

MCBS MAIN STUDY - ROUND 46, FALL 2006
 COMMUNITY COMPONENT
 OM. OTHER MEDICAL EXPENSES UTILIZATION

BOX OM1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO BOX PMS1 . OTHERWISE, GO TO OM1.
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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 of eyeglasses or contact lenses?

- OMPREYEG** 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
EVBEGY

BOX OM1AA	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM2a FOR EACH DATE ENTERED AT OM2. OTHERWISE, GO TO OM3.
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OM2a. On (DATE AT OM2), did (you/SP) buy or repair the glasses or contact lenses at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the glasses or lenses at a plan center; at an optician, optometrist or other place that honors (your/SP's) plan card; or through a place or service that the plan referred (you/SP) to.]

- OMSATHMO** YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

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 of a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

- OMPRHEAR** YES 1 (OM4)
- NO 2 **BOX OMA1**
- REFUSED -7 **BOX OMA1**
- DON'T KNOW -8 **BOX OMA1**

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.]

- OMETYPE**
- EVBEGMM**
- EVBEGDD**
- EVBEGYY**

BOX OM1BB	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM4a FOR EACH DATE ENTERED AT OM4. OTHERWISE, GO TO BOX OMA1 .
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OM4a. On (DATE AT OM4), did (you/SP) buy or repair the hearing or speech device at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED 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.]

- OMSATHMO** YES 1
- NO 2
- REFUSED -7
- DON'T KNOW -8

BOX OMA1	IF OM6 = 4, 5, 6, 91 AND OM7b = 1 FOR THE (FIRST/NEXT) ORTHOPEDIC ITEM FROM THE PREVIOUS ROUND, GO TO OMS5. OTHERWISE, GO TO OM5.
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OMS5. At the time of the last interview, (you were/SP was) renting (OM6 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [(is/was)/(are/were)] the (OM6 ITEM) being rented?

- RENTSTIL** YES 1 **BOX OM1EE**
- RENTRECR** NO 2 (OM7c)
- RENTENDR** EVENT ENTERED IN ERROR 3 **BOX OMA1**
- REFUSED -7 **BOX OM3(a)**
- DON'T KNOW -8 **BOX OM3(a)**

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, support stockings, and braces or supports.]

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/SUPPORTS.....	1 (OM7)
	CANE	2 (OM7)
	CORRECTIVE SHOES/INSERTS.....	3 (OM7)
	CRUTCHES	4 (OM6a)
EVOSTEXT	WALKER	5 (OM6a)
	EVNTQUES	
	WHEELCHAIR/CART.....	6 (OM6a)
	STOCKINGS	7 (OM7)
	OTHER (SPECIFY)	91 (OM6a)

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	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM7. ■ THROUGH UTS AND SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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BOX OM2	IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b.
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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.]

EVBEGMM
EVBEGDD
EVBEGYG

BOX OM1CC	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa FOR EACH DATE ENTERED AT OM7. OTHERWISE, GO TO OM8.
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OM7aa. On (DATE IN OM7), did (you/SP) buy (or repair) the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM6 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.]

- OMSATHMO**
- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8

BOX OM2A	IF EVENT ADDED THROUGH UTS, GO TO UTSINTRC. IF EVENT ADDED THROUGH CTRL/I, RETURN TO INT8. OTHERWISE, 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.]

EVBEGMM
EVBEGDD
EVBEGYY

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

- RENTSTIL** YES 1 **BOX OM1DD**
RENTRECR NO 2 (OM7c)
RENTENDR REFUSED -7 **BOX OM3(a)**
 DON'T KNOW -8 **BOX OM3(a)**

BOX OM1DD	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO BOX OM3(b) .
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BOX OM1EE	<p>(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO (b).</p> <p>(b) IF COMING FROM OMS5, GO TO BOX OMA1. OTHERWISE, GO TO BOX OM4.</p>
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OM7d. Did (you/SP) rent the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM6 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.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OM4	<p>IF OMS5 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA1. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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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)]?

TEMP 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 equipment or supplies include syringes, test paper, test strips, and blood monitoring kits.]

SHOW CARD OM2	<p>OMPRDIAB YES 1 (OM10) NO 2 (OM11) REFUSED -7 (OM11) DON'T KNOW -8 (OM11)</p>
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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
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM1FF	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM10a FOR EACH DATE ENTERED AT OM10. OTHERWISE, GO TO OM11.
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OM10a. On (DATE IN OM10), did (you/SP) buy the diabetic equipment or supplies at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying the diabetic equipment or supplies 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.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

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

BOX OM1GG	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM12a FOR EACH DATE IN OM12. OTHERWISE, GO TO OM13.
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OM12a. Was the ambulance on (DATE) provided by or approved by [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could mean that the ambulance was sent by the plan, or that (you/SP) or someone for (you/SP) contacted the plan for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

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

SHOW CARD OM3

OMPRPROS YES 1 (OM14)
 NO 2 **BOX OMA4**
 REFUSED -7 **BOX OMA4**
 DON'T KNOW -8 **BOX OMA4**

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
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1HH	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM14a FOR EACH DATE ENTERED AT OM14. OTHERWISE, GO TO BOX OMA4 .
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OM14a. On (DATE AT OM14), did (you/SP) buy or repair the prosthesis at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED 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.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

OM15 - OM18 OMITTED IN ROUND 1.

BOX OMA4	IF OM20b = 1 FOR THE (FIRST/NEXT) OXYGEN-RELATED EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS19. OTHERWISE, GO TO OM19.
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OMS19. At the time of the last interview, (you were/SP was) renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)] (is/was) the oxygen-related equipment being rented?

- RENTSTIL** YES 1 **BOX OM1KK**
- RENTRECR** NO 2 (OM20c)
- RENTENDR** EVENT ENTERED IN ERROR 3 **BOX OMA4**
- REFUSED -7 **BOX OM8(a)**
- DON'T KNOW -8 **BOX OM8(a)**

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 OMA11**
- REFUSED -7 **BOX OMA11**
- DON'T KNOW -8 **BOX OMA11**

OM19a. What was that?

- OXGNTYPE** OXYGEN/SUPPLIES 1 (OM20)
- STOMTYPE** 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**
- BOUGHT/REPAIRED EQUIPMENT
AND RENTED EQUIPMENT 3 **BOX OM5**
- REFUSED -7 **BOX OM5**
- DON'T KNOW -8 **BOX OM5**

BOX OM5	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM20. ■ THROUGH UTS AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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OM20b. (Are you/Is SP) still renting the oxygen-related equipment?

RENTSTIL YES 1 **BOX OM1JJ**
RENTRECR NO 2 (OM20c)
RENTENDR REFUSED -7 **BOX OM8(a)**
 DON'T KNOW -8 **BOX OM8(a)**

BOX OM1JJ	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO BOX OM8(b) .
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BOX OM8	(a) FILL OM20c WITH -8 OR -7 AS APPROPRIATE, AND THEN GO TO (b). (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: <ul style="list-style-type: none"> ■ THROUGH OMS, GO TO BOX OMA4. ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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OM20c. What was the last date the equipment was rented?

EVENDMM _____ / _____ / _____
EVENDDD MM DD YY
EVENDYY

BOX OM8A	IF INS1 = 3, GO TO BOX OM1KK . OTHERWISE, GO TO OM20cc.
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OM20cc. You said (you/SP) stopped renting the oxygen-related 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?

RENT2BUY NO LONGER HAVE THE ITEM 1 **BOX OM1KK**
 PURCHASED THROUGH RENT-TO-BUY ... 2 **BOX OM8B**
 OTHER..... 3 (OM20ccVB)
 REFUSED -7 **BOX OM1KK**
 DON'T KNOW -8 **BOX OM1KK**

OM20ccVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT.

- REN2BVB1 _____
- REN2BVB2 _____
- REN2BVB3 _____
- REN2BVB4 _____

BOX OM8B	IF OM20cc = 2 OR 3, THEN SET RBUYCOST = 1. GO TO BOX OM1KK .
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BOX OM1KK	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO (b). (b) IF COMING FROM OMS19, GO TO BOX OMA4 . OTHERWISE, GO TO BOX OM9 .
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OM20d1. Did (you/SP) rent the oxygen equipment at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the oxygen 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.]

- OMSATHMO**
- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8

BOX OM9	IF OMS19 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA4 . OTHERWISE, IF EVENT ADDED: <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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BOX OM10	IF OM20d ≠ -1, GO TO BOX OMA11 . OTHERWISE, GO TO OM20d.
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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)]?

- TEMP**
- YES 1 **BOX OM11**
 - NO 2 **BOX OMA11**
 - REFUSED -7 **BOX OMA11**
 - DON'T KNOW -8 **BOX OMA11**

BOX OM11	IF OM19a = 1, GO TO OM19b. IF OM19a = 2, GO TO OM20.
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BOX OMA11	IF OM22b = 1 FOR THE (FIRST/NEXT) KIDNEY DIALYSIS EQUIPMENT RENTAL FROM THE PREVIOUS ROUND, GO TO OMS21. OTHERWISE, GO TO OM21.
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OMS21. At the time of the last interview, (you were/SP was) renting equipment for kidney dialysis. As of (today/DATE OF DEATH/INSTITUTIONALIZATION), (is/was) the equipment being rented?

- RENTSTIL** YES 1 **BOX OM1NN**
RENTRECR NO 2 (OM22c)
RENTENDR EVENT ENTERED IN ERROR 3 **BOX OMA11**
 REFUSED -7 **BOX OM15(a)**
 DON'T KNOW -8 **BOX OM15(a)**

OM21. (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 any (other) kidney dialysis supplies or buy, rent, or repair any related equipment?

- OMPRKDN** YES 1 (OM21a)
 NO 2 **BOX OMA18**
 REFUSED -7 **BOX OMA18**
 DON'T KNOW -8 **BOX OMA18**

OM21a. What was that?

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

OM21b. Did (you/SP) buy or repair the dialysis equipment, or did (you/SP) rent it?

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

OM22cc. 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?

- RENT2BUY**
- NO LONGER HAVE THE ITEM 1 **BOX OM1NN**
 - PURCHASED THROUGH RENT-TO-BUY ... 2 **BOX OM15B**
 - OTHER..... 3 (OM22ccVB)
 - REFUSED -7 **BOX OM1NN**
 - DON'T KNOW -8 **BOX OM1NN**

OM22ccVB. INTERVIEWER: BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT.

REN2BVB1 _____

REN2BVB2 _____

REN2BVB3 _____

REN2BVB4 _____

BOX OM15B	IF OM22cc = 2 OR 3, THEN SET RBUYCOST = 1. GO TO BOX OM1NN .
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BOX OM1NN	(a) IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO (b). (b) IF COMING FROM OMS21, GO TO BOX OMA11 . OTHERWISE, GO TO BOX OM16 .
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OM22d1. Did (you/SP) rent the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM21a 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.]

- OMSATHMO**
- YES 1
 - NO 2
 - REFUSED -7
 - DON'T KNOW -8

BOX OM16	IF OMS21 ≠ -1 FOR THIS (NEXT) EVENT, GO TO BOX OMA11 . OTHERWISE, IF EVENT ADDED: <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS11B. ■ THROUGH CTRL/I, RETURN TO INT8.
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BOX OM17	IF OM22d ≠ -1, GO TO BOX OMA18 . OTHERWISE, GO TO OM22d.
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OM22d. In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did (you/SP) [(buy kidney dialysis supplies)/(obtain any kidney dialysis equipment)]?

TEMP	YES	1	BOX OM18
	NO	2	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

BOX OM18	IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22.
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BOX OMA18	IF OM24 = 1, 2, 3, 4, 8, 91 AND OM26a1 = 1 FOR THE (FIRST/NEXT) MEDICAL EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS23. OTHERWISE, GO TO OM23.
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OMS23. At the time of the last interview, (you were/SP was) renting (PREV. ROUND OM24 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (PREV. ROUND OM24 ITEM) being rented?

RENTSTIL	YES	1	BOX OM1QQ
RENTRECR	NO	2	(OM26b)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA18
	REFUSED	-7	BOX OM22(a)
	DON'T KNOW	-8	BOX OM22(a)

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 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, Depends, Serenity or other brands of disposable undergarments, pads, or briefs, incontinence supplies, bandages, blood pressure equipment such as cuffs or monitors, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, etc.

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 COMMODORE OR RAISED TOILET SEAT	1 (OM24a)
	PORTABLE TUB SEAT	2 (OM24a)
	SPECIAL CHAIR/CUSHION/MATTRESS	3 (OM24a)
	HOSPITAL BED/BED SIDES	4 (OM24a)
	OSTOMY SUPPLIES	5 (OM25)
	INCONTINENCE SUPPLIES (I.E., DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS)	6 (OM25)
EVOSTEXT	BANDAGES, DRESSINGS, TAPE SUPPLIES	7 (OM25)
EVNTQUES	PULMONARY EQUIPMENT	8 (OM24a)
STOMTYPE	BLOOD PRESSURE EQUIPMENT	9 (OM26)
	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 AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM26aa. ■ THROUGH UTS AND SP HAD NO MANAGED CARE PLAN THIS ROUND, GO TO UTSINTRC. ■ THROUGH CTRL/I AND SP HAS MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM26aa. ■ THROUGH CTRL/I AND SP HAD NO MANAGED CARE PLAN THIS ROUND, RETURN TO INT8.
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BOX OM20	IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1.
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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 (SP) buy or obtain] (ITEM IN OM24)?

GETNUM	NUMBER OF TIMES:	(OM27)
PMROTYPE	REFUSED	-7 (OM27)
	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

BOX OM100	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8, 9, OR 91, GO TO OM26aa FOR EACH DATE ENTERED AT OM26. OTHERWISE, GO TO OM27.
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OM26aa. On (DATE IN OM26), did (you/SP) buy or repair the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (ITEM IN OM24) 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.]

OMSATHMO YES 1
 NO 2
 REFUSED -7
 DON'T KNOW -8

BOX OM21	IF EVENT ADDED IN UTS, GO TO UTSINTRC. IF EVENT ADDED IN CTRL/I, RETURN TO INT8. IF EVENT ADDED IN ST OR NS, GO TO BOX OM22(b) . OTHERWISE, GO TO OM27.
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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.]

EVBE GMM
EVBE GDD
EVBE GYY

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

RENTSTIL YES 1 **BOX OM1PP**
 NO 2 (OM26b)
 REFUSED -7 **BOX OM22(a)**
 DON'T KNOW -8 **BOX OM22(a)**

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

- OMPALTR** 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.]

EVBEGMM _____ / _____ / _____
EVBEGDD MM DD YY
EVBEGY

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)]?

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

ATTACHMENT OM1
 OM VISIT ROSTER

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, 6, or 7 at question OM24. For those items coded 5, 6, or 7 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). If the item is a rental and RENT2BUY ≠ 2, display the letter "R" in the rental status column. If the item is not a rental or if RENT2BUY = 2, then suppress the letter "R". If the item is currently being rented (OM7b = 1, OM20b = 1, OM22b = 1, or OM26a1 = 1), display "RR" in the stop date column. If the item is being added to the roster, display "N/A" in the stop date column. If RENT2BUY = 2, then display "OW" for stop date. Otherwise, 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)

OM Addendum

Segments: EVNT
HRND
PMRO
EVOS

BOX OM1AA, BOX OM1BB, BOX OM1, BOX OM1CC, BOX OM1DD, BOX OM1EE, BOX OM1FF, BOX OM1GG, BOX OM1HH, BOX OM5, BOX OM1II, BOX OM1JJ, BOX OM1KK, BOX OM12, BOX OM1LL, BOX OM1NN, BOX OM19, BOX OM1OO, BOX OM1PP, BOX OM1QQ: "IF SP HAD ANY . . . THIS ROUND":

- MEDICARE MANAGED CARE: COVANYTM = 1
- MEDICAID MANAGED CARE: MCAIDHMO = 1
- PRIVATE MANAGED CARE: PPRVHMO = 1