

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| | | | OUTPATIENT 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 IPQ. | | |
| OPPROBE | OP1 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDTUILD)], [have you gone/has (SP) gone/did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care? | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) OP2 - PROVIDER_OP (02) BOX OP7 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX OP7 (-9) BOX OP7 |
| PROVIDER_OP | OP2 | roster | Where did [you/(SP)] go (to which hospital)? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.] [PROVIDER LOOKUP CALLED FROM THIS SCREEN] ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER | [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 OP1 (N+1) OP2-PROVNAME (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX OP1. ELSE IF "ADD ANOTHER" SELECTED, GO TO OP2-PROVNAME ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL. |
| PROVNAME | OP2 | verbatim | [PROVIDER LOOKUP CALLED FROM THIS SCREEN] 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. NAME: | | OP2-GROUPNAM |
| GROUPNAM | OP2 | verbatim | GROUP: | | BOX OP1 |
| CHNGSPL | CHNGSPL | roster | WHICH PROVIDER IS MISSPELLED? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." 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. | [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | CRCTSPL-CRCTSPL |
| CRCTSPL | CRCTSPL | verbatim | WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." [DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL] | (01) [Continuous Answer] | BOX OP1 |
| | BOX OP1 | 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 OP3 - VAPLACE. ELSE GO TO BOX OP1B. | | |

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| VAPLACE | OP3 | yes/no | Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX OP1B |
| | BOX OP1B | 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 OP3A - 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 OP3B - HMOREFER. ELSE GO TO OP4 - EVENT_OP | | |
| HMOASSOC | OP3A | yes/no | Is (HOSPITAL 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) OP4 - EVENT_OP (02) OP3B - HMOREFER (-8) OP3B - HMOREFER (-9) OP3B - HMOREFER |
| HMOREFER | OP3B | yes/no | [Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | OP4 - EVENT_OP |
| EVENT_OP | OP4 | roster | When did [you/(SP)] go to an outpatient department at (HOSPITAL 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. | MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS | OPADD-OPADD |
| OPADD | OPADD | | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE | (01) OP4 -EVENT_OP (02) OP5 - ANYOPERS |
| ANYOPERS | OP5 | yes/no | Were any operations or other surgical procedures performed on [you/(SP)] during ([the visit on [EVENT DATE]/[any of these visits in (EVENT MONTH/YEAR)]/[the 1 visit in (EVENT MONTH/YEAR)])? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX OP2A (02) OP8 - SPECCOND (-8) OP8 - SPECCOND (-9) OP8 - SPECCOND |
| SPECCOND | OP8 | yes/no | [Was this visit/Were any of these visits] to (PROVIDER NAME) for any specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX OP2A |
| | BOX OP2A | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO OP10 - PRESMDCN. | | |
| PRESMDCN | OP10 | yes/no | During [this visit/any of these visits] to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) OP11 - PRESFILL (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3 |
| PRESFILL | OP11 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, 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 OP2B (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3 |
| | BOX OP2B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO OP11A - OPPMMEDS. ELSE GO TO BOX PM2. | | |

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| OPPMEDS | OP11A | 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. | | 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 |
| 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] | | |

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| 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 (-9) Refused | (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 | |
| 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-MEDID (91) MED-PMSTRNOS (-8) MED-MEDID (-9) MED-MEDID |
| 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.] | | GETNUM-GETNUM |
| 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 |

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| 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 (91) OTHER (-8) DON'T KNOW (-9) REFUSED | (01)-(19) GETNUM-GETNUM (91) 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, 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 (-9) REFUSED | (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) PM16 - AMTNUM (-9) PM16 - AMTNUM |
| 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 |

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| 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 | 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 OP3 |
| | BOX OP3 | routing | IF ANOTHER OP EVENT WAS ADDED WITH THIS OP PROVIDER, GO TO OP5-ANYOPERS. ELSE GO TO OP15-OPMORE. | | |
| OPMORE | OP15 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to the outpatient department at this or any other hospital for services? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) OP2 - PROVIDER_OP (02) BOX OP6 (-8) BOX OP6 (-9) BOX OP6 |
| | BOX OP6 | routing | IF WINTER ROUND AND ((SP REPORTED AN OUTPATIENT DEPARTMENT VISIT AT OP4) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO AC9 - OPDREAS. ELSE GO TO BOX OP7. | | |
| | BOX OP7 | routing | GO TO IUQ. | | |