Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			OMQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPAISTATUS=ALL SEASON=ALL SPPROXY=ALL Other: N/A PLACEMENT If INTTYPE in(C001, C002, C004, C005, C006) and SEASON=FALL, administer after ACQ. If (INTTYPE in(C001, C002, C004, C005, C006) and SEASON=WINTER/SUMMER)) or (INTTYPE in(C007, C009, C010)), administer after MPQ.		
OMPREYEG	OM1	yes/no	Next I'm going to ask you about other medical expenses that [you/(SP)] may have had between (REFERENCE DATE/SURVEY REFERENCE DATE) and (today/(DATE OF DEATH/DATE OF INSTITUTIONALIZATION). [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] buy, replace, or pay for repairs of eyeglasses or contact lenses? [INCLUDE NON-PRESCRIPTION READING GLASSES.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM2 - EVENT_OMEYEG (02) OM3 - OMPRHEAR (03) DO NOT DISPLAY. (-8) OM3 - OMPRHEAR (-9) OM3 - OMPRHEAR
EVENT_OMEYEG	OM2	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair glasses or contact lenses? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [INCLUDE NON-PRESCRIPTION READING GLASSES.]	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1AA
	BOX OM1AA	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM2_IN - NAVIGATOR. ELSE GO TO BOX OM1AA2.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
NAVIGATOR	OM2_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM2A - OMSATHMO (02) BOX OM1AA2
OMSATHMO	OM2A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the glasses or contact lenses at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [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.] [INCLUDE NON-PRESCRIPTION READING GLASSES.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1AA1
	BOX OM1AA1	routing	GO TO OM2_IN - NAVIGATOR.		
	BOX OM1AA2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM3 - OMPRHEAR.		
OMPRHEAR	OM3	yes/no	[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE 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? [INCLUDE RELATED EXPENSES SUCH AS BATTERIES FOR A HEARING AID OR SPEAKING DEVICE. DO NOT INCLUDE A WARRANTY FOR A HEARING AID AS AN OM EVENT.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM4 - EVENT_OMHEAR (02) BOX OMA1 (03) DO NOT DISPLAY. (-8) BOX OMA1 (-9) BOX OMA1

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
EVENT_OMHEAR	OM4	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair a hearing or speech device? Please tell me the dates of each purchase or repair [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1BB
	BOX OM1BB	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM4_IN - NAVIGATOR. ELSE GO TO BOX OM1BB2.		
NAVIGATOR	OM4_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM4A - OMSATHMO (02) BOX OM1BB2
OMSATHMO	OM4A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the hearing or speech device at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the hearing or speech device at a plan center; from an audiologist, speech pathologist, or other provider that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1BB1
	BOX OM1BB1	routing	GO TO OM4_IN - NAVIGATOR.		
	BOX OM1BB2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OMA1.		
	BOX OMA1	routing	IF SP WAS STILL RENTING AT LEAST ONE ORTHOPEDIC ITEM AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS5INTR - ORTHINTRO. ELSE GO TO OM5 - OMPRORTH.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
ORTHINTRO	OMS5INTR	no entry	The next questions are about orthopedic items [you were/(SP) was] renting as of (REFERENCE DATE).	(01) continuous answer (-7) Empty	OMS5_IN - NAVIGATOR
NAVIGATOR	OMS5_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS5 - RENTSTIL (02) OM5 - OMPRORTH
RENTSTIL	OMS5	code one	At the time of the last interview, [you were/(SP) was] renting (ORTHOPEDIC ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (was/were/is/are) the (ORTHOPEDIC ITEM) being rented? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1EE (02) OM7C - EVENDMM (03) BOX OM4 (-8) BOX OM4 (-9) BOX OM4
OMPRORTH	OM5	yes/no	SHOW CARD OM1 (Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE 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.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM6 - ORTHTYPE (02) OM9 - OMPRDIAB (03) DO NOT DISPLAY. (-8) OM9 - OMPRDIAB (-9) OM9 - OMPRDIAB
ORTHTYPE	OM6	code one	What was the item?	(01) BRACES/SUPPORTS (02) CANE (03) CORRECTIVE SHOES/INSERTS (04) CRUTCHES (05) WALKER (06) WHEELCHAIR/CART (07) STOCKINGS (91) OTHER	(01) OM7 - EVENT_OMORTH (02) OM7 - EVENT_OMORTH (03) OM7 - EVENT_OMORTH (04) OM6A - RENTPROB (05) OM6A - RENTPROB (06) OM6A - RENTPROB (07) OM7 - EVENT_OMORTH (91) OM6 - EVOSTEXT
EVOSTEXT	OM6	verbatim text	OTHER (SPECIFY)	(01) continuous answer	OM6A - RENTPROB

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
RENTPROB	OM6A	code one	Did [you/(SP)] buy or repair the (ORTHOPEDIC ITEM), or did [you/(SP)] rent (it/them)? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM7 - EVENT_OMORTH (02) OM7A - EVENT_OMORTHRENT (03) DO NOT DISPLAY. (-8) OM7 - EVENT_OMORTH (-9) OM7 - EVENT_OMORTH
EVENT_OMORTH	OM7	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1CC
	BOX OM1CC	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7_IN - NAVIGATOR. ELSE GO TO BOX OM1EE1.		
NAVIGATOR	OM7_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM7AA - OMSATHMO (02) BOX OM1EE1
OMSATHMO	OM7AA	yes/no	On (EVENT DATE), did [you/(SP)] buy (or repair) the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM2A
	BOX OM2A	routing	GO TO OM7_IN - NAVIGATOR.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
EVENT_OMORTHRENT	OM7A	yes/no	ENTER ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION] that [you/(SP)] rented the (ORTHOPEDIC ITEM).	(01) continuous answer (-8) Don't Know (-9) Refused	OM7B - RENTSTIL
RENTSTIL	OM7B	yes/no	[Are you/Is (SP)/Was (SP)] still renting the (ORTHOPEDIC ITEM)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OM1EE (02) OM7C - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1EE1 (-9) BOX OM1EE1
EVENDMM	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	OM7C - EVENDDD
EVENDDD	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	OM7C - EVENDYY
EVENDYY	OM7C	date	What was the last date the (ORTHOPEDIC ITEM) (were/was) rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM3A
	BOX OM3A	routing	IF SP IS NOT DECEASED, GO TO OM7CC - RENT2BUY. ELSE GO TO BOX OM1EE.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
RENT2BUY	OM7CC	code one	You said [you/(SP)] stopped renting the (ORTHOPEDIC ITEM). Is this because (you/he/she) no longer (have/has) that item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused	(01) BOX OM1EE (02) BOX OM1EE (03) OM7CCVB - REN2BVB (-8) BOX OM1EE (-9) BOX OM1EE
REN2BVB	OM7CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (ORTHOPEDIC ITEM). RECORD VERBATIM.	(01) continuous answer	BOX OM1EE
	BOX OM1EE	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM7D - OMSATHMO. ELSE GO TO BOX OM1EE1.		
OMSATHMO	OM7D	yes/no	Did [you/(SP)] rent the (ORTHOPEDIC ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the (ORTHOPEDIC ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1EE1
	BOX OM1EE1	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM4.		
	BOX OM4	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS5_IN - NAVIGATOR. ELSE GO TO OM8 - MOREORTH.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MOREORTH	OM8	yes/no	In addition to the orthopedic item(s) you just told me about, did [you/(SP)] buy, repair, or rent any other orthopedic items [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OM6 - ORTHTYPE (02) OM9 - OMPRDIAB (03) OM9 - OMPRDIAB (04) OM9 - OMPRDIAB
OMPRDIAB	OM9	yes/no	SHOW CARD OM2 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE 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.] [DO NOT INCLUDE INSULIN.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM10 - EVENT_OMDIAB (02) OM11 - OMPRAMBL (03) DO NOT DISPLAY. (-8) OM11 - OMPRAMBL (-9) OM11 - OMPRAMBL
EVENT_OMDIAB	OM10	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy diabetic equipment or supplies? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1FF
	BOX OM1FF	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM10_IN - NAVIGATOR. ELSE GO TO BOX OM1FF2.		
NAVIGATOR	OM10_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM10A - OMSATHMO (02) BOX OM1FF2

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
OMSATHMO	OM10A	yes/no	On (EVENT DATE), did [you/(SP)] buy the diabetic equipment or supplies at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) 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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1FF1
	BOX OM1FF1	routing	GO TO OM10_IN - NAVIGATOR.		
	BOX OM1FF2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM11 - OMPRAMBL.		
OMPRAMBL	OM11	yes/no	[Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] use any ambulance or rescue squad service?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM12 - EVENT_OMAMBL (02) OM13 - OMPRPROS (03) DO NOT DISPLAY. (-8) OM13 - OMPRPROS (-9) OM13 - OMPRPROS
EVENT_OMAMBL	OM12	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] use an ambulance? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1GG
	BOX OM1GG	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM12_IN - NAVIGATOR. ELSE GO TO BOX OM1GG2.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
NAVIGATOR	OM12_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM12A - OMSATHMO (02) BOX OM1GG2
OMSATHMO	OM12A	yes/no	Was the ambulance on (EVENT DATE) provided by or approved by [READ MANAGED CARE PLAN NAME(S) 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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1GG1
	BOX OM1GG1	routing	GO TO OM12_IN - NAVIGATOR.		
	BOX OM1GG2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM13 - OMPRPROS.		
OMPRPROS	OM13	yes/no	SHOW CARD OM3 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE 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.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM14 - EVENT_OMPROS (02) BOX OMA4 (03) DO NOT DISPLAY. (-8) BOX OMA4 (-9) BOX OMA4

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
EVENT_OMPROS	OM14	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair the prosthesis? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1HH
	BOX OM1HH	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM14_IN - NAVIGATOR. ELSE GO TO BOX OM1HH2.		
NAVIGATOR	OM14_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM14A - OMSATHMO (02) BOX OM1HH2
OMSATHMO	OM14A	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the prosthesis at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the prosthesis at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1HH1
	BOX OM1HH1	routing	GO TO OM14_IN - NAVIGATOR.		
	BOX OM1HH2	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OMA4.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX OMA4	routing	IF SP WAS STILL RENTING OXYGEN-RELATED EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS19INTR - OXGNINTRO. ELSE GO TO OM19 - OMPROXGN.		
OXGNINTRO	OMS19INTR	no entry	The next questions are about oxygen-related equipment [you were/(SP) was] renting as of (REFERENCE DATE).		OMS19_IN - NAVIGATOR
NAVIGATOR	OMS19_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS19 - RENTSTIL (02) OM19 - OMPROXGN
RENTSTIL	OMS19	code one	At the time of the last interview, [you were/(SP) was] renting oxygen-related equipment. As of [today/(DATE OF DEATH)/(DATE OF INSTITUTIONALIZATION)] (is/was) the oxygen-related equipment being rented? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1KK (02) OM20C - EVENDMM (03) BOX OM9 (-8) BOX OM9 (-9) BOX OM9
OMPROXGN	OM19	yes/no	(Other than what we already talked about,) [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any (other) expenses for oxygen or supplies or oxygen-related equipment?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM19A - OXGNTYPE (02) BOX OMA11 (03) DO NOT DISPLAY. (-8) BOX OMA11 (-9) BOX OMA11
OXGNTYPE	OM19A	code one	What was that?	(01) OXYGEN/SUPPLIES (02) OXYGEN-RELATED EQUIPMENT	(01) OM20 - EVENT_OMOXGN (02) OM19B - RENTPROB

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
RENTPROB	OM19B	code one	Did [you/(SP)] buy or repair the oxygen-related equipment, or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM20 - EVENT_OMOXGN (02) OM20A - EVENT_OMOXGNRENT (03) OM20 - EVENT_OMOXGN (-8) OM20 - EVENT_OMOXGN (-9) OM20 - EVENT_OMOXGN
EVENT_OMOXGN	OM20	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did (you/(SP)) purchase the [(oxygen or supplies)/(oxygen-related equipment)]? Please tell me the dates of each purchase [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1II
	BOX OM1II	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20_IN - NAVIGATOR. ELSE GO TO BOX OM7.		
NAVIGATOR	OM20_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM20AA - OMSATHMO (02) BOX OM7
OMSATHMO	OM20AA	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OXYGEN ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (OXYGEN ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1II1
	BOX OM1II1	routing	GO TO OM20_IN - NAVIGATOR.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX OM7	routing	IF OM19B - RENTPROB = 3/BoughtAndRented, GO TO OM20A - EVENT_OMOXGNRENT. ELSE GO TO BOX OM1KK1.		
EVENT_OMOXGNRENT	OM20A	roster	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the oxygen-related equipment.	(01) continuous answer (-8) Don't Know (-9) Refused	OM20B - RENTSTIL
RENTSTIL	OM20B	yes/no	[Are you/Is (SP)/Was (SP)] still renting the oxygen-related equipment?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1KK (02) OM20C - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1KK1 (-9) BOX OM1KK1
EVENDMM	OM20C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (02) Don't Know (03) Refused	OM20C - EVENDDD
EVENDDD	OM20C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (02) Don't Know (03) Refused	OM20C - EVENDYY
EVENDYY	OM20C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (02) Don't Know (03) Refused	BOX OM8A
	BOX OM8A	routing	IF SP IS NOT DECEASED, GO TO OM20CC - RENT2BUY. ELSE GO TO BOX OM1KK.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
RENT2BUY	OM20CC	code one	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?	(01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused	(01) BOX OM1KK (02) BOX OM1KK (03) OM20CCVB - REN2BVB (04) BOX OM1KK (05) BOX OM1KK
REN2BVB	OM20CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE OXYGEN-RELATED EQUIPMENT. RECORD VERBATIM.	(01) continuous answer	BOX OM1KK
	BOX OM1KK	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM20D1 - OMSATHMO. ELSE GO TO BOX OM1KK1.		
OMSATHMO	OM20D1	yes/no	Did [you/(SP)] rent the oxygen equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the 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.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1KK1
	BOX OM1KK1	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM9.		
	BOX OM9	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS19_IN - NAVIGATOR. ELSE GO TO BOX OM10.		
	BOX OM10	routing	IF OM20D HAS NOT BEEN ASKED, GO TO OM20D - MOREOXGN. ELSE GO TO BOX OMA11.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MOREOXGN	OM20D	yes/no	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)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OM11 (02) BOX OMA11 (-8) BOX OMA11 (-9) BOX OMA11
	BOX OM11	routing	IF OM19A - OXYGTYPE = 1/Supplies, SET NEXT OXYGEN TYPE TO EQUIPMENT AND GO TO OM19B - RENTPROB. ELSE SET NEXT OXYGEN TYPE TO SUPPLIES AND GO TO OM20 - EVENT_OMOXGN.		
	BOXOMA11	routing	IF SP WAS RENTING AT LEAST ONE KIDNEY DIALYSIS EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS21INTR - KDNYINTRO. ELSE GO TO OM21 - OMPRKDNY.		
KDNYINTRO	OMS21INTR	no entry	The next questions are about kidney dialysis equipment [you were/(SP) was] renting as of (REFERENCE DATE).		OMS21_IN - NAVIGATOR
NAVIGATOR	OMS21_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS21 - RENTSTIL (02) OM21 - OMPRKDNY
RENTSTIL	OMS21	code one	At the time of the last interview, [you were/(SP) was] renting equipment for kidney dialysis. As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the equipment being rented? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1NN (02) OM22C - EVENDMM (03) BOX OM16 (-8) BOX OM16 (-9) BOX OM16
OMPRKDNY	OM21	yes/no	(Other than what we already talked about), [(Since/since) (REFERENCE DATE/SURVEY REFERENCE DATE)/(Between/between) (REFERENCE DATE/SURVEY REFERENCE 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?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM21A - KDNYTYPE (02) BOX OMA18 (03) DO NOT DISPLAY. (-8) BOX OMA18 (-9) BOX OMA18
KDNYTYPE	OM21A	code one	What was that?	(01) KIDNEY DIALYSIS SUPPLIES (02) KIDNEY DIALYSIS EQUIPMENT	(01) OM22 - EVENT_OMKDNY (02) OM21B - RENTPROB

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
RENTPROB	OM21B	code one	Did [you/(SP)] buy or repair the dialysis equipment, or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM22 - EVENT_OMKDNY (02) OM22A - EVENT_OMKDNYRENT (03) DO NOT DISPLAY. (-8) OM22 - EVENT_OMKDNY (-9) OM22 - EVENT_OMKDNY
EVENT_OMKDNY	OM22	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] (purchase the kidney dialysis supplies)/(buy or repair kidney dialysis equipment)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1LL
	BOX OM1LL	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22_IN - NAVIGATOR. ELSE GO TO BOX OM1NN1.		
NAVIGATOR	OM22_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM22AA - OMSATHMO (02) BOX OM1NN1
OMSATHMO	OM22AA	yes/no	On (EVENT DATE), did [you/(SP)] buy (or repair) the (KIDNEY ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying (or repairing) the (KIDNEY ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM14
	BOX OM14	routing	GO TO OM22_IN - NAVIGATOR.		
EVENT_OMKDNYRENT	OM22A	roster	SELECT OR ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the kidney dialysis equipment.	(01) continuous answer (-8) Don't Know (-9) Refused	OM22B - RENTSTIL

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
RENTSTIL	OM22B	yes/no	[Are you/Is (SP)/Was (SP)] still renting the kidney dialysis equipment?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1NN (02) OM22C - EVENDYY (03) DO NOT DISPLAY. (-8) BOX OM1NN1 (-9) BOX OM1NN1
EVENDMM	OM22C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	OM22C - EVENDDD
EVENDDD	OM22C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	OM22C - EVENDYY
EVENDYY	OM22C	date	What was the last date the equipment was rented? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM15A
	BOX OM15A	routing	IF SP IS NOT DECEASED, GO TO OM22CC - RENT2BUY. ELSE GO TO BOX OM1NN.		
RENT2BUY	OM22CC	code one	You said [you/(SP)] stopped renting the dialysis equipment. Is this because (you/he/she) no longer (have/has) the equipment or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused	(01) BOX OM1NN (02) BOX OM1NN (03) OM22CCVB - REN2BVB (-8) BOX OM1NN (-9) BOX OM1NN
REN2BVB	OM22CCVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE DIALYSIS EQUIPMENT. RECORD VERBATIM.	(01) continuous answer	BOX OM1NN

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX OM1NN	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM22D1 - OMSATHMO. ELSE GO TO BOX OM1NN1.		
OMSATHMO	OM22D1	yes/no	Did [you/(SP)] rent the kidney dialysis equipment at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the kidney dialysis equipment at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1NN1
	BOX OM1NN1	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM16.		
	BOX OM16	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS21_IN - NAVIGATOR. ELSE GO TO BOX OM17.		
	BOX OM17	routing	IF OM22D HAS NOT BEEN ASKED, GO TO OM22D - MOREKDNY. ELSE GO TO BOX OMA18.		
MOREKDNY	OM22D	yes/no	In addition to the [(kidney dialysis supplies)/(kidney dialysis equipment)] that you just told me about, did [you/(SP)] [(obtain any kidney dialysis equipment)/(buy any kidney dialysis supplies)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OM18 (02) BOX OMA18 (-8) BOX OMA18 (-9) BOX OMA18
	BOX OM18	routing	IF OM21A - KDNYTYPE = 1/Supplies, SET NEXT KIDNEY TYPE TO EQUIPMENT AND GO TO OM21B - RENTPROB. ELSE SET NEXT KIDNEY TYPE TO SUPPLIES AND GO TO OM22 - EVENT_OMKDNY.		
	BOX OMA18	routing	IF SP WAS STILL RENTING AT LEAST ONE OTHER MEDICAL EQUIPMENT AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS23INTR - OTHRINTRO. ELSE GO TO OM23 - OMPROTHR.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
OTHRINTRO	OMS23INTR	no entry	The next questions are about other medical equipment [you were/(SP) was] renting as of (REFERENCE DATE).		OMS23_IN - NAVIGATOR
NAVIGATOR	OMS23_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS23 - RENTSTIL (02) OM23 - OMPROTHR
RENTSTIL	OMS23	code one	At the time of the last interview, [you were/(SP) was] renting (OTHER MEDICAL EXPENSE ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (OTHER MEDICAL EXPENSE ITEM) being rented? [IF THE RESPONDENT PURCHASED THE ITEM THROUGH A RENT-TO-BUY PROGRAM, SELECT "NO."]	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1QQ (02) OM26B - EVENDMM (03) BOX OM23 (-8) BOX OM23 (-9) BOX OM23
OMPROTHR	OM23	yes/no	SHOW CARD OM4 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE 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, incontinence supplies such as Depends, Serenity or other brands of disposable undergarments, pads or briefs, bandages, dressings, tape supplies, pulmonary equipment such as a Nebulizer or CPAP, and blood pressure equipment such as cuffs or monitors, etc.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM24 - OTHRTYPE (02) BOX OM24 (03) DO NOT DISPLAY. (04) BOX OM24 (05) BOX OM24
OTHRTYPE	OM24	code one	What kind of equipment was the item?	(01) PORTABLE COMMODE OR RAISED TOILET SEAT (02) PORTABLE TUB SEAT (03) SPECIAL CHAIR/CUSHION/MATTRESS (04) HOSPITAL BED/BED SIDES (05) OSTOMY SUPPLIES (06) INCONTINENCE SUPPLIES (I.E. DEPENDS, SERENITY DISPOSABLE DIAPERS OR PADS) (07) BANDAGES, DRESSINGS, TAPE SUPPLIES (08) PULMONARY EQUIPMENT	(01) OM24A - RENTPROB (02) OM24A - RENTPROB (03) OM24A - RENTPROB (04) OM24A - RENTPROB (05) BOX OM18B (06) BOX OM18B (07) BOX OM18B (08) OM24A - RENTPROB (09) OM26 - EVENT_OMOTHR (91) OM24 - EVOSTEXT

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
EVOSTEXT	OM24	verbatim text	OTHER (SPECIFY)	(01) continuous answer	OM24A - RENTPROB
RENTPROB	OM24A	code one	Did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM), or did [you/(SP)] rent it? [IF THE RESPONDENT RENTED AND BOUGHT THE ITEM THROUGH A RENT-TO-BUY PROGRAM WITHIN THE SAME ROUND, SELECT "RENT."]	(01) BUY/REPAIR (02) RENT (03) BOUGHT/REPAIRED EQUIPMENT AND RENTED EQUIPMENT (-8) Don't Know (-9) Refused	(01) OM26 - EVENT_OMOTHR (02) OM26A - EVENT_OMOTHRRENT (03) DO NOT DISPLAY. (-8) OM26 - EVENT_OMOTHR (-9) OM26 - EVENT_OMOTHR
	BOX OM18B	routing	IF NOT ADMINISTERING ST AND NOT ADMINISTERING NS, GO TO OM25 - GETNUM. ELSE GO TO BOX OM1QQ1.		
GETNUM	OM25	numeric	THIS ITEM AND NUMBER OF PURCHASES HAS BEEN ENTERED ALREADY FOR THIS ROUND. PLEASE CORRECT THE NUMBER OF TIMES TO BE THE TOTAL NUMBER OF TIMES PURCHASED SINCE (REFERENCE DATE). How many times [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [[have you/has (SP)] bought or obtained/did (SP) buy or obtain] (OTHER MEDICAL EXPENSE ITEM)?	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1QQ1
EVENT_OMOTHR	OM26	roster	SELECT OR ADD ALL DATES AT THIS ROSTER. When did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM)? Please tell me all the dates [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM1OO

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX OM1OO	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26_IN - NAVIGATOR. ELSE GO TO BOX OM1QQ1.		
NAVIGATOR	OM26_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OM26AA - OMSATHMO (02) BOX OM1QQ1
OMSATHMO	OM26AA	yes/no	On (EVENT DATE), did [you/(SP)] buy or repair the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include buying or repairing the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or store that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM21
NAVIGATOR	BOX OM21	instance navigator	GO TO OM26_IN - NAVIGATOR.		
EVENT_OMOTHRRENT	OM26A	roster	ADD ONLY ONE DATE AT THIS ROSTER. Please tell me the first date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM).	(01) continuous answer (-8) Don't Know (-9) Refused	OM26A1 - RENTSTIL
RENTSTIL	OM26A1	yes/no	[Are you/Is (SP)] still renting the (OTHER MEDICAL EXPENSE ITEM)?	(01) YES (02) NO (03) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused	(01) BOX OM1QQ (02) OM26B - EVENDMM (03) DO NOT DISPLAY. (-8) BOX OM1QQ1 (-9) BOX OM1QQ1
EVENDMM	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	OM26B - EVENDDD

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
EVENDDD	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	OM26B - EVENDYY
EVENDYY	OM26B	date	What was the last date [you/(SP)] rented the (OTHER MEDICAL EXPENSE ITEM)? [IF RESPONDENT BOUGHT THE RENTAL, ENTER THE DATE OF PURCHASE AS THE LAST DATE OF THE RENTAL PERIOD.]	(01) continuous answer (-8) Don't Know (-9) Refused	BOX OM22A
	BOX OM22A	routing	IF SP IS NOT DECEASED, GO TO OM26BB - RENT2BUY. ELSE GO TO BOX OM1QQ.		
RENT2BUY	OM26BB	code one	You said [you/(SP)] stopped renting the (OTHER MEDICAL EXPENSE ITEM). Is this because (you/he/she) no longer (have/has) the item or because (you/he/she) (have/has) purchased it through a rent-to-buy option?	(01) NO LONGER HAVE THE ITEM (02) PURCHASED THROUGH RENT-TO-BUY (03) OTHER (-8) Don't Know (-9) Refused	(01) BOX OM1QQ (02) BOX OM1QQ (03) OM26BBVB - REN2BVB (-8) BOX OM1QQ (-9) BOX OM1QQ
REN2BVB	OM26BBVB	verbatim text	BRIEFLY EXPLAIN WHY SP STOPPED RENTING THE (OTHER MEDICAL EXPENSE ITEM). RECORD VERBATIM.	(01) continuous answer	BOX OM1QQ
	BOX OM1QQ	routing	IF SP COVERED BY AN MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO OM26C - OMSATHMO. ELSE GO TO BOX OM1QQ1.		
OMSATHMO	OM26C	yes/no	Did [you/(SP)] rent the (OTHER MEDICAL EXPENSE ITEM) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include renting the (OTHER MEDICAL EXPENSE ITEM) at a plan center; at a place or store that honors [your/(SP's)] plan card; or through a place or service that the plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OM1QQ1

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX OM1QQ1	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO BOX OM23.		
	BOX OM23	routing	IF ASKING ABOUT A RENTAL ITEM FROM THE PREVIOUS ROUND, GO TO OMS23_IN - NAVIGATOR. ELSE GO TO OM27 - MOREOTHR.		
MOREOTHR	OM27	yes/no	In addition to the medical equipment you just told me about, did [you/(SP)] buy, rent, or repair any other medical equipment [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OM24 - OTHRTYPE (02) BOX OM24 (-8) BOX OM24 (-9) BOX OM24
	BOX OM24	routing	IF SP HAD AT LEAST ONE ALTERATION THAT WAS NOT COMPLETE AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO OMS28INTR - ALTRINTRO. ELSE GO TO OM28 - OMPRALTR.		
ALTRINTRO	OMS28INTR	no entry	The next questions are about an alteration [you were/(SP) was] making as of (REFERENCE DATE).		OMS28_IN - NAVIGATOR
NAVIGATOR	OMS28_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OMS28 - EVBEGMM (02) OM28 - OMPRALTR
EVBEGMM	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OMS28 - EVBEGDD

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
EVBEGDD	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OMS28 - EVBEGYY
EVBEGYY	OMS28	date	Last time [you/(SP)] had started to make an alteration (ALTERATION) that was not completed as of (REFERENCE DATE/SURVEY REFERENCE DATE). On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OMS28 - OMNOTDONE
OMNOTDONE	OMS28	code one		(01) ALTERATION NOT YET COMPLETED (-7) Empty	BOX OM25
	BOX OM25	routing	GO TO OMS28_IN - NAVIGATOR.		
OMPRALTR	OM28	yes/no	SHOW CARD OM5 [Since (REFERENCE DATE/SURVEY REFERENCE DATE)/Between (REFERENCE DATE/SURVEY REFERENCE 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.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OM29 - ALTRTYPE (02) BOX OM26 (03) DO NOT DISPLAY. (-8) BOX OM26 (-9) BOX OM26

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
ALTRTYPE	OM29	code one	What was the alteration?	(01) ELEVATOR OR INCLINE CHAIR (02) HANDRAILS (OTHER THAN TUB) (03) RAMPS (04) TUB HANDRAILS (05) TUB SEAT (06) ANY CAR ALTERATION (91) OTHER	(01) OM30 - EVBEGMM (02) OM30 - EVBEGMM (03) OM30 - EVBEGMM (04) OM30 - EVBEGMM (05) OM30 - EVBEGMM (06) OM30 - EVBEGMM (91) OM29 - EVOSTEXT
EVOSTEXT	OM29	verbatim text	OTHER (SPECIFY)	(01) continuous answer	OM30 - EVBEGMM
EVBEGMM	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OM30 - EVBEGDD
EVBEGDD	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OM30 - EVBEGYY
EVBEGYY	OM30	date	On what date [since (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?	(01) continuous answer (-7) Empty (-8) Don't Know (-9) Refused	OM30 - OMNOTDONE
OMNOTDONE	OM30	code one		(01) ALTERATION NOT YET COMPLETED (-7) Empty	BOX OM25A
	BOX OM25A	routing	IF ADMINISTERING ST, GO TO BOX ST36. ELSE IF ADMINISTERING NS, GO TO BOX NS36. ELSE GO TO OM31 - MOREALTR.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MOREALTR	OM31	yes/no	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 (REFERENCE DATE/SURVEY REFERENCE DATE)/between (REFERENCE DATE/SURVEY REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OM29 - ALTRTYPE (02) BOX OM26 (-8) BOX OM26 (-9) BOX OM26
	BOX OM26	routing	If INTTYPE in(C001, C004, C009), go to PMS. If INTTYPE in(C002, C005, C006, C007, C010), go to PMQ.		