

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<b>DEMOGRAPHICS AND INCOME QUESTIONNAIRE SPECIFICATIONS</b>  <u>CRITERIA</u> INTTYPE=C003 SPALIVE=ALL SEASON=FALL SPPROXY=SP or PROXY Other: N/A  <u>PLACEMENT</u> Administer after CMQ		
DIINT	DIINTROA	no entry	The next few questions are about Hispanic origin and race.		DI1A - HISPORIG
HISPORIG	DI1A	yes/no	[Are you/Is (SP)] of Hispanic, (Latino/Latina), or Spanish origin?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DI1B - HISPORDT (02) DI2A - RACECODE (-8) DI2A - RACECODE (-9) DI2A - RACECODE
HISPORDT	DI1B	code all	SHOW CARD DI1 Looking at this card, [are you/Is (SP)] Mexican, Mexican American, or (Chicano/Chicana), Puerto Rican, Cuban, or of another Hispanic, (Latino/Latina) or Spanish origin? CHECK ALL THAT APPLY.	(01) 1 MEXICAN/MEXICAN AMERICAN/CHICANO(A) (02) PUERTO RICAN (03) CUBAN (91) OTHER HISPANIC, LATINO(A), OR SPANISH ORIGIN (-8) Don't Know (-9) Refused	(01) DI2A - RACECODE (02) DI2A - RACECODE (03) DI2A - RACECODE (91) DI1B - HISPDTOS (-8) DI2A - RACECODE (-9) DI2A - RACECODE
HISPDTOS	DI1B	verbatim text	OTHER ORIGIN (SPECIFY)	(01) continuous answer	DI2A - RACECODE
RACECODE	DI2A	code all	SHOW CARD DI2 Looking at this card, what [is/was] [your/(SP)'s] race? [ASK IF NECESSARY: Are there any options from this card that you would like me to record?]	(01) AMERICAN INDIAN OR ALASKA NATIVE (02) ASIAN (03) BLACK OR AFRICAN AMERICAN (04) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (05) WHITE (-8) Don't Know (-9) Refused	(01) BOX DI2B (02) BOX DI2B (03) BOX DI2B (04) BOX DI2B (05) BOX DI2B (-8) BOX DI2B (-9) BOX DI2B
	BOX DI2B	routing	IF DI2A-RACECODE INCLUDES 2/Asian, GO TO DI2B - RACEASDT. ELSE GO TO BOX DI2C.		
RACEASDT	DI2B	code all	SHOW CARD DI3 Looking at this card, [are you/Is (SP)] Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group?  You can choose more than one group. CHECK ALL THAT APPLY.	(01) ASIAN INDIAN (02) CHINESE (03) FILIPINO (04) JAPANESE (05) KOREAN (06) VIETNAMESE (91) OTHER ASIAN GROUP (-8) Don't Know (-9) Refused	(01) BOX DI2C (02) BOX DI2C (03) BOX DI2C (04) BOX DI2C (05) BOX DI2C (06) BOX DI2C (91) DI2B - RACEASOS (-8) BOX DI2C (-9) BOX DI2C
RACEASOS	DI2B	verbatim text	OTHER ASIAN GROUP (SPECIFY)	(01) continuous answer	BOX DI2C
	BOX DI2C	routing	IF DI2A-RACECODE INCLUDES 4/NatHawOrOthPaclsl, GO TO DI2C - RACEPIDT. ELSE GO TO ENGWELL - D12F		
RACEPIDT	DI2C	code all	SHOW CARD DI4 Looking at this card, [are you/Is (SP)] Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group?  You can choose more than one group. CHECK ALL THAT APPLY.	(01) NATIVE HAWAIIAN (02) GUAMANIAN OR CHAMORRO (03) SAMOAN (91) OTHER PACIFIC ISLANDER GROUP (-8) Don't Know (-9) Refused	(01) ENGWELL - D12F (02) ENGWELL - D12F (03) ENGWELL - D12F (91) DI2C - RACEPIOS (-8) ENGWELL - D12F (-9) ENGWELL - D12F
RACEPIOS	DI2C	verbatim text	OTHER PACIFIC ISLANDER GROUP (SPECIFY)	(01) continuous answer	ENGWELL - D12F
ENGWELL	DI2F	code one	How well [do you/does (SP)/did (SP)] speak English? Would you say...	(01) Very well (02) Well (03) Not Well, or (04) Not at all? (-8) Don't Know (-9) Refused	DI2FB - ENGREAD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ENGREAD	DI2FB	code one	How well [do you/does (SP)/did (SP)] read English? Would you say...	(01) Very well (02) Well (03) Not Well, or (04) Not at all? (-8) Don't Know (-9) Refused	OTHLANG - D12D
OTHLANG	DI2D	yes/no	[Do you/Does (SP)] speak a language other than English at home?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DI2E - WHATLANG (02) SOGIINT (-8) SOGIINT (-9) SOGIINT
WHATLANG	DI2E	code one	What [is/was] this language?	(01) SPANISH (02) FRENCH (03) GERMAN (04) ITALIAN (05) TAGALOG (06) CHINESE (MANDARIN, CANTONESE, or OTHER) (07) POLISH (08) KOREAN (09) RUSSIAN (10) GREEK (11) FILIPINO (12) ARABIC (13) JAPANESE (14) VIETNAMESE (15) PORTUGUESE (16) HINDI (91) OTHER (-8) Don't Know (-9) Refused	(01) SOGIINT (02) SOGIINT (03) SOGIINT (04) SOGIINT (05) SOGIINT (06) SOGIINT (07) SOGIINT (08) SOGIINT (09) SOGIINT (10) SOGIINT (11) SOGIINT (12) SOGIINT (13) SOGIINT (14) SOGIINT (15) SOGIINT (91) DI2E - WHTLNGOS (-8) SOGIINT (-9) SOGIINT
WHTLNGOS	DI2E	verbatim text	SOME OTHER LANGUAGE (SPECIFY)	(01) continuous answer	SOGIINT
SOGIINT	SOGIINT	no entry	[Next we have some questions about [your/(SP)'s] demographic characteristics, including [sexual orientation,] <del>gender identity</del> , education, income, and religious preference. Like all your answers, these will be used to understand the health of different groups in the population and will be kept confidential.]		BOX DI2CA
	BOX DI2CA	routing	If the respondent is a proxy (SPPROXY=2), go to <del>GENIDENT</del> DI3INTRO-DINNT3. Else go to SEXORINT.		
SEXORINT	SEXORINT	code one	Do you think of yourself as lesbian or gay; straight, that is, not lesbian or gay; bisexual; <del>something else</del> ; or you don't know the answer?	(01) LESBIAN OR GAY (02) STRAIGHT, THAT IS, NOT LESBIAN OR GAY (03) BISEXUAL <del>(04) SOMETHING ELSE</del> (04) I DON'T KNOW THE ANSWER (-8 ) Don't Know (-9) Refused	DI3INTRO-DINNT3 <del>(01) GENIDENT</del> <del>(02) GENIDENT</del> <del>(03) GENIDENT</del> <del>(04) SEXORIOS</del> <del>(04) GENIDENT</del> <del>(-8) GENIDENT</del> <del>(-9) GENIDENT</del>
<del>SEXORIOS</del>	<del>SEXORIOS</del>	<del>verbatim text</del>	<del>What do you mean by something else?</del>	<del>(01) continuous answer</del>	<del>GENIDENT</del>
<del>GENIDENT</del>	<del>GENIDENT</del>	<del>code one</del>	<del>[(Do you)/(Does (SP))/(As of (DATE OF DEATH), did SP)] [currently] describe [yourself/themselves] as male, female or transgender?</del>	<del>(01) MALE</del> <del>(02) FEMALE</del> <del>(03) TRANSGENDER</del> <del>(04) NONE OF THESE</del> <del>(-8 ) Don't Know</del> <del>(-9) Refused</del>	<del>SEXASGN</del>
<del>SEXASGN</del>	<del>SEXASGN</del>	<del>code one</del>	<del>What sex [(were you)/(was (SP))]] assigned at birth on [your/(SP)'s] original birth certificate?</del>	<del>(01) MALE</del> <del>(02) FEMALE</del> <del>(-8 ) Don't Know</del> <del>(-9) Refused</del>	<del>DI3INTRO-DINNT3</del>
DIINT3	DI3INTRO	no entry	The next questions are about education and income.		DI3A - SPDEGRCV

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
SPDEGRCV	DI3A	code one	SHOW CARD DI5 What is the highest degree or level of school [you have/(SP) has] completed? [IF THE SAMPLE PERSON ATTENDED SCHOOL IN A FOREIGN COUNTRY, IN AN UNGRADED SCHOOL, HOME SCHOOLING, OR UNDER OTHER UNIQUE CIRCUMSTANCES, REFER THE RESPONDENT TO THE SHOWCARD AND ASK FOR THE NEAREST EQUIVALENT.]	(01) NO SCHOOLING COMPLETED (02) NURSERY SCHOOL TO 8TH GRADE (03) 9TH-12TH GRADE, NO DIPLOMA (04) HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT) (05) VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL) (06) SOME COLLEGE, BUT NO DEGREE (07) ASSOCIATE DEGREE (08) BACHELOR'S DEGREE (09) MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE (-8) Don't Know (-9) Refused	DI4INTRO - DIINT4
DIINT4	DI4INTRO	no entry	In studies like this, people are sometimes grouped together according to income.		DI4 - SPINC25K
SPINC25K	DI4	code one	Was [your and your spouse's/(SP's) and (SP)'s spouse's/[your/(SP's)]] total income during the past 12 months less than \$25,000 or \$25,000 or more, before taxes? Include income from jobs, Social Security, Railroad Retirement, other retirement income, Supplemental Security Income (SSI), pensions, interest, and any other sources.  [PROBE IF NECESSARY: In estimating [your/(SP's)] total income, you can respond for all of the past 12 months, or provide a one month estimate.]  [EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.]	(01) LESS THAN \$25,000/YEAR (02) \$25,000 OR MORE/YEAR (03) LESS THAN \$2080/MONTH (04) \$2080/MONTH OR MORE (-8) Don't Know (-9) Refused	(01) DI5A - SPINCLET (02) DI5A - SPINCLET (03) DI5A - SPINCLET (04) DI5A - SPINCLET (-8) RELGPREF (-9) RELGPREF
SPINCLET	DI5A	code one	SHOW CARD DI6 Looking at this card, which letter best represents [your and your spouse's/(SP's) and (SP)'s spouse's/[your/(SP's)]] total income before taxes during the past 12 months? Include income from jobs, Social Security, Railroad Retirement, other retirement income, and the other sources of income we just talked about.  [EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.]	(01) A. Less than \$5,000 (02) B. \$5,000 - less than \$10,000 (03) C. \$10,000 - less than \$15,000 (04) D. \$15,000 - less than \$20,000 (05) E. \$20,000 - less than \$25,000 (06) F. \$25,000 - less than \$30,000 (07) G. \$30,000 - less than \$40,000 (08) H. \$40,000 - less than \$50,000 (09) I. \$50,000 - less than \$66,000 (10) J. \$66,000 - less than \$109,000 (11) K. \$109,000 (-8) Don't Know (-9) Refused	RELGPREF
RELGPREF	RELGPREF	code one	What [is/was] [your/(SP)'s] religious preference?  [IF NEEDED: This is the religion/religious preference with which [you/(SP)] most closely [identify/identifies/identified]]	(01) PROTESTANT (02) CATHOLIC (03) EASTERN ORTHODOX, SUCH AS GREEK OR RUSSIAN ORTHODOX (04) JEWISH (05) BUDDHIST (06) HINDU (07) MUSLIM, ISLAM, SUFI, SUNNI, OR SHIA (91) SOME OTHER RELIGION (08) NO RELIGION (-8) DON'T KNOW (-9) REFUSED	(01) BOX DI3 (02) BOX DI3 (03) BOX DI3 (04) BOX DI3 (05) BOX DI3 (06) BOX DI3 (07) BOX DI3 (91) RELGPROS (08) BOX DI3 (-8) BOX DI3 (-9) BOX DI3
RELGPROS	RELGPROS	verbatim text	What [is/was] [your/(SP)'s] religious preference?	(01) continuous answer	BOX DI3
	BOX DI3	routing	GO TO END SECTION.		

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			<b>INTRODUCTION QUESTIONNAIRE SPECIFICATIONS</b>  CRITERIA INTTYPE=ALL SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A  PLACEMENT (Start of interview)		
QUEXLANG	QUEXLANG	code one	PLEASE SELECT THE LANGUAGE IN WHICH YOU WOULD LIKE TO CONDUCT THE INTERVIEW.	(01) ENGLISH (02) SPANISH	PHONINQ
PHONINQ	PHONINQ	code one	ARE YOU CURRENTLY CONDUCTING THIS INTERVIEW IN-PERSON OR ON THE PHONE?	(01) IN-PERSON (02) PHONE	INV1- CARIVER
CARIVER	INV1	code one	Some of this interview will be recorded for quality control purposes.  I'd like to continue now, unless you have any questions.	(01) RESPONDENT AGREES TO CONTINUE WITH RECORDING (02) RESPONDENT DOES NOT WANT TO BE RECORDED	(01) IN1AA - ATDOOR (02) INV2 - NOCARI
NOCARI	INV2	no entry	That's fine. The interview will not be recorded.		IN1AA - ATDOOR
ATDOOR	IN1AA	no entry	REVIEW WITH THE RESPONDENT THE FOLLOWING IMPORTANT FACTS FROM THE "AT-THE-DOOR" SHEET: All survey information will be kept private to the extent permitted by law, as prescribed by the Privacy Act of 1974.  Medicare benefits will not be affected in any way by survey responses or participation.  REFER TO THE "AT-THE-DOOR" SHEET IF THE RESPONDENT NEEDS ADDITIONAL REASSURANCE.		IN2 - VERIFYSP
VERIFYSP	IN2	yes/no	VERIFY THE SP'S NAME. IS THE SP'S NAME CORRECT AND COMPLETE? FIRST NAME: (SP'S FIRST NAME) MIDDLE INITIAL: (SP'S MIDDLE INITIAL) LAST NAME: (SP'S LAST NAME)	(01) YES (02) NO	(01) INS1- SPAISTATUS (02) IN3 - ROSTFNAM
ROSTFNAM	IN3	text	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.  FIRST NAME:		IN3 - ROSTMINI
ROSTMINI	IN3	text	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.  MIDDLE INITIAL:		IN3 - ROSTLNAM
ROSTLNAM	IN3	text	MAKE ALL NECESSARY CORRECTIONS TO THE SP'S NAME.  LAST NAME:		INS1- SPAISTATUS
SPAISTATUS	INS1	code one	PLEASE INDICATE THE RESPONDENT'S CURRENT STATUS. IF THE CASE IS A PROXY INTERVIEW AND YOU HAVEN'T TALKED ABOUT THE RESPONDENT'S VITAL STATUS, PROBE AT THIS TIME ABOUT WHETHER THE RESPONDENT IS ALIVE OR DECEASED AND WHERE THE RESPONDENT IS LOCATED.  WHEN WE REFER TO INSTITUTIONALIZED, WE ARE REFERRING TO THE MCBS DEFINITION OF A FACILITY. FOR THE FULL MCBS DEFINITION OF A FACILITY, CLICK F1. PLEASE REMEMBER THAT HOSPITALS AND HOSPICE CARE ARE NOT FACILITIES UNDER THE MCBS DEFINITION, SO RESPONDENTS IN HOSPITALS AND HOSPICE CARE SHOULD NOT BE CONSIDERED TO BE INSTITUTIONALIZED BELOW.  IS THE RESPONDENT CURRENTLY:	(01) ALIVE AND NOT INSTITUTIONALIZED (02) ALIVE AND INSTITUTIONALIZED (03) DECEASED - DIED IN COMMUNITY (04) DECEASED - DIED IN INSTITUTION/FACILITY	(01) BOX INS1 (02) INS2 - SPINSTMM (03) INS3 - SPDIEMM (04) INS2 - SPINSTMM
SPINSTMM	INS2	date	What was the first date [(since [REFERENCE DATE] that [SP])/([that SP])] entered the facility?  [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that the beneficiary enters any facility and does not enter a hospital or return home.]  IF MORE THAN ONE DATE, ENTER THE EARLIEST.	(01) continuous answer (-8) Don't Know (-9) Refused	IN2 - SPINSTDD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
SPINSTDD	INS2	date	What was the first date [(since [REFERENCE DATE] that [SP])/([that SP])]entered the facility?  [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that the beneficiary enters any facility and does not enter a hospital or return home.]  IF MORE THAN ONE DATE, ENTER THE EARLIEST.	(01) continuous answer (-8) Don't Know (-9) Refused	SPINSTYY
SPINSTYY	INS2	date	What was the first date [(since [REFERENCE DATE] that [SP])/([that SP])] entered the facility?  [EXPLAIN IF NECESSARY: By "facility" we mean a place that provides long term care. By "first date" we mean the earliest date that the beneficiary enters any facility and does not enter a hospital or return home.]  IF MORE THAN ONE DATE, ENTER THE EARLIEST.	(01) continuous answer	BOX INSA
	BOX INSA	routing	IF (INS1 - SPAISTATUS = 4/DeceasedInInstitute) GO TO INS3 - SPDIEMM. ELSE GO TO BOX INSA1.		
SPDIEMM	INS3	date	On what date did (SP) die?	(01) continuous answer (-8) Don't Know (-9) Refused	(01) INS3 - SPDIEDD (-8) INS3 - SPDIEDD (-9) INS3 - SPDIEDD
SPDIEDD	INS3	date	On what date did (SP) die?	(01) continuous answer (-8) Don't Know (-9) Refused	(01) INS3 - SPDIEYY (-8) INS3 - SPDIEYY (-9) INS3 - SPDIEYY
SPDIEYY	INS3	date	On what date did (SP) die?	(01) continuous answer (-8) Don't Know (-9) Refused	(01) BOX INSA1 (-8) BOX INSA1 (-9) BOX INSA1
	BOX INSA1	routing	IF (SPDIEMM or SPINSTMM IN(-8,-9) OR SPDIEYY or SPINSTYY IN(-8,-9) THEN GO TO INS3B-INTHANK. ELSE IF (INS1 - SPAISTATUS = 3/Deceased) AND (INTTYPE in(3,7,10)) AND (VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE=0) AND (SP'S DATE OF DEATH ENTERED AT INS3 IS BEFORE JANUARY 1 OF THE CURRENT YEAR), GO TO INS3A - DEASDATE. ELSE IF (INS1 - SPAISTATUS = 4/DeceasedInInstitute) AND (INTTYPE in(7,10)) AND (SP'S DATE OF INSTITUTIONALIZATION ENTERED AT INS2 AND SP'S DATE OF DEATH ENTERED AT INS3 ARE BOTH PRIOR TO JANUARY 1 OF CURRENT YEAR) AND (VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE=0), GO TO INS3A - DEASDATE. ELSE IF(INS1 - SPAISTATUS = 4/DeceasedInInstitute) AND (INTTYPE in(7,10)) AND (SP'S DATE OF INSTITUTIONALIZATION ENTERED AT INS2 IS PRIOR TO JANUARY 1 OF CURRENT YEAR) AND (SP'S DATE OF DEATH ENTERED AT INS3 IS ON OR AFTER JANUARY 1 OF CURRENT YEAR) AND (VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE=0), GO TO INS3A1 - INSTDATE. ELSE IF (INS1 - SPAISTATUS = 2/AliveAndInstitute) AND (INTTYPE in(7,10)) AND (SP'S DATE OF INSTITUTIONALIZATION ENTERED AT INS2 IS BEFORE JANUARY 1 OF THE CURRENT YEAR) AND (VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE=0), GO TO INS3A1 - INSTDATE. ELSE IF(INS1-SPAISTATUS = 2/AliveAndInstitute) AND INTTYPE = 3, GO TO INS3B-INTHANK ELSE IF (INS1-SPAISTATUS = 3/Deceased) AND INTTYPE = 3 AND SP'S DATE OF DEATH ENTERED AT INS3 IS PRIOR TO JANUARY 1, GO TO INS3A-DEASDATE ELSE IF (INS1-SPAISTATUS = 4/DeceasedInInstitute) AND INTTYPE = 3, GO TO INS3B-INTHANK ELSE GO TO BOX INS1.		
DEASDATE	INS3A	no entry	YOU HAVE ENTERED THAT THE SP, (SP), DIED BEFORE JANUARY 1ST OF [CURRENT YEAR]. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND ENTER THE CORRECT DATE AT INS3.  IF THIS IS CORRECT, YOU WILL NOT BE CONDUCTING THE COMMUNITY INTERVIEW WITH THE RESPONDENT. GO TO THE NEXT PAGE TO END THE INTERVIEW.		BOX INS1A
	BOX INS1A	routing	IF SP IS DECEASED (SPAISTATUS = 3 OR 4), SET RESPONDENT TO PROXY AND GO TO INS3B - INTHANK		
INSTDATE	INS3A1	no entry	YOU HAVE ENTERED THAT THE SP, (SP), WAS INSTITUTIONALIZED BEFORE JANUARY 1ST OF [CURRENT YEAR]. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND ENTER THE CORRECT DATE AT INS2.  IF THIS IS CORRECT, YOU WILL NOT BE CONDUCTING THE COMMUNITY INTERVIEW WITH THE RESPONDENT.  AFTER CLICKING "NEXT PAGE", YOU WILL RETURN TO CM-FIELD. PLEASE FILL OUT A RECORD OF CALL AND CODE THIS CASE AS A "NO COM PROXY- GO TO FAC" .  PLEASE COLLECT ANY KNOWN FACILITY CONTACT INFORMATION AND DISCUSS THE CASE WITH YOUR FIELD MANAGER.		INS3B - INTHANK
INTHANK	INS3B	no entry	I would like to thank you for your time and cooperation during this interview. We may be contacting you in the future for further information.		BOX INSB1

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	BOX INS1	routing	IF SP IS DECEASED OR INSTITUTIONALIZED (SPALIVE = 2 OR 3), SET RESPONDENT TO PROXY AND GO TO IN4A - PERSON_PROXY. ELSE GO TO IN4 - SPPROXY.		
SPPROXY	IN4	code one	WILL THIS INTERVIEW BE CONDUCTED WITH THE SAMPLE PERSON OR WITH A PROXY?	(01) SAMPLE PERSON (02) PROXY	(01) BOX INS5 (02) IN4A - PERSON_PROXY
PERSON_PROXY	IN4A	roster	SELECT OR ADD THE NAME/RELATIONSHIP OF THE PROXY TO THE SP FOR THIS INTERVIEW. SELECT OR ADD ONLY ONE PERSON.	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] ... (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER  DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	(01-N) BOX INS2AA (N+1) IN4A-ROSTFNAM  IF EXISTING PERSON SELECTED, GO TO BOX INS2AA. ELSE IF "ADD ANOTHER" SELECTED, GO TO IN4A-ROSTFNAM.
ROSTFNAM	IN4A	text	[What is the name of the person and relationship to (SP)?]	(01) continuous answer	IN4A-ROSTLNAM
ROSTLNAM	IN4A	text	[What is the name of the person and relationship to (SP)?]	(01) continuous answer	IN4A-ROSTREL
ROSTREL	IN4A	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX INS2AA (56) BOX INS2AA (58) BOX INS2AA (59) BOX INS2AA (60) BOX INS2AA (61) BOX INS2AA (91) IN4AROSTREOS - ROSTREOS (-8) BOX INS2AA (-9) BOX INS2AA
ROSTREOS	IN4AROSTREOS	verbatim text	[What is the name of the person and relationship to (SP)?]	(01) continuous reponse (-8) Don't Know (-9) Refused	BOX INS2AA
	BOX INS2AA	routing	IF PERSON IS ADDED AT IN4A, GO TO BOX INS2A-1. ELSE GO TO IN5 - VRFYPROX.		
VRFYPROX	IN5	yes/no	I would like to verify your name and relationship to (SP). I have you listed as [READ NAME AND RELATIONSHIP LISTED BELOW]. Is that correct?  IF RELATIONSHIP IS MISSING, SELECT "NO" AND PROBE FOR RELATIONSHIP ON THE NEXT SCREEN.  FIRST NAME: (PROXY'S FIRST NAME) LAST NAME: (PROXY'S LAST NAME) RELATIONSHIP: (PROXY'S RELATIONSHIP TO SP)	(01) YES (02) NO	(01) BOX INS2A-1 (02) IN6 - ROSTFNAM
ROSTFNAM	IN6	text	[What is your correct name and relationship to (SP)?]	(01) continuous answer	IN6 - ROSTLNAM
ROSTLNAM	IN6	text	[What is your correct name and relationship to (SP)?]	(01) continuous answer	IN6 - ROSTREL
ROSTREL	IN6	code one	[What is your correct name and relationship to (SP)?]	(02) SPOUSE (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) BOX INS2A-1 (56) BOX INS2A-1 (58) BOX INS2A-1 (59) BOX INS2A-1 (60) BOX INS2A-1 (61) BOX INS2A-1 (91) IN6 - ROSTREOS (-8) BOX INS2A-1 (-9) BOX INS2A-1
ROSTREOS	IN6	verbatim text	What is your correct name and relationship to (SP)?	(01) continuous reponse (-8) Don't Know (-9) Refused	BOX INS2A-1

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	BOX INS2A-1	routing	IF SP IS ALIVE AND INSTITUTIONALIZED (SPASTATUS = 2), SET REASON WHY RESPONDENT IS PROXY TO "SP IS INSTITUTIONALIZED" (WHYPROXY = 07) AND GO TO BOX INS3. ELSE IF SP IS DECEASED (SPASTATUS = 3 OR 4), SET REASON WHY RESPONDENT IS PROXY TO "SP IS DECEASED" (WHYPROXY = 06) AND GO TO BOX INS3. ELSE GO TO IN6A - WHYPROXY.		
WHYPROXY	IN6A	code one	WHAT IS THE <u>MAIN</u> REASON THAT A PROXY RESPONDENT IS NECESSARY?	(01) SP NOT CAPABLE PHYSICALLY/SICK/BLIND/CAN'T SPEAK/HEAR (02) SP NOT CAPABLE MENTALLY/POOR MEMORY/PSYCHIATRIC DISORDER (03) SP UNABLE TO PROVIDE INFORMATION REGARDING MEDICAL RECORDS (04) SP IN HOSPITAL (05) LANGUAGE PROBLEM (06) SP IS DECEASED (07) SP IS INSTITUTIONALIZED (08) SP NOT AVAILABLE THIS ROUND (09) AUTHORIZED PROXY MUST ANSWER QUESTIONS FOR SP (CODE REASON WHY) (91) OTHER	(01) BOX INS2B (02) BOX INS2B (03) BOX INS2B (04) BOX INS2B (05) BOX INS2B (06) BOX INS2B (07) BOX INS2B (08) BOX INS2B (09) BOX INS2B (91) IN6A - PNSPOS
PNSPOS	IN6A	verbatim text	OTHER (SPECIFY)	(01) continuous response	BOX INS3
	BOX INS2B	routing	IF RESPONSE TO IN6a - WHYPROXY ONLY INCLUDES 9/CodeReasonWhy, GO TO IN6B - PNSPVB. ELSE GO TO BOX INS3.		
PNSPVB	IN6B	verbatim text	BRIEFLY EXPLAIN WHY PROXY MUST ANSWER QUESTIONS.		BOX INS3
	BOX INS3	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE AND IN6A - WHYPROXY = 6/SPisDeceased, GO TO IN6B1 - SUPPDIED. ELSE IF SP IS IN THE SUPPLEMENTAL SAMPLE AND IN6A - WHYPROXY = 7/SPisInstitute, GO TO IN6B2 - SUPPINST. ELSE GO TO BOX INS5.		
SUPPDIED	IN6B1	no entry	YOU HAVE ENTERED THAT THE SP, (SP), IS DECEASED. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND CORRECT YOUR RESPONSE AT IN6A.		BOX IN6
SUPPINST	IN6B2	no entry	YOU HAVE ENTERED THAT THE SP, (SP), IS INSTITUTIONALIZED. IF THIS IS NOT CORRECT, GO TO THE PREVIOUS PAGE AND CORRECT YOUR RESPONSE AT IN6A.		BOX IN6
	BOX INS5	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO IN8 - CHEKBRTH. ELSE IF IT'S A FALL ROUND, GO TO BOX IN6. ELSE GO TO BOX IN8.		
CHEKBRTH	IN8	yes/no	I have [your/(SP's)] date of birth listed as (CMS BIRTH DATE). Is that correct?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) IN10 - CHECKAGE (02) IN9 - HHDOBMM (-8) <del>BOX-IN6 RESPDSEX</del> (-9) <del>BOX-IN6 RESPDSEX</del>
HHDOBMM	IN9	date	What is [your/(SP's)] date of birth?	(01) continuous answer (-8) Don't Know (-9) Refused	IN9 - HHDOBDD
HHDOBDD	IN9	date	What is [your/(SP's)] date of birth?	(01) continuous answer (-8) Don't Know (-9) Refused	IN9 - HHDOBY Y
HHDOBY Y	IN9	date	What is [your/(SP's)] date of birth?	(01) continuous answer (-8) Don't Know (-9) Refused	BOX IN3A
	BOX IN3A	routing	IF SP'S DATE OF BIRTH MONTH, DAY OR YEAR COLLECTED AT IN9 = DK OR RF, GO TO <del>BOX-IN6-RESPDSEX</del> . ELSE GO TO IN10 - CHECKAGE.		
CHECKAGE	IN10	yes/no	That makes [you/(SP)] (AGE) today. Is that correct?	(01) YES (02) NO	(01) <del>BOX-IN6 RESPDSEX</del> (02) IN9 - HHDOBMM
RESPDSEX	RESPDSEX	code one	What is [your/(SP's)] sex?	(01) FEMALE (02) MALE	BOX IN6
	BOX IN6	routing	IF SP'S AGE IS > 16, DK OR RF, GO TO IN13 - SPMARSTA. ELSE GO TO BOX IN8.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
SPMARSTA	IN13	code one	[Are you/Is (SP)/Was (SP)] married, widowed, divorced, separated, or never married?	(01) MARRIED (02) WIDOWED (03) DIVORCED (04) SEPARATED (05) NEVER MARRIED (-8) Don't Know (-9) Refused	BOX IN7
	BOX IN7	routing	IF (SP IS IN THE SUPPLEMENTAL SAMPLE) OR (SP IS NEW FROM FACILITY), GO TO IN14 - SPCHNLNM. ELSE GO TO BOX IN8.		
SPCHNLNM	IN14	numeric	Including natural, adopted, and stepchildren, how many living children [did (SP)/does (SP)/do you] have?	(01) continuous answer (-8) Don't Know (-9) Refused	BOX IN8
	BOX IN8	routing	IF INTTYPE in(C001, C002, C003, C004, C005, C006, C007, C010), GO TO ENS.		
	BOX INSB1	routing	GO TO END1 - INTLANG.		END1 - INTLANG.



Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			<b>SATISFACTION WITH CARE QUESTIONNAIRE SPECIFICATIONS</b>  <u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY until BOX PA1 Other: N/A  <u>PLACEMENT</u> Administer after NAQ.		
MCQUALTY	SC1	code 1	SHOW CARD SC1  We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/since (TODAY'S DATE - 12 MONTHS, MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied or dissatisfied you have been with the following:  The overall quality of the health care [you have /(SP) has] received [over the past year/since (TODAY'S DATE - 12 MONTHS)]. Have you been very satisfied, satisfied, dissatisfied, or very dissatisfied?	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC2 - MCAVAIL
MCAVAIL	SC2	code 1	SHOW CARD SC1  [Please tell me how satisfied or dissatisfied you have been with . . .]  The availability of health care at night and on weekends.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC3 - MCEASE
MCEASE	SC3	code 1	SHOW CARD SC1  [Please tell me how satisfied or dissatisfied you have been with . . .]  The ease and convenience of getting to a doctor or other health professional from where [you/(SP)] [live/lives].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC4 - MCCOSTS
MCCOSTS	SC4	code 1	SHOW CARD SC1  [Please tell me how satisfied or dissatisfied you have been with . . .]  The out-of-pocket costs [you/(SP)] paid for health care.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC5 - MCINFO
MCINFO	SC5	code 1	SHOW CARD SC1  [Please tell me how satisfied or dissatisfied you have been with . . .]  The information given to [you/you or (SP)] about what was wrong with [you/(SP)].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC7-MCCONCRN
MCCONCRN	SC7	code 1	SHOW CARD SC1  [Please tell me how satisfied or dissatisfied you have been with . . .]  The concern of doctors or other health professionals for [your/(SP's)] overall health rather than just for an isolated symptom or disease.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8 - MCSAMLOC
MCSAMLOC	SC8	code 1	SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .]  Getting all [your/(SP's)] health care needs taken care of at the same location.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8A - MCSPECAR

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MCSPECAR	SC8A	code 1	SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .]  The availability of care by specialists when [you/(SP)] [feel/feels] [you/(SP)] [need/needs] it.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8B - MCTELANS
MCTELANS	SC8B	code 1	SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .]  The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC9-MDISSFY
MDISSFY	MDISSFY	verbatim text	Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors or other health professionals, hospitals and pharmacies.  What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with?	(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM IN THE NEXT SCREEN) (-8) Don't Know (-9) Refused	(01) <del>SC9A-RCEQTY</del> MCWORRY (91) SC9 - MCDISVB (-8) <del>SC9A-RCEQTY</del> MCWORRY (-9) <del>SC9A-RCEQTY</del> MCWORRY
MCDISVB	MCDISVB	verbatim text	[Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors or other health professionals, hospitals and pharmacies.  What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with?]	(01) continuous answer	<del>SC9A-RCEQTY</del> MCWORRY
<del>RCEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Now I have a question about [your/(SP's)] health care experiences.  [Over the past year/Since (TODAY'S DATE - 12 MONTHS)], did anyone from a clinic, emergency room, or doctor's office where [you/(SP)] got care treat [you/(SP)] in an unfair or insensitive way because of any of the following things about [you/(SP)]?  Race or ethnicity?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-LANGEQTY</del>
<del>LANGEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Language or accent?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-GENDEQTY</del>
<del>GENDEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Gender or gender identity?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-SEXEQTY</del>
<del>SEXEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Sexual orientation?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-AGEEQTY</del>
<del>AGEEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Age?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-CULTEQTY</del>
<del>CULTEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Culture or religion?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-DISEQTY</del>
<del>DISEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Disability?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC9A-HISTEQTY</del>
<del>HISTEQTY</del>	<del>SC9apg</del>	<del>grid</del>	<del>Medical history?</del>	<del>(01) YES (02) NO (03) N/A, No visit in the last 12 months (-8) Don't Know (-9) Refused</del>	<del>SC10A-MCWORRY</del>

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MCWORRY	SC10A	list	Please tell me whether each of the following statements is true or false.  [You/(SP)] [worry/worries] about [your/(SP)'s] health more than other people [your/(SP)'s] age.  [Is this statement true or false?]	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCAVOID
MCAVOID	SC10A	list	[Please tell me whether each of the following statements is true or false.]  [You/(SP)] will do just about anything to avoid going to the doctor.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCSICK
MCSICK	SC10A	list	[Please tell me whether each of the following statements is true or false.]  When [you/(SP)] [are/is] sick, [you/(SP)] [try/tries] to keep it to [yourself/themselves].	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCDRSOON
MCDRSOON	SC10A	list	[Please tell me whether each of the following statements is true or false.]  Usually, [you/(SP)] [go/goes] to the doctor or other health professional as soon as [you/(SP)] [start/starts] to feel bad.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	BOX PA1
	BOX PA1		IF IN4-SPPROXY=1/SP then go to PAINTRO- PAINTRO. ELSE GO TO BOX SCEND		
PAINTRO	PAINTRO	no entry	Now I have some questions about how you make health care decisions. Answers to questions like these will help Medicare better understand how people use medical services.  Please keep in mind that there are no right or wrong answers to these questions. Your opinions and experiences are important to us.	(01) CONTINUE (-7) Empty	PA3 - PAINSTRC
PAINSTRC	PA3	code 1	SHOW CARD SC2 Doctors often give instructions about how you should care for yourself at home, like changing a bandage, taking medicines on schedule, or applying ice packs. How confident are you that you can follow instructions to care for yourself at home?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused	PA4 - PAMEDREC
PAMEDREC	PA4	code 1	SHOW CARD SC2 Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, stopping smoking, or getting regular exercise. How confident are you that you can follow this kind of instruction, to change your habits or lifestyle?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused	PA5 - PACHGDRS
PACHGDRS	PA5	code 1	SHOW CARD SC3 Please use this card to respond to the following questions.  How likely are you to change doctors or other health professionals if you are dissatisfied with the way you and your doctor or other health professional communicate?	(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused	PA6-PADISAGR
PADISAGR	PA6	code 1	SHOW CARD SC3 How likely are you to tell your doctor or other health professional when you disagree with him or her?	(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused	PA10-PARXINFO
PARXINFO	PA10	code 1	SHOW CARD SC4 These next questions are about practices sometimes associated with receiving medical care. Please tell me if you always, usually, sometimes, or never do the following:  Do you always, usually, sometimes, or never read information about a new prescription, such as side effects and precautions?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused	PA11-PADRQUEX
PADRQUEX	PA11	code 1	SHOW CARD SC4 Do you always, usually, sometimes, or never...  Bring with you to your doctor or other health professional visits a list of questions or concerns you want to cover?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused	PA12-PAANSWR
PAANSWR	PA12	code 1	SHOW CARD SC4 [Do you always, usually, sometimes, or never...]  Leave your doctor or other health professional's office feeling that all of your concerns or questions have been fully answered?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused	PA13-PALISTRX

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PALISTRX	PA13	code 1	SHOW CARD SC4 [Do you always, usually, sometimes, or never...]  Take a list of all of your prescribed medicines to your doctor or other health professional visits?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	PA14-PATRSLT
PATRSLT	PA14	code 1	SHOW CARD SC4 [Do you always, usually, sometimes, or never...]  Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused	PA15-PAOPTION
PAOPTION	PA15	code 1	SHOW CARD SC4 [Do you always, usually, sometimes, or never...]  Talk with your doctor or other health professional about your options if you need tests, follow-up care, or a referral for care by a medical specialist?	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused	PA21-PADVICE
PADVICE	PA21	code 1	SHOW CARD SC4 [Do you always, usually, sometimes, or never...]  Contact your doctor or other health professional's office to get medical advice when you need it.	(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused	BOX SCEND
	BOX SCEND	routing	GO TO CMQ.		