

MAIN STUDY - ROUND 10

COMMUNITY COMPONENT

OM. OTHER MEDICAL EXPENSES UTILIZATION

- OM1. Next I'm going to ask you about other medical expenses that (you/SP) may have had between [(PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for eyeglasses or contact lenses?

| | | |
|---------------|------------------|----------|
| OMPREG | YES | 1 (OM2) |
| | NO | 2 (OM3) |
| | REFUSED | -7 (OM3) |
| | DON'T KNOW | -8 (OM3) |

- OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

| | |
|-----------------|----------------|
| EVNTTYPE | OMETYPE |
| EVBEGMM | EVBEGDD |
| EVBEGYY | |

- OM3. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

| | | |
|-----------------|------------------|-------------------|
| OMPRHEAR | YES | 1 (OM4) |
| | NO | 2 BOX OM5 |
| | REFUSED | -7 BOX OM5 |
| | DON'T KNOW | -8 BOX OM5 |

- OM4. When did (you/SP) buy or repair a hearing or speech device? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

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| OMETYPE | EVBEGMM |
| EVBEGDD | EVBEGYY |

OM5. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, repair or rent (other) orthopedic items, such as any of those listed on this card? [Orthopedic items include crutches, canes, wheelchairs, walkers, corrective shoes or inserts, and braces or supports.]

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|---------------------|
| SHOW CARD OM1 |
|---------------------|

OMPRORTH

YES 1 (OM6)
 NO 2 (OM9)
 REFUSED -7 (OM9)
 DON'T KNOW -8 (OM9)

OM6. What was the item?

ORTHTYPE

BRACES OR SUPPORTS..... 1
 CANE 2
 CORRECTIVE SHOES OR INSERTS..... 3
 CRUTCHES 4
 WALKER 5
 WHEELCHAIR/CART..... 6
 OTHER (SPECIFY)..... 91

**EVOSTEXT
EVNTQUES**

OM6a. Did (you/SP) buy or repair the (OM6 ITEM) or did (you/SP) rent (it/them)?

RENTPROB

BUY/REPAIR 1 **BOX OM1**
 RENT 2 **BOX OM2**
 REFUSED -7 **BOX OM1**
 DON'T KNOW -8 **BOX OM1**

| | |
|------------|---|
| BOX OM1 | IF EVENT ADDED: # THROUGH OM, GO TO OM7. # THROUGH UTS, GO TO UTSINTRC. # THROUGH ST, GO TO BOX ST12B . # THROUGH NS, GO TO BOX NS12 . # THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. # THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |
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| BOX OM2 | IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b. |
|------------|--|

OM7. When did (you/SP) buy or repair the (ITEM FROM OM6)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]

EVBE GMM EVBE GDD

EVBE GYY

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| BOX OM2A | GO TO OM8. |
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OM7a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM6).
[ENTER ONLY ONE DATE.]

EVBE GMM EVBE GDD

EVBE GYY

OM7b. (Are you/Is SP) still renting the (OM6 ITEM)?

| | | | |
|-----------------|------------------|----|-----------------|
| RENTSTIL | YES | 1 | BOX OM3b |
| RENTRECR | NO | 2 | (OM7c) |
| RENTENDR | REFUSED | -7 | BOX OM3a |
| | DON'T KNOW | -8 | BOX OM3a |

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| BOX OM3 | a. | FILL OM7c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.) |
| | b. | IF EVENT ADDED: |
| | # | THROUGH OM, GO TO OM8. |
| | # | THROUGH UTS, GO TO UTSINTRC. |
| | # | THROUGH ST, GO TO BOX ST12B . |
| | # | THROUGH NS, GO TO BOX NS12 . |
| | # | THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| # | THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. | |

OM7c. What was the last date the (OM6 ITEM) was rented?

EVENDMM

EVENDDD

EVENDYY

_____/_____/_____
MONTH DAY YEAR

| | |
|------------|--|
| BOX OM4 | IF EVENT ADDED: # THROUGH OM, GO TO OM8. # THROUGH UTS, GO TO UTSINTRC. # THROUGH ST, GO TO BOX ST12B . # THROUGH NS, GO TO BOX NS12 . # THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. # THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |
|------------|--|

OM8. In addition to the orthopedic item(s) you just told me about, did (you/SP) buy, repair or rent any other orthopedic items [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

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|---------------------|
| SHOW CARD OM1 |
|---------------------|

YES 1 (OM6)
 NO 2 (OM9)
 REFUSED -7 (OM9)

DON'T KNOW -8 (OM9)

OM9. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy diabetic equipment or supplies, such as those listed on this card? [Diabetic supplies include syringes, test paper, and test strips.]

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|---------------------|
| SHOW CARD OM2 |
|---------------------|

OMPRDIAB YES 1 (OM10)
 NO 2 (OM11)
 REFUSED -7 (OM11)
 DON'T KNOW -8 (OM11)

OM10. When did (you/SP) buy diabetic equipment or supplies? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

OMETYPE **EVBEGLMM**
EVBEGLDD **EVBEGLYY**

OM11. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) use any ambulance or rescue squad service?

OMPRAMBL YES 1 (OM12)
 NO 2 (OM13)
 REFUSED -7 (OM13)
 DON'T KNOW -8 (OM13)

- OM12. When did (you/SP) use an ambulance? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBE GMM**
EVBE GDD **EVBE GYY**

- OM13. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy or pay for repairs for any prostheses, such as those on the card? [Prostheses include artificial leg or arm, mastectomy prosthesis, and glass eye.]

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|------|
| SHOW |
| CARD |
| OM3 |

OMPRPROS YES 1 (OM14)
 NO 2 **BOX OM19**
 REFUSED -7 **BOX OM19**
 DON'T KNOW -8 **BOX OM19**

- OM14. When did (you/SP) buy or repair the prosthesis? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBE GMM**
EVBE GDD **EVBE GYY**

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| OM15 - OM18 OMITTED |
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- OM19. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any (other) expenses for oxygen or supplies or oxygen-related equipment?

OMPROXGN YES 1 (OM19a)
 NO 2 **BOX OM21**
 REFUSED -7 **BOX OM21**
 DON'T KNOW -8 **BOX OM21**

- OM19a. What was that?

OXGN TYPE OXYGEN/SUPPLIES 1 (OM20)
STOM TYPE EQUIPMENT 2 (OM19b)

- OM19b. Did (you/SP) buy or repair the oxygen-related equipment or did (you/SP) rent it?

RENTPROB BUY/REPAIR 1 **BOX OM5**
 RENT 2 **BOX OM6**
 REFUSED -7 **BOX OM5**
 DON'T KNOW -8 **BOX OM5**

| | |
|------------|---|
| BOX OM5 | <p>IF EVENT ADDED:</p> <p># THROUGH OM, GO TO OM20.</p> <p># THROUGH UTS, GO TO UTSINTRC.</p> <p># THROUGH ST, GO TO BOX ST12B .</p> <p># THROUGH NS, GO TO BOX NS12.</p> <p># THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</p> <p># THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</p> |
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| BOX OM6 | <p>IF EVENT ADDED THROUGH OM, GO TO OM20a.</p> <p>OTHERWISE, GO TO OM20b.</p> |
|------------|---|

OM20. When did (you/SP) purchase the (oxygen or supplies)/(oxygen-related equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE **EVBE GMM**
EVBE GDD **EVBE GYY**

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|------------|---|
| BOX OM7 | <p>IF OM20d NOT EQUAL TO -1, GO TO OM21.</p> <p>OTHERWISE, GO TO OM20d.</p> |
|------------|---|

OM20a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the oxygen-related equipment.

[ENTER ONLY ONE DATE.]

EVBE GMM **EVBE GDD**
EVBE GYY

OM20b. (Are you/Is SP) still renting the oxygen-related equipment?

| | | | |
|-----------------|------------------|----|-----------------|
| RENTSTIL | YES | 1 | BOX OM8b |
| RENTRECR | NO | 2 | (OM20c) |
| RENTENDR | REFUSED | -7 | BOX OM8a |
| | DON'T KNOW | -8 | BOX OM8a |

| | | |
|------------|--|---|
| BOX OM8 | a. | FILL OM20c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.) |
| | b. | IF EVENT ADDED: |
| | # | THROUGH OM, GO TO BOX OM10 . |
| | # | THROUGH UTS, GO TO UTSINTRC. |
| | # | THROUGH ST, GO TO BOX ST12B . |
| | # | THROUGH NS, GO TO BOX NS12 . |
| | # | THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| # | THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. | |

OM20c. What was the last date the equipment was rented?

EVENDMM
EVENDDD
EVENDDY

_____/_____/_____
MONTH DAY YEAR

| | |
|------------|--|
| BOX OM9 | IF OMS19 -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA4 . OTHERWISE, IF EVENT ADDED: |
| | # THROUGH OM, GO TO BOX OM10 . |
| | # THROUGH UTS, GO TO UTSINTRC. |
| | # THROUGH ST, GO TO BOX ST12B . |
| | # THROUGH NS, GO TO BOX NS12 . |
| | # THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| | # THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |

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| BOX OM10 | IF OM20d NOT EQUAL TO -1, GO TO OM21. OTHERWISE, GO TO OM20d. |
|-------------|--|

OM20d. In addition to the [(oxygen or supplies)/(oxygen-related equipment)] that you just told me about, did (you/SP) [(buy oxygen or supplies)/(have any expenses for oxygen-related equipment)]?

YES 1 **BOX OM11**
NO 2 **BOX OM21**
REFUSED -7 **BOX OM21**
DON'T KNOW -8 **BOX OM21**

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| BOX OM11 | IF OM19a = 1, GO TO OM19b. IF OM19a = 2, GO TO OM20. |
|-------------|---|

Household (Round 10 main)

| | | | |
|----------|------------------|----|-----------|
| OMPRKDNY | YES | 1 | BOX OM21a |
| | NO | 2 | (OM23) |
| | REFUSED | -7 | (OM23) |
| | DON'T KNOW | -8 | (OM23)3 |

| | | | |
|-----------------|-----------------|---|---------|
| KDNYTYPE | SUPPLIES | 1 | (OM22) |
| STOMTYPE | EQUIPMENT | 2 | (OM21b) |

| | | | |
|-----------------|------------------|----|-----------------|
| RENTPROB | BUY/REPAIR | 1 | BOX OM12 |
| | RENT | 2 | BOX OM13 |
| | REFUSED | -7 | BOX OM12 |
| | DON'T KNOW | -8 | BOX OM12 |

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| BOX OM12 | <p>IF EVENT ADDED:</p> <p># THROUGH OM, GO TO OM22.</p> <p># THROUGH UTS, GO TO UTSINTRC.</p> <p># THROUGH ST, GO TO BOX ST12B.</p> <p># THROUGH NS, GO TO BOX NS12.</p> <p># THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</p> <p># THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</p> |
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|-------------|--|
| BOX OM13 | IF EVENT ADDED THROUGH OM, GO TO OM22a. OTHERWISE, GO TO OM22b. |
|-------------|--|

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|---------|---------|
| OMETYPE | EVBEGMM |
| EVBEGDD | EVBEGYY |

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|-------------|--|
| BOX OM14 | IF OM22d NOT EQUAL TO -1, GO TO OM23. OTHERWISE, GO TO OM22d. |
|-------------|--|

OM22a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the kidney dialysis equipment. [ENTER ONLY ONE DATE.]

EVBEGMM

EVBEGDD

EVBEGYY

OM22b. (Are you/Is SP) still renting the kidney dialysis equipment?

RENTSTIL

YES 1 **BOX OM15b.**

RENTRECR

NO 2 (OM22c)

RENTENDR

REFUSED -7 **BOX OM15a.**DON'T KNOW -8 **BOX OM15a.**

| | | |
|-------------|----|--|
| BOX OM15 | a. | FILL OM22c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.) |
| | b. | IF EVENT ADDED: |
| | # | THROUGH OM, GO TO BOX OM17. |
| | # | THROUGH UTS, GO TO UTSINTRC. |
| | # | THROUGH ST, GO TO BOX ST12B. |
| | # | THROUGH NS, GO TO BOX NS12. |
| | # | THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| | # | THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |

OM22c. What was the last date the equipment was rented?

EVENMMM

EVENDDD

EVENYYY

_____/_____/_____
MONTH DAY YEAR

| | |
|-------------|---|
| BOX OM16 | IF EVENT ADDED: |
| | # THROUGH OM, GO TO BOX OM17. |
| | # THROUGH UTS, GO TO UTSINTRC. |
| | # THROUGH ST, GO TO BOX ST12B. |
| | # THROUGH NS, GO TO BOX NS12. |
| | # THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| | # THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |

| | |
|-------------|--|
| BOX OM17 | IF OM22d NOT EQUAL TO -1, GO TO OM23. OTHERWISE, GO TO OM22d. |
|-------------|--|

OM22d. In addition to the [(dialysis supplies)/(dialysis equipment)] that you just told me about, did (you/SP) [(buy dialysis supplies)/(obtain any dialysis equipment)]?

YES 1 **BOX OM18**
 NO 2 **BOX OM23**
 REFUSED -7 **BOX OM23**
 DON'T KNOW -8 **BOX OM23**

| | |
|-------------|---|
| BOX OM18 | IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22. |
|-------------|---|

OM23. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, rent, or repair any other medical equipment besides what we have talked about? [Other medical equipment and supplies include portable commode or raised toilet seat, portable tub seat, special chairs or cushions, hospital beds, ostomy supplies, Depends or Serenity (disposable diapers), bandages, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, et al.]

| | | |
|---------------------|-----------------|-------------------------------------|
| SHOW CARD OM4 | OMPROTHR | YES 1 (OM24) |
| | | NO 2 BOX OM24 |
| | | REFUSED -7 BOX OM24 |
| | | DON'T KNOW -8 BOX OM24 |

OM24. What kind of equipment was the item?

| | |
|-----------------|--|
| OTHRTYPE | PORTABLE COMMODE OR RAISED TOILET SEAT 1 (OM24a) |
| | PORTABLE TUB SEAT 2 (OM24a) |
| | SPECIAL CHAIR/CUSHION/MATTRESS 3 (OM26) |
| | HOSPITAL BED/BED SIDES 4 (OM24a) |
| | OSTOMY SUPPLIES 5 (OM25) |
| | DEPENDS, SERENITY (I.E., DISPOSABLE DIAPERS) 6 (OM25) |
| EVOSTEXT | BANDAGES, DRESSINGS, |
| EVNTQUES | TAPE SUPPLIES 7 (OM25) |
| STOMTYPE | PULMONARY EQUIPMENT 8 (OM24a) |
| | OTHER (SPECIFY) 91 (OM24a) |

OM24a. Did (you/SP) buy or repair the (OM24 ITEM) or did (you/SP) rent it?

| | | | |
|-----------------|------------------|----|-----------------|
| RENTPROB | BUY/REPAIR | 1 | BOX OM19 |
| | RENT | 2 | BOX OM20 |
| | REFUSED | -7 | BOX OM19 |
| | DON'T KNOW | -8 | BOX OM19 |

| | |
|-------------|--|
| BOX OM19 | IF EVENT ADDED: # THROUGH OM, GO TO OM26. # THROUGH UTS, GO TO UTSINTRC. # THROUGH ST, GO TO BOX ST12B . # THROUGH NS, GO TO BOX NS12 . # THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. # THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |
|-------------|--|

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|-------------|---|
| BOX OM20 | IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1. |
|-------------|---|

OM25. [INTERVIEWER: 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 (REF. DATE).

How many times [since (REF. DATE) (have you/has SP) bought or obtained/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (you/SP) buy or obtain] (ITEM IN OM24)?

| | | |
|-----------------|----------------------|-----------|
| | NUMBER OF TIME:_____ | (OM27) |
| GETNUM | REFUSED | -7 (OM27) |
| PMROTYPE | DON'T KNOW | -8 (OM27) |

OM26. When did (you/SP) buy or repair the (ITEM IN OM24)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [ENTER ALL DATES.]

| | |
|-----------------|-----------------|
| OMETYPE | EVBE GMM |
| EVBE GDD | EVBE GYY |

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| BOX OM21 | GO TO OM27. |
|-------------|-------------|

OM26a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM24) [ENTER ONLY ONE DATE.]

OM26a1. (Are you/Is SP) still renting the (OM24 ITEM)?

RENTSTIL

YES 1 **BOX OM22b.**

NO 2 (OM26b)

REFUSED -7 **BOX OM22a.**

DON'T KNOW -8 **BOX OM22a.**

| | | |
|-------------|--|--|
| BOX OM22 | a. | FILL OM26c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.) |
| | b. | IF EVENT ADDED: |
| | # | THROUGH OM, GO TO OM27. |
| | # | THROUGH UTS, GO TO UTSINTRC. |
| | # | THROUGH ST, GO TO BOX ST12B. |
| | # | THROUGH NS, GO TO BOX NS12. |
| | # | THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| # | THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. | |

OM26b. What was the last date (you/SP) rented the (OM24 ITEM)?

OMETYPE

EVENDMM

EVENDDD

EVENDYY

_____/_____/_____
MONTH DAY YEAR

| | |
|-------------|---|
| BOX OM23 | IF EVENT ADDED: |
| | # THROUGH OM, GO TO BOX OM27. |
| | # THROUGH UTS, GO TO UTSINTRC. |
| | # THROUGH ST, GO TO BOX ST12B. |
| | # THROUGH NS, GO TO BOX NS12. |
| | # THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. |
| | # THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1. |

OM27. In addition to the medical equipment you just told me about, did (you/SP) buy, rent, or repair any other medical equipment since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

YES 1 (OM24)

NO 2 **BOX OM24**

REFUSED -7 **BOX OM24**

DON'T KNOW -8 **BOX OM24**

| | |
|-------------|---|
| BOX OM24 | IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD, GO TO OM30. |
|-------------|---|

OM28. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], 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.]

| | |
|---------------------|---|
| SHOW CARD OM5 | OMPRALTR YES 1 (OM29) NO 2 BOX PMS1 REFUSED -7 BOX PMS1 DON'T KNOW -8 BOX PMS1 |
|---------------------|---|

OM29. What was the alteration?

| | |
|-----------------|------------------------------------|
| ALTRTYPE | ELEVATOR OR INCLINE CHAIR 1 |
| | HANDRAILS (OTHER THAN TUB) 2 |
| | RAMPS 3 |
| | TUB HANDRAILS 4 |
| EVOSTEXT | TUB SEAT 5 |
| EVNTQUES | ANY CAR ALTERATION 6 |
| | Other (SPECIFY) 91 |

OM30. [Last time (you/SP) had started to make an alteration (ALTERATION FROM OM29) that was not completed as of (PREVIOUS ROUND INTERVIEW DATE).]
 On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?
 [ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]

OM31. In addition to the alteration(s) you just told me about, did (you/SP) make any other alterations because of some illness or injury [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

| | |
|------------------|--------------------|
| YES | 1 (OM29) |
| NO | 2 BOX PMS1 |
| REFUSED | -7 BOX PMS1 |
| DON'T KNOW | -8 BOX PMS1 |

OM1. OTHER MEDICAL EXPENSES UTILIZATION

This attachment shows an example of the visit roster for Other Medical Expenses Utilization. The roster is displayed for questions OM2, OM4, OM7, OM7a, OM10, OM12, OM14, OM20, OM20a, OM22, OM26, and OM26a.

For the visit roster at OM2, display "N/A" (for "not applicable") in the column labeled "PURCHASES" and in the column labeled "STOP DATE." Display the name of the item from question OM1. Place the cursor on the first entry field for the date and allow the entire date to be entered. If CTRL/A is pressed after the first entry, display "N/A" in "PURCHASES" and "STOP DATE" column and the name of the item from question OM1 on the next line of the roster. Place the cursor on the first entry field for the date and allow the entire date to be entered for the next item.

Display "N/A" in the column labeled "PURCHASES" for all other medical expenses except for those coded 5 or 6 at question OM24. For those items coded 5 or 6 at question OM24, display "N/A" in the date column and copy the number of times entered at OM25 to the visit roster.

Display "N/A" in column labeled "STOP DATE" for all other medical expenses except for those coded as "rental" (OM6a = 2, OM19b = 2, OM21b = 2, OM24a = 2). For items entered as a rental, the roster should display a start date and a stop date (as shown below) and the letter "R" (as shown below). If the item is currently being rented (OM7b = 1, OM20b = 1, OM22b = 1, or OM26a1 = 1) or is being added to the roster, display "N/A" in the stop date column. If the item is no longer being rented, display the stop date as entered in OM7c, OM20c, OM22c, and OM26b respectively. Visit rosters shown at OM7, OM7a, OM20, OM20a, OM22, OM22a, OM26, and OM26a should display all purchased and rented items of the particular event type (for example: oxygen and oxygen-related equipment).

OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION.) [ENTER ALL DATES.]

(TO ADD A DATE, PRESS CTRL/A.)

TO LEAVE SCREEN, PRESS ESC.

| START | STOP | PURCHASES | OME TYPE |
|----------|----------|-----------|-------------------|
| MM/DD/YY | MM/DD/YY | N/A | R (ITEM FROM OM1) |