Other Medical Expenses (OMQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
			OTHER MEDICAL EXPENSES QUESTIONNAIRE SPECIFICATIONS		
			<u>CRITERIA</u>		
			INTTYPE=C001, C002, C004, C005, C006, C007, C010		
			SPALIVE=ALL		
			SEASON=ALL		
			SPPROXY=ALL		
			Other: N/A		
			<u>PLACEMENT</u>		
			Administer after PMQ.		
			Next I'm going to ask you about other medical expenses that [you/(SP)] may have had [between (REFERENCE		
			DATE/SURVEY REFERENCE DATE/UTILDATE) and (today/(DATE OF DEATH/DATE OF		
			INSTITUTIONALIZATION/ENDUTILD)].	(01) YES	(01) OM2 EVENT_OMEYEG
				(02) NO	(02) OM3 - OMPRHEAR
OMPREYEG	OM1	yes/no	[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(03) INDICATED YES BY DATAPREP	(03) DO NOT DISPLAY.
			REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy,	(8) Don't Know	(-8) OM3 - OMPRHEAR
			replace, or pay for repairs of eyeglasses or contact lenses?	(-9) Refused	(-9) OM3 - OMPRHEAR
			[INCLUDE NON PRESCRIPTION READING GLASSES.]		
			SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous consum	
			When did [you/(SP)] buy or repair glasses or contact lenses?	(01) continuous answer	
				(-8) Don't Know	
EVENT ONEVEC	0.42		Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	(-9) Refused	DOV ONALA A
EVENT_OMEYEG	OM2	roster	(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	NANA.	BOX OM1AA
			INSTITUTIONALIZATION/ENDUTILD)].	MM:	
				DD:	
			[INCLUDE NON-PRESCRIPTION READING GLASSES.]	YYYY:	
			HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER	(01) OM2-EVENT_OMEYEG
OMADD	OM2AA	code one		(02) ALL DONE	(02) BOX OM1AA
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALL DONE	(02) BOX OWITAN
			IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME		
	BOX OM1AA	routing	DURING THE CURRENT ROUND, GO TO OM2_IN NAVIGATOR.		
			ELSE GO TO BOX OM1AA2.		
NAVIGATOR	OM2_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR	(01) OM2A - OMSATHMO
TV/TV/G/T/OIT	OWIZ_114	mistance navigator		(02) CONTINUE INTERVIEW SELECTED	(02) BOX OM1AA2
			On (EVENT DATE), did [you/(SP)] buy or repair the glasses or contact lenses at [READ MANAGED CARE PLAN		
			NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)		
			BELOW]?	(01) YES	
				(02) NO	
OMSATHMO	OM2A	yes/no	[PROBE: This could include buying or repairing the glasses or lenses at a plan center; at an optician,	(-8) Don't Know	BOX OM1AA1
			optometrist or other place that honors [your/(SP's)] plan card; or through a place or service that the plan	(-9) Refused	
			referred [you/(SP)] to.]	() /	
			[INCLUDE NON-PRESCRIPTION READING GLASSES.]		
	BOX OM1AA1	routing	GO TO OM2_IN - NAVIGATOR.		
			IF ADMINISTERING ST, GO TO BOX ST36.		
	BOX OM1AA2	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36.		
			ELSE GO TO OM3 - OMPRHEAR.		
			Next I'm going to ask you about other medical expenses that [you/(SP)] may have had [between (REFERENCE	(04) 001-111-1	
OMINTRO	OMINTRO	routing	DATE/SURVEY REFERENCE DATE/UTILDATE) and (today/(DATE OF DEATH/DATE OF	(01) CONTINUE	OM3-OMHRSPCH
			INSTITUTIONALIZATION/ENDUTILD)].		

	_				
OMPRHEAR OMHRSPCH	ОМЗ	yes/no	[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, replace, or pay for repairs of an hearing aid, amplifier for a telephone, or similar device to help [you/(SP)] hear or speak? [INCLUDE RELATED EXPENSES SUCH AS BATTERIES FOR A HEARING AID OR SPEAKING DEVICE. DO NOT INCLUDE A WARRANTY FOR A HEARING AID AS AN OM EVENT.] [DO NOT REPORT HEARING AID PURCHASES OR REPAIRS AT THIS QUESTION.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM4 - EVENT_OMHEAR EVENT_OMHRSP (02) BOX OMA1 (03) DO NOT DISPLAY. (-8) BOX OMA1 (-9) BOX OMA1
EVENT_OMHEAR EVENT_OMHRSP	OM4	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair a hearing or speech device? Please tell me the dates of each purchase or repair [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	OM4AA-OMADD
OMADD	OM4AA	code one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM4-EVENT_OMHEAR- EVENT_OMHRSP (02) BOX OM1BB
	BOX OM1BB	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM4_IN - NAVIGATOR. ELSE GO TO BOX OM1BB2.		
NAVIGATOR	OM4_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM4A - OMSATHMO (02) BOX OM1BB2
OMSATHMO	OM4A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the hearing or speech device at a plan center; from an audiologist, speech pathologist, or other provider that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1BB1
	BOX OM1BB1	routing	GO TO OM4_IN - NAVIGATOR.		
	BOX OM1BB2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OMA1 IF SP WAS STILL RENTING AT LEAST ONE ORTHOPEDIC ITEM AT THE TIME OF THE PREVIOUS ROUND		
	BOX OMA1	routing	INTERVIEW, GO TO OMS5INTR - ORTHINTRO. ELSE GO TO OM5 - OMPRORTH.	(01) continuous	
ORTHINTRO	OMS5INTR	no entry	The next questions are about orthopedic items [you were/(SP) was] renting as of (REFERENCE DATE).	(01) continuous answer (-7) Empty	OMS5_IN - NAVIGATOR
NAVIGATOR	OMS5_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS5 - RENTSTIL (02) OM5 - OMPRORTH

DENTSTU	OMCE	and and	At the time of the last interview, [you were/(SP) was] renting (ORTHOPEDIC ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (was/were/is/are) the (ORTHOPEDIC ITEM) being rented?	(01) YES (02) NO	(01) BOX OM1EE (02) OM7C - EVENDMM
RENTSTIL	OMS5	code one	[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(03) EVENT ENTERED IN ERROR (-8) Don't Know	(03) BOX OM4 (-8) BOX OM4
			[IF THE RESPONDENT PORCHASED THE ITEM THROUGH A RENT-10-BUT PROGRAM, SELECT NO.]	(-9) Refused	(-9) BOX OM4
OMPRORTH	ОМ5	yes/no	SHOW CARD OM1 (Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, repair or rent (other) orthopedic items, such as any of those listed on this card?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM6 - ORTHTYPE (02) OM9 - OMPRDIAB (03) DO NOT DISPLAY. (-8) OM9 - OMPRDIAB (-9) OM9 - OMPRDIAB
			[Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, support		(, , , , , , , , , , , , , , , , , , ,
ORTHTYPE	ОМ6	code one	what was the item?	(01) BRACES/SUPPORTS (02) CANE (03) CORRECTIVE SHOES/INSERTS (04) CRUTCHES (05) WALKER (06) WHEELCHAIR/CART (07) STOCKINGS (91) OTHER	(01) OM7 - EVENT_OMORTH (02) OM7 - EVENT_OMORTH (03) OM7 - EVENT_OMORTH (04) OM6A - RENTPROB (05) OM6A - RENTPROB (06) OM6A - RENTPROB (07) OM7 - EVENT_OMORTH (91) OM6 - EVOSTEXT
EVOSTEXT	OM6	verbatim text	OTHER (SPECIFY)	(01) continuous answer	OM6A - RENTPROB
RENTPROB	ОМ6А	code one	Did [you/(SP)] buy or repair the (ORTHOPEDIC ITEM), or did [you/(SP)] rent (it/them)? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM7 - EVENT_OMORTH (02) OM7A - EVENT_OMORTHRENT (03) DO NOT DISPLAY. (-8) OM7 - EVENT_OMORTH (-9) OM7 - EVENT_OMORTH
EVENT_OMORTH	ОМ7	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	OM7AAA-OMADD
OMADD	ОМ7ААА		HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM7-EVENT_OMORTH (02) BOX OM1CC
	BOX OM1CC	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7_IN - NAVIGATOR. ELSE GO TO BOX OM1EE1.		
NAVIGATOR	OM7_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM7AA - OMSATHMO (02) BOX OM1EE1
OMSATHMO	ОМ7АА	yes/no	On (EVENT DATE), did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM2A
	BOX OM2A	routing	GO TO OM7_IN - NAVIGATOR.		
EVENT_OMORTHR ENT		yes/no	ENTER ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the (ORTHOPEDIC ITEM).	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	OM7B - RENTSTIL
RENTSTIL	ОМ7В	yes/no	[Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEDIC ITEM)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OM1EE (02) OM7C - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1EE1 (-9) BOX OM1EE1

			What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuous answer	
EVENDMM	ОМ7С	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(-8) Don't Know (-9) Refused	OM7C - EVENDDD
			What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuous answer (-8) Don't Know	
VENDDD	ОМ7С	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(-9) Refused DD:	OM7C - EVENDYY
			What was the last date the (ORTHOPEDIC ITEM) (were/was) rented?	(01) continuous answer	
VENDYY	ом7С	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(-8) Don't Know (-9) Refused YYYY:	вох омза
	вох омза	routing	IF SP IS NOT DECEASED, GO TO OM7CC - RENT2BUY. ELSE GO TO BOX OM1EE.		
ENT2BUY	ОМ7СС	code one	You said [you/(SP)] stopped renting the (ORTHOPEDIC ITEM). Is this because (you/he/she) no longer (have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused	(01) BOX OM1EE (02) BOX OM1EE (03) OM7CCVB - REN2BVB (-8) BOX OM1EE (-9) BOX OM1EE
EN2BVB	ОМ7ССVВ	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEDIC ITEM). RECORD VERBATIM.	(01) continuous answer	BOX OM1EE OM7CC-OMADD
MADD	OM7CC1	code one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM7A-EVENT_OMORTHRENT (02) BOX OM1EE
	BOX OM1EE	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7D - OMSATHMO. ELSE GO TO BOX OM1EE1.		
MSATHMO	OM7D	yes/no	Did [you/(SP)] rent the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP]] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1EE1
	BOX OM1EE1	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM4.		
	вох ом4	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS5_IN - NAVIGATOR. ELSE GO TO OM8 - MOREORTH.		
10REORTH	OM8	yes/no	In addition to the orthopedic item(s) you just told me about, did [you/(SP)] buy, repair, or rent any other orthopedic items [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OM6 - ORTHTYPE (02) OM9 - OMPRDIAB (03) OM9 - OMPRDIAB (04) OM9 - OMPRDIAB
OMPRDIAB	ОМ9	yes/no	SHOW CARD OM2 [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy diabetic equipment or supplies, such as those listed on this card? [Diabetic equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM10 - EVENT_OMDIAB (02) OM11 - OMPRAMBL (03) DO NOT DISPLAY. (-8) OM11 - OMPRAMBL (-9) OM11 - OMPRAMBL
			[DO NOT INCLUDE INSULIN.]	7, 10, 4304	(5) SWILL SWI NAME
VENT_OMDIAB	ОМ10	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy diabetic equipment or supplies? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	OM10AA-OMADD
OMADD	OM10AA	code one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM10-EVENT_OMDIAB (02) BOX OM1FF
	1		[DISTERT MEE EVERTS MOSOCIMED WITH THIS FRONDER]	<u> </u>	

			IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME		
	BOX OM1FF	routing	DURING THE CURRENT ROUND, GO TO OM10 IN - NAVIGATOR.		
			ELSE GO TO BOX OM1FF2.		
IAVIICATOR	ON410 IN	in atomorphism to a		(01) ITEM SELECTED IN INSTANCE NAVIGATOR	(01) OM10A - OMSATHMO
IAVIGATOR	OM10_IN	instance navigator		(02) CONTINUE INTERVIEW SELECTED	(02) BOX OM1FF2
			On (EVENT DATE), did [you/(SP)] buy the diabetic equipment or supplies at [READ MANAGED CARE PLAN		
			NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S)	(01) YES	
	014104		BELOW]?	(02) NO	DOV 0141551
OMSATHMO	OM10A	yes/no		(-8) Don't Know	BOX OM1FF1
			[PROBE: This could include buying the diabetic equipment or supplies at a plan center; at a place or store	(-9) Refused	
			that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]		
	BOX OM1FF1	routing	GO TO OM10_IN - NAVIGATOR.		
			IF ADMINISTERING ST, GO TO BOX ST36.		
	BOX OM1FF2	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36.		
			ELSE GO TO OM11 - OMPRAMBL.		
				(01) YES	(01) OM12 - EVENT_OMAMBL
			[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(02) NO	(02) OM13 - OMPRPROS
OMPRAMBL	OM11	yes/no	REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] use any	(03) INDICATED YES BY DATAPREP	(03) DO NOT DISPLAY.
			ambulance or rescue squad service?	(-8) Don't Know	(-8) OM13 - OMPRPROS
				(-9) Refused	(-9) OM13 - OMPRPROS
			SELECT OR ADD ALL DATES AT THIS ROSTER.	(01) continuous answer	
EVENIT ONANADI	ON12	rostor	When did [you/(SP)] use an ambulance? Please tell me all the dates [since (REFERENCE DATE/SURVEY	(01) continuous answer (-8) Don't Know	
EVENT_OMAMBL	OIVI12	roster	REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF	I' '	0141244 014455
			DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(-9) Refused	OM12AA-OMADD
			HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER	(O1) ONA12 EVENIT ONANABI
OMADD	OM12AA	code one		(01) ADD ANOTHER	(01) OM12-EVENT_OMAMBL
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALL DONE	(02) BOX OM1GG
			IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME		
	BOX OM1GG	routing	DURING THE CURRENT ROUND, GO TO OM12_IN - NAVIGATOR.		
			ELSE GO TO BOX OM1GG2.		
NAVIGATOR	OM12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR	(01) OM12A - OMSATHMO
AVIGATOR	OIVI12_IIV	mistance navigator		(02) CONTINUE INTERVIEW SELECTED	(02) BOX OM1GG2
			Was the ambulance on (EVENT DATE) provided by or approved by [READ MANAGED CARE PLAN NAME(S)		
			BELOW]?	(01) YES	
OMSATHMO	OM12A	yes/no		(02) NO	BOX OM1GG1
ONISATTIVIO	OWIZA	yes/110	[PROBE: This could mean that the ambulance was sent by the plan, or that [you/(SP)] or someone for	(-8) Don't Know	BOX OWIGGI
			[you/(SP)] contacted the plan for them to authorize or approve the use of the ambulance. This approval	(-9) Refused	
			could have come after the use of the ambulance.]		
	BOX OM1GG1	routing	GO TO OM12_IN - NAVIGATOR.		
			IF ADMINISTERING ST, GO TO BOX ST36.		
	BOX OM1GG2	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36.		
			ELSE GO TO OM13 - OMPRPROS.		
			SHOW CARD OM3	(01) YES	(01) OM14 - EVENT_OMPROS
			[Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY	(02) NO	(02) BOX OMA4
OMPRPROS	OM13	yes/no	REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy or	(03) INDICATED YES BY DATAPREP	(03) DO NOT DISPLAY.
31VIII 1(1 1(O)3	OWIIS	7637110	pay for repairs of any prostheses, such as those on the card?	(-8) Don't Know	(-8) BOX OMA4
				(-9) Refused	(-9) BOX OMA4
			[Prostheses include artificial leg or arm, mastectomy prosthesis, and artificial or glass eye.]		(3/25/(5/4))
				(01) continuous answer	
			SELECT OR ADD ALL DATES AT THIS ROSTER.	(-8) Don't Know	
			When did [you/(SP)] buy or repair the prosthesis? Please tell me all the dates [since (REFERENCE	(-9) Refused	
EVENT_OMPROS	OM14	roster	DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE) and		
			(DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	MM:	OM14AA-OMADD
			(S. 12 S. SEKTING METALON METALON LINDS (METALON).	DD:	
				YYYY:	
			HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER	(01) OM14-EVENT_OMPROS
DMADD	OM14AA	code one		(02) ALL DONE	(02) BOX OM1HH
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	NOZI ALL DONE	(02) DON OWITHI
			IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME		
			DUBING THE CURRENT BOUND, CO TO OMA IN MANUCATOR	İ	I
	BOX OM1HH	routing	DURING THE CURRENT ROUND, GO TO OM14_IN - NAVIGATOR.		

NAVIGATOR	OM14_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM14A - OMSATHMO (02) BOX OM1HH2
OMSATHMO	OM14A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the prosthesis at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the prosthesis at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know	BOX OM1HH1
	BOX OM1HH1	routing	GO TO OM14 IN - NAVIGATOR.		
	BOX OM1HH2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OMA4.		
	BOX OMA4	routing	IF SP WAS STILL RENTING OXYGEN-RELATED EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS19INTR - OXGNINTRO. ELSE GO TO OM19 - OMPROXGN.		
OXGNINTRO	OMS19INTR	no entry	The next questions are about oxygen-related equipment [you were/(SP) was] renting as of (REFERENCE DATE).		OMS19_IN - NAVIGATOR
NAVIGATOR	OMS19_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS19 - RENTSTIL (02) OM19 - OMPROXGN
RENTSTIL	OMS19	code one	At the time of the last interview, [you were/(SP) was] renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] (is/was) the oxygen-related equipment being rented?	(02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know	(01) BOX OM1KK (02) OM20C - EVENDMM (03) BOX OM9 (-8) BOX OM9
OMPROXGN	ОМ19	yes/no	[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."] (Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any (other) expenses for oxygen or supplies or oxygen-related equipment?	(-9) Refused (01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(-9) BOX OM9 (01) OM19A - OXGNTYPE (02) BOX OMA11 (03) DO NOT DISPLAY. (-8) BOX OMA11 (-9) BOX OMA11
OXGNTYPE	OM19A	code one	What was that?	(01) OXYGEN/SUPPLIES (02) OXYGEN-RELATED EQUIPMENT	(01) OM20 - EVENT_OMOXGN (02) OM19B - RENTPROB
RENTPROB	ОМ19В	code one	Did [you/(SP)] buy or repair the oxygen-related equipment, or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM20 - EVENT_OMOXGN (02) OM20A - EVENT_OMOXGNRENT (03) OM20 - EVENT_OMOXGN (-8) OM20 - EVENT_OMOXGN (-9) OM20 - EVENT_OMOXGN
EVENT_OMOXGN	ОМ20	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did (you/(SP)] purchase the [(oxygen or supplies)/(oxygen-related equipment)]? Please tell me the dates of each purchase [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(01) continuous answer (-8) Don't Know (-9) Refused	OM20AAA-OMADD
OMADD	OM20AAA	code one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM20-EVENT_OMOXGN (02) BOX OM1II
	BOX OM1II	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20_IN - NAVIGATOR. ELSE GO TO BOX OM7.		
NAVIGATOR	OM20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM20AA - OMSATHMO (02) BOX OM7
OMSATHMO	ОМ20АА	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OXYGEN ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (OXYGEN ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1II1
	BOX OM1II1	routing	GO TO OM20_IN - NAVIGATOR.		
	BOX OM7	routing	IF OM19B - RENTPROB = 3/BoughtAndRented, GO TO OM20A - EVENT_OMOXGNRENT. ELSE GO TO BOX OM1KK1.		

			SELECT OR ADD ONLY ONE DATE AT THIS ROSTER.		
EVENT_OMOXGN			Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	(01) continuous answer	
RENT	OM20A	roster	(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	(-8) Don't Know	OM20B - RENTSTIL
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the oxygen-related equipment.	(-9) Refused	
			7,	(01) YES	(01) BOX OM1KK
				(02) NO	(02) OM20C - EVENDMM
RENTSTIL	ОМ20В	yes/no	[Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment?	(03) EVENT ENTERED IN ERROR	(03) DO NOT DISPLAY.
NEIVISITE	OWIZOB	y c 3/110	[7 the your is (strip) was (strip) still renting the oxygen related equipment.	(-8) Don't Know	(-8) BOX OM1KK1
				(-9) Refused	(-9) BOX OM1KK1
				(01) continuous answer	(-9) BOX OMIRKI
				(02) Don't Know	
			What was the last date the equipment was rented?		
-\/_\/_\	014200	-1-4-		(03) Refused	ONAZOC EVENDOD
EVENDMM	OM20C	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	AAA.	OM20C - EVENDDD
			PERIOD.]	MM:	
				DD:	
				YYYY:	
			What was the last date the equipment was rented?	(01) continuous answer	
EVENDDD	OM20C	date		(02) Don't Know	OM20C - EVENDYY
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(03) Refused	
			PERIOD.]		
1			What was the last date the equipment was rented?	(01) continuous answer	
EVENDYY	ОМ20С	date		(02) Don't Know	BOX OM8A
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(03) Refused	
			PERIOD.]	(65) Heradea	
	BOX OM8A	routing	IF SP IS NOT DECEASED, GO TO OM20CC - RENT2BUY.		
	DON GIVION		ELSE GO TO BOX OM1KK.		
				(01) NO LONGER HAVE THE ITEM	(01) BOX OM1KK
			You said [you/(SP)] stopped renting the oxygen-related equipment. Is this because (you/he/she) no longer	(02) PURCHASED THROUGH RENT-TO-BUY	(02) BOX OM1KK
RENT2BUY	OM20CC	code one	(have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(03) OTHER	(03) OM20CCVB - REN2BVB
			(have/has/ the equipment of because (you/he/she/ (have/has/ parehasea it through a rent to buy option:	(-8) Don't Know	(04) BOX OM1KK
				(-9) Refused	(05) BOX OM1KK
REN2BVB	ОМ20ССУВ	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.	(01) continuous answer	
NEW 2010	0111200012	verbatiiii text	RECORD VERBATIM.	(61) continuous unswer	OM20CC1-OMADD
			HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER	(01) OM20A-EVENT_OMOXGNRENT
OMADD	OM20CC1	code one		(02) ALL DONE	(02) BOX OM1KK
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALL DONE	(02) BOX CIVITAL
			IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME		
	BOX OM1KK	routing	DURING THE CURRENT ROUND, GO TO OM20D1 - OMSATHMO.		
			ELSE GO TO BOX OM1KK1.		
			Did [you/(SP)] rent the oxygen equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a	(01) YES	
			service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(02) NO	
OMSATHMO	OM20D1	yes/no			BOX OM1KK1
			[PROBE: This could include renting the oxygen equipment at a plan center; at a place or store that honors	(-8) Don't Know	
			[your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(-9) Refused	
			IF ADMINISTERING ST, GO TO BOX ST36.		
	вох ом1кк1	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36.		
			ELSE GO TO BOX OM9.		
			IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS19_IN - NAVIGATOR.		
	вох ом9	routing	ELSE GO TO BOX OM10.		
			IF OM20D HAS NOT BEEN ASKED, GO TO OM20D - MOREOXGN.		
	BOX OM10	routing	ELSE GO TO BOX OMA11.		
				(01) YES	(01) BOX OM11
			In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did	(02) NO	(02) BOX OMA11
MOREOXGN	OM20D	yes/no	[you/(SP)] [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?	(-8) Don't Know	(-8) BOX OMA11
			[1,00, (0.)] [(00, 00, 50, 50, 01 outperious), (note any expenses for oxygen related equipments)]:	(-9) Refused	(-9) BOX OMA11
			IF OM19A - OXYGTYPE = 1/Supplies, SET NEXT OXYGEN TYPE TO EQUIPMENT AND GO TO OM19B -	(5) Neruseu	(3) BOX GIVIATI
	BOX OM11	routing	RENTPROB.		
	POV OINITI	routing			
	+		ELSE SET NEXT OXYGEN TYPE TO SUPPLIES AND GO TO OM20 - EVENT_OMOXGN.		-
	BOYON 4 A 4 4	mouting a	IF SP WAS RENTING AT LEAST ONE KIDNEY DIALYSIS EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND		
	BOXOMA11	routing	INTERVIEW, GO TO OMS21INTR - KDNYINTRO.		
			ELSE GO TO OM21 - OMPRKDNY.		

KDNYINTRO	OMS21INTR	no entry	The next questions are about kidney dialysis equipment [you were/(SP) was] renting as of (REFERENCE DATE).		OMS21_IN - NAVIGATOR
NAVIGATOR	OMS21_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS21 - RENTSTIL (02) OM21 - OMPRKDNY
ENTSTIL	OMS21	code one	At the time of the last interview, [you were/(SP) was] renting equipment for kidney dialysis. As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)], (is/was) the equipment being rented?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know	(01) BOX OM1NN (02) OM22C - EVENDMM (03) BOX OM16 (-8) BOX OM16
			[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(-9) Refused	(-9) BOX OM16
DMPRKDNY	OM21	yes/no	(Other than what we already talked about), [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM21A - KDNYTYPE (02) BOX OMA18 (03) DO NOT DISPLAY. (-8) BOX OMA18 (-9) BOX OMA18
DNYTYPE	OM21A	code one	What was that?	(01) KIDNEY DIALYSIS SUPPLIES (02) KIDNEY DIALYSIS EQUIPMENT	(01) OM22 - EVENT_OMKDNY (02) OM21B - RENTPROB
RENTPROB	OM21B	code one	Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM22 - EVENT_OMKDNY (02) OM22A - EVENT_OMKDNYRENT (03) DO NOT DISPLAY. (-8) OM22 - EVENT_OMKDNY (-9) OM22 - EVENT_OMKDNY
EVENT_OMKDNY	ОМ22	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)].	(01) continuous answer (-8) Don't Know	OM22AAA-OMADD
DMADD	ОМ22ААА	code one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM22-EVENT_OMKDNY (02) BOX OM1LL
	BOX OM1LL	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22_IN - NAVIGATOR. ELSE GO TO BOX OM1NN1.		
NAVIGATOR	OM22_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM22AA - OMSATHMO (02) BOX OM1NN1
OMSATHMO	OM22AA	yes/no	On (EVENT DATE), did [you/(SP)] buy (or repair) the (KIDNEY ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying (or repairing) the (KIDNEY ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	, ,	BOX OM14
	BOX OM14	routing	GO TO OM22_IN - NAVIGATOR.		
EVENT_OMKDNYR ENT	OM22A	roster	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the kidney dialysis equipment.	(01) continuous answer (-8) Don't Know (-9) Refused	OM22B - RENTSTIL
RENTSTIL	ОМ22В	yes/no	[Are you/Is (SP)/Was (SP)] still renting the kidney dialysis equipment?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1NN (02) OM22C - EVENDYY (03) DO NOT DISPLAY. (-8) BOX OM1NN1 (-9) BOX OM1NN1
EVENDMM	OM22C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	OM22C - EVENDDD

EVENDDD	OM22C	date	What was the last date the equipment was rented?	(01) continuous answer (-8) Don't Know	OM22C - EVENDYY
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(-9) Refused	
			What was the last date the equipment was rented?	(01) continuous answer	
EVENDYY	OM22C	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-8) Don't Know (-9) Refused	BOX OM15A
			PERIOD.]		
	BOX OM15A	routing	IF SP IS NOT DECEASED, GO TO OM22CC - RENT2BUY. ELSE GO TO BOX OM1NN.		
RENT2BUY	OM22CC	code one	You said [you/(SP)] stopped renting the dialysis equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused	(01) BOX OM1NN (02) BOX OM1NN (03) OM22CCVB - REN2BVB (-8) BOX OM1NN (-9) BOX OM1NN
REN2BVB	OM22CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT. RECORD VERBATIM.	(01) continuous answer	BOX OM1NN
			RECORD VERBATIIVI.		OM22CC1-OMADD
OMADD	OM22CC1	code one	HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER (02) ALL DONE	(01) OM22A-EVENT_OMKDNYRENT (02) BOX OM1NN
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]		
	BOX OM1NN	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22D1 - OMSATHMO. ELSE GO TO BOX OM1NN1.		
			Did [you/(SP)] rent the kidney dialysis equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(01) YES	
OMSATHMO	OM22D1	yes/no	through a service of also diff offered through [NE/15 14/14/14/16/5] 5/14/14/14/14/15/5/ 5/22/5/4/14/14/14/14/14/14/14/14/14/14/14/14/1	(02) NO	BOX OM1NN1
oms/mme	OWIZZBI	, 55,5	[PROBE: This could include renting the kidney dialysis equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(-8) Don't Know (-9) Refused	Jewen I i i i i i i i i i i i i i i i i i i
			IF ADMINISTERING ST, GO TO BOX ST36.		
	BOX OM1NN1	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36.		
			ELSE GO TO BOX OM16.		
	BOX OM16	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS21_IN - NAVIGATOR. ELSE GO TO BOX OM17.		
	BOX OM17	routing	IF OM22D HAS NOT BEEN ASKED, GO TO OM22D - MOREKDNY. ELSE GO TO BOX OMA18.		
				(01) YES	(01) BOX OM18
MOREKDNY	OM22D	yes/no	In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did	(02) NO	(02) BOX OMA18
		, 45,	[you/(SP)] [(obtain any kidney dialysis equipment)/(buy any kidney dialysis supplies)]?	(-8) Don't Know	(-8) BOX OMA18
				(-9) Refused	(-9) BOX OMA18
	BOX OM18	routing	IF OM21A - KDNYTYPE = 1/Supplies, SET NEXT KIDNEY TYPE TO EQUIPMENT AND GO TO OM21B - RENTPROB. ELSE SET NEXT KIDNEY TYPE TO SUPPLIES AND GO TO OM22 - EVENT_OMKDNY.		
			IF SP WAS STILL RENTING AT LEAST ONE OTHER MEDICAL EQUIPMENT AT THE TIME OF THE PREVIOUS		
	BOX OMA18	routing	ROUND INTERVIEW, GO TO OMS23INTR - OTHRINTRO. ELSE GO TO OM23 - OMPROTHR.		
OTHRINTRO	OMS23INTR	no entry	The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE DATE).		OMS23_IN - NAVIGATOR
NAVIGATOR	OMS23_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS23 - RENTSTIL (02) OM23 - OMPROTHR
			At the time of the last interview, [you were/(SP) was] renting (OTHER MEDICAL EXPENSE ITEM). As of	(01) YES	(01) BOX OM1QQ
			(today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD), (is/was) the (OTHER MEDICAL	(02) NO	(02) OM26B - EVENDMM
RENTSTIL	OMS23	code one	EXPENSE ITEM) being rented?	(03) EVENT ENTERED IN ERROR	(03) BOX OM23
				(-8) Don't Know	(-8) BOX OM23
			[IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(-9) Refused	(-9) BOX OM23

OMPROTHR	OM23	yes/no	SHOW CARD OM4 [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] buy, rent, or repair any other medical equipment or buy any other medical supplies besides what we have talked about? [Other medical equipment and supplies include portable commodes or raised toilet seats, portable tub seats, special chairs or cushions, hospital beds, ostomy supplies, incontenence supplies such as Depends, Serenity or other brands of disposable undergarments, pads or briefs, bandages, dressings, tape supplies, pulmonary equipment such as a Nebulizer or CPAP, and blood pressure equipment such as cuffs or monitors, etc.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM24 - OTHRTYPE (02) BOX OM24 (03) DO NOT DISPLAY. (04) BOX OM24 (05) BOX OM24
OTHRTYPE	OM24	code one	What kind of equipment was the item?	(01) PORTABLE COMMODE OR RAISED TOILET SEAT (02) PORTABLE TUB SEAT (03) SPECIAL CHAIR/CUSHION/MATTRESS (04) HOSPITAL BED/BED SIDES (05) OSTOMY SUPPLIES (06) INCONTINENCE SUPPLIES (I.E. DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS) (07) BANDAGES, DRESSINGS, TAPE SUPPLIES (08) PULMONARY EQUIPMENT (09) BLOOD PRESSURE EQUIPMENT (91) OTHER	(01) OM24A - RENTPROB (02) OM24A - RENTPROB (03) OM24A - RENTPROB (04) OM24A - RENTPROB (05) BOX OM18B (06) BOX OM18B (07) BOX OM18B (08) OM24A - RENTPROB (09) OM26 - EVENT_OMOTHR (91) OM24 - EVOSTEXT
EVOSTEXT	OM24	verbatim text	OTHER (SPECIFY)	(01) continuous answer	OM24A - RENTPROB
RENTPROB	OM24A	code one	Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM26 - EVENT_OMOTHR (02) OM26A - EVENT_OMOTHRRENT (03) DO NOT DISPLAY. (-8) OM26 - EVENT_OMOTHR (-9) OM26 - EVENT_OMOTHR
	BOX OM18B	routing	IF NOT ADMINISTERING ST AND NOT ADMINISTERING NS, GO TO OM25 - GETNUM. ELSE GO TO BOX OM1QQ1.	(3) Neruseu	
GETNUM	OM25	numeric	THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE DATE/UTILDATE). How many times [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] [[have you/has (SP)] bought or obtained/did (SP) buy or obtain] (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1QQ1
EVENT_OMOTHR	ОМ26	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY:	OM27AAA-OMADD
OMADD	OM26AAA	code one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) OM26-EVENT_OMOTHR (02) BOX OM100
	BOX OM100	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26_IN - NAVIGATOR. ELSE GO TO BOX OM1QQ1.		
NAVIGATOR	OM26_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM26AA - OMSATHMO (02) BOX OM1QQ1
OMSATHMO	OM26AA	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM21
NAVIGATOR	BOX OM21	instance navigator	GO TO OM26_IN - NAVIGATOR.		
					

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			ADD ONLY ONE DATE AT THIS ROSTER.	(01) continuous answer	
EVENT_OMOTHRR	OM26A	roster	Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between	(-8) Don't Know	OM26A1 - RENTSTIL
NT			(REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF	(-9) Refused	
			INSTITUTIONALIZATION/ENDUTILD)] that [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM).		
				(01) YES	(01) BOX OM1QQ
				(02) NO	(02) OM26B - EVENDMM
ENTSTIL	OM26A1	yes/no	[Are you/Is (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)?	(03) EVENT ENTERED IN ERROR	(03) DO NOT DISPLAY.
				(-8) Don't Know	(-8) BOX OM1QQ1
				(-9) Refused	(-9) BOX OM1QQ1
			What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer	
			What was the last date [you/(si /] refited the (OTHER WEDICAL EXI ENSETTEM):	(-8) Don't Know	
VENDMM	OM26B	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused	OM26B - EVENDDD
			PERIOD.]		
			T ENIOD.]	MM:	
			What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer	
			What was the last date [you/(si /)] refited the (OTHER WEDICAL EXI ENSETTEM):	(-8) Don't Know	
EVENDDD	OM26B	date	[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL	(-9) Refused	OM26B - EVENDYY
			PERIOD.]	DD:	
			What was the last date [vou/(SD)] rested the (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer	
			What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)?	(-8) Don't Know	
EVENDYY	OM26B	date	THE DECRONDENT DOLLCUT THE DENTAL ENTED THE DATE OF DURCHASE AS THE LAST DATE OF THE DENTAL	(-9) Refused	BOX OM22A
			[IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL		
			PERIOD.]	YYYY:	
	DOV 014224		IF SP IS NOT DECEASED, GO TO OM26BB - RENT2BUY.		
	BOX OM22A	routing	ELSE GO TO BOX OM1QQ.		
				(01) NO LONGER HAVE THE ITEM	(01) BOX OM1QQ
			Versit For MCDN and the street of COTHED AND DIGAL EXPENSE (TEAC). In the large of the street of the	(02) PURCHASED THROUGH RENT-TO-BUY	(02) BOX OM1QQ
RENT2BUY	ОМ26ВВ	code one	You said [you/(SP)] stopped renting the (OTHER MEDICAL EXPENSE ITEM). Is this because (you/he/she) no	(03) OTHER	(03) OM26BBVB - REN2BVB
			longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(-8) Don't Know	(-8) BOX OM1QQ
				(-9) Refused	(-9) BOX OM1QQ
					BOX OM1QQ
REN2BVB	OM26BBVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM).	(01) continuous answer	
			RECORD VERBATIM.		OM26BB1-OMADD
			HAVE ALL DATES BEEN ENTERED?	(04) ABB ANGTUE	(04) 044064 51/51/7 044071/0051/7
OMADD	OM26BB1	code one		(01) ADD ANOTHER	(01) OM26A-EVENT_OMOTHRRENT
			[DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(02) ALL DONE	(02) BOX OM1QQ
			IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME		
	BOX OM1QQ	routing	DURING THE CURRENT ROUND, GO TO OM26C - OMSATHMO.		
			ELSE GO TO BOX OM1QQ1.		
			Did [you/(SP)] rent the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW]	(01) VEC	
			or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]?	(01) YES	
OMSATHMO	OM26C	yes/no		(02) NO	BOX OM1QQ1
			[PROBE: This could include renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store	(-8) Don't Know	
			that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(-9) Refused	
			IF ADMINISTERING ST, GO TO BOX ST36.		
	BOX OM1QQ1	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36.		
		0	ELSE GO TO BOX OM23.		
			IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS23_IN - NAVIGATOR.		
	BOX OM23	routing	ELSE GO TO OM27 - MOREOTHR.		
				(01) YES	(01) OM24 - OTHRTYPE
			In addition to the medical equipment you just told me about, did [you/(SP)] buy, rent, or repair any other	(02) NO	(02) BOX OM24
MOREOTHR	OM27	yes/no	medical equipment [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	(-8) Don't Know	(-8) BOX OM24
			DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?	(-9) Refused	(-9) BOX OM24
			IF SP HAD AT LEAST ONE ALTERATION THAT WAS NOT COMPLETE AT THE TIME OF THE PREVIOUS ROUND	(-5) Neruseu	(-5) BOX OWI24
	BOX OM24	routing	INTERVIEW, GO TO OMS28INTR - ALTRINTRO.		
	DON OIVIZA	l outilig	ELSE GO TO OM28 - OMPRALTR.		
ALTRINTRO	OMS28INTR	no entry	The next questions are about an alteration [you were/(SP) was] making as of (REFERENCE DATE).		OMS28 IN - NAVIGATOR
ZETAINTINO	OIVIOZOIIVIN	no enu y	THE HEAL QUESTIONS are about an alteration Lyou were/(SF) was juilaking as of (REFERENCE DATE).	(01) ITEM SELECTED IN INSTANCE NAVIGATOR	(01) OMS28 - EVENDMM
NAVIGATOR	OMS28_IN	instance navigator		Γ΄,	(02) OM28 - OMPRALTR
				(02) CONTINUE INTERVIEW SELECTED	(UZ) OIVIZO - OIVIPRALIR

OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY	(01) continuous answer (-7) Empty (-8) Don't Know	OMS28 - EVENDDD
		REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed? Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE).	(-9) Refused (01) continuous answer	
OMS28	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?	(-7) Empty (-8) Don't Know (-9) Refused	OMS28 -EVENDYY
OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(ENDUTILD)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OMS28 - OMNOTDONE
OMS28	code one		(01) ALTERATION NOT YET COMPLETED	BOX OM25
BOX OM25	routing	GO TO OMS28_IN - NAVIGATOR.	V - 7 7	
ОМ28	yes/no	SHOW CARD OM5 [Since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] make any alterations or modify the inside or outside of (your/his/her) home or car because of some illness or injury? This card lists some examples. [Alterations include ramps, handrails, elevator or incline chair, tub seats, tub handrails, and any car alterations 1	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM29 - ALTRTYPE (02) BOX OM26 (03) DO NOT DISPLAY. (-8) BOX OM26 (-9) BOX OM26
OM29	code one	What was the alteration?	(01) ELEVATOR OR INCLINE CHAIR (02) HANDRAILS (OTHER THAN TUB) (03) RAMPS (04) TUB HANDRAILS (05) TUB SEAT (06) ANY CAR ALTERATION (91) OTHER	(01) OM30 - EVBEGMM (02) OM30 - EVBEGMM (03) OM30 - EVBEGMM (04) OM30 - EVBEGMM (05) OM30 - EVBEGMM (06) OM30 - EVBEGMM (91) OM29 - EVOSTEXT
OM29	verbatim text	OTHER (SPECIFY)	(01) continuous answer	OM30 - EVENDMM
ОМ30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused MM:	OM30 - EVENDDD
ОМ30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OM30 - EVENDDD
ОМ30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OM30 - OMNOTDONE
OM30	code one		(01) ALTERATION NOT YET COMPLETED (-7) Empty	OM30B-OMADD
ОМ30В		HAVE ALL DATES BEEN ENTERED?	(01) ADD ANOTHER	(01) OM30-EVBEGMM
	OMS28 OMS28 BOX OM25 OM29 OM29 OM30 OM30	OMS28 date OMS28 code one BOX OM25 routing OM29 code one OM29 verbatim text OM30 date OM30 date OM30 code one	OM528 date On what date (since (REFERENCE DATE/SURVEY REFERENCE DA	ONNES ORIGINATION OF CONTROLLING REFERENCE DATE/SURVY REPERENCE DATE/SURVY (STERRING DATE/SU

	BOX OM26		DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]? GO TO STQ.	• •	(-9) BOX OM26
MOREALTR	OM31	yes/no	some illness or injury [since (REFERENCE DATE/SURVEY REFERENCE DATE/UTILDATE)/between (REFERENCE	• •	(02) BOX OM26 (-8) BOX OM26
			In addition to the alteration(s) you just told me about, did [you/(SP)] make any other alterations because of		(01) OM29 - ALTRTYPE
	BOX OM25A	routing	ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM31 - MOREALTR.		
			IF ADMINISTERING ST, GO TO BOX ST36.		