Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			MEDICAL PROVIDER UTILIZATION QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C010 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after HHQ.		
MPPRMDOC	MP1	yes/no	(Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD), [have you/has (SP)/did (SP)] [seen/see] any medical doctors? INCLUDE ANY VISITS FOR TESTS/X-RAYS. SEE SHOWCARD AC1 FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY. [DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP18 - MPPRPRAC (-8) MP18 - MPPRPRAC (-9) MP18 - MPPRPRAC
PROVIDER_MP	MP2	roster	Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.	(01) [Continuous answer.] [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … N. [PROVIDER N] N+1. ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.	IF EXISTING PROVIDER SELECTED, GO TO BOX MP1B. ELSE IF "ADD ANOTHER" SELECTED, GO TO MP2-PROVNAME
PROVNAME	MP2	verbatim	[PROVIDER LOOKUP CALLED FROM THIS SCREEN] ENTER THE NAME OF THE PROVIDER AND THE BILLING/GROUP OR PRACTICE NAME BELOW. YOU MUST ENTER A PROVIDER NAME IN THE 'NAME' FIELD. IF THE PROVIDER IS AN INDIVIDUAL BUT YOU DO NOT KNOW THE PROVIDER'S NAME, OR IF THE PROVIDER IS AN ORGANIZATION, ENTER THE GROUP OR PRACTICE NAME IN THE 'NAME' FIELD AND LEAVE THE 'GROUP' FIELD BLANK. YOU CAN CONSULT THE RESPONDENT'S STATEMENTS AND APPOINTMENT CARDS TO ENSURE THE PROVIDER NAME IS ENTERED CORRECTLY. NAME:		MP2-GROUPNAM
GROUPNAM	MP2		GROUP:		BOX MP1B
	BOX MP1B	routing	IF (PROVIDER IS A MEDICAL PLACE) OR (PROVIDER SPECIALTY HAS ALREADY BEEN COLLECTED), GO TO BOX MP1. ELSE GO TO MP2A - PROVSPEC.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PROVSPEC	MP2A	code 1	What kind of (health practitioner/mental health professional/therapist/medical person) is (PROVIDER NAME)? [SELECT THE RESPONSE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY. IF THE RESPONDENT NAMES A MEDICAL SPECIALTY NOT LISTED BELOW, BUT LISTED ON SHOWCARD AC1, SUCH AS 'CARDIOLOGY,' SELECT 'MEDICAL DOCTOR.']	(01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (42) PHARMACIST (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused	(01) BOX MP1 (02) BOX MP1 (03) BOX MP1 (04) BOX MP1 (05) BOX MP1 (06) BOX MP1 (07) BOX MP1 (08) BOX MP1 (09) BOX MP1 (10) BOX MP1 (11) BOX MP1 (12) BOX MP1 (13) BOX MP1 (14) BOX MP1 (15) BOX MP1 (16) BOX MP1 (17) BOX MP1 (18) BOX MP1 (19) BOX MP1 (20) BOX MP1 (21) BOX MP1 (22) BOX MP1 (23) BOX MP1 (24) BOX MP1 (25) BOX MP1 (26) BOX MP1 (27) BOX MP1 (28) BOX MP1 (29) BOX MP1 (30) BOX MP1 (31) BOX MP1 (32) BOX MP1 (33) BOX MP1 (34) BOX MP1 (35) BOX MP1 (42) BOX MP1 (91) MP2A - PROVSPOS (-8) BOX MP1 (-9) BOX MP1
PROVSPOS	MP2A	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX MP1
	BOX MP1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO MP3 - VAPLACE. ELSE GO TO BOX MP2.		
VAPLACE	MP3	yes/no	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP6-EVENT (02) BOX MP2 (-8) BOX MP2 (-9) BOX MP2
	BOX MP2	routing	IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO MP4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO MP5 - HMOREFER. ELSE GO TO MP6 - EVENT.		
HMOASSOC	MP4	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP6 - EVENT (02) MP5 - HMOREFER (-8) MP5 - HMOREFER (-9) MP5 - HMOREFER
HMOREFER	MP5	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	MP6 - EVENT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EVENT	MP6	roster	When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY.	(01) [Continuous answer.]	MP6-MPADD
MPADD	MP6	choose one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE	(01) MP6 -EVENT (02) BOX MP2AA
	BOX MP2AA	routing	FOR FIRST/NEXT EVENT ENTERED AT MP6, IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT), GO TO MP6B - MPSDVIS. ELSE GO TO BOX MP2C.		
MPSDVIS	MP6B	yes/no	We have recorded that in (EVENT MONTH) [you were/(SP) was] also in (READ EVENT(S) LISTED BELOW). Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX MP2B (02) BOX MP2C (-8) BOX MP2C (-9) BOX MP2C
	BOX MP2B	routing	UPDATE EVENT TYPE TO SEPARATELY BILLING DOCTOR AND GO TO BOX MP6.		
	BOX MP2C	routing	IF PROVIDER SPECIALTY = Dentist, Medical Doctor, Optometrist, Osteopath, Paramedic, PhysicianAssistant, Podiatrist, Other, DK or RF, GO TO MP7 - ANYOPERS. ELSE GO TO MP10 - SPECCOND.		
ANYOPERS	MP7	yes/no	Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX MP2D (02) MP10 - SPECCOND (-8) MP10 - SPECCOND (-9) MP10 - SPECCOND
SPECCOND	MP10	yes/no	[Was this visit/Were any of these visits] to (PROVIDER NAME) for any specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX MP2D
	BOX MP2D	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO MP12 - PRESMDCN.		
PRESMDCN	MP12	yes/no	During [this visit/any of these visits] to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP13 - PRESFILL (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6
PRESFILL	MP13	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX MP3A (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6
	BOX MP3A	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO MP13A - MPPMMEDS. ELSE GO TO BOX PM2.		
MPPMMEDS	MP13A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since (REFERENCE DATE/UTILDATE), if you'd like to get those bottles, too.	(01) CONTINUE (-7) Empty	BOX PM2

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX PM2	routing	IF THERE IS AT LEAST ONE MEDICINE FROM A PRIOR ROUND ON THE EVENT TABLE FOR THIS CASE, GO TO MEDICINE_PM1-MEDICINE_PM1. ELSE GO TO PM2B-PMBOTTLE.		
MEDICINE_PM1	MEDICINE_PM1	code one	What is the name of the medicine?	[DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] … N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH.	BOX PM3
	BOX PM3	routing	IF THIS MEDICINE HAS AN EXACT MATCH TO THE FDB LIST (PMEDID^=.), THEN GO TO PM2A-SAMEFSAM. ELSE GO TO PMBOTTLE-PMBOTTLE.		
SAMEFSAM	SAMEFSAM	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE EXACTLY THE SAME AS IN THE PREVIOUS INTERVIEW. At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). The strength was [MEDICINE STRENGTH]. The amount -in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same strength, form and amount? CODE "NO" UNLESS -FORM, STRENGTH, AND AMOUNT EXACTLY MATCH PREVIOUS ROUND.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PM4
	BOX PM4	routing	IF SAMEFSAM=1/YES, THEN DO NOT CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM6A-GETNUM. ELSE, CREATE A NEW EVENT FOR THIS MEDICINE AND GO TO PM2B-PMBOTTLE.		
PMBOTTLE	PMBOTTLE	code one	CODE "YES" WITHOUT ASKING IF-BOTTLE, CONTAINER, BAG, STATEMENT, OR RECEIPT IS PRESENT. Do you have the medicine bottle, container or bag, or Prescription Drug Plan Statement available? IF R DOES NOT HAVE DOCUMENTATION, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.	(01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED	(01) MED-PMEDNAME (02) PMKNWNM-PMKNWNM (03) MED-PMEDNAME (-8) PMKNWNM-PMKNWNM (-9) PMKNWNM-PMKNWNM
PMEDNAME	MED	lookup	TO USE THE MEDICINE LOOKUP, START TYPING THE MEDICINE NAME IN THE PRESCRIBED MEDICINE LOOKUP BOX. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. ONCE YOU HAVE ENTERED ALL DETAILS FOR A MEDICINE, IF YOU NEED TO GO BACK AND CORRECT, USE THE GREEN "RETURN TO PRESCRIBED MEDICINE LOOKUP" BUTTON. [PRESCRIBED MEDICINE LOOKUP TOOL]	[MEDICINE NAME SELECTED FROM LOOKUP OR MANUALLY TYPED]	
PMBRNAME	MED	lookup	[PM BRAND NAME]		
PMGNNAME	MED	lookup	[PM GENERIC NAME]		
PMFORMFD	MED	lookup	Medicine Form [FDB LIST FORM NAME]		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PMFORMMC	MED	code one	Medicine Form [MCBS FORM]	(01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10 PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know (-9) Refused	(01)-(12) MED-PMSTRNFD (91) MED-PMFORMOS (-8) MED-PMSTRNFD (-9) MED-PMSTRNFD
PMFORMOS	MED	verbatim	[MEDICINE FORM OTHER SPECIFY]	(01) CONTINUOUS ANSWER	
PMFORMFN	MED	verbatim	[FINAL CONCATENATED MEDICINE FORM]		
PMSTRNFD	MED	verbatim	Medicine Strength	(01) [MEDICINE FORM SELECTED FROM LOOKUP] (-7) NOT FOUND (-8) DON'T KNOW	
STRNNUMBB	MED	numeric	Medicine strength number	(01) CONTINUOUS ANSWER	
STRNUNIT	MED	code one	Medicine strength unit	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (-8) Don't Know (-9) Refused	(01)-(08) MED-MEDID (91) MED-PMSTRNOS (-8) MED-PMEDID (-9) MED-PMEDID
PMSTRNOS	MED	verbatim	[MEDICINE STRENGTH UNIT OTHER SPECIFY]		
PMSTRUNI	MED	ookup	[FINAL CONCATENATED MEDICINE STRENGTH]		
PMEDID	MED	numeric	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]		
FAMILYID	MED	numeric	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES BY NAME ONLY, EXCLUDING STRENGTH AND FORM, THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]		
PMKNWNM	PMKNWNM	code one	DOES THE RESPONDENT KNOW THE NAME OF THE MEDICINE?	(01) YES (02) NO (-9) REFUSED	(01) MED-PMEDNAME (02) PMCOND-PMCOND (-9) PMCOND-PMCOND

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PMCOND	PMCOND	code one	What condition is this medicine prescribed for or what is its primary use? IF THIS MEDICINE IS TAKEN FOR MORE THAN ONE CONDITION, SELECT ONLY ONE.	(01) ALLERGY MEDICINE (02) ALZHEIMERS (03) ANTIBIOTICS (04) ANTIPSYCHOTIC (05) ASTHMA OR COPD (06) BLOOD PRESSURE (07) CHOLESTEROL (08) COUGH AND COLD MEDICINE (09) DEPRESSION (10) DIABETES (11) DIURETICS (WATER PILLS) (12) EAR DROPS (13) ESTROGEN (14) EYE DROPS OR PREPARATION (15) NASAL SPRAY/DROPS (16) OSTEOPOROSIS (BONE LOSS) (17) PAIN MEDICINE (18) STEROID (GLUCOCORTICOID) (19) STOMACH ACID OR ULCER (20) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)-(19) GETNUM-GETNUM (20) PMCOND-PMCONDOS (-8) GETNUM-GETNUM (-9) GETNUM-GETNUM
PMCONDOS	PMCOND	verbatim	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	
GETNUM	GETNUM	numeric	How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did [(you/(SP)] obtain (MEDICINE NAME)]]? [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.]	(01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	BOX PM5
	BOX PM5	routing	IF GETNUM=996/EVENT ENTERED IN ERROR OR PMKNWNM=02/NO OR SAMEFSAM=1/YES, GO TO PMMORE-PMMORE; ELSE IF MEDICINE FORM IS PILLS, TABLETS OR CAPSULES [PMFORMMC=1 OR PMFORMFD CONTAINS ("PILL", "TAB", "CAP") GO TO TABNUM-TABNUM; ELSE GO TO PM16-AMTUNIT.		
TABNUM	TABNUM	numeric	HOW MANY PILLS, TABLETS, OR CAPSULES WERE IN THE CONTAINER WHEN IT WAS OBTAINED?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX PM6
AMTUNIT	PM16	quantity unit	HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]	(01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW	(01) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM6
AMTUNOS	PM16	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PM16 - AMTNUM
AMTNUM	PM16	numeric		(01) CONTINUOUS ANSWER	BOX PM6
	BOX PM6	routing	IF PRESCRIPTION MEDICINE FORM IS PILLS, TABLETS OR CAPSULES, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM7.		
TABSADAY	PM12	numeric	HOW MANY PILLS, TABLETS, OR CAPSULES ARE PRESCRIBED TO BE TAKEN IN A DAY? IF LESS THAN ONE UNIT IS TO BE TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TO BE TAKEN "AS NEEDED," ENTER THE MAXIMUM AMOUNT THAT IS TO BE TAKEN IN A DAY AND SELECT "TAKE AS NEEDED". FOR MEDICINES TO BE TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS". IF THE AMOUNT TO BE TAKEN PER DAY IS NOT CLEAR OR NOT INDICATED, SELECT "DON'T KNOW".	(01) CONTINUOUS ANSWER	PM12 - TABSADAY95

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TABSADAY95	PM12	code one		(02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) Empty	PM13-TABTAKE
TABTAKE	PM13	numeric	How many pills, tablets, or capsules (do/did/does) [you/(SP)] usually take in a day? [READ IF NECESSARY: This question is asking about how often you actually take the medicine, not how often the medicine is prescribed to be taken.] IF LESS THAN ONE UNIT IS TAKEN PER DAY, ENTER THE APPROPRIATE DECIMAL VALUE (EX: HALF A PILL SHOULD BE ENTERED AS "0.5") FOR MEDICINES TAKEN "AS NEEDED," SELECT "TAKE AS NEEDED". FOR MEDICINES TAKEN ON AN IRREGULAR SCHEDULE OR THAT VARY BY DAY, SELECT "OTHER DOSING INSTRUCTIONS".	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW	PM13 - TABTAKE96
TABTAKE96	PM13	code one		(01) DON'T TAKE EVERY DAY (02) TAKE AS NEEDED (03) OTHER DOSING INSTRUCTIONS (-7) EMPTY	BOX PM7
	BOX PM7	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PMSATVA - PMSATVA. ELSE GO TO BOX PM8.		
PMSATVA	PMSATVA	yes/no	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PM8
	BOX PM8	routing	IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PMSATHMO - PMSATHMO. ELSE GO TO PMMORE-PMMORE.		
PMSATHMO	PMSATHMO	yes/no	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) 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 obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PMMORE-PMMORE
PMMORE	PM17	yes/no	([NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.]) [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTILDATE) that we haven't talked about?]	(01) ADD ANOTHER (02) ALL DONE	(01) BOX PM2 (02) BOX MP6AA
	BOX MP6AA	routing	IF ANOTHER MP EVENT WAS ADDED WITH THIS MEDICAL PROVIDER, GO TO BOX MP2AA. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP1 PROBE, GO TO MP17 - MDOCMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP18 PROBE, GO TO MP25 - PRACMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP26 PROBE, GO TO MP33 - MENTMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP34 PROBE, GO TO MP41 - THERMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP42 PROBE, GO TO MP49 - PERSMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP50 PROBE, GO TO MP56 - MPPRMORE.		
MDOCMORE	MP17	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this doctor or any other medical doctor? [DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) BOX MP6A (-8) BOX MP6A (-9) BOX MP6A

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX MP6A	routing	IF WINTER ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP REPORTED A MEDICAL PROVIDER VISIT AT MP6 AND MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR), GO TO AC20 - MDSPCLTY. ELSE GO TO MP18 - MPPRPRAC.		
MPPRPRAC	MP18	yes/no	SHOW CARD MP1 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD), [have you/has (SP)/did (SP)] [seen/see] a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.] INCLUDE ANY VISITS FOR TESTS/X-RAYS. [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT
PRACMORE	MP25	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this practitioner or any other health practitioner? [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT
MPPRMENT	MP26	yes/no	SHOW CARD MP2 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD), [have you/has (SP)/did (SP)] (seen/see) a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.] [DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP34 - MPPRTHER (-8) MP34 - MPPRTHER (-9) MP34 - MPPRTHER
MENTMORE	MP33	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this professional or any other mental health professional? [DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) BOX MP7 (-8) BOX MP7 (-9) BOX MP7
	BOX MP7	routing	IF SPALIVE=1 (ALIVE) GO TO MP33B- AFRDMT. ELSE GO TO MP34- MPPRTHER.		
AFRDMT	MP33B	yes/no	Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], was there any time when [you/(SP)] needed mental health care or counseling, but [you/he/she] didn't get mental health care because [you/he/she] couldn't afford it?	(01) YES (02) NO (-8) Don't Know (-9) Refused	MP34-MPPRTHER
MPPRTHER	MP34	yes/no	SHOW CARD MP3 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD), [have you/has (SP)/did (SP)] (seen/see) a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.] [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS. (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS
THERMORE	MP41	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this therapist or any other therapist? [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MPPRPERS	MP42	yes/no	SHOW CARD MP4 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD), [have you/has (SP)/did (SP)] (seen/see) any other medical persons like the ones listed on this card? [Other medical persons include nurse, nurse practitioner, paramedic, and physician's assistant.] [INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY. DO NOT INCLUDE PARAMEDIC IF THE AMBULANCE WAS ONLY USED FOR TRANSPORTATION SERVICES.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC
PERSMORE	MP49	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/ENDUTILD], did [you/(SP)] have any other visits to this person or any other medical person? [DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC
MPPRPLAC	MP50	yes/no	SHOW CARD MP5 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE/UNTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD), [have you/has (SP)/did (SP)] (visited/visit) any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.] [DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) BOX MP8 (-8) BOX MP8 (-9) BOX MP8
MPPRMORE	MP56	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], did [you/(SP)] have any other visits to this place or any other type of medical place? [DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) BOX MP8 (-8) BOX MP8 (-9) BOX MP8
	BOX MP8	routing	IF SPALIVE=1 (ALIVE) AND SEASON=FALL GO TO SC11- MCDRNSEE. ELSE GO TO BOX MP22.		
MCDRNSEE	SC11	yes/no	During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think [you/he/she] should have seen a doctor or other health professional, but did not? [INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC12AA - TEMPCOND1 (02) SC15 - PMNOTGET (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET
TEMPCOND1	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.]	SC12AA - TEMPCOND2
TEMPCOND2	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty	(01) SC12AA - TEMPCOND3 (-7) SC12A - MCDRATMP
TEMPCOND3	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty	SC12A - MCDRATMP
MCDRATMP	SC12A	yes/no	Did [you/(SP)] attempt to see a doctor or other health professional about this [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	SC13A - SCRCODES

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
SCRCODES	SC13A	code all	SHOW CARD MP6 This card lists some reasons people have given for not seeing a doctor or other health professional about a health problem or condition. Which of these reasons explains why [you/(SP)] did not see a doctor or other health professional about the [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	(01) BOX SC1B (02) BOX SC1B (03) BOX SC1B (04) BOX SC1B (05) BOX SC1B (06) BOX SC1B (07) BOX SC1B (91) SC13A - SCROTOS (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET
SCROTOS	SC13A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX SC1B
	BOX SC1B	routing	IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO BOX MP22.		
SCRMAIN	SC14A	code 1	Which of these was the main reason [you/(SP)] did not see a doctor or other health professional about (this condition/these conditions) during (CURRENT YEAR) ? [READ REASONS BELOW IF NECESSARY.] (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA)	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	BOX MP22
	BOX MP22	routing	If SEASON=WINTER, GO TO ACQ. If (SEASON=FALL or SUMMER) AND (INTTYPE in (C001, C002, C004,C005, C006, C007,C010), GO TO PMQ.		