OM. OTHER MEDICAL EXPENSES UTILIZATION

9/12/02 – last revised
MCBS Comm. (Round 34 Main)

MCBS MAIN STUDY - ROUND 34, FALL 2002

COMMUNITY COMPONENT

OM. OTHER MEDICAL EXPENSES UTILIZATION

BOX OM1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO **BOX PMS1**. OTHERWISE, GO TO OM1.

OM1.   Next I'm going to ask you about other medical expenses that (you/SP) may have had between [(PREVIOUS ROUND INTERVIEW DATE) and (today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION))]. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs of eyeglasses or contact lenses?

OMPREYEG

YES 1   (OM2)
NO 2   (OM3)
REFUSED .... -7   (OM3)
DON'T KNOW .... -8   (OM3)

OM2.   When did (you/SP) buy or repair glasses or contact lenses? 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
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1AA	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM2a FOR EACH DATE ENTERED AT OM2. OTHERWISE, GO TO OM3.

OM2a.   On (DATE AT OM2), did (you/SP) buy or repair the glasses or contact lenses at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the glasses or lenses at the managed care plan center; at an optician, optometrist or other place that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO

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

OM3.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs of a hearing aid, amplifier for a
         telephone, or similar device to help (you/SP) hear or speak?

         OMPRHEAR   YES 1 (OM4)
                                         NO .... 2 **BOX OMA1**
                                         REFUSED .... -7 **BOX OMA1**
                                         DON'T KNOW .... -8 **BOX OMA1**

OM4.   When did (you/SP) buy or repair a hearing or speech device? Please tell me all the dates [since (REF.
         DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION)].
         [ENTER ALL DATES.]
         OMETYPE
         EVBEGMM
         EVBEGDD
         EVBEGYY

BOX OM1BB	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM4a FOR EACH DATE ENTERED AT OM4. OTHERWISE, GO TO **BOX OMA1**.

OM4a.   On (DATE AT OM4), did (you/SP) buy or repair the hearing or speech device at [MANAGED CARE PLAN
         NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S)
         LISTED BELOW]?

         [PROBE: This could include buying or repairing the hearing or speech device at the managed care 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 managed care plan referred (you/SP) to.]

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

BOX OMA1	IF OM6 = 4, 5, 6, 91 AND OM7b = 1 FOR THE (FIRST/NEXT) ORTHOPEDIC ITEM FROM THE PREVIOUS ROUND, GO TO OMS5. OTHERWISE, GO TO OM5.

OMS5.   At the time of the last interview, (you were/SP was) renting (OM6 ITEM). As of (today/DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION), (is/was) the (OM6 ITEM) being rented?

         RENTSTIL   YES .... 1 **BOX OM1EE**
         RENTRECR   NO 2 (OM7c)
         RENTENDR   EVENT ENTERED IN ERROR .... 3 **BOX OMA1**
                                         REFUSED .... -7 **BOX OM3(a)**
                                         DON'T KNOW .... -8 **BOX OM3(a)**

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM5.   (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, support stockings, and braces or supports.]

SHOW CARD OM1	**OMPRORTH**	YES 1	(OM6)
		NO 2	(OM9)
		REFUSED .... -7	(OM9)
		DON'T KNOW _____ -8	(OM9)

OM6.   What was the item?

ORTHTYPE	BRACES/SUPPORTS....................................... 1	(OM7)
	CANE... 2	(OM7)
	CORRECTIVE SHOES/INSERTS.................... 3	(OM7)
	CRUTCHES 4	(OM6a)
EVOSTEXT	WALKER 5	(OM6a)
EVNTQUES	WHEELCHAIR/CART.. 6	(OM6a)
	STOCKINGS... 7	(OM7)
	OTHER (SPECIFY) _____ 91	(OM6a)

OM6a.   Did (you/SP) buy or repair the (OM6 ITEM), or did (you/SP) rent (it/them)?

RENTPROB	BUY/REPAIR 1	***BOX OM1***
	RENT 2	***BOX OM2***
	REFUSED .... -7	***BOX OM1***
	DON'T KNOW .... -8	***BOX OM1***

BOX OM1	IF EVENT ADDED: ■ THROUGH OM, GO TO OM7. ■ THROUGH UTS AND SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.

BOX OM2	IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b.

OM7. When did (you/SP) buy or repair the (ITEM FROM OM6)? 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 OM1CC	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa FOR EACH DATE ENTERED AT OM7. OTHERWISE, GO TO OM8.

OM7aa. On (DATE IN OM7), did (you/SP) buy or repair the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM6 ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

OMSATHMO

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

BOX OM2A	IF EVENT ADDED THROUGH UTS, GO TO UTSINTRC. IF EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. OTHERWISE, GO TO OM8.

OM7a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION] that (you/SP) rented the (ITEM FROM 0M6).
[ENTER ONLY ONE DATE.]
EVBEGMM
EVBEGDD
EVBEGYY

OM7b. (Are you/Is SP) still renting the (OM6 ITEM)?

RENTSTIL	YES	1	**BOX OM1DD**
RENTRECR	NO	2	(OM7c)
RENTENDR	REFUSED	-7	**BOX OM3(a)**
	DON'T KNOW	-8	**BOX OM3(a)**

BOX OM1DD	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO **BOX OM3(b)**.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM3	(a) FILL OM7c WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: ■ THROUGH OMS, GO TO **BOX OMA1**. ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO **BOX ST12B**. ■ THROUGH NS, GO TO **BOX NS11B**. ■ THROUGH CTRL/I, RETURN TO INT8.

OM7c.   What was the last date the (OM6 ITEM) was rented?

EVENDMM   _____/_____/_____
EVENDDD   MM   DD   YY
EVENDYY

BOX OM3A	IF SP IS DECEASED, GO TO **BOX OM1EE**. OTHERWISE, GO TO OM7cc.

OM7cc.   You said (you/SP) stopped renting the (OM6 ITEM). Is this because (you/he/she) no longer (have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY   NO LONGER HAVE THE ITEM......................... 1 **BOX OM1EE**
                         PURCHASED THROUGH RENT-TO-BUY .... 2 **BOX OM3B**
                         OTHER 3 (OM7ccVB)
                         REFUSED .... -7 **BOX OM1EE**
                         DON'T KNOW .... -8 **BOX OM1EE**

OM7ccVB.   INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OM6 ITEM).

REN2BVB1   _____
REN2BVB2   _____
REN2BVB3   _____
REN2BVB4   _____

BOX OM3B	IF OM7cc=2 OR 3, THEN SET RBUYCOST=1. GO TO **BOX OM1EE**.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM1EE	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO (b).
	(b) IF COMING FROM OMS5, GO TO **BOX OMA1**. OTHERWISE, GO TO **BOX OM4**.

OM7d.   Did (you/SP) rent the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM6 ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

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

BOX OM4	IF OMS5 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO **BOX OMA1**. OTHERWISE, IF EVENT ADDED: ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO **BOX ST12B**. ■ THROUGH NS, GO TO **BOX NS11B**. ■ THROUGH CTRL/I, RETURN TO INT8.

OM8.   In addition to the orthopedic item(s) you just told me about, did (you/SP) buy, repair, or rent any other orthopedic items [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

YES 1   (OM6)
NO 2   (OM9)
REFUSED .... -7   (OM9)
DON'T KNOW .... -8   (OM9)

OM9.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy diabetic equipment or supplies, such as those listed on this card? [Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]

SHOW CARD OM2	**OMPRDIAB**	YES .... 1 (OM10) NO .... 2 (OM11) REFUSED .... -7 (OM11) DON'T KNOW .... -8 (OM11)

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM10.   When did (you/SP) buy diabetic equipment or supplies? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1FF	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM10a FOR EACH DATE ENTERED AT OM10. OTHERWISE, GO TO OM11.

OM10a.   On (DATE IN OM10), did (you/SP) buy the diabetic equipment or supplies at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying the diabetic equipment or supplies at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

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

OM11.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) use any ambulance or rescue squad service?

OMPRAMBL
YES 1   (OM12)
NO 2   (OM13)
REFUSED .... -7   (OM13)
DON'T KNOW .... -8   (OM13)

OM12.   When did (you/SP) use an ambulance? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1GG	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM12a FOR EACH DATE IN OM12. OTHERWISE, GO TO OM13.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM12a.   Was the ambulance on (DATE) provided by or approved by [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[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.]

OMSATHMO

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

OM13.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy or pay for repairs of any prostheses, such as those on the card? [Prostheses include artificial leg or arm, mastectomy prosthesis, and glass eye.]

SHOW CARD OM3   **OMPRPROS**

YES	1	(OM14)
NO	2	**BOX OMA4**
REFUSED	-7	**BOX OMA4**
DON'T KNOW	-8	**BOX OMA4**

OM14.   When did (you/SP) buy or repair the prosthesis? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1HH   IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM14a FOR EACH DATE ENTERED AT OM14. OTHERWISE, GO TO **BOX OMA4**.

OM14a.   On (DATE AT OM14), did (you/SP) buy or repair the prosthesis at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the prosthesis at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO

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

OM15 - OM18 OMITTED

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OMA4	IF OM20b = 1 FOR THE (FIRST/NEXT) OXYGEN-RELATED EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS19. OTHERWISE, GO TO OM19.

OMS19.   At the time of the last interview, (you were/SP was) renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)] (is/was) the oxygen-related equipment being rented?

RENTSTIL	YES	1	***BOX OM1KK***
RENTRECR	NO	2	(OM20c)
RENTENDR	EVENT ENTERED IN ERROR	3	***BOX OMA4***
	REFUSED	-7	***BOX OM8(a)***
	DON'T KNOW	-8	***BOX OM8(a)***

OM19.   (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any (other) expenses for oxygen or supplies or oxygen-related equipment?

OMPROXGN	YES	1	(OM19a)
	NO	2	***BOX OMA11***
	REFUSED	-7	***BOX OMA11***
	DON'T KNOW	-8	***BOX OMA11***

OM19a.   What was that?

OXGNTYPE	OXYGEN/SUPPLIES	1	(OM20)
STOMTYPE	EQUIPMENT	2	(OM19b)

OM19b.   Did (you/SP) buy or repair the oxygen-related equipment, or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	***BOX OM5***
	RENT	2	***BOX OM6***
	BOUGHT/REPAIRED EQUIPMENT <u>AND</u> RENTED EQUIPMENT.........................	3	***BOX OM5***
	REFUSED	-7	***BOX OM5***
	DON'T KNOW	-8	***BOX OM5***

BOX OM5	IF EVENT ADDED: ■ THROUGH OM, GO TO OM20. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM6	IF EVENT ADDED THROUGH OM, GO TO OM20a. OTHERWISE, GO TO OM20b.

OM20. When did (you/SP) purchase the (oxygen or supplies)/(oxygen-related equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1II	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa FOR EACH DATE ENTERED AT OM20. OTHERWISE, GO TO ***BOX OM7***.

OM20aa. On (DATE IN OM20), did (you/SP) buy or repair the (OM19a RESPONSE ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM19a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

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

BOX OM7	IF OM19b = 3 AND EVENT ADDED THROUGH OM, GO TO OM20a. IF OM19b = 1 AND EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. IF OM19b = 1 AND EVENT ADDED THROUGH UTS, GO TO UTSINTRC. OTHERWISE, IF OM20d NOT EQUAL TO -1, GO TO ***BOX OMA11***. OTHERWISE, GO TO OM20d.

OM20a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the oxygen-related equipment.
[ENTER ONLY ONE DATE.]
EVBEGMM
EVBEGDD
EVBEGYY

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM20b.   (Are you/Is SP) still renting the oxygen-related equipment?

RENTSTIL	YES	1	***BOX OM1JJ***
RENTRECR	NO	2	(OM20c)
RENTENDR	REFUSED	-7	***BOX OM8(a)***
	DON'T KNOW	-8	***BOX OM8(a)***

BOX OM1JJ	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO ***BOX OM8(b)***.

BOX OM8	(a) FILL OM20c WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: ■ THROUGH OMS, GO TO ***BOX OMA4***. ■ THROUGH OM, GO TO ***BOX OM10***. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO ***BOX ST12B***. ■ THROUGH NS, GO TO ***BOX NS11B***. ■ THROUGH CTRL/I, RETURN TO INT8.

OM20c.   What was the last date the equipment was rented?

EVENDMM	_____/_____/_____		
EVENDDD	MM	DD	YY
EVENDYY			

BOX OM8A	IF SP IS DECEASED, GO TO ***BOX OM1KK***. OTHERWISE, GO TO OM20cc.

OM20cc.   You said (you/SP) stopped renting the oxygen-related equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY	NO LONGER HAVE THE ITEM.........................	1	***BOX OM1KK***
	PURCHASED THROUGH RENT-TO-BUY	2	***BOX OM8B***
	OTHER	3	(OM20ccVB)
	REFUSED	-7	***BOX OM1KK***
	DON'T KNOW	-8	***BOX OM1KK***

OM20ccVB.   INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM8B	IF OM20cc=2 OR 3, THEN SET RBUYCOST=1. GO TO **BOX OM1KK**.

BOX OM1KK	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO (b). (b) IF COMING FROM OMS19, GO TO **BOX OMA4**. OTHERWISE, GO TO **BOX OM9**.

OM20d1. Did (you/SP) rent the oxygen equipment at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the oxygen equipment at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

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

BOX OM9	IF OMS19 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO **BOX OMA4**. OTHERWISE, IF EVENT ADDED: ■ THROUGH OM, GO TO **BOX OM10**. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO **BOX ST12B**. ■ THROUGH NS, GO TO **BOX NS11B**. ■ THROUGH CTRL/I, RETURN TO INT8.

BOX OM10	IF OM20d NOT EQUAL TO -1, GO TO **BOX OMA11**. OTHERWISE, GO TO OM20d.

OM20d. 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)]?

YES .... 1 **BOX OM11**
NO .... 2 **BOX OMA11**
REFUSED .... -7 **BOX OMA11**
DON'T KNOW .... -8 **BOX OMA11**

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM11	IF OM19a = 1, GO TO OM19b. IF OM19a = 2, GO TO OM20.

BOX OMA11	IF OM22b = 1 FOR THE (FIRST/NEXT) KIDNEY DIALYSIS EQUIPMENT RENTAL FROM THE PREVIOUS ROUND, GO TO OMS21. OTHERWISE, GO TO OM21.

OMS21. At the time of the last interview, (you were/SP was) renting equipment for kidney dialysis. As of (today/DATE OF DEATH/INSTITUTIONALIZATION), (is/was) the equipment being rented?

RENTSTIL	YES	1 ***BOX OM1NN***
RENTRECR	NO	2 (OM22c)
RENTENDR	EVENT ENTERED IN ERROR	3 ***BOX OMA11***
	REFUSED	-7 ***BOX OM15(a)***
	DON'T KNOW	-8 ***BOX OM15(a)***

OM21. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?

OMPRKDNY	YES	1 (OM21a)
	NO	2 ***BOX OMA18***
	REFUSED	-7 ***BOX OMA18***
	DON'T KNOW	-8 ***BOX OMA18***

OM21a. What was that?

KDNYTYPE	SUPPLIES	1 (OM22)
STOMTYPE	EQUIPMENT	2 (OM21b)

OM21b. Did (you/SP) buy or repair the dialysis equipment, or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1 ***BOX OM12***
	RENT	2 ***BOX OM13***
	REFUSED	-7 ***BOX OM12***
	DON'T KNOW	-8 ***BOX OM12***

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM12	IF EVENT ADDED: ■ THROUGH OM, GO TO OM22. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.

BOX OM13	IF EVENT ADDED THROUGH OM, GO TO OM22a. OTHERWISE, GO TO OM22b.

OM22. When did (you/SP) (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1LL	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa FOR EACH DATE ENTERED AT OM22. OTHERWISE, GO TO *BOX OM14*.

OM22aa. On (DATE IN OM22), did (you/SP) buy (or repair) the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying (or repairing) the (OM21a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

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

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM14	IF EVENT ADDED THROUGH UTS, GO TO UTSINTRC. IF EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. IF OM22d NOT EQUAL TO -1, GO TO **BOX OMA18**. OTHERWISE, GO TO OM22d.

OM22a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the kidney dialysis equipment. [ENTER ONLY ONE DATE.]
EVBEGMM
EVBEGDD
EVBEGYY

OM22b. (Are you/Is SP) still renting the kidney dialysis equipment?

RENTSTIL	YES		**BOX OM1MM**
RENTRECR	NO..	2	(OM22c)
RENTENDR	REFUSED	-7	**BOX OM15(a)**
	DON'T KNOW	-8	**BOX OM15(a)**

BOX OM1MM	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO **BOX OM15(b)**.

BOX OM15	(a) FILL OM22c WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: ■ THROUGH OMS, GO TO **BOX OMA11**. ■ THROUGH OM, GO TO **BOX OM17**. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO **BOX ST12B**. ■ THROUGH NS, GO TO **BOX NS11B**. ■ THROUGH CTRL/I, RETURN TO INT8.

OM22c. What was the last date the equipment was rented?

EVENDMM   _____/_____/_____
EVENDDD   MM   DD   YY
EVENDYY

BOX OM15A	IF SP IS DECEASED, GO TO **BOX OM1NN**. OTHERWISE, GO TO OM22cc.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM22cc. You said (you/SP) stopped renting the dialysis equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY

NO LONGER HAVE THE ITEM .... 1 ***BOX OM1NN***
PURCHASED THROUGH RENT-TO-BUY .... 2 ***BOX OM15B***
OTHER 3 (OM22ccVB)
REFUSED .... -7 ***BOX OM1NN***
DON'T KNOW .... -8 ***BOX OM1NN***

OM22ccVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

BOX OM15B	IF OM22cc=2 OR 3, THEN SET RBUYCOST=1. GO TO ***BOX OM1NN***.

BOX OM1NN	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO (b).
	(b) IF COMING FROM OMS21, GO TO ***BOX OMA11***. OTHERWISE, GO TO ***BOX OM16***.

OM22d1. Did (you/SP) rent the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM21a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

OMSATHMO

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

BOX OM16	IF OMS21 ≠ -1 FOR THIS (NEXT) EVENT, GO TO ***BOX OMA11***. OTHERWISE, IF EVENT ADDED:
	■ THROUGH OM, GO TO ***BOX OM17***.
	■ THROUGH UTS, GO TO UTSINTRC.
	■ THROUGH ST, GO TO ***BOX ST12B***.
	■ THROUGH NS, GO TO ***BOX NS11B***.
	■ THROUGH CTRL/I, RETURN TO INT8.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

BOX OM17	IF OM22d NOT EQUAL TO -1, GO TO **BOX OMA18**. OTHERWISE, GO TO OM22d.

OM22d.   In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did (you/SP) [(buy kidney dialysis supplies)/(obtain any kidney dialysis equipment)]?

YES	....	1	**BOX OM18**
NO	....	2	**BOX OMA18**
REFUSED	....	-7	**BOX OMA18**
DON'T KNOW	....	-8	**BOX OMA18**

BOX OM18	IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22.

BOX OMA18	IF OM24 = 1, 2, 3, 4, 8, 91 AND OM26a1 = 1 FOR THE (FIRST/NEXT) MEDICAL EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS23. OTHERWISE, GO TO OM23.

OMS23.   At the time of the last interview, (you were/SP was) renting (PREV. ROUND OM24 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (PREV. ROUND OM24 ITEM) being rented?

RENTSTIL	YES	1	**BOX OM1QQ**
RENTRECR	NO	2	(OM26b)
RENTENDR	EVENT ENTERED IN ERROR	3	**BOX OMA18**
	REFUSED	-7	**BOX OM22(a)**
	DON'T KNOW	-8	**BOX OM22(a)**

OM23.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, rent, or repair any other medical equipment besides what we have talked about? [Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats, special chairs or cushions, hospital beds, ostomy supplies, Depends, Serenity or other brands of disposable diapers or incontinence supplies, bandages, blood pressure equipment such as cuffs or monitors, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, etc.]

SHOW CARD OM4	**OMPROTHR**	YES	1	(OM24)
		NO	2	**BOX OM24**
		REFUSED	-7	**BOX OM24**
		DON'T KNOW	-8	**BOX OM24**

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM24.   What kind of equipment was the item?

OTHRTYPE	PORTABLE COMMODE OR RAISED TOILET SEAT	1	(OM24a)
	PORTABLE TUB SEAT	2	(OM24a)
	SPECIAL CHAIR/CUSHION/MATTRESS	3	(OM24a)
	HOSPITAL BED/BED SIDES	4	(OM24a)
	OSTOMY SUPPLIES	5	(OM25)
	INCONTINENCE SUPPLIES (I.E., DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS)	6	(OM25)
EVOSTEXT	BANDAGES, DRESSINGS,		
EVNTQUES	TAPE SUPPLIES	7	(OM25)
STOMTYPE	PULMONARY EQUIPMENT	8	(OM24a)
	BLOOD PRESSURE EQUIPMENT	9	(OM26)
	OTHER (SPECIFY) _____	91	(OM24a)

OM24a.   Did (you/SP) buy or repair the (OM24 ITEM), or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	***BOX OM19***
	RENT	2	***BOX OM20***
	REFUSED	-7	***BOX OM19***
	DON'T KNOW	-8	***BOX OM19***

BOX OM19	IF EVENT ADDED: ■ THROUGH OM, GO TO OM26. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM26aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM26aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.

BOX OM20	IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1.

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM25.   [INTERVIEWER: 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 (REF. DATE).]
How many times [since (REF. DATE) (have you/has SP) bought or obtained/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (SP) buy or obtain] (ITEM IN OM24)?

	NUMBER OF TIMES:	(OM27)
GETNUM	REFUSED .... -7	(OM27)
PMROTYPE	DON'T KNOW .... -8	(OM27)

OM26.   When did (you/SP) buy or repair the (ITEM IN OM24)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]
[ENTER ALL DATES.]
OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1OO	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8, 9, OR 91, GO TO OM26aa FOR EACH DATE ENTERED AT OM26. OTHERWISE, GO TO OM27.

OM26aa. On (DATE IN OM26), did (you/SP) buy or repair the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (ITEM IN OM24) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

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

BOX OM21	IF EVENT ADDED IN UTS, GO TO UTSINTRC. IF EVENT ADDED IN CTRL/I, RETURN TO INT8. OTHERWISE, GO TO OM27.

OM26a.   Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM24) [ENTER ONLY ONE DATE.]
EVBEGMM
EVBEGDD
EVBEGYY

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM26a1. (Are you/Is SP) still renting the (OM24 ITEM)?

RENTSTIL	YES	1	*BOX OM1PP*
	NO..	2	(OM26b)
	REFUSED	-7	*BOX OM22(a)*
	DON'T KNOW	-8	*BOX OM22(a)*

BOX OM1PP	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO *BOX OM22(b)*.

BOX OM22	(a) FILL OM26b WITH DK OR REF AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: ■ THROUGH OMS, GO TO *BOX OMA18*. ■ THROUGH OM, GO TO OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO *BOX ST12B*. ■ THROUGH NS, GO TO *BOX NS11B*. ■ THROUGH CTRL/I, RETURN TO INT8.

OM26b. What was the last date (you/SP) rented the (OM24 ITEM)?

OMETYPE	_____/_____/_____
EVENDMM	MM DD YY
EVENDDD	
EVENDYY	

BOX OM22A	IF SP IS DECEASED, GO TO *BOX OM1QQ*. OTHERWISE, GO TO OM26bb.

OM26bb. You said (you/SP) stopped renting the (OM24 ITEM). Is this because (you/he/she) no longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?

RENT2BUY	NO LONGER HAVE THE ITEM........................	1	*BOX OM1QQ*
	PURCHASED THROUGH RENT-TO-BUY	2	*BOX OM22B*
	OTHER..	3	(OM26bbVB)
	REFUSED	-7	*BOX OM1QQ*
	DON'T KNOW	-8	*BOX OM1QQ*

OM. OTHER MEDICAL EXPENSES UTILIZATION

7/18/02 – last revised
MCBS Comm. (Round 34 Main)

OM26bbVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OM24 ITEM).

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

BOX OM22B	IF OM26bb=2 OR 3, THEN SET RBUYCOST=1. GO TO **BOX OM1QQ**.

BOX OM1QQ	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO (b). (b) IF COMING FROM OMS23, GO TO **BOX OMA18**. OTHERWISE, GO TO **BOX OM23**.

OM26c. Did (you/SP) rent the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (ITEM IN OM24) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan referred (you/SP) to.]

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

BOX OM23	IF OMS23 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO **BOX OMA18**. OTHERWISE, IF EVENT ADDED: ■ THROUGH OM, GO TO **BOX OM27**. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO **BOX ST12B**. ■ THROUGH NS, GO TO **BOX NS11B**. ■ THROUGH CTRL/I, RETURN TO INT8.

OM27.   In addition to the medical equipment you just told me about, did (you/SP) buy, rent, or repair any other medical equipment [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

                           YES 1 (OM24)
                           NO .... 2 **BOX OM24**
                           REFUSED .... -7 **BOX OM24**
                           DON'T KNOW .... -8 **BOX OM24**

BOX OM24	IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD FOR OM30, GO TO OM30 FOR EACH ALTERATION UNFINISHED AS OF LAST ROUND AND THEN RETURN TO OM28 FOR THIS ROUND. OTHERWISE, GO TO OM28.

OM28.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples. [Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations.]

SHOW CARD OM5   **OMPRALTR**   YES 1 (OM29)
                                     NO .... 2 **BOX PMS1**
                                     REFUSED .... -7 **BOX PMS1**
                                     DON'T KNOW .... -8 **BOX PMS1**

OM29.   What was the alteration?

         ALTRTYPE   ELEVATOR OR INCLINE CHAIR 1
                                   HANDRAILS (OTHER THAN TUB) 2
                                   RAMPS 3
                                   TUB HANDRAILS 4
         EVOSTEXT   TUB SEAT 5
         EVNTQUES   ANY CAR ALTERATION 6
                                   OTHER (SPECIFY) 91

OM30.   [Last time (you/SP) had started to make an alteration (ALTERATION FROM OM29) that was not completed as of (PREVIOUS ROUND INTERVIEW DATE).]
         On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?
         [ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]

         EVBEGMM   _____/_____/_____
         EVBEGDD   MM   DD   YY
         EVBEGYY

OM31.   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 (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

                    YES 1 (OM29)
                    NO .... 2 **BOX PMS1**
                    REFUSED .... -7 **BOX PMS1**
                    DON'T KNOW .... -8 **BOX PMS1**

ATTACHMENT OM1
OM VISIT ROSTER

This attachment shows an example of the visit roster for Other Medical Expenses Utilization. The roster is displayed for questions OM2, OM4, OM7, OM7a, OM10, OM12, OM14, OM20, OM20a, OM22, OM26, and OM26a.

For the visit roster at OM2, display "N/A" (for "not applicable") in the column labeled "PURCHASES" and in the column labeled "STOP DATE." Display the name of the item from question OM1. Place the cursor on the first entry field for the date and allow the entire date to be entered. If CTRL/A is pressed after the first entry, display "N/A" in "PURCHASES" and "STOP DATE" column and the name of the item from question OM1 on the next line of the roster. Place the cursor on the first entry field for the date and allow the entire date to be entered for the next item.

Display "N/A" in the column labeled "PURCHASES" for all other medical expenses except for those coded 5, 6, or 7 at question OM24. For those items coded 5, 6, or 7 at question OM24, display "N/A" in the date column and copy the number of times entered at OM25 to the visit roster.

Display "N/A" in column labeled "STOP DATE" for all other medical expenses except for those coded as "rental" (OM6a = 2, OM19b = 2, OM21b = 2, OM24a = 2). For items entered as a rental, the roster should display a start date and a stop date (as shown below). If the item is a rental and RENT2BUY $\neq$ 2, display the letter "R" in the rental status column. If the item is not a rental or if RENT2BUY = 2, then suppress the letter "R". If the item is currently being rented (OM7b = 1, OM20b = 1, OM22b = 1, or OM26a1 = 1), display "RR" in the stop date column. If the item is being added to the roster, display "N/A" in the stop date column. If RENT2BUY = 2, then display "OW" for stop date. Otherwise, display the stop date as entered in OM7c, OM20c, OM22c, and OM26b respectively. Visit rosters shown at OM7, OM7a, OM20, OM20a, OM22, OM22a, OM26, and OM26a should display all purchased and rented items of the particular event type (for example: oxygen and oxygen-related equipment).

OM2.   When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION.]
        [ENTER ALL DATES.]

        (TO ADD A DATE, PRESS CTRL/A.)
        TO LEAVE SCREEN, PRESS ESC.

START	STOP	PURCHASES		OME TYPE
MM/DD/YY	MM/DD/YY	N/A	R	(ITEM FROM OM1)