

Medicare Current Beneficiary Survey

Section Specifications for 2012 R64 USF

USE OF SERVICES

Created on 6/13/2013 2:04:23 PM

BOX USBEG

BOX INSTRUCTIONS

GO TO US1PRE - US1PRECT.

US1PRE

Code 1

QUESTION TEXT

This series of questions is about the health care services that (SP) may have received between (US REFERENCE START DATE) and (US REFERENCE END DATE) while (he/she) resided in (FACILITY).

The questions include any services that (he/she) received outside this (facility/home), as well as care from any providers who saw (him/her) here. The kinds of services I will be asking about include physician care, dental care, mental health services, various kinds of therapies, and care from other kinds of health care providers. I will be asking about the type of provider and the frequency or duration of the services. Please do not include care while (he/she) was an overnight inpatient in an acute care hospital.

PRESS "1" TO CONTINUE.

FIELD 1: US1PRECT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	US1 - OUTMDVST

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day

year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

US1

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE) while a resident in this (facility/home), did (SP) see a medical doctor of any kind, outside the (facility/home), excluding mental health therapy provided by a psychiatrist?

FIELD 1: OUTMDVST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US3 - INMDVST
1	YES	US2 - OUTMDFRQ

US2

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see doctors outside this (facility/home)?

FIELD 1: OUTMDFRQ**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US3 - INMDVST

US3

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a medical doctor of any kind, here, in this (facility/home), excluding mental health therapy provided by a psychiatrist?

FIELD 1: INMDVST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US6PRE - US6PRECT
1	YES	US5A - ANYMDFRQ

US3A

Code 1

QUESTION TEXT

Please tell me the name and title of someone in (FACILITY) who could give me that information.

Thank you for your time, those are all the questions I have for you. Right now I need to continue with [PERSON NAMED] to complete these questions.

PRESS "CTRL/R" TO ADD A PERSON TO THE PERSON ROSTER.

PRESS "1" TO CONTINUE.

FIELD 1: US3ACT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	BOX USEND

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

DESIGN NOTES

Terminate Use with this respondent and return to navigation screen. Set USE status, on the navigate screen to READY. Begin USE at US1PRE on re-entry.

US5A

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see any doctor here?

FIELD 1: ANYMDFRQ**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US6PRE - US6PRECT

US6PRE

Code 1

QUESTION TEXT

The following questions are about services used both inside and outside this (facility/home).
We are only interested in services (SP) received while residing in (FACILITY).

PRESS "1" TO CONTINUE.

FIELD 1: US6PRECT

FIELD 1 ROUTING

Value	Label	Route
1	CONTINUE	US6 - DENTVST

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text.

Display all stays where STAY.XSTPLAC <> 000 that were reported for this SP in chronological order by start date of the stay.

Report header: STAY TIMELINE

Report layout:

Column 1, header="Place Name", display PLAC.PLACNAME of PLAC where PLAC.PLACNUM = STAY.XSTPLAC.

Column 2, header="Start Date", display STAY.STAYSMM+STAY.STAYSDD+STAY.STAYSYY in month, day year format.

Column 3, header="End Date", display STAY.STAYEMM+STAY.STAYEDD+STAY.STAYEYY in month, day year format.

Column 4, header="Stay Type", display STAY.STAYCLAS.

US6

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

FIELD 1: DENTVST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US8 - MENTLVST
1	YES	US7 - DENTFRQ

US7

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many times did (he/she) see a dentist, dental surgeon, dental assistant, or any other professional for dental care?

FIELD 1: DENTFRQ**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US8 - MENTLVST

US8

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a psychiatrist or any other mental health care professional either inside or outside this (facility/home)?

FIELD 1: MENTLVST**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US12 - PHYSTHPY
1	YES	US9 - PSYCHTYP

US9

Code All

QUESTION TEXT

What type of mental health specialist did (he/she) see?

[PROBE: Any others?]

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: PSYCHTYP

FIELD 1 ROUTING

Value	Label	Route
1	LICENSED CLINICAL SOCIAL WORKER	BOX US10A
2	PSYCHIATRIC NURSE	BOX US10A
3	PSYCHIATRIC SOCIAL WORKER	BOX US10A
4	PSYCHIATRIST	BOX US10A
5	PSYCHOLOGIST	BOX US10A
91	OTHER	US9 - PSYCHOS

FIELD 2: PSYCHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX US10A

BOX US10A

BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 1/LicensedClinicalSocWork, GO TO US10A - LCSOWSES.

ELSE GO TO BOX US10B.

US10A

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a licensed clinical social worker?

FIELD 1: LCSOWSES**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US11A - LCSOWTYP

US11A

Code 1

QUESTION TEXT

Were these individual sessions, group sessions, or some of both?

FIELD 1: LCSOWTYP**FIELD 1 ROUTING**

Value	Label	Route
1	INDIVIDUAL	BOX US10B
2	GROUP	BOX US10B
3	BOTH	BOX US10B

BOX US10B

BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 2/PsychiatricNurse, GO TO US10B - PSCNUSES.

ELSE GO TO BOX US10C.

US10B

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric nurse?

FIELD 1: PSCNUSES**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US11B - PSCNUTYP

US11B

Code 1

QUESTION TEXT

Were these individual sessions, group sessions, or some of both?

FIELD 1: PSCNUTYP**FIELD 1 ROUTING**

Value	Label	Route
1	INDIVIDUAL	BOX US10C
2	GROUP	BOX US10C
3	BOTH	BOX US10C

BOX US10C

BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 3/PsychiatricSocWork, GO TO US10C - PSSOWSES.

ELSE GO TO BOX US10D.

US10C

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatric social worker?

FIELD 1: PSSOWSES**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US11C - PSSOWTYP

US11C

Code 1

QUESTION TEXT

Were these individual sessions, group sessions, or some of both?

FIELD 1: PSSOWTYP**FIELD 1 ROUTING**

Value	Label	Route
1	INDIVIDUAL	BOX US10D
2	GROUP	BOX US10D
3	BOTH	BOX US10D

BOX US10D

BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 4/Psychiatrist, GO TO US10D - PSCIASES.

ELSE GO TO BOX US10E.

US10D

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychiatrist?

FIELD 1: PSCIASES**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US11D - PSCIATYP

US11D

Code 1

QUESTION TEXT

Were these individual sessions, group sessions, or some of both?

FIELD 1: PSCIATYP**FIELD 1 ROUTING**

Value	Label	Route
1	INDIVIDUAL	BOX US10E
2	GROUP	BOX US10E
3	BOTH	BOX US10E

BOX US10E

BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 5/Psychologist, GO TO US10E - PSCOLSES.

ELSE GO TO BOX US10F.

US10E

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a psychologist?

FIELD 1: PSCOLSES**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US11E - PSCOLTYP

US11E

Code 1

QUESTION TEXT

Were these individual sessions, group sessions, or some of both?

FIELD 1: PSCOLTYP**FIELD 1 ROUTING**

Value	Label	Route
1	INDIVIDUAL	BOX US10F
2	GROUP	BOX US10F
3	BOTH	BOX US10F

BOX US10F

BOX INSTRUCTIONS

IF US9-PSYCHTYP INCLUDES 91/Other, GO TO US10F - PSOTRSES.

ELSE GO TO US12 - PHYSTHPY.

US10F

Numeric

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), how many sessions or visits did (he/she) have to a (OTHER MENTAL HEALTH SPECIALIST)?

FIELD 1: PSOTRSES**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US11F - PSOTRTYP

US11F

Code 1

QUESTION TEXT

Were these individual sessions, group sessions, or some of both?

FIELD 1: PSOTRTYP**FIELD 1 ROUTING**

Value	Label	Route
1	INDIVIDUAL	US12 - PHYSTHPY
2	GROUP	US12 - PHYSTHPY
3	BOTH	US12 - PHYSTHPY

US12

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) see a therapist such as a physical therapist, speech therapist, I.V. therapist, occupational therapist, or respiratory therapist?

FIELD 1: PHYSTHPY**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US22A - PODRTHPY
1	YES	US13 - PHTPYWKL

US13

Code 1

QUESTION TEXT

SHOW CARD US1

Please look at this card and tell me about how often each week therapy was provided.

PRESS F1 FOR INFORMATION ON "ONE-TIME EVALUATION".

FIELD 1: PHTPYWKL**FIELD 1 ROUTING**

Value	Label	Route
1	LESS THAN ONCE A WEEK	US14 - PHTPYFRQ
2	ONCE OR TWICE A WEEK	US14 - PHTPYFRQ
3	3 TO 5 TIMES A WEEK	US14 - PHTPYFRQ
4	MORE THAN 5 TIMES A WEEK	US14 - PHTPYFRQ
5	ONE-TIME EVALUATION	US22A - PODRTHPY

US14

Code 1

QUESTION TEXT

SHOW CARD US2

Now look at this card. Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period was therapy provided?

FIELD 1: PHTPYFRQ**FIELD 1 ROUTING**

Value	Label	Route
1	LESS THAN 1 WEEK	US22A - PODRTHPY
2	1 TO 3 WEEKS	US22A - PODRTHPY
3	4 TO 8 WEEKS	US22A - PODRTHPY
4	MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	US22A - PODRTHPY
5	ABOUT THE WHOLE TIME	US22A - PODRTHPY

US22A

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE) was (SP) seen by a podiatrist (either inside or outside this (facility/home))?

FIELD 1: PODRTHPY**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US23 - EDHBSERV
1	YES	US23 - EDHBSERV

US23

Yes/No

QUESTION TEXT

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive educational or habilitational services (either inside or outside this (facility/home))?

[PROBE: "Habilitational services" include training in daily living skills, self care, and so on, in a structured program.]

FIELD 1: EDHBSERV**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US29 - OTHCPROV
1	YES	US24 - EDUORHAB

US24

Code 1

QUESTION TEXT

Were those services educational, habilitational, or both?

FIELD 1: EDUORHAB**FIELD 1 ROUTING**

Value	Label	Route
1	EDUCATIONAL	US25 - EDHABFRQ
2	HABILITATIONAL	US25 - EDHABFRQ
3	BOTH	US25 - EDHABFRQ

US25

Code 1

QUESTION TEXT

SHOW CARD US2

Please look at this card and tell me, between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these (educational/habilitational) services provided?

FIELD 1: EDHABFRQ**FIELD 1 ROUTING**

Value	Label	Route
1	LESS THAN 1 WEEK	BOX US2
2	1 TO 3 WEEKS	BOX US2
3	4 TO 8 WEEKS	BOX US2
4	MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	BOX US2
5	ABOUT THE WHOLE TIME	BOX US2

BOX US2

BOX INSTRUCTIONS

IF US24-EDUORHAB = 3/Both, THEN GO TO US27 - HABFRQ.

ELSE GO TO US29 - OTHCPROV.

US27

Code 1

QUESTION TEXT

SHOW CARD US2

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), over how long a period were these habilitational services provided?

FIELD 1: HABFRQ**FIELD 1 ROUTING**

Value	Label	Route
1	LESS THAN 1 WEEK	US29 - OTHCPROV
2	1 TO 3 WEEKS	US29 - OTHCPROV
3	4 TO 8 WEEKS	US29 - OTHCPROV
4	MORE THAN 8 WEEKS BUT NOT THE WHOLE TIME	US29 - OTHCPROV
5	ABOUT THE WHOLE TIME	US29 - OTHCPROV

US29

Yes/No

QUESTION TEXT

SHOW CARD US3 FOR PROMPTING AS NEEDED.

Between (US REFERENCE START DATE) and (US REFERENCE END DATE), did (he/she) receive care from any other licensed or certified health care provider (either inside or outside this (facility/home))?

PRESS F1 FOR "ANY OTHER PROVIDER" CLARIFICATION.

FIELD 1: OTHCPROV**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US31PRE - US31PRCT
1	YES	US30 - TYPHCPRV

US30

Code All

QUESTION TEXT

What kind of provider was that?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: TYPHCPRV

FIELD 1 ROUTING

Value	Label	Route
1	AUDIOLOGIST	US31PRE - US31PRCT
2	DIETICIAN	US31PRE - US31PRCT
3	LABORATORY TECHNICIAN	US31PRE - US31PRCT
4	NURSE PRACTITIONER	US31PRE - US31PRCT
5	OPHTHALMOLOGIST	US31PRE - US31PRCT
6	OPTOMETRIST	US31PRE - US31PRCT
7	PHYSICIAN'S ASSISTANT	US31PRE - US31PRCT
8	RECREATIONAL THERAPIST	US31PRE - US31PRCT
9	REGISTERED NURSE	US31PRE - US31PRCT
10	SOCIAL WORKER	US31PRE - US31PRCT
11	X-RAY TECHNICIAN	US31PRE - US31PRCT
91	OTHER	US30 - TYPPRVOS

FIELD 2: TYPPRVOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US31PRE - US31PRCT

US31PRE

Code 1

QUESTION TEXT

The next few questions are about any visits (SP) may have made to a hospital emergency room from (US REFERENCE START DATE) through (US REFERENCE END DATE). Please do not include visits to the emergency room that were immediately followed by inpatient hospital stays.

PRESS "1" TO CONTINUE.

FIELD 1: US31PRCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	US32 - ERVISITS

US32

Yes/No

QUESTION TEXT

While (he/she) was in this (facility/home), did (he/she) make any visits to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE)?

FIELD 1: ERVISITS**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US37 - RETSMDAY
1	YES	US33 - ERVSTMM

US33

Grid

QUESTION TEXT

COLLECT ALL ER VISITS.

Please tell me all dates (SP) made a visit to a hospital emergency room between (US REFERENCE START DATE) and (US REFERENCE END DATE).

[PROBE: Were there any more visits to the ER?]

IF NO MORE DATES, PRESS ENTER TO CONTINUE.

FIELD 1: ERVSTMM

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	US33 - ERVSTDD

FIELD 2: ERVSTDD

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US33 - ERVSTYY

FIELD 3: ERVSTYY

FIELD 3 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX US33

OTHER PROGRAMMING INSTRUCTIONS**ROSTER/GRID DISPLAY**

Column #	Header	Instructions
1	Month	ERVSTMM. Input field 1.
2	Day	ERVSTDD. Input field 2.
3	Year	ERVSTYY. Input field 3.

BACKGROUND VARIABLE ASSIGNMENTS

Variable Name	Assignment Instructions
US33NEXT	US33NEXT = 1/Indicated

BOX US33

BOX INSTRUCTIONS

CREATE NEW EMERGENCY ROOM VISITS FOR EACH DATE ADDED AND GO TO US37 - RETSMDAY.

OTHER PROGRAMMING INSTRUCTIONS

DESIGN NOTES

MAXIMUM ROSTER LENGTH = 20

US37

Yes/No

QUESTION TEXT

[Besides the (health care providers and emergency room/health care providers/emergency room) visits you have already told me about, did (he/she) ever go to the hospital and return on the same day/Did (he/she) ever go to the hospital and return on the same day]?

FIELD 1: RETSMDAY**FIELD 1 ROUTING**

Value	Label	Route
0	NO	US40 - USEEQUIP
1	YES	US38 - RETSMFRQ

US38

Numeric

QUESTION TEXT

How many times did this happen between (US REFERENCE START DATE) and (US REFERENCE END DATE)?

FIELD 1: RETSMFRQ

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	US40 - USEEQUIP

US40

Code All

QUESTION TEXT

SHOW CARD US4

Now I'd like to ask you about any kind of supplies, equipment, or other types of medical services (SP) received other than the ones I've already mentioned. Please look at this first card and tell me what supplies or services (SP) received between (US REFERENCE START DATE) and (US REFERENCE END DATE).

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: USEEQUIP

FIELD 1 ROUTING

Value	Label	Route
1	AMBULANCE SERVICE	BOX US3
2	CLOTH DIAPERS	BOX US3
3	DIABETIC EQUIPMENT OR SUPPLIES	BOX US3
4	DISPOSABLE DIAPERS	BOX US3
5	EQUIPMENT OR SUPPLIES FOR KIDNEY DIALYSIS	BOX US3
6	EYE GLASSES OR CONTACT LENSES	BOX US3
7	HEARING AID OR OTHER COMMUNICATION DEVICE	BOX US3
8	ORTHOPEDIC ITEMS	BOX US3
9	OSTOMY SUPPLIES	BOX US3
10	OXYGEN	BOX US3
11	PROSTHESIS	BOX US3
96	NONE OF THE ABOVE	BOX US3

BOX US3

BOX INSTRUCTIONS

IF US40-USEEQUIP INCLUDES DK OR RF, GO TO US43 - MSTURN.

ELSE GO TO US42 - USEEQUI2.

US42

Code All

QUESTION TEXT

SHOW CARD US5

Please look at this second card and tell me what medical devices or equipment (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE).

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: USEEQUI2

FIELD 1 ROUTING

Value	Label	Route
1	BEDSIDE COMMODE	US43 - MSTURN
2	BED PADS (CLOTH OR DISPOSABLE)	US43 - MSTURN
3	CATHETER AND CATHETER SUPPLIES	US43 - MSTURN
4	FEEDING SUPPLIES (INCLUDE PUMPS, SYRINGES, TUBES)	US43 - MSTURN
5	G TUBE AND SUPPLIES	US43 - MSTURN
6	GERI CHAIR	US43 - MSTURN
7	HOSPITAL BED	US43 - MSTURN
8	IV SUPPLIES	US43 - MSTURN
9	NEBULIZER	US43 - MSTURN
10	SPECIAL MATTRESS, CUSHIONS OR MATTRESS PADS (INCLUDING EGG CRATE, AIR)	US43 - MSTURN
11	SUCTION MACHINE AND SUPPLIES	US43 - MSTURN
12	TED HOSE AND SUPPLIES	US43 - MSTURN

Value	Label	Route
13	WHEELCHAIR/WALKER	US43 - MSTURN
91	SOME OTHER TYPE OF DEVICE OR EQUIPMENT	US42 - OTHREQOS
96	NONE OF THE ABOVE	US43 - MSTURN

FIELD 2: OTHREQOS

SOME OTHER TYPE OF DEVICE OR EQUIPMENT (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US43 - MSTURN

US43

List

QUESTION TEXT

Please tell me if (SP) received any of the following medical services. Did (he/she) receive...

FIELD 1: MSTURN

turning and positioning?

FIELD 1 ROUTING

Value	Label	Route
0	NO	US43 - MSTUBE
1	YES	US43 - MSTUBE

FIELD 2: MSTUBE

tubefeeding?

FIELD 2 ROUTING

Value	Label	Route
0	NO	US43 - MSRESTR
1	YES	US43 - MSRESTR

FIELD 3: MSRESTR

restraints?

FIELD 3 ROUTING

Value	Label	Route
0	NO	US43 - MSINJECT

Value	Label	Route
1	YES	US43 - MSINJECT

FIELD 4: MSINJECT

injections?

FIELD 4 ROUTING

Value	Label	Route
0	NO	US45 - OTHMEDNC
1	YES	US45 - OTHMEDNC

US45

Code All

QUESTION TEXT

SHOW CARD US6

Now I'd like to ask about any other medically necessary items or provider services (SP) received that we haven't talked about already. Please look at this last card and tell me what other items or services (he/she) received between (US REFERENCE START DATE) and (US REFERENCE END DATE)?

SELECT ALL THAT APPLY.

SEPARATE RESPONSES BY USING THE SPACEBAR.

FIELD 1: OTHMEDNC

FIELD 1 ROUTING

Value	Label	Route
1	APPLYING/CHANGING DRESSINGS INCLUDING BAND-AIDS	US46 - DIDABUS
2	APPLYING/MONITORING HOT PACKS	US46 - DIDABUS
3	CATHETERIZATION AND IRRIGATION	US46 - DIDABUS
4	FEEDING (WITH SPOON SYRINGE PUMP OR OTHER DEVICE)	US46 - DIDABUS
5	G TUBE USE AND CARE	US46 - DIDABUS
6	INCONTINENCE	US46 - DIDABUS
7	IV USE AND CARE	US46 - DIDABUS
8	PACEMAKER CHECK	US46 - DIDABUS
9	SKIN TREATMENTS FOR PREVENTION/TREATMENT OF SKIN ULCERS	US46 - DIDABUS
10	SUCTIONING	US46 - DIDABUS

Value	Label	Route
91	SOME OTHER KIND OF ITEM OR SERVICE	US45 - OTHRSEOS
96	NONE OF THE ABOVE	US46 - DIDABUS

FIELD 2: OTHRSEOS

SOME OTHER KIND OF ITEM OR SERVICE (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US46 - DIDABUS

US46

Code 1

QUESTION TEXT

DID YOU ABSTRACT?

FIELD 1: DIDABUS**FIELD 1 ROUTING**

Value	Label	Route
1	ALL	US47 - WHYABUS
2	MAJORITY	US47 - WHYABUS
3	HALF	US47 - WHYABUS
4	SOME	US47 - WHYABUS
5	NONE	USEND - USENDCT

US47

Code 1

QUESTION TEXT

WHY DID YOU ABSTRACT?

FIELD 1: WHYABUS

FIELD 1 ROUTING

Value	Label	Route
1	NO KNOWLEDGEABLE RESPONDENT AVAILABLE	USEND - USENDCT
2	NO TIME/STAFF BURDEN TOO GREAT	USEND - USENDCT
3	REFUSAL--UNWILLING TO COOPERATE	USEND - USENDCT
91	OTHER	US47 - WHYABUOS

FIELD 2: WHYABUOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	USEND - USENDCT

USEND

Code 1

QUESTION TEXT

YOU HAVE COMPLETED THE USE SECTION FOR THIS SP.

PRESS "1" TO RETURN TO NAVIGATION SCREEN.

FIELD 1: USENDCT**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX USEND

OTHER PROGRAMMING INSTRUCTIONS**BACKGROUND VARIABLE ASSIGNMENTS**

Variable Name	Assignment Instructions
USDISP	USDISP = 96/Complete

BOX USEND

BOX INSTRUCTIONS

GO TO NAVIGATOR