```
      --------------------------------------------------
      |  Subsection 1:  MPC Authorization Forms (Round 1  |
      |  through Round 5)                                  |
      --------------------------------------------------
```

BOX_00
======

```
      --------------------------------------------------
      |  CONTEXT HEADER DISPLAY INSTRUCTIONS:            |
      |  DISPLAY PERS.FULLNAME                           |
      --------------------------------------------------
```

BOX_01
======

```
      --------------------------------------------------
      |  IF:                                             |
      |  AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE (SEE  |
      |  SAMPLING BOXES BELOW) FOR AUTHORIZATION FORM     |
      |  COLLECTION FOR THE CURRENT ROUND,               |
      |  OR                                              |
      |  AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE FOR   |
      |  AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS |
      |  ROUND AND CL04 WAS CODED '3' (LEFT WITH R), '4'  |
      |  (MAILED TO R), '5' (REFUSED), '91' (OTHER) OR '-1'|
      |  (ADDED BY COMMENT REVIEW) FOR THIS PERSON-       |
      |  PROVIDER-PAIR IN PREVIOUS ROUND, CONTINUE WITH   |
      |  CL01                                            |
      --------------------------------------------------
```

```
      --------------------------------------------------
      |  OTHERWISE, GO TO BOX_02                         |
      --------------------------------------------------
```

```
      --------------------------------------------------
      |  NOTE:  RECEIPT CONTROL WILL UPDATE CAPI INTER-  |
      |  ROUND, USING THE CODE STRUCTURE AT CL04.  UPDATES |
      |  CAN BE EITHER POSITIVE OR NEGATIVE.  THIS MEANS  |
      |  THAT INTER-ROUND AN AUTHORIZATION FORM'S STATUS  |
      |  CAN EITHER GET UPDATED TO A HIGHER STATUS CODE   |
      |  (FROM UNSIGNED TO SIGNED) OR TO A LOWER STATUS   |
      |  CODE (FROM SIGNED TO UNSIGNED -- I.E., IT WAS NOT |
      |  SIGNED BY THE RIGHT PERSON).  SEE MAPPING        |
      |  SPECIFICATIONS FOR EXACT UPDATES TO STATUS CODES. |
      --------------------------------------------------
```

```
-------------------------------------------------
| NOTE:  DUE TO LEGISLATION THAT WENT INTO       |
| EFFECT IN APRIL 2003, MEPS CHANGED TO NEW HIPAA-|
| COMPLIANT AUTHORIZATION FORMS.                  |
-------------------------------------------------
```

```
-------------------------------------------------
| NOTEBOX                                         |
| THERE ARE 6 PERSON TYPES (AND TWO SUB-TYPES) IN |
| THE MEPS RU                                     |
|                                                 |
| TYPE                                      PRSLT|
| DECEASED/ELIGIBLE FOR PART OF REF PERIOD     41 |
| INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD  51 |
|   IN A HEALTHCARE FACILITY (INSTTYPE 1 OR 2)    |
|   IN A NON-HEALTHCARE FACILITY (INSTTYPE 3)     |
| MEPS STUDENT/ELIGIBLE ALL OF REF PERIOD      71 |
| LIVING OUTSIDE US/ELIGIBLE PT OF REF PERIOD  75 |
| LIVING-MILITARY BASE/ELIGIBLE PT REF PERIOD  76 |
| ELIGIBLE FOR ALL OF REFERENCE PERIOD         99 |
|                                                 |
| THE FOLLOWING PERSON TYPES (AND SUB-TYPES)      |
| ARE ELIGIBLE FOR AUTHORIZATION FORM COLLECTION: |
| -  PRSLT 41 - DECEASED/ELIGIBLE FOR PART OF     |
|    REF PERIOD                                   |
| -  PRSLT 51 – SUB-TYPE INSTITUTIONALIZED/ELIGIBLE |
|    PT OF REF PERIOD IN A                         |
|    HEALTHCARE FACILITY (INSTTYPE 1 OR 2)         |
| -  PRSLT 71 - MEPS STUDENT/ELIGIBLE ALL OF REF   |
|    PERIOD                                        |
| -  PRSLT 99 - ELIGIBLE FOR ALL OF REFERENCE PERIOD|
|                                                 |
| THERE ARE TWO TYPES OF OUT OF SCOPE RU MEMBERS  |
| THAT ARE ELIGIBLE FOR AUTHORIZATION FORM        |
| COLLECTION (NOTE:  OUT OF SCOPE REFERS TO RU    |
| MEMBERS WHO HAD PARTIAL ELIGIBILITY IN THE      |
| PREVIOUS ROUND AND NO ELIGIBILITY IN THE CURRENT|
| ROUND):                                         |
| -  PRSLT 41 - DECEASED/ELIGIBLE FOR PART OF REF |
|    PERIOD                                        |
| -  PRSLT 51 – SUB-TYPE INSTITUTIONALIZED/ELIGIBLE |
|    PT OF REF PERIOD IN A HEALTHCARE FACILITY     |
|    (INSTTYPE 1 OR 2)                             |
|                                                 |
| 2 PERSON TYPES AND 1 SUB-TYPE ARE NOT ELIGIBLE FOR|
| AUTHORIZATION FORM COLLECTION:                  |
| -  PRSLT 51 – SUB-TYPE INSTITUTIONALIZED/ELIGIBLE |
|    PT OF REF PERIOD IN A NON-HEALTHCARE FACILITY |
|    (INSTTYPE 3)                                  |
| -  PRSLT 75 - LIVING OUTSIDE US/ELIGIBLE PT OF REF|
|    PERIOD                                        |
| -  PRSLT 76 - LIVING-MILITARY BASE/ELIGIBLE PT REF|
|    PERIOD                                        |
|                                                 |
| PERSON-PROVIDER-PAIRS WHERE THE PROVIDER LOCATION |
| IS IN A FOREIGN COUNTRY I.E., 'FC' IS ENTERED IN |
| THE STATE FIELD OF PROVIDER'S ADDRESS ARE NOT   |
| ELIGIBLE FOR MPC AUTHORIZATION FORM COLLECTION) |
-------------------------------------------------
```

```
-------------------------------------------------------
| SAMPLING BOX                                          |
| PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPC                |
| AUTHORIZATION FORM COLLECTION:                        |
| NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT         |
| TIME OF EVENT).                                       |
|                                                       |
| ROUND 1: PERSON-PROVIDER-PAIRS ELIGIBLE FOR           |
| AUTHORIZATION FORM COLLECTION ARE:                    |
|                                                       |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL     |
|    EVENTS (HS) BOTH OPEN AND CLOSED.                  |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH EMERGENCY    |
|    ROOM EVENTS (ER).                                  |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH              |
|    OUTPATIENT EVENTS (OP).                            |
|                                                       |
| ROUND 2: PERSON-PROVIDER-PAIRS ELIGIBLE FOR           |
| AUTHORIZATION FORM COLLECTION ARE:                    |
|                                                       |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL     |
|    TYPE EVENTS (HS, ER AND OP) AS IN ROUND 1.         |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL      |
|    EVENTS (MV) WHERE THE PROVIDER EITHER IS A         |
|    MEDICAL FACILITY (MV03=1) OR WORKS AT A MEDICAL    |
|    FACILITY (MV06=1).                                 |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME         |
|    HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN          |
|    AGENCY, BOTH OPEN AND CLOSED.                      |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH              |
|    INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND      |
|    CLOSED.                                            |
| -  ANY OUTSTANDING PERSON-PROVIDER PAIRS FROM         |
|    ROUND 1 ARE ALSO REQUESTED FOR THE HOSPITAL        |
|    RELATED PROVIDERS (EVENT TYPES HS, ER, OP), IC,    |
|    HH (WHERE THE HHTYPE IS AN AGENCY) OR MV EVENTS    |
|    WHERE THE PROVIDER EITHER IS A MEDICAL FACILITY    |
|    OR WORKS AT A MEDICAL FACILITY).                   |
|                                                       |
| ROUND 3: PERSON-PROVIDER-PAIRS ELIGIBLE FOR           |
| AUTHORIZATION FORM COLLECTION ARE:                    |
|                                                       |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL     |
|    TYPE EVENTS (HS, ER AND OP) AS IN OTHER ROUNDS.    |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL      |
|    EVENTS (MV) WHERE THE PROVIDER EITHER IS A         |
|    MEDICAL FACILITY (MV03=1) OR WORKS AT A            |
|    MEDICAL FACILITY (MV06=1).                         |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME         |
|    HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN          |
|    AGENCY, BOTH OPEN AND CLOSED.                      |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH              |
|    INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN          |
|    AND CLOSED.                                        |
| -  ANY OUTSTANDING PERSON-PROVIDER PAIRS FROM         |
|    ROUND 1 AND ROUND 2 ARE REQUESTED.                 |
|                                                       |
-------------------------------------------------------
```

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------------------------------------------------------
| ROUND 4: PERSON-PROVIDER-PAIRS ELIGIBLE FOR        |
| AUTHORIZATION FORM COLLECTION ARE:                 |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL  |
|    TYPE EVENTS (HS, ER AND OP) AS IN OTHER ROUNDS. |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL   |
|    EVENTS (MV) WHERE THE PROVIDER EITHER IS A      |
|    MEDICAL FACILITY (MV03=1) OR WORKS AT A         |
|    MEDICAL FACILITY (MV06=1).                      |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME      |
|    HEALTH EVENTS (HH) WHERE THE HHTYPE IS AN       |
|    AGENCY, BOTH OPEN AND CLOSED.                   |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH           |
|    INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND   |
|    CLOSED.                                         |
| -  ANY OUTSTANDING PERSON-PROVIDER PAIRS           |
|    ASSOCIATED WITH EVENTS OCCURRING (OR ENDING)    |
|    IN REFERENCE YEAR 2 ARE ALSO REQUESTED.         |
|                                                    |
| NOTE: FOR HS AND IC EVENTS THIS MEANS THE PERSON   |
| LEFT THE INSTITUTION/HOSPITAL DURING REFERENCE     |
| YEAR 2 (I.E., THE EVENT'S END DATE IS REFERENCE    |
| YEAR 2).                                           |
|                                                    |
| FOR OTHER EVENT TYPES, ANY WITH DATE OF            |
| SERVICE WITH A REFERENCE YEAR 1 ARE NO LONGER      |
| REQUESTED                                          |
------------------------------------------------------


------------------------------------------------------
| ROUND 5: PERSON-PROVIDER-PAIRS ELIGIBLE FOR        |
| AUTHORIZATION FORM COLLECTION ARE:                 |
|                                                    |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOSPITAL  |
|    TYPE EVENTS (HS, ER AND OP) AS IN OTHER ROUNDS. |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH MEDICAL   |
|    EVENTS (MV) WHERE THE PROVIDER                  |
|    EITHER IS A MEDICAL FACILITY (MV03=1) OR WORKS  |
|    AT A MEDICAL FACILITY (MV06=1).                 |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH HOME      |
|    HEALTH EVENTS (HH) WHERE THE HHTYPE             |
|    IS AN AGENCY, BOTH OPEN AND CLOSED.             |
| -  PERSON-PROVIDER PAIRS ASSOCIATED WITH           |
|    INSTITUTIONAL CARE EVENTS (IC), BOTH OPEN AND   |
|    CLOSED.                                         |
| -  ANY OUTSTANDING PERSON-PROVIDER PAIRS           |
|    ASSOCIATED WITH EVENTS OCCURRING (OR ENDING)    |
|    IN REFERENCE YEAR 2 ARE ALSO REQUESTED.         |
|                                                    |
| NOTE:  FOR HS AND IC EVENTS THIS MEANS THE PERSON  |
| LEFT THE INSTITUTION/HOSPITAL DURING REFERENCE     |
| YEAR 2 (I.E., THE EVENT'S END DATE IS REFERENCE    |
| YEAR 2).                                           |
------------------------------------------------------
```

```
---------------------------------------------------
| SAMPLING BOX (FOR ROUNDS 2-5) CONT'D:           |
|                                                 |
|   WHEN DETERMINING IF THE MV EVENTS FOR AN RU   |
|   REQUIRE AUTHORIZATION FORMS, AN RU IS SELECTED |
|   FOR THE MPC SAMPLE AT THE TIME OF THE ROUND 1  |
|   INTERVIEW USING THE FOLLOWING RATES:          |
|   - 100% OF RUs WITH AT LEAST ONE RU MEMBER     |
|     COVERED BY MEDICAID OR GOV'T HOSPITAL       |
|     (PHYSICIAN) INSURANCE AT ANY TIME DURING THE |
|     REFERENCE PERIOD                            |
|   - 100% OF THE REMAINING RUs (THAT IS, RUs WITH |
|     NO RU MEMBER COVERED BY MEDICAID OR GOV'T-  |
|     HOSPITAL/PHYSICIAN INSURANCE AT ANY TIME    |
|     DURING THE REFERENCE PERIOD) WITH AT LEAST ONE|
|     RU MEMBER WITH HMO COVERAGE AT ANY TIME DURING|
|     THE REFERENCE PERIOD.  HMO COVERAGE IS DEFINED|
|     AS:                                         |
|        IF AT LEAST ONE PRIVATE INSURANCE PLAN IN RU|
|        MEETS THE FOLLOWING CONDITIONS:          |
|        - FLAGGED AS 'PROVIDING HOSPITAL/PHYSICIAN |
|          BENEFITS' (EXCLUDE INSURERS WHERE      |
|          HOSPITAL/PHYSICIAN BENEFITS ARE PROVIDED |
|          SOLELY THROUGH MEDIGAP)                |
|        - ESTABLISHMENT OR INSURER IS FLAGGED AS |
|          'HMO'                                  |
|          OR                                     |
|          INSURER IS AN HMO (MC01 IS CODED '1'   |
|          (YES))                                 |
|          OR                                     |
|          INSURER REQUIRES PERSONS TO SIGN UP WITH |
|          PRIMARY PHYSICIAN (MC02 IS CODED '1' (YES)|
|   - 100% OF THE REMAINING RUs (THAT IS, RUs WITH |
|     NO RU MEMBER COVERED BY MEDICAID OR GOV'T-  |
|     HOSPITAL/PHYSICIAN INSURANCE AND HMO COVERAGE |
|     AT ANY TIME DURING THE REFERENCE PERIOD).   |
---------------------------------------------------


---------------------------------------------------
| NOTE:  IF THE SAME PROVIDER IS ASSOCIATED MORE  |
| THAN ONCE WITH A PARTICULAR PERSON, ONLY ONE    |
| AUTHORIZATION FORM IS CREATED FOR THAT PAIR.  IF |
| THE SAME PROVIDER IS ASSOCIATED WITH MORE THAN ONE|
| PERSON, AN AUTHORIZATION FORM IS CREATED FOR EACH |
| UNIQUE PERSON-PROVIDER-PAIR.                    |
---------------------------------------------------


---------------------------------------------------
| NOTE:  IF THE PERSON-PROVIDER-PAIR IS OUTSTANDING |
| FROM A PREVIOUS ROUND AND THERE IS A NEW ELIGIBLE |
| EVENT FOR THIS PAIR IN THE CURRENT ROUND, THE PAIR|
| WILL NOT BE TREATED AS IF IT IS OUTSTANDING.  THAT|
| IS, THE DISPLAYS FOR PREVIOUS ROUND STATUS WILL |
| NOT BE SHOWN, ETC.                              |
---------------------------------------------------
```

CL01
====

{[As I mentioned during the last interview], we/We} request
written authorization to contact medical providers for more
information about the services they provide. I would like to
get authorization from the following people:

[HAND RESPONDENT THE AUTHORIZATION FORM BOOKLET.]

[These materials explain more about why we contact medical
providers and answer questions people sometimes ask about this
part of the study. Please take a minute to review this
information while I prepare the forms.]

    [First Name, [Middle Name], Last Name-65]
    [First Name, [Middle Name], Last Name-65]
    [First Name, [Middle Name], Last Name-65]


```
-------------------------------------------------------
| DISPLAY '[As I mentioned during the last            |
| interview], we' IF NOT ROUND 1 AND AT LEAST ONE     |
| PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPC           |
| AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS   |
| ROUND.  OTHERWISE, DISPLAY 'We'.                    |
-------------------------------------------------------


-------------------------------------------------------
| DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME ONLY       |
| ONCE.                                               |
-------------------------------------------------------


-------------------------------------------------------
| CONTINUE WITH LOOP_01                               |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER DETAILS:                                     |
| TITLE: RU_ESTB_PERS_PAIRS_1                         |
|                                                     |
| COL # 1 HEADER: NAME                                |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,    |
| AND LAST NAMES (PERS.FULLNAME)                      |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER DEFINITION:                                  |
| DISPLAY THE RU_PERSON_ESTABLISHMENT_PAIRS_ROSTER    |
| FOR DISPLAY OF RU MEMBERS ONLY.                     |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER BEHAVIOR:                                    |
| 1. DISPLAY ONLY.                                    |
|                                                     |
| 2. SELECT, ADD, DELETE DISALLOWED.                  |
-------------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING   |
| CONDITION(S):                                       |
| - PERSON IS ELIGIBLE FOR MPC AUTHORIZATION FORM     |
|   COLLECTION FOR THE CURRENT ROUND (SEE BOX_01      |
|   SAMPLING SPECIFICATIONS)                          |
| OR                                                  |
| - PERSON WAS ASSOCIATED WITH A PERSON-PROVIDER-     |
|   PAIR ELIGIBLE FOR AUTHORIZATION FORM COLLECTION   |
|   IN PREVIOUS ROUND, AND                            |
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED     |
|   TO R), '5' (REFUSED), '91' (OTHER) OR '-1'        |
|   (ADDED BY COMMENT REVIEW) FOR THIS PERSON-        |
|   PROVIDER-PAIR IN PREVIOUS ROUND                   |
-----------------------------------------------------
```

CL02
====

OMITTED.

LOOP_01
=======

```
-----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-  |
| ROSTER, ASK CL03 - END_LP01                        |
-----------------------------------------------------
```

```
---------------------------------------------------
| LOOP DEFINITION:  LOOP_01 PRESENTS EACH UNIQUE    |
| PERSON-PROVIDER-PAIR ELIGIBLE FOR AUTHORIZATION   |
| FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING|
| FORMS) FOR THE INTERVIEWER TO COMPLETE THE        |
| AUTHORIZATION FORM.  THIS LOOP CYCLES ON RU-       |
| PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER-      |
| PAIR THAT MEET THE FOLLOWING CONDITION(S):         |
| - PAIR IS ELIGIBLE FOR AUTHORIZATION FORM         |
|   COLLECTION FOR THE CURRENT ROUND (SEE BOX_01     |
|   SAMPLING SPECIFICATIONS)                         |
| OR                                                 |
| - PAIR WAS ELIGIBLE FOR AUTHORIZATION FORM        |
|   COLLECTION IN PREVIOUS ROUND, AND               |
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED   |
|   TO R), '5' (REFUSED), '91' (OTHER) OR '-1'       |
|   (ADDED BY COMMENT REVIEW) FOR THIS PAIR IN THE  |
|   PREVIOUS ROUND                                   |
---------------------------------------------------

---------------------------------------------------
| NOTE:  LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |
| PROVIDER-PAIR.                                     |
---------------------------------------------------
```

CL03
====

INTERVIEWER: {COMPLETE A NEW MPC AF FOR THIS PAIR./CHECK FIRST FOR
PREPRINTED MPC AF FOR THIS PAIR. IF THERE IS NO PREPRINTED AF, FILL
OUT A BLANK MPC AF.}

PID: [PID-3]   PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

RU ID: [RUID-7]   REGION: [Reg ID-1]   PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
                   [City Name], [ST] [Zip Code] [Telephone]

{AF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND STATUS - 40}}

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

```
-------------------------------------------------------
| DISPLAY 'COMPLETE A NEW MPC AF FOR THIS PAIR.' IF |
| ROUND 1.  OTHERWISE, (I.E., ROUND 2-5) DISPLAY    |
| 'CHECK...MPC AF.'                                 |
|                                                   |
| DISPLAY 'AF STATUS ... -40}' IF CURRENT PERSON-   |
| PROVIDER-PAIR IS OUTSTANDING FROM THE PREVIOUS    |
| ROUND AND NO ELIGIBLE EVENT WAS CREATED FOR THIS  |
| PAIR IN THE CURRENT ROUND.                        |
|                                                   |
| FOR 'DISPLAY PREVIOUS...-40', DISPLAY THE CATEGORY|
| ENTRY ASSOCIATED WITH THE PREVIOUS ROUND (OR      |
| RECEIPT CONTROL UPDATED) CL04 OUTSTANDING STATUS. |
| THAT IS, IF CL04 WAS CODED '3', DISPLAY 'LEFT WITH|
| R'; IF CL04 WAS CODED '4', DISPLAY 'MAILED TO R'; |
| IF CL04 WAS CODED '5', DISPLAY 'REFUSED'; AND IF  |
| CL04 WAS CODED '91' OR '-1', DISPLAY THE FIRST 40 |
| CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD (OR |
| THE RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE |
| '91' AND '-1' CODES).                             |
|                                                   |
| DISPLAY THE INTERVIEW DATE OF THE MOST RECENT     |
| ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE  |
| FOR AUTHORIZATION FORM COLLECTION FOR             |
| 'MM/DD/YYYY'.                                     |
-------------------------------------------------------
```

END_LP01
========

```
-------------------------------------------------------
| CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER-      |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |
| THE LOOP DEFINITION.                              |
-------------------------------------------------------
```

```
-------------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH LOOP_02                 |
-------------------------------------------------------
```

LOOP_02
=======

```
-------------------------------------------------------
| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |
| ROSTER, ASK CL04 - END_LP02                        |
-------------------------------------------------------
```

9

```
---------------------------------------------------------
| LOOP DEFINITION:  LOOP_02 COLLECTS THE STATUS OF      |
| PERSON-PROVIDER AUTHORIZATION FORMS ELIGIBLE FOR      |
| AUTHORIZATION FORM COLLECTION (THIS INCLUDES NEW      |
| AND OUTSTANDING FORMS).  THIS LOOP CYCLES ON          |
| RU-PERSON-PROVIDER-PAIRS WITH AN EVENT-PROVIDER-      |
| PAIR THAT MEET THE FOLLOWING CONDITION(S):            |
| - PAIR IS ELIGIBLE FOR AUTHORIZATION FORM            |
|   COLLECTION FOR THE CURRENT ROUND (SEE BOX_01        |
|   SAMPLING SPECIFICATIONS)                            |
| OR                                                    |
| - PAIR WAS ELIGIBLE FOR AUTHORIZATION FORM            |
|   COLLECTION IN PREVIOUS ROUND, AND                   |
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO|
|   R), '5' (REFUSED), '91' (OTHER) OR '-1' (ADDED     |
|   BY COMMENT REVIEW) FOR THIS PAIR                    |
|   IN THE PREVIOUS ROUND                               |
---------------------------------------------------------

---------------------------------------------------------
| NOTE:  LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |
| PROVIDER-PAIR.                                        |
---------------------------------------------------------
```

CL04
====

INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN AUTHORIZATION FORM.
IF NOT AVAILABLE TO SIGN, LEAVE AF AND BOOKLET WITH RESPONDENT.

PID: [PID-3]   PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

RU ID: [RUID-7]   REGION: [Reg ID-1]   PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
                   [City Name], [ST] [Zip Code] [Telephone]

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

SELECT THE AUTHORIZATION FORM STATUS:

     SIGNED, NO PROBLEM .... 1 {CL05}
     SIGNED WITH PROBLEM .... 2 {CL04OV1}
     LEFT WITH RESPONDENT .... 3 {END_LP02}
     MAILED TO RESPONDENT .... 4 {END_LP02}
     REFUSED .... 5 {CL06}
     OTHER .... 91 {CL04OV2}

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

                    [Code One]

```
-------------------------------------------------
| FOR 'MM/DD/YYYY', DISPLAY THE RU END REFERENCE   |
| DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR    |
| WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM |
| COLLECTION.                                       |
-------------------------------------------------
```

```
-------------------------------------------------
| SOFT CHECK:                                       |
| CODE '4' (MAILED TO R) MUST BE VERIFIED (ENTERED  |
| TWICE) IF RU IS NOT A STUDENT RU.  IF CODE '4'    |
| SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE  |
| FOLLOWING MESSAGE:  'UNLIKELY RESPONSE.  VERIFY   |
| AND RE-ENTER.'                                    |
-------------------------------------------------
```

CL04OV1
=======

PROBLEM:

[Enter Problem-45] .... {CL05}

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

CL04OV2
=======

SPECIFY:

[Enter Other Specify-45] .... {END_LP02}

HELP AVAILABLE FOR MORE INFORMATION ON MPC AUTHORIZATION FORMS.

CL05
====

PID: [PID-3]   PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

RU ID: [RUID-7]   REGION: [Reg ID-1]   PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS: [Street Address from Provider Directory]
                   [City Name], [ST] [Zip Code] [Telephone]

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

ENTER MPC AUTHORIZATION FORM NUMBER:

[Enter Number-8] .... {CL05OV}

```
-------------------------------------------------------
| FOR 'MM/DD/YYYY', DISPLAY THE RU END REFERENCE      |
| DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR       |
| WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM   |
| COLLECTION.                                         |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  EACH AUTHORIZATION FORM HAS A PRE-ASSIGNED   |
| AUTHORIZATION FORM NUMBER.                          |
-------------------------------------------------------
```

```
-------------------------------------------------------
| HARD CHECK – PANEL 17 MPC AUTHORIZATION FORMS:      |
| AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND      |
| SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG  |
| AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.     |
| PANEL 17 MPC AUTHORIZATION FORMS ARE PRINTED ON     |
| BLUE PAPER.                                         |
|                                                     |
```

ORIGIN	LETTER	5-NUMBER SEQUENCE	CHECK DIGIT	ROUND IDENTIFIER
PRE-GENERATED	A-M	00001-29499	RANDOM (0-9)	A,B,C,D,E
FIELD GENERATED	A-M	29500-44999	RANDOM (0-9)	A,B,C,D,E
HOME OFFICE	T	45000-49999	RANDOM (0-9)	A,B,C,D,E
TRAINING/ QC	Y	96000-96399	RANDOM (0-9)	A,B,C,D,E

```
-------------------------------------------------------
```

12

```
-------------------------------------------------------
|  HARD CHECK – PANEL 18 MPC AUTHORIZATION FORMS:      |
|  AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND      |
|  SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG  |
|  AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.     |
|  PANEL 18 MPC AUTHORIZATION FORMS ARE PRINTED ON     |
|  GREEN PAPER.                                         |
|                                                       |
|ORIGIN        LETTER    5-NUMBER   CHECK     ROUND     |
|                        SEQUENCE   DIGIT     IDENTIFIER|
|PRE-          A-M       00001-     RANDOM    G,H,J,K,L |
|GENERATED               29499      (0-9)               |
|                                                       |
|FIELD         A-M       29500-     RANDOM    G,H,J,K,L |
|GENERATED               44999      (0-9)               |
|                                                       |
|HOME          T         45000-     RANDOM    G,H,J,K,L |
|OFFICE                  49999      (0-9)               |
|                                                       |
|TRAINING/     Y         96000-     RANDOM    G,H,J,K,L |
|QC                      96399      (0-9)               |
-------------------------------------------------------


-------------------------------------------------------
|  HARD CHECK – PANEL 19 MPC AUTHORIZATION FORMS:      |
|  AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND      |
|  SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG  |
|  AND MUST BEGIN WITH AN ALPHA CHARACTER AND END      |
|  WITH AN ALPHA CHARACTER. PANEL 19 MPC               |
|  AUTHORIZATION FORMS ARE PRINTED ON WHITE PAPER.     |
|                                                       |
|ORIGIN        LETTER    5-NUMBER   CHECK     ROUND     |
|                        SEQUENCE   DIGIT     IDENTIFIER|
|PRE-          A-M       00001-     RANDOM    M,N,P,Q,R |
|GENERATED               29499      (0-9)               |
|                                                       |
|FIELD         A-M       29500-     RANDOM    M,N,P,Q,R |
|GENERATED               44999      (0-9)               |
|                                                       |
|HOME          T         45000-     RANDOM    M,N,P,Q,R |
|OFFICE                  49999      (0-9)               |
|                                                       |
|TRAINING/     Y         96000-     RANDOM    M,N,P,Q,R |
|QC                      96399      (0-9)               |
-------------------------------------------------------
```

```
    -------------------------------------------------------
    | SOME IMPORTANT POINTS TO REMEMBER ABOUT MPC          |
    | AUTHORIZATION FORMS:                                 |
    | -  THE PREFIX LETTER CHANGES BASED ON THE TYPE OF    |
    |    AUTHORIZATION FORM AND THE ORIGIN OF THE FORM.    |
    |    THIS MEANS THAT A PRE-PRINTED OR FIELD            |
    |    GENERATED MPC AUTHORIZATION FORM WILL DRAW FROM|
    |    THE SAME LETTER OR RANGE OF LETTERS IN EACH       |
    |    PANEL.                                            |
    | -  THE 5-NUMBER SEQUENCE REPEATS ITSELF FOR EACH     |
    |    PANEL.                                            |
    | -  THE CHECK-DIGIT ALWAYS REMAINS CONSTANT.          |
    | -  THE ROUND IDENTIFIER IS DIFFERENT FOR EACH        |
    |    PANEL.  THE ROUND IDENTIFIER WILL REMAIN THE      |
    |    SAME FOR ALL AUTHORIZATION FORMS COLLECTED        |
    |    WITHIN A PANEL, BUT CHANGES BASED ON THE ROUND.|
    |    FOR EXAMPLE: AUTHORIZATION FORMS GENERATED FOR    |
    |    PANEL 19, ROUND 1 WILL USE THE ROUND IDENTIFIER|
    |    "M"; "M" OR "N" FOR ROUND 2; "M", "N", OR "P"     |
    |    FOR ROUND 3; "M", "N", "P" OR "Q" FOR ROUND 4;    |
    |    AND "M", "N", "P", "Q" OR "R" FOR ROUND 5.        |
    -------------------------------------------------------
```

CL05OV
======

MPC AUTHORIZATION FORM SIGNATURE DATE:

[Enter Month, Day, Year-4] .... {END_LP02}

```
    -------------------------------------------------------
    | NOTE:  INTERVIEWERS WILL BE INSTRUCTED TO COLLECT |
    | SIGNED MPC AUTHORIZATION FORMS WITH DATES EARLIER |
    | THAN THE ONE DISPLAYED, BUT WILL NOT ENTER THE    |
    | NUMBER IN CAPI SINCE THE CURRENT STATUS FOR THE   |
    | AUTHORIZATION FORM WITH THE CORRECT DATE MAY BE   |
    | SOMETHING ELSE.  THE CAPI STATUS OF THE MPC       |
    | AUTHORIZATION FORM SHOULD REFLECT THE FORM WITH   |
    | THE MOST RECENT DATE.                             |
    -------------------------------------------------------
```

```
    -------------------------------------------------------
    | HARD CHECK:                                          |
    | DATE ENTERED MUST BE ON OR AFTER THE INTERVIEW      |
    | DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR       |
    | WHICH THE PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION    |
    | FORM COLLECTION, BUT CANNOT BE AFTER 'TODAY'S'      |
    | DATE (THE CURRENT DATE SET ON THE LAPTOP.  IF DATE|
    | IS BEFORE CORRECT DATE, DISPLAY THE FOLLOWING       |
    | MESSAGE: 'MPC AF MUST BE SIGNED ON OR AFTER ABOVE |
    | DATE. VERIFY AND RE-ENTER DATE OR COMPLETE NEW      |
    | AF.'                                                |
    -------------------------------------------------------
```

14

CL06
====

```
PID: [PID-3]          PERSON: [First, [Middle], Last Name-35]
DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]

RU ID: [RUID-7]       REGION: [Reg ID-1]      PROVIDER ID: [ProvID-4]
PROVIDER NAME: [Provider Full Name-65]
PROVIDER ADDRESS:  [Street Address from Provider Directory]
                   [City Name], [ST]  [Zip Code]  [Telephone]
```

SELECT MAIN REASON FOR REFUSAL:

```
    DOESN'T WANT TO BOTHER PROVIDER ........ 1 {END_LP02}
    CONFIDENTIALITY/SENSITIVE INFO ......... 2 {END_LP02}
    PAYMENT PROBLEM WITH PROVIDER .......... 3 {END_LP02}
    HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP02}
    WANTS MORE INFO BEFORE SIGNING ........ 5 {END_LP02}
    NOT INTERESTED IN STUDY ............... 6 {END_LP02}
    NO REASON GIVEN ....................... 7 {END_LP02}
    OTHER SPECIFY ........................ 91 {CL06OV}
```

[Code One]

CL06OV
======

OTHER REASON FOR REFUSAL:

    [Enter Other Specify-45] .... {END_LP02}

END_LP02
========

```
        -------------------------------------------------
        | CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER-  |
        | PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
        | THE LOOP DEFINITION.                           |
        -------------------------------------------------


        -------------------------------------------------
        | IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
        | LOOP_02 AND CONTINUE WITH BOX_02              |
        -------------------------------------------------
```

BOX_02
======

```
--------------------------------------------------
| IF NOT ROUND 1 AND ANY KEY RU MEMBER HAD A        |
| STATUS OF INSTITUTIONALIZED (IN A HEALTH CARE     |
| INSTITUTION) AT THE PREVIOUS ROUND'S INTERVIEW    |
| DATE, BUT HAS A DIFFERENT STATUS AS OF THE        |
| CURRENT ROUND'S INTERVIEW DATE, CONTINUE WITH     |
| LOOP_02A                                          |
--------------------------------------------------

--------------------------------------------------
| OTHERWISE, GO TO BOX_03                          |
--------------------------------------------------
```

LOOP_02A
========

```
--------------------------------------------------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK   |
| NAV_CL02A - END_LP02A                            |
--------------------------------------------------
```

```
-------------------------------------------------------
| LOOP DEFINITION:  LOOP_02A INSTRUCTS THE            |
| INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION|
| HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL      |
| PROVIDER AUTHORIZATION FORMS FOR ALL RU MEMBERS   |
| WHO HAD A STATUS OF INSTITUTIONALIZED (IN A HEALTH|
| CARE INSTITUTION)  IN ANY PREVIOUS ROUND          |
| BUT WHO REJOINED THE COMMUNITY (OR CHANGED STATUS)|
| DURING THE CURRENT ROUND.  THIS LOOP CYCLES ON RU |
| MEMBERS WHO MEET THE FOLLOWING CONDITIONS:        |
| - PERSON IS AN RU MEMBER                          |
| - PERSON IS KEY                                   |
| - PERSON DOES NOT HAVE A STATUS OF                |
|   INSTITUTIONALIZED AS OF THE CURRENT ROUND'S     |
|   INTERVIEW DATE (RE19A = 1, 3, -7, -8 IN THE     |
|   CURRENT ROUND)                                  |
| - PERSON HAD A STATUS OF INSTITUTIONALIZED IN ANY |
|   PREVIOUS ROUND                                  |
 -------------------------------------------------------


 -------------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_02A USES NAV_CL02A TO    |
| CONTROL THE FLOW OF THE LOOP.                     |
 -------------------------------------------------------
```

NAV_CL02A
=========

SERIES: Complete the Institutionalized Health History Worksheet

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65]   [Status-25]
[2. First Name,[Middle Name],Last Name-65]   [Status-25]
[3. First Name,[Middle Name],Last Name-65]   [Status-25]

```
---------------------------------------------------
| ROSTER DETAILS:                                 |
| COL # 1 HEADER: RU MEMBER                       |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                  |
| COL # 2 HEADER:  EMPTY                          |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
| IS PRESENTED                                    |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER DEFINITION:                              |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR        |
| SELECTION.                                      |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER BEHAVIOR:                                |
| 1. SELECT ALLOWED.                              |
|                                                 |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT       |
|    DISALLOWED.                                  |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS  |
| STATED AT THE LOOP_02A DEFINITION.              |
---------------------------------------------------
```

```
---------------------------------------------------
| CONTINUE WITH CL06A FOR SELECTED RU MEMBER.     |
---------------------------------------------------
```

18

CL06A
=====

PID: [PID-3]   PERSON: [First,[Middle],Last Name-35]
DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]
DATE ORIGINALLY INSTITUTIONALIZED: [MM/DD/YYYY]
DATE REJOINED COMMUNITY/CHANGED STATUS: [MM/DD/YYYY]
RU ID: [RUID-7]   REGION: [Reg ID-1]

SIGNATURE DATE ON MPC AF MUST BE ON OR AFTER: {MM/DD/YYYY}

{We request written authorization to contact medical facilities
for more information about the services they provide.
[HAND RESPONDENT THE AUTHORIZATION FORM BOOKLET.]
[These materials explain more about why we contact medical
facilities and answer questions people sometimes ask about
this part of the study. Please take a minute to review this
information while I prepare the forms.]}

INTERVIEWER: THE PERSON NAMED ABOVE WAS INSTITUTIONALIZED IN A
PREVIOUS ROUND AND HAS NOW REJOINED THE COMMUNITY OR CHANGED
STATUS. COMPLETE THE FOLLOWING STEPS:

1. FILL OUT HEALTH CARE INSTITUTION HISTORY.

2. COMPLETE A MPC AF FOR EACH DIFFERENT HEALTH CARE INSTITUTION
   LISTED ON HEALTH CARE INSTITUTION HISTORY. WRITE 'IC' IN UPPER
   LEFT CORNER OF MPC AF. REFER TO SECTION 3 OF HISTORY FOR
   INSTRUCTIONS ON COMPLETING THESE AF(S).

3. REQUEST SIGNATURE(S) ON AF(S).

4. LEAVE UNSIGNED AF(S) AND THE AF BOOKLET WITH RESPONDENT.

5. PLACE EACH SIGNED MPC AF IN THE CASE FOLDER. MAKE FOLLOW-UP
   ARRANGEMENTS FOR EACH UNSIGNED MPC AF. CAPI WILL
   NOT COLLECT INFORMATION ON STATUS.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
     -------------------------------------------------
    | DISPLAY THE INTERVIEW DATE OF THE MOST RECENT    |
    | ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE |
    | FOR AUTHORIZATION FORM COLLECTION FOR            |
    |  'MM/DD/YYYY'.                                   |
     -------------------------------------------------


     -------------------------------------------------
    | DISPLAY 'We request ... prepare the forms.]' IF  |
    | CL01 WAS NOT ASKED FOR THE CURRENT ROUND.        |
    | OTHERWISE, USE A NULL DISPLAY.                   |
     -------------------------------------------------
```

```
     --------------------------------------------------
    |  CONTINUE WITH END_LP02A                         |
     --------------------------------------------------
```

END_LP02A
=========

```
     --------------------------------------------------
    |  CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
    |  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
     --------------------------------------------------
```

```
     --------------------------------------------------
    |  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,  |
    |  END LOOP_02A AND CONTINUE WITH BOX_03           |
     --------------------------------------------------
```

BOX_03
======

```
     --------------------------------------------------
    |  Subsection 2:  HIPS AUTHORIZATION FORMS (BEGINNING|
    |  WITH THE SECOND YEAR OF PANEL 2 AND THE FIRST YEAR|
    |  OF PANEL 3 (1998), SAMPLING CONTINUES BUT        |
    |  AUTHORIZATION FORMS ARE NOT COLLECTED).          |
    |                                                  |
    |  SAMPLING BOX FOR ROUNDS 2 AND 3:  (TO BASE ON   |
    |  ROUND 1 CRITERIA FOR COLLECTION OF AFs IN ROUND 2 |
    |  AND ROUND 3):                                   |
    |  RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS  |
    |  AUTHORIZATION FORM COLLECTION:                   |
    |                                                  |
    |  - ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER |
    |    OF THIS INSURANCE ON THE DATE OF THE ROUND 1   |
    |    INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE   |
    |    SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE |
    |    DATE OF THE ROUND 1 INTERVIEW (DEFINED LATER)  |
    |    WITH FOUR EXCEPTIONS:                          |
    |    1.  ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND |
    |        EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 |
    |        OR HP13=1)                                |
    |    2.  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-    |
    |        EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE|
    |        LOCATION (EM93=2)                         |
    |    3.  PERSON IS THE POLICYHOLDER OF THIS INSURANCE|
    |        AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED |
    |        IN RU'                                    |
    |    4.  ESTABLISHMENT ONLY PROVIDES LONG TERM CARE |
    |        IN A NURSING HOME, EXTRA CASH FOR HOSPITAL |
    |        STAYS, SERIOUS DISEASE OR DREAD DISEASE,   |
    |        DISABILITY, WORKER'S COMPENSATION, OR      |
    |        ACCIDENT INSURANCE (HX48 IS CODED ONLY     |
    |        COMBINATIONS OF CODES '6', '7', '8', '9',  |
    |        '10', AND '11').                          |
     --------------------------------------------------
```

20

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| SAMPLING BOX FOR ROUNDS 2 AND 3:  (TO BASE ON       |
| ROUND 1 CRITERIA FOR COLLECTION OF AFs IN ROUND 2   |
| AND ROUND 3):                                       |
| RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS     |
| AUTHORIZATION FORM COLLECTION:                      |
|                                                     |
| - ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS   |
|   'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER    |
|   IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT    |
|   FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON     |
|   IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE|
|   DATE OF THE ROUND 1 INTERVIEW) AS OF THE ROUND 1|
|   INTERVIEW DATE WITH THREE EXCEPTIONS:             |
|   1.  ESTABLISHMENT IS THE FEDERAL GOVERNMENT       |
|       (EM96 = 2)                                    |
|   2.  ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED'   |
|       WITH A FIRM-SIZE=1                            |
|   3.  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-        |
|       EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE|
|       LOCATION (EM93=2)                            |
-------------------------------------------------------


-------------------------------------------------------
| SAMPLING BOX FOR ROUNDS 4 AND 5:                    |
| RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS     |
| AUTHORIZATION FORM COLLECTION:                      |
|                                                     |
| - ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS   |
|   'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER    |
|   IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT    |
|   FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON     |
|   IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE|
|   DATE OF THE ROUND 1 INTERVIEW) AS OF THE ROUND 1|
|   INTERVIEW DATE WITH THREE EXCEPTIONS:             |
|   1.  ESTABLISHMENT IS THE FEDERAL GOVERNMENT       |
|       (EM96 = 2)                                    |
|   2.  ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED'   |
|       WITH A FIRM-SIZE=1                            |
|   3.  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-        |
|       EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE|
|       LOCATION (EM93=2)                            |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  PRIVATE INSURANCE IS DEFINED AS:             |
| - ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND          |
|   FLAGGED AS 'PROVIDES HEALTH INSURANCE'            |
|   (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH   |
|   A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED,    |
|   SEE NOTE BELOW)                                   |
| - DIRECT PURCHASED INSURANCE, THAT IS,             |
|   ESTABLISHMENTS CREATED FROM THE HX23 SERIES      |
-------------------------------------------------------
```

21

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-------------------------------------------------------
| NOTE:  HELD ON THE DATE OF THE ROUND 1 INTERVIEW: |
| - FOR PRIVATE SOURCES -- POLICYHOLDER HELD        |
|   INSURANCE AT THE TIME OF THE ROUND 1 INTERVIEW  |
|   DATE (HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS |
|   CODED '1' (YES, COVERED NOW) FOR THE            |
|   POLICYHOLDER)                                   |
| - FOR PRIVATE SOURCES WHERE POLICYHOLDER IS       |
|   DECEASED -- AT LEAST ONE DEPENDENT (SELECTED AT |
|   HP16) IS COVERED BY THE INSURANCE AT THE TIME OF|
|   THE ROUND 1 INTERVIEW DATE (HQ01 IS CODED '1'   |
|   (WHOLE TIME) OR HQ02 IS CODED '1' (YES, COVERED |
|   NOW) FOR THE COVERED PERSON)                    |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  ESTABLISHMENTS WHICH ARE EMPLOYERS AND     |
| PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS 'SELF-|
| EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS DIRECT|
| PURCHASED INSURANCE, THAT IS, HIPS WILL CONTACT   |
| THE ESTABLISHMENT PROVIDING THE INSURANCE, (I.E., |
| CREATED FROM THE HX03 SERIES) NOT THE EMPLOYER.   |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  FOR ESTABLISHMENTS WHICH ARE CURRENT MAIN  |
| EMPLOYERS (ON THE ROUND 1 INTERVIEW DATE) AND     |
| PROVIDE HEALTH INSURANCE, WHERE THE HEALTH        |
| INSURANCE IS ONLY FROM A UNION (EM117=2), A HIPS  |
| AUTHORIZATION FORM IS REQUIRED FOR BOTH THE       |
| EMPLOYER AND THE UNION.  IN THESE CASES, BOTH     |
| ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS  |
| AUTHORIZATION FORM COLLECTION.                    |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  IF A CURRENT MAIN JOB IS FLAGGED AS        |
| 'PREVIOUS HEALTH INSURANCE' BUT THAT INSURANCE IS |
| ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH |
| FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD      |
| DISEASE, DISABILITY, WORKER'S COMPENSATION, AND/OR|
| ACCIDENT INSURANCE, THE JOB IS PROCESSED AS IF IT |
| DOES NOT PROVIDE HEALTH INSURANCE BUT IS ELIGIBLE |
| FOR HEALTH INSURANCE PROVIDER AUTHORIZATION FORM  |
| COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE     |
| MET).                                             |
-------------------------------------------------------


-------------------------------------------------------
| NOTE:  A '-7' (REFUSED) AND '-8' (DON'T KNOW)     |
| RESPONSE AT ANY QUESTION LISTED ABOVE DOES NOT    |
| MEET THE CRITERIA.                                |
-------------------------------------------------------
```

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--------------------------------------------------------
| NOTE:  IN ROUND 4, A NEW HIPS FLAG WILL BE SET AND|
| NEW HIPS AUTHORIZATION FORMS WILL BE COLLECTED FOR|
| ALL ESTABLISHMENT-PERSON-PAIRS BASED ON THE ABOVE |
| SAMPLING CRITERIA, BUT USING ROUND 3 DATA.        |
--------------------------------------------------------


--------------------------------------------------------
| SAMPLING BOX (TO BASE ON ROUND 3 CRITERIA, FOR    |
| COLLECTION OF AFs IN ROUNDS 4 AND 5):             |
| RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS   |
| AUTHORIZATION FORM COLLECTION:                    |
|                                                   |
| - ALL PAIRS WHERE THE PERSON IS THE POLICYHOLDER  |
|   OF THIS INSURANCE ON THE DATE OF THE ROUND 3    |
|   INTERVIEW AND THE ESTABLISHMENT IS A PRIVATE    |
|   SOURCE OF INSURANCE (DEFINED LATER) HELD ON THE |
|   DATE OF THE ROUND 3 INTERVIEW (DEFINED LATER)   |
|   WITH FOUR EXCEPTIONS:                           |
|   1.  ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND  |
|       EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2  |
|       OR HP13=1)                                  |
|   2.  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-      |
|       EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE|
|       LOCATION (EM93=2)                           |
|   3.  PERSON IS THE POLICYHOLDER OF THIS INSURANCE|
|       AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED  |
|       IN DU'                                      |
|   4.  ESTABLISHMENT PROVIDES ONLY LONG TERM CARE  |
|       IN A NURSING HOME, EXTRA CASH FOR HOSPITAL  |
|       STAYS, SERIOUS DISEASE OR DREAD DISEASE,    |
|       DISABILITY, WORKER'S COMPENSATION, OR       |
|       ACCIDENT INSURANCE (HX48, OE10, OE24, OR    |
|       OE37 IS CODED ONLY COMBINATIONS OF CODES    |
|       '6', '7', '8', '9', '10', AND '11').        |
--------------------------------------------------------
```

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-----------------------------------------------------
| SAMPLING BOX FOR ROUNDS 4 AND 5: (TO BASE ON ROUND|
| 3 CRITERIA, FOR COLLECTION OF AFs IN ROUNDS 4 AND |
| 5):                                               |
| RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS   |
| AUTHORIZATION FORM COLLECTION:                    |
|                                                   |
| - ALL PAIRS WHERE THE ESTABLISHMENT IS FLAGGED AS |
|   'EMPLOYER' AND THE JOB SUBTYPE OF THAT EMPLOYER |
|   IS FLAGGED AS 'CURRENT MAIN' AND THE JOB IS NOT |
|   FLAGGED AS 'PROVIDES HEALTH INSURANCE' (PERSON  |
|   IS THE JOBHOLDER OF THIS CURRENT MAIN JOB ON THE|
|   DATE OF THE ROUND 3 INTERVIEW) AS OF THE ROUND 3|
|   INTERVIEW DATE WITH THREE EXCEPTIONS:           |
|   1.  ESTABLISHMENT IS THE FEDERAL GOVERNMENT     |
|       (EM96 = 2)                                  |
|   2.  ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' |
|       WITH A FIRM-SIZE=1                          |
|   3.  ESTABLISHMENT IS FLAGGED AS 'NOT SELF-      |
|       EMPLOYED' WITH ONE EMPLOYEE (EM91=1) AND ONE|
|       LOCATION (EM93=2)                           |
-----------------------------------------------------


-----------------------------------------------------
| NOTE:  PRIVATE INSURANCE IS DEFINED AS:           |
| - ESTABLISHMENTS FLAGGED AS 'EMPLOYER' AND        |
|   FLAGGED AS 'PROVIDES HEALTH INSURANCE'          |
|   (ESTABLISHMENTS FLAGGED AS 'SELF-EMPLOYED' WITH |
|   A FIRM-SIZE-1 ARE TREATED AS DIRECT PURCHASED,  |
|   SEE NOTE BELOW)                                 |
| - DIRECT PURCHASED INSURANCE, THAT IS,            |
|   ESTABLISHMENTS CREATED FROM THE HX23 SERIES     |
-----------------------------------------------------


-----------------------------------------------------
| NOTE:  HELD ON THE DATE OF THE ROUND 3 INTERVIEW: |
| - FOR PRIVATE SOURCES -- POLICYHOLDER HELD        |
|   INSURANCE AT THE TIME OF THE ROUND 3 INTERVIEW  |
|   DATE [(HQ01 IS CODED '1' (WHOLE TIME) OR HQ02 IS|
|   CODED '1' (YES, COVERED NOW) FOR THE            |
|   POLICYHOLDER) OR (OE01, OE12, OE26 IS CODED '1' |
|   (YES) FOR THE POLICYHOLDER)                     |
| - FOR PRIVATE SOURCES WHERE POLICYHOLDER IS       |
|   DECEASED -- AT LEAST ONE DEPENDENT [(SELECTED AT|
|   HP16 OR OE45) OR (CONFIRMED AS STILL COVERED AT |
|   OE29 OR OE30)] IS COVERED BY THE INSURANCE AT   |
|   THE TIME OF THE ROUND 3 INTERVIEW DATE [(HQ01   |
|   IS CODED '1' (WHOLE TIME) OR HQ02 IS CODED '1'  |
|   (YES, COVERED NOW) FOR THE COVERED PERSON) OR   |
|   (OE26 IS CODED '1' (YES) FOR THE COVERED        |
|   PERSON)]                                        |
-----------------------------------------------------
```

24

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-------------------------------------------------------
| NOTE:  ESTABLISHMENTS WHICH ARE EMPLOYERS AND       |
| PROVIDE HEALTH INSURANCE AND ARE FLAGGED AS         |
| 'SELF-EMPLOYED' WITH A FIRM-SIZE=1 ARE TREATED AS   |
| DIRECT PURCHASED INSURANCE, THAT IS, HIPS WILL      |
| CONTACT THE ESTABLISHMENT PROVIDING THE INSURANCE,  |
| (I.E., CREATED FROM THE HX03 SERIES) NOT THE        |
| EMPLOYER.                                           |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  FOR ESTABLISHMENTS WHICH ARE CURRENT MAIN    |
| EMPLOYERS (ON THE ROUND 3 INTERVIEW DATE) AND       |
| PROVIDE HEALTH INSURANCE, WHERE THE HEALTH          |
| INSURANCE IS ONLY FROM A UNION (EM117=2), A HIPS    |
| AUTHORIZATION FORM IS REQUIRED FOR BOTH THE         |
| EMPLOYER AND THE UNION.  IN THESE CASES, BOTH       |
| ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS    |
| AUTHORIZATION FORM COLLECTION.                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  IF A CURRENT MAIN JOB IS FLAGGED AS          |
| 'PREVIOUS HEALTH INSURANCE' BUT THAT INSURANCE IS   |
| ONLY LONG TERM CARE IN A NURSING HOME, EXTRA CASH   |
| FOR HOSPITAL STAYS, SERIOUS DISEASE OR DREAD        |
| DISEASE, DISABILITY, WORKER'S COMPENSATION, AND/OR  |
| ACCIDENT INSURANCE, THE JOB IS PROCESSED AS IF IT   |
| DOES NOT PROVIDE HEALTH INSURANCE BUT IS ELIGIBLE   |
| FOR HEALTH INSURANCE PROVIDER AUTHORIZATION FORM    |
| COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE       |
| MET).                                               |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE: A '-7' (REFUSED) AND '-8' (DON'T KNOW)        |
| RESPONSE AT ANY QUESTION LISTED ABOVE DOES NOT      |
| MEET THE CRITERIA.                                  |
-------------------------------------------------------
```

```
-------------------------------------------------------
| GO TO BOX_10                                        |
-------------------------------------------------------
```

BOX_04A
=======
OMITTED.

BOX_04
======
OMITTED.

CL07
====
OMITTED.

LOOP_03
=======

         OMITTED.

CL08
====

         OMITTED.

CL09
====

         OMITTED.

CL09OV1
=======

         OMITTED.

CL09OV2
=======

         OMITTED.

CL10
====

         OMITTED.

CL11
====

         OMITTED.

CL11OV
======

         OMITTED.

END_LP03
========

         OMITTED.

BOX_05
======

         OMITTED.

BOX_06
======

         OMITTED.

CL12
====

         OMITTED.

CL13
====

         OMITTED.

CL14
====

         OMITTED.

```
LOOP_04
=======
            OMITTED.

CL15
====
            OMITTED.

CL15OV
======
            OMITTED.

CL16
====
            OMITTED.

CL17
====
            OMITTED.

CL17OV
======
            OMITTED.

END_LP04
========
            OMITTED.

BOX_07
======
            OMITTED.

CL18
====
            OMITTED.

CL18OV
======
            OMITTED.

CL19
====
            OMITTED.

CL20
====
            OMITTED.

CL20OV
======
            OMITTED.

BOX_08
======
            OMITTED.
```

LOOP_04A
========

          OMITTED.

CL21
====

          OMITTED.

END_LP04A
=========

          OMITTED.

BOX_09
======

          OMITTED.

CL22
====

          OMITTED.

BOX_10
======

                    | Subsection 4: Pharmacy Requests and Authorization|
                    | Forms (Rounds 2-5) |
                    | |
                    | AS A PHARMACY WAS ENTERED OR SELECTED DURING THE |
                    | PRESCRIBED MEDICINES SECTION, THE PERSON-PHARMACY-|
                    | PAIR WAS FLAGGED WITH THE CURRENT ROUND (I.E., THE|
                    | MOST RECENT ROUND IT WAS ENTERED/SELECTED). THIS |
                    | ROUND FLAG IS USED TO DETERMINE WHETHER THE |
                    | PHARMACY IS ELIGIBLE FOR PHARMACY AUTHORIZATION |
                    | FORM COLLECTION FOR THIS RU MEMBER. |

                    | IF ROUND 1, GO TO BOX_14 |

                    | OTHERWISE (I.E., IF ROUNDS 2-5), CONTINUE |
                    | WITH BOX_11 |

                    | NOTE: PANELS 1 THROUGH 12 INCLUDED PHARMACY AF |
                    | COLLECTION ONLY IN ROUNDS 3 AND 5. PANEL 13 |
                    | INCLUDES PHARMACY AF COLLECTION IN ROUNDS 3, 4, |
                    | AND 5. BEGINNING IN PANEL 14, AND ALL SUBSEQUENT |
                    | PANELS, PHARMACY AF COLLECTION OCCURS IN ROUNDS |
                    | 2-5. |

BOX_11
======

```
-----------------------------------------------------
| IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE       |
| (SEE SAMPLING BOX BELOW) FOR PHARMACY               |
| AUTHORIZATION FORM COLLECTION FOR THE CURRENT       |
| ROUND,                                              |
| OR                                                  |
| AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE FOR      |
| AUTHORIZATION FORM COLLECTION DURING THE PREVIOUS   |
| ROUND AND CL32 WAS CODED '3' (LEFT WITH R), '4'     |
| (MAILED TO R), '5' (REFUSED), '91' (OTHER), OR      |
| '-1' (ADDED BY COMMENT REVIEW) FOR THIS PERSON-     |
| PHARMACY-PAIR IN PREVIOUS ROUND, CONTINUE WITH      |
| CL30                                                |
-----------------------------------------------------


-----------------------------------------------------
| OTHERWISE, GO TO BOX_14                             |
-----------------------------------------------------


-----------------------------------------------------
| NOTE:  RECEIPT CONTROL WILL UPDATE CAPI INTER-      |
| ROUND, USING THE CODE STRUCTURE AT CL32.  UPDATES   |
| CAN BE EITHER POSITIVE OR NEGATIVE.  THIS MEANS     |
| THAT INTER-ROUND AN AUTHORIZATION FORM'S STATUS     |
| CAN EITHER GET UPDATED TO A HIGHER STATUS CODE      |
| (FROM UNSIGNED TO SIGNED) OR TO A LOWER STATUS      |
| CODE (FROM SIGNED TO UNSIGNED -- I.E., IT WAS NOT   |
| SIGNED BY THE RIGHT PERSON).  SEE MPC MAPPING       |
| SPECIFICATIONS FOR EXACT UPDATES TO STATUS CODES.   |
-----------------------------------------------------
```

```
---------------------------------------------------
| NOTE BOX                                          |
| THERE ARE 6 PERSON TYPES (AND TWO SUB-TYPES) IN   |
| THE MEPS RU                                       |
|                                                   |
| TYPE                                       PRSLT  |
| DECEASED/ELIGIBLE FOR PART OF REF PERIOD      41  |
| INSTITUTIONALIZED/ELIGIBLE PT OF REF PERIOD   51  |
|   IN A HEALTHCARE FACILITY (INSTTYPE 1 OR 2)      |
|   IN A NON-HEALTHCARE FACILITY (INSTTYPE 3)       |
| MEPS STUDENT/ELIGIBLE ALL OF REF PERIOD       71  |
| LIVING OUTSIDE US/ELIGIBLE PT OF REF PERIOD   75  |
| LIVING-MILITARY BASE/ELIGIBLE PT REF PERIOD   76  |
| ELIGIBLE FOR ALL OF REFERENCE PERIOD          99  |
|                                                   |
| THE FOLLOWING PERSON TYPES (AND SUB-TYPES)        |
| ARE ELIGIBLE FOR PHARMACY AUTHORIZATION FORM      |
| COLLECTION:                                       |
| - PRSLT 41 - DECEASED/ELIGIBLE FOR PART OF        |
|   REF PERIOD                                      |
| - PRSLT 51 - SUB-TYPE INSTITUTIONALIZED/ELIGIBLE  |
|   PT OF REF PERIOD IN A                           |
|   HEALTHCARE FACILITY (INSTTYPE 1 OR 2)           |
| - PRSLT 71 - MEPS STUDENT/ELIGIBLE ALL OF REF     |
|   PERIOD                                          |
| - PRSLT 99 - ELIGIBLE FOR ALL OF REFERENCE PERIOD |
|                                                   |
| THERE ARE TWO TYPES OF OUT OF SCOPE RU MEMBERS    |
| THAT ARE ELIGIBLE FOR PHARMACY AUTHORIZATION FORM |
| COLLECTION (NOTE:  OUT OF SCOPE REFERS TO RU      |
| MEMBERS WHO HAD PARTIAL ELIGIBILITY IN THE        |
| PREVIOUS ROUND AND NO ELIGIBILITY IN THE CURRENT  |
| ROUND):                                           |
| - PRSLT 41 - DECEASED/ELIGIBLE FOR PART OF REF    |
|   PERIOD                                          |
| - PRSLT 51 - SUB-TYPE INSTITUTIONALIZED/ELIGIBLE  |
|   PT OF REF PERIOD IN A HEALTHCARE FACILITY       |
|   (INSTTYPE 1 OR 2)                               |
|                                                   |
| 2 PERSON TYPES AND 1 SUB-TYPE ARE NOT ELIGIBLE FOR|
| PHARMACY AUTHORIZATION FORM COLLECTION:           |
| - PRSLT 51 - SUB-TYPE INSTITUTIONALIZED/ELIGIBLE  |
|   PT OF REF PERIOD IN A NON-HEALTHCARE FACILITY   |
|   (INSTTYPE 3)                                    |
| - PRSLT 75 - LIVING OUTSIDE US/ELIGIBLE PT OF REF |
|   PERIOD                                          |
| - PRSLT 76 - LIVING-MILITARY BASE/ELIGIBLE PT REF |
|   PERIOD                                          |
|                                                   |
| PERSON-PHARMACY-PAIRS WHERE THE PHARMACY LOCATION |
| IS IN A FOREIGN COUNTRY (I.E., 'FC' IS ENTERED IN |
| THE STATE FIELD OF PHARMACY'S ADDRESS ARE NOT     |
| ELIGIBLE FOR PHARMACY AUTHORIZATION FORM          |
| COLLECTION)                                       |
---------------------------------------------------
```

```
-----------------------------------------------------
| NOTE:  PHARMACY AUTHORIZATION FORMS ARE NOT EVENT |
| DEPENDENT, ARE NOT LINKED TO ANY SPECIFIC YEAR IN |
| ROUND 3 AND ARE ASKED AS TWO SEPARATE SAMPLES.    |
| FOR THE FIRST SAMPLE, CAPI REQUESTS AUTHORIZATION |
| FORMS FROM ROUNDS 1, 2 AND 3.  FOR THE SECOND     |
| SAMPLE, CAPI REQUESTS AUTHORIZATION FORMS FROM    |
| ROUNDS 3, 4 AND 5.  REQUESTS FOR OUTSTANDING      |
| AUTHORIZATION FORMS FROM ROUNDS 1 AND 2 SHOULD    |
| NOT BE CONTINUED IN ROUND 4, INCLUDING            |
| AUTHORIZATION FORMS FOR DECEASED AND              |
| INSTITUTIONALIZED PERSONS.                        |
-----------------------------------------------------


-----------------------------------------------------
| SAMPLING BOX                                      |
|                                                   |
| PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY       |
| AUTHORIZATION FORM COLLECTION:                    |
| NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME|
| OF EVENT).                                        |
|                                                   |
| ROUND 1:                                          |
|    - AUTHORIZATION FORMS (AFS) ARE NOT REQUESTED  |
|      IN ROUND 1 BUT PHARMACY RECORDS ARE  CREATED.|
|                                                   |
| ROUND 2:                                          |
|    - PERSON-PHARMACY PAIRS CREATED IN THE CURRENT |
|      ROUND.                                       |
|    - PERSON-PHARMACY PAIRS CREATED IN THE         |
|      PREVIOUS ROUND.                              |
|                                                   |
| ROUND 3:                                          |
|    - PERSON-PHARMACY PAIRS CREATED IN THE CURRENT |
|      ROUND.                                       |
|    - PERSON-PHARMACY PAIRS OUTSTANDING FROM THE   |
|      PREVIOUS ROUND.                              |
|    - PERSON-PHARMACY PAIRS CREATED IN PREVIOUS    |
|      ROUNDS BUT SELECTED IN THE CURRENT ROUND.    |
|      ROUND.                                       |
|                                                   |
| ROUND 4:                                          |
|    - PERSON-PHARMACY PAIRS CREATED IN THE CURRENT |
|      ROUND.                                       |
|    - PERSON-PHARMACY PAIRS OUTSTANDING FROM THE   |
|      PREVIOUS ROUND IF THEY WERE CREATED IN       |
|      ROUND 3.                                     |
|    - PERSON-PHARMACY PAIRS CREATED IN PREVIOUS    |
|      ROUNDS BUT SELECTED IN THE CURRENT ROUND.    |
|                                                   |
| ROUND 5:                                          |
|    - PERSON-PHARMACY PAIRS CREATED IN THE CURRENT |
|      ROUND.                                       |
|    - PERSON-PHARMACY PAIRS OUTSTANDING FROM THE   |
|      PREVIOUS ROUND IF THEY WERE CREATED IN ROUND |
|      3 OR 4.                                      |
|    - PERSON-PHARMACY PAIRS CREATED IN PREVIOUS    |
|      ROUNDS BUT SELECTED IN THE CURRENT ROUND.    |
-----------------------------------------------------
```

```
       ------------------------------------------------------
       |   NOTE: IF THE SAME PHARMACY IS ASSOCIATED MORE    |
       |   THAN ONCE WITH A PARTICULAR PERSON, ONLY ONE     |
       |   AUTHORIZATION FORM IS ASKED ABOUT FOR THAT PAIR. |
       |   IF THE SAME PHARMACY IS ASSOCIATED WITH MORE THAN |
       |   ONE PERSON, AN AUTHORIZATION FORM IS ASKED FOR   |
       |   EACH UNIQUE PERSON-PHARMACY-PAIR.                |
       ------------------------------------------------------


       ------------------------------------------------------
       |   NOTE:  IF THE PERSON-PHARMACY-PAIR IS OUTSTANDING |
       |   FROM A PREVIOUS ROUND AND THE SAME PHARMACY      |
       |   IS SELECTED FOR THAT PERSON IN THE CURRENT ROUND, |
       |   THE PAIR WILL NOT BE TREATED AS IF IT IS         |
       |   OUTSTANDING.  THAT IS, THE DISPLAYS FOR PREVIOUS  |
       |   ROUND STATUS WILL NOT BE SHOWN, ETC.            |
       ------------------------------------------------------
```

CL23
====

OMITTED.

CL24
====

OMITTED.

LOOP_05
=======

OMITTED.

CL25
====

OMITTED.

END_LP05
========

OMITTED.

CL26
====

OMITTED.

BOX_12
======

OMITTED.

CL27
====

OMITTED.

LOOP_06
=======

OMITTED.

CL28
====

OMITTED.

END_LP06
========

OMITTED.

BOX_13
======

OMITTED.

CL29
====

OMITTED.

CL30
====

To obtain complete and accurate information about health care use
and expenditures, we would like authorization to contact pharmacies
to obtain a printed summary for:

(READ PERSON BELOW)'s prescriptions filled at (READ PHARMACY BELOW).

[HAND RESPONDENT THE AUTHORIZATION FORM BOOKLET.]

[These materials explain more about why we contact pharmacies
and answer questions people sometimes ask about this part of
the study. Please take a minute to review this information
while I gather the forms.]

ROSTER. PERSON	CL30_01. PHARMACY
[First, [Middle], Last Name-35]	[Name of Pharmacy..............-30]
[First, [Middle], Last Name-35]	[Name of Pharmacy..............-30]
[First, [Middle], Last Name-35]	[Name of Pharmacy..............-30]

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
--------------------------------------------------
| ROSTER DETAILS:                                |
| TITLE: RU_PERS_PHAR_PAIR_1                     |
|                                                |
| COL # 1 HEADER: NAME                           |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)                 |
|                                                |
| COL # 2 HEADER: PHARMACY                       |
| INSTRUCTIONS: DISPLAY PHARMACY NAME            |
| (PHAR.PHARNAME)                                |
--------------------------------------------------
```

```
----------------------------------------------------
| ROSTER DEFINITION:                                |
| DISPLAY EACH UNIQUE PAIR ON THE RU-PERSON-         |
| PHARMACY-PAIRS-ROSTER.                             |
----------------------------------------------------


----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. DISPLAY ONLY.                                  |
|                                                   |
| 2. SELECT, EDIT, ADD, AND DELETE DISALLOWED.      |
----------------------------------------------------


----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ONLY THOSE PAIRS THAT MEET THE FOLLOWING  |
| CONDITION(S):                                     |
| - PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM|
|   COLLECTION FOR THE CURRENT ROUND (SEE BOX_11    |
|   SAMPLING SPECIFICATIONS)                        |
| OR                                                |
| - PAIR ELIGIBLE FOR PHARMACY AUTHORIZATION FORM   |
|   COLLECTION IN PREVIOUS ROUND,                   |
|   AND                                             |
| - CL32 WAS CODED '3' (LEFT WITH R), '4' (MAILED   |
|   TO R), '5' (REFUSED), '91' (OTHER) OR '-1'      |
|   (ADDED BY COMMENT REVIEW) FOR THIS PERSON-      |
|   PHARMACY-PAIR IN PREVIOUS ROUND                 |
----------------------------------------------------


----------------------------------------------------
| NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON-        |
| PHARMACY-PAIR ONLY ONCE.                          |
----------------------------------------------------
```

LOOP_07
=======

```
-------------------------------------------------------
| FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS-   |
| ROSTER, ASK CL31 - END_LP07                         |
-------------------------------------------------------
```

```
-------------------------------------------------------
| LOOP DEFINITION:  LOOP_07 PRESENTS EACH UNIQUE      |
| PERSON-PHARMACY-PAIR ELIGIBLE FOR PHARMACY          |
| AUTHORIZATION FORM COLLECTION FOR THE INTERVIEWER   |
| TO COMPLETE THE AUTHORIZATION FORM.  THIS LOOP      |
| CYCLES ON THE RU-PERSON-PHARMACY-PAIRS THAT MEET    |
| THE FOLLOWING CONDITIONS:                           |
|                                                     |
| - PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM  |
|   COLLECTION FOR THE CURRENT ROUND (SEE BOX_11      |
|   SAMPLING SPECIFICATIONS)                          |
| OR                                                  |
| - PAIR ELIGIBLE FOR PHARMACY AUTHORIZATION FORM     |
|   COLLECTION IN PREVIOUS ROUND,                     |
|   AND                                               |
| - CL32 WAS CODED '3' (LEFT WITH R), '4' (MAILED     |
|   TO R), '5' (REFUSED), '91' (OTHER) OR '-1'        |
|   (ADDED BY COMMENT REVIEW) FOR THIS PERSON-        |
|   PHARMACY-PAIR IN PREVIOUS ROUND                   |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-   |
| PHARMACY-PAIR.                                      |
-------------------------------------------------------
```

35

CL31
====

        INTERVIEWER: CHECK FIRST FOR PREPRINTED PHARMACY AF FOR THIS PAIR.
        IF THERE IS NO PREPRINTED AF, FILL OUT A BLANK PHARMACY AF.

        PID: [PID]   PERSON: [First,[Middle],Last Name-35]
        DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

        RU ID: [RUID-7]   REGION: [Reg ID-1]   PHARMID: [PharmID-4]
        PHARMACY NAME: [Pharmacy Name-35]
        PHARMACY ADDRESS: [Street Address for Pharmacy]
                           [City Name], [ST] [Zip Code] [Telephone]

        {PHARMACY AF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND
        STATUS – 40}}

        SIGNATURE DATE ON PHARMACY AF MUST BE ON OR AFTER: {MM/DD/YYYY}

              PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

            HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
                      AUTHORIZATION FORMS.

        | DISPLAY 'PHARMACY AF STATUS ... -40}' IF CURRENT |
        | PERSON-PHARMACY-PAIR IS OUTSTANDING FROM THE |
        | PREVIOUS ROUND. |
        | |
        | FOR 'DISPLAY PREVIOUS ROUND STATUS-40', DISPLAY |
        | THE CATEGORY ENTRY ASSOCIATED WITH THE PREVIOUS |
        | ROUND (OR RECEIPT CONTROL UPDATED) CL32 |
        | OUTSTANDING STATUS. THAT IS, IF CL32 WAS CODED |
        | '3', DISPLAY 'LEFT WITH R'; IF CL32 WAS CODED '4', |
        | DISPLAY 'MAILED TO R'; IF CL32 WAS CODED '5', |
        | DISPLAY 'REFUSED'; AND IF CL32 WAS CODED '91' OR |
        | '-1', DISPLAY THE FIRST 40 CHARACTERS FROM THE |
        | OTHER SPECIFY ENTRY FIELD (OR THE RECEIPT CONTROL |
        | UPDATE TEXT GENERATED FOR THE '91' OR '-1' CODES) |
        | |
        | DISPLAY THE INTERVIEW DATE OF THE MOST RECENT |
        | ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE |
        | FOR AUTHORIZATION FORM COLLECTION FOR |
        | 'MM/DD/YYYY'. |

END_LP07
========

```
---------------------------------------------------
|  CYCLE ON NEXT PAIR ON THE RU-PERSON-PHARMACY-   |
|  PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
|  THE LOOP DEFINITION.                            |
---------------------------------------------------
```

```
---------------------------------------------------
|  IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
|  LOOP_07 AND CONTINUE WITH LOOP_08               |
---------------------------------------------------
```

LOOP_08
=======

```
---------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-PERSON-PHARMACY-PAIRS- |
|  ROSTER, ASK CL32 - END_LP08                     |
---------------------------------------------------
```

```
---------------------------------------------------
|  LOOP DEFINITION:  LOOP_08 PRESENTS EACH UNIQUE  |
|  PERSON-PHARMACY-PAIR ELIGIBLE FOR PHARMACY       |
|  AUTHORIZATION FORM COLLECTION FOR THE INTERVIEWER |
|  TO RECORD THE STATUS OF THE AUTHORIZATION FORM.  |
|  THIS LOOP CYCLES ON THE RU-PERSON-PHARMACY-PAIRS |
|  THAT MEET THE FOLLOWING CONDITIONS:             |
|                                                  |
|  - PAIR IS ELIGIBLE FOR PHARMACY AUTHORIZATION FORM|
|    COLLECTION FOR THE CURRENT ROUND (SEE BOX_11  |
|    SAMPLING SPECIFICATIONS)                      |
|  OR                                              |
|  - PAIR ELIGIBLE FOR PHARMACY AUTHORIZATION FORM |
|    COLLECTION IN PREVIOUS ROUND,                 |
|    AND                                           |
|  - CL32 WAS CODED '3' (LEFT WITH R), '4' (MAILED |
|    TO R), '5' (REFUSED), '91' (OTHER) OR '-1'    |
|    (ADDED BY COMMENT REVIEW) FOR THIS PERSON-    |
|    PHARMACY-PAIR IN PREVIOUS ROUND               |
---------------------------------------------------
```

```
---------------------------------------------------
|  NOTE:  LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |
|  PHARMACY-PAIR.                                  |
---------------------------------------------------
```

CL32
====

          INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN AUTHORIZATION FORM.
          IF NOT AVAILABLE TO SIGN, LEAVE AUTHORIZATION FORM AND BOOKLET WITH
          RESPONDENT.

          PID: [PID]   PERSON: [First,[Middle],Last Name-35]
          DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

          RU ID: [RUID-7]   REGION: [Reg ID-1]   PHARMID: [PharmID-4]
          PHARMACY NAME: [Pharmacy Name-35]
          PHARMACY ADDRESS: [Street Address for Pharmacy]
                             [City Name], [ST] [Zip Code] [Telephone]

          SIGNATURE DATE ON PHARMACY AF MUST BE ON OR AFTER: {MM/DD/YYYY}

          SELECT THE PHARMACY AUTHORIZATION FORM STATUS:

               SIGNED, NO PROBLEM .... 1 {CL33}
               SIGNED WITH PROBLEM .... 2 {CL32OV1}
               LEFT WITH R .... 3 {END_LP08}
               MAILED TO R .... 4 {END_LP08}
               REFUSED .... 5 {CL34}
               OTHER .... 91 {CL32OV2}

                         [Code One]

               HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
                         AUTHORIZATION FORMS.

          | FOR 'MM/DD/YYY', DISPLAY THE RU END REFERENCE DATE |
          | OF THE MOST RECENT ROUND'S INTERVIEW FOR WHICH PAIR|
          | IS/WAS ELIGIBLE FOR AUTHORIZATION FORM COLLECTION |

          | SOFT CHECK: |
          | CODE '4' (MAILED TO R) MUST BE VERIFIED (ENTERED |
          | TWICE) IF RU IS NOT A STUDENT RU. IF CODE '4' |
          | SELECTED AND RU IS NOT A STUDENT RU, DISPLAY THE |
          | FOLLOWING MESSAGE: 'UNLIKELY RESPONSE. VERIFY |
          | AND RE-ENTER.' |

CL32OV1
=======

          PROBLEM:

               [Enter Problem-45] .... {CL33}

               HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
                         AUTHORIZATION FORMS.

CL32OV2
=======

          SPECIFY:

                [Enter Other Specify-45] .... {END_LP08}

                HELP AVAILABLE FOR MORE INFORMATION ON PHARMACY
                            AUTHORIZATION FORMS.

CL33
====

          PID: [PID]   PERSON: [First,[Middle],Last Name-35]
          DOB: [MM/DD/YYYY]   AGE: [XXX]   STATUS: [Status Code Description]

          RU ID: [RUID-7]   REGION: [Reg ID-1]   PHARMID: [PharmID-4]
          PHARMACY NAME: [Pharmacy Name-35]
          PHARMACY ADDRESS: [Street Address for Pharmacy]
                             [City Name], [ST] [Zip Code] [Telephone]

          SIGNATURE DATE ON PHARMACY AF MUST BE ON OR AFTER: {MM/DD/YYYY}

          ENTER PHARMACY AUTHORIZATION FORM NUMBER:

                [Enter Number-8] .... {CL33OV}

          | FOR 'MM/DD/YYYY', DISPLAY THE RU END REFERENCE |
          | DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR |
          | WHICH PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION FORM |
          | COLLECTION. |

          | NOTE: EACH PHARMACY AUTHORIZATION FORM HAS A |
          | PRE-ASSIGNED PHARMACY AUTHORIZATION FORM NUMBER. |

39

```
-------------------------------------------------------
| HARD CHECK—PANEL 17 PHARMACY AUTHORIZATION FORMS: |
| AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND    |
| SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG|
| AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.   |
| PANEL 17 PHARMACY AUTHORIZATION FORMS ARE PRINTED |
| ON PINK PAPER.                                    |
|                                                   |
|ORIGIN        LETTER   5-NUMBER   CHECK     ROUND   |
|                       SEQUENCE   DIGIT     IDENTIFIER|
|PRE-          Q,R,S    70000-     RANDOM    A,B,C,D,E |
|GENERATED              79999      (0-9)              |
|                                                   |
|FIELD         Q,R,S    80000-     RANDOM    A,B,C,D,E |
|GENERATED              89999      (0-9)              |
|                                                   |
|HOME          Z        90000-     RANDOM    A,B,C,D,E |
|OFFICE                 95999      (0-9)              |
|                                                   |
|TRAINING/     Y        96600-     RANDOM    A,B,C,D,E |
|QC                     96799      (0-9)              |
-------------------------------------------------------

-------------------------------------------------------
| HARD CHECK—PANEL 18 PHARMACY AUTHORIZATION FORMS: |
| AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND    |
| SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG|
| AND MUST BEGIN AND END WITH AN ALPHA CHARACTER.   |
| PANEL 18 PHARMACY AUTHORIZATION FORMS ARE PRINTED |
| ON GRAY PAPER.                                    |
|                                                   |
|ORIGIN        LETTER   5-NUMBER   CHECK     ROUND   |
|                       SEQUENCE   DIGIT     IDENTIFIER|
|PRE-          Q,R,S    70000-     RANDOM    G,H,J,K,L |
|GENERATED              79999      (0-9)              |
|                                                   |
|FIELD         Q,R,S    80000-     RANDOM    G,H,J,K,L |
|GENERATED              89999      (0-9)              |
|                                                   |
|HOME          Z        90000-     RANDOM    G,H,J,K,L |
|OFFICE                 95999      (0-9)              |
|                                                   |
|TRAINING/     Y        96600-     RANDOM    G,H,J,K,L |
|QC                     96799      (0-9)              |
-------------------------------------------------------
```

```
---------------------------------------------------
|  HARD CHECK-PANEL 19 PHARMACY AUTHORIZATION FORMS: |
| AUTHORIZATION FORM NUMBERS ARE PANEL AND ROUND    |
| SPECIFIC. NUMBER ENTERED MUST BE 8 CHARACTERS LONG|
| AND MUST BEGIN WITH AN ALPHA CHARACTER AND END    |
| WITH AN ALPHA CHARACTER. PANEL 19 PHARMACY        |
| AUTHORIZATION FORMS ARE PRINTED ON ORCHID PAPER.  |
|                                                   |
|ORIGIN          LETTER   5-NUMBER   CHECK    ROUND      |
|                         SEQUENCE   DIGIT    IDENTIFIER|
|PRE-            Q,R,S    70000-     RANDOM   M,N,P,Q,R |
|GENERATED                79999      (0-9)              |
|                                                   |
|FIELD           Q,R,S    80000-     RANDOM   M,N,P,Q,R |
|GENERATED                89999      (0-9)              |
|                                                   |
|HOME            Z        90000-     RANDOM   M,N,P,Q,R |
|OFFICE                   95999      (0-9)              |
|                                                   |
|TRAINING/       Y        96600-     RANDOM   M,N,P,Q,R |
|QC                       96799      (0-9)              |
---------------------------------------------------


---------------------------------------------------
|  SOME IMPORTANT POINTS TO REMEMBER ABOUT PHARMACY  |
| AUTHORIZATION FORMS:                              |
| -  THE PREFIX LETTER CHANGES BASED ON THE TYPE OF |
|    AUTHORIZATION FORM AND THE ORIGIN OF THE FORM. |
|    THIS MEANS THAT A PRE-PRINTED OR FIELD         |
|    GENERATED AUTHORIZATION FORM WILL DRAW FROM    |
|    THE SAME LETTER OR RANGE OF LETTERS IN EACH    |
|    PANEL.  THE EXCEPTION IS PANEL 14 PHARMACY     |
|    AUTHORIZATION FORMS WHICH WILL DRAW FROM AN    |
|    EXPANDED LIST OF PREFIX LETTERS TO ACCOMMODATE |
|    A CHANGE IN COLLECTION PROCEDURES.             |
| -  THE 5-NUMBER SEQUENCE REPEATS ITSELF FOR EACH  |
|    PANEL.                                         |
| -  THE CHECK-DIGIT ALWAYS REMAINS CONSTANT.       |
| -  THE ROUND IDENTIFIER IS DIFFERENT FOR EACH     |
|    PANEL.  THE ROUND IDENTIFIER WILL REMAIN THE   |
|    SAME FOR ALL AUTHORIZATION FORMS COLLECTED     |
|    WITHIN A PANEL, BUT CHANGES BASED ON THE ROUND.|
|    FOR EXAMPLE: AUTHORIZATION FORMS GENERATED FOR |
|    PANEL 19, ROUND 1 WILL USE THE ROUND IDENTIFIER|
|    "M"; "M" OR "N" FOR ROUND 2; "M", "N", OR "P"  |
|    FOR ROUND 3; "M", "N", "P" OR "Q" FOR ROUND 4; |
|    AND "M", "N", "P", "Q" OR "R" FOR ROUND 5.     |
---------------------------------------------------
```

CL33OV
======

PHARMACY AUTHORIZATION FORM SIGNATURE DATE:

[Enter Month, Day, Year-4] .... {END_LP08}

```
-----------------------------------------------------
|  NOTE:  INTERVIEWERS WILL BE INSTRUCTED TO COLLECT |
|  SIGNED PHARMACY AUTHORIZATION FORMS WITH DATES    |
|  EARLIER THAN THE ONE DISPLAYED, BUT WILL NOT ENTER|
|  THE NUMBER IN CAPI SINCE THE CURRENT STATUS FOR   |
|  THE AUTHORIZATION FORM WITH THE CORRECT DATE MAY  |
|  BE SOMETHING ELSE. THE CAPI STATUS OF THE PHARMACY|
|  AUTHORIZATION FORM SHOULD REFLECT THE FORM WITH   |
|  THE MOST RECENT DATE.                             |
-----------------------------------------------------


-----------------------------------------------------
|  HARD CHECK:                                       |
|  DATE ENTERED MUST BE ON OR AFTER THE INTERVIEW    |
|  DATE OF THE MOST RECENT ROUND'S INTERVIEW FOR     |
|  WHICH THE PAIR IS/WAS ELIGIBLE FOR AUTHORIZATION  |
|  FORM COLLECTION BUT CANNOT BE AFTER 'TODAY'S DATE'|
|  (THE CURRENT DATE SET ON THE LAPTOP).  IF DATE IS |
|  BEFORE CORRECT DATE, DISPLAY THE FOLLOWING        |
|  MESSAGE: 'PHARMACY AF MUST BE SIGNED ON OR AFTER  |
|  ABOVE DATE. VERIFY AND RE-ENTER DATE OR COMPLETE  |
|  NEW AF.'                                          |
-----------------------------------------------------
```

CL34
====

```
        PID: [PID]           PERSON: [First,[Middle],Last Name-35]
        DOB: [MM/DD/YYYY]    AGE: [XXX]   STATUS: [Status Code Description]

        RU ID: [RUID-7]      REGION: [Reg ID-1]      PHARMID: [PharmID-4]
        PHARMACY NAME: [Pharmacy Name-35]
        PHARMACY ADDRESS:  [Street Address for Pharmacy]
                           [City Name], [ST]  [Zip Code]  [Telephone]

        SELECT MAIN REASON FOR REFUSAL:

            DOESN'T WANT TO BOTHER PHARMACY ........ 1 {END_LP08}
            CONFIDENTIALITY/SENSITIVE ISSUE ....... 2 {END_LP08}
            PAYMENT PROBLEM WITH PHARMACY ......... 3 {END_LP08}
            HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP08}
            WANTS MORE INFORMATION BEFORE SIGNING .. 5 {END_LP08}
            NOT INTERESTED ........................ 6 {END_LP08}
            NO REASON GIVEN ....................... 7 {END_LP08}
            OTHER ................................ 91 {CL34OV}

                          [Code One]
```

CL34OV
======

```
        OTHER REASON FOR REFUSAL:

            [Enter Other Specify-45] ................ {END_LP08}
```

END_LP08
========

```
            -------------------------------------------------
            | CYCLE ON NEXT PAIR ON THE RU-PERSON-PHARMACY-   |
            | PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
            | THE LOOP DEFINITION.                            |
            -------------------------------------------------


            -------------------------------------------------
            | IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
            | LOOP_08 AND CONTINUE WITH BOX_14               |
            -------------------------------------------------
```

BOX_14
======

```
  -------------------------------------------------------
  |  SUBSECTION 5:  SELF-ADMINISTERED QUESTIONNAIRE    |
  |  (ROUNDS 2 THROUGH 5)                              |
  -------------------------------------------------------


  -------------------------------------------------------
  |  IF ROUND 2 OR 4, CONTINUE WITH BOX_15             |
  -------------------------------------------------------


  -------------------------------------------------------
  |  IF ROUND 3 OR 5, GO TO BOX_16                     |
  -------------------------------------------------------


  -------------------------------------------------------
  |  OTHERWISE, GO TO BOX_16A                          |
  -------------------------------------------------------
```

BOX_15
======

```
  -------------------------------------------------------
  |  IF ROUND 2 OR 4 AND AT LEAST ONE KEY RU MEMBER    |
  |  ELIGIBLE FOR SAQ (I.E., AT LEAST ONE CURRENT RU   |
  |  MEMBER WHO IS KEY AND WHO IS NOT DECEASED OR      |
  |  INSTITUTIONALIZED AND IS IN THE RU AT THE ROUND 2 |
  |  OR 4 INTERVIEW DATE AND IS 18 YEARS OF AGE OR     |
  |  OLDER (OR IN AGE CATEGORIES 4-9) ON JULY 1,       |
  |  {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF|
  |  THE PANEL, IF ROUND 2 OR ON JULY 1, {YEAR}, WHERE |
  |  'YEAR' IS THE SECOND CALENDAR YEAR OF THE PANEL,  |
  |  IF ROUND 4, OR HAS TURNED 18 BETWEEN JULY 1,      |
  |  {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR   |
  |  OF THE PANEL, AND THE DATE OF THE INTERVIEW IF    |
  |  ROUND 2, OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE   |
  |  SECOND CALENDAR YEAR OF THE PANEL, AND THE DATE   |
  |  OF THE INTERVIEW IF ROUND 4, CONTINUE WITH CL35   |
  -------------------------------------------------------


  -------------------------------------------------------
  |  OTHERWISE, GO TO CL41                             |
  -------------------------------------------------------


  -------------------------------------------------------
  |  NOTE:  DETERMINING WHICH ADULTS IN THE RU RECEIVE |
  |  AN SAQ AND WHICH ADULTS ARE FOLLOWED-UP IN ROUND  |
  |  3 OR 5 WILL BE BASED ONLY ON ROUND 2 OR 4         |
  |  INFORMATION.  THAT IS, NO RU MEMBERS ADDED IN     |
  |  ROUND 3 OR 5 WILL BE ASKED TO COMPLETE AN SAQ.    |
  -------------------------------------------------------
```

CL35
====

Now I would like to ask (READ PERSON NAMES BELOW) to complete
a brief survey about health and health opinions.

ROSTER. PERSON	CL35_01. PID
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]

AS APPROPRIATE, PREPARE AN SAQ FOR EACH PERSON LISTED ABOVE.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR MORE INFORMATION ON SAQ COLLECTION.

```
-----------------------------------------------------
|   ROSTER DETAILS:                                 |
|   TITLE: RU-MEMBERS_7                             |
|                                                   |
|   COL # 1 HEADER: NAME                            |
|   INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
|   AND LAST NAMES (PERS.FULLNAME)                  |
|                                                   |
|   COL # 2 HEADER: PID                             |
|   INSTRUCTIONS: DISPLAY RU MEMBERS' 3-DIGIT ID    |
|   (PERS.PID)                                      |
-----------------------------------------------------


-----------------------------------------------------
|   ROSTER DEFINITION:                              |
|   DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR    |
|   DISPLAY ONLY.                                   |
-----------------------------------------------------


-----------------------------------------------------
|   ROSTER BEHAVIOR:                                |
|   1. DISPLAY ONLY.                                |
|   2. SELECT, EDIT, ADD, DELETE DISALLOWED.        |
-----------------------------------------------------
```

```
    ---------------------------------------------------
    | ROSTER FILTER:                                  |
    | DISPLAY ALL PERSONS WHO MEET THE FOLLOWING      |
    | CONDITIONS:                                     |
    | - PERSON IS KEY                                 |
    | - PERSON DOES NOT HAVE A STATUS OF DECEASED OR  |
    |   INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE|
    | - PERSON CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW|
    |   DATE                                          |
    | - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE |
    |   CATEGORIES 4-9) ON JULY 1, {YEAR}, WHERE 'YEAR' |
    |   IS THE FIRST CALENDAR YEAR OF THE PANEL, IF   |
    |   ROUND 2, OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS |
    |   THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND |
    |   4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR},   |
    |   WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE |
    |   PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2 |
    |   OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND |
    |   CALENDAR YEAR OF THE PANEL AND THE DATE OF THE |
    |   INTERVIEW IF ROUND 4.                         |
    ---------------------------------------------------
```

LOOP_09
=======

```
    ---------------------------------------------------
    | FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK  |
    | NAV_CL09 - END_LP09                             |
    ---------------------------------------------------
```

```
    ---------------------------------------------------
    | LOOP DEFINITION:  LOOP_09 COLLECTS THE SAQ STATUS |
    | FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ.   |
    | THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-|
    | ROSTER WHO MEETS THE FOLLOWING CONDITIONS:      |
    | - PERSON IS KEY                                 |
    | - PERSON DOES NOT HAVE A STATUS OF DECEASED OR  |
    |   INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE|
    | - PERSON CURRENTLY IN RU ON ROUND 2 OR 4 INTERVIEW|
    |   DATE                                          |
    | - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE |
    |   CATEGORIES 4-9) ON JULY 1, {YEAR}, WHERE 'YEAR' |
    |   IS THE FIRST CALENDAR YEAR OF THE PANEL, IF   |
    |   ROUND 2, OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS |
    |   THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND |
    |   4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR},   |
    |   WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE |
    |   PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2 |
    |   OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND |
    |   CALENDAR YEAR OF THE PANEL AND THE DATE OF THE |
    |   INTERVIEW IF ROUND 4.                         |
    ---------------------------------------------------
```

```
     -------------------------------------------------------
     |  NAVIGATOR DETAILS:  LOOP_09 USES NAV_CL09 TO       |
     |  CONTROL THE FLOW OF THE LOOP.                      |
     -------------------------------------------------------
```

NAV_CL09
========

SERIES: Collect and Record the Status of Each SAQ.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO <u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS SERIES.

RU Member

```
    [1. First Name,[Middle Name],Last Name-65]      [Status-25]
    [2. First Name,[Middle Name],Last Name-65]      [Status-25]
    [3. First Name,[Middle Name],Last Name-65]      [Status-25]
```

```
     -------------------------------------------------------
     |  ROSTER DETAILS:                                    |
     |  COL # 1 HEADER: RU MEMBER                          |
     |  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,   |
     |  AND LAST NAMES (PERS.FULLNAME)                     |
     |  COL # 2 HEADER:  EMPTY                             |
     |  INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
     |  STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR  |
     |  IS PRESENTED                                       |
     -------------------------------------------------------


     -------------------------------------------------------
     |  ROSTER DEFINITION:                                 |
     |  THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR           |
     |  SELECTION.                                         |
     -------------------------------------------------------


     -------------------------------------------------------
     |  ROSTER BEHAVIOR:                                   |
     |  1. SELECT ALLOWED.                                 |
     |                                                     |
     |  2. MULTIPLE SELECT, ADD, DELETE, AND EDIT          |
     |     DISALLOWED.                                     |
     -------------------------------------------------------
```

```
-------------------------------------------------------
|  ROSTER FILTER:                                     |
|  DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS     |
|  STATED AT THE LOOP_09 DEFINITION.                  |
 -------------------------------------------------------
```

```
-------------------------------------------------------
|  CONTINUE WITH CL36 FOR SELECTED RU MEMBER.         |
-------------------------------------------------------
```

CL36
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}

COLLECT {PERSON}'S COMPLETED SAQ {AND EXPLAIN THAT THEY WILL
RECEIVE $5.00 FOR EACH COMPLETED SAQ}.

IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE SAQ AT
THIS TIME, LEAVE SAQ WITH {HIM/HER} OR RESPONDENT AND EXPLAIN
INSTRUCTIONS.

SELECT THE STATUS OF THE SAQ:

        COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP09}
        NOT COMPLETED, WILL PICK UP AT
          LATER DATE .... 2 {END_LP09}
        NOT COMPLETED, WILL MAIL TO HOME OFFICE. 3 {END_LP09}
        MAILED TO SAQ RESPONDENT .... 4 {END_LP09}
        REFUSED TO COMPLETE .... 5 {CL37}
        OTHER .... 91 {CL36OV}

                      [Code One]

```
-------------------------------------------------------
|  DISPLAY THE PERSON'S 3-DIGIT PID FOR 'PID'.        |
|                                                     |
|  DISPLAY 'AND EXPLAIN...SAQ' IF PANEL 17, ROUND 4.  |
|  OTHERWISE, USE A NULL DISPLAY.                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
|  NOTE: STARTING IN PANEL 18, PAYMENT WILL NO        |
|  LONGER BE MADE FOR COMPLETED SAQ. FORMS.           |
-------------------------------------------------------
```

```
--------------------------------------------------------
| SOFT CHECK:                                          |
| CODE '4' (MAILED TO SAQ RESPONDENT) MUST BE          |
| VERIFIED (ENTERED TWICE) IF RU IS NOT A STUDENT      |
| RU.  IF CODE '4' SELECTED AND RU IS NOT A STUDENT    |
| RU, DISPLAY THE FOLLOWING MESSAGE:  'UNLIKELY        |
| RESPONSE. VERIFY AND RE-ENTER.'                      |
--------------------------------------------------------
```

CL36OV
======

SPECIFY:

[Enter Other Specify-45] .... {END_LP09}

CL37
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

        TOO BUSY/NOT INTERESTED .... 1 {END_LP09}
        TOO PERSONAL/SENSITIVE INFORMATION ..... 2 {END_LP09}
        TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP09}
        HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP09}
        WANTS MORE INFORMATION .... 5 {END_LP09}
        NOT INTERESTED .... 6 {END_LP09}
        NO REASON GIVEN .... 7 {END_LP09}
        OTHER .... 91 {CL37OV}

                        [Code One]

CL37OV
======

OTHER REASON FOR REFUSAL:

        [Enter Other Specify-45] .... {END_LP09}

END_LP09
========

```
--------------------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
--------------------------------------------------------
```

```
        -------------------------------------------------------
        |  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
        |  END LOOP_09 AND GO TO BOX_16A                      |
        -------------------------------------------------------
```

BOX_16
======

```
        -------------------------------------------------------
        | IF AT LEAST ONE PERSON WITH AN SAQ DISPOSITION IN |
        | THE PREVIOUS ROUND (SAQSTAT) OF '5' (REFUSED TO   |
        | COMPLETE SAQ) OR ['91' (OTHER) AND UPDATED BY     |
        | RECEPIT CONTROL (RCFLG) to 0, 1, or 3] DURING     |
        | ROUND 2 OR 4 AND NOT UPDATED BY RECEIPT, CONTINUE |
        | WITH CL38                                         |
        -------------------------------------------------------
```

```
        -------------------------------------------------------
        | OTHERWISE, GO TO BOX_16A                            |
        -------------------------------------------------------
```

CL38
====

During the last interview a short booklet about health and
health opinions was left with (READ PERSON NAMES BELOW) to
complete.

I would like to check to see if I could pick these booklets
up or if they were already mailed back to the home office.}

ROSTER. PERSONAL	CL38_01. PID
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]

1. COLLECT SAQs, IF AVAILABLE.

2. IF ANY REPORTED AS LOST, RE-DISTRIBUTE APPROPRIATE
    NUMBER AND TYPE OF SAQs TO THE RESPONDENT.

    HELP AVAILABLE FOR MORE INFORMATION ON SAQ COLLECTION.

```
---------------------------------------------------
| ROSTER DETAILS:                                 |
| TITLE: RU-MEMBERS_7                             |
|                                                 |
| COL # 1 HEADER: NAME                            |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                  |
|                                                 |
| COL # 2 HEADER: PID                             |
| INSTRUCTIONS: DISPLAY RU MEMBERS' 3-DIGIT ID    |
| (PERS.PID)                                      |
---------------------------------------------------


---------------------------------------------------
| ROSTER DEFINITION:                              |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR    |
| DISPLAY ONLY.                                   |
---------------------------------------------------


---------------------------------------------------
| ROSTER BEHAVIOR:                                |
| 1. DISPLAY ONLY.                                |
| 2. SELECT, EDIT, ADD, DELETE DISALLOWED.        |
---------------------------------------------------


---------------------------------------------------
| ROSTER FILTER:                                  |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO|
| MEET THE FOLLOWING CONDITIONS:                  |
| - PERSON IS KEY                                 |
| - PERSON DID NOT HAVE A STATUS OF DECEASED OR   |
|   INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE|
| - PERSON WAS CURRENTLY IN RU ON ROUND 2 OR 4    |
|   INTERVIEW DATE                                |
| - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE |
|   CATEGORIES 4-9) ON JULY 1, {YEAR}, WHERE 'YEAR'|
|   IS THE FIRST CALENDAR YEAR OF THE PANEL, IF   |
|   ROUND 2, OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS|
|   THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND|
|   4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR},   |
|   WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE|
|   PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2|
|   OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND |
|   CALENDAR YEAR OF THE PANEL AND THE DATE OF THE|
|   INTERVIEW IF ROUND 4.                         |
| - CL36 WAS CODED '1' (COMPLETED AND GIVEN TO    |
|   INTERVIEWER), '2' (NOT COMPLETED, WILL PICK UP|
|   AT LATER DATE), '3' (NOT COMPLETED, WILL MAIL |
|   TO OFFICE),'4' (MAILED TO SAQ RESPONDENT), '5'|
|   (REFUSED TO COMPLETE SAQ), OR '91' (OTHER)    |
|   DURING ROUND 2 OR 4 FOR PERSON AND NOT UPDATED|
|   BY RECEIPT CONTROL TO '1' (COMPLETE), '2'     |
|   (PARTIAL COMPLETE), '4' (PROBLEM), OR '6' (WRONG|
|   SAQ TYPE) ((I.E., RECEIPT CONTROL IS EQUAL TO |
|   '3' (REFUSED) OR '5' (NOT HERE/BLANK))        |
---------------------------------------------------
```

51

LOOP_10
=======

```
--------------------------------------------------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK    |
| NAV_CL10 - END_LP10                               |
--------------------------------------------------
```

```
--------------------------------------------------
| LOOP DEFINITION:  LOOP_10 COLLECTS THE SAQ STATUS |
| FOR EACH PERSON ELIGIBLE TO COMPLETE THE SAQ.     |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU-MEMBERS-|
| ROSTER WHO MEETS THE FOLLOWING CONDITIONS:        |
| - PERSON IS KEY                                   |
| - PERSON DID NOT HAVE A STATUS OF DECEASED OR     |
|   INSTITUTIONALIZED ON ROUND 2 OR 4 INTERVIEW DATE|
| - PERSON WAS CURRENTLY IN RU ON ROUND 2 OR 4      |
|   INTERVIEW DATE                                  |
| - PERSON IS 18 YEARS OF AGE OR OLDER (OR IN AGE   |
|   CATEGORIES 4-9) ON JULY 1, {YEAR}, WHERE 'YEAR' |
|   IS THE FIRST CALENDAR YEAR OF THE PANEL, IF     |
|   ROUND 2, OR ON JULY 1, {YEAR}, WHERE 'YEAR' IS  |
|   THE SECOND CALENDAR YEAR OF THE PANEL, IF ROUND |
|   4, OR HAS TURNED 18 BETWEEN JULY 1, {YEAR},     |
|   WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE  |
|   PANEL, AND THE DATE OF THE INTERVIEW IF ROUND 2 |
|   OR JULY 1, {YEAR}, WHERE 'YEAR' IS THE SECOND   |
|   CALENDAR YEAR OF THE PANEL AND THE DATE OF THE  |
|   INTERVIEW IF ROUND 4.                           |
| - CL36 WAS CODED '1' (COMPLETED AND GIVEN TO      |
|   INTERVIEWER), '2' (NOT COMPLETED, WILL PICK UP  |
|   AT LATER DATE), '3' (NOT COMPLETED, WILL MAIL   |
|   TO OFFICE),'4' (MAILED TO SAQ RESPONDENT), '5'  |
|   (REFUSED TO COMPLETE SAQ), OR '91' (OTHER)      |
|   DURING ROUND 2 OR 4 FOR PERSON AND NOT UPDATED  |
|   BY RECEIPT CONTROL TO '1' (COMPLETE), '2'       |
|   (PARTIAL COMPLETE), '4' (PROBLEM), OR '6'       |
|   (WRONG SAQ TYPE) ((I.E., RECEIPT CONTROL IS     |
|   EQUAL TO '3' (REFUSED) OR '5' (NOT HERE/BLANK)) |
--------------------------------------------------
```

```
--------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_10 USES NAV_CL10 TO      |
| CONTROL THE FLOW OF THE LOOP.                     |
--------------------------------------------------
```

NAV_CL10
========

SERIES: SAQ Forms.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

SAQ Forms

    [1. First Name,[Middle Name],Last Name-65]   [Status-25]
    [2. First Name,[Middle Name],Last Name-65]   [Status-25]
    [3. First Name,[Middle Name],Last Name-65]   [Status-25]

```
    -------------------------------------------------
    | ROSTER DETAILS:                               |
    | COL # 1 HEADER: SAQ FORMS                     |
    | INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
    | AND LAST NAMES (PERS.FULLNAME)                |
    | COL # 2 HEADER:  EMPTY                        |
    | INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR |
    | STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
    | IS PRESENTED                                  |
    -------------------------------------------------


    -------------------------------------------------
    | ROSTER DEFINITION:                            |
    | THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR      |
    | SELECTION.                                    |
    -------------------------------------------------


    -------------------------------------------------
    | ROSTER BEHAVIOR:                              |
    | 1. SELECT ALLOWED.                            |
    |                                               |
    | 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT     |
    |    DISALLOWED.                                |
    -------------------------------------------------


    -------------------------------------------------
    | ROSTER FILTER:                                |
    | DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS |
    | STATED AT THE LOOP_10 DEFINITION.             |
    -------------------------------------------------
```

```
        --------------------------------------------------
        |  CONTINUE WITH CL39 FOR SELECTED RU MEMBER.      |
        --------------------------------------------------
```

CL39
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}

{SAQ STATUS FROM PREVIOUS ROUND: {PREVIOUS ROUND STATUS -40}}

COLLECT {PERSON}'s COMPLETED SAQ {AND EXPLAIN THAT THEY WILL RECEIVE
$5.00 FOR EACH COMPLETED SAQ}.

SELECT THE STATUS OF THE SAQ:

```
        COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP10}
        NOT COMPLETED, WILL PICK UP AT
          LATER DATE ........................... 2 {END_LP10}
        NOT COMPLETED, WILL MAIL TO HOME OFFICE. 3 {END_LP10}
        MAILED TO SAQ RESPONDENT ............... 4 {END_LP10}
        REFUSED TO COMPLETE .................... 5 {CL40}
        OTHER ................................. 91 {CL39OV}
```

[Code One]

```
        --------------------------------------------------
        |  DISPLAY THE PERSON'S 3-DIGIT PID FOR 'PID'.     |
        --------------------------------------------------


        --------------------------------------------------
        |  DISPLAY 'SAQ STATUS FROM PREVIOUS ROUND' {PREVIOUS|
        |  ROUND STATUS -40}'.  OTHERWISE, USE A NULL       |
        |  DISPLAY.                                         |
        |                                                   |
        |  FOR 'PREVIOUS ROUND STATUS-40', DISPLAY THE TEXT |
        |  ASSOCIATED WITH THE ROUND 2 OR 4 (OR RECEIPT     |
        |  CONTROL UPDATED STATUS) STATUS ENTERED AT CL36.  |
        |  OTHERWISE, USE A NULL DISPLAY.                   |
        |                                                   |
        |  DISPLAY 'AND EXPLAIN...SAQ' IF PANEL 17, ROUND 5.|
        |  OTHERWISE, USE A NULL DISPLAY.                   |
        --------------------------------------------------


        --------------------------------------------------
        |  NOTE:  STARTING IN PANEL 18, PAYMENT WILL NO    |
        |  LONGER BE MADE FOR COMPLETED SAQ FORMS.         |
        --------------------------------------------------
```

54

CL39OV
======

SPECIFY:

[Enter Other Specify-45] .... {END_LP10}

CL40
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED .... 1 {END_LP10}
TOO PERSONAL/SENSITIVE INFORMATION ..... 2 {END_LP10}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10}
WANTS MORE INFORMATION .... 5 {END_LP10}
NOT INTERESTED .... 6 {END_LP10}
NO REASON GIVEN .... 7 {END_LP10}
OTHER .... 91 {CL40OV}

[Code One]

CL40OV
======

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .... {END_LP10}

END_LP10
========

```
-----------------------------------------------------
|  CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
|  MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
-----------------------------------------------------

-----------------------------------------------------
|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
|  END LOOP_10 AND CONTINUE WITH BOX_16A             |
-----------------------------------------------------
```

BOX_16A
=======

```
 --------------------------------------------------------
|  SUBSECTION 5A:  DIABETES CARE SUPPLEMENT (DCS)     |
|  QUESTIONNAIRE (ROUNDS 3 AND 5 ONLY)                |
 --------------------------------------------------------


 --------------------------------------------------------
|  IF ROUND 3 OR 5, CONTINUE WITH BOX_16B             |
 --------------------------------------------------------


 --------------------------------------------------------
|  OTHERWISE, GO TO CL41                              |
 --------------------------------------------------------
```

BOX_16B
=======

```
 --------------------------------------------------------
|  IF ROUND 3 OR 5 AND AT LEAST ONE RU MEMBER         |
|  ELIGIBLE FOR DIABETES CARE SUPPLEMENT (I.E., AT    |
|  LEAST ONE RU MEMBER WHO IS CONFIRMED AS HAVING     |
|  DIABETES AT PC02A), CONTINUE WITH CL40A            |
 --------------------------------------------------------


 --------------------------------------------------------
|  OTHERWISE, GO TO BOX_16C                           |
 --------------------------------------------------------
```

CL40A
=====

SELF DIABETES CARE SUPPLEMENT (DCS):

Earlier we asked (READ SELF NAMES BELOW) to complete
a few questions about the care received for diabetes.

PROXY DCS:

Earlier we asked that someone knowledgeable about
(READ PROXY NAMES BELOW) diabetes complete a few
questions about the care received.

ROSTER. PERSON	CL40A_01. PID	CL40A_02. TYPE OF DCS
[First Name, [Middle Name], Last Name-65]	[PID]	{SELF/PROXY}
[First Name, [Middle Name], Last Name-65]	[PID]	{SELF/PROXY}
[First Name, [Middle Name], Last Name-65]	[PID]	{SELF/PROXY}

AS APPROPRIATE, COLLECT A DCS FOR EACH PERSON LISTED ABOVE.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
     -----------------------------------------------------
     |  DISPLAY THE ROW PERSON'S PID FOR 'PID'.          |
     -----------------------------------------------------


     -----------------------------------------------------
     |  DISPLAY THE TYPE OF DCS FOR THE PERSON FOR        |
     |  'SELF/PROXY'.  IF PC03 FOR THE ROW PERSON IS CODED|
     |  '1' (SELF), DISPLAY 'SELF.'  IF PC03 FOR THE ROW  |
     |  PERSON IS CODED '2' (PROXY), DISPLAY 'PROXY.'     |
     -----------------------------------------------------


     -----------------------------------------------------
     |  ROSTER DETAILS:                                  |
     |  TITLE: RU-MEMBERS_9                              |
     |                                                   |
     |  COL # 1 HEADER: NAME                             |
     |  INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
     |  AND LAST NAMES (PERS.FULLNAME)                   |
     |                                                   |
     |  COL # 2 HEADER: PID                              |
     |  INSTRUCTIONS: DISPLAY RU MEMBERS' 3-DIGIT ID     |
     |  (PERS.PID)                                       |
     -----------------------------------------------------
```

```
-----------------------------------------------------
| ROSTER DEFINITION:                                |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER FOR  |
| DISPLAY ONLY.                                     |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. DISPLAY ONLY.                                  |
| 2. SELECT, ADD, EDIT, DELETE DISALLOWED.          |
-----------------------------------------------------


-----------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL PERSONS WHO MEET THE FOLLOWING        |
| CONDITION:                                        |
|                                                   |
| - PC02A IS CODED '1' (CONTINUE) FOR THE PERSON    |
-----------------------------------------------------
```

LOOP_10A
========

```
-----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK    |
| NAV-CL10A – END_LP10A                             |
-----------------------------------------------------


-----------------------------------------------------
| LOOP DEFINITION:  LOOP_10A COLLECTS THE DCS STATUS|
| FOR EACH PERSON ELIGIBLE TO COMPLETE THE DCS.     |
| THIS LOOP CYCLES ON EACH PERSON ON THE RU-        |
| MEMBERS-ROSTER WHO MEETS THE FOLLOWING CONDITION: |
|                                                   |
| - PC02A IS CODED '1' (CONTINUE) FOR THE PERSON    |
-----------------------------------------------------


-----------------------------------------------------
| NAVIGATOR DETAILS:  LOOP_10A USES NAV_CL10A TO    |
| CONTROL THE FLOW OF THE LOOP.                     |
-----------------------------------------------------
```

NAV_CL10A
=========

SERIES: DCS Forms.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS <u>WITHIN</u> THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE,**" USE [Continue Interview] TO GO
<u>PAST</u> THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS <u>BEFORE</u> THIS
SERIES.

DCS Forms

```
[1. First Name,[Middle Name],Last Name-65]       [Status-25]
[2. First Name,[Middle Name],Last Name-65]       [Status-25]
[3. First Name,[Middle Name],Last Name-65]       [Status-25]
```

```
--------------------------------------------------
| ROSTER DETAILS:                                |
| COL # 1 HEADER: DCS FORMS                      |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)                 |
| COL # 2 HEADER:  EMPTY                         |
| INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
| IS PRESENTED                                   |
--------------------------------------------------


--------------------------------------------------
| ROSTER DEFINITION:                             |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR       |
| SELECTION.                                     |
--------------------------------------------------


--------------------------------------------------
| ROSTER BEHAVIOR:                               |
| 1. SELECT ALLOWED.                             |
|                                                |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT      |
|    DISALLOWED.                                 |
--------------------------------------------------


--------------------------------------------------
| ROSTER FILTER:                                 |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS |
| STATED AT THE LOOP_10A DEFINITION.             |
--------------------------------------------------
```

```
        --------------------------------------------------------
        |  CONTINUE WITH CL40B FOR SELECTED RU MEMBER.         |
        --------------------------------------------------------
```

CL40B
=====

        {PERSON'S FIRST MIDDLE AND LAST NAME}

        PID: {PID}   TYPE OF DCS: {SELF/PROXY}

        COLLECT {PERSON}'S COMPLETED DIABETES CARE SUPPLEMENT

        IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE DCS AT
        THIS TIME, LEAVE DCS WITH {HIM/HER} OR RESPONDENT AND EXPLAIN
        INSTRUCTIONS.

        SELECT THE STATUS OF THE DCS:

            COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP10A}
            NOT COMPLETED, WILL PICK UP AT
              LATER DATE .... 2 {END_LP10A}
            NOT COMPLETED, WILL MAIL TO OFFICE ..... 3 {END_LP10A}
            MAILED TO DCS RESPONDENT .... 4 {END_LP10A}
            REFUSED TO COMPLETE .... 5 {CL40C}
            OTHER .... 91 {CL40BOV}

                            [Code One]

        | DISPLAY THE PERSON'S 3-DIGIT PID FOR 'PID'. |

        | FOR 'SELF/PROXY', DISPLAY 'SELF' IF THE PERSON |
        | BEING LOOPED ON IS CODED '1' (SELF) AT PC03. |
        | DISPLAY 'PROXY' IF THE PERSON BEING LOOPED ON |
        | IS CODED '2' (PROXY) AT PC03. |

        | SOFT CHECK: |
        | CODE '4' (MAILED TO DCS RESPONDENT) MUST BE |
        | VERIFIED (ENTERED TWICE) IF RU IS NOT A STUDENT |
        | RU. IF CODE '4' SELECTED AND RU IS NOT A STUDENT |
        | RU, DISPLAY THE FOLLOWING MESSAGE: 'UNLIKELY |
        | RESPONSE. VERIFY AND RE-ENTER.' |

```

CL40BOV
=======

SPECIFY:

[Enter Other Specify-45] ...............  {END_LP10A}


CL40C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

TOO BUSY/NOT INTERESTED ................. 1 {END_LP10A}
TOO PERSONAL/SENSITIVE INFORMATION ..... 2 {END_LP10A}
TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10A}
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10A}
WANTS MORE INFORMATION ................. 5 {END_LP10A}
NOT INTERESTED ......................... 6 {END_LP10A}
NO REASON GIVEN ........................ 7 {END_LP10A}
OTHER .................................. 91 {CL40COV}

[Code One]


CL40COV
=======

OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] ................. {END_LP10A}


END_LP10A
=========

-------------------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITION STATED IN THE LOOP DEFINITION |
-------------------------------------------------------

-------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITION,    |
| END LOOP_10A AND CONTINUE WITH BOX_16C            |
-------------------------------------------------------

BOX_16C
=======

```
 -------------------------------------------------------
|   SUBSECTION 5B:   CANCER SAQ QUESTIONNAIRE (ROUNDS 3|
|   AND 5 ONLY)                                         |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|   IF PANEL 16 ROUND 3 OR PANEL 15 ROUND 5, CONTINUE  |
|   WITH BOX_16D                                        |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|   OTHERWISE, GO TO CL41                               |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|   NOTE: THE DISTRIBUTION AND COLLECTION OF THE        |
|   CANCER SAQ OCCURS ONLY DURING PANEL 16 ROUND 3 AND  |
|   PANEL 15 ROUND 5.  AT THIS TIME, THERE ARE NO       |
|   PLANS TO COLLECT THE CANCER SAQ IN FUTURE ROUNDS.   |
 -------------------------------------------------------
```

BOX_16D
=======

```
 -------------------------------------------------------
|   IF PANEL 16 ROUND 3 OR PANEL 15 ROUND 5 AND AT      |
|   LEAST ONE RU MEMBER ELIGIBLE FOR CANCER SAQ         |
|   (I.E., AT LEAST ONE RU MEMBER WHO IS CONFIRMED AS   |
|   HAVING CANCER AT PC04), CONTINUE WITH CL40D         |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
|   OTHERWISE, GO TO CL41                               |
 -------------------------------------------------------
```

CL40D
=====

CANCER SAQ FOLLOW-UP:

Earlier we asked (READ NAMES BELOW) to complete a short
survey about their experience with cancer.

ROSTER. PERSON	CL40D_01. PID
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]
[First Name, [Middle Name], Last Name-65]	[PID]

AS APPROPRIATE, COLLECT A CANCER SAQ FOR EACH PERSON LISTED ABOVE.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-------------------------------------------------
| ROSTER DETAILS:                               |
| TITLE: RU-MEMBERS_9                           |
|                                               |
| COL # 1 HEADER: NAME                          |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME)                |
|                                               |
| COL # 2 HEADER: PID                           |
| INSTRUCTIONS: DISPLAY RU MEMBERS' 3-DIGIT ID  |
| (PERS.PID)                                    |
-------------------------------------------------


-------------------------------------------------
| ROSTER DEFINITION:                            |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER FOR |
| DISPLAY ONLY.                                 |
-------------------------------------------------


-------------------------------------------------
| ROSTER BEHAVIOR:                              |
| 1. DISPLAY ONLY.                              |
| 2. SELECT, ADD, EDIT, DELETE DISALLOWED.      |
-------------------------------------------------


-------------------------------------------------
| ROSTER FILTER:                                |
| DISPLAY ALL PERSONS WHO MEET THE FOLLOWING    |
| CONDITION:                                    |
|                                               |
| - PC04 IS CODED '1' (CONTINUE) FOR THE PERSON |
-------------------------------------------------
```

63

LOOP_10B
========

```
         -----------------------------------------------------
         | FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK     |
         | NAV-CL10B – END_LP10B                              |
         -----------------------------------------------------


         -----------------------------------------------------
         | LOOP DEFINITION:  LOOP_10B COLLECTS THE CANCER     |
         | SAQ STATUS FOR EACH PERSON ELIGIBLE TO COMPLETE    |
         | THE CANCER SAQ.  THIS LOOP CYCLES ON EACH PERSON   |
         | ON THE RU-MEMBERS-ROSTER WHO MEETS THE FOLLOWING   |
         | CONDITION:                                         |
         |                                                    |
         | - PC04 IS CODED '1' (CONTINUE) FOR THE PERSON      |
         -----------------------------------------------------


         -----------------------------------------------------
         | NAVIGATOR DETAILS:  LOOP_10B USES NAV_CL10B TO     |
         | CONTROL THE FLOW OF THE LOOP.                      |
         -----------------------------------------------------
```

NAV_CL10B
=========

```
         SERIES:  Cancer SAQ Forms.

         USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.
         WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO
         PAST THIS SERIES.
         IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
         SERIES.
```

Cancer SAQ Forms

```
         [1. First Name,[Middle Name],Last Name-65]        [Status-25]
         [2. First Name,[Middle Name],Last Name-65]        [Status-25]
         [3. First Name,[Middle Name],Last Name-65]        [Status-25]


         -----------------------------------------------------
         | ROSTER DETAILS:                                    |
         | COL # 1 HEADER: CANCER SAQ FORMS                   |
         | INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,   |
         | AND LAST NAMES (PERS.FULLNAME)                     |
         | COL # 2 HEADER:  EMPTY                             |
         | INSTRUCTIONS:  DISPLAY THE MOST CURRENT NAVIGATOR  |
         | STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR  |
         | IS PRESENTED                                       |
         -----------------------------------------------------
```

```
    ------------------------------------------------------
    |  ROSTER DEFINITION:                                |
    |  THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR          |
    |  SELECTION.                                        |
    ------------------------------------------------------


    ------------------------------------------------------
    |  ROSTER BEHAVIOR:                                  |
    |  1. SELECT ALLOWED.                                |
    |                                                    |
    |  2. MULTIPLE SELECT, ADD, DELETE, AND EDIT         |
    |     DISALLOWED.                                    |
    ------------------------------------------------------


    ------------------------------------------------------
    |  ROSTER FILTER:                                    |
    |  DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS    |
    |  STATED AT THE LOOP_10B DEFINITION.                |
    ------------------------------------------------------


    ------------------------------------------------------
    |  CONTINUE WITH CL40E FOR SELECTED RU MEMBER.       |
    ------------------------------------------------------
```

CL40E
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

PID: {PID}

COLLECT {PERSON}'S COMPLETED CANCER SAQ.

IF {PERSON} NOT AVAILABLE OR NOT ABLE TO COMPLETE CANCER SAQ AT
THIS TIME, LEAVE CANCER SAQ WITH {HIM/HER} OR RESPONDENT AND EXPLAIN
INSTRUCTIONS.

SELECT THE STATUS OF THE CANCER SAQ:

```
        COMPLETED AND GIVEN TO INTERVIEWER ..... 1 {END_LP10B}
        NOT COMPLETED, WILL PICK UP AT
          LATER DATE ........................... 2 {END_LP10B}
        NOT COMPLETED, WILL MAIL TO OFFICE ..... 3 {END_LP10B}
        MAILED TO CANCER SAQ RESPONDENT ........ 4 {END_LP10B}
        REFUSED TO COMPLETE .................... 5 {CL40F}
        OTHER ................................. 91 {CL40EOV}
```

[Code One]

```
-----------------------------------------------------
| DISPLAY THE PERSON'S 3-DIGIT PID FOR 'PID'.       |
-----------------------------------------------------


-----------------------------------------------------
| SOFT CHECK:                                       |
| CODE '4' (MAILED TO CANCER SAQ RESPONDENT) MUST BE|
| VERIFIED (ENTERED TWICE) IF RU IS NOT A STUDENT   |
| RU.  IF CODE '4' SELECTED AND RU IS NOT A STUDENT |
| RU, DISPLAY THE FOLLOWING MESSAGE:  'UNLIKELY     |
| RESPONSE. VERIFY AND RE-ENTER.'                   |
-----------------------------------------------------
```

CL40EOV
=======

SPECIFY:
    [Enter Other Specify-45] .... {END_LP10B}

CL40F
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SELECT MAIN REASON FOR REFUSAL:

    TOO BUSY/NOT INTERESTED .... 1 {END_LP10B}
    TOO PERSONAL/SENSITIVE INFORMATION ..... 2 {END_LP10B}
    TOO MUCH OF A PHYSICAL/MENTAL HARDSHIP . 3 {END_LP10B}
    HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END_LP10B}
    WANTS MORE INFORMATION .... 5 {END_LP10B}
    NOT INTERESTED .... 6 {END_LP10B}
    NO REASON GIVEN .... 7 {END_LP10B}
    OTHER .... 91 {CL40FOV}

[Code One]

CL40FOV
=======

OTHER REASON FOR REFUSAL:

    [Enter Other Specify-45] .... {END_LP10B}

END_LP10B
=========

```
     -------------------------------------------------
     | CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO |
     | MEETS THE CONDITION STATED IN THE LOOP DEFINITION |
     -------------------------------------------------


     -------------------------------------------------
     | IF NO OTHER PERSONS MEET THE STATED CONDITION,   |
     | END LOOP_10B AND GO TO CL41                      |
     -------------------------------------------------


     -------------------------------------------------
     | CL41 BEGINS SUBSECTION 6:  COLLECTING/UPDATING  |
     | LOCATING INFORMATION (ROUND 1 THROUGH ROUND 5)  |
     -------------------------------------------------
```

CL41
====

{In the coming months, we will be contacting you again to collect
information on health care use and expenses./We are nearing the end
of this study. I'd like to verify a few pieces of information in case
my supervisor needs to reach you to confirm that I was here and
collected this information correctly.}

{Just to make sure I can reach you for the next interview, I'd
like to ask a few questions to help locate you in case you move./
Let me quickly review and update the information we have for
locating you that was collected during the last
interview.}

         PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.


```
     -------------------------------------------------
     | DISPLAY 'In the coming months, ... use and      |
     | expenses.' IF ROUNDS 1, 2, 3, OR 4.  OTHERWISE, |
     | DISPLAY  'We are nearing ... correctly.'         |
     |                                                  |
     | DISPLAY 'Just ... move.' IF ROUND 1.  OTHERWISE, |
     | DISPLAY 'Let ... interview.'                     |
     -------------------------------------------------
```

```
      --------------------------------------------------
      |  IF NOT ROUND 5, CONTINUE WITH CL42            |
      --------------------------------------------------


      --------------------------------------------------
      |  OTHERWISE (I.E., IF ROUND 5), GO TO BOX_17    |
      --------------------------------------------------
```

CL42
====

What is the best time of day and day of the week to get in
touch with you?

ENTER BEST TIME TO CONTACT RESPONDENT/PROXY.
RECORD VERBATIM. TO LEAVE BOX, PRESS TAB.

[Enter Text] .... {CL42OV1}

CL42OV1
=======

SELECT WHO BEST TIME RECORDED FOR:

CURRENT RESPONDENT .... 1 {BOX_17}
CURRENT PROXY .... 2 {BOX_17}
ENTIRE RU .... 3 {BOX_17}
OTHER .... 91 {CL42OV2}

[Code One]


```
      --------------------------------------------------
      |  NOTE:  CL42OV1 IS ALWAYS DISPLAYED ON THE SCREEN  |
      |  WITH CL42. IT IS NOT A TRUE 'OVERLAY'.         |
      --------------------------------------------------
```

CL42OV2
=======

SPECIFY:

[Enter Other Specify] .... {BOX_17}

BOX_17
======

```
---------------------------------------------------
| IF NO CURRENT RU MEMBER PART OF THE RU ON THE     |
| CURRENT INTERVIEW DATE (I.E., ALL RU MEMBERS      |
| DECEASED, INSTITUTIONALIZED, OR OUT OF THE COUNTRY|
| ON CURRENT INTERVIEW DATE), GO TO BOX_18          |
---------------------------------------------------

---------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_17AA                 |
---------------------------------------------------
```

BOX_17AA
========

```
---------------------------------------------------
| IF ROUND 1, GO TO CL42B                           |
---------------------------------------------------

---------------------------------------------------
| IF ROUNDS 2-5, AND THERE IS AN EMAIL ADDRESS      |
| LINKED TO THE PID OF THE CURRENT RESPONDENT OR THE|
| CURRENT PROXY, CONTINUE WITH CL42A                |
---------------------------------------------------

---------------------------------------------------
| OTHERWISE (I.E., IF ROUNDS 2-5 AND THE CURRENT    |
| RESPONDENT OR THE CURRENT PROXY DOES NOT HAVE AN  |
| EMAIL LINKED TO THEIR PID), GO TO CL42B           |
---------------------------------------------------
```

CL42A
=====

Is this still the best email address to contact you to
schedule appointments and send MEPS interview reminders?

Current Info: [EMAIL_ADDRESS]

```
YES .................................... 1 {CL42E}
NO, UPDATE EMAIL ADDRESS ............... 2 {CL42C}
NO, NO EMAIL ADDRESS ................... 3 {CL43}
REF .................................... -7 {CL43}
DK ..................................... -8 {CL43}
```

[Code One]

```
        --------------------------------------------------
        |  FOR 'EMAIL_ADDRESS' DISPLAY THE EMAIL ADDRESS  |
        |  ASSOCIATED WITH THE PID OF THE CURRENT RESPONDENT.|
        --------------------------------------------------


        --------------------------------------------------
        |  IF CODED '3' (NO, NO EMAIL ADDRESS), '-7' (REF)  |
        |  OR '-8' (DK), DELETE THE EMAIL ADDRESS ASSOCIATED  |
        |  WITH THE PID OF THE CURRENT RESPONDENT.          |
        --------------------------------------------------
```

CL42B
=====

Do you send or receive emails?

```
        YES .................................... 1 {CL42C}
        NO ..................................... 2 {CL43}
        REF ................................... -7 {CL43}
        DK .................................... -8 {CL43}
```

CL42C
=====

{What is your new email address?/We'd like to contact you
by email to help schedule the next interview and send an
interview reminder. May I have your email address?}

ENTER COMPLETE EMAIL ADDRESS. CONFIRM SPELLING.

```
        EMAIL ADDRESS:  [_____]          {CL42D}
        REF ................................... -7 {CL43}
        DK .................................... -8 {CL43}
```

```
        --------------------------------------------------
        |  DISPLAY 'What is your new email address?' IF CL42A|
        |  IS CODED '2' (NO, UPDATE EMAIL ADDRESS).  DISPLAY |
        |  'We'd like to ... your email address?' IF CL42B  |
        |  IS CODED '1' (YES).                              |
        --------------------------------------------------


        --------------------------------------------------
        |  ALLOW A 50 CHARACTER ENTRY INCLUDING ALPHA AND   |
        |  NUMERIC CHARACTERS AS WELL AS SYMBOLS.           |
        --------------------------------------------------
```

```
-------------------------------------------------------
| HARD CHECK:                                          |
| EDITS:  EMAIL ADDRESS MUST CONTAIN AN '@' SYMBOL. |
| IF ENTRY DOES NOT INCLUDE THIS SYMBOL, DISPLAY THE|
| FOLLOWING MESSAGE:  "EMAIL ADDRESS MUST CONTAIN    |
| AN '@' SYMBOL.  VERIFY AND RE-ENTER."             |
|                                                      |
| EMAIL ADDRESS MUST NOT CONTAIN ANY SPACES.         |
| IF ENTRY INCLUDES A SPACE, DISPLAY THE FOLLOWING  |
| MESSAGE:  "EMAIL ADDRESS CANNOT CONTAIN BLANK      |
| SPACES.  VERIFY AND RE-ENTER."                     |
-------------------------------------------------------
```

```
-------------------------------------------------------
| LINK EMAIL ADDRESS COLLECTED TO PID OF RESPONDENT |
| SELECTED AT RE06/RE08 OR PROXY SELECTED AT         |
| RE07/RE08 FOR THE CURRENT ROUND.                   |
-------------------------------------------------------
```

CL42D
=====

Is that your personal e-mail, work e-mail, a family or shared
e-mail address, or some other type of email account?

```
        PERSONAL ............................... 1 {CL42E}
        WORK ................................... 2 {CL42E}
        FAMILY/SHARED .......................... 3 {CL42E}
        OTHER TYPE ........................... 91 {CL42DOV}
        REF ................................... -7 {CL42E}
        DK .................................... -8 {CL42E}
```

                        [Code One]

CL42DOV
=======

SPECIFY TYPE OF EMAIL ACCOUNT:

```
        [Enter Other Specify] .................  {CL42E}
        REF ................................... -7 {CL42E}
        DK .................................... -8 {CL42E}
```

CL42E
=====

How often do you check this email account?

PROBE: How many times per day, per week, per month, per
year do you check this email account?

NUMBER:

        [Enter Number of Times-3] ....   {CL42EOV1}
        REF .... -7 {CL43}
        DK .... -8 {CL43}

CL42EOV1
========

PER PERIOD:

        PER DAY .... 1 {CL43}
        PER WEEK .... 2 {CL43}
        PER MONTH .... 3 {CL43}
        PER YEAR .... 4 {CL43}
        REF .... -7 {CL43}
        DK .... -8 {CL43}

                    [Code One]

CL43
====

Do you have a second phone number where you can be reached
such as a cell phone, a work number, or the number of a
friend or relative?

IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN BELOW.

            Current Info: [2ND_TELEPHONE]

        YES, ENTER NEW SECOND PHONE .... 1 {CL44}
        YES, SECOND PHONE ABOVE CORRECT .... 2 {CL46}
        YES, SECOND PHONE ABOVE NEEDS
          CORRECTION .... 3 {CL44_2}
        NO .... 4 {CL46}
        REF .... -7 {CL46}
        DK .... -8 {CL46}

```
        ------------------------------------------------------
        | ASSUMPTION:  THE QUESTIONS IN CLOSING IN WHICH      |
        | CONTACT AND LOCATING INFORMATION IS PRE-RECORDED    |
        | IN CAPI (CL43-CL64) ARE SPECIFIED WITH THE          |
        | FOLLOWING BASIC ASSUMPTIONS:                        |
        | 1. LOCATING AND CONTACTING INFORMATION WILL NOT BE  |
        |    WRITTEN OVER FROM ROUND TO ROUND.                |
        | 2. ONLY THE MOST CURRENT INFORMATION WILL APPEAR    |
        |    IN THE TEXT OF THESE QUESTIONS AND NO HISTORY    |
        |    OF CONTACT AND LOCATING INFORMATION WILL APPEAR  |
        |    ON THE CAPI SCREEN FOR THE INTERVIEWER.          |
        | 3. IF INFORMATION STAYS THE SAME, IT WILL BE        |
        |    CARRIED FORWARD.                                 |
        | 4. WHETHER OR NOT PREVIOUS ROUND'S INFORMATION OR   |
        |    ANY CONTACT HISTORY WILL BE PRINTED ON THE FACE  |
        |    SHEET FOR ANY OF THE CONTACTING AND LOCATING     |
        |    QUESTIONS IS STILL NOT KNOWN.                    |
        ------------------------------------------------------


        ------------------------------------------------------
        | HARD CHECK:                                         |
        | CODES '2' (YES, SECOND PHONE ABOVE CORRECT) AND     |
        | '3' (YES, SECOND PHONE ABOVE NEEDS CORRECTION)      |
        | CANNOT BE SELECTED IF NO CURRENT SECOND PHONE       |
        | INFORMATION AVAILABLE. IF CODES '2' OR '3'          |
        | SELECTED WHEN NO CURRENT SECOND PHONE, DISPLAY      |
        | THE FOLLOWING MESSAGE: 'CODE NOT AVAILABLE.  NO     |
        | CURRENT SECOND PHONE.  VERIFY AND RE-ENTER.'        |
        ------------------------------------------------------
```

CL44
====

        [What is that telephone number?]

        ENTER COMPLETE SECOND TELEPHONE NUMBER.

                    Current Info: [2ND_TELEPHONE]

          [Enter Area Code,Exchange,Local] ......   {CL45}
          REF .... -7 {CL45}
          DK .... -8 {CL45}

        | FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE |
        | NUMBER ENTERED OR CORRECTED AT CL44 FOR THE |
        | CURRENT ROUND. |

```
-------------------------------------------------------
| HARD CHECK:                                         |
| DISALLOW LEADING ZEROES AS AN ENTRY.                |
|                                                     |
| AN ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK |
| ARE ALLOWED).                                       |
-------------------------------------------------------
```

CL44_2
======

[What is that telephone number?]

UPDATE CURRENT SECOND PHONE.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

                 Current Info: [2ND_TELEPHONE]

    [Enter Area Code,Exchange,Local] ......   {CL45}
    REF .... -7 {CL45}
    DK .... -8 {CL45}


```
-------------------------------------------------------
| FLAG SECOND PHONE INFORMATION FOR THE RU WITH THE |
| NUMBER ENTERED OR CORRECTED AT CL44 FOR THE         |
| CURRENT ROUND.                                      |
-------------------------------------------------------
```

```
-------------------------------------------------------
| HARD CHECK:                                         |
| DISALLOW LEADING ZEROS AS AN ENTRY.                 |
-------------------------------------------------------
```

CL45
====

Where is that telephone located?

    OFFICE/PLACE OF BUSINESS .... 1 {CL45OV2}
    RELATIVE .... 2 {CL45OV2}
    NEIGHBOR .... 3 {CL45OV2}
    FRIEND .... 4 {CL45OV2}
    CELL PHONE .... 5 {CL45OV2}
    OTHER ....91 {CL45OV1}
    REF .... -7 {CL45OV2}
    DK .... -8 {CL45OV2}

                    [Code One]

CL45OV1
=======

SPECIFY:

        [Enter Other Specify-45] ....   {CL45OV2}
        REF .... -7 {CL45OV2}
        DK .... -8 {CL45OV2}

CL45OV2
=======

ENTER NAME AND/OR DESCRIPTION OF SECOND PHONE. ALSO, INCLUDE
ANY SPECIAL INSTRUCTIONS FOR CALLING AT THE ALTERNATE TELEPHONE
NUMBER (FOR EXAMPLE, CALL ONLY IN EMERGENCY).

        [Enter Description] ....   {CL46}
        REF .... -7 {CL46}
        DK .... -8 {CL46}

        | ALLOW 2 LINES OF 45 CHARACTERS FOR DESCRIPTION. |

CL46
====

Do you receive your mail at an address different from your home
address, such as a P.O. Box?

IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN BELOW.

                Current Info: [1ST_STR_ADDRESS]
                               [2ND_STR_ADDRESS]
                               [CITY]
                               [STATE]
                               [ZIP CODE]

    YES, ENTER NEW MAILING ADDRESS
       (DIFFERENT FROM HOME ADDRESS) .... 1 {CL47}
    YES, MAILING ADDRESS ABOVE CORRECT ..... 2 {BOX_17A}
    YES, MAILING ADDRESS ABOVE NEEDS
       CORRECTION .... 3 {CL47_2}
    NO (RECEIVE MAIL AT HOME ADDRESS) ...... 4 {BOX_17A}
    REF .... -7 {BOX_17A}
    DK .... -8 {BOX_17A}

75

```
--------------------------------------------------------
| HARD CHECK:                                          |
| CODES '2' (YES, MAILING ADDRESS ABOVE CORRECT)       |
| AND '3' (YES, MAILING ADDRESS ABOVE NEEDS            |
| CORRECTION) CANNOT BE SELECTED IF NO CURRENT         |
| MAILING ADDRESS INFORMATION AVAILABLE.  IF CODES     |
| '2' OR '3' SELECTED WHEN NO CURRENT MAILING          |
| ADDRESS, DISPLAY THE FOLLOWING MESSAGE:  'CODE       |
| NOT AVAILABLE.  NO CURRENT MAILING ADDRESS.          |
| VERIFY AND RE-ENTER.'                                |
--------------------------------------------------------
```

CL47
====

[What is that address?]

ENTER COMPLETE MAILING ADDRESS.

Current Info: [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
               [CITY],[STATE] [ZIP CODE]

1ST_STR_ADDRESS: [_____]
2ND_STR_ADDRESS: [_____]
          CITY: [_____]
         STATE: [_____]
      ZIP CODE: [_____] {BOX_17A}

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.


```
--------------------------------------------------------
| CONTINUE WITH BOX_17A                                |
--------------------------------------------------------
```

```
--------------------------------------------------------
| HARD CHECK:                                          |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT         |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).      |
--------------------------------------------------------
```

CL47_2
======

[What is that address?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

                    Current Info: [1ST_STR_ADDRESS]
                                   [2ND_STR_ADDRESS]
                                   [CITY],[STATE] [ZIP CODE]

        1ST_STR_ADDRESS: [_____]
        2ND_STR_ADDRESS: [_____]
                   CITY: [_____]
                  STATE: [_____]
               ZIP CODE: [_____] {BOX_17A}

        USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

BOX_17A
=======

        | IF NOT ROUND 5, CONTINUE WITH CL48 |

        | OTHERWISE (I.E., IF ROUND 5), GO TO BOX_18 |

77

CL48
====

Do you have a second home, such as a vacation home, where we
could contact you if you're not available at your usual
address?

IF AVAILABLE, VERIFY CURRENT SECOND HOME INFORMATION SHOWN BELOW.

Current Info: [1ST_STR_ADDRESS]
                                   [2ND_STR_ADDRESS]
                                   [CITY], [STATE] [ZIP CODE]
                                   [TELEPHONE]

YES, ENTER NEW SECOND HOME ADDRESS AND
    TELEPHONE .... 1 {CL49}
YES, SECOND HOME ADDRESS AND TELEPHONE
    ABOVE CORRECT .... 2 {CL50}
YES, SECOND HOME ADDRESS OR TELEPHONE
    ABOVE NEEDS CORRECTION .... 3 {CL49_2}
NO .... 4 {CL50}
REF .... -7 {CL50}
DK .... -8 {CL50}

| HARD CHECK: |
| CODES '2' (YES, SECOND HOME ADDRESS AND TELEPHONE |
| ABOVE CORRECT) AND '3' (YES, SECOND HOME ADDRESS |
| OR TELEPHONE ABOVE NEEDS CORRECTION) CANNOT BE |
| SELECTED IF NO CURRENT SECOND HOME ADDRESS |
| INFORMATION AVAILABLE. IF CODES '2' OR '3' |
| SELECTED WHEN NO CURRENT SECOND HOME ADDRESS, |
| DISPLAY THE FOLLOWING MESSAGE: 'CODE NOT |
| AVAILABLE. NO CURRENT SECOND HOME ADDRESS. |
| VERIFY AND RE-ENTER.' |

CL49
====

          [What is the address and phone number of that home?]

          ENTER COMPLETE SECOND HOME ADDRESS.

                         Current Info: [1ST_STR_ADDRESS]
                                        [2ND_STR_ADDRESS]
                                        [CITY], [STATE] [ZIP CODE]
                                        [TELEPHONE]

           1ST_STR_ADDRESS: [_____]
           2ND_STR_ADDRESS: [_____]
                      CITY: [_____]
                     STATE: [_____]
                  ZIP CODE: [_____]
                 TELEPHONE: [_____]{CL50}

             USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

          | HARD CHECK: |
          | AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
          | SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |

CL49_2
======

        [What is the address and phone number of that home?]

        USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

        TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

        TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

                  Current Info: [1ST_STR_ADDRESS]
                              [2ND_STR_ADDRESS]
                              [CITY], [STATE] [ZIP CODE]
                              [TELEPHONE]

          1ST_STR_ADDRESS: [_____]
          2ND_STR_ADDRESS: [_____]
                   CITY: [_____]
                 STATE: [_____]
              ZIP CODE: [_____]
            TELEPHONE: [_____]{CL50}

            USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

CL50
====

        Do you have a friend or relative who does not live here who will
        always know how to get in touch with the family?

        IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION SHOWN BELOW.

                 Current Info: [CONTACT_NAME]
                              [1ST_STR_ADDRESS]
                              [2ND_STR_ADDRESS]
                              [CITY], [STATE] [ZIP CODE]
                              [TELEPHONE]
                                [RELATIONSHIP]

          YES, ENTER NEW CONTACT PERSON/INFORMATION .. 1 {CL51}
          YES, CONTACT PERSON/ADDRESS ABOVE CORRECT .. 2 {CL52}
          YES, CONTACT PERSON/ADDRESS ABOVE NEEDS
            CORRECTION .... 3 {CL51_2}
          NO CONTACT PERSON AVAILABLE .... 4 {CL53}
          REF .... -7 {CL53}
          DK .... -8 {CL53}

```
-------------------------------------------------------
| HARD CHECK:                                         |
| CODES '2' (YES, CONTACT PERSON/ADDRESS ABOVE        |
| CORRECT) AND '3' (YES, CONTACT PERSON/ADDRESS       |
| ABOVE NEEDS CORRECTION) CANNOT BE SELECTED IF NO    |
| CURRENT CONTACT PERSON INFORMATION AVAILABLE.  IF   |
| CODES '2' OR '3' SELECTED WHEN NO CURRENT CONTACT   |
| INFORMATION, DISPLAY THE FOLLOWING MESSAGE:  'CODE  |
| NOT AVAILABLE.  NO CURRENT CONTACT INFORMATION.     |
| VERIFY AND RE-ENTER.'                               |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  BEGINNING IN PANEL 17 ROUND 1, PANEL 16      |
| ROUND 3, AND PANEL 14 ROUND 5 AND FOR ALL FUTURE    |
| ROUNDS MEPS NO LONGER COLLECTS OR DISPLAYS THE      |
| CONTACT PERSON'S MIDDLE NAME (HOME.CONTMNAM) IN     |
| CAPI OR IN THE IMS.                                 |
-------------------------------------------------------
```

CL51
====

[What is the name, address, and phone number of that person?]

[PROBE: What is (his/her) relationship to {NAME OF REFERENCE PERSON}?]

ENTER COMPLETE CONTACT INFORMATION.

```
                   Current Info:          [NAME]
                                [1ST_STR_ADDRESS]
                                [2ND_STR_ADDRESS]
                     [CITY], [STATE]  [ZIP CODE]
                                      [TELEPHONE]
                                   [RELATIONSHIP]


NAME [FIRST, LAST]  [_____]
   1ST_STR_ADDRESS  [_____]
   2ND_STR_ADDRESS  [_____]
              CITY  [_____]
             STATE  [_____]
          ZIP CODE  [_____]
         TELEPHONE  [_____]
      RELATIONSHIP  [_____]
```

        USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```
-------------------------------------------------------
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE    |
| RU FOR 'NAME OF REFERENCE PERSON'.                  |
-------------------------------------------------------
```

```
         -----------------------------------------------------
         |  GO TO CL53                                       |
          ----------------------------------------------------


         -----------------------------------------------------
         |  HARD CHECK:                                      |
         |  AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT     |
         |  SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).  |
          ----------------------------------------------------
```

CL51_2
======

[What is the name, address, and phone number of that person?]

[PROBE: What is (his/her) relationship to {NAME OF REFERENCE PERSON}?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

```
                        Current Info:  [CONTACT_NAME]
                                       [1ST_STR_ADDRESS]
                                       [2ND_STR_ADDRESS]
                              [CITY], [STATE]  [ZIP CODE]
                                       [TELEPHONE]
                                       [RELATIONSHIP]


          CONTACT_NAME:  [_____]
       1ST_STR_ADDRESS:  [_____]
       2ND_STR_ADDRESS:  [_____]
                  CITY:  [_____]
                 STATE:  [_____]
              ZIP CODE:  [_____]
             TELEPHONE:  [_____]
          RELATIONSHIP:  [_____]
```

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```
         -----------------------------------------------------
         |  DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE |
         |  RU FOR 'NAME OF REFERENCE PERSON'.               |
          ----------------------------------------------------


         -----------------------------------------------------
         |  CONTINUE WITH CL53                               |
          ----------------------------------------------------
```

CL52
====

OMITTED.

CL52_2
======

OMITTED.

CL53
====

If you are not available for the next interview, who would be the best person to provide information about the family for the next interview?

IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT INFORMATION SHOWN BELOW.

```
                    Current Info:  [ALTERNATE_NAME]
                                   [1ST_STR_ADDRESS]
                                   [2ND_STR_ADDRESS]
                                   [CITY], [STATE] [ZIP CODE]
                                   [TELEPHONE]

     ENTER NEW ALTERNATE RESPONDENT
        INFORMATION ......................... 1 {CL54}
     ALTERNATE RESPONDENT INFORMATION
        CORRECT ............................. 2 {CL56}
     ALTERNATE RESPONDENT INFORMATION NEEDS
        CORRECTION .......................... 3 {CL54}
     NO CURRENT ALTERNATE RESPONDENT ........ 4 {CL57}
     REF ................................... -7 {CL57}
     DK .................................... -8 {CL57}
```

```
     ------------------------------------------------------
     |  IF CURRENT ALTERNATE RESPONDENT IS A DU MEMBER,   |
     |  DO NOT DISPLAY CURRENT ADDRESS AND PHONE          |
     |  INFORMATION.  ONLY DISPLAY CURRENT ADDRESS AND    |
     |  PHONE INFORMATION IF CURRENT ALTERNATE RESPONDENT |
     |  IS OUTSIDE OF THE DU.                             |
     ------------------------------------------------------
```

```
     ------------------------------------------------------
     |  HARD CHECK:                                       |
     |  CODES '2' (ALTERNATE RESPONDENT INFORMATION       |
     |  CORRECT) AND '3' (ALTERNATE RESPONDENT INFORMATION|
     |  NEEDS CORRECTION) CANNOT BE SELECTED IF NO CURRENT|
     |  ALTERNATE RESPONDENT INFORMATION AVAILABLE.  IF   |
     |  CODES '2' OR '3' SELECTED WHEN NO CURRENT         |
     |  ALTERNATE RESPONDENT INFORMATION, DISPLAY THE     |
     |  FOLLOWING MESSAGE:  'RESPONSE NOT AVAILABLE.  NO  |
     |  NO CURRENT ALTERNATE INFORMATION. VERIFY AND      |
     |  RE-ENTER.'                                        |
     ------------------------------------------------------
```

CL54
====

                    INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.

                    [First Name, [Middle Name], Last Name-65]
                    [First Name, [Middle Name], Last Name-65]
                    [First Name, [Middle Name], Last Name-65]

            | IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS |
            | 'ENTER NEW ALTERNATE RESPONDENT INFORMATION, |
            | CONTINUE WITH CL55. |
            | ELSE IF 'SOMEONE OUTSIDE DU' SELECTED AND CL53 IS |
            | 'ALTERNATE RESPONDENT INFORMATION NEEDS |
            | CORRECTION', CONTINUE WITH CL55_2. |

            | OTHERWISE, GO TO CL57 |

            | ROSTER DETAILS: |
            | TITLE: DU_MEMBERS_1 |
            | |
            | COL # 1 HEADER: NAME |
            | INSTRUCTIONS: DISPLAY DU MEMBER'S FIRST, MIDDLE, |
            | AND LAST NAMES (PERS.FULLNAME) |

            | ROSTER DEFINITION: |
            | DISPLAY PERSONS ON THE DU-MEMBERS-ROSTER FOR |
            | SELECTION. |

            | ROSTER BEHAVIOR: |
            | 1. SELECT ONE ALLOWED. |
            | 2. MULTIPLE SELECT, EDIT, ADD, DELETE DISALLOWED. |
            | 3. DISPLAY 'SOMEONE OUTSIDE DU' AS LAST ENTRY ON |
            | ROSTER. |

            | ROSTER FILTER: |
            | DISPLAY THOSE DU MEMBERS WHO MEET THE FOLLOWING |
            | CONDITIONS: |
            | - PERSON IS NOT CURRENT RESPONDENT |
            | - PERSON IS NOT DECEASED |

CL55
====

[What is the name, address, and phone number of that person?]

ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.

ENTER 'NMN' IF NO MIDDLE NAME.

                        Current Info: [ALTERNATE_NAME]
                                      [1ST_STR_ADDRESS]
                                      [2ND_STR_ADDRESS]
                                      [CITY], [STATE] [ZIP CODE]
                                      [TELEPHONE]

         ALTERNATE_NAME: [_____]
        1ST_STR_ADDRESS: [_____]
        2ND_STR_ADDRESS: [_____]
                   CITY: [_____]
                  STATE: [_____]
               ZIP CODE: [_____]
              TELEPHONE: [_____]

            USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

         | IF THERE IS NO CURRENT ALTERNATE RELATIONSHIP, |
         | PROCEED TO CL56. |
         | OTHERWISE, PROCEED TO CL56_2. |

         | HARD CHECK: |
         | AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |
         | SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |

CL55_2
======

[What is the name, address, and phone number of that person?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECFTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

                      Current Info: [ALTERNATE_NAME]
                                    [1ST_STR_ADDRESS]
                                    [2ND_STR_ADDRESS]
                                    [CITY], [STATE] [ZIP CODE]
                                    [TELEPHONE]

         ALTERNATE_NAME: [_____]
      1ST_STR_ADDRESS: [_____]
      2ND_STR_ADDRESS: [_____]
                 CITY: [_____]
                STATE: [_____]
             ZIP CODE: [_____]
            TELEPHONE: [_____]

         USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

         | IF THERE IS NO CURRENT ALTERNATE RELATIONSHIP, |
         | PROCEED TO CL56. |
         | OTHERWISE, PROCEED TO CL56_2. |

CL56
====

What is {NAME OF ALTERNATE RESPONDENT CL55}'s relationship to
{NAME OF REFERENCE PERSON}?

ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.

         Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP: [_____] {CL57}

```
-----------------------------------------------------
| DISPLAY THE NAME ENTERED AT CL55 FOR 'NAME OF      |
| ALTERNATE RESPONDENT CL55'.                        |
|                                                    |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE   |
| RU FOR 'NAME OF REFERENCE PERSON'.                 |
-----------------------------------------------------
```

```
-----------------------------------------------------
| HARD CHECK:                                        |
| AN ENTRY MUST BE MADE (REF AND DK ARE  ALLOWED).   |
-----------------------------------------------------
```

CL56_2
======

[What is {NAME OF ALTERNATE RESPONDENT CL55}'s relationship to
{NAME OF REFERENCE PERSON}?]

UPDATE CURRENT ALTERNATE RESPONDENT.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

          Current Info: [ALTERNATE_RELATIONSHIP]

ALTERNATE_RELATIONSHIP: [_____] {CL57}

```
-----------------------------------------------------
| DISPLAY THE NAME ENTERED AT CL55 FOR 'NAME OF      |
| ALTERNATE RESPONDENT CL55'.                        |
|                                                    |
| DISPLAY THE NAME OF THE REFERENCE PERSON FOR THE   |
| RU FOR 'NAME OF REFERENCE PERSON'.                 |
-----------------------------------------------------
```

CL57
====

Is anyone in the family planning to move within the next 3
months?

```
     YES ...................................... 1 {CL58}
     NO ....................................... 2 {BOX_18}
     REF ...................................... -7 {BOX_18}
     DK ....................................... -8 {BOX_18}
```

CL58
====

Who is that?

PROBE: Anyone else?

[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]
[First Name, [Middle Name], Last Name-65]

```
-----------------------------------------------------
|  CONTINUE WITH LOOP_11                             |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER DETAILS:                                   |
|  TITLE: RU_MEMBERS_1                               |
|                                                    |
|  COL # 1 HEADER: NAME                              |
|  INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,  |
|  AND LAST NAMES (PERS.FULLNAME)                    |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER DEFINITION:                                |
|  DISPLAY THE RU-MEMBERS-ROSTER FOR SELECTION.      |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER BEHAVIOR:                                  |
|  1. MULTIPLE SELECT ALLOWED.                       |
|  2. ADD, EDIT, DELETE DISALLOWED.                  |
-----------------------------------------------------
```

```
-----------------------------------------------------
|  ROSTER FILTER:                                    |
|  DISPLAY ALL PERSONS WHO ARE CURRENT RU MEMBERS    |
|  (I.E., A MEMBER OF THE RU ON THE INTERVIEW DATE)  |
-----------------------------------------------------
```

LOOP_11
=======

```
-----------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK    |
|  CL59 - END_LP11                                   |
-----------------------------------------------------
```

```
-------------------------------------------------------
| LOOP DEFINITION:  LOOP_11 COLLECTS ADDRESS          |
| INFORMATION FOR POTENTIAL FUTURE MOVERS.  THIS      |
| LOOP CYCLES ON PERSONS ON THE RU-MEMBERS-ROSTER     |
| WHO MEET THE FOLLOWING CONDITIONS:                  |
| - PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART  |
|   OF THE RU ON INTERVIEW DATE)                      |
| - PERSON SELECTED AS A FUTURE MOVER (I.E.,          |
|   SELECTED AT CL58)                                 |
| - PERSON NOT FLAGGED AS 'PROCESSED FUTURE MOVER'    |
|   (I.E., PERSON HAS NOT YET BEEN PROCESSED THROUGH  |
|   THIS LOOP OR SELECTED AT CL61)                    |
-------------------------------------------------------
```

CL59
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number of the place
where {you/{PERSON}} {are/is} planning to move.

```
     1ST_STR_ADDRESS:  [_____]
     2ND_STR_ADDRESS:  [_____]
               CITY:  [_____]
              STATE:  [_____]
           ZIP CODE:  [_____]
          TELEPHONE:  [_____]  {CL60}
```

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```
   -------------------------------------------------------
   | REFUSED AND DON'T KNOW ALLOWED FOR EACH FIELD.      |
   -------------------------------------------------------


   -------------------------------------------------------
   | FLAG PERSON AS 'PROCESSED FUTURE MOVER'.            |
   -------------------------------------------------------


   -------------------------------------------------------
   | IF ALL PERSONS SELECTED AS FUTURE MOVERS (I.E.,     |
   | SELECTED AT CL58) ARE FLAGGED AS 'PROCESSED FUTURE  |
   | MOVER', GO TO END_LP11                              |
   -------------------------------------------------------


   -------------------------------------------------------
   | OTHERWISE, CONTINUE WITH CL60                       |
   -------------------------------------------------------
```

```
-----------------------------------------------------
| HARD CHECK: CAPI REQUIRES AN ENTRY IN ALL FIELDS  |
| EXCEPT SECOND STREET ADDRESS.                     |
-----------------------------------------------------
```

CL60
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

{Are/Is} {you/{PERSON}} planning to move with anyone in the family?

```
        YES ................................... 1 {CL61}
        NO .................................... 2 {END_LP11}
        REF .................................. -7 {END_LP11}
        DK ................................... -8 {END_LP11}
```

CL61
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Who {are/is} {you/{PERSON}} `planning to move with?

```
        [First Name, [Middle Name], Last Name-65]
        [First Name, [Middle Name], Last Name-65]
        [First Name, [Middle Name], Last Name-65]
```

```
-----------------------------------------------------
| FLAG ALL SELECTED PERSONS AS 'PROCESSED FUTURE    |
| MOVER'.                                           |
-----------------------------------------------------
```

```
-----------------------------------------------------
| CONTINUE WITH END_LP11                            |
-----------------------------------------------------
```

90

```
-------------------------------------------------------
| ROSTER DETAILS:                                     |
| TITLE: RU_MEMBERS_1                                 |
|                                                     |
| COL # 1 HEADER: NAME                                |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE,    |
| AND LAST NAMES (PERS.FULLNAME)                      |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER DEFINITION:                                  |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR        |
| SELECTION.                                          |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER BEHAVIOR:                                    |
| 1. MULTIPLE SELECT ALLOWED.                         |
| 2. ADD, EDIT, DELETE DISALLOWED.                    |
-------------------------------------------------------


-------------------------------------------------------
| ROSTER FILTER:                                      |
| DISPLAY ALL PERSONS IN THE RU-MEMBERS-ROSTER WHO    |
| MEET THE FOLLOWING CONDITIONS:                      |
| - PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART  |
|   OF THE RU ON INTERVIEW DATE)                      |
| - PERSON SELECTED AS A FUTURE MOVER (I.E.,          |
|   SELECTED AT CL58)                                 |
| - PERSON NOT FLAGGED AS 'PROCESSED FUTURE MOVER'    |
-------------------------------------------------------
```

END_LP11
========

```
-------------------------------------------------------
| CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO   |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION  |
-------------------------------------------------------


-------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,     |
| END LOOP_11 AND CONTINUE WITH BOX_18                |
-------------------------------------------------------
```

BOX_18
======

```
         -------------------------------------------------
         |  IF CURRENT RESPONDENT IS A PROXY, CONTINUE WITH  |
         |  CL61A                                            |
         -------------------------------------------------


         -------------------------------------------------
         |  OTHERWISE, GO TO BOX_18A                         |
         -------------------------------------------------
```

CL61A
=====

FOR PROXY RESPONDENT: May I please have **your** address and
telephone number?

IF AVAILABLE, VERIFY CURRENT PROXY ADDRESS SHOWN BELOW.

```
                    Current Info:  [PROXY_NAME]
                             [1ST_STR_ADDRESS]
                             [2ND_STR_ADDRESS]
                  [CITY],  [STATE]  [ZIP CODE]
                                 [TELEPHONE]
```

```
   YES, ENTER NEW PROXY ADDRESS AND
     TELEPHONE ........................... 1 {CL61B}
   YES, PROXY ADDRESS AND TELEPHONE ABOVE
     CORRECT ............................. 2 {BOX_18A}
   YES, PROXY ADDRESS OR TELEPHONE ABOVE
     NEEDS CORRECTION .................... 3 {CL61B_2}
   NO .................................... 4 {BOX_18A}
   REF .................................. -7 {BOX_18A}
   DK ................................... -8 {BOX_18A}
```

```
         -------------------------------------------------
         |  HARD CHECK:                                      |
         |  CODES '2' (YES, PROXY ADDRESS AND TELEPHONE ABOVE |
         |  CORRECT) AND '3' (YES, PROXY ADDRESS OR TELEPHONE |
         |  ABOVE NEEDS CORRECTION) CANNOT BE SELECTED IF NO  |
         |  CURRENT PROXY ADDRESS INFORMATION AVAILABLE.  IF  |
         |  CODES '2' OR '3' SELECTED WHEN NO CURRENT PROXY   |
         |  ADDRESS, DISPLAY THE FOLLOWING MESSAGE:  'CODE    |
         |  NOT AVAILABLE.  NO CURRENT PROXY ADDRESS.  VERIFY |
         |  AND RE-ENTER.'                                   |
         -------------------------------------------------
```

CL61B
=====

What is your address and phone number?

ENTER COMPLETE PROXY ADDRESS.

Current Info: [1ST_STR_ADDRESS]
               [2ND_STR_ADDRESS]
         [CITY], [STATE] [ZIP CODE]
                      [TELEPHONE]

1ST_STR_ADDRESS: [_____]
2ND_STR_ADDRESS: [_____]
           CITY: [_____]
          STATE: [_____]
       ZIP CODE: [_____]
      TELEPHONE: [_____]

USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

```
-----------------------------------------------------
| FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE|
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B   |
| FOR THE CURRENT ROUND.                            |
-----------------------------------------------------


-----------------------------------------------------
| CONTINUE WITH BOX_18A                             |
-----------------------------------------------------


-----------------------------------------------------
| HARD CHECK:                                       |
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT      |
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED).   |
-----------------------------------------------------
```

CL61B_2
=======

[What is your address and phone number?]

USE TAB TO MOVE THROUGH FIELDS REQUIRING NO CORRECTION.

TO CORRECT OR ENTER NEW INFORMATION, TYPE ENTIRE FIELD.

TYPE THREE Xs (XXX) TO DELETE 2ND STREET ADDRESS.

                          Current Info: [1ST_STR_ADDRESS]
                                         [2ND_STR_ADDRESS]
                            [CITY], [STATE] [ZIP CODE]
                                              [TELEPHONE]

        1ST_STR_ADDRESS: [_____]
        2ND_STR_ADDRESS: [_____]
                   CITY: [_____]
                  STATE: [_____]
               ZIP CODE: [_____]
              TELEPHONE: [_____]

            USE HELP TO VIEW LIST OF STATE ABBREVIATIONS.

        | FLAG PROXY ADDRESS INFORMATION FOR THE RU WITH THE|
        | ADDRESS AND PHONE ENTERED OR CORRECTED AT CL61B |
        | FOR THE CURRENT ROUND. |

        | CONTINUE WITH BOX_18A |

CL62
====

        OMITTED.

CL62A
=====

        OMITTED.

CL62AOV
=======

        OMITTED.

CL63
====

        OMITTED.

CL64
====

        OMITTED.

BOX_18A
=======

```
        -------------------------------------------------------
        |  IF ROUND 1, GO TO CL67                             |
        -------------------------------------------------------


        -------------------------------------------------------
        |  OTHERWISE, CONTINUE WITH BOX_18B                   |
        -------------------------------------------------------
```


BOX_18B
=======

```
        -------------------------------------------------------
        |  IF AT LEAST ONE RU MEMBER COMPLETED THE SAQ [CL36  |
        |  IS CODED '1' (COMPLETED AND GIVEN TO INTERVIEWER)  |
        |  FOR AT LEAST ONE RU MEMBER AND IF PANEL 17, ROUND  |
        |  4 OR CL39 IS CODED '1' (COMPLETED AND GIVEN TO     |
        |  INTERVIEWER) FOR AT LEAST ONE RU MEMBER AND IF     |
        |  PANEL 17, ROUND 5], CONTINUE WITH CL64A            |
        -------------------------------------------------------


        -------------------------------------------------------
        |  OTHERWISE, GO TO CL67                              |
        -------------------------------------------------------


        -------------------------------------------------------
        |  NOTE: STARTING IN PANEL 18, PAYMENT WILL NO        |
        |  LONGER BE MADE FOR COMPLETED SAQ FORMS.            |
        -------------------------------------------------------
```

CL64A
=====

                INTERVIEWER: FILL OUT SAQ CHECK(S) WITH SAQ RESPONDENT NAME(S).
                THEN RECORD PAYMENT TYPE AND CHECK NUMBER(S) (IF APPLICABLE).

CL64A_01.PID	CL64A_02. ROSTER. RU MEMBER	CL64A_03. PAYMENT TYPE	CL64A_04. CHECK NUMBER
[Display PID]	[First Name, [Middle Name], Last Name-65]	[Select Payment Type]	[Enter Check Number]
[Display PID]	[First Name, [Middle Name], Last Name-65]	[Select Payment Type]	[Enter Check Number]
[Display PID]	[First Name, [Middle Name], Last Name-65]	[Select Payment Type]	[Enter Check Number]

```
---------------------------------------------------
| ROSTER DETAILS:                                 |
| TITLE: RU_MEMBERS                               |
|                                                 |
| COL # 1 HEADER: PID                             |
| INSTRUCTIONS: DISPLAY RU MEMBERS' 3-DIGIT ID    |
| (PERS.PID)                                      |
|                                                 |
| COL # 2 HEADER: RU MEMBER                       |
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                  |
|                                                 |
| COL # 3 HEADER: PAYMENT TYPE                    |
| INSTRUCTIONS: SELECT PAYMENT TYPE               |
|                                                 |
| COL # 4 HEADER: CHECK NUMBER                    |
| INSTRUCTIONS: ENTER CHECK NUMBER                |
---------------------------------------------------


---------------------------------------------------
| ROSTER DEFINITION:                              |
| DISPLAY PERSONS ON THE RU-MEMBERS-ROSTER FOR    |
| DISPLAY ONLY.                                   |
---------------------------------------------------
```

```
---------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. THE PID COLUMN IS PROTECTED; NO CHANGES ARE    |
|    ALLOWED.                                        |
|                                                   |
| 2. THE NAME COLUMN IS PROTECTED; NO CHANGES ARE   |
|    ALLOWED.                                        |
|                                                   |
| 3. THE PAYMENT TYPE COLUMN IS A DROP DOWN         |
|    SELECTION BOX WITH TWO CHOICES: CHECK AND CASH.|
|                                                   |
| 4. THE CHECK NUMBER COLUMN IS A 7 DIGIT NUMERIC   |
|    ENTRY FIELD.                                    |
|                                                   |
| 5. THE CHECK NUMBER COLUMN SHOULD BE INACTIVE OR  |
|    "GRAYED OUT" UNTIL A SELECTION IS MADE IN THE   |
|    PAYMENT TYPE COLUMN.  IF 'CHECK' IS SELECTED,   |
|    THE CURSOR MOVES TO THE CHECK NUMBER COLUMN FOR |
|    COMPLETION.  IF 'CASH' IS SELECTED THE CHECK    |
|    NUMBER COLUMN REMAINS INACTIVE AND THE CURSOR   |
|    MOVES TO THE PAYMENT TYPE COLUMN FOR THE NEXT   |
|    RU MEMBER ON THE ROSTER.                        |
|                                                   |
| 6. SELECT, ADD, AND DELETE DISALLOWED.            |
 ---------------------------------------------------


---------------------------------------------------
| ROSTER FILTER:                                    |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER THAT |
| HAVE COMPLETED AN SAQ FOR THIS ROUND.  THAT IS,   |
| DISPLAY ALL RU MEMBERS THAT MEET THE FOLLOWING    |
| CONDITION:                                         |
|                                                   |
| - IF ROUNDS 2 OR 4:  CL36 IS CODED '1' (COMPLETED |
|   AND GIVEN TO INTERVIEWER) FOR THIS PERSON       |
| OR                                                |
| - IF ROUNDS 3 OR 5:  CL39 IS CODED '1' (COMPLETED |
|   AND GIVEN TO INTERVIEWER) FOR THIS PERSON       |
 ---------------------------------------------------
```

CL67
====

>   READ IF RESPONDENT REFERRED TO RECORDS DURING THE INTERVIEW:
>   Thank you for your cooperation in this important research. And I
>   especially wanted to thank you for referring to records during the
>   interview to help answer the questions. We've learned over the
>   years that using records can help the interview move along a little
>   more easily.
>
>   REVIEW WITH THE RESPONDENT WHICH OF THE FOLLOWING MEMORY AIDS WERE
>   USED DURING THE INTERVIEW AND CODE ANY APPLICABLE. ENCOURAGE RECORD
>   USE FOR NEXT ROUND. REFER TO RECORDS JOB AID AS APPROPRIATE.

CL67_01
=======

>   CALENDAR   YES   NO
>   (PAPER OR ELECTRONIC; COMPLETED PRIOR TO INTERVIEW)

CL67_03
=======

>   ELECTRONIC RECORDS   YES   NO
>   (E.G., ONLINE PATIENT PORTALS, MOBILE HEALTH APPS, ETC.)

CL67_04
=======

>   INSURANCE PAYMENT
>   STATEMENT/EOB   YES   NO

CL67_05
=======

>   BILL/STATEMENT
>   FROM PROVIDER   YES   NO

CL67_06
=======

>   PHARMACY PATIENT
>   PROFILE   YES   NO

CL67_07
=======

>   MEDICINE BOTTLE/
>   RECEIPT   YES   NO

CL67_08
=======

>   CHECK BOOK   YES   NO

CL67_09
=======

DOCTOR'S CARD OR
APPOINTMENT SLIP   YES   NO

CL67_10
=======

TELEPHONE BOOK   YES   NO

CL67_11
=======

TAX RETURN/
TAX FORM   YES   NO

CL67_12
=======

INSURANCE CARDS   YES   NO

CL67_13
=======

OTHER   YES   NO

HELP AVAILABLE FOR DEFINITIONS OF MEMORY AIDS.

        | IF CL67_13 IS CODED '1' (YES), CONTINUE WITH |
        | CL67OV |

        | OTHERWISE, GO TO BOX_20 |

CL67OV
======

OTHER:

    [Enter Other Specify] .... {CL65}

CL65
====

           INTERVIEWER: FILL OUT INTERVIEW CHECK WITH RESPONDENT'S NAME.
           THEN RECORD PAYMENT TYPE AND CHECK NUMBER BELOW (IF APPLICABLE).

           GIVE CHECK TO RESPONDENT. THANK RESPONDENT FOR THIS INTERVIEW.
           (READ STATEMENT BELOW)

           Thank you again for your cooperation in this important research.
           This check is a gift to show our appreciation. {The next interview
           will take place in about six months.}

           {GIVE RESPONDENT GIFT./GIVE RESPONDENT CERTIFICATE: I would also like
           to thank you on behalf of the two Department of Health and Human
           Services agencies that sponsor this study – the Agency for Healthcare
           Research and Quality and the Centers for Disease Control and Prevention.
           As a token of their appreciation, they would like you to have this
           certificate recognizing your time and effort participating in the
           Medical Expenditure Panel Survey.}

               CHECK .... 1 {CL65OV}
               CASH .... 2 {BOX_20}

CL65OV
======

           CHECK NUMBER:
                [Enter Check Number – 7] .... {BOX_20}

            | DISPLAY 'The next interview will take place in |
            | about six months.' IF ROUNDS 1 OR 2 OR 3 OR 4. |
            | IF ROUND 5, USE A NULL DISPLAY. |
            | |
            | DISPLAY 'GIVE RESPONDENT GIFT.' IF ROUNDS 1 OR 2 |
            | OR 3 OR 4. DISPLAY 'GIVE RESPONDENT ... Panel |
            | Survey.' IF ROUND 5. |

            | CL65OV SHOULD ALWAYS BE DISPLAYED AT CL65 (NOT AN |
            | OVERLAY), BUT IT SHOULD BE INACTIVE OR "GRAYED |
            | OUT". IF CL65 IS CODED '1' (CHECK), CL65OV SHOULD|
            | BECOME ACTIVE. IF CL65 IS CODED '2' (CASH), |
            | CL65OV REMAINS INACTIVE. |

CL66
====

           OMITTED. (COMBINED WITH CL65)

CL68
====
            OMITTED. (COMBINED WITH CL67)

BOX_20
======

                   | END INTERVIEW. |