

Closing (CL) Section

Subsection 1: MPS Permission Forms (Round 1 through Round 5)

BOX\_01  
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IF:  
AT LEAST ONE PERSON-PROVIDER-PAIR **ELIGIBLE** (SEE SAMPLING BOXES BELOW) FOR PERMISSION FORM COLLECTION **FOR THE CURRENT ROUND**,  
OR  
AT LEAST ONE PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION DURING THE PREVIOUS ROUND AND CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PERSON-PROVIDER-PAIR IN PREVIOUS ROUND,  
CONTINUE WITH CL01

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 A PF 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.

OTHERWISE, GO TO BOX\_02

**SAMPLING BOX (FOR ROUND 1):**

PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPS PERMISSION  
FORM COLLECTION:

NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT  
TIME OF EVENT).

ROUND 1: PERSON-PROVIDER-PAIRS ELIGIBLE FOR  
PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED  
WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP  
EVENTS) AND PROVIDERS ASSOCIATED WITH HOSPITAL-  
BASED EVENTS AND FLAGGED AS SEPARATELY-BILLING  
DOCTORS (SBD) AND CARE WAS PROVIDED TO PERSON  
DURING THE CURRENT REFERENCE PERIOD.

ONE PERMISSION FORM IS CREATED FOR EACH PERSON-  
PROVIDER-PAIR IN WHICH THE PROVIDER IS  
ASSOCIATED WITH AN HS, ER, OR OP EVENT DURING  
THE EVENT ROSTER OR EVENT DRIVER SECTION AS WELL  
AS PROVIDERS FLAGGED AS SBD DURING THE HS, ER,  
AND OP SECTIONS.

**SAMPLING BOX (FOR ROUNDS 2-5):**

PERSON-PROVIDER-PAIRS ELIGIBLE FOR MPS PERMISSION FORM COLLECTION:

NOTE: PERSON IS A KEY, ELIGIBLE RU MEMBER (AT TIME OF EVENT).

ROUNDS 2-5: PERSON-PROVIDER-PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOSPITAL-BASED EVENT (HS, ER, AND OP EVENTS) AND PROVIDERS ASSOCIATED WITH HOSPITAL-BASED EVENTS AND FLAGGED AS SEPARATELY-BILLING DOCTORS (SBD) AND CARE WAS PROVIDED TO PERSON DURING THE CURRENT REFERENCE PERIOD.

ADDITIONAL PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A HOME HEALTH EVENT (HH EVENT), WHERE THE PROVIDER IS FLAGGED AS AN 'AGENCY', AND CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, OR ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS.

OTHER PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH A MEDICAL PROVIDER VISIT EVENT (MV EVENT) WHERE CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4, OR ROUND 5 REFERENCE PERIODS, WHERE THE RU IS SELECTED FOR THE MPS SAMPLE, AS DEFINED BELOW, AND EITHER:

- A MEDICAL DOCTOR WAS SEEN DURING THE VISIT (MV03 = 1)
- MEDICAL DOCTORS WORK AT THE SAME LOCATION AS THE PROVIDER SEEN (MV06 = 1)

FINAL PAIRS ELIGIBLE FOR PERMISSION FORM COLLECTION ARE THOSE ASSOCIATED WITH AN INSTITUTIONAL CARE EVENT (IC EVENTS), WHERE CARE WAS PROVIDED TO PERSON DURING THE ROUND 1, ROUND 2, ROUND 3, ROUND 4 OR ROUND 5 REFERENCE PERIODS.

**SAMPLING BOX (FOR ROUNDS 2-5) CONT'D:**

WHEN DETERMINING IF THE MV EVENTS FOR AN RU REQUIRE PERMISSION FORMS, AN RU IS SELECTED FOR THE MPS 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) AT ANY TIME DURING THE REFERENCE PERIOD
- 75% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN 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))
- 25% OF THE REMAINING RUs (THAT IS, RUs WITH NO RU MEMBER COVERED BY MEDICAID OR GOV'T-HOSPITAL/PHYSICIAN AND HMO COVERAGE AT ANY TIME DURING THE REFERENCE PERIOD).

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NOTE: IF THE SAME PROVIDER IS ASSOCIATED MORE  
THAN ONCE FOR A PARTICULAR PERSON, ONLY ONE  
PERMISSION FORM IS CREATED FOR THAT PAIR. IF THE  
SAME PROVIDER IS ASSOCIATED WITH MORE THAN ONE  
PERSON, A PERMISSION FORM IS CREATED FOR EACH  
UNIQUE PERSON-PROVIDER-PAIR.  
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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.  
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CL01  
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{[As I mentioned during the last interview], it/It} is important for us to get accurate names and addresses for medical providers so that we can contact them for more information about the services they provide. To do this, we must have written permission from the family members receiving these services. I would like to get permission from the following people:

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

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

[HAND RESPONDENT THE BLUE PERMISSION 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.]

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ROSTER DEFINITION: DISPLAY EACH **PERSON** ON THE  
RU-PERSON-PROVIDER-PAIRS-ROSTER WHO MEETS THE  
FOLLOWING CONDITION(S):

- PERSON IS ELIGIBLE FOR MPS PERMISSION FORM  
COLLECTION FOR THE CURRENT ROUND (SEE BOX\_01  
SAMPLING SPECIFICATIONS)

OR

- PERSON WAS ASSOCIATED WITH A PERSON-PROVIDER-  
PAIR ELIGIBLE FOR PERMISSION FORM COLLECTION  
IN PREVIOUS ROUND, AND

- CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED  
TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS  
PERSON-PROVIDER-PAIR IN PREVIOUS ROUND

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NOTE: DISPLAY EACH UNIQUE ELIGIBLE PERSON NAME  
ONLY ONCE.

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DISPLAY '[As I mentioned during the last  
interview], it' IF NOT ROUND 1 AND AT LEAST ONE  
PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPS  
PERMISSION FORM COLLECTION DURING THE PREVIOUS  
ROUND. OTHERWISE, DISPLAY 'it'.

CL02  
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OMITTED.

LOOP\_01  
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FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS-  
ROSTER, ASK CL03 - END\_LP01  
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LOOP DEFINITION: LOOP\_01 PRESENTS EACH UNIQUE  
PERSON-PROVIDER-PAIR ELIGIBLE FOR PERMISSION FORM  
COLLECTION (THIS INCLUDES NEW AND OUTSTANDING  
FORMS) FOR THE INTERVIEWER TO COMPLETE THE  
PERMISSION FORM. THIS LOOP CYCLES ON RU-PERSON-  
PROVIDER-PAIRS WITH AN EVENT-PROVIDER-PAIR THAT  
MEET THE FOLLOWING CONDITION(S):  
- PAIR IS ELIGIBLE FOR PERMISSION FORM COLLECTION  
FOR THE CURRENT ROUND (SEE BOX\_01 SAMPLING  
SPECIFICATIONS)  
OR  
- PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION  
IN PREVIOUS ROUND, AND  
- CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO  
R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR  
IN THE PREVIOUS ROUND  
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NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON-  
PROVIDER-PAIR.  
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CL03  
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INTERVIEWER: {COMPLETE PERMISSION FORM AND RECORD IN SECTION C  
OF MPS PF LOG/LOCATE APPROPRIATE PREPRINTED MPS PERMISSION FORM  
(COMPLETE NEW ONE IF FORM CANNOT BE LOCATED)} FOR THE FOLLOWING  
PERSON-PROVIDER-PAIR:

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

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

{PF STATUS FROM PREVIOUS ROUND: {DISPLAY PREVIOUS ROUND STATUS - 40}}  
**SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER: {MM/DD/YY}**

{IF A MPS PF FOR THIS PAIR HAS ALREADY BEEN SIGNED ON OR AFTER THE  
ABOVE DATE, DO NOT CREATE A NEW MPS PF.}

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INFORMATION ON MPS PERMISSION FORMS.



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DISPLAY 'COMPLETE PERMISSION FORM ...' IF PAIR  
CREATED AND ELIGIBLE DURING CURRENT ROUND.  
OTHERWISE, DISPLAY 'LOCATE ... LOCATED)'.  
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DISPLAY 'PF 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', DISPLAY THE FIRST 40  
CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD (OR  
THE RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE  
'91' CODE).

DISPLAY THE INTERVIEW DATE OF THE MOST RECENT  
ROUND'S INTERVIEW FOR WHICH PAIR IS/WAS ELIGIBLE  
FOR PERMISSION FORM COLLECTION FOR 'MM/DD/YY'.

DISPLAY 'IF MPS PF FOR ... NEW MPS PF.' IF CURRENT  
PERSON-PROVIDER-PAIR WAS ELIGIBLE FOR MPS IN  
PREVIOUS ROUND AND FORM WAS NOT SIGNED IN THE  
PREVIOUS ROUND.  
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END\_LP01

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CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER-  
PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  
THE LOOP DEFINITION.  
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IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END  
LOOP\_01 AND CONTINUE WITH LOOP\_02  
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LOOP\_02  
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| FOR EACH ELEMENT ON THE RU-PERSON-PROVIDER-PAIRS- |  
| ROSTER, ASK CL04 - END\_LP02 |  
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| LOOP DEFINITION: LOOP\_02 COLLECTS THE STATUS OF |  
| PERSON-PROVIDER PERMISSION FORMS ELIGIBLE FOR |  
| PERMISSION 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 PERMISSION FORM COLLECTION |  
| FOR THE CURRENT ROUND (SEE BOX\_01 SAMPLING |  
| SPECIFICATIONS) |  
| OR |  
| - PAIR WAS ELIGIBLE FOR PERMISSION FORM COLLECTION |  
| IN PREVIOUS ROUND, AND |  
| - CL04 WAS CODED '3' (LEFT WITH R), '4' (MAILED TO |  
| R), '5' (REFUSED), OR '91' (OTHER) FOR THIS PAIR |  
| IN THE PREVIOUS ROUND |  
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| NOTE: LOOP ONLY ONE TIME FOR EACH UNIQUE PERSON- |  
| PROVIDER-PAIR. |  
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CL04  
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INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM.  
IF NOT AVAILABLE TO SIGN, LEAVE PF AND BLUE BOOKLET WITH  
RESPONDENT. RECORD STATUS BELOW AND ON MPS PERMISSION FORM LOG.

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

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 MPS PF MUST BE ON OR AFTER: {MM/DD/YY}**

ENTER THE PERMISSION FORM STATUS:

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

PRESS F1 FOR MORE INFORMATION ON MPS PERMISSION FORMS.

[Code One]

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| DISPLAY THE RU END REFERENCE DATE OF THE MOST |  
| RECENT ROUND FOR WHICH PAIR IS/WAS ELIGIBLE |  
| FOR PERMISSION FORM COLLECTION FOR 'MM/DD/YY'. |  
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| EDIT: CODE '4' (MAILED TO R) MUST BE 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.' |  
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NOTE: EACH PERMISSION FORM HAS A PRE-ASSIGNED  
PERMISSION FORM NUMBER.  
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EDIT: NUMBER ENTERED MUST BE 8 CHARACTERS LONG  
AND MUST BEGIN WITH THE ALPHA CHARACTER. THE  
FIRST NUMERIC DIGIT (SECOND CHARACTER OF ENTRY)  
MUST BE 0,1,2,3,4, OR 9  
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CL05OV  
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ENTER MPS PERMISSION FORM SIGNATURE DATE:

[Enter Month, Day, Year-2] ..... {END\_LP02}

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EDIT: 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  
PERMISSION FORM COLLECTION. IF DATE IS BEFORE  
CORRECT DATE, DISPLAY THE FOLLOWING MESSAGE:  
'MPS PF MUST BE SIGNED ON OR AFTER ABOVE DATE.  
VERIFY AND RE-ENTER DATE OR COMPLETE NEW PF.'  
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NOTE: INTERVIEWERS WILL BE INSTRUCTED TO COLLECT  
SIGNED MPS PERMISSION FORMS WITH DATES EARLIER  
THAN THE ONE DISPLAYED, BUT WILL NOT ENTER THE  
NUMBER IN CAPI SINCE THE CURRENT STATUS FOR THE  
PERMISSION FORM WITH THE CORRECT DATE MAY BE  
SOMETHING ELSE. THE CAPI STATUS OF THE MPS  
PERMISSION FORM SHOULD REFLECT THE FORM WITH THE  
MOST RECENT DATE.  
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CL06  
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PID: [PID-3]                    PERSON: [First, [Middle], Last Name-35]  
DOB: [MM/DD/YYYY]            AGE: [XXX]        STATUS: [Status Code Description]

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

ENTER MAIN REASON FOR REFUSAL:

DOESN'T WANT TO BOTHER PROVIDER ..... 1 {END\_LP02}  
CONFIDENTIALITY/SENSITIVE INFORMATION .. 2 {END\_LP02}  
PAYMENT PROBLEM WITH PROVIDER ..... 3 {END\_LP02}  
HAS ALREADY GIVEN ENOUGH INFORMATION ... 4 {END\_LP02}  
WANTS MORE INFORMATION BEFORE SIGNING .. 5 {END\_LP02}  
NOT INTERESTED IN STUDY ..... 6 {END\_LP02}  
NO REASON GIVEN ..... 7 {END\_LP02}  
OTHER ..... 91

[Code One]

CL060V  
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ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .....

END\_LP02  
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| CYCLE ON NEXT PAIR ON THE RU-PERSON-PROVIDER- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
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| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP\_02 AND CONTINUE WITH BOX\_02 |  
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BOX\_02  
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| IF 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  
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| OTHERWISE, GO TO BOX\_03  
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LOOP\_02A  
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| FOR EACH ELEMENT ON THE RU-MEMBERS-ROSTER, ASK  
| CL06A - END\_LP02A  
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| LOOP DEFINITION: LOOP\_02A INSTRUCTS THE  
| INTERVIEWER TO COLLECT THE HEALTH CARE INSTITUTION  
| HISTORY AND THE APPROPRIATE NUMBER OF MEDICAL  
| PROVIDER PERMISSION FORMS FOR ALL RU MEMBERS WHO  
| HAS A STATUS OF INSTITUTIONALIZED (IN A HEALTH  
| CARE INSTITUTION) AT THE PREVIOUS ROUND'S  
| INTERVIEW DATE, 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  
| - PERSON HAD A STATUS OF INSTITUTIONALIZED ON THE  
| PREVIOUS ROUND'S INTERVIEW DATE  
|  
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CL06A  
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PID: [PID-3]                    PERSON: [First,[Middle],Last Name-35]  
DOB: [MM/DD/YYYY]            AGE: [XXX]            STATUS: [Status Code Description]  
DATE ORIGINALLY INSTITUTIONALIZED: [MM/DD/YY]  
DATE REJOINED COMMUNITY/CHANGED STATUS: [MM/DD/YY]

**SIGNATURE DATE ON MPS PF MUST BE ON OR AFTER: {MM/DD/YY}**

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 MPS PF FOR EACH DIFFERENT HEALTH CARE INSTITUTION LISTED ON HEALTH CARE INSTITUTION HISTORY. WRITE 'IC' IN UPPER LEFT CORNER OF MPS PF. REFER TO SECTION 3 OF HISTORY FOR INSTRUCTIONS ON COMPLETING THESE PF(S).
3. FOR EACH MPS PF CREATED THIS WAY, RECORD PERSON AND PROVIDER INFORMATION IN SECTION C OF THE MPS PF LOG.
4. REQUEST SIGNATURE(S) ON PF(S).
5. LEAVE UNSIGNED PF(S) AND THE BLUE PF BOOKLET WITH RESPONDENT.
6. RECORD PF STATUS FOR EACH MPS PF ON THE MPS PF LOG. CAPI WILL NOT COLLECT THIS INFORMATION.

PRESS ENTER TO CONTINUE.

END\_LP02A  
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|    CYCLE ON NEXT PERSON ON THE RU-MEMBERS-ROSTER WHO    |  
|    MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION    |  
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|    IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |  
|    END LOOP\_02A AND CONTINUE WITH BOX\_03                    |  
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**SAMPLING BOX: (TO BASE ON ROUND 1 CRITERIA FOR  
COLLECTION OF PFs IN ROUND 2 OR ROUND 3):**

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS  
PERMISSION 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').

**SAMPLING BOX: (TO BASE ON ROUND 1 CRITERIA FOR  
COLLECTION OF PFs IN ROUND 2 OR ROUND 3):**

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS  
PERMISSION 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)

**ISSUE:** WE HAVE OMITTED THE CONDITION THAT PERSON MUST BE KEY. HOWEVER, WE WILL EVENTUALLY NEED TO BE ABLE TO IDENTIFY WHICH PERSONS (OF THE PERSON-ESTABLISHMENT-PAIRS) WERE NOT KEY.

**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 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 THAT 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 PERMISSION FORM IS REQUIRED FOR BOTH THE EMPLOYER AND THE UNION. IN THESE CASES, BOTH ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS PERMISSION 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 PERMISSION FORM COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE MET).

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

NOTE: IN ROUND 4, A NEW HIPS FLAG WILL BE SET AND NEW HIPS PERMISSION FORMS WILL BE COLLECTED FOR ALL ESTABLISHMENT-PERSON-PAIRS BASED ON THE SAME SAMPLING CRITERIA AND NOTES AS ABOVE, BUT USING ROUND 3 DATA INSTEAD OF ROUND 1 DATA, AS DESCRIBED IN THE FOLLOWING BOXES.

**SAMPLING BOX (TO BASE ON ROUND 3 CRITERIA, FOR  
COLLECTION OF PFs IN ROUNDS 4 AND 5):**

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS  
PERMISSION 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 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, OE10, OE24, OR OE37 IS CODED ONLY COMBINATIONS OF CODES '6', '7', '8', '9', '10', AND '11').

**SAMPLING BOX: (TO BASE ON ROUND 3 CRITERIA, FOR  
COLLECTION OF PFs IN ROUNDS 4 AND 5):**

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR HIPS  
PERMISSION 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)

**ISSUE:** WE HAVE OMITTED THE CONDITION THAT THE  
PERSON MUST BE A KEY RU MEMBER. HOWEVER, WE WILL  
EVENTUALLY NEED TO BE ABLE TO IDENTIFY WHICH  
PERSONS (OF THE PERSON-ESTABLISHMENT-PAIRS) WERE  
NOT KEY.

**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)]

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 PERMISSION FORM IS REQUIRED FOR BOTH THE EMPLOYER AND THE UNION. IN THESE CASES, BOTH ESTABLISHMENT-PERSON-PAIRS ARE ELIGIBLE FOR HIPS PERMISSION 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 PERMISSION FORM COLLECTION (AS LONG AS OTHER REQUIREMENTS ARE MET).

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

CL07  
 =====

It is important for us to be able to contact employers and sources of health insurance so that we can get more information about the health insurance benefits they may provide. To do this, we must have written permission. Based on the information I have collected from this household, I would like to {get/pick up the} permission form(s) for:

(READ PERSON BELOW) and (READ ESTABLISHMENT BELOW).

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

| ROSTER. PERSON                  | CL07_01. ESTABLISHMENT          | HI?   |
|---------------------------------|---------------------------------|-------|
| [First, [Middle], Last Name-35] | [Name of Establishment.....-30] | {Y/N} |
| [First, [Middle], Last Name-35] | [Name of Establishment.....-30] | {Y/N} |
| [First, [Middle], Last Name-35] | [Name of Establishment.....-30] | {Y/N} |

[HAND RESPONDENT THE MAROON PERMISSION FORM BOOKLET.]

[These materials explain more about why we contact employers and sources of health insurance 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 DEFINITION: DISPLAY EACH PAIR ON THE |  
 | RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS |  
 | THE FOLLOWING CONDITION(S): |  
 | IF ROUND 2: |  
 | - PAIR IS ELIGIBLE FOR HIPS PERMISSION FORM |  
 | COLLECTION (SEE BOX\_03 SAMPLING SPECIFICATIONS) |  
 | OR |  
 | IF ROUND 3: |  
 | - PAIR ELIGIBLE FOR HIPS PERMISSION FORM |  
 | COLLECTION, AND |  
 | - CL09 WAS CODED '3' (LEFT WITH R), '4' (MAILED |  
 | TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS |  
 | PAIR [(IN ROUND 2 IF CURRENT ROUND IS ROUND 3) |  
 |-----



-----  
DISPLAY 'get' IF ROUND 2. DISPLAY 'pick up the'  
IF ROUND 3.

DISPLAY 'Y' IN THE HI COLUMN IF ESTABLISHMENT IS  
FLAGGED AS 'PROVIDES HEALTH INSURANCE'. OTHERWISE,  
DISPLAY 'N' IN THE HI COLUMN.  
-----

LOOP\_03

=====

-----  
FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON-  
PAIRS-ROSTER, ASK CL08 - END\_LP03  
-----

-----  
LOOP DEFINITION: LOOP\_03 PRESENTS EACH  
ESTABLISHMENT-PERSON-PAIR ELIGIBLE FOR PERMISSION  
FORM COLLECTION (THIS INCLUDES NEW AND OUTSTANDING  
FORMS) FOR THE INTERVIEWER TO LOCATE AND ENTER  
STATUS. THIS LOOP CYCLES ON RU-ESTABLISHMENT-  
PERSON-PAIRS THAT MEET THE FOLLOWING CONDITION(S):  
IF ROUND 2:  
- PAIR IS ELIGIBLE FOR HIPS PERMISSION FORM  
COLLECTION (SEE BOX\_03 SAMPLING SPECIFICATIONS)  
OR  
IF ROUND 3:  
- PAIR ELIGIBLE FOR HIPS PERMISSION FORM  
COLLECTION, AND  
- CL09 WAS CODED '3' (LEFT WITH R), '4' (MAILED  
TO R), '5' (REFUSED), OR '91' (OTHER) FOR THIS  
PAIR [(IN ROUND 2 IF CURRENT ROUND IS ROUND 3]  
-----

CL08  
=====

INTERVIEWER: {LOCATE APPROPRIATE PREPRINTED HIPS PF (COMPLETE  
NEW ONE IF FORM CANNOT BE LOCATED)/COLLECT HIPS PF FROM  
RESPONDENT, IF AVAILABLE. IF NOT, CREATE NEW HIPS PF} FOR THE  
FOLLOWING PAIR:

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

ESTBID: [EstbID-4] PROVIDES HEALTH INSURANCE?: {Y/N}  
ESTABLISHMENT NAME: [Establishment Name-35]  
ESTABLISHMENT ADDRESS: [Street Address\_1 for Establishment]  
[Street Address\_2 for Establishment]  
[City Name], [ST] [Zip Code]  
[Telephone]

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INFORMATION ON HIPS PERMISSION FORMS.

```
-----  
| DISPLAY 'LOCATE ... LOCATED)' IF ROUND 2.  
| DISPLAY 'COLLECT ... HIPS PF' IF ROUND 3.  
  
| DISPLAY 'Y' IF ESTABLISHMENT IS FLAGGED AS  
| 'PROVIDES HEALTH INSURANCE'. OTHERWISE, DISPLAY  
| 'N'.  
  
| DISPLAY 'PF STATUS FROM PREVIOUS ROUND {DISPLAY  
| PREVIOUS ROUND STATUS -40}' IF ROUND 3.  
| OTHERWISE, USE A NULL DISPLAY.  
  
| FOR 'DISPLAY PREVIOUS...-40', DISPLAY THE CATEGORY  
| ENTRY ASSOCIATED WITH THE PREVIOUS ROUND (OR  
| RECEIPT CONTROL UPDATED) CL09 OUTSTANDING STATUS.  
| THAT IS, IF CL09 WAS CODED '3', DISPLAY 'LEFT  
| WITH R'; IF CL09 WAS CODED '4', DISPLAY 'MAILED  
| TO R'; IF CL09 WAS CODED '5', DISPLAY 'REFUSED';  
| AND IF CL09 WAS CODED '91' (OTHER), DISPLAY THE  
| FIRST 40 CHARACTERS FROM THE SPECIFY ENTRY (OR THE  
| RECEIPT CONTROL UPDATE TEXT GENERATED FOR THE '91'  
| CODE).  
|-----
```

CL09  
====

INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM.  
IF NOT AVAILABLE TO SIGN, LEAVE PERMISSION FORM AND MAROON  
BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND ON THE HIPS  
PERMISSION FORM LOG.

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

ESTBID: [EstbID-4] PROVIDES HEALTH INSURANCE?: {Y/N}  
ESTABLISHMENT NAME: [Establishment Name-35]  
ESTABLISHMENT ADDRESS: [Street Address\_1 for Establishment]  
[Street Address\_2 for Establishment]  
[City Name], [ST] [Zip Code]  
[Telephone]

ENTER THE PERMISSION FORM STATUS:

SIGNED, NO PROBLEM ..... 1 {CL10}  
SIGNED WITH PROBLEM ..... 2  
LEFT WITH R ..... 3 {END\_LP03}  
MAILED TO R ..... 4 {END\_LP03}  
REFUSED ..... 5 {CL11}  
OTHER ..... 91 {CL09OV2}

PRESS F1 FOR MORE INFORMATION ON HIPS PERMISSION FORMS.

[Code One]

-----  
| DISPLAY 'Y' IF ESTABLISHMENT IS FLAGGED AS |  
| 'PROVIDES HEALTH INSURANCE'. OTHERWISE, DISPLAY |  
| 'N'. |  
|-----

-----  
| EDIT: CODE '4' (MAILED TO R) MUST BE 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.' |  
|-----





END\_LP03  
=====

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

-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP\_03 AND CONTINUE WITH BOX\_05 |  
-----

Subsection 3: HIPA Policy Booklets (Rounds 1-2)

BOX\_05  
=====

-----  
| IF ROUND 1 OR ROUND 2, CONTINUE WITH BOX\_06 |  
-----  
  
-----  
| OTHERWISE, GO TO BOX\_10 |  
-----  
  
-----  
| NOTE: IN PANEL 2, POLICY BOOKLETS ARE COLLECTED |  
| IN ROUNDS 1 AND 2 ONLY, BASED ON A ROUND 1 SAMPLE. |  
| THERE IS NO POLICY BOOKLET COLLECTION IN |  
| SUBSEQUENT ROUNDS. |  
-----

BOX\_06  
=====

-----  
| IF: |  
| ROUND 1 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR |  
| **ELIGIBLE** (SEE SAMPLING BOXES BELOW) FOR POLICY |  
| BOOKLET COLLECTION |  
| OR |  
| ROUND 2 AND AT LEAST ONE ESTABLISHMENT-PERSON-PAIR |  
| ELIGIBLE FOR POLICY BOOKLET COLLECTION AND CL15 |  
| OR CL18 WAS CODED '2' (HAS SOME DOCUMENT(S), WILL |  
| GET OTHERS), '3' (HAS NO DOCUMENTS), '4' (REFUSED |  
| TO PROVIDE ANY DOCUMENT(S)), '5' (OTHER, HAS |  
| DOCUMENT(S)), OR '6' (OTHER, HAS NO DOCUMENT(S)) |  
| FOR THIS ESTABLISHMENT-PERSON-PAIR IN ROUND 1 |  
| CONTINUE WITH CL12 |  
-----  
  
-----  
| OTHERWISE, GO TO BOX\_10 |  
-----

**SAMPLING BOX (TO BASE ON ROUND 1 CRITERIA FOR  
COLLECTION OF POLICY BOOKLETS IN ROUND 1 AND  
ROUND 2):**

RU-ESTABLISHMENT-PERSON-PAIRS ELIGIBLE FOR  
POLICY BOOKLET COLLECTION:

- ALL CURRENT (DEFINED LATER) **PRIVATE** (DEFINED LATER) AND ALL CURRENT **PUBLIC** (DEFINED LATER) SOURCES OF INSURANCE **FROM ROUND 1** ARE ELIGIBLE FOR POLICY BOOKLET COLLECTION WITH FOUR **EXCEPTIONS:**
  1. ESTABLISHMENT IS FLAGGED AS 'EMPLOYER' AND EMPLOYER IS THE FEDERAL GOVERNMENT (EM96=2 OR HP13=1)
  2. PERSON IS THE POLICYHOLDER OF THIS INSURANCE AND IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU'
  3. ESTABLISHMENT IS PUBLIC AND IS **NOT** MANAGED CARE (I.E., ESTABLISHMENT IS CHAMPUS/CHAMPVA OR OTHER PUBLIC; OR IF ESTABLISHMENT IS MEDICARE, THEN HX31=2, -7, OR -8 OR HX32=2, -7, OR -8, OR HX32A=2, -7, OR -8; OR IF ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/PHYSICIAN, THEN HX41=2, -7, OR -8 OR HX42=3, -7, OR -8, OR HX43=3, -7, OR -8)
  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').



NOTE (IF ROUND 1 OR ROUND 2): CURRENT INSURANCE FROM ROUND 1 IS DEFINED AS:

- FOR PUBLIC SOURCES -- HELD ANY TIME DURING THE ROUND 1 REFERENCE PERIOD (FOR MEDICARE, PERSON WAS A COVERED PERSON DURING THE ROUND 1 REFERENCE PERIOD; FOR MEDICAID OR GOVT-HOSPITAL/PHYSICIAN, AT LEAST ONE PERSON IN THE RU WAS A COVERED PERSON DURING THE ROUND 1 REFERENCE PERIOD)
- 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 (IF ROUND 1 OR ROUND 2): PRIVATE INSURANCE IS DEFINED AS:

- ESTABLISHMENTS FLAGGED AS 'EMPLOYERS' 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 (IF ROUND 1 OR ROUND 2): 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, POLICY BOOKLETS WILL BE COLLECTED FOR THE ESTABLISHMENT PROVIDING THE INSURANCE (I.E., CREATED FROM THE HX03 SERIES), NOT THE EMPLOYER.

```
-----  
NOTE (IF ROUND 1 OR ROUND 2): PUBLIC INSURANCE  
ELIGIBLE FOR POLICY BOOKLET COLLECTION INCLUDES  
THE FOLLOWING:  
- MEDICARE INSURANCE WHICH IS MANAGED CARE  
- MEDICAID INSURANCE WHICH IS MANAGED CARE  
- GOVT-HOSPITAL/PHYSICIAN INSURANCE WHICH IS  
  MANAGED CARE  
-----
```

CL12

====

{You may recall that/For this study,} we are also interested in learning more about the specific coverage or benefits people have under {their current/the} health insurance {policies held at the time of our last interview}. These health benefits are usually described in a booklet or other printed material that employers or insurance companies give to people who are covered by their insurance. For the extra effort involved in providing us with descriptions of insurance, the study will give an additional \$15.00.

PRESS ENTER TO CONTINUE.

```
-----  
DISPLAY 'You may recall that' IF ROUND 2.  
DISPLAY 'For this study,' IF ROUND 1.  
-----
```

```
-----  
DISPLAY 'their current' IF ROUND 1. DISPLAY  
'the' IF ROUND 2. DISPLAY 'policies...interview'  
IF ROUND 2.  
-----
```

```
-----  
IF ONLY ELIGIBLE POLICY BOOKLET ESTABLISHMENT-  
PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS  
MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX_06  
SAMPLING SPECIFICATIONS), GO TO CL14  
-----
```

```
-----  
OTHERWISE, CONTINUE WITH CL13  
-----
```

CL13  
====

From the information I have recorded, I would {still} like to get a full description of the health insurance for:

(READ PERSON NAME)'s health insurance through (READ ESTABLISHMENT BELOW):

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

| ROSTER. PERSON                  | CL13_01. ESTABLISHMENT          |
|---------------------------------|---------------------------------|
| [First, [Middle], Last Name-35] | [Name of Establishment.....-30] |
| [First, [Middle], Last Name-35] | [Name of Establishment.....-30] |
| [First, [Middle], Last Name-35] | [Name of Establishment.....-30] |

ASK RESPONDENT TO GET BOOKLET(S).

PRESS F1 FOR MORE INSTRUCTIONS ON POLICY BOOKLETS.

-----  
ROSTER DEFINITION: DISPLAY EACH PAIR ON THE  
RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS  
THE FOLLOWING CONDITIONS:  
  
IF ROUND 1:  
- PAIR IS ELIGIBLE FOR POLICY BOOKLET COLLECTION  
(SEE BOX\_06 SAMPLING SPECIFICATIONS); AND  
- ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/  
PHYSICIAN  
OR  
IF ROUND 2:  
- PAIR ELIGIBLE FOR POLICY BOOKLET COLLECTION (SEE  
BOX\_06 SAMPLING SPECIFICATIONS),  
- CL15 WAS CODED '2' (HAS SOME DOCUMENT(S), WILL  
GET OTHERS), '3' (HAS NO DOCUMENTS), '4'  
(REFUSED TO PROVIDE ANY DOCUMENT(S)), '5'  
(OTHER, HAS DOCUMENT(S)), OR '6' (OTHER, HAS NO  
DOCUMENT(S)) FOR THIS ESTABLISHMENT-PERSON-PAIR  
[(IN ROUND 1 IF CURRENT ROUND IS ROUND 2)]; AND  
- ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/  
PHYSICIAN  
-----

-----  
| DISPLAY 'still' IF ROUND 2. OTHERWISE, USE A  
| NULL DISPLAY.  
|-----

-----  
| IF ANY ELIGIBLE POLICY BOOKLET ESTABLISHMENT-  
| PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX\_06  
| SAMPLING SPECIFICATIONS), CONTINUE WITH CL14  
|-----

-----  
| OTHERWISE, GO TO LOOP\_04  
|-----

CL14  
=====

I {also} need to get one copy of the description of the family's health insurance coverage through {{Medicaid/{STATE NAME FOR MEDICAID}}}/the program sponsored by a state or local government agency which provides hospital and physician benefits.}

ASK RESPONDENT TO GET BOOKLET(S).

PRESS ENTER TO CONTINUE.

PRESS F1 FOR MORE INSTRUCTIONS ON POLICY BOOKLETS.

-----  
| DISPLAY 'also' IF ANY PAIRS ELIGIBLE FOR POLICY  
| BOOKLET COLLECTION WHERE THE ESTABLISHMENT IS NOT  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN.  
|-----

-----  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF  
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY  
| BOOKLET COLLECTION. DISPLAY 'the program ....  
| benefits' IF GOVT-HOSPITAL/PHYSICIAN IS THE  
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET  
| COLLECTION.  
|-----

-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID'. |  
|-----

-----  
| IF **ONLY** ELIGIBLE POLICY BOOKLET ESTABLISHMENT- |  
| PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX\_06 |  
| SAMPLING SPECIFICATIONS), GO TO CL18 |  
|-----

-----  
| OTHERWISE, CONTINUE WITH LOOP\_04 |  
|-----

-----  
| NOTE: THE HEALTH INSURANCE SECTION IS DESIGNED SO |  
| THAT AN RU CAN ONLY HAVE EITHER MEDICAID OR GOVT- |  
| HOSPITAL/PHYSICIAN, NEVER BOTH. |  
|-----

LOOP\_04  
=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER, ASK CL15 - END\_LP04 |  
|-----

-----  
LOOP DEFINITION: LOOP\_04 COLLECTS THE STATUS AND  
NUMBER OF BOOKLETS COLLECTED FOR EACH  
ESTABLISHMENT-PERSON-PAIR ELIGIBLE FOR POLICY  
BOOKLET COLLECTION (INCLUDING NEW AND OUTSTANDING  
BOOKLETS). THIS LOOP CYCLES ON RU-ESTABLISHMENT-  
PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

IF ROUND 1:

- PAIR IS ELIGIBLE FOR POLICY BOOKLET COLLECTION  
(SEE BOX\_06 SAMPLING SPECIFICATIONS); AND
- ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/  
PHYSICIAN

OR

IF ROUND 2:

- PAIR ELIGIBLE FOR POLICY BOOKLET COLLECTION (SEE  
BOX\_06 SAMPLING SPECIFICATIONS),
  - CL15 WAS CODED '2' (HAS SOME DOCUMENT(S), WILL  
GET OTHERS), '3' (HAS NO DOCUMENTS), '4'  
(REFUSED TO PROVIDE ANY DOCUMENT(S)), '5'  
(OTHER, HAS DOCUMENT(S)), OR '6' (OTHER, HAS NO  
DOCUMENT(S)) FOR THIS ESTABLISHMENT-PERSON-PAIR  
[(IN ROUND 1 IF CURRENT ROUND IS ROUND 2) AND
  - ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/  
PHYSICIAN
-

CL15  
====

PID: [PID-3] POLICYHOLDER: [First,[Middle],Last Name-35]  
ESTBID: [EstbID-4]  
ESTABLISHMENT NAME: [Establishment Name-35]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}  
{NAME OF INSURANCE CO./HMO}

COVERAGE: {TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}

{RD {1/2} STATUS: {DISPLAY CL15 STATUS FROM RD 1/2..... - 40}}

ENTER POLICY BOOKLET STATUS BELOW:

HAS ALL DOCUMENT(S), CAN KEEP/MAKE COPY . 1 {CL16}  
HAS SOME DOCUMENT(S){, WILL GET OTHERS} . 2 {CL16}  
HAS NO DOCUMENTS ..... 3 {END\_LP04}  
REFUSED TO PROVIDE ANY DOCUMENT(S) ..... 4 {CL17}  
OTHER, HAS DOCUMENT(S) ..... 5  
OTHER, HAS NO DOCUMENT(S) ..... 6

[Code One]

PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLETS.

-----  
DISPLAY THE FIRST TWO ESTABLISHMENTS FLAGGED AS  
'INSURER' FOR 'NAME OF INSURANCE CO./HMO'. IF  
INSURERS ARE NOT AVAILABLE, DISPLAY 'NOT  
APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE.

FOR MEDICARE COVERAGE, THE 'NAME OF INSURANCE CO./  
HMO' DISPLAYED IS THE PLAN NAME THAT CORRESPONDS  
TO THE PLAN LETTER COLLECTED AT HX31OV OR THE PLAN  
NAME COLLECTED AT HX33.

DISPLAY THE FIRST FOUR TYPES OF COVERAGE (THAT ARE  
NOT LONG TERM CARE IN A NURSING HOME (`6'), EXTRA  
CASH FOR HOSPITAL STAYS (`7'), SERIOUS DISEASE OR  
DREAD DISEASE (`8'), DISABILITY (`9'), WORKER'S  
COMPENSATION (`10'), OR ACCIDENT INSURANCE (`11'))  
CODED AT HX48 FOR 'TYPE OF COVERAGE CODED AT  
HX48'. IF TYPE(S) ARE NOT AVAILABLE, DISPLAY 'NOT  
APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE.  
-----

DISPLAY 'RD {1/2} ..... -40}}' IF ROUND 2.  
OTHERWISE, USE A NULL DISPLAY. DISPLAY '1' IF  
ROUND 2. FOR 'DISPLAY CL15 STATUS FROM RD  
1/2..... - 40', DISPLAY THE TEXT ENTRY ASSOCIATED  
WITH THE ROUND 1 (IF CURRENT ROUND IS ROUND 2)  
(OR RECEIPT CONTROL UPDATED) CL15 OUTSTANDING  
STATUS. THAT IS, IF CL15 WAS CODED '2', DISPLAY  
'HAD SOME DOCUMENTS, GETTING OTHERS'; IF CL15 WAS  
CODED '3', DISPLAY 'HAD NO DOCUMENTS'; IF CL15 WAS  
CODED '4', DISPLAY 'REFUSED TO PROVIDE DOCUMENTS';  
AND IF CL15 WAS CODED '5' OR '6', DISPLAY THE  
FIRST 40 CHARACTERS FROM THE OTHER SPECIFY ENTRY  
FIELD.

NOTE: INSURANCE COMPANY/HMO NAME AND COVERAGE ARE  
LISTED TO ASSIST IN PROBING.

NOTE: ESTABLISHMENT NAME, INSURER NAME, AND  
COVERAGE INFORMATION DISPLAYS WILL BE BASED ONLY  
ON ROUND 1 (IF CURRENT ROUND IS 1 OR 2)  
INFORMATION. IF IN ROUND 2 (IF CURRENT ROUND  
IS 2) THIS INFORMATION WAS UPDATED, THE  
INFORMATION DISPLAYED WILL **NOT** BE CURRENT. WE  
DO NOT WANT IT TO BE CURRENT SINCE HIPA IS BASED  
ON COVERAGE HELD **AT** THE ROUND 1 INTERVIEW DATE.

DISPLAY ',WILL GET OTHERS' AS PART OF CODE '2'  
IF ROUND 1. OTHERWISE, USE A NULL DISPLAY.



CL15OV  
=====

ENTER OTHER:

[Enter Other Specify-45] .....

-----  
| IF CL15 IS CODED '5' (OTHER, HAS DOCUMENT(S)), |  
| CONTINUE WITH CL16 |  
-----

-----  
| OTHERWISE, GO TO END\_LP04 |  
-----

CL16  
=====

PID: [PID-3] POLICYHOLDER: [First,[Middle],Last Name-35]  
ESTBID: [EstbID-4]  
ESTABLISHMENT NAME: [Establishment Name-35]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}  
{NAME OF INSURANCE CO./HMO}

COVERAGE: {TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}

INTERVIEWER: FOR THE ABOVE PAIR, DO THE FOLLOWING:

1. CHECK POLICY BOOKLET(S) FOR ACCEPTANCE.
2. LABEL POLICY BOOKLET(S). {(FOR COPYING, IF NECESSARY.)}

PRESS F1 FOR INFORMATION ON ACCEPTING, LABELING,  
AND COPYING POLICY BOOKLETS.

PRESS ENTER TO CONTINUE.

-----  
| DISPLAY THE FIRST TWO ESTABLISHMENTS FLAGGED AS |  
| 'INSURER' FOR 'NAME OF INSURANCE CO./HMO'. IF |  
| INSURERS ARE NOT AVAILABLE, DISPLAY 'NOT |  
| APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE. |  
|-----

-----  
| DISPLAY THE FIRST FOUR TYPES OF COVERAGE (THAT ARE |  
| NOT LONG TERM CARE IN A NURSING HOME ('6'), EXTRA |  
| CASH FOR HOSPITAL STAYS ('7'), SERIOUS DISEASE OR |  
| DREAD DISEASE ('8'), DISABILITY ('9'), WORKER'S |  
| COMPENSATION ('10'), OR ACCIDENT INSURANCE ('11')) |  
| CODED AT HX48 FOR 'TYPE OF COVERAGE CODED AT |  
| HX48'. IF TYPE(S) ARE NOT AVAILABLE, DISPLAY 'NOT |  
| APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE. |  
|-----

-----  
| DISPLAY '(FOR COPYING, IF NECESSARY.)' IF ROUND 1 |  
| OTHERWISE, USE A NULL DISPLAY. |  
|-----

-----  
| NOTE: INSURANCE COMPANY/HMO NAME AND COVERAGE ARE |  
| LISTED TO ASSIST IN PROBING. |  
|-----

-----  
| GO TO END\_LP04 |  
|-----

CL17  
====

PID: [PID-3] POLICYHOLDER: [First,[Middle],Last Name-35]  
ESTBID: [EstbID-4]  
ESTABLISHMENT NAME: [Establishment Name-35]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}  
{NAME OF INSURANCE CO./HMO}

COVERAGE: {TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}  
{TYPE OF COVERAGE CODED AT HX48}

ENTER MAIN REASON FOR REFUSAL:

ESTABLISHMENT/INSURER MIGHT OBJECT ..... 1 {END\_LP04}  
CONFIDENTIALITY ..... 2 {END\_LP04}  
HAS ALREADY GIVEN ENOUGH INFORMATION ... 3 {END\_LP04}  
DOESN'T WANT TO LOOK FOR IT ..... 4 {END\_LP04}  
NO REASON GIVEN ..... 5 {END\_LP04}  
OTHER ..... 91

[Code One]

CL170V  
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .....

-----  
DISPLAY THE FIRST TWO ESTABLISHMENTS FLAGGED AS  
'INSURER' FOR 'NAME OF INSURANCE CO./HMO'. IF  
INSURERS ARE NOT AVAILABLE, DISPLAY 'NOT  
APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE.  
  
DISPLAY THE FIRST FOUR TYPES OF COVERAGE (THAT ARE  
NOT LONG TERM CARE IN A NURSING HOME ('6'), EXTRA  
CASH FOR HOSPITAL STAYS ('7'), SERIOUS DISEASE OR  
DREAD DISEASE ('8'), DISABILITY ('9'), WORKER'S  
COMPENSATION ('10'), OR ACCIDENT INSURANCE ('11'))  
CODED AT HX48 FOR 'TYPE OF COVERAGE CODED AT  
HX48'. IF TYPE(S) ARE NOT AVAILABLE, DISPLAY 'NOT  
APPLICABLE. INFO NOT COLLECTED.' AS APPROPRIATE.  
-----

-----  
| NOTE: INSURANCE COMPANY/HMO NAME AND COVERAGE ARE |  
| LISTED TO ASSIST IN PROBING. |  
-----

END\_LP04

=====

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

-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP\_04 AND CONTINUE WITH BOX\_07 |  
-----

BOX\_07

=====

-----  
| IF ANY ELIGIBLE POLICY BOOKLET ESTABLISHMENT- |  
| PERSON-PAIRS ARE PAIRS WHERE THE ESTABLISHMENT IS |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN (SEE BOX\_06 |  
| SAMPLING SPECIFICATIONS), CONTINUE WITH CL18 |  
-----

-----  
| OTHERWISE, GO TO BOX\_08 |  
-----

CL18  
====

PID: XXX POLICYHOLDER: RU  
ESTBID: [EstbID-4]  
ESTABLISHMENT NAME: [{{Medicaid/{STATE NAME FOR MEDICAID}}/  
PROGRAM SPONSORED BY STATE OR LOCAL  
GOVT AGCY WHICH PROVIDES HOSPITAL &  
PHYSICIAN BENEFITS}]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

{RD {1/2} STATUS: {DISPLAY CL18 STATUS FROM RD 1/2.... - 40}}

ENTER POLICY BOOKLET STATUS BELOW AND ON POLICY BOOKLET LOG:

HAS ALL DOCUMENT(S), CAN KEEP/MAKE COPY . 1 {CL19}  
HAS SOME DOCUMENT(S){, WILL GET OTHERS} . 2 {CL19}  
HAS NO DOCUMENTS ..... 3 {BOX\_08}  
REFUSED TO PROVIDE ANY DOCUMENT(S) ..... 4 {CL20}  
OTHER, HAS DOCUMENT(S) ..... 5  
OTHER, HAS NO DOCUMENT(S) ..... 6  
{DOCUMENTS WOULD BE IDENTICAL TO THOSE  
GIVEN PREVIOUSLY ..... 7 {BOX\_08}}

[Code One]

PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLETS.

-----  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |  
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |  
| BOOKLET COLLECTION. DISPLAY 'PROGRAM |  
| BENEFITS' IF GOVT-HOSPITAL/PHYSICIAN IS THE |  
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |  
| COLLECTION. |  
-----

-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID'. |  
-----

-----  
| DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN FOR NAME OF |  
| INSURANCE COMPANY/HMO. |  
|-----

-----  
| FOR MEDICAID COVERAGE, THE NAME OF THE INSURANCE |  
| COMPANY/HMO DISPLAYED IS THE PLAN NAME THAT |  
| CORRESPONDS TO THE PLAN LETTER COLLECTED AT |  
| HX41OV/PR12OV/PR28OV OR THE PLAN NAME COLLECTED AT |  
| HX44/PR15/PR31. |  
|-----

-----  
| DISPLAY 'RD {1/2} ....-40}' IF ROUND 2. |  
| OTHERWISE, USE A NULL DISPLAY. DISPLAY '1' IF |  
| ROUND 2. |  
| FOR 'DISPLAY CL18 STATUS FROM RD 1/2..... - 40', |  
| DISPLAY THE TEXT ENTRY ASSOCIATED WITH THE ROUND 1 |  
| (IF CURRENT ROUND IS 2) (OR RECEIPT CONTROL |  
| UPDATED) CL18 OUTSTANDING STATUS. THAT IS, IF |  
| CL18 WAS CODED '2', DISPLAY 'HAD SOME DOCUMENTS, |  
| GETTING OTHERS'; IF CL18 WAS CODED '3', DISPLAY |  
| 'HAD NO DOCUMENTS'; IF CL18 WAS CODED '4', |  
| DISPLAY 'REFUSED TO PROVIDE DOCUMENTS'; AND IF |  
| CL18 WAS CODED '5' OR '6', DISPLAY THE FIRST 40 |  
| CHARACTERS FROM THE OTHER SPECIFY ENTRY FIELD. |  
|-----

-----  
| NOTE: INSURER NAME DISPLAY WILL BE BASED ONLY ON |  
| ROUND 1 INFORMATION (IF CURRENT ROUND IS ROUND 1 |  
| OR 2). |  
|-----

-----  
| DISPLAY ',WILL GET OTHERS' AS PART OF CODE '2' IF |  
| ROUND 1. OTHERWISE, USE A NULL DISPLAY. |  
|-----

CL18OV  
=====

ENTER OTHER:

[Enter Other Specify-45] .....

-----  
| IF CL18 IS CODED '5' (OTHER, HAS DOCUMENT(S)), |  
| CONTINUE WITH CL19 |  
-----

-----  
| OTHERWISE, GO TO BOX\_08 |  
-----

CL19  
=====

PID: XXX POLICYHOLDER: RU  
ESTBID: [EstbID-4]  
ESTABLISHMENT NAME: [{{Medicaid/{STATE NAME FOR MEDICAID}}/  
PROGRAM SPONSORED BY STATE OR LOCAL  
GOVT AGCY WHICH PROVIDES HOSPITAL &  
PHYSICIAN BENEFITS}]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

INTERVIEWER: FOR THE ABOVE, DO THE FOLLOWING:

1. CHECK POLICY BOOKLET(S) FOR ACCEPTANCE.
2. LABEL POLICY BOOKLET(S). {(FOR COPYING, IF NECESSARY.)}

PRESS F1 FOR INFORMATION ON ACCEPTING, LABELING,  
AND COPYING POLICY BOOKLETS.

PRESS ENTER TO CONTINUE.

-----  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |  
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |  
| BOOKLET COLLECTION. DISPLAY PROGRAM .... |  
| BENEFITS' IF GOVT-HOSPITAL/PHYSICIAN IS THE |  
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |  
| COLLECTION. |  
-----

-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID'. |  
|-----

-----  
| DISPLAY '(FOR COPYING, IF NECESSARY.)' IF ROUND 1 |  
| OTHERWISE,USE A NULL DISPLAY. |  
|-----

-----  
| DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN. |  
|-----

-----  
| GO TO BOX\_08 |  
|-----

CL20  
=====

PID: XXX POLICYHOLDER: RU  
ESTBID: [EstbID-4]  
ESTABLISHMENT NAME: [{{Medicaid/{STATE NAME FOR MEDICAID}}/  
PROGRAM SPONSORED BY A STATE OR LOCAL  
GOVT AGENCY WHICH PROVIDES HOSPITAL &  
PHYSICIAN BENEFITS}]

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

ENTER MAIN REASON FOR REFUSAL:

- ESTABLISHMENT/INSURER MIGHT OBJECT ..... 1 {BOX\_08}
- CONFIDENTIALITY ..... 2 {BOX\_08}
- HAS ALREADY GIVEN ENOUGH INFORMATION ... 3 {BOX\_08}
- DOESN'T WANT TO LOOK FOR IT ..... 4 {BOX\_08}
- NO REASON GIVEN ..... 5 {BOX\_08}
- OTHER ..... 91

[Code One]



CL200V  
=====

ENTER OTHER REASON FOR REFUSAL:

[Enter Other Specify-45] .....

-----  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |  
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |  
| BOOKLET COLLECTION. DISPLAY 'THE PROGRAM .... |  
| BENEFITS' IF GOVT-HOSPITAL/PHYSICIAN IS THE |  
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |  
| COLLECTION. |  
-----

-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID'. |  
-----

-----  
| DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN. |  
-----

BOX\_08  
=====

-----  
| IF: |  
| **ROUND 1** |  
| AND |  
| ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/ |  
| PHYSICIAN |  
| AND |  
| CL15 IS CODED '2' (HAS SOME DOCUMENT(S), WILL GET |  
| OTHERS), '3' (HAS NO DOCUMENTS), OR '6' (OTHER, |  
| HAS NO DOCUMENT(S)) IN THE CURRENT ROUND, |  
| CONTINUE WITH LOOP\_04A |  
-----

-----  
| OTHERWISE, GO TO BOX\_09 |  
-----

LOOP\_04A  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER, ASK CL21 - END\_LP04A |  
|-----

-----  
| LOOP DEFINITION: LOOP\_04A PRESENTS EACH |  
| ESTABLISHMENT-PERSON-PAIR, THAT DOES NOT HAVE ALL |  
| DOCUMENTS COLLECTED, FOR COMPLETION OF THE POLICY |  
| BOOKLET REQUEST FORM. THIS LOOP CYCLES ON PAIRS |  
| ON THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT |  
| MEET THE FOLLOWING CONDITIONS: |

- PAIR IS ELIGIBLE FOR POLICY BOOKLET COLLECTION  
(SEE BOX\_06 SAMPLING SPECIFICATIONS)
  - ESTABLISHMENT IS NOT MEDICAID OR GOVT-HOSPITAL/  
PHYSICIAN
  - CL15 WAS CODED '2' (HAS SOME DOCUMENT(S), WILL  
GET OTHERS), '3' (HAS NO DOCUMENTS), OR '6'  
(OTHER, HAS NO DOCUMENT(S)) FOR THIS  
ESTABLISHMENT-PERSON-PAIR IN THE CURRENT ROUND
-

CL21  
====

During the next interview, we would like to get a copy of the booklet that describes the coverage for:

(READ PERSON NAME)'s health insurance through (READ ESTABLISHMENT BELOW):

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

ESTBID: [EstbID-4]  
ESTABLISHMENT TYPE: [Establishment Type]  
ESTABLISHMENT NAME: [Establishment Name-35]  
ESTABLISHMENT ADDRESS: [Street Address\_1 for Establishment]  
[Street Address\_2 for Establishment]  
[City Name], [ST] [Zip Code]

{COMPLETE HEALTH INSURANCE POLICY BOOKLET REQUEST FORM AND FOLLOW PROCEDURES AS APPROPRIATE FOR ESTABLISHMENT TYPE.}

CODE STATUS OF REQUEST BELOW.

LETTER SENT ..... 1  
LETTER NOT SENT, REQUEST WILL BE MADE .. 2  
LETTER/REQUEST REFUSED ..... 3

[Code One]

{PRESS F1 FOR MORE INFORMATION ON POLICY BOOKLET FOLLOW-UP.}

-----  
| DISPLAY 'COMPLETE ... TYPE.' AND 'PRESS F1 ... |  
| FOLLOW-UP.' IF ESTABLISHMENT TYPE IS NOT MEDICARE. |  
| IF ESTABLISHMENT TYPE IS MEDICARE, USE A NULL |  
| DISPLAY. |  
-----

-----  
| NOTE: PID, DATE OF BIRTH, AND ESTABLISHMENT |  
| ADDRESS ARE ALL REQUIRED PIECES OF INFORMATION ON |  
| THE POLICY BOOKLET REQUEST FORM. |  
-----

END\_LP04A  
=====

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

-----  
IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END  
LOOP\_04A AND CONTINUE WITH BOX\_09  
-----

BOX\_09  
=====

-----  
IF:  
**ROUND 1**  
AND  
ESTABLISHMENT IS MEDICAID OR GOVT-HOSPITAL/  
PHYSICIAN  
AND  
CL18 IS CODED '2' (HAS SOME DOCUMENT(S), WILL GET  
OTHERS), '3' (HAS NO DOCUMENTS), OR '6' (OTHER,  
HAS NO DOCUMENT(S)) FOR THE CURRENT ROUND,  
CONTINUE WITH CL22  
-----

-----  
OTHERWISE, GO TO BOX\_10  
-----

CL22  
====

During the next interview, we would like to get a copy of the booklet that describes the family's health insurance coverage through {{Medicaid/{STATE NAME FOR MEDICAID}}}/the program sponsored by a state or local government agency which provides hospital and physician benefits.}

INSURANCE COMPANY/HMO NAME: {NAME OF INSURANCE CO./HMO}

CODE STATUS OF REQUEST BELOW.

REQUEST WILL BE MADE ..... 1  
REQUEST REFUSED ..... 2

[Code One]

-----  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' IF |  
| MEDICAID IS THE ELIGIBLE ESTABLISHMENT FOR POLICY |  
| BOOKLET COLLECTION. DISPLAY 'the program .... |  
| benefits' IF GOVT-HOSPITAL/PHYSICIAN IS THE |  
| ELIGIBLE ESTABLISHMENT FOR POLICY BOOKLET |  
| COLLECTION. |  
-----

-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID'. |  
-----

-----  
| DISPLAY THE ESTABLISHMENT FLAGGED AS 'INSURER' FOR |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN. |  
-----

-----  
| NOTE: THIS REQUEST WILL BE MADE OPEN-ENDED TO THE |  
| RESPONDENT; I.E., WE WILL NOT TELL THE RESPONDENT |  
| WHERE HE/SHE SHOULD OBTAIN THE BOOKLET. THIS WAY, |  
| THE RESPONDENT CAN PURSUE THE BOOKLET IN WHATEVER |  
| WAY IS MOST APPROPRIATE TO THE SITUATION. |  
-----

Subsection 4: Pharmacy Requests and Permission Forms (Round 3 and Round 5)

BOX\_10  
=====

-----  
| IF ROUND 3 OR ROUND 5, CONTINUE WITH BOX\_11 |  
-----

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

BOX\_11  
=====

-----  
| IF AT LEAST ONE PERSON-PHARMACY-PAIR ELIGIBLE  
| (SEE SAMPLING BOX BELOW) FOR PHARMACY PERMISSION  
| FORM COLLECTION, CONTINUE WITH CL29 |  
-----

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

-----  
| **SAMPLING BOX (FOR ROUND 3):**  
| PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY  
| PERMISSION FORM COLLECTION IN ROUND 3:  
|  
| - PERSON IS A KEY, ELIGIBLE RU MEMBER  
| - PERSON ASSOCIATED WITH THE PHARMACY  
| - PHARMACY COLLECTED DURING ROUND 1, 2, OR 3 |  
-----

-----  
| **SAMPLING BOX (FOR ROUND 5):**  
| PERSON-PHARMACY-PAIRS ELIGIBLE FOR PHARMACY  
| PERMISSION FORM COLLECTION IN ROUND 5:  
|  
| - PERSON IS A KEY, ELIGIBLE RU MEMBER  
| - PERSON ASSOCIATED WITH THE PHARMACY  
| - PHARMACY COLLECTED DURING ROUND 3, 4, OR 5 |  
-----

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

-----  
NOTE: FORMS ASSOCIATED WITH DECEASED AND  
INSTITUTIONALIZED PERSONS WILL BE REQUESTED.  
-----

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  
=====

As you know, the U.S. Public Health Service is very interested in obtaining the most complete and accurate information about health care use and expenditures, including prescription medicines.

Many pharmacies now offer their customers a summary of their prescription medicine charges. People sometimes request these summaries to help in preparing their taxes or insurance claims.

To help us get the best information about the family's prescriptions, we would like to obtain a printed summary from each pharmacy used by this family during the past year. To do this, we must have written permission.

PRESS ENTER TO CONTINUE.

CL30  
 =====

From the information I have, I would like to get a signed permission form for:

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

TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

|                                 |                            |
|---------------------------------|----------------------------|
| 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] |

[HAND RESPONDENT THE PURPLE PERMISSION 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 DEFINITION: DISPLAY EACH PAIR ON THE  
 RU-PERSON-PHARMACY-PAIRS-ROSTER THAT MEET THE  
 FOLLOWING CONDITION:  
 - PAIR IS ELIGIBLE FOR PHARMACY PERMISSION FORM  
 COLLECTION (SEE BOX\_11 SAMPLING SPECIFICATIONS)  
 FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS  
 3, 4, OR 5 IF ROUND 5.  
 -----

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



-----  
| DISPLAY 'LOCATE ... LOCATED)' IF PERSON-PHARMACY- |  
| PAIR WAS ELIGIBLE FROM ROUNDS 1 OR 2 IF ROUND 3 OR |  
| FROM ROUNDS 3 OR 4 IF ROUND 5. OTHERWISE, |  
| DISPLAY 'COMPLETE ... FORM'. |  
|-----

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 |  
| PERMISSION FORM COLLECTION FOR THE INTERVIEWER TO |  
| RECORD THE STATUS OF THE PERMISSION FORM. THIS |  
| LOOP CYCLES ON THE RU-PERSON-PHARMACY-PAIRS THAT |  
| MEET THE FOLLOWING CONDITION: |

- PAIR IS ELIGIBLE FOR PHARMACY PERMISSION FORM  
COLLECTION (SEE BOX\_11 SAMPLING SPECIFICATIONS)  
FOR ROUNDS 1, 2, OR 3 IF ROUND 3 OR FOR ROUNDS  
3, 4, OR 5 IF ROUND 5.

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

CL32  
=====

INTERVIEWER: ASK APPROPRIATE PERSON(S) TO SIGN PERMISSION FORM.  
IF NOT AVAILABLE TO SIGN, LEAVE PERMISSION FORM AND PURPLE  
BOOKLET WITH RESPONDENT. RECORD STATUS BELOW AND ON THE  
PHARMACY PERMISSION FORM LOG.

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

PHARMID: [PharmID-4]  
PHARMACY NAME: [Pharmacy Name-35]  
PHARMACY ADDRESS: [Street Address for Pharmacy]  
[City Name], [ST] [Zip Code] [Telephone]

ENTER THE PHARMACY PERMISSION FORM STATUS:

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

[Code One]

PRESS F1 FOR MORE INFORMATION ON PHARMACY PERMISSION FORMS.

```
-----  
| EDIT: CODE '4' (MAILED TO R) MUST BE 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  
=====

ENTER PROBLEM:

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





Subsection 5: Self-Administered Questionnaire

BOX\_15  
=====

OMITTED

CL35  
=====

OMITTED

LOOP\_09  
=====

OMITTED

CL36  
=====

OMITTED

CL36OV  
=====

OMITTED

CL37  
=====

OMITTED

CL37OV  
=====

OMITTED



END\_LP09  
=====

OMITTED

BOX\_16  
=====

OMITTED

CL38  
=====

OMITTED

LOOP\_10  
=====

OMITTED

CL39  
=====

OMITTED

CL39OV  
=====

OMITTED

CL40  
=====

OMITTED

CL40OV  
=====

OMITTED

END\_LP10  
=====

OMITTED

Subsection 6: Collecting/Updating Locating Information (Round 1 through Round 5)

CL41  
====

{Thank you for your cooperation and for taking the time to participate in this important study.}

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

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

PRESS ENTER TO CONTINUE.

```
-----  
| DISPLAY 'Thank you ... important study.' IF ROUNDS |  
| 1 OR 2 OR 3 OR 4. OTHERWISE, USE A NULL DISPLAY. |
```

```
| DISPLAY 'In the coming months, ... use and |  
| expenses.' IF ROUNDS 1 OR 2 OR 3 OR 4. OTHERWISE, |  
| DISPLAY 'We are nearing ... of information.' |
```

```
| DISPLAY 'Just ... family.' 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.

[Enter Text] .....

-----  
| NOTE: FOUR LINES OF 45 CHARACTERS SHOULD BE |  
| AVAILABLE FOR ENTRY OF FREE FORM TEXT. |  
-----

CL42OV1  
=====

ENTER WHO BEST TIME RECORDED FOR:

CURRENT RESPONDENT ..... 1 {BOX\_17}  
CURRENT PROXY ..... 2 {BOX\_17}  
ENTIRE RU ..... 3 {BOX\_17}  
OTHER ..... 91

[Code One]

CL42OV2  
=====

ENTER OTHER:

[Enter Other Specify] .....

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 CL43 |  
-----

CL43  
====

**ITEM: SECOND PHONE (WORK, FRIEND, RELATIVE, OTHER) WHERE  
FAMILY COULD BE REACHED.**

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND PHONE SHOWN  
BELOW.  
IF NO CURRENT INFORMATION, PROBE FOR NEW SECOND  
PHONE (IF AVAILABLE).

Current Info: [2ND\_TELEPHONE]

|                                     |    |        |
|-------------------------------------|----|--------|
| ENTER NEW SECOND PHONE .....        | 1  |        |
| SECOND PHONE CORRECT .....          | 2  | {CL46} |
| SECOND PHONE NEEDS CORRECTION ..... | 3  |        |
| NO CURRENT SECOND PHONE .....       | 4  | {CL46} |
| REF .....                           | -7 | {CL46} |
| DK .....                            | -8 | {CL46} |

-----  
EDIT: CODES '2' (SECOND PHONE CORRECT) AND '3'  
(SECOND PHONE 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.'  
-----

-----  
**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.  
-----

CL44  
====

[What is that telephone number?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND PHONE.  
IF UNAVAILABLE, ENTER COMPLETE SECOND TELEPHONE NUMBER.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [2ND\_TELEPHONE]

[Enter Area Code,Exchange,Local] .....

-----  
| EDIT: DISALLOW LEADING ZEROS AS AN ENTRY. |  
-----

-----  
| EDIT: IF NO CURRENT SECOND PHONE AVAILABLE, AN |  
| ENTRY MUST BE MADE FOR EVERY FIELD (REF AND DK ARE |  
| ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT SECOND PHONE AVAILABLE, AT LEAST |  
| ONE FIELD MUST BE UPDATED. |  
-----

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

CL45  
=====

Where is that telephone located?

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

[Code One]

CL45OV1  
=====

ENTER OTHER:

|                                |    |
|--------------------------------|----|
| [Enter Other Specify-45] ..... |    |
| REF .....                      | -7 |
| DK .....                       | -8 |

CL45OV2  
=====

What is the name of that location?

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

|                           |    |
|---------------------------|----|
| [Enter Description] ..... |    |
| REF .....                 | -7 |
| DK .....                  | -8 |

-----  
| NOTE: IF SPACE AVAILABLE, ALLOW 2 LINES OF 45 |  
| CHARACTERS FOR DESCRIPTION. IF SPACE UNAVAILABLE, |  
| ALLOW ONLY STANDARD ONE LINE OF TEXT. |  
-----

CL46  
=====

**ITEM: MAILING ADDRESS DIFFERENT FROM LOCATING (STREET) ADDRESS.**

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT MAILING ADDRESS SHOWN  
BELOW.  
IF NO CURRENT INFORMATION, PROBE FOR NEW MAILING  
ADDRESS (IF AVAILABLE).

Current Info: [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                          [CITY]  
                          [STATE]  
                          [ZIP CODE]

ENTER NEW MAILING ADDRESS ..... 1  
MAILING ADDRESS CORRECT ..... 2 {BOX\_17A}  
MAILING ADDRESS NEEDS CORRECTION ..... 3  
NO CURRENT MAILING ADDRESS ..... 4 {BOX\_17A}  
REF ..... -7 {BOX\_17A}  
DK ..... -8 {BOX\_17A}

-----  
| EDIT: CODES '2' (MAILING ADDRESS CORRECT) AND '3' |  
| (MAILING ADDRESS 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?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT MAILING ADDRESS.  
IF UNAVAILABLE, ENTER COMPLETE MAILING ADDRESS.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                          [CITY]  
                          [STATE]  
                          [ZIP CODE]

1ST\_STR\_ADDRESS (CL47\_01): [\_\_\_\_\_]  
2ND\_STR\_ADDRESS (CL47\_02): [\_\_\_\_\_]  
          CITY (CL47\_03): [\_\_\_\_\_]  
          STATE (CL47\_04): [\_\_\_\_\_]  
          ZIP CODE (CL47\_05): [\_\_\_\_\_]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----  
| EDIT: IF NO CURRENT MAILING ADDRESS AVAILABLE, |  
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |  
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT MAILING ADDRESS AVAILABLE, AT |  
| LEAST ONE FIELD MUST BE UPDATED. |  
-----

-----  
| FLAG MAILING ADDRESS INFORMATION FOR THE RU WITH |  
| THE ADDRESS ENTERED OR CORRECTED AT CL47 FOR THE |  
| CURRENT ROUND. |  
-----

BOX\_17A  
=====

-----  
| IF NOT ROUND 5, CONTINUE WITH CL48 |  
-----  
-----  
| OTHERWISE (I.E., IF ROUND 5), GO TO CL62 |  
-----

CL48  
=====

**ITEM: ANOTHER HOME SUCH AS SECOND HOME OR VACATION HOME WHERE  
FAMILY CAN SOMETIMES BE CONTACTED.**

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT SECOND HOME  
INFORMATION SHOWN BELOW.  
IF NO CURRENT INFORMATION, PROBE FOR NEW SECOND  
HOME INFORMATION (IF AVAILABLE).

Current Info: [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                                  [TELEPHONE]

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

-----  
| EDIT: CODES '2' (SECOND HOME ADDRESS AND |  
| TELEPHONE CORRECT) AND '3' (SECOND HOME ADDRESS |  
| OR TELEPHONE 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?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT SECOND HOME ADDRESS.  
IF UNAVAILABLE, ENTER COMPLETE SECOND HOME ADDRESS.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                                  [TELEPHONE]

1ST\_STR\_ADDRESS (CL49\_01): [\_\_\_\_\_]  
2ND\_STR\_ADDRESS (CL49\_02): [\_\_\_\_\_]  
          CITY (CL49\_03): [\_\_\_\_\_]  
          STATE (CL49\_04): [\_\_\_\_\_]  
          ZIP CODE (CL49\_05): [\_\_\_\_\_]  
TELEPHONE (CL49\_06): [\_\_\_\_\_]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----  
| EDIT: IF NO CURRENT SECOND HOME ADDRESS AVAILABLE, |  
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |  
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT SECOND HOME ADDRESS AVAILABLE, |  
| AT LEAST ONE FIELD MUST BE UPDATED. |  
-----

-----  
| FLAG SECOND HOME ADDRESS FOR THE RU WITH THE |  
| ADDRESS AND PHONE ENTERED OR CORRECTED AT CL49 |  
| FOR THE CURRENT ROUND. |  
-----

CL50  
====

**ITEM: LOCATING CONTACT - RELATIVE OR FRIEND WHO DOES NOT LIVE  
HERE WHO WILL ALWAYS KNOW HOW TO GET IN TOUCH WITH FAMILY.**

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT CONTACT INFORMATION  
SHOWN BELOW.  
IF NO CURRENT INFORMATION, PROBE FOR NEW CONTACT  
INFORMATION (IF AVAILABLE).

Current Info: [CONTACT\_NAME]  
                  [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                  [TELEPHONE]

ENTER NEW CONTACT PERSON/ADDRESS ..... 1  
CONTACT PERSON/ADDRESS CORRECT ..... 2 {CL52}  
CONTACT PERSON/ADDRESS NEEDS  
CORRECTION ..... 3  
NO CURRENT CONTACT PERSON ..... 4 {CL53}  
REF ..... -7 {CL53}  
DK ..... -8 {CL53}

-----  
| EDIT: CODES '2' (CONTACT PERSON/ADDRESS CORRECT) |  
| AND '3' (CONTACT PERSON/ADDRESS 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.' |  
|-----

CL51  
====

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

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT INFORMATION.  
IF UNAVAILABLE, ENTER COMPLETE CONTACT INFORMATION.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

Current Info: [CONTACT\_NAME]  
                  [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                  [TELEPHONE]

CONTACT\_NAME (CL51\_01): [\_\_\_\_\_]  
1ST\_STR\_ADDRESS (CL51\_02): [\_\_\_\_\_]  
2ND\_STR\_ADDRESS (CL51\_03): [\_\_\_\_\_]  
          CITY (CL51\_04): [\_\_\_\_\_]  
          STATE (CL51\_05): [\_\_\_\_\_]  
          ZIP CODE (CL51\_06): [\_\_\_\_\_]  
TELEPHONE (CL51\_07): [\_\_\_\_\_]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----  
| EDIT: IF NO CURRENT CONTACT ADDRESS AVAILABLE, |  
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |  
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT CONTACT ADDRESS AVAILABLE, AT |  
| LEAST ONE FIELD MUST BE UPDATED. |  
-----

-----  
| FLAG CONTACT PERSON INFORMATION FOR THE RU WITH |  
| THE NAME, ADDRESS, AND PHONE ENTERED OR CORRECTED |  
| AT CL51 FOR THE CURRENT ROUND. |  
-----

CL52  
=====

CONTACT PERSON: {NAME OF CONTACT PERSON FROM CL51\_01}

REFERENCE PERSON: {NAME OF REFERENCE PERSON}

**[What is (CONTACT PERSON)'s relationship to (REFERENCE PERSON)?]**

IF AVAILABLE, VERIFY AND UPDATE CURRENT CONTACT RELATIONSHIP.  
IF UNAVAILABLE, ENTER COMPLETE CONTACT RELATIONSHIP.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [CONTACT\_RELATIONSHIP]

CONTACT\_RELATIONSHIP (CL52\_01): [\_\_\_\_\_]

-----  
| DISPLAY THE NAME ENTERED AT CL51\_01 FOR 'NAME OF |  
| CONTACT PERSON FROM CL51\_01'. |

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

-----  
| THE ENTRY FIELD FOR CL52\_01 SHOULD BE 45 |  
| CHARACTERS OF FREE FORM TEXT IN LENGTH. |  
-----

-----  
| EDIT: IF NO CURRENT CONTACT RELATIONSHIP |  
| AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE |  
| ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT CONTACT RELATIONSHIP AVAILABLE, |  
| ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE. |  
-----

-----  
| FLAG CONTACT PERSON RELATIONSHIP FOR THE RU WITH |  
| THE RELATIONSHIP ENTERED OR CORRECTED AT CL52 FOR |  
| THE CURRENT ROUND. |  
-----

CL53  
====

**ITEM: ALTERNATE RESPONDENT - BEST PERSON TO PROVIDE HEALTH CARE  
AND EXPENSES INFORMATION FOR THIS FAMILY IF CURRENT  
RESPONDENT IS UNAVAILABLE DURING NEXT INTERVIEW.**

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT ALTERNATE RESPONDENT  
INFORMATION SHOWN BELOW.  
IF NO CURRENT INFORMATION, PROBE FOR ALTERNATE  
RESPONDENT INFORMATION (IF AVAILABLE).

Current Info: [ALTERNATE\_NAME]  
                  [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                  [TELEPHONE]

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

-----  
EDIT: 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: 'CODE NOT AVAILABLE. NO  
NO CURRENT ALTERNATE INFORMATION. VERIFY AND  
RE-ENTER.'  
-----

-----  
NOTE: 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.  
-----

CL54  
====

INTERVIEWER: SELECT PERSON NAMED FROM ROSTER.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

-----  
| ROSTER DEFINITION: DISPLAY ALL PERSONS ON DU- |  
| MEMBERS-ROSTER WHO MEET THE FOLLOWING CONDITIONS: |  
| - PERSON IS NOT CURRENT RESPONDENT |  
| - PERSON IS NOT DECEASED |  
|-----

-----  
| DISPLAY 'SOMEONE OUTSIDE DU' AS LAST ENTRY ON |  
| ROSTER. |  
|-----

-----  
| IF DU MEMBER SELECTED, FLAG ALTERNATE RESPONDENT |  
| INFORMATION FOR THE RU WITH THE PERSON SELECTED AT |  
| CL54 FOR THE CURRENT ROUND. |  
|-----

-----  
| IF 'SOMEONE OUTSIDE DU' SELECTED, CONTINUE WITH |  
| CL55 |  
|-----

-----  
| OTHERWISE, GO TO CL57 |  
|-----



CL55  
====

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

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT.  
IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT INFORMATION.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

ENTER 'NMN' IF NO MIDDLE NAME.

Current Info: [ALTERNATE\_NAME]  
                  [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                                  [TELEPHONE]

ALTERNATE\_NAME (CL55\_01): [\_\_\_\_\_]  
1ST\_STR\_ADDRESS (CL55\_02): [\_\_\_\_\_]  
2ND\_STR\_ADDRESS (CL55\_03): [\_\_\_\_\_]  
                  CITY (CL55\_04): [\_\_\_\_\_]  
                  STATE (CL55\_05): [\_\_\_\_\_]  
                  ZIP CODE (CL55\_06): [\_\_\_\_\_]  
TELEPHONE (CL55\_07): [\_\_\_\_\_]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----  
| EDIT: IF NO CURRENT ALTERNATE ADDRESS AVAILABLE, |  
| AN ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT |  
| SECOND STREET ADDRESS (REF AND DK ARE ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT ALTERNATE ADDRESS AVAILABLE, AT |  
| LEAST ONE FIELD MUST BE UPDATED. |  
-----

-----  
| FLAG ALTERNATE RESPONDENT INFORMATION FOR THE RU |  
| WITH THE NAME, ADDRESS, AND PHONE ENTERED OR |  
| CORRECTED AT CL55 FOR THE CURRENT ROUND. |  
-----

CL56  
====

ALTERNATE RESPONDENT: {NAME OF ALTERNATE RESPONDENT CL55\_01}

REFERENCE PERSON: {NAME OF REFERENCE PERSON}

**[What is (ALTERNATE RESPONDENT)'s relationship to (REFERENCE PERSON)?]**

IF AVAILABLE, VERIFY AND UPDATE CURRENT ALTERNATE RESPONDENT.  
IF UNAVAILABLE, ENTER COMPLETE ALTERNATE RESPONDENT RELATIONSHIP.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [ALTERNATE\_RELATIONSHIP]

ALTERNATE\_RELATIONSHIP (CL56\_01): [\_\_\_\_\_]

-----  
| DISPLAY THE NAME ENTERED AT CL55\_01 FOR 'NAME OF |  
| ALTERNATE RESPONDENT CL55\_01'. |

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

-----  
| THE ENTRY FIELD FOR CL56\_01 SHOULD BE 45 |  
| CHARACTERS OF FREE FORM TEXT IN LENGTH. |  
-----

-----  
| EDIT: IF NO CURRENT ALTERNATE RELATIONSHIP |  
| AVAILABLE, AN ENTRY MUST BE MADE (REF AND DK ARE |  
| ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT ALTERNATE RELATIONSHIP AVAILABLE, |  
| ACCEPT AN ENTRY, REF OR DK, OR NO UPDATE. |  
-----

-----  
| FLAG ALTERNATE RESPONDENT RELATIONSHIP FOR THE RU |  
| WITH THE RELATIONSHIP ENTERED OR CORRECTED AT CL56 |  
| FOR THE CURRENT ROUND. |  
-----

CL57  
====

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

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

CL58  
====

Who is that?

PROBE: Anyone else?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

-----  
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |  
| ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING |  
| CONDITION: |  
| - PERSON IS A CURRENT RU MEMBER (I.E., PERSON PART |  
| OF THE RU ON 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' |  
-----

CL59  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the address and telephone number of the place  
where (PERSON) is planning to move.

1ST\_STR\_ADDRESS (CL59\_01): [ \_\_\_\_\_ ]  
2ND\_STR\_ADDRESS (CL59\_02): [ \_\_\_\_\_ ]  
                  CITY (CL59\_03): [ \_\_\_\_\_ ]  
                  STATE (CL59\_04): [ \_\_\_\_\_ ]  
                  ZIP CODE (CL59\_05): [ \_\_\_\_\_ ]  
                  TELEPHONE (CL59\_06): [ \_\_\_\_\_ ]

PRESS F1 FOR 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 |  
-----
```

CL60  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

IF KNOWN, CODE WITHOUT ASKING.

Is (PERSON) planning to move with anyone in the family?

|     |       |    |            |
|-----|-------|----|------------|
| YES | ..... | 1  |            |
| 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 is (PERSON) planning to move with?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

-----  
| ROSTER DEFINITION: THIS ITEM DISPLAYS 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' |  
|-----

-----  
| FLAG ALL SELECTED PERSONS 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 |  
| BOX\_18A |  
|-----

-----  
| OTHERWISE, GO TO CL62 |  
|-----

BOX\_18A  
=====

```
-----  
| IF NOT ROUND 5, CONTINUE WITH CL61A |  
-----  
  
-----  
| OTHERWISE (I.E., IF ROUND 5), GO TO CL62 |  
-----
```

CL61A  
=====

**ITEM: PROXY INFORMATION - NEED ADDRESS AND PHONE NUMBER OF  
CURRENT PROXY.**

INTERVIEWER: IF AVAILABLE, VERIFY CURRENT PROXY ADDRESS SHOWN  
BELOW.  
IF NO CURRENT INFORMATION, PROBE FOR NEW PROXY  
ADDRESS (IF AVAILABLE).

Current Info: [PROXY\_NAME]  
                  [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
[CITY], [STATE] [ZIP CODE]  
                  [TELEPHONE]

ENTER NEW PROXY ADDRESS AND TELEPHONE... 1  
PROXY ADDRESS AND TELEPHONE CORRECT .... 2 {CL62}  
PROXY ADDRESS OR TELEPHONE NEEDS  
CORRECTION ..... 3  
NO CURRENT PROXY ADDRESS ..... 4 {CL62}  
REF ..... -7 {CL62}  
DK ..... -8 {CL62}

```
-----  
| EDIT: CODES '2' (PROXY ADDRESS AND TELEPHONE |  
| CORRECT) AND '3' (PROXY ADDRESS OR TELEPHONE |  
| 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?]

IF AVAILABLE, VERIFY AND UPDATE CURRENT PROXY ADDRESS.  
IF UNAVAILABLE, ENTER COMPLETE PROXY ADDRESS.

TO VERIFY CURRENT INFORMATION OR TO LEAVE A FIELD BLANK, PRESS  
ENTER. TO CORRECT OR ENTER INFORMATION, TYPE ENTIRE FIELD.

Current Info: [1ST\_STR\_ADDRESS]  
                  [2ND\_STR\_ADDRESS]  
                  [CITY], [STATE] [ZIP CODE]  
                                  [TELEPHONE]

1ST\_STR\_ADDRESS (CL61B\_01): [\_\_\_\_\_]  
2ND\_STR\_ADDRESS (CL61B\_02): [\_\_\_\_\_]  
                  CITY (CL61B\_03): [\_\_\_\_\_]  
                  STATE (CL61B\_04): [\_\_\_\_\_]  
                  ZIP CODE (CL61B\_05): [\_\_\_\_\_]  
                  TELEPHONE (CL61B\_06): [\_\_\_\_\_]

PRESS F1 FOR LIST OF STATE ABBREVIATIONS.

-----  
| EDIT: IF NO CURRENT PROXY ADDRESS AVAILABLE, AN |  
| ENTRY MUST BE MADE FOR EVERY FIELD EXCEPT SECOND |  
| STREET ADDRESS (REF AND DK ARE ALLOWED). |  
-----

-----  
| EDIT: IF CURRENT PROXY ADDRESS AVAILABLE, AT |  
| LEAST ONE FIELD MUST BE UPDATED. |  
-----

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



CL62  
====

INTERVIEWER: DID YOU COMPLETE THIS INTERVIEW IN-PERSON OR BY  
TELEPHONE? (YOU MUST HAVE SUPERVISOR APPROVAL PRIOR TO  
INTERVIEWING BY TELEPHONE.)

IN-PERSON ..... 1  
BY TELEPHONE ..... 2

[Code One]

CL62A  
=====

INTERVIEWER: WHAT LANGUAGE WAS THIS INTERVIEW COMPLETED IN?

ENGLISH ..... 1 {CL63}  
SPANISH ..... 2 {CL63}  
BOTH ENGLISH AND SPANISH ..... 3 {CL63}  
OTHER LANGUAGE ..... 91

[Code One]

CL62AOV  
=====

ENTER OTHER LANGUAGE:

[Enter Other Specify-45] .....

CL63  
====

INTERVIEWER: WAS ANYONE OTHER THAN THE {RESPONDENT/PROXY}  
PRESENT FOR ALL OR PART OF THE INTERVIEW?

NO ONE ELSE PRESENT ..... 1 {CL65}  
SOMEONE ELSE PRESENT FOR ALL OF  
INTERVIEW ..... 2  
SOMEONE ELSE PRESENT FOR PART OF  
INTERVIEW ..... 3

[Code One]

-----  
| DISPLAY 'RESPONDENT' IF CURRENT RESPONDENT IS AN |  
| RU MEMBER. DISPLAY 'PROXY' IF CURRENT RESPONDENT |  
| IS A PROXY. |  
-----

CL64  
====

INTERVIEWER: CODE ALL OTHER PERSONS PRESENT DURING INTERVIEW.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.  
TO LEAVE, PRESS ESC.

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

-----  
ROSTER DEFINITION: THIS ITEM DISPLAYS PERSONS  
ON THE DU-MEMBERS-ROSTER WHO MEET THE FOLLOWING  
CONDITION(S):  
- PERSON IS ON THE DU ROSTER, BUT NOT THE RU  
ROSTER  
OR  
- PERSON ON THE RU ROSTER AND WAS ELIGIBLE AT THE  
END OF RE-ENUMERATION AND IS PHYSICALLY IN THE  
RU ON THE INTERVIEW DATE  
AND  
- PERSON IS NOT IDENTIFIED AS CURRENT RESPONDENT  
-----

-----  
DISPLAY 'SOMEONE OUTSIDE DU' AS LAST ENTRY ON THE  
ROSTER.  
-----

CL65  
=====

INTERVIEWER: USE BLACK BALL POINT PEN TO COMPLETE CHECKS AND  
FORMS.

- {1a. FILL OUT POLICY BOOKLET CHECK WITH RESPONDENT'S NAME.}
- 1b. FILL OUT INTERVIEW CHECK FOR PARTICIPATION WITH RESPONDENT'S  
NAME.
  
- {2a. COMPLETE RESPONDENT POLICY BOOKLET RECEIPT AND AGREEMENT  
FORM AND HAVE RESPONDENT SIGN IT.}
- 2b. COMPLETE RESPONDENT INTERVIEW RECEIPT AND AGREEMENT FORM  
AND HAVE RESPONDENT SIGN IT.
  
- 3. COMPLETE CHECK LOG.

PRESS ENTER TO CONTINUE.

-----  
DISPLAY '1a. FILL ... NAME.' AND '2a. COMPLETE ...  
IT.' IF CL15 OR CL18 IS CODED '1' (HAS  
DOCUMENT(S), CAN KEEP/MAKE COPY), '2' (HAS  
SOME DOCUMENT(S), WILL GET OTHERS), OR '5' (OTHER,  
HAS DOCUMENT(S)) FOR AT LEAST ONE ESTABLISHMENT-  
PERSON-PAIR DURING THE CURRENT ROUND.  
-----

CL66  
====

INTERVIEWER:

4. GIVE RESPONDENT CHECK(S) AND READ STATEMENTS BELOW:

Thank you again for your cooperation in this important research. {This check is for the extra effort in providing the insurance policy information.} {This {next} check is payment in advance for keeping records from today until the next interview. This next interview will take place in {the summer of 1997/early 1998/the summer of 1998/early 1999}./This check is for your efforts in keeping records and participating in this survey.}

5. THANK RESPONDENT FOR THIS INTERVIEW.

6. {ASK RESPONDENT TO KEEP RECORDS FOR NEXT INTERVIEW./GIVE RESPONDENT GIFT AND LETTER:

I would also like to thank you on behalf of the two Public Health Service agencies that sponsor this study -- the Agency for Health Care Policy and Research and the National Center for Health statistics. As a token of their appreciation, they would like you to have this gift for your participation in MEPS. In addition, here is a letter of commendation recognizing your contributions of time and effort in a research project to help enlighten Americans about our health care system.}

PRESS ENTER TO CONTINUE.

```
-----  
DISPLAY 'This check is for the extra effort in  
providing the insurance policy information.' IF  
IF CL15 OR CL18 IS CODED '1' (HAS DOCUMENT(S),  
CAN KEEP/MAKE COPY), '2' (HAS SOME DOCUMENT(S),  
WILL GET OTHERS), OR '5' (OTHER, HAS DOCUMENT(S))  
FOR AT LEAST ONE ESTABLISHMENT-PERSON-PAIR DURING  
THE CURRENT ROUND.  
  
DISPLAY 'This {next} ... /early 1999}.' IF ROUNDS  
1-4. OTHERWISE, DISPLAY 'This check ... this  
survey.'  
  
DISPLAY 'next' IF POLICY BOOKLET CHECK GIVEN OUT  
(I.E., IF CL15 OR CL18 IS CODED '1' (HAS  
DOCUMENT(S), CAN KEEP/MAKE COPY), '2' (HAS SOME  
DOCUMENT(S), WILL GET OTHERS), OR '5' (OTHER, HAS  
DOCUMENT(S)) FOR AT LEAST ONE ESTABLISHMENT-PERSON  
PAIR DURING THE CURRENT ROUND. OTHERWISE, USE A  
NULL DISPLAY.  
  
DISPLAY 'the summer of 1997' IF ROUND 1. DISPLAY  
'early 1998' IF ROUND 2. DISPLAY 'the summer of  
1998' IF ROUND 3. DISPLAY 'early 1999' IF ROUND 4.  
  
DISPLAY 'ASK ... INTERVIEW.' IF ROUNDS 1 OR 2 OR 3  
OR 4. DISPLAY 'GIVE RESPONDENT ... health care  
system.' IF ROUND 5.  
-----
```

CL67  
====

INTERVIEWER: WERE ANY OF THE FOLLOWING MEMORY AIDS USED BY THE  
RESPONDENT(S) DURING THE INTERVIEW?

Yes No

CL67\_01  
=====

HEALTH EVENTS RECORD,  
WITH ENTRIES                   1       2

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November 16, 1998

CL67\_02  
=====

HEALTH EVENTS RECORD,  
WITHOUT ENTRIES 1 2

CL67\_03  
=====

HEALTH EVENTS RECORD  
WORKSHEET 1 2

CL67\_04  
=====

RECORD FILE 1 2

CL67\_05  
=====

OTHER CALENDAR 1 2

CL67\_06  
=====

CHECK BOOK 1 2

CL67\_07  
=====

BILL/STATEMENT FROM  
PROVIDER 1 2

CL67\_08  
=====

INSURANCE PAYMENT  
STATEMENT 1 2

CL67\_09  
=====

MEDICINE  
BOTTLE/RECEIPT 1 2



