

Event Roster (EV) Section

BOX_01

=====

| IF COMING FROM WITHIN PERSON LOOP IN PROVIDER |
| PROBES, CODE EV01 AUTOMATICALLY BY CAPI WITH THE |
| CORRECT PERSON NAME AND GO TO EV02 |

| OTHERWISE, CONTINUE WITH EV01 |

EV01

=====

INTERVIEWER: SELECT CORRECT PERSON FOR THIS EVENT.

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

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

[Code One]

| ROSTER DEFINITION: THIS ITEM DISPLAYS THE |
| RU-MEMBERS-ROSTER. |

EV02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

INTERVIEWER: WHAT TYPE OF EVENT IS IT?

HOSPITAL STAY HS
HOSPITAL EMERGENCY ROOM ER
HOSPITAL OUTPATIENT DEPARTMENT OP
MEDICAL PROVIDER VISIT MV
DENTAL CARE DN
HOME HEALTH HH {EV06}
OTHER MEDICAL EXPENSES OM
INSTITUTIONAL/LONG TERM CARE STAY IC

PRESS F1 FOR DEFINITION OF EVENT TYPES.

[Code One]

| IF ROUNDS 3 OR 5 AND EV02 IS CODED 'OM', GO TO EV02A |

| IF ROUNDS 1, 2, OR 4 AND EV02 IS CODED 'OM', |
| GO TO EV03 |

BOX_02
=====

| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT |

| AT COMPLETION OF THE PV SECTION, GO TO BOX_03 |

EV02A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV}

INTERVIEWER: SELECT GROUP TYPE OF OTHER MEDICAL EXPENSE (OM)
EVENT YOU NEED TO ADD:

NOTE: ONLY ONE OM GROUP TYPE MAY BE ADDED AT THIS SCREEN.

REGULAR (GLASSES OR CONTACTS, INSULIN,
OTHER DIABETIC SUPPLIES) 1 {EV03}
ADDITIONAL (E.G., AMBULANCE SERVICES,
ORTHOPEDIC ITEMS, HEARING DEVICES,
MEDICAL EQUIPMENT, ETC.) 2 {EV03A}

[Code One]

EV03
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

IF KNOWN, SELECT CORRECT OME ITEM GROUP.

OTHERWISE, ASK: Did (PERSON) obtain glasses or contact
lenses, insulin, or other diabetic equipment or supplies
since (START DATE)?

GLASSES OR CONTACT LENSES 1
INSULIN 2
OTHER DIABETIC EQUIPMENT OR SUPPLIES ... 3

[Code All That Apply]

| IF CODED '2' (INSULIN), ADD 'INSULIN' TO
| PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |

| IF CODED '3' (OTHER DIABETIC EQUIPMENT OR
| SUPPLIES), ADD 'OTHER DIABETIC EQUIP/SUPPLIES'
| TO PERSON'S-PRESCRIBED-MEDICINES-ROSTER. |

| GO TO BOX_06 |

EV03A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} JAN 01
DEC 31

SHOW CARD PP-4A OR PP-12

IF KNOWN, SELECT CORRECT ADDITIONAL OME ITEM GROUP

OTHERWISE, ASK: Looking at this card, what type of other
medical expenses did (PERSON) obtain, purchase or rent during
the calendar year 2006?

| | |
|---------------------------------|----|
| AMBULANCE SERVICES | 1 |
| ORTHOPEDIC ITEMS | 2 |
| HEARING DEVICES | 3 |
| PROSTHESES | 4 |
| BATHROOM AIDS | 5 |
| MEDICAL EQUIPMENT | 6 |
| DISPOSABLE SUPPLIES | 7 |
| ALTERATIONS/MODIFICATIONS | 8 |
| OTHER | 91 |

[Code All That Apply]

| IF CODED '91' (OTHER) ALONE OR IN COMBINATION WITH |
| ANY OTHER CODES, CONTINUE WITH EV03AOV |

| OTHERWISE, GO TO BOX_06 |

EV03AOV
=====

ENTER OTHER GROUPING OF OTHER MEDICAL EXPENSES:

| | | |
|-----------------------------|----|----------|
| [Enter Other Specify] | | {BOX_06} |
| REF | -7 | {BOX_06} |
| DK | -8 | {BOX_06} |

BOX_03
=====

| IF EVENT TYPE IS HS OR IC, CONTINUE WITH EV04 |

| OTHERWISE, GO TO EV05 |

EV04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER
PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When (were/was) (PERSON) admitted to
and discharged from (PROVIDER)? Please tell me the dates of
all stays between (START DATE) and (END DATE).

IF NECESSARY, PROBE: On what date did (PERSON) enter
(PROVIDER)? On what date did (PERSON) leave (PROVIDER)?

IF STILL IN (PROVIDER) {OR RELEASED IN 2007}, ENTER 95 IN MONTH
FOR DISCHARGE DATE.

PROBE: Any other stays?

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

| | |
|--------------------------|--------------------------|
| [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4] |
| [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4] |
| [Enter Month,Day,Year-4] | [Enter Month,Day,Year-4] |

| ROSTER DEFINITION: THIS ITEM USES PERSON'S-
| MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS
| (DATE RANGES) THAT ARE EVENT TYPE HS OR EVENT
| TYPE IC, DEPENDING ON THE TYPE OF EVENT BEING
| ASKED ABOUT.
|

PERSON'S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED. INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF EVENTS).
2. INTERVIEWER CAN DELETE AN EVENT THAT WAS ENTERED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN EVENT ENTERED IN ERROR.

DISPLAY 'OR RELEASED IN 2007' IF ROUND 5.
OTHERWISE, USE A NULL DISPLAY.

REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS
BUT ARE DISALLOWED IN THE MONTH FIELD.

GO TO BOX_06

EV05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

IF DATES KNOWN, ENTER ALL EVENT DATES FOR THIS PERSON-PROVIDER
PAIR WITH THE EVENT TYPE (EV).

IF DATES NOT KNOWN, ASK: When did (PERSON) visit (PROVIDER)?
Please tell me **all** the dates between (START DATE) and
(END DATE).

PROBE: Any other dates?

TO ADD, PRESS CTRL/A. TO DELETE, PRESS CTRL/D.
TO LEAVE, PRESS ESC.

| |
|--------------------------|
| [Enter Month,Day,Year-4] |
|--------------------------|

| |
|--------------------------|
| [Enter Month,Day,Year-4] |
|--------------------------|

| |
|--------------------------|
| [Enter Month,Day,Year-4] |
|--------------------------|

| ROSTER DEFINITION: THIS ITEM USES PERSON'S- |
| MEDICAL-EVENTS-ROSTER TO COLLECT ALL EVENTS |
| (DATES) THAT ARE THE SAME EVENT TYPE AND SAME |
| PROVIDER AS THE EVENT BEING ASKED ABOUT. |

PERSON'S EVENT ROSTER BEHAVIOR SPECIFICATIONS:

1. THIS ROSTER WILL APPEAR BLANK WHEN DISPLAYED.
INTERVIEWER CAN ADD ANY NUMBER OF EVENTS AT
THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE
NUMBER OF EVENTS).
 2. INTERVIEWER CAN DELETE AN EVENT THAT WAS
ENTERED ON THE SCREEN WHERE DELETE IS USED.
THAT IS, AS LONG AS THE INTERVIEWER HAS NOT
LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE
AN EVENT ENTERED IN ERROR.
-

| REF AND DK ARE ALLOWED IN THE DAY AND YEAR FIELDS |
| BUT ARE DISALLOWED IN THE MONTH FIELD. |

| GO TO BOX_06 |

EV06

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

Thinking about the health care (PERSON) received at home, was the person who provided the care a friend or neighbor, a relative, a volunteer, or some type of provider who was paid? **Please do not include health care received from friends or relatives living here.**

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

NOTE: SELECT ONLY ONE TYPE OF PROVIDER AT THIS TIME.

FRIEND/NEIGHBOR 1 {EV08}
RELATIVE 2 {EV07}
VOLUNTEER 3 {EV08}
OTHER-PAID 4
VOLUNTEERED: MEAL DELIVERY SERVICE 5 {BOX_06}

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code One]

| IF CODED '5' (VOLUNTEERED: MEAL DELIVERY SERVICE), |
| DO NOT CREATE AN EVENT RECORD. |

EV06A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

Did this person **work** for a home health agency, hospital, or nursing home or did they work for themselves?

PROBE: Do you have a brochure, folder, binder of papers, telephone listing, or anything which might help?

| | | |
|--|----|----------|
| WORKED FOR AGENCY, HOSPITAL, OR NURSING HOME | 1 | {BOX_04} |
| WORKED FOR SELF | 2 | {BOX_04} |
| REF | -7 | {BOX_04} |
| DK | -8 | {BOX_04} |

[Code One]

EV07
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

What is the relationship of the relative who provided home care services to (PERSON)?

IF MORE THAN ONE DAUGHTER/DAUGHTER-IN-LAW/SON/SON-IN-LAW, CODE ONLY ONE AT THIS TIME AND TREAT EACH AS A SEPARATE HOME HEALTH EVENT.

INCLUDE ALL OTHER TYPES OF RELATIVES AS ONE GROUP AND CODE 'OTHER-RELATIVE' ONLY ONE TIME.

| | | |
|-----------------------|---|----------|
| DAUGHTER | 1 | {BOX_04} |
| DAUGHTER-IN-LAW | 2 | {BOX_04} |
| SON | 3 | {BOX_04} |
| SON-IN-LAW | 4 | {BOX_04} |
| OTHER RELATIVE | 5 | |

[Code One]

EV07OV1
=====

CODE RELATIONSHIPS OF ALL DIFFERENT TYPES OF RELATIVES WHO
PROVIDED HOME CARE SERVICES SINCE (START DATE) TO (PERSON).

| | |
|--------------------|----|
| MOTHER | 1 |
| FATHER | 2 |
| SISTER | 3 |
| BROTHER | 4 |
| GRANDPARENT | 5 |
| GRANDCHILD | 6 |
| AUNT/UNCLE | 7 |
| NIECE/NEPHEW | 8 |
| COUSIN | 9 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code All That Apply]

| IF EV07OV1 IS CODED '91' (OTHER), ALONE OR IN |
| COMBINATION WITH ANY OTHER CODES, CONTINUE WITH |
| EV07OV2 |

| OTHERWISE, GO TO EV08 |

EV07OV2
=====

ENTER OTHER:

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

EV08
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {EV} {STR-DT}
{END-DT}

How many different {friends or neighbors/volunteers/relatives,
other than daughters, daughters-in-law, sons, and sons-in-law}
provided home care services for (PERSON) since (START DATE)?

[Enter Number-2]
REF -7
DK -8

[Code One]

| DISPLAY 'friends or neighbors' IF EV06 IS CODED |
| '1' (FRIEND/NEIGHBOR). DISPLAY 'volunteers' IF |
| EV06 IS CODED '3' (VOLUNTEER). DISPLAY 'relatives, |
| other than daughters, daughters-in-law, sons, and |
| sons-in-law' IF EV07 IS CODED '5' |
| (OTHER-RELATIVE). |

| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR): |
| - ADD 'FRIEND/NEIGHBOR' TO THE |
| RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE- |
| PROVIDER NAME COLUMN. NO ADDRESS INFORMATION |
| IS NECESSARY. |
| - FLAG PROVIDER AS 'INFORMAL'. |

| IF EV06 IS CODED '3' (VOLUNTEER): |
| - ADD 'VOLUNTEER' TO THE |
| RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE- |
| PROVIDER NAME COLUMN. NO ADDRESS INFORMATION |
| IS NECESSARY. |
| - FLAG PROVIDER AS 'INFORMAL'. |

| IF EV07 IS CODED '5' (OTHER RELATIVE): |

- ADD 'OTHER RELATIVE' TO THE
RU-MEDICAL-PROVIDERS-ROSTER, PERSON-TYPE-
PROVIDER NAME COLUMN. NO ADDRESS INFORMATION
IS NECESSARY.
- FLAG PROVIDER AS 'INFORMAL'.

| GO TO BOX_05 |

BOX_04

=====

| ASK PROVIDER ROSTER (PV) SECTION FOR THIS EVENT |

| AT COMPLETION OF THE PV SECTION, CONTINUE WITH
| BOX_05 |

BOX_05
=====

| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3' |
| (VOLUNTEER) AND ROUND 1, GO TO EV12 |

| IF EV06 IS CODED '1' (FRIEND/NEIGHBOR) OR '3' |
| (VOLUNTEER) AND NOT ROUND 1, GO TO EV13 |

| IF EV06 IS CODED '2' (RELATIVE), FLAG PROVIDER |
| JUST COLLECTED IN PV SECTION AS 'INFORMAL' AND |
| THEN GO TO EV13 |

| IF EV06A IS CODED '2' (WORKED FOR SELF), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), FLAG PROVIDER |
| JUST COLLECTED IN PV SECTION AS 'PAID INDEPENDENT' |
| AND THEN GO TO EV10 |

| IF EV06A IS CODED '1' (WORKED FOR AGENCY, |
| HOSPITAL, OR NURSING HOME), FLAG PROVIDER JUST |
| COLLECTED IN PV SECTION AS 'AGENCY' AND THEN |
| CONTINUE WITH EV09 |

EV09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

How many people from (PROVIDER) provided home care services for
(PERSON)?

[Enter Number-2]
REF -7
DK -8

[Code One]

| IF ROUND 1, GO TO EV12 |

| OTHERWISE, GO TO EV13 |

EV10

====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

Is (PROVIDER) a companion, a professional homemaker, a home
health or nurse's aide, a health professional, or something
else?

PROBE: Health professionals include people like nurses, social
workers, therapists of any type.

| | |
|-------------------------------------|----|
| COMPANION | 1 |
| DOMESTIC WORKER/HOUSE CLEANER | 2 |
| HEALTH PROFESSIONAL | 3 |
| HOMEMAKER | 4 |
| HOME HEALTH AIDE | 5 |
| NURSE'S AIDE | 6 |
| PERSONAL CARE ATTENDANT | 7 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

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-----  
| IF EV10 CODED '3' (HEALTH PROFESSIONAL), GO TO EV11 |  
| IF EV10 IS CODED '91' (OTHER), CONTINUE WITH EV10OV |  
| IF EV10 NOT CODED '3' (HEALTH PROFESSIONAL), OR |  
| '91' (OTHER), AND ROUND 1, GO TO EV12 |  
| OTHERWISE, GO TO EV13 |  
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EV10OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

| IF ROUND 1, GO TO EV12 |

| OTHERWISE, GO TO EV13 |

EV11
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

What type of health professional is (PROVIDER)?

| | |
|--------------------------------|----|
| DIETICIAN/NUTRITIONIST | 1 |
| HOME HEALTH AIDE | 2 |
| HOSPICE WORKER | 3 |
| I.V./INFUSION THERAPIST | 4 |
| MEDICAL DOCTOR | 5 |
| NURSE/NURSE PRACTITIONER | 6 |
| NURSE'S AIDE | 7 |
| OCCUPATIONAL THERAPIST | 8 |
| PERSONAL CARE ATTENDANT | 9 |
| PHYSICAL THERAPIST | 10 |
| RESPIRATORY THERAPIST | 11 |
| SOCIAL WORKER | 12 |
| SPEECH THERAPIST | 13 |
| OTHER | 91 |
| REF | -7 |
| DK | -8 |

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[Code One]

| IF EV11 CODED '91' (OTHER), CONTINUE WITH EV11OV |

| IF EV11 NOT CODED '91' (OTHER), AND ROUND 1, |
| GO TO EV12 |

| OTHERWISE, GO TO EV13 |

EV110V
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

| IF ROUND 1, CONTINUE WITH EV12 |

| OTHERWISE, GO TO EV13 |

EV12
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER.....} {EV} {STR-DT}
{END-DT}

Did {someone from} (PROVIDER) **ever** provide home care services
for (PERSON) before January 1, 2005?

YES 1
NO 2
REF -7
DK -8

[Code One]

| DISPLAY 'someone from' IF PROVIDER IS A FACILITY. |
| OTHERWISE, USE A NULL DISPLAY. |

EV13

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
 PROVIDER.....} {EV} {STR-DT}
 {END-DT}

{Last time we recorded that (PERSON) received home care
 services from (PROVIDER) during some part of {PRV RD INTV MTH}.
 Did (PERSON) continue to receive home care services from
 (PROVIDER) during the rest of {PRV RD INTV MTH}?}

Did {someone from} (PROVIDER) provide home care services for
 (PERSON) during the month of (MONTH)?

How about in (MONTH)?

Yes No REF DK

EV13_01

=====

{MONTH} 1 2 -7 -8

EV13_02

=====

{MONTH} 1 2 -7 -8

EV13_03

=====

{MONTH} 1 2 -7 -8

EV13_04

=====

{MONTH} 1 2 -7 -8

EV13 SCREEN DISPLAY SPECIFICATIONS:

1. THE NUMBER AND NAMES OF THE MONTHS LISTED ARE DETERMINED BY THE NUMBER OF MONTHS BETWEEN THE MONTH OF THE START DATE AND THE MONTH OF THE END DATE FOR THIS PERSON. FOR EXAMPLE, IF THE START DATE IS JANUARY 1 AND THE END DATE IS APRIL 10 FOR THIS PERSON'S REFERENCE PERIOD, 'JANUARY', 'FEBRUARY', 'MARCH', AND 'APRIL' ARE DISPLAYED. THAT IS, THE MONTHS ARE ALL THE MONTHS OF THE PERSON'S REFERENCE PERIOD.
2. '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED FOR EV13_01, EV13_02, EV13_03, AND EV13_04. HOWEVER, THEY WILL BE TREATED AS A 'NO' WHEN CREATING EVENTS.

NOTE: THE SCREEN LAYOUT SHOULD ACCOMMODATE AS MANY MONTHS AS POSSIBLE.

DISPLAY FIRST PARAGRAPH IF A HOME HEALTH EVENT FOR THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE FOR THIS PERSON-PROVIDER PAIR WAS CREATED DURING THE PREVIOUS ROUND (HOWEVER, IT WOULD NOT HAVE BEEN ASKED ABOUT). OTHERWISE, USE A NULL DISPLAY.

DISPLAY THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE FOR '{PRV RD INTV MTH}'.

DISPLAY 'someone from' IF PROVIDER IS A FACILITY. OTHERWISE, USE A NULL DISPLAY.

EDIT: ALL MONTHS DURING THE REFERENCE PERIOD CANNOT BE CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW). IF ALL ARE, DISPLAY THE FOLLOWING MESSAGE: 'MUST RECEIVE HOME CARE DURING AT LEAST ONE MONTH.'

MESSAGE: IF CURRENT INTERVIEW MONTH IS CODED '1' (YES), DISPLAY THE FOLLOWING MESSAGE: 'HOME HEALTH UTILIZATION SEC FOR {INT MONTH} WILL NOT BE ASKED UNTIL NEXT ROUND.'

EACH MONTH CODED '1' (YES) BECOMES A SEPARATE HOME HEALTH EVENT FOR THIS PERSON-PROVIDER PAIR. HOWEVER, IF THE CURRENT INTERVIEW MONTH IS CODED '1' (YES), IT WILL NOT BE ASKED ABOUT UNTIL THE NEXT ROUND. IF THE MONTH OF THE PREVIOUS ROUND'S INTERVIEW DATE IS CODED '1' (YES), IT IS ONLY ASKED ABOUT ONE TIME. THAT IS, IT IS NOT A SEPARATE EVENT FOR BOTH THE PREVIOUS ROUND AND THIS ROUND, IT IS ONLY ONE EVENT.

NOTE: A SEAM MONTH WILL BE ASKED **ONLY ONE** HOME HEALTH UTILIZATION SECTION WHENEVER IT RECEIVES (OR RECEIVED) A CODE OF '1' (YES) IN EITHER THE CURRENT ROUND OR THE PREVIOUS ROUND.

BOX_06

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RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN PP OR ED.