

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Code List                                                                                | Routing                                                                                            |
|---------------|----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
|               |                |               | <b>OTHER MEDICAL EXPENSES QUESTIONNAIRE SPECIFICATIONS</b><br><br><u>CRITERIA</u><br>INTTYPE=C001, C002, C004, C005, C006, C007, C010<br>SPALIVE=ALL<br>SEASON=ALL<br>SPPROXY=ALL<br>Other: N/A<br><br><u>PLACEMENT</u><br>Administer after PMQ.                                                                                                                                                                                                                                        |                                                                                          |                                                                                                    |
| OMINTRO       | OMINTRO        | routing       | Next I'm going to ask you about other medical expenses that [you/(SP)] may have had [between (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE) and (today/(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD))].                                                                                                                                                                                                                                                                        | (01) CONTINUE                                                                            | OM3-OMHRSPCH                                                                                       |
| OMHRSPCH      | OM3            | yes/no        | [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 an amplifier for a telephone, or similar device to help [you/(SP)] hear or speak?<br><br>[INCLUDE RELATED EXPENSES SUCH AS BATTERIES FOR A HEARING AID OR SPEAKING DEVICE]<br><br>[DO NOT INCLUDE HEARING AID PURCHASES, REPAIRS, OR WARRENTIES AT THIS QUESTION.] | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused | (01) OM4 - EVENT_OMHRSP<br>(02) BOX OMA1<br>(03) DO NOT DISPLAY.<br>(-8) BOX OMA1<br>(-9) BOX OMA1 |
| EVENT_OMHRSP  | OM4            | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] buy or repair a hearing or speech device?<br><br>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<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:     | OM4AA-OMADD                                                                                        |
| OMADD         | OM4AA          | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                                                                  | (01) ADD ANOTHER<br>(02) ALL DONE                                                        | (01) OM4-EVENT_OMHRSP<br>(02) BOX OM1BB                                                            |
|               | BOX OM1BB      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM4A - OMSATHMO<br>ELSE GO TO BOX OM1BB2.                                                                                                                                                                                                                                                                                                                           |                                                                                          |                                                                                                    |
| OMSATHMO      | OM4A           | yes/no        | On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying or repairing the hearing or speech device at a plan center; from an audiologist, speech pathologist, 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<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | BOX OM1BB2                                                                                         |
|               | BOX OM1BB2     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO BOX OMA1.                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                    |
|               | BOX OMA1       | routing       | IF SP WAS STILL RENTING AT LEAST ONE ORTHOPEDIC ITEM AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS5INTR - ORTHINTRO.<br>ELSE GO TO OM5 - OMPRORTH.                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                                                                    |
| ORTHINTRO     | OMS5INTR       | no entry      | The next questions are about orthopedic items [you were/(SP) was] renting as of (REFERENCE DATE).                                                                                                                                                                                                                                                                                                                                                                                       | (01) continuous answer<br>(-7) Empty                                                     | OMS5 - RENTSTIL                                                                                    |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Code List                                                                                                                                                  | Routing                                                                                                                                                                                                 |
|---------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RENTSTIL      | OMS5           | code one      | At the time of the last interview, [you were/(SP) was] renting (ORTHOPEDIC ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (was/were/is/are) the (ORTHOPEDIC ITEM) being rented?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.] | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused                                                                      | (01) BOX OM1EE<br>(02) OM7C - EVENDMM<br>(03) BOX OM4<br>(-8) BOX OM4<br>(-9) BOX OM4                                                                                                                   |
| OMPRORTH      | OM5            | yes/no        | SHOW CARD OM1<br>(Other than what we already talked about.) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, repair or rent (other) orthopedic items?<br><br>[Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, support stockings, and braces or supports.]                                                                                                                  | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused                                                                   | (01) OM6 - ORTHTYPE<br>(02) OM9 - OMPRDIAB<br>(03) DO NOT DISPLAY.<br>(-8) OM9 - OMPRDIAB<br>(-9) OM9 - OMPRDIAB                                                                                        |
| ORTHTYPE      | OM6            | code one      | What was the item?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (01) BRACES/SUPPORTS<br>(02) CANE<br>(03) CORRECTIVE SHOES/INSERTS<br>(04) CRUTCHES<br>(05) WALKER<br>(06) WHEELCHAIR/CART<br>(07) STOCKINGS<br>(91) OTHER | (01) OM7 - EVENT_OMORTH<br>(02) OM7 - EVENT_OMORTH<br>(03) OM7 - EVENT_OMORTH<br>(04) OM6A - RENTPROB<br>(05) OM6A - RENTPROB<br>(06) OM6A - RENTPROB<br>(07) OM7 - EVENT_OMORTH<br>(91) OM6 - EVOSTEXT |
| EVOSTEXT      | OM6            | verbatim text | OTHER (SPECIFY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (01) continuous answer                                                                                                                                     | OM6A - RENTPROB                                                                                                                                                                                         |
| RENTPROB      | OM6A           | code one      | Did [you/(SP)] buy or repair the (ORTHOPEDIC ITEM), or did [you/(SP)] rent (it/them)?<br><br>[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]                                                                                                                                                                                                                                                                                                                                                                | (01) BUY/REPAIR<br>(02) RENT<br>(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT<br>(-8) Don't Know<br>(-9) Refused                                     | (01) OM7 - EVENT_OMORTH<br>(02) OM7A - EVENT_OMORTHRENT<br>(03) DO NOT DISPLAY.<br>(-8) OM7 - EVENT_OMORTH<br>(-9) OM7 - EVENT_OMORTH                                                                   |
| EVENT_OMORTH  | OM7            | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM)? 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)].                                                                                                                                                                                                                                                                           | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:                                                                       | OM7AAA-OMADD                                                                                                                                                                                            |
| OMADD         | OM7AAA         |               | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                                                          | (01) OM7-EVENT_OMORTH<br>(02) BOX OM1CC                                                                                                                                                                 |
|               | BOX OM1CC      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7AA - OMSATHMO<br>ELSE GO TO BOX OM1EE1.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                            |                                                                                                                                                                                                         |

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| OMSATHMO         | OM7AA          | yes/no        | On (EVENT DATE), did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying or repairing the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]           | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                              | OM8- MOREORTH                                                                                       |
| EVENT_OMORTHRENT | OM7A           | yes/no        | ENTER ONLY ONE DATE AT THIS ROSTER.<br>Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the (ORTHOPEDIC ITEM).<br><br>[FOR EACH RENTAL THAT OCCURS ON A MONTHLY BASIS, ENTER ONLY ONE EVENT. DO NOT ENTER A SEPARATE RENTAL EVENT FOR EACH MONTH.]                      | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:                                | OM7B - RENTSTIL                                                                                     |
| RENTSTIL         | OM7B           | yes/no        | [Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEDIC ITEM)?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.] | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                              | (01) BOX OM1EE<br>(02) OM7C - EVENDMM<br>(03) DO NOT DISPLAY.<br>(-8) BOX OM1EE1<br>(-9) BOX OM1EE1 |
| EVENDMM          | OM7C           | date          | What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                           | OM7C - EVENDDD                                                                                      |
| EVENDDD          | OM7C           | date          | What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>DD:                                                | OM7C - EVENDYY                                                                                      |
| EVENDYY          | OM7C           | date          | What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                  | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>YYYY:                                              | BOX OM3A                                                                                            |
|                  | BOX OM3A       | routing       | IF SP IS NOT DECEASED (SPAISTATUS = 1 OR 2), GO TO OM7CC - RENT2BUY.<br>ELSE GO TO BOX OM1EE.                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                     |
| RENT2BUY         | OM7CC          | code one      | You said [you/(SP)] stopped renting the (ORTHOPEDIC ITEM). Is this because [you/(SP)] no longer (have/has) that item or because it was purchased through a rent-to-buy option?                                                                                                                                                                                                                                                               | (01) NO LONGER HAVE THE ITEM<br>(02) PURCHASED THROUGH RENT-TO-BUY<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX OM1EE<br>(02) BOX OM1EE<br>(03) OM7CCVB - REN2BVB<br>(-8) BOX OM1EE<br>(-9) BOX OM1EE      |
| REN2BVB          | OM7CCVB        | verbatim text | BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEDIC ITEM).<br>RECORD VERBATIM.                                                                                                                                                                                                                                                                                                                                                            | (01) continuous answer                                                                                              | BOX OM1EE<br><br>OM7CC-OMADD                                                                        |
| OMADD            | OM7CC1         | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                       | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                   | (01) OM7A-EVENT_OMORTHRENT<br>(02) BOX OM1EE                                                        |
|                  | BOX OM1EE      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7D - OMSATHMO.<br>ELSE GO TO BOX OM1EE1.                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                     |

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| OMSATHMO      | OM7D           | yes/no        | Did [you/(SP)] rent the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include renting the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]                                        | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | BOX OM1EE1                                                                                                               |
|               | BOX OM1EE1     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO BOX OM4.                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                                          |
|               | BOX OM4        | routing       | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS5 - RENTSTIL<br>ELSE GO TO OM8 - MOREORTH.                                                                                                                                                                                                                                                                                                                          |                                                                                          |                                                                                                                          |
| MOREORTH      | OM8            | yes/no        | In addition to the orthopedic item(s) you just told me about, did [you/(SP)] buy, repair, or rent any other orthopedic items [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? .?                                                                                                                                   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | (01) OM6 - ORTHTYPE<br>(02) OM9 - OMPRDIAB<br>(03) OM9 - OMPRDIAB<br>(04) OM9 - OMPRDIAB                                 |
| OMPRDIAB      | OM9            | yes/no        | [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 diabetic equipment or supplies?<br><br>[Diabetic equipment or supplies include syringes or needles, test paper, test strips, blood monitoring kits, and continuous glucose monitors.]<br><br>[DO NOT INCLUDE INSULIN.]                         | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused | (01) OM10 - EVENT_OMDIAB<br>(02) OM11 - OMPRAMBL<br>(03) DO NOT DISPLAY.<br>(-8) OM11 - OMPRAMBL<br>(-9) OM11 - OMPRAMBL |
| EVENT_OMDIAB  | OM10           | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] buy diabetic equipment or supplies? 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)].                                                                                                                                   | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:     | OM10AA-OMADD                                                                                                             |
| OMADD         | OM10AA         | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                              | (01) ADD ANOTHER<br>(02) ALL DONE                                                        | (01) OM10-EVENT_OMDIAB<br>(02) BOX OM1FF                                                                                 |
|               | BOX OM1FF      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM10A-OMSATHMO<br>ELSE GO TO BOX OM1FF2.                                                                                                                                                                                                                                                                        |                                                                                          |                                                                                                                          |
| OMSATHMO      | OM10A          | yes/no        | On (EVENT DATE), did [you/(SP)] buy the diabetic equipment or supplies at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying the diabetic equipment or supplies at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.] | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | BOX OM1FF2                                                                                                               |
|               | BOX OM1FF2     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO OM11 - OMPRAMBL.                                                                                                                                                                                                                                                                                                                    |                                                                                          |                                                                                                                          |

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| OMPRAMBL      | OM11           | yes/no        | [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] use any ambulance or rescue squad service?                                                                                                                                                                                          | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused | (01) OM12 - EVENT_OMAMBL<br>(02) OM13 - OMPRPROS<br>(03) DO NOT DISPLAY.<br>(-8) OM13 - OMPRPROS<br>(-9) OM13 - OMPRPROS |
| EVENT_OMAMBL  | OM12           | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] use an ambulance? 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)].                                                                                                                                      | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                | OM12AA-OMADD                                                                                                             |
| OMADD         | OM12AA         | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                               | (01) ADD ANOTHER<br>(02) ALL DONE                                                        | (01) OM12-EVENT_OMAMBL<br>(02) BOX OM1GG                                                                                 |
|               | BOX OM1GG      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM12A - OMSATHMO                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                          |
| OMSATHMO      | OM12A          | yes/no        | Was the ambulance on (EVENT DATE) provided by or approved by [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could mean that the ambulance was sent by the plan, or that [you/(SP)] or someone for [you/(SP)] contacted the plan for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.]                                               | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | BOX OM1GG2                                                                                                               |
|               | BOX OM1GG2     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO OM13 - OMPRPROS.                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                                          |
| OMPRPROS      | OM13           | yes/no        | [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 or pay for repairs of any prostheses?<br><br>[Prostheses include artificial leg or arm, mastectomy prosthesis, artificial or glass eye, and artificial sphincter.]                                                              | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused | (01) OM14 - EVENT_OMPROS<br>(02) BOX OMA4<br>(03) DO NOT DISPLAY.<br>(-8) BOX OMA4<br>(-9) BOX OMA4                      |
| EVENT_OMPROS  | OM14           | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] buy or repair the prosthesis? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].                                                                                                                          | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:     | OM14AA-OMADD                                                                                                             |
| OMADD         | OM14AA         | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                               | (01) ADD ANOTHER<br>(02) ALL DONE                                                        | (01) OM14-EVENT_OMPROS<br>(02) BOX OM1HH                                                                                 |
|               | BOX OM1HH      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM14A-OMSATHMO<br>ELSE GO TO BOX OM1HH2.                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                          |
| OMSATHMO      | OM14A          | yes/no        | On (EVENT DATE), did [you/(SP)] buy or repair the prosthesis at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying or repairing the prosthesis at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | BOX OM1HH2                                                                                                               |

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|               | BOX OM1HH2     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO BOX OMA4.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                                                                               |
|               | BOX OMA4       | routing       | IF SP WAS STILL RENTING OXYGEN-RELATED EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS19INTR - OXGNINTRO.<br>ELSE GO TO OM19 - OMPROXGN.                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                                                                               |
| OXGNINTRO     | OMS19INTR      | no entry      | The next questions are about oxygen-related equipment [you were/(SP) was] renting as of (REFERENCE DATE).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        | OMS19 - RENTSTIL                                                                                                                              |
| RENTSTIL      | OMS19          | code one      | At the time of the last interview, [you were/(SP) was] renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] (is/was) the oxygen-related equipment being rented?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.] | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused                                  | (01) BOX OM1KK<br>(02) OM20C - EVENDMM<br>(03) BOX OM9<br>(-8) BOX OM9<br>(-9) BOX OM9                                                        |
| OMPROXGN      | OM19           | yes/no        | (Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any (other) expenses for oxygen or supplies or oxygen-related equipment?<br><br>[PROBE: Oxygen supplies or oxygen-related equipment include oxygen concentrators, portable oxygen concentrators, or oxygen tanks. Do not include other pulmonary equipment such as a Nebulizer or CPAP.]                                                       | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused                               | (01) OM19A - OXGNTYPE<br>(02) BOX OMA11<br>(03) DO NOT DISPLAY.<br>(-8) BOX OMA11<br>(-9) BOX OMA11                                           |
| OXGNTYPE      | OM19A          | code one      | What was that?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (01) OXYGEN/SUPPLIES<br>(02) OXYGEN-RELATED EQUIPMENT                                                                  | (01) OM20 - EVENT_OMOXGN<br>(02) OM19B - RENTPROB                                                                                             |
| RENTPROB      | OM19B          | code one      | Did [you/(SP)] buy or repair the oxygen-related equipment, or did [you/(SP)] rent it?<br><br>[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]                                                                                                                                                                                                                                                                                                                                                                                   | (01) BUY/REPAIR<br>(02) RENT<br>(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT<br>(-8) Don't Know<br>(-9) Refused | (01) OM20 - EVENT_OMOXGN<br>(02) OM20A - EVENT_OMOXGNRENT<br>(03) OM20 - EVENT_OMOXGN<br>(-8) OM20 - EVENT_OMOXGN<br>(-9) OM20 - EVENT_OMOXGN |
| EVENT_OMOXGN  | OM20           | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did (you/(SP)) purchase the [(oxygen or supplies)/(oxygen-related equipment)]? Please tell me the dates of each purchase [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].                                                                                                                                                                                                                                                        | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:                                   | OM20AAA-OMADD                                                                                                                                 |
| OMADD         | OM20AAA        | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                      | (01) OM20-EVENT_OMOXGN<br>(02) BOX OM1II                                                                                                      |
|               | BOX OM1II      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20AA - OMSATHMO<br>ELSE GO TO BOX OM7.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                                                                                                               |

| Variable Name    | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                           | Code List                                                                                                           | Routing                                                                                         |
|------------------|----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| OMSATHMO         | OM20AA         | yes/no        | On (EVENT DATE), did [you/(SP)] buy or repair the (OXYGEN ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying or repairing the (OXYGEN ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]                            | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                              | BOX OM7                                                                                         |
|                  | BOX OM7        | routing       | IF OM19B - RENTPROB = 3/BoughtAndRented, GO TO OM20A - EVENT_OMOXGNRENT.<br>ELSE GO TO BOX OM1KK1.                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                 |
| EVENT_OMOXGNRENT | OM20A          | roster        | SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.<br>Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.<br><br>[FOR EACH RENTAL THAT OCCURS ON A MONTHLY BASIS, ENTER ONLY ONE EVENT. DO NOT ENTER A SEPARATE RENTAL EVENT FOR EACH MONTH.]              | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                           | OM20B - RENTSTIL                                                                                |
| RENTSTIL         | OM20B          | yes/no        | [Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.] | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused                               | (01) BOX OM1KK<br>(02) OM20C - EVENDMM<br>(03) BOX OM1KK1<br>(-8) BOX OM1KK1<br>(-9) BOX OM1KK1 |
| EVENDMM          | OM20C          | date          | What was the last date the equipment was rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                                        | (01) continuous answer<br>(02) Don't Know<br>(03) Refused<br><br>MM:<br>DD:<br>YYYY:                                | OM20C - EVENDDD                                                                                 |
| EVENDDD          | OM20C          | date          | What was the last date the equipment was rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                                        | (01) continuous answer<br>(02) Don't Know<br>(03) Refused                                                           | OM20C - EVENDYY                                                                                 |
| EVENDYY          | OM20C          | date          | What was the last date the equipment was rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                                        | (01) continuous answer<br>(02) Don't Know<br>(03) Refused                                                           | BOX OM8A                                                                                        |
|                  | BOX OM8A       | routing       | IF SP IS NOT DECEASED (SPAISTATUS = 1 OR 2), GO TO OM20CC - RENT2BUY.<br>ELSE GO TO BOX OM1KK.                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                                                                 |
| RENT2BUY         | OM20CC         | code one      | You said [you/(SP)] stopped renting the oxygen-related equipment. Is this because [you/(SP)] no longer (have/has) the equipment or because it was purchased through a rent-to-buy option?                                                                                                                                                                                                                                                           | (01) NO LONGER HAVE THE ITEM<br>(02) PURCHASED THROUGH RENT-TO-BUY<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX OM1KK<br>(02) BOX OM1KK<br>(91) OM20CCVB - REN2BVB<br>(04) BOX OM1KK<br>(05) BOX OM1KK |
| REN2BVB          | OM20CCVB       | verbatim text | BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.<br>RECORD VERBATIM.                                                                                                                                                                                                                                                                                                                                                            | (01) continuous answer                                                                                              | OM20CC1-OMADD                                                                                   |
| OMADD            | OM20CC1        | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                              | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                   | (01) OM20A-EVENT_OMOXGNRENT<br>(02) BOX OM1KK                                                   |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Code List                                                                                | Routing                                                                                             |
|---------------|----------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
|               | BOX OM1KK      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20D1 - OMSATHMO.<br>ELSE GO TO BOX OM1KK1.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                          |                                                                                                     |
| OMSATHMO      | OM20D1         | yes/no        | Did [you/(SP)] rent the oxygen equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include renting the oxygen equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]                                                                                                                                                                                            | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | BOX OM1KK1                                                                                          |
|               | BOX OM1KK1     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO BOX OM9.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                          |                                                                                                     |
|               | BOX OM9        | routing       | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS19_IN - NAVIGATOR.<br>ELSE GO TO BOX OM10.                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                                                                     |
|               | BOX OM10       | routing       | IF OM20D HAS NOT BEEN ASKED, GO TO OM20D - MOREOXGN.<br>ELSE GO TO BOX OMA11.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                     |
| MOREOXGN      | OM20D          | yes/no        | In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did [you/(SP)] [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?                                                                                                                                                                                                                                                                                                                                                                                         | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                   | (01) BOX OM11<br>(02) BOX OMA11<br>(-8) BOX OMA11<br>(-9) BOX OMA11                                 |
|               | BOX OM11       | routing       | IF OM19A - OXYGTYPE = 1/Supplies, SET NEXT OXYGEN TYPE TO EQUIPMENT AND GO TO OM19B - RENTPROB.<br>ELSE SET NEXT OXYGEN TYPE TO SUPPLIES AND GO TO OM20 - EVENT_OMOXGN.                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                          |                                                                                                     |
|               | BOXOMA11       | routing       | IF SP WAS RENTING AT LEAST ONE KIDNEY DIALYSIS EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS21INTR - KDNYINTRO.<br>ELSE GO TO OM21 - OMPRKDNY.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                                                                                                     |
| KDNYINTRO     | OMS21INTR      | no entry      | The next questions are about kidney dialysis equipment [you were/(SP) was] renting as of (REFERENCE DATE).                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          | OMS21 - RENTSTIL                                                                                    |
| RENTSTIL      | OMS21          | code one      | At the time of the last interview, [you were/(SP) was] renting equipment for kidney dialysis. As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)), (is/was) the equipment being rented?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.] | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused    | (01) BOX OM1NN<br>(02) OM22C - EVENDMM<br>(03) BOX OM16<br>(-8) BOX OM16<br>(-9) BOX OM16           |
| OMPRKDNY      | OM21           | yes/no        | (Other than what we already talked about), [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?                                                                                                                                                                                                                                                 | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused | (01) OM21A - KDNYTYPE<br>(02) BOX OMA18<br>(03) DO NOT DISPLAY.<br>(-8) BOX OMA18<br>(-9) BOX OMA18 |
| KDNYTYPE      | OM21A          | code one      | What was that?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (01) KIDNEY DIALYSIS SUPPLIES<br>(02) KIDNEY DIALYSIS EQUIPMENT                          | (01) OM22 - EVENT_OMKDNY<br>(02) OM21B - RENTPROB                                                   |

| Variable Name     | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                            | Code List                                                                                                              | Routing                                                                                                                                       |
|-------------------|----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| RENTPROB          | OM21B          | code one      | Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it?<br><br>[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]                                                                                                                                                                                                                                            | (01) BUY/REPAIR<br>(02) RENT<br>(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT<br>(-8) Don't Know<br>(-9) Refused | (01) OM22 - EVENT_OMKDNYP<br>(02) OM22A - EVENT_OMKDNYPRENT<br>(03) DO NOT DISPLAY.<br>(-8) OM22 - EVENT_OMKDNYP<br>(-9) OM22 - EVENT_OMKDNYP |
| EVENT_OMKDNYP     | OM22           | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? 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)].                                                                                                     | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:                                   | BOX OM1LL                                                                                                                                     |
|                   | BOX OM1LL      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22AA - OMSATHMO<br>ELSE GO TO OM22AAA-OMADD.                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                                               |
| OMSATHMO          | OM22AA         | yes/no        | On (EVENT DATE), did [you/(SP)] buy (or repair) the (KIDNEY ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying (or repairing) the (KIDNEY ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]                         | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                 | OM22AAA-OMADD                                                                                                                                 |
| OMADD             | OM22AAA        | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                               | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                      | (01) OM22-EVENT_OMKDNYP<br>(02) BOX OM1NN1                                                                                                    |
| EVENT_OMKDNYPRENT | OM22A          | roster        | SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.<br>Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the kidney dialysis equipment.<br><br>[FOR EACH RENTAL THAT OCCURS ON A MONTHLY BASIS, ENTER ONLY ONE EVENT. DO NOT ENTER A SEPARATE RENTAL EVENT FOR EACH MONTH.]              | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                              | OM22B - RENTSTIL                                                                                                                              |
| RENTSTIL          | OM22B          | yes/no        | [Are you/Is (SP)/Was (SP)] still renting the kidney dialysis equipment?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.] | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused                                  | (01) BOX OM1NN<br>(02) OM22C - EVENDYY<br>(03) DO NOT DISPLAY.<br>(-8) BOX OM1NN1<br>(-9) BOX OM1NN1                                          |
| EVENDMM           | OM22C          | date          | What was the last date the equipment was rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                                         | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:                                   | OM22C - EVENDDD                                                                                                                               |
| EVENDDD           | OM22C          | date          | What was the last date the equipment was rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                                         | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                              | OM22C - EVENDYY                                                                                                                               |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                    | Code List                                                                                                           | Routing                                                                                         |
|---------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| EVENDYY       | OM22C          | date          | What was the last date the equipment was rented?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                 | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                           | BOX OM15A                                                                                       |
|               | BOX OM15A      | routing       | IF SP IS NOT DECEASED (SPAISTATUS = 1 OR 2), GO TO OM22CC - RENT2BUY.<br>ELSE GO TO BOX OM1NN.                                                                                                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                 |
| RENT2BUY      | OM22CC         | code one      | You said [you/(SP)] stopped renting the dialysis equipment. Is this because [you/(SP)] no longer (have/has) the equipment or because it was purchased through a rent-to-buy option?                                                                                                                                                                                                                          | (01) NO LONGER HAVE THE ITEM<br>(02) PURCHASED THROUGH RENT-TO-BUY<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX OM1NN<br>(02) BOX OM1NN<br>(91) OM22CCVB - REN2BVB<br>(-8) BOX OM1NN<br>(-9) BOX OM1NN |
| REN2BVB       | OM22CCVB       | verbatim text | BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.<br>RECORD VERBATIM.                                                                                                                                                                                                                                                                                                                           | (01) continuous answer                                                                                              | BOX OM1NN<br><br>OM22CC1-OMADD                                                                  |
| OMADD         | OM22CC1        | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                       | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                   | (01) OM22A-EVENT_OMKDNYPRENT<br>(02) BOX OM1NN                                                  |
|               | BOX OM1NN      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22D1 - OMSATHMO.<br>ELSE GO TO BOX OM1NN1.                                                                                                                                                                                                                                             |                                                                                                                     |                                                                                                 |
| OMSATHMO      | OM22D1         | yes/no        | Did [you/(SP)] rent the kidney dialysis equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include renting the kidney dialysis equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                              | BOX OM1NN1                                                                                      |
|               | BOX OM1NN1     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO BOX OM16.                                                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                 |
|               | BOX OM16       | routing       | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS21 - RENTSTIL<br>ELSE GO TO BOX OM17.                                                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                                                                 |
|               | BOX OM17       | routing       | IF OM22D HAS NOT BEEN ASKED, GO TO OM22D - MOREKDNY.<br>ELSE GO TO BOX OMA18.                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                                                                 |
| MOREKDNY      | OM22D          | yes/no        | In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did [you/(SP)] [(obtain any kidney dialysis equipment)/(buy any kidney dialysis supplies)]?                                                                                                                                                                                                         | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                              | (01) BOX OM18<br>(02) BOX OMA18<br>(-8) BOX OMA18<br>(-9) BOX OMA18                             |
|               | BOX OM18       | routing       | IF OM21A - KDNYPYTYPE = 1/Supplies, SET NEXT KIDNEY TYPE TO EQUIPMENT AND GO TO OM21B - RENTPROB.<br>ELSE SET NEXT KIDNEY TYPE TO SUPPLIES AND GO TO OM22 - EVENT_OMKDNYPRENT.                                                                                                                                                                                                                               |                                                                                                                     |                                                                                                 |
|               | BOX OMA18      | routing       | IF SP WAS STILL RENTING AT LEAST ONE OTHER MEDICAL EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS23INTR - OTHRINTRO.<br>ELSE GO TO OM23 - OMPROTHR.                                                                                                                                                                                                                                        |                                                                                                                     |                                                                                                 |
| OTHRINTRO     | OMS23INTR      | no entry      | The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE DATE).                                                                                                                                                                                                                                                                                                     |                                                                                                                     | OMS23 - RENTSTIL                                                                                |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Code List                                                                                                                                                                                                                                                                                                                                                                   | Routing                                                                                                                                                                                                                             |
|---------------|----------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| RENTSTIL      | OMS23          | code one      | At the time of the last interview, [you were/(SP) was] renting (OTHER MEDICAL EXPENSE ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD), (is/was) the (OTHER MEDICAL EXPENSE ITEM) being rented?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.]                                                                                                                                                                                               | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                       | (01) BOX OM1QQ<br>(02) OM26B - EVENDMM<br>(03) BOX OM23<br>(-8) BOX OM23<br>(-9) BOX OM23                                                                                                                                           |
| OMPROTHR      | OM23           | yes/no        | SHOW CARD OM2<br>[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, rent, or repair any other medical equipment or buy any other medical supplies besides what we have talked about?<br><br>[Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats, special chairs or cushions, hospital beds, ostomy supplies, incontinence supplies such as Depends, Serenity or other brands of disposable undergarments, pads or briefs, catheter or catheter supplies, bandages, dressings, tape supplies, pulmonary equipment such as a Nebulizer or CPAP, and blood pressure equipment such as cuffs or monitors etc.] | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                    | (01) OM24 - OTHRTYPE<br>(02) BOX OM24<br>(03) DO NOT DISPLAY.<br>(04) BOX OM24<br>(05) BOX OM24                                                                                                                                     |
| OTHRTYPE      | OM24           | code one      | What kind of equipment was the item?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (01) PORTABLE COMMODE OR RAISED TOILET SEAT<br>(02) PORTABLE TUB SEAT<br>(03) SPECIAL CHAIR/CUSHION/MATTRESS<br>(04) HOSPITAL BED/BED SIDES<br>(05) OSTOMY SUPPLIES<br>(06) INCONTINENCE SUPPLIES (I.E. DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS)<br>(07) BANDAGES, DRESSINGS, TAPE SUPPLIES<br>(08) PULMONARY EQUIPMENT<br>(09) BLOOD PRESSURE EQUIPMENT<br>(91) OTHER | (01) OM24A - RENTPROB<br>(02) OM24A - RENTPROB<br>(03) OM24A - RENTPROB<br>(04) OM24A - RENTPROB<br>(05) BOX OM18B<br>(06) BOX OM18B<br>(07) BOX OM18B<br>(08) OM24A - RENTPROB<br>(09) OM26 - EVENT_OMOTHR<br>(91) OM24 - EVOSTEXT |
| EVOSTEXT      | OM24           | verbatim text | OTHER (SPECIFY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (01) continuous answer                                                                                                                                                                                                                                                                                                                                                      | OM24A - RENTPROB                                                                                                                                                                                                                    |
| RENTPROB      | OM24A          | code one      | Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), or did [you/(SP)] rent it?<br><br>[IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (01) BUY/REPAIR<br>(02) RENT<br>(03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                      | (01) OM26 - EVENT_OMOTHR<br>(02) OM26A - EVENT_OMOTHRRENT<br>(03) DO NOT DISPLAY.<br>(-8) OM26 - EVENT_OMOTHR<br>(-9) OM26 - EVENT_OMOTHR                                                                                           |
|               | BOX OM18B      | routing       | IF NOT ADMINISTERING ST AND NOT ADMINISTERING NS, GO TO OM25 - GETNUM.<br>ELSE GO TO BOX OM1QQ1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |
| GETNUM        | OM25           | numeric       | THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE DATE/UTILDATE).<br>How many times [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] [[have you/has (SP)] bought or obtained/did (SP) buy or obtain] (OTHER MEDICAL EXPENSE ITEM)?                                                                                                                                                                                                                                                                                                                                                                        | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                                                   | BOX OM1QQ1                                                                                                                                                                                                                          |
| EVENT_OMOTHR  | OM26           | roster        | SELECT OR ADD ALL DATES AT THIS ROSTER.<br>When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? 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)]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:<br>DD:<br>YYYY:                                                                                                                                                                                                                                                                                        | BOX OM100                                                                                                                                                                                                                           |
|               | BOX OM100      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26AA - OMSATHMO<br>ELSE GO TO OM26AAA-OMADD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                     |

| Variable Name    | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                              | Code List                                                                                                           | Routing                                                                                              |
|------------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| OMSATHMO         | OM26AA         | yes/no        | On (EVENT DATE), did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include buying or repairing the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.] | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                              | OM26AAA-OMADD                                                                                        |
| OMADD            | OM26AAA        | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                                                                 | (01) ADD ANOTHER<br>(02) ALL DONE                                                                                   | (01) OM26-EVENT_OMOTHR<br>(02) BOX OM1QQ1                                                            |
| EVENT_OMOTHRRENT | OM26A          | roster        | ADD ONLY ONE DATE AT THIS ROSTER.<br>Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM).<br><br>[FOR EACH RENTAL THAT OCCURS ON A MONTHLY BASIS, ENTER ONLY ONE EVENT. DO NOT ENTER A SEPARATE RENTAL EVENT FOR EACH MONTH.]                       | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused                                                           | OM26A1 - RENTSTIL                                                                                    |
| RENTSTIL         | OM26A1         | yes/no        | [Are you/Is (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)?<br><br>[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]<br><br>[IF THE ITEM IS STILL BEING RENTED AS OF THE DATE OF THE CURRENT INTERVIEW SELECT "YES" AT THIS SCREEN.]<br><br>[FOR RECURRING RENTALS, SUCH AS MONTHLY RENTALS, SELECT "YES" AT THIS QUESTION IF THE ITEM IS STILL BEING RENTED. DO NOT ENTER A NEW EVENT FOR EACH MONTH.]         | (01) YES<br>(02) NO<br>(03) EVENT ENTERED IN ERROR<br>(-8) Don't Know<br>(-9) Refused                               | (01) BOX OM1QQ<br>(02) OM26B - EVENDMM<br>(03) DO NOT DISPLAY.<br>(-8) BOX OM1QQ1<br>(-9) BOX OM1QQ1 |
| EVENDMM          | OM26B          | date          | What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                 | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:                                                | OM26B - EVENDDD                                                                                      |
| EVENDDD          | OM26B          | date          | What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                 | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>DD:                                                | OM26B - EVENDYY                                                                                      |
| EVENDYY          | OM26B          | date          | What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?<br><br>[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]                                                                                                                                                                                                                                                                 | (01) continuous answer<br>(-8) Don't Know<br>(-9) Refused<br><br>YYYY:                                              | BOX OM22A                                                                                            |
|                  | BOX OM22A      | routing       | IF SP IS NOT DECEASED (SPAISTATUS = 1 OR 2), GO TO OM26BB - RENT2BUY.<br>ELSE GO TO BOX OM1QQ.                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     |                                                                                                      |
| RENT2BUY         | OM26BB         | code one      | You said [you/(SP)] stopped renting the (OTHER MEDICAL EXPENSE ITEM). Is this because [you/(SP)] no longer (have/has) the item or because it was purchased through a rent-to-buy option?                                                                                                                                                                                                                                                               | (01) NO LONGER HAVE THE ITEM<br>(02) PURCHASED THROUGH RENT-TO-BUY<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) BOX OM1QQ<br>(02) BOX OM1QQ<br>(91) OM26BBVB - REN2BVB<br>(-8) BOX OM1QQ<br>(-9) BOX OM1QQ      |
| REN2BVB          | OM26BBVB       | verbatim text | BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM).<br>RECORD VERBATIM.                                                                                                                                                                                                                                                                                                                                                           | (01) continuous answer                                                                                              | BOX OM1QQ<br><br>OM26BB1-OMADD                                                                       |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                          | Code List                                                               | Routing                                                                 |
|---------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| OMADD         | OM26BB1        | code one      | HAVE ALL DATES BEEN ENTERED?<br><br>[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]                                                                                                                                                                                                                                                                                                                             | (01) ADD ANOTHER<br>(02) ALL DONE                                       | (01) OM26A-EVENT_OMOTHRRRENT<br>(02) BOX OM1QQ                          |
|               | BOX OM1QQ      | routing       | IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26C - OMSATHMO.<br>ELSE GO TO BOX OM1QQ1.                                                                                                                                                                                                                                                    |                                                                         |                                                                         |
| OMSATHMO      | OM26C          | yes/no        | Did [you/(SP)] rent the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?<br><br>[PROBE: This could include renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.] | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                  | BOX OM1QQ1                                                              |
|               | BOX OM1QQ1     | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO BOX OM23.                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                         |
|               | BOX OM23       | routing       | IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS23 - RENTSTIL<br>ELSE GO TO OM27 - MOREOTHR.                                                                                                                                                                                                                                                                                                       |                                                                         |                                                                         |
| MOREOTHR      | OM27           | yes/no        | In addition to the medical equipment you just told me about, did [you/(SP)] buy, rent, or repair any other medical equipment [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?                                                                                                                     | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                  | (01) OM24 - OTHRTYPE<br>(02) BOX OM24<br>(-8) BOX OM24<br>(-9) BOX OM24 |
|               | BOX OM24       | routing       | IF SP HAD AT LEAST ONE ALTERATION THAT WAS NOT COMPLETE AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS28INTR - ALTRINTRO.<br>ELSE GO TO OM28 - OMPRALTR.                                                                                                                                                                                                                                                   |                                                                         |                                                                         |
| ALTRINTRO     | OMS28INTR      | no entry      | The next questions are about an alteration [you were/(SP) was] making as of (REFERENCE DATE).                                                                                                                                                                                                                                                                                                                      |                                                                         | OMS28 - EVENDMM                                                         |
| EVENDMM       | OMS28          | date          | Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE).<br><br>On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?                                                              | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | OMS28 - EVENDDD                                                         |
| EVENDDD       | OMS28          | date          | Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE).<br><br>On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?                                                              | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | OMS28 -EVENDYY                                                          |
| EVENDYY       | OMS28          | date          | Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE).<br><br>On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?                                                              | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused | OMS28 - OMNOTDONE                                                       |
| OMNOTDONE     | OMS28          | code one      |                                                                                                                                                                                                                                                                                                                                                                                                                    | (01) ALTERATION NOT YET COMPLETED<br>(-7) Empty                         | OM28 - OMPRALTR                                                         |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                | Code List                                                                                                                                                       | Routing                                                                                                                                                        |
|---------------|----------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OMPRALTR      | OM28           | yes/no        | [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] make any alterations or modify the inside or outside of (your/(SP) home or car because of some illness or injury?<br><br>[Alterations include ramps, handrails, elevator or chair lift, incline chair, walk-in tub, tub seats, tub handrails, and any car alterations.] | (01) YES<br>(02) NO<br>(03) INDICATED YES BY DATAPREP<br>(-8) Don't Know<br>(-9) Refused                                                                        | (01) OM29 - ALTRTYPE<br>(02) BOX OM26<br>(03) DO NOT DISPLAY.<br>(-8) BOX OM26<br>(-9) BOX OM26                                                                |
| ALTRTYPE      | OM29           | code one      | What was the alteration?                                                                                                                                                                                                                                                                                                                                                                                                                                 | (01) ELEVATOR OR INCLINE CHAIR<br>(02) HANDRAILS (OTHER THAN TUB)<br>(03) RAMPS<br>(04) TUB HANDRAILS<br>(05) TUB SEAT<br>(06) ANY CAR ALTERATION<br>(91) OTHER | (01) OM30 - EVENDMM<br>(02) OM30 - EVENDMM<br>(03) OM30 - EVENDMM<br>(04) OM30 - EVENDMM<br>(05) OM30 - EVENDMM<br>(06) OM30 - EVENDMM<br>(91) OM29 - EVOSTEXT |
| EVOSTEXT      | OM29           | verbatim text | OTHER (SPECIFY)                                                                                                                                                                                                                                                                                                                                                                                                                                          | (01) continuous answer                                                                                                                                          | OM30 - EVENDMM                                                                                                                                                 |
| EVENDMM       | OM30           | date          | On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?                                                                                                                                                                                                                                             | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused<br><br>MM:                                                                              | OM30 - EVENDDD                                                                                                                                                 |
| EVENDDD       | OM30           | date          | On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?                                                                                                                                                                                                                                             | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused<br><br>DD:                                                                              | OM30 - EVENDYY                                                                                                                                                 |
| EVENDYY       | OM30           | date          | On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?                                                                                                                                                                                                                                             | (01) continuous answer<br>(-7) Empty<br>(-8) Don't Know<br>(-9) Refused<br><br>YYYY:                                                                            | OM30 - OMNOTDONE                                                                                                                                               |
| OMNOTDONE     | OM30           | code one      |                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (01) ALTERATION NOT YET COMPLETED<br>(-7) Empty                                                                                                                 | BOX OM25A                                                                                                                                                      |
|               | BOX OM25A      | routing       | IF ADMINISTERING ST, GO TO BOX ST36.<br>ELSE IF ADMINISTERING NS, GO TO BOX NS36.<br>ELSE GO TO OM31 - MOREALTR.                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                 |                                                                                                                                                                |
| MOREALTR      | OM31           | yes/no        | In addition to the alteration(s) you just told me about, did [you/(SP)] make any other alterations because of some illness or injury [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?                                                                                                                                                   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                          | (01) OM29 - ALTRTYPE<br>(02) BOX OM26<br>(-8) BOX OM26<br>(-9) BOX OM26                                                                                        |
|               | BOX OM26       | routing       | GO TO STQ.                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                 |                                                                                                                                                                |