

# **Medicare Current Beneficiary Survey**

Section Specifications for MBQ

MOBILITY OF BENEFICIARIES

Created on 11/13/2013 4:23:44 PM

# BOX MBBEG

## BOX INSTRUCTIONS

GO TO MB1 - MTBLGTPL.

# MB1

Yes/No

## **QUESTION TEXT**

My next questions are about [your/(SP)'s] travel activities and (your/his/her) health.

Because of a health or physical problem, [have you/has (SP)]...

had trouble getting places, like the doctor's office, a supermarket, or a friend's house since [March (CURRENT YEAR)/(REFERENCE DATE)]?

## **FIELD 1: MTBLGTPL**

### **FIELD 1 ROUTING**

Value	Label	Route
1	YES	MB2 - MREDTRAV
2	NO	MB2 - MREDTRAV
	Don't Know	MB2 - MREDTRAV
	Refused	MB2 - MREDTRAV

### **FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
MOBL.MTBLGTPL	1

# MB2

Yes/No

**QUESTION TEXT**

Because of a health or physical problem, [have you/has (SP)]...

reduced (your/his/her) day-to-day travel since [March (CURRENT YEAR)/(REFERENCE DATE)]?

**FIELD 1: MREDTRAV****FIELD 1 ROUTING**

Value	Label	Route
1	YES	MB3 - MASKRIDE
2	NO	MB3 - MASKRIDE
	Don't Know	MB3 - MASKRIDE
	Refused	MB3 - MASKRIDE

**FIELD 1 ATTRIBUTES**

Cheshire Name	Answers Allowed
MOBL.MREDTRAV	1

# MB3

Yes/No

## QUESTION TEXT

Because of a health or physical problem, [have you/has (SP)]...

asked others for rides since [March (CURRENT YEAR)/(REFERENCE DATE)]?

## FIELD 1: MASKRIDE

### FIELD 1 ROUTING

Value	Label	Route
1	YES	MB4 - MLIMDRIV
2	NO	MB4 - MLIMDRIV
	Don't Know	MB4 - MLIMDRIV
	Refused	MB4 - MLIMDRIV

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
MOBL.MASKRIDE	1

# MB4

Yes/No

## QUESTION TEXT

Because of a health or physical problem, [have you/has (SP)]...

limited driving to daytime since [March (CURRENT YEAR)/(REFERENCE DATE)]?

## FIELD 1: MLIMDRIV

### FIELD 1 ROUTING

Value	Label	Route
1	YES	MB5 - MGIVUPDR
2	NO	MB5 - MGIVUPDR
	Don't Know	MB5 - MGIVUPDR
	Refused	MB5 - MGIVUPDR

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
MOBL.MLIMDRIV	1

# MB5

Yes/No

## QUESTION TEXT

Because of a health or physical problem, [have you/has (SP)]...

given up driving altogether since [March (CURRENT YEAR)/(REFERENCE DATE)]?

## FIELD 1: MGIVUPDR

### FIELD 1 ROUTING

Value	Label	Route
1	YES	MB6 - MUSETRNS
2	NO	MB6 - MUSETRNS
	Don't Know	MB6 - MUSETRNS
	Refused	MB6 - MUSETRNS

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
MOBL.MGIVUPDR	1

# MB6

Yes/No

## QUESTION TEXT

Because of a health or physical problem, [have you/has (SP)]...

used a taxi or special transportation service since [March (CURRENT YEAR)/(REFERENCE DATE)]?

[EXPLAIN IF NECESSARY: A special transportation service may include a van or shuttle service for seniors or people with disabilities.]

## FIELD 1: MUSETRNS

### FIELD 1 ROUTING

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

### FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
MOBL.MUSETRNS	1



# BOX MBEND

## BOX INSTRUCTIONS

GO TO NEXT SECTION