Medicare Current Beneficiary Survey

Section Specifications for MPQ R58 2010

MEDICAL PROVIDER UTILIZATION AND EVENTS

Created on 10/1/2010 4:19:02 PM

MP1   Yes/No

QUESTION TEXT

(Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) any medical doctors?

INCLUDE ANY VISITS FOR TESTS/X-RAYS.
SEE REFERENCE CARD FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY.

FIELD 1: MPPRMDOC

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP18 - MPPRPRAC
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	MP18 - MPPRPRAC
	Refused	MP18 - MPPRPRAC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.MPPRMDOC	1

MP2   Roster

QUESTION TEXT

Who did [you/(SP)] see?

SELECT OR ADD ONLY ONE PROVIDER.

FIELD 1: PROVIDER_MP

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX MP1B

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all Providers except for Providers where PROV.PROVNUM=01 and 02, which are reserved for PM and OM events.

Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	Provider Name	Display PROV.PROVNAME.
2	Billing/Group Practice Name	Display PROV.GROUPNAM.

BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on PROV:
PROV key = PROV.PROVBASE + PROV.PROVNUM
PROV.PROVNUM = Number of Provider selected at MP2.

If Provider added at Provider Roster, see PROVIDER ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Provider Roster Pop-Up Window:

PROV.PROVNUM   Provider number
PROV.PROVRNDC   Round number
PROV.PROVNAME   Provider name

If Provider added at MP2, set provider type based on which probe the Provider was entered, MP1, MP18, MP26, MP23, MP42, or MP50. See instructions below.

If routed to MP2 from MP1, and Provider selected at MP2 does not have a provider specialty recorded, set provider specialty = 2/MedicalDoctor. See instructions below.

Variable Name	Assignment Instructions
PROVTYPE	If Provider added set: MP1: PROVTYPE=8/MedicalDoctor. MP18: PROVTYPE=9/HealthPractitioner. MP26: PROVTYPE=10/MentalHealthPractitioner. MP34: PROVTYPE=11/Therapist. MP42: PROVTYPE=12/OtherMedicalPerson. MP50: PROVTYPE=13/OtherMedicalPlace.
PROVSPEC	If routed to MP2 from MP1 probe and Provider selected PROV.PROVSPEC = null, set PROV.PROVSPEC = 2/MedicalDoctor.

DESIGN NOTES

Begin Loop 1: Probe for one provider, collect all event dates for this provider.

BOX MP1B

BOX INSTRUCTIONS

IF (PROVIDER IS A MEDICAL PLACE) OR (PROVIDER SPECIALTY HAS ALREADY BEEN COLLECTED), GO TO BOX MP1.

ELSE GO TO MP2A - PROVSPEC.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

Provider Specialty is asked at MP2A for Providers entered from MP18, MP26, MP34, MP42 probes.
Provider Specialty was already set to "Medical Doctor" for Providers entered from MP1 probe.
Providers entered from MP50 probe do not get Provider Specialty since the probe is for Medical Places, not Medical Persons.

MP2A

Code 1

QUESTION TEXT

What kind of (health practitioner/mental health professional/therapist/medical person) is (PROVIDER NAME)?

FIELD 1: PROVSPEC

FIELD 1 ROUTING

Value	Label	Route
1	DENTIST/DENTAL PROVIDER	BOX MP1
2	MEDICAL DOCTOR	BOX MP1
3	AUDIOLOGIST	BOX MP1
4	CHIROPRACTOR	BOX MP1
5	CLINICAL SOCIAL WORKER	BOX MP1
6	DIETITIAN-NUTRITIONIST	BOX MP1
7	HEARING THERAPIST	BOX MP1
8	HOME HEALTH/HEALTH AIDE	BOX MP1
9	HOMEMAKER	BOX MP1
10	HOSPICE WORKER	BOX MP1
11	I.V. THERAPIST	BOX MP1
12	NURSE (RN)	BOX MP1
13	NURSE PRACTITIONER	BOX MP1
14	NURSE'S AIDE	BOX MP1
15	OCCUPATIONAL THERAPIST (OT)	BOX MP1
16	OPTOMETRIST (OD)	BOX MP1
17	OSTEOPATH (DO)	BOX MP1
18	PARAMEDIC	BOX MP1

Value	Label	Route
19	PHYSICAL THERAPIST (PT)	BOX MP1
20	PHYSICIAN'S ASSISTANT	BOX MP1
21	PODIATRIST (FOOT DOCTOR)	BOX MP1
22	PSYCHOLOGIST	BOX MP1
23	RESPIRATORY THERAPIST	BOX MP1
24	SOCIAL/CASE WORKER	BOX MP1
25	SPEECH THERAPIST	BOX MP1
26	THERAPIST (MENTAL HEALTH)	BOX MP1
27	X-RAY TECHNICIAN	BOX MP1
28	LICENSED PRACTICAL NURSE (LPN)	BOX MP1
29	ACUPUNCTURIST	BOX MP1
30	HOMEOPATH	BOX MP1
31	MASSAGE THERAPIST	BOX MP1
32	NATUROPATH	BOX MP1
33	LICENSED PROFESSIONAL COUNSELOR [LPC]	BOX MP1
34	LAB TECHNICIAN	BOX MP1
91	OTHER MEDICAL PROVIDER SPECIALTY	MP2A - PROVSPOS
	Don't Know	BOX MP1
	Refused	BOX MP1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.PROVSPEC	1

FIELD 2: PROVSPOS

OTHER MEDICAL PROVIDER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX MP1

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.PROVSPOS	1

BOX MP1

BOX INSTRUCTIONS

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 MP3 - VAPLACE.

ELSE GO TO BOX MP2.

MP3

Yes/No

QUESTION TEXT

Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?

FIELD 1: VAPLACE

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX MP2
2	NO	BOX MP2
	Don't Know	BOX MP2
	Refused	BOX MP2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.VAPLACE	1

BOX MP2

BOX INSTRUCTIONS

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 MP4 - 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 MP5 - HMOREFER.

ELSE GO TO MP6 - EVENT_MP.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If the SP belongs to a managed care plan (HMO), we ask each provider selected/added if the provider is associated with an HMO. This question, which is asked throughout utilization and cost series, is only asked once in the study for each provider. The response is never updated. (this design may change in the future).

If the SP belongs to an HMO, and we have not asked this question for this provider, HMOASSOC=empty, you are to HMOASSOC. If we have already asked this question about this provider, and the provider responded to HMOASSOC=No, DK or RF, you are routed to HMOREFER, skipping HMOASSOC, to determine if the SP was referred to this provider by their HMO.

If SP does not belong to an HMO or this provider already reported being associated with the HMO, you are routed directly to the event roster.

MP4   Yes/No

QUESTION TEXT

Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

FIELD 1: HMOASSOC

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP6 - EVENT_MP
2	NO	MP5 - HMOREFER
	Don't Know	MP5 - HMOREFER
	Refused	MP5 - HMOREFER

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PROV.HMOASSOC	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.
Display managed care plan name(s) below question text.
Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".
Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

MP5   Yes/No

QUESTION TEXT

[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]?

FIELD 1: HMOREFER

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP6 - EVENT_MP
2	NO	MP5B - NOGOHMO
	Don't Know	MP6 - EVENT_MP
	Refused	MP6 - EVENT_MP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.HMOREFER	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.
Display managed care plan name(s) below question text.
Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".
Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

BACKGROUND VARIABLE ASSIGNMENTS

MP5 - HMOREFER is an EVENT level detail. The response to MP5 - HMOREFER needs to be copied to EVNT.HMOREFER for each MP Event added at MP6.

MP5B

Code 1

QUESTION TEXT

What is the most important reason [you/(SP)] did not see a doctor associated with [READ MANAGED CARE PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer [you/(SP)] to?

SCROLL DOWN TO SEE RESPONSE CATEGORIES.

FIELD 1: NOGOHMO

FIELD 1 ROUTING

Value	Label	Route
1	PLAN DOES NOT COVER THE SERVICE SP WANTED	MP6 - EVENT_MP
2	DIFFICULTY OR DELAY IN GETTING SERVICES	MP6 - EVENT_MP
3	SP PROVIDER PREFERENCE	MP6 - EVENT_MP
4	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	MP6 - EVENT_MP
5	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT	MP6 - EVENT_MP
6	NO CHOICE - MEDICAL EMERGENCY OR OUT OF SERVICE AREA	MP6 - EVENT_MP
91	OTHER	MP5B - NOGOHMOS
	Don't Know	MP6 - EVENT_MP
	Refused	MP6 - EVENT_MP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.NOGOHMO	1

FIELD 2: NOGOHMOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	MP6 - EVENT_MP

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.NOGOHMOS	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display all managed care plans SP was covered by anytime during the current round.
Display managed care plan name(s) below question text.
Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".
Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

BACKGROUND VARIABLE ASSIGNMENTS

MP5B - NOGOHMO and NOGOHMOS are EVENT level details. The response to MP5B - NOGOHMO and NOGOHMOS needs to be copied to EVNT.NOGOHMO and EVNT.NOGOHMOS for each MP Event added at MP6.

MP6   Roster

QUESTION TEXT

When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

ENTER ALL DATES.

FIELD 1: EVENT_MP

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	MP6_IN - NAVIGATOR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all Medical Provider Events for this provider that have been added in the current round where:

EVNT.EVNTDFLG ^= 1/Yes, and
EVNT.EVNTRNDC = current round, and
EVNT.EVNTTYPE = 'MP', and
EVNT.EVNTPROV=PROV.PROVNUM for the provider selected at MP2.

Display all loaded events as protected rows.
Display in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	MM	Display EVNT.EVBEGMM in "Mon" format.
2	DD	Display EVNT.EVBEGDD.
3	YY	Display EVNT.EVBEGYY as a 4-digit year.
4	Repeat Visit	If VISTTYPE=2/RepeatVisit, display "RV". Else do not display.
5	Times Per Month	If VISTTYPE=2/RepeatVisit, display EVNT.RVTIMES. Else do not display.

BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on EVNT:
EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM
EVNT.EVNTNUM = Number of event selected at MP6.

For Event(s) added, see EVENT ROSTER BEGIN DATE RV POP-UP specifications for pop-up window programming instructions.

Variables populated in Event Roster Begin Date RV:

EVNT.EVNTNUM   Event number
EVNT.EVNTRNDC   Round
EVNT.EVBEGMM   Visit Month
EVNT.EVBEGDD   Visit Day
EVNT.EVBEGYY   Visit Year
EVNT.VISTTYPE   Type of Visit
EVNT.RVTIMES   # of visits for Repeat Visit
BASE.LASTEVNT   Highest EVNT.EVNTNUM

For each event added at MP6, set Event type, Statement Event type, Event provider number, MP type and Event details collected at MP5 and MP5B. Set MP type for Event based on MP probe where Provider was entered. See detailed instructions below.

Variable Name	Assignment Instructions
EVNTTYPE	EVNT.EVNTTYPE = 'MP'.
STEVTYPE	EVNT.STEVTYPE = 10/MP.
EVNTPROV	EVNT.EVNTPROV=PROV.PROVNUM of Provider selected at MP2.
HMOREFER	EVNT.HMOREFER = Response to MP5 - HMOREFER.
NOGOHMO	EVNT.NOGOHMO = Response to MP5B - NOGOHMO.
NOGOHMOS	EVNT.NOGOHMOS = Response to MP5B - NOGOHMOS.
MPTYPE	Set EVNT.MPTYPE based on probe: MP1: MPTYPE=1/MedicalDoctor MP18: MPTYPE=2/HealthPractitioner MP26: MPTYPE=3/MentalHealthPractitioner MP34: MPTYPE=4/Therapist MP42: MPTYPE=5/OtherMedicalPerson MP50: MPTYPE=6/OtherMedicalPlace

DESIGN NOTES

Begin Loop 2: Collect all event dates for this provider, loop through details for each event added at MP6.

MP allows you to select a provider more than once at MP2. If this provider has already been selected and visits added at MP6 in an earlier loop, the visits will be displayed at MP6 as protected rows.

MP6_IN Instance Navigator

FIELD 1: NAVIGATOR

FIELD 1 ROUTING

Value	Label	Route
1	ITEM SELECTED IN INSTANCE NAVIGATOR	BOX MP2AA
2	CONTINUE INTERVIEW SELECTED	BOX MP6AA

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
N/A	1

BOX MP2AA

BOX INSTRUCTIONS

FOR FIRST/NEXT EVENT ENTERED AT MP6, IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT), GO TO MP6B - MPSDVIS.

ELSE GO TO BOX MP2C.

MP6B

Yes/No

QUESTION TEXT

We have recorded that in (EVENT MONTH) [you were/(SP) was] also in [READ EVENT(S) LISTED BELOW]. Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?

FIELD 1: MPSDVIS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX MP2B
2	NO	BOX MP2C
	Don't Know	BOX MP2C
	Refused	BOX MP2C

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.MPSDVIS	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report below question text.

Display ER, IP, and OP events that overlap or match the MP visit date being asked about.

Report Header: OVERLAPPING EVENT DATES

Column 1, header = "EVENT TYPE".
Column 1, display =
If EVNT.EVNTTYPE = 2/ER, display "Emergency Room".
Else if EVNT.EVNTTYPE = 5/IP, display "Hospital as an Inpatient".
Else if EVNT.EVNTTYPE = 9/OP, display "Outpatient Department".

Column 2, header = "EVENT DATE".
Column 2, display EVENT BEGIN DATE

Column 3, header = "EVENT END DATE".
Column 3, display EVENT END DATE

BOX MP2B

BOX INSTRUCTIONS

UPDATE EVENT TYPE TO SEPARATELY BILLING DOCTOR AND GO TO BOX MP6.

Variable Name	Assignment Instructions
EVNTTYPE	EVNT.EVNTTYPE = 'SD'.
STEVTYPE	EVNT.STEVTYPE = 2/SD.

BOX MP2C

BOX INSTRUCTIONS

IF PROVIDER SPECIALTY = Dentist, Medical Doctor, Optometrist, Osteopath, Paramedic, PhysicianAssistant, Podiatrist, Other, DK or RF, GO TO MP7 - ANYOPERS.

ELSE GO TO MP10 - SPECCOND.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

BOX MP2C is called from BOX ST23A and BOX NS23A when a Medical Provider visit is added in ST or NS.

MP7   Yes/No

QUESTION TEXT

Were any operations performed on [you/(SP)] during (any of the/the) [VISIT ON EVENT DATE]?

[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

FIELD 1: ANYOPERS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX MP2D
2	NO	MP10 - SPECCOND
	Don't Know	MP10 - SPECCOND
	Refused	MP10 - SPECCOND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.ANYOPERS	1

MP10   Yes/No

QUESTION TEXT

(Was this visit/Were any of these visits) to (PROVIDER NAME) for any specific condition?

FIELD 1: SPECCOND

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX MP2D
2	NO	BOX MP2D
	Don't Know	BOX MP2D
	Refused	BOX MP2D

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.SPECCOND	1

BOX MP2D

BOX INSTRUCTIONS

IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B.

ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B.

ELSE GO TO MP12 - PRESMDCN.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If currently administering ST or NS, return to BOX ST23B or BOX NS23B.

MP12

Yes/No

QUESTION TEXT

During (this visit/any of these visits) to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]?

FIELD 1: PRESMDCN

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP13 - PRESFILL
2	NO	BOX MP6
	Don't Know	BOX MP6
	Refused	BOX MP6

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.PRESMDCN	1

MP13

Yes/No

QUESTION TEXT

Were any of the prescriptions filled?

FIELD 1: PRESFILL

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX MP3A
2	NO	BOX MP6
	Don't Know	BOX MP6
	Refused	BOX MP6

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
EVNT.PRESFILL	1

BOX MP3A

BOX INSTRUCTIONS

IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO MP13A - MPPMMEDS.

ELSE GO TO MP14 - MEDICINE_MP.

MP13A

No Entry

QUESTION TEXT

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 the last interview, if you'd like to get those bottles, too.

FIELD 1: MPPMMEDS

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	MP14 - MEDICINE_MP
	Empty	MP14 - MEDICINE_MP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

BACKGROUND VARIABLE ASSIGNMENTS

The question displayed at MP13A is repeated in other utilization sections. Only show this probe for prescription medicine bottles once during the current round interview.

If MP13A - MPPMMEDS is asked, set flag as instructed below:

Variable Name	Assignment Instructions
GETPMMEDS	Set GETPMMEDS = 1/Yes.

MP14   Roster

QUESTION TEXT

Please tell me the names of these medicines.

ENTER ALL MEDICINE NAMES.
CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.

FIELD 1: MEDICINE_MP

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX MP6

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all Prescription Medicine events where:

EVNT.EVNTDFLG ^=1/Yes, and
EVNT.EVNTTYPE='PM'.

Display in alphabetical order.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	Medicine	Display prescription medicine name, EVNT.PMEDNAME.

Column #	Header	Instructions
2	Strength	Display prescription medicine strength text field, EVNT.PMSTRUNI.

BACKGROUND VARIABLE ASSIGNMENTS

Roster details will be collected on EVNT:
EVNT key = EVNT.EVNTBASE + EVNT.EVNTNUM
EVNT.EVNTNUM = Number of PM event selected at MP14.

If Prescription Medicine added at Prescription Medicine Roster, see PRESCRIPTION MEDICINE ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated at the Prescription Medicine Roster:

EVNT.EVNTNUM   Event number
EVNT.EVNTRNDC   Round number
EVNT.EVNTTYPE   PM
EVNT.PMEDNAME   Prescription Medicine name
EVNT.PMSTRUNI   Prescription Medicine strength text field
EVNT.EVNTPROV   02
BASE.LASTEVNT   Highest EVNT.EVNTNUM

For all Prescription Medicines selected at MP14, create a current round PMRO. Note: a current round PMRO may already exist for a Prescription Medicine event if it has already been selected earlier in the interview.

PMRO key = PMRO.PMROBASE + PMRO.PMROEVNT + PMRO.PMRORND.

Create PMRO where PMRO.PMROEVNT = EVNT.EVNTNUM for prescription medicine selected and PMRO.PMRORND = current round.   Set additional PMRO variable as instructed below.

All prescription medicines selected at MP14 should be linked to the Medical Provider visit being asked about. Prescription medicine events are linked to other events on XMED.

XMED key = XMED.XMEDBASE + XMED.XMEDEVNT + XMED.XMEDBAS2 + XMED.XMEDEVT2.

For each medicine selected at MP14, create an XMED where XMEDEVNT = EVNT.EVNTNUM of Medical Provider visit being asked about and XMEDEVT2 = EVNT.EVNTNUM of Prescription Medicine selected at MP14.   XMEDBASE and XMEDBAS2 both equal the Cheshire

BASE.BASEID. Set additional XMED variables as specified below.

Set the following PMRO and XMED variables for each prescription medicine selected at MP14:

Variable Name	Assignment Instructions
PMROEVNT	PMRO.PMROEVNT = EVNT.EVNTNUM of prescription medicine selected at MP14.
PMRORND	PMRO.PMRORND = current round.
PMROTYPE	PMRO.PMROTYPE = 'PM'.
XMEDEVNT	XMED.XMEDEVNT = EVNT.EVNTNUM of Medical Provider visit being asked about.
XMEDEVT2	XMED.XMEDEVT2 = EVNT.EVNTNUM of prescription medicine selected at MP14.
XMEDRNDC	XMED.XMEDRNDC = current round.

BOX MP6

BOX INSTRUCTIONS

GO TO MP6_IN - NAVIGATOR.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

NOTE ON ELSE CONDITION:
Once all items at MP6_IN Instance Navigator screen are DONE, routing will return to MP6_IN until Interviewer selects CONTINUE INTERVIEW. When MP6_IN CONTINUE INTERVIEW is selected, BOX MP6 specifies routing to the next item.

BOX MP6AA

BOX INSTRUCTIONS

IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP1 PROBE, GO TO MP17 - MDOCMORE.

ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP18 PROBE, GO TO MP25 - PRACMORE.

ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP26 PROBE, GO TO MP33 - MENTMORE.

ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP34 PROBE, GO TO MP41 - THERMORE.

ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP42 PROBE, GO TO MP49 - PERSMORE.

ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP50 PROBE, GO TO MP56 - MPPRMORE.

MP17   Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this doctor or any other medical doctor?

FIELD 1: MDOCMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	BOX MP6A
	Don't Know	BOX MP6A
	Refused	BOX MP6A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

End loop 1: Probes for additional Medical Provider visits. MP visits can be for a new provider or a provider already selected and asked about. If MDOCMORE=1/Yes, go to MP2 to select the next provider.

BOX MP6A

BOX INSTRUCTIONS

IF FALL ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP REPORTED A MEDICAL PROVIDER VISIT AT MP6 AND MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR), GO TO AC20 - MDSPCLTY.

ELSE GO TO MP18 - MPPRPRAC.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

If Fall round, call AC section if MP visit added in current round.

MP18   Yes/No

QUESTION TEXT

SHOW CARD MP1

(Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.]

INCLUDE ANY VISITS FOR TESTS/X-RAYS.

FIELD 1: MPPRPRAC

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP26 - MPPRMENT
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	MP26 - MPPRMENT
	Refused	MP26 - MPPRMENT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.MPPRPRAC	1

MP25 Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this practitioner or any other health practitioner?

FIELD 1: PRACMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP26 - MPPRMENT
	Don't Know	MP26 - MPPRMENT
	Refused	MP26 - MPPRMENT

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

MP26

Yes/No

QUESTION TEXT

SHOW CARD MP2

(Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.]

FIELD 1: MPPRMENT

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP34 - MPPRTHER
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	MP34 - MPPRTHER
	Refused	MP34 - MPPRTHER

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.MPPRMENT	1

MP33   Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this professional or any other mental health professional?

FIELD 1: MENTMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP34 - MPPRTHER
	Don't Know	MP34 - MPPRTHER
	Refused	MP34 - MPPRTHER

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

MP34 Yes/No

QUESTION TEXT

SHOW CARD MP3

(Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]

FIELD 1: MPPRTHER

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP42 - MPPRPERS
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	MP42 - MPPRPERS
	Refused	MP42 - MPPRPERS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.MPPRTHER	1

MP41

Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this therapist or any other therapist?

FIELD 1: THERMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP42 - MPPRPERS
	Don't Know	MP42 - MPPRPERS
	Refused	MP42 - MPPRPERS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

MP42   Yes/No

QUESTION TEXT

SHOW CARD MP4

(Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) any other medical persons like the ones listed on this card? [Other medical persons include nurse, nurse practitioner, paramedic, and physician's assistant.]

INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE SERVICES WERE PROVIDED.

FIELD 1: MPPRPERS

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP50 - MPPRPLAC
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	MP50 - MPPRPLAC
	Refused	MP50 - MPPRPLAC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.MPPRPERS	1

MP49   Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this person or any other medical person?

FIELD 1: PERSMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	MP50 - MPPRPLAC
	Don't Know	MP50 - MPPRPLAC
	Refused	MP50 - MPPRPLAC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

MP50   Yes/No

QUESTION TEXT

SHOW CARD MP5

(Besides what you have already mentioned), [(Since/since (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (visited/visit) any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]

FIELD 1: MPPRPLAC

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	BOX MP22
3	INDICATED YES BY DATAPREP	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	BOX MP22
	Refused	BOX MP22

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.MPPRPLAC	1

MP56

Yes/No

QUESTION TEXT

[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this place or any other type of medical place?

FIELD 1: MPPRMORE

FIELD 1 ROUTING

Value	Label	Route
1	YES	MP2 - PROVIDER_MP
2	NO	BOX MP22
	Don't Know	BOX MP22
	Refused	BOX MP22

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

BOX MP22

BOX INSTRUCTIONS

GO TO NEXT SECTION