

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|------------------|
| | | | INPATIENT UTILIZATION QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: If INTTYE in(C008), SP must have ongoing IP event. <u>PLACEMENT</u> Administer after ERQ. | | |
| | BOX IP1 | routing | IF THE SP WAS STILL IN A HOSPITAL AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO IPS1 - EVENDMM. ELSE GO TO BOX IP1AB. | | |
| EVENDMM | IPS1 | date | Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and [were/was] still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IPS1 - EVENDDD |
| EVENDDD | IPS1 | date | Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and [were/was] still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IPS1 - EVENDYY |
| EVENDYY | IPS1 | date | Last time [you/(SP)] had been admitted to (HOSPITAL NAME) on (ADMISSION DATE) and [were/was] still a patient there on (REFERENCE DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for that stay? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IPS1 - STILLHOSP |
| STILLHOSP | IPS1 | date | | (01) SP IS STILL IN HOSPITAL (-7) Empty | BOX IP1A |
| | BOX IP1A | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IPS1, GO TO BOX IP6. ELSE GO TO IP7 - ANYOPERS. | | |
| | BOX IP1AB | routing | IF THE SP HAD AT LEAST ONE EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN THE SP BEING ADMITTED TO A HOSPITAL, GO TO BOX IP1AA. ELSE GO TO IP1 - IPPROBE. | | |
| | BOX IP1AA | routing | CREATE EVENT FOR FIRST/NEXT ER VISIT ADDED WHERE SP WAS ADMITTED TO HOSPITAL GO TO IP1A - EVENDMM. | | |
| EVENDMM | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IP1A - EVENDDD |
| EVENDDD | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IP1A - EVENDYY |
| EVENDYY | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IP1A - STILLHOSP |
| STILLHOSP | IP1A | date | You told me [you were/(SP) was] admitted to (HOSPITAL NAME) from the emergency room on (ADMISSION DATE). When [were you/was (SP)] discharged from (HOSPITAL NAME) for the stay that started on (ADMISSION DATE)? | (01) SP IS STILL IN HOSPITAL (-7) Empty | BOX IP1B |
| | BOX IP1B | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IP1A, GO TO BOX IP5. ELSE GO TO IP7 - ANYOPERS. | | |

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| IPPROBE | IP1 | yes/no | [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you been/has (SP) been/was (SP)] [admitted to a hospital/admitted any other time to this or any other hospital] as an inpatient -- either for an overnight stay or for a "same day" procedure? IF HAD SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION. [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] | (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused | (01) IP2 - PROVIDER_IP (02) BOX IP6 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX IP6 (-9) BOX IP6 |
| PROVIDER_IP | IP2 | roster | Where [were you/was (SP)] admitted -- to which hospital? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.] ONLY SELECT "NEED TO EDIT SPELLING OF EXISTING PROVIDER" IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER | [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] N+1. ADD ANOTHER N+2. NEED TO EDIT SPELLING OF EXISTING PROVIDER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | 01-N) BOX IP2 (N+1) IP2-PROVNAME (N+2) CHNGSPL-CHNGSPL IF EXISTING PROVIDER SELECTED, GO TO BOX IP2. ELSE IF "ADD ANOTHER" SELECTED, GO TO IP2-PROVNAME ELSE IF "NEED TO EDIT SPELLING OF EXISTING PROVIDER" SELECTED, GO TO CHNGSPL-CHNGSPL. |
| PROVNAME | IP2 | verbatim | [PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER THE NAME OF THE HOSPITAL 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. YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. NAME: | | IP2-GROUPNAM |
| GROUPNAM | IP2 | verbatim | GROUP: | | BOX IP2 |
| CHNGSPL | CHNGSPL | roster | WHICH PROVIDER IS MISSPELLED? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." ONLY SELECT A PROVIDER IF YOU ARE CURRENTLY ENTERING AN EVENT WITH THAT PROVIDER. IF YOU ARE NOT CURRENTLY ENTERING AN EVENT WITH A MISSPELLED PROVIDER, BACK UP TO SELECT OR ADD THE PROVIDER THE RESPONDENT SAW DURING THIS EVENT. | [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] ... N. [PROVIDER N] DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02. | CRCTSPL-CRCTSPL |
| CRCTSPL | CRCTSPL | verbatim | WHAT IS THE CORRECT SPELLING OF THIS PROVIDER'S NAME? THIS SCREEN IS ONLY FOR CORRECTING MISSPELLINGS. TO ADD A NEW PROVIDER, BACK UP AND SELECT "ADD ANOTHER." [DISPLAY PROVIDER SELECTED AT CHNGSPL-CHNGSPL] | (01) [Continuous Answer] | BOX IP2 |
| | BOX IP2 | 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 IP3 - VAPLACE. ELSE GO TO BOX IP2AA. | | |
| VAPLACE | IP3 | yes/no | Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX IP2AA |
| | BOX IP2AA | 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 IP3A - 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 IP3B - HMOREFER. ELSE GO TO IP4 - EVBEGMM. | | |

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| HMOASSOC | IP3A | yes/no | Is (HOSPITAL 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) IP4 - EVBEGMM (02) IP3B - HMOREFER (-8) IP3B - HMOREFER (-9) IP3B - HMOREFER |
| HMOREFER | IP3B | yes/no | [Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).] | (01) YES (02) NO (-8) Don't Know (-9) Refused | IP4 - EVBEGMM |
| EVBEGMM | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? Admission Date: | MM: | IP4 - EVBEGDD |
| EVBEGDD | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | DD: | IP4 - EVBEGYY |
| EVBEGYY | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | YY: | IP4 - EVENDMM |
| EVENDMM | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? Discharge Date: | MM: | IP4 - EVENDDD |
| EVENDDD | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | YY: | IP4 - EVENDYY |
| EVENDYY | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (01) [Continuous answer.] (-7) Empty (-8) Don't Know (-9) Refused | IP4 - STILLHOSP |
| STILLHOSP | IP4 | date | When [were you/was (SP)] admitted to and discharged from (HOSPITAL NAME)? | (01) SP IS STILL IN HOSPITAL (-7) Empty | BOX IP2A |
| | BOX IP2A | routing | IF INPATIENT ADMISSION AND DISCHARGE DATE OVERLAP AN EXISTING IP STAY, GO TO IP4_ERR - IPOVERLP. ELSE GO TO BOX IP3. | | |
| IPOVERLP | IP4_ERR | code 1 | INVALID DATE. THIS DATE OVERLAPS AN EXISTING IP STAY FROM (ADMISSION DATE) TO [(DISCHARGE DATE)/SP STILL IN HOSPITAL]. | (01) CORRECT DATES (02) CONTINUE INTERVIEW | (01) IP4 - EVBEGMM (02) BOX IP3 |
| | BOX IP3 | routing | IF SP WAS REPORTED AS STILL IN THE HOSPITAL AT IP4, GO TO BOX IP5. ELSE GO TO IP5-IPADD | | |
| IPADD | IP5 | | HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER] | (01) ADD ANOTHER (02) ALL DONE | (01) IP4-EVBEGMM (02) IP7 - ANYOPERS |
| ANYOPERS | IP7 | yes/no | Were any operations performed on [you/(SP)] during the hospital stay that was (ADMISSION DATE) to (DISCHARGE DATE)? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX IP4A (02) IP10 - SPECCOND (-8) IP10 - SPECCOND (-9) IP10 - SPECCOND |
| SPECCOND | IP10 | yes/no | [Was this visit/Were any of these visits] to the outpatient department for any specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX IP4A |
| | BOX IP4A | routing | IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO IP13 - PRESMDCN. | | |
| PRESMDCN | IP13 | yes/no | At the time [you were /(SP) was] discharged, were any medicines prescribed for [you/(SP)]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) IP14 - PRESFILL (02) BOX IP5 (-8) BOX IP5 (-9) BOX IP5 |

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| PRESFILL | IP14 | yes/no | Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, 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 IP4B (02) BOX IP5 (-8) BOX IP5 (-9) BOX IP5 |
| | BOX IP4B | routing | IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO IP14A - IPPMMEDS. ELSE GO TO BOX PM2. | | |
| IPPMMEDS | IP14A | 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 (REFERENCE DATE/UTILDATE), if you'd like to get those bottles, too. | | 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, STRENGTH, FORM, AND QUANTITY 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) PMKNWNNM-PMKNWNNM (03) MED-PMEDNAME (-8) PMKNWNNM-PMKNWNNM (-9) PMKNWNNM-PMKNWNNM |

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| 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] | | |
| 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 (-9) Refused | (01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS (-8) MED-PMSTRNFD (-9) MED-PMSTRNFD |
| 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 (-8) Don't Know (-9) Refused | (01)-(08) MED-MEDID (91) MED-PMSTRNOS (-8) MED-PMEDID (-9) MED-PMEDID |
| 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; IF SAMEFSAM=1/YES AND PMFORMFN=pills (tablets, capsules), GO TO PM12-TABSADAY; 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-AMTUNIT. | | |
| 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. | | |
| 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 |

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| 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) BOX IP5 |
| | BOX IP5 | routing | IF ANOTHER IP EVENT WAS ADDED WITH THIS IP PROVIDER, GO TO IP7-ANYOPERS. ELSE IF ASKING ABOUT ONGOING IP STAY FROM THE PREVIOUS ROUND, GO TO BOX IP1AB. ELSE IF ASKING ABOUT AN EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN AN IP STAY, THEN IF SP HAS ANOTHER EMERGENCY ROOM VISIT IN THE CURRENT ROUND THAT RESULTED IN AN IP STAY THAT HAS NOT BEEN ASKED ABOUT, GO TO BOX IP1AA. ELSE GO TO IP1 - IPPROBE. ELSE GO TO IP16 - IPMORE. | | |
| IPMORE | IP16 | yes/no | IF RESPONDENT HAS ALREADY MENTIONED ANOTHER INPATIENT STAY, ENTER "YES" WITHOUT ASKING. OTHERWISE, ASK: [Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], [have you had/has (SP) had/did (SP) have] any other admissions to this or any other hospital as an inpatient -- either for an overnight stay or for a "same day" procedure? IF RESPONDENT HAD A SAME DAY PROCEDURE AND IS NOT SURE IF ADMITTED OR NOT, TREAT AS OUTPATIENT EVENT AND ENTER WHEN YOU GET TO OP UTILIZATION. [ENTER A STAY AT A DRUG AND REHABILITATION CENTER AS AN IP EVENT, NOT AN IU EVENT.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) IP2 - PROVIDER_IP (02) BOX IP6 (-8) BOX IP6 (-9) BOX IP6 |
| | BOX IP6 | routing | IF INTTYPE in(C001, C002, C004, C005, C006, C007), GO TO OPQ. | | |