Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			OPQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPAISTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after IPQ.		
OPPROBE	OP1	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you gone/has (SP) gone/did (SP) go] to the outpatient department or the outpatient clinic at any hospital for medical care?	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) OP2 - PROVIDER_OP (02) BOX OP7 (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX OP7 (-9) BOX OP7
PROVIDER_OP	OP2	roster	Where did [you/(SP)] go (to which hospital)? SELECT OR ADD ONLY ONE HOSPITAL. [PROBE TO OBTAIN THE COMPLETE AND FORMAL NAME OF THE HOSPITAL.]		BOX OP1
	BOX OP1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO OP3 - VAPLACE. ELSE GO TO BOX OP1B.		
VAPLACE	OP3	yes/no	Is (HOSPITAL NAME) a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OP1B
	BOX OP1B	routing	IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO OP3A - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO OP3B - HMOREFER. ELSE GO TO OP4 - EVENT_OP		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
HMOASSOC	OP3A	yes/no	Is (HOSPITAL NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OP4 - EVENT_OP (02) OP3B - HMOREFER (-8) OP3B - HMOREFER (-9) OP3B - HMOREFER
HMOREFER	OP3B	yes/no	[Were you/Was (SP)] referred to (HOSPITAL NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE RESPONDENT'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	OP4 - EVENT_OP
EVENT_OP	OP4	roster	When did [you/(SP)] go to an outpatient department at (HOSPITAL NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.]		OP4_IN - NAVIGATOR
NAVIGATOR	OP4_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) OP5 - ANYOPERS (02) OP15 - OPMORE
ANYOPERS	OP5	yes/no	Were any operations or other surgical procedures performed on [you/(SP)] during [any of the/the] [VISIT ON EVENT DATE]? [Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OP2A (02) OP8 - SPECCOND (-8) OP8 - SPECCOND (-9) OP8 - SPECCOND
SPECCOND	OP8	yes/no	[Was this visit/Were any of these visits] to the outpatient department for any specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX OP2A
	BOX OP2A	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO OP10 - PRESMDCN.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PRESMDCN	OP10	yes/no	During [this visit/any of these visits] to the outpatient department, were any medicines prescribed for [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OP11 - PRESFILL (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3
PRESFILL	OP11	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX OP2B (02) BOX OP3 (-8) BOX OP3 (-9) BOX OP3
	BOX OP2B	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO OP11A - OPPMMEDS. ELSE GO TO OP12 - MEDICINE_OP.		
OPPMMEDS	OP11A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.		OP12 - MEDICINE_OP
MEDICINE_OP	OP12	roster	Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.		BOX OP3
	BOX OP3	routing	GO TO OP4_IN - NAVIGATOR.		
OPMORE	OP15	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to the outpatient department at this or any other hospital for services?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) OP2 - PROVIDER_OP (02) BOX OP6 (-8) BOX OP6 (-9) BOX OP6

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX OP6	routing	IF FALL ROUND AND ((SP REPORTED AN OUTPATIENT DEPARTMENT VISIT AT OP4) AND (SP IS ALIVE AND NOT INSTITUTIONALIZED)), GO TO AC9 - OPDREAS. ELSE GO TO BOX OP7.		
	BOX OP7	routing	Go to IUQ.		