTR (01) US43 - MSRESTR (-8) US43 - MSRESTR (-9) US43 - MSRESTR |
| MSRESTR | US43 | list | Please tell me if (SP) received any of the following medical services. Did (he/she) receive... restraints? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US43 - MSINJECT (01) US43 - MSINJECT (-8) US43 - MSINJECT (-9) US43 - MSINJECT |
| MSINJECT | US43 | list | Please tell me if (SP) received any of the following medical services. Did (he/she) receive... injections? | (00) NO (01) YES (-8) Don't Know (-9) Refused | (00) US45 - OTHMEDNC (01) US45 - OTHMEDNC (-8) US45 - OTHMEDNC (-9) US45 - OTHMEDNC |
| OTHMEDNC | US45 | code all | SHOW CARD US6 Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE)? SELECT ALL THAT APPLY. SEPARATE RESPONSES BY USING THE SPACEBAR. | (01) APPLYING/CHANGING DRESSINGS INCLUDING BAND-AIDS (02) APPLYING/MONITORING HOT PACKS (03) CATHETERIZATION AND IRRIGATION (04) FEEDING (WITH SPOON SYRINGE PUMP OR OTHER DEVICE) (05) G TUBE USE AND CARE (06) INCONTINENCE (07) IV USE AND CARE (08) PACEMAKER CHECK (09) SKIN TREATMENTS FOR PREVENTION/TREATMENT OF SKIN ULCERS (10) SUCTIONING (91) SOME OTHER KIND OF ITEM OR SERVICE (96) NONE OF THE ABOVE (-8) Don't Know | (01) US46 - DIDABUS (02) US46 - DIDABUS (03) US46 - DIDABUS (04) US46 - DIDABUS (05) US46 - DIDABUS (06) US46 - DIDABUS (07) US46 - DIDABUS (08) US46 - DIDABUS (09) US46 - DIDABUS (10) US46 - DIDABUS (91) US45 - OTHRSEOS (96) US46 - DIDABUS (-8) US46 - DIDABUS |
| OTHRSEOS | US45 | verbatim | SOME OTHER KIND OF ITEM OR SERVICE (SPECIFY) | (01) [Continuous Answer] | (01) US46 - DIDABUS |
| DIDABUS | US46 | code one | TO ABSTRACT MEANS TO OBTAIN INFORMATION FROM THE BENEFICIARY'S RECORDS FOR ENTRY INTO THE QUESTIONNAIRE. EXAMPLES OF RECORDS YOU MAY HAVE ABSTRACTED FROM INCLUDE THE MINIMUM DATA SET (MDS), NURSES NOTES, PHYSICIANS ORDERS, AND/OR OTHER DOCUMENTS PROVIDED BY THE FACILITY. USE YOUR BEST JUDGMENT TO DETERMINE WHICH ANSWER IS THE MOST ACCURATE CHOICE FOR THE AMOUNT YOU ABSTRACTED. IF THERE WAS NO ABSTRACTION AT ALL, PLEASE SELECT "NONE". DID YOU ABSTRACT? | (01) ALL (02) MAJORITY (03) HALF (04) SOME (05) NONE | (01) US47 - WHYABUS (02) US47 - WHYABUS (03) US47 - WHYABUS (04) US47 - WHYABUS (05) USEND - USENDCT |
| WHYABUS | US47 | code one | WHY DID YOU ABSTRACT | (01) NO KNOWLEDGEABLE RESPONDENT AVAILABLE (02) NO TIME/STAFF BURDEN TOO GREAT (03) REFUSAL--UNWILLING TO COOPERATE (91) OTHER | (01) USEND - USENDCT (02) USEND - USENDCT (03) USEND - USENDCT (91) US47 - WHYABUOS |
| WHYABUOS | US47 | verbatim | OTHER (SPECIFY) | (01) [Continuous Answer] | (01) USEND - USENDCT |
| USENDCT | USEND | code one | YOU HAVE COMPLETED THE USE SECTION FOR THIS SP. PRESS "1" TO RETURN TO NAVIGATION SCREEN. | (01) Continue | (01) BOX USEND |
| | BOX USEND | routing | GO TO NAVIGATOR | | |