

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<b>DENTAL UTILIZATION QUESTIONNAIRE SPECIFICATIONS</b>  <u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A  <u>PLACEMENT</u> Administer after HIQ.		
DUINT	DUINTRO	no entry	The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE/UTILDATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD).  (Now would be a good time to get out the planner that [you/(SP)] may have used to record health care visits or other medical expenses. We will also refer to any statements you may have received since the last interview.)  First we'll talk about dental care.		DU1 - DUPROBE
DUPROBE	DU1	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) DU2 - PROVIDER_DU (02) DU15 - DVNEED (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX DU6 (-9) BOX DU6
PROVIDER_DU	DU2	roster	Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... (01-N) LIST ALL PROVIDERS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	(01-N) BOX DU1 (N+1) DU2B-PROVNAME  IF EXISTING PROVIDER SELECTED, GO TO BOX DU1. ELSE IF "ADD ANOTHER" SELECTED, GO TO DU2-PROVNAME
PROVNAME	DU2B	verbatim text	ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW.  YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK.  [PROVIDER LOOKUP CALLED FROM THIS SCREEN]  NAME:		DU2B - GRPNAME
GRPNAME	DU2B	verbatim text	GROUP:		PROVSPEC
PROVSPEC	DU2C	code one	What kind of dental provider is [PROVNAME]?	(01) GENERAL DENTIST (35) DENTAL HYGIENIST (36) DENTAL TECHNICIAN (37) DENTAL/ORAL SURGEON (38) ORTHODONTIST (39) ENDODONTIST (40) PERIODONTIST (41) PROSTHODONTIST (09) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) BOX DU2 (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) DU2C - PROVSPECOTH

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PROVSPECOTH	DU2C	code one	What kind of dental provider is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY) (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) BOX DU2 (10) BOX DU2 (11) BOX DU2 (12) BOX DU2 (13) BOX DU2 (14) BOX DU2 (15) BOX DU2 (16) BOX DU2 (17) BOX DU2 (18) BOX DU2 (19) BOX DU2 (20) BOX DU2 (21) BOX DU2 (22) BOX DU2 (23) BOX DU2 (24) BOX DU2 (25) BOX DU2 (26) BOX DU2 (27) BOX DU2 (28) BOX DU2 (29) BOX DU2 (30) BOX DU2 (31) BOX DU2 (32) BOX DU2 (33) BOX DU2 (34) BOX DU2 (91) DU2D - PROVSPOS (-8) BOX DU2 (-9) BOX DU2
PROVSPOS	DU2D	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX DU2
	BOX DU1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO DU3 - VAPLACE. ELSE GO TO BOX DU2.		
VAPLACE	DU3	yes/no	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX DU2
	BOX DU2	routing	IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO DU4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO DU5 - HMOREFER. ELSE GO TO DU6 - EVENT_DU.		
HMOASSOC	DU4	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DU6 - EVENT_DU (02) DU5 - HMOREFER (-8) DU5 - HMOREFER (-9) DU5 - HMOREFER
HMOREFER	DU5	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	DU6 - EVENT_DU

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EVENT_DU	DU6	roster	When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/(UTILDATE))]/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.]  IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY.	(01) continuous answer (-8) Don't Know (-9) Refused  MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS	DU6_IN - NAVIGATOR  DU6B-DUADD
DUADD	DU6B	chose one	HAVE ALL DATES BEEN ENTERED?  [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	
NAVIGATOR	DU6_IN	instance navigator	YOU HAVE ENTERED DATES FOR THE FOLLOWING EVENTS. SELECT AN EVENT TO DISCUSS WITH SP OR PRESS [PREVIOUS] TO GO BACK AND ADD MORE EVENTS.  [DISPLAY ALL EVENTS ADDED AT DU6] [EVENT DATE, PROVIDER]	(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED (N) EVENT N (N+1) CONTINUE INTERVIEW	(01) DU7 - DVPROCDR (02) DU14 - DUMORE
DVPROCDR	DU7	code all	SHOW CARD DU1  For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done?  CHECK ALL THAT APPLY.	(01) GENERAL EXAM, CHECKUP OR CONSULTATION (02) CLEANING, PROPHYLAXIS, OR POLISHING (03) X-RAYS, RADIOGRAPHS, OR BITEWINGS (04) FLUORIDE TREATMENT (05) SEALANT (PLASTIC COATINGS ON BACK TEETH) (06) FILLINGS (07) INLAYS (08) CROWNS OR CAPS (09) ROOT CANAL (10) PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY (11) PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) (12) EXTRACTION, TOOTH PULLED (13) IMPLANTS (14) ABSCESS OR INFECTION TREATMENT (15) OTHER ORAL SURGERY (16) FIXED BRIDGES (17) DENTURES OR REMOVABLE PARTIAL DENTURES (18) RELINING OR REPAIR OF BRIDGES OR DENTURES (19) ORTHODONTIA, BRACES, OR RETAINERS (20) BOND, WHITEN, OR BLEACH (21) TREATMENT FOR TMD OR TMJ (95) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED	(01) DU9-PRESMDCN (02) DU9-PRESMDCN (03) DU9-PRESMDCN (04) DU9-PRESMDCN (05) DU9-PRESMDCN (06) DU9-PRESMDCN (07) DU9-PRESMDCN (08) DU9-PRESMDCN (09) DU9-PRESMDCN (10) DU9-PRESMDCN (11) DU9-PRESMDCN (12) DU9-PRESMDCN (13) DU9-PRESMDCN (14) DU9-PRESMDCN (15) DU9-PRESMDCN (16) DU9-PRESMDCN (17) DU9-PRESMDCN (18) DU9-PRESMDCN (19) DU9-PRESMDCN (20) DU9-PRESMDCN (21) DU9-PRESMDCN (95) DU7A-EVOSTEXT (-8) DU9-PRESMDCN (-9) DU9-PRESMDCN
EVOSTEXT	DU7A	verbatim text	OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY)	(01) [CONTINUOUS ANSWER]	DU9 - PRESMDCN
PRESMDCN	DU9	yes/no	Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DU10 - PRESFILL (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4
PRESFILL	DU10	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX DU3B (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4
	BOX DU3B	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO DU10A - DUPMMEDS. ELSE GO TO BOX PM2.		

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DUPMMEDS	DU10A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.]  [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	(01) INSTRUCTION WAS READ	BOX PM2
	BOX PM2	routing	IF THERE IS AT LEAST ONE MEDICINE FROM A PRIOR ROUND ON THE EVENT TABLE FOR THIS CASE, GO TO MEDICINE_PM1-MEDICINE_PM1. ELSE GO TO PM2B-PMBOTTLE.		
MEDICINE_PM1	MEDICINE_PM1	code one	What is the name of the medicine?	[DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH.	BOX PM3
	BOX PM3	routing	IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST ( PMEDID^=. ), THEN GO TO PM2A-SAMEFSAM. ELSE GO TO PMBOTTLE-PMBOTTLE.		
SAMEFSAM	SAMEFSAM	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE <u>EXACTLY</u> THE SAME AS IN THE PREVIOUS INTERVIEW.  At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM).  The strength was [MEDICINE STRENGTH].  The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT).  Is this medicine in the same strength, form and amount?  CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT <u>EXACTLY</u> MATCH PREVIOUS ROUND.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PM4
	BOX PM4	routing	IF SAMEFSAM=1/YES, THEN DO NOT CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM6A-GETNUM. ELSE, CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM2B-PMBOTTLE.		
PMBOTTLE	PMBOTTLE	code one	CODE "YES" WITHOUT ASKING IF-BOTTLE, CONTAINER, BAG, STATEMENT, OR RECEIPT IS PRESENT. Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available? IF R DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.	(01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED	(01) MED-PMEDNAME (02) PMKNWNM-PMKNWNM (03) MED-PMEDNAME (-8) PMKNWNM-PMKNWNM (-9) PMKNWNM-PMKNWNM
PMEDNAME	MED	lookup	TO USE THE MEDICINE LOOKUP, START TYPING THE MEDICINE NAME IN THE BOX BELOW. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.  [PRESCRIBED MEDICINE LOOKUP TOOL]	[MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED]	
PMBRNAME	MED	lookup	[PM BRAND NAME]		
PMGNNAME	MED	lookup	[PM GENERIC NAME]		
PMFORMFD	MED	lookup	Medicine Form [FDB LIST FORM NAME]		
PMFMCODE	MED	lookup	Medicine Form [FDB LIST FORM CODE]		

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PMFORMMC	MED	code one	Medicine Form [MCBS FORM]	(01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know	(01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS
PMFORMOS	MED	verbatim	[MEDICINE FORM OTHER SPECIFY]	(01) CONTINUOUS ANSWER	
PMFORMFN	MED	verbatim	[FINAL CONCATENATED MEDICINE FORM]		
PMSTRNFD	MED	verbatim	Medicine Strength	(01) [MEDICINE FORM SELECTED FROM LOOKUP] (-7) NOT FOUND (-8) DON'T KNOW	
STRNNUMBB	MED	numeric	Medicine strength number	(01) CONTINUOUS ANSWER	
STRNUNIT	MED	code one	Medicine strength unit	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER	(01)-(08) MED-MEDID (91) MED-PMSTRNOS
PMSTRNOS	MED	verbatim	[MEDICINE STRENGTH UNIT OTHER SPECIFY]		
PMSTRUNI	MED	lookup	[FINAL CONCATENATED MEDICINE STRENGTH]		
PMEDID	MED	numeric	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]		
FAMILYID	MED	numeric	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES BY NAME ONLY, EXCLUDING STRENGTH AND FORM, THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]		
PMKNWNM	PMKNWNM	code one	DOES THE RESPONDENT KNOW THE NAME OF THE MEDICINE?	(01) YES (02) NO (-9) REFUSED	(01) MED-PMEDNAME (02) PMCOND-PMCOND (-9) PMCOND-PMCOND



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PMCOND	PMCOND	code one	What condition is this medicine prescribed for or what is its primary use?  IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE.	(01) ALLERGY MEDICINE (02) ALZHEIMERS (03) ANTIBIOTICS (04) ANTIPSYCHOTIC (05) ASTHMA OR COPD (06) BLOOD PRESSURE (07) CHOLESTEROL (08) COUGH AND COLD MEDICINE (09) DEPRESSION (10) DIABETES (11) DIURETICS (WATER PILLS) (12) EAR DROPS (13) ESTROGEN (14) EYE DROPS OR PREPARATION (15) NASAL SPRAY/DROPS (16) OSTEOPOROSIS (BONE LOSS) (17) PAIN MEDICINE (18) STEROID (GLUCOCORTICOID) (19) STOMACH ACID OR ULCER (20) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)-(19) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM
PMCONDOS	PMCOND	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	
GETNUM	GETNUM	numeric	How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP))] obtain (MEDICINE NAME)]]?  [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.]	(01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	BOX PM5
	BOX PM5	routing	IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE-PMMORE; ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM; ELSE GO TO PM16-AMTNUM.		
TABNUM	TABNUM	numeric	HOW MANY PILLS, TABLETS, OR CAPSULES WERE IN THE CONTAINER WHEN IT WAS OBTAINED?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX PM6
AMTUNIT	PM16	quantity unit	HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]	(01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW	(01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM6
AMTUNOS	PM16	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PM16 - AMTNUM
AMTNUM	PM16	numeric		(01) CONTINUOUS ANSWER	BOX PM6
	BOX PM6	routing	IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7.		

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TABSADAY	PM12	numeric	HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY?  IF LESS THAN ONE UNIT IS TO BE TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED". FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". IF THE AMOUNT TO BE TAKEN PER DAY IS NOT CLEAR OR NOT INDICATED, SELECT "DON'T KNOW".	(01) CONTINUOUS ANSWER	PM12 - TABSADAY95
TABSADAY95	PM12	code one		(02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) Empty	PM13-TABTAKE
TABTAKE	PM13	numeric	How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day?  [READ IF NECESSARY: This question is asking about how often you actually take the medicine, not how often the medicine is prescribed to be taken.]  IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED". FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS".	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW	PM13 - TABTAKE96
TABTAKE96	PM13	code one		(01) DON'T TAKE EVERY DAY (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) EMPTY	BOX PM7
	BOX PM7	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PMSATVA - PMSATVA. ELSE GO TO BOX PM8.		
PMSATVA	PMSATVA	yes/no	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PM8
	BOX PM8	routing	IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE.		
PMSATHMO	PMSATHMO	yes/no	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?  [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PMMORE-PMMORE
PMMORE	PM17	yes/no	[(NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.)]  [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTILDATE) that we haven't talked about?]	(01) ADD ANOTHER (02) ALL DONE	(01) BOX PM2 (02) DU_14 - DUMORE
DUMORE	DU14	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other dental care visits to this or any other provider?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DU2 - PROVIDER_DU (02) BOX DU5 (-8) BOX DU5 (-9) BOX DU5

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	BOX DU5	routing	IF SPALIVE=1 (ALIVE) GO TO DU15-DVNEED. ELSE GO TO BOX DU6.		
DVNEED	DU15	yes/no	Since (REFERENCE DATE), was there a time when {you/SP} needed dental care but could not get it at that time?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DU16 - DVNDRS (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6
DVNDRS	DU16	code all	What were the reasons that {you/SP} could not get the dental care {you/she/he} needed?	(01) COULD NOT AFFORD THE COST (02) DID NOT WANT TO SPEND THE MONEY (03) INSURANCE DID NOT COVER RECOMMENDED PROCEDURES (04) DENTAL OFFICE IS TOO FAR AWAY (05) DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES (06) ANOTHER DENTIST RECOMMENDED NOT DOING IT (07) AFRAID OR DO NOT LIKE DENTISTS (08) UNABLE TO TAKE TIME OFF FROM WORK (09) TOO BUSY (10) I DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED DENTAL PROBLEMS TO GO AWAY (95) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED	(01) BOX DU6 (02) BOX DU6 (03) BOX DU6 (04) BOX DU6 (05) BOX DU6 (06) BOX DU6 (07) BOX DU6 (08) BOX DU6 (09) BOX DU6 (10) BOX DU6 (95) DU16A - DVNDRSOS (-8) BOX DU6 (-9) BOX DU6
DVNDRSOS	DU16A	verbatim text	WHAT OTHER REASON (SPECIFY)	(01) continuous answer	BOX DU6
	BOX DU6	routing	GO TO NEXT SECTION		