

MP. MEDICAL PROVIDER UTILIZATION AND EVENTS
(CORE ONLY)

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| BOX MP1A | IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX OM1A. |
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- MP1. (Besides what you have already mentioned), [Since (REF. DATE), (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any medical doctors?
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]
[SEE REFERENCE CARD FOR M.D. SPECIALTIES, IF NECESSARY.]

MPPRMDOC

| | |
|------------------|-----------|
| YES | 1 (MP2) |
| NO | 2 (MP18) |
| REFUSED | -7 (MP18) |
| DON'T KNOW | -8 (MP18) |

- MP2. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]

PROVNAME
PROVSPEC
EVNTPROV

| | | |
|------------|--|------------------|
| BOX MP1 | a. SP HAS USED V.A. FACILITIES (HI36=1) | 1 (b) |
| | SP HAS NOT USED V.A. (HI36=2 OR MISSING) | 2 BOX MP2 |
| | b. "V.A. FLAG" SET FOR THIS PROVIDER | 1 BOX MP2 |
| | "V.A. FLAG" NOT SET FOR THIS PROVIDER | 2 (MP3) |

- MP3. Is (DOCTOR) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

VAPLACE

| | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

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| BOX MP2 | <p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) 1 (b)</p> <p>SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE=2 OR MISSING FOR <u>ALL</u> PLANS) 2 BOX MP2A1</p> <p>b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 BOX MP2A1</p> <p>"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (MP5)</p> <p>"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 3 (MP4)</p> |
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MP4. Is (DOCTOR) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES 1 **BOX MP2A1**

NO 2 (MP5)

REFUSED -7 (MP5)

DON'T KNOW -8 (MP5)

MP5. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES 1 **BOX MP2A1**

NO 2 (MP5a)

REFUSED -7 **BOX MP2A1**

DON'T KNOW -8 **BOX MP2A1**

MP5a. What is the most important reason (you/SP) did not see a doctor associated with [READ MANAGED CARE [HMONO] PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

| | | |
|-----------------|---|----|
| | PLAN DOES NOT COVER THE SERVICE SP WANTED | 1 |
| | SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN..... | 2 |
| | OFFICE NOT CONVENIENTLY LOCATED FOR THE SP | 3 |
| | PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS | 4 |
| | SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL | 5 |
| NOHMOMAI | SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN | 6 |
| | SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN | 7 |
| | PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY | 8 |
| | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS | 9 |
| | PLAN ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... | 11 |
| | SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER | 12 |
| | SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED | 13 |
| NOHMOMOS | OTHER (SPECIFY) | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

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| BOX MP2A1 | IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO BOX MP2A. OTHERWISE, GO TO MP6. |
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MP6. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

EVNTTYPE
EVNTPROV
EVBEGMM
EVBEGDD
EVBEGYY

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|-------------|---|
| BOX MP2A | GO TO MP6a IF THE MP VISIT DATE DOES NOT CONTAIN SHIFT/5 (%) AND: IS EQUAL TO THE ADMISSION OR DISCHARGE DATE OF AN IP VISIT, OR FALLS BETWEEN THE ADMISSION AND DISCHARGE DATES OF AN IP VISIT, OR SP IS STILL IN HOSPITAL, OR MP VISIT DATE AND IP VISIT DATES HAVE SAME MONTH, BUT MP AND/OR IP DAY OF WEEK = MISSING. OTHERWISE, CYCLE THROUGH BOX MP2C - MP16 FOR EACH MP DATE REPORTED. |
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MP6a. We have recorded that (you were/SP was) a patient in a hospital on (MP VISIT DATE). Was this visit with (PROVIDER) on (MP VISIT DATE) a visit to (you/SP) while in the hospital?

MP1PSTAY YES 1 **BOX MP2B**
NO 2 **BOX MP2C**
REFUSED -7 **BOX MP2C**
DON'T KNOW -8 **BOX MP2C**

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| BOX MP2B | CODE EVENT TYPE AS "SBD" EVENT. IF MORE DATES, GO TO BOX MP2A . OTHERWISE, GO TO BOX MP6(b) . |
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| BOX MP2C | IF EVENT ENTERED IN MP OR MP EVENT ENTERED IN ST/NS/CT/UTS AND PROVIDER'S SPECIALTY = 1,91, MISSING, 2, 12, 16, 17, 18, 20, 21, GO TO MP7. IF EVENT ENTERED IN ST/NS/CT/UTS AND ANY OTHER PROVIDER SPECIALTY TYPE, GO TO MP10. |
|-------------|---|

- MP7. Were any operations performed on (you/SP) during [the visit on (FIRST/NEXT VISIT DATE)/any of the [(RVTIMES)] visits in (EVBEGMM EVBEGYY)]?
[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS

| | |
|------------------|-----------|
| YES | 1 (MP8) |
| NO | 2 (MP10) |
| REFUSED | -7 (MP10) |
| DON'T KNOW | -8 (MP10) |

- MP8. What was the name of the operation or other surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC

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|--------------------|
| OPERATION 1: |
| OPERATION 2: |
| OPERATION 3: |

- MP9. What condition required the [READ SURGICAL PROCEDURES BELOW]?
[ENTER ALL CONDITIONS.]

CONDTION

| | |
|------------|-------------------------|
| BOX MP3 | GO TO BOX MP2D . |
|------------|-------------------------|

- MP10. (Was this visit/were any of these visits) to (PROVIDER) for any specific condition?

SPECCOND

| | |
|------------------|--------------------|
| YES | 1 (MP11) |
| NO | 2 BOX MP2D |
| DON'T KNOW | -8 BOX MP2D |

MP11. What was the condition?
[ENTER ALL CONDITIONS.]
CONDTION

| | |
|-------------|---|
| BOX MP2D | IF THIS VISIT ADDED THROUGH MP1, MP18, MP26, MP34, MP42 OR MP50, GO TO MP12. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO BOX MP4 . |
|-------------|---|

MP12. During (this visit/any of these visits) to (PROVIDER), were any medicines prescribed for (you/SP)?

PRESMDCN YES 1 (MP13)
NO 2 **BOX MP4**
REFUSED -7 **BOX MP4**
DON'T KNOW -8 **BOX MP4**

MP13. Were any of the prescriptions filled?
[PRESFILL]

PRESFILL YES 1 (MP14)
NO 2 **BOX MP4**
REFUSED -7 **BOX MP4**
DON'T KNOW -8 **BOX MP4**

MP14. Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK SPELLING.]
PMEDNAME

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| BOX MP4 | IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS PROVIDER IS: 0..... (GO TO BOX MP6(b)) 1-4 (RETURN TO BOX MP2A /MP7/MP10 FOR NEXT VISIT) 5 OR MORE (BOX MP5) |
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| BOX MP5 | IF MP7 CODED 1 FOR THIS VISIT, RETURN TO MP7/MP10 FOR NEXT VISIT. IF MP 7 CODED -1, 2, REF OR DK AND MP10 = 1, GO TO MP15. IF MP7 CODED -1, 2, REF OR DK AND MP10 = 2, REF OR DK, GO TO MP7/MP10 FOR NEXT VISIT. |
|------------|---|

- MP15. You told me that (you/SP) also went to (PROVIDER) on [READ DATES BELOW]. Were any of these visits made for the same condition as the one you've just told me about?

SAMEREAS

| | |
|------------------|------------------------------|
| YES | 1 (MP16) |
| NO | 2 (MP7/MP10 FOR NEXT VISIT) |
| REFUSED | -7 (MP7/MP10 FOR NEXT VISIT) |
| DON'T KNOW | -8 (MP7/MP10 FOR NEXT VISIT) |

- MP16. Which visits were the same? What were the dates? [ENTER ALL DATES.]

EVNTLINK

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|------------|--|
| BOX MP6 | <p>a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO BOX MP2A /MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH MP1/MP18/MP26/MP34/MP42/MP50, GO TO MP17/MP25/MP33/MP41/MP49/MP56. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12 . IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11.</p> |
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- MP17. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this doctor or any other medical doctor?

TEMP

| | |
|------------------|--------------------|
| YES | 1 (MP2) |
| NO | 2 BOX MP6A |
| REFUSED | -7 BOX MP6A |
| DON'T KNOW | -8 BOX MP6A |

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| BOX MP6A | <p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO MP18.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO MP VISITS FOR THIS ROUND, GO TO MP18.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO MP18.</p> <p>FOR THE FOLLOWING: MOST RECENT MP VISIT IS AN MP VISIT WHERE MP6A=2 OR MISSING AND PROVIDER ROSTER SPECIALTY (PROVSPEC)=2. GO TO AC20, AC21, AC24-AC28b FOR MOST RECENT MP VISIT.</p> |
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- AC20. Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?

MDSPCLTY
MDSPCLOS

AC21. What was the reason (you/SP) saw the doctor?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

| | | |
|----------------|-------------------------------|----|
| MDMCOND | MEDICAL CONDITION NAMED | 1 |
| MDTESTS | TESTS | 2 |
| MDFOLUP | FOLLOW-UP | 3 |
| MDCHKUP | CHECKUP | 4 |
| MDRFRL | REFERRAL | 5 |
| MDSURGY | SURGERY | 6 |
| MDPSHOT | OTHER (SPECIFY) | 91 |
| MDTSHOT | REFUSED | -7 |
| MDPMED | DON'T KNOW | -8 |
| MDOTHER | | |
| MDOTHOS | | |

AC22./AC23. OMITTED.

AC24. Did (you/SP) have an appointment for this visit with the doctor, or did (you/he/she) just walk in?

| | | |
|---------------|-------------------|-----------|
| MDAPPT | APPOINTMENT | 1 (AC25) |
| | WALKED IN | 2 (AC27) |
| | REFUSED | -7 (AC27) |
| | DON'T KNOW | -8 (AC27) |

AC25. Did someone in the doctor's office tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

| | | |
|----------------|-----------------------------|-----------|
| MDDRTEL | TOLD TO COME BACK DURING | |
| | EARLIER VISIT..... | 1 (AC27) |
| | CALLED FOR APPOINTMENT..... | 2 (AC26) |
| | REFUSED | -7 (AC27) |
| | DON'T KNOW | -8 (AC27) |

AC26. How long did (you/SP) have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?

| | | |
|----------------|----------------------------|-----------|
| MDAWUNT | DID NOT HAVE TO WAIT | 0 (AC27) |
| | DAYS | 1 (a) |
| | WEEKS | 2 (b) |
| | MONTHS | 3 (c) |
| | REFUSED | -7 (AC27) |
| | DON'T KNOW | -8 (AC27) |
| MDAWDAY | a. NUMBER OF DAYS | |
| MDAWWKS | b. NUMBER OF WEEKS | |
| MDAWMOS | c. NUMBER OF MONTHS | |

AC27. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the medical doctor take altogether?

MDVLUNT HOURS ONLY 1 (a)
 MINUTES ONLY 2 (b)
 HOURS AND MINUTES 3 (a & b)
 REFUSED -7 (AC28)
 DON'T KNOW -8 (AC28)

MDVLHRS a. NUMBER OF HOURS _____
MDVLMIN b. NUMBER OF MINUTES _____

AC28. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

MDVWUNT DID NOT HAVE TO WAIT 0 **BOX MP6B**
 HOURS ONLY 1 (a)
 MINUTES ONLY 2 (b)
 HOURS AND MINUTES 3 (a & b)
 REFUSED -7 **BOX MP6B**
 DON'T KNOW -8 **BOX MP6B**
MDVWHRS a. NUMBER OF HOURS _____
MDVWMIN b. NUMBER OF MINUTES _____ GO TO **BOX MP6B**

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| BOX MP6B | IF AC25 = 1, GO TO MP18. OTHERWISE, GO TO AC28a. |
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AC28a. Was the doctor that (you/SP) saw (your/his/her) first choice?

MDVCHOIC YES 1 (MP18)
 NO 2 (AC28b)
 REFUSED -7 (MP18)
 DON'T KNOW -8 (MP18)

AC28b. Why didn't (you/SP) see the doctor that was (your/her/his) first choice?

[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

MDVCHVB1
MDVCHVB2
MDVCHVB3

- MP18. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.]
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

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| SHOW CARD MP1 |
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| | | |
|-----------------|------------------|-----------|
| MPPRPRAC | YES | 1 (MP19) |
| | NO | 2 (MP26) |
| | REFUSED | -7 (MP26) |
| | DON'T KNOW | -8 (MP26) |

- MP19. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

| | |
|-------------|--|
| BOX MP6C | IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP19 (PROVSPEC = -1 FOR MP19 PROVIDER), GO TO MP20. OTHERWISE, GO TO BOX MP7 . |
|-------------|--|

- MP20. What kind of health practitioner is (PROVIDER)?
PROVSPEC
PROVSPOS

| | | | |
|------------|----|--|------------------|
| BOX MP7 | a. | SP HAS USED V.A. FACILITIES (HI36=1) | 1 (b) |
| | | SP HAS NOT USED V.A. (HI36=2 OR MISSING) | 2 BOX MP8 |
| | b. | "V.A. FLAG" SET FOR THIS PROVIDER | 1 BOX MP8 |
| | | "V.A. FLAG" NOT SET FOR THIS PROVIDER | 2 (MP21) |

MP21. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

VAPLACE

| | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

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| BOX MP8 | a. | SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) | 1 (b) |
| | | SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) | 2 (MP24) |
| | b. | "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER | 1 (MP24) |
| | | "MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER | 2 (MP23) |
| | | "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER | 3 (MP22) |
| | | | |

MP22. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

HMOASSOC

| | |
|------------------|-----------|
| YES | 1 (MP24) |
| NO | 2 (MP23) |
| REFUSED | -7 (MP23) |
| DON'T KNOW | -8 (MP23) |

MP23. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

| | |
|------------------|-----------|
| YES | 1 (MP24) |
| NO | 2 (MP23a) |
| REFUSED | -7 (MP24) |
| DON'T KNOW | -8 (MP24) |

MP23a. What is the most important reason (you/SP) did not see a health practitioner associated with [READ
[HMONO] MANAGED CARE PLAN NAME(S) BELOW] or a health practitioner that [READ MANAGED CARE PLAN NAME(S)
BELOW] would refer (you/SP) to?

| | | |
|-----------------|---|----|
| | PLAN DOES NOT COVER THE SERVICE SP WANTED | 1 |
| | SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN..... | 2 |
| | OFFICE NOT CONVENIENTLY LOCATED FOR THE SP | 3 |
| | PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS | 4 |
| NOHMOMAI | SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL | 5 |
| | SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN | 6 |
| | SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN | 7 |
| | PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY | 8 |
| | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS | 9 |
| | PLAN ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... | 11 |
| | SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER | 12 |
| | SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED | 13 |
| NOHMOMOS | OTHER (SPECIFY) | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

MP24. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/Between (PREVIOUS
ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

EVBEGMM

EVBEGDD

EVBEGYY

| | |
|------------|--|
| BOX MP9 | <p>FOR EACH VISIT DATE REPORTED AT MP24: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE ASK MP7 - MP16 .</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP25.</p> |
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MP25. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this practitioner or any other health practitioner?

| | | |
|-------------|------------------|-----------|
| TEMP | YES | 1 (MP19) |
| | NO | 2 (MP26) |
| | REFUSED | -7 (MP26) |
| | DON'T KNOW | -8 (MP26) |

MP26. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, and clinical social worker.]

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|--|-----------------|------------------|-----------|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;"> SHOW CARD MP2 </div> | MPPRMENT | YES | 1 (MP27) |
| | | NO | 2 (MP34) |
| | | REFUSED | -7 (MP34) |
| | | DON'T KNOW | -8 (MP34) |

MP27. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

| | |
|-------------|---|
| BOX MP9A | <p>IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP27 (PROVSPEC = -1 FOR MP27 PROVIDER), GO TO MP28. OTHERWISE, GO TO BOX MP10.</p> |
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MP28. What kind of mental health professional is (PROVIDER)?

PROVSPEC**PROVSPOS**

| | | | |
|-------------|----|--|-------------------|
| BOX MP10 | a. | SP HAS USED V.A. FACILITIES (HI36=1) | 1 (b) |
| | | SP HAS NOT USED V.A. (HI36=2 OR MISSING) | 2 BOX MP11 |
| | b. | "V.A. FLAG" SET FOR THIS PROVIDER | 1 BOX MP11 |
| | | "V.A. FLAG" NOT SET FOR THIS PROVIDER | 2 (MP29) |

MP29. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]**VAPLACE**

YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

| | | | |
|-------------|----|--|----------|
| BOX MP11 | a. | SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) | 1 (b) |
| | | SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG =2 OR MISSING FOR <u>ALL</u> PLANS) | 2 (MP32) |
| | b. | "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER | 1 (MP32) |
| | | "MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER | 2 (MP31) |
| | | "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER | 3 (MP30) |

MP30. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]**HMOASSOC**

YES 1 (MP32)
 NO 2 (MP31)
 REFUSED -7 (MP31)
 DON'T KNOW -8 (MP31)

MP31. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

| | | |
|-----------------|------------------|-----------|
| HMOREFER | YES | 1 (MP32) |
| | NO | 2 (MP31a) |
| | REFUSED | -7 (MP32) |
| | DON'T KNOW | -8 (MP32) |

MP31a. What is the most important reason (you/SP) did not see a mental health professional associated with [READ
[HMONO] MANAGED CARE PLAN NAME(S) BELOW] or a mental health professional that [READ MANAGED CARE PLAN
NAME(S) BELOW] would refer (you/SP) to?

| | | |
|-----------------|---|----|
| | PLAN DOES NOT COVER THE SERVICE SP WANTED | 1 |
| | SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN | 2 |
| | OFFICE NOT CONVENIENTLY LOCATED FOR THE SP | 3 |
| | PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS | 4 |
| | SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL | 5 |
| NOHMOMAI | SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN | 6 |
| | SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN | 7 |
| | PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY | 8 |
| | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS | 9 |
| | PLAN ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... | 11 |
| | SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER | 12 |
| | SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED | 13 |
| NOHMOMOS | OTHER (SPECIFY) | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

MP32. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

EVBEGMM

EVBEGDD

EVBEGYY

| | |
|-------------|--|
| BOX MP12 | <p>FOR EACH VISIT DATE REPORTED AT MP32: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16.</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP33.</p> |
|-------------|--|

MP33. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this professional or any other mental health professional?

TEMP

YES 1 (MP27)

NO 2 (MP34)

REFUSED -7 (MP34)

DON'T KNOW -8 (MP34)

MP34. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]

| |
|---------------------|
| SHOW CARD MP3 |
|---------------------|

MPPRTHER

YES 1 (MP35)

NO 2 (MP42)

REFUSED -7 (MP42)

DON'T KNOW -8 (MP42)

MP35. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

| | |
|--------------|--|
| BOX MP12A | IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP35 (PROVSPEC = -1 FOR MP35 PROVIDER), GO TO MP36. OTHERWISE, GO TO BOX MP13. |
|--------------|--|

MP36. What kind of therapist is (PROVIDER)?
PROVSPEC
PROVSPOS

| | |
|-------------|---|
| BOX MP13 | a. SP HAS USED V.A. FACILITIES (HI36=1) 1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) 2 BOX MP14 |
| | b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX MP14 "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (MP37) |

MP37. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

VAPLACE YES 1
NO 2
REFUSED -7
DON'T KNOW -8

| | |
|-------------|---|
| BOX MP14 | <p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) 1 (b)</p> <p>SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) 2 (MP40)</p> <p>b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 (MP40)</p> <p>"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (MP39)</p> <p>"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 3 (MP38)</p> |
|-------------|---|

MP38. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES 1 (MP40)

NO 2 (MP39)

REFUSED -7 (MP39)

DON'T KNOW -8 (MP39)

MP39. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES 1 (MP40)

NO 2 (MP39a)

REFUSED -7 (MP40)

DON'T KNOW -8 (MP40)

MP39a. What is the most important reason (you/SP) did not see a therapist associated with [READ MANAGED [HMONO] CARE PLAN NAME(S) BELOW] or a therapist that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

| | | |
|-----------------|---|----|
| | PLAN DOES NOT COVER THE SERVICE SP WANTED | 1 |
| | SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN | 2 |
| | OFFICE NOT CONVENIENTLY LOCATED FOR THE SP | 3 |
| | PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS | 4 |
| | SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL | 5 |
| NOHMOMAI | SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN | 6 |
| | SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN | 7 |
| | PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY | 8 |
| | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS | 9 |
| | PLAN ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... | 11 |
| | SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER | 12 |
| | SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED | 13 |
| NOHMOMOS | OTHER (SPECIFY) | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

MP40. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

EVBE GMM

EVBE GDD

EVBE GYY

| | |
|-------------|--|
| BOX MP15 | <p>FOR EACH VISIT DATE REPORTED AT MP40: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16.</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP41.</p> |
|-------------|--|

MP41. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this therapist or any other therapist?

TEMP

YES 1 (MP35)
 NO 2 (MP42)
 REFUSED -7 (MP42)
 DON'T KNOW -8 (MP42)

MP42. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any other medical persons like the ones listed on this card? [Other medical persons include nurse, paramedic, and physician's assistant.]

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

| |
|---------------------|
| SHOW CARD MP4 |
|---------------------|

MPPR PERS

YES 1 (MP43)
 NO 2 (MP50)
 REFUSED -7 (MP50)
 DON'T KNOW -8 (MP50)

MP43. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

| | |
|--------------|---|
| BOX MP15A | IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP43 (PROVSPEC = -1 FOR MP43 PROVIDER), GO TO MP44. OTHERWISE, GO TO BOX MP16 . |
|--------------|---|

MP44. What kind of medical person is (PROVIDER)?
PROVSPEC
PROVSPOS

| | |
|-------------|---|
| BOX MP16 | a. SP HAS USED V.A. FACILITIES (HI36=1) 1 (b) SP HAS NOT USED V.A. (HI36=2 OR MISSING) 2 BOX MP17 b. "V.A. FLAG" SET FOR THIS PROVIDER 1 BOX MP17 "V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (MP45) |
|-------------|---|

MP45. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

VAPLACE YES 1
NO 2
REFUSED -7
DON'T KNOW -8

| | |
|-------------|--|
| BOX MP17 | a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) 1 (b) SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) 2 (MP48) b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 (MP48) "MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (MP47) "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 3 (MP46) |
|-------------|--|

MP46. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

| | | |
|-----------------|------------------|-----------|
| HMOASSOC | YES | 1 (MP48) |
| | NO | 2 (MP47) |
| | REFUSED | -7 (MP47) |
| | DON'T KNOW | -8 (MP47) |

MP47. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

| | | |
|-----------------|------------------|-----------|
| HMOREFER | YES | 1 (MP48) |
| | NO | 2 (MP47a) |
| | REFUSED | -7 (MP48) |
| | DON'T KNOW | -8 (MP48) |

MP47a. What is the most important reason (you/SP) did not see a medical person associated with [READ
[HMONO] MANAGED CARE PLAN NAME(S) BELOW] or a medical person that [READ MANAGED CARE PLAN NAME(S)
BELOW] would refer (you/SP) to?

| | | |
|-----------------|---|----|
| | PLAN DOES NOT COVER THE SERVICE SP WANTED | 1 |
| | SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN..... | 2 |
| | OFFICE NOT CONVENIENTLY LOCATED FOR THE SP | 3 |
| | PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS | 4 |
| | SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL | 5 |
| NOHMOMAI | SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN | 6 |
| | SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN | 7 |
| | PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY | 8 |
| | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS | 9 |
| | PLAN ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... | 11 |
| | SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER | 12 |
| | SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED | 13 |
| NOHMOMOS | OTHER (SPECIFY) | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

MP48. When did (you/SP) see (PROVIDER)? Please tell me all the dates since (REF. DATE)?
[ENTER ALL DATES.]

EVBEGMM
EVBEGDD
EVBEGY

| | |
|-------------|--|
| BOX MP18 | <p>FOR EACH VISIT DATE REPORTED AT MP48: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16.</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP49.</p> |
|-------------|--|

MP49. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this person or any other medical person?

| | | |
|-------------|------------------|-----------|
| TEMP | YES | 1 (MP43) |
| | NO | 2 (MP50) |
| | REFUSED | -7 (MP50) |
| | DON'T KNOW | -8 (MP50) |

MP50. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) visited/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) visit] any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]

| | | | |
|---------------------|-----------------|------------------|--------------------|
| SHOW CARD MP5 | MPPRPLAC | YES | 1 (MP51) |
| | | NO | 2 BOX OM1A |
| | | REFUSED | -7 BOX OM1A |
| | | DON'T KNOW | -8 BOX OM1A |

MP51. What is the name of the other medical place that (you/SP) visited during this time?
[ENTER ONLY ONE PROVIDER.]

PROVNAME
PROVTYPE

| | | | |
|-------------|----|--|-------------------|
| BOX MP19 | a. | SP HAS USED V.A. FACILITIES (HI36=1) | 1 (b) |
| | | SP HAS NOT USED V.A. (HI36=2 OR MISSING) | 2 BOX MP20 |
| | b. | "V.A. FLAG" SET FOR THIS PROVIDER | 1 BOX MP20 |
| | | "V.A. FLAG" NOT SET FOR THIS PROVIDER | 2 (MP52) |

MP52. Is (PLACE) associated with a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

VAPLACE

| | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

| | | | |
|-------------|----|---|----------|
| BOX MP20 | a. | SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) | 1 (b) |
| | | SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) | 2 (MP55) |
| | b. | "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER | 1 (MP55) |
| | | "MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER | 2 (MP54) |
| | | "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER | 3 (MP53) |

MP53. Is (PLACE) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

| | |
|------------------|-----------|
| YES | 1 (MP55) |
| NO | 2 (MP54) |
| REFUSED | -7 (MP54) |
| DON'T KNOW | -8 (MP54) |

MP54. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

| | |
|------------------|-----------|
| YES | 1 (MP55) |
| NO | 2 (MP54a) |
| REFUSED | -7 (MP55) |
| DON'T KNOW | -8 (MP55) |

MP54a. What is the most important reason (you/SP) did not go to a medical place associated with [READ MANAGED
[HMONO] CARE PLAN NAME(S) BELOW] or a medical place that [READ MANAGED CARE PLAN NAME(S) BELOW]
would refer (you/SP) to?

| | | |
|-----------------|---|----|
| | PLAN DOES NOT COVER THE SERVICE SP WANTED | 1 |
| | SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN | 2 |
| | OFFICE NOT CONVENIENTLY LOCATED FOR THE SP | 3 |
| | PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS | 4 |
| | SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL | 5 |
| NOHMOMAI | SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN | 6 |
| | SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN | 7 |
| | PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY | 8 |
| | THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS | 9 |
| | PLAN ADMINISTRATIVE OBSTACLES FOR SP | 10 |
| | NOT IN A MANAGED CARE PLAN AT TIME OF EVENT..... | 11 |
| | SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER | 12 |
| | SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED | 13 |
| NOHMOMOS | OTHER (SPECIFY) | 91 |
| | REFUSED | -7 |
| | DON'T KNOW | -8 |

MP55. When did (you/SP) visit (PLACE)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM
EVBEGDD
EVBEGYY

| | |
|-------------|---|
| BOX MP21 | ASK MP7 - MP16 FOR EACH VISIT DATE REPORTED AT MP55. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP56. |
|-------------|---|

MP56. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this place or any other type of medical place?

TEMP

| | |
|------------------|--------------------|
| YES | 1 (MP51) |
| NO | 2 BOX OM1A |
| REFUSED | -7 BOX OM1A |
| DON'T KNOW | -8 BOX OM1A |