

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			<p>MPQ SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPASTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> Administer after HHQ.</p>		
MPPRMDOC	MP1	yes/no	<p>(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] [seen/see] any medical doctors? INCLUDE ANY VISITS FOR TESTS/X-RAYS. SEE SHOWCARD AC1 FOR TYPES OF MEDICAL DOCTORS, IF NECESSARY.</p> <p>[DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP18 - MPPRPRAC (-8) MP18 - MPPRPRAC (-9) MP18 - MPPRPRAC
PROVIDER_MP	MP2	roster	Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.	(01) [Continuous answer.]	BOX MP1B
	BOX MP1B	routing	IF (PROVIDER IS A MEDICAL PLACE) OR (PROVIDER SPECIALTY HAS ALREADY BEEN COLLECTED), GO TO BOX MP1. ELSE GO TO MP2A - PROVSPEC.		

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PROVSPEC	MP2A	code 1	<p>What kind of (health practitioner/mental health professional/therapist/medical person) is (PROVIDER NAME)?</p> <p>[SELECT THE RESPONSE CATEGORY FOR A GIVEN SPECIALTY ONLY IF THE RESPONDENT SPECIFICALLY NAMES THE LISTED SPECIALTY OR MENTIONS THE WORDS OR INITIALS IN PARENTHESES FOLLOWING THAT PROVIDER SPECIALTY.]</p>	<p>(01) DENTIST/DENTAL PROVIDER (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST (30) HOMEOPATH (31) MASSAGE THERAPIST (32) NATUROPATH (33) LICENSED PROFESSIONAL COUNSELOR [LPC] (34) LAB TECHNICIAN (91) OTHER MEDICAL PROVIDER SPECIALTY (-8) Don't Know (-9) Refused</p>	<p>(01) BOX MP1 (02) BOX MP1 (03) BOX MP1 (04) BOX MP1 (05) BOX MP1 (06) BOX MP1 (07) BOX MP1 (08) BOX MP1 (09) BOX MP1 (10) BOX MP1 (11) BOX MP1 (12) BOX MP1 (13) BOX MP1 (14) BOX MP1 (15) BOX MP1 (16) BOX MP1 (17) BOX MP1 (18) BOX MP1 (19) BOX MP1 (20) BOX MP1 (21) BOX MP1 (22) BOX MP1 (23) BOX MP1 (24) BOX MP1 (25) BOX MP1 (26) BOX MP1 (27) BOX MP1 (28) BOX MP1 (29) BOX MP1 (30) BOX MP1 (31) BOX MP1 (32) BOX MP1 (33) BOX MP1 (34) BOX MP1 (91) MP2A - PROVSPoS (-8) BOX MP1 (-9) BOX MP1</p>
PROVSPOS	MP2A	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX MP1

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX MP1	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 MP3 - VAPLACE. ELSE GO TO BOX MP2.		
VAPLACE	MP3	yes/no	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP6-EVENT (02) BOX MP2 (-8) BOX MP2 (-9) BOX MP2
	BOX MP2	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 MP4 - 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 MP5 - HMOREFER. ELSE GO TO MP6 - EVENT.		
HMOASSOC	MP4	yes/no	Is (PROVIDER 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) MP6 - EVENT (02) MP5 - HMOREFER (-8) MP5 - HMOREFER (-9) MP5 - HMOREFER
HMOREFER	MP5	yes/no	[Were you/Was (SP)] referred to (PROVIDER 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	MP6 - EVENT
EVENT	MP6	roster	When did [you/(SP)] see (PROVIDER 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.]	(01) [Continuous answer.]	MP6_IN - NAVIGATOR

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NAVIGATOR	MP6_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) BOX MP2AA (02) BOX MP6AA
	BOX MP2AA	routing	FOR FIRST/NEXT EVENT ENTERED AT MP6, IF (PROVIDER SPECIALTY IS A MEDICAL DOCTOR) AND ((EVENT DATE OVERLAPS AN EXISTING IP EVENT) OR (EVENT DATE MATCHES AN EXISTING ER OR OP EVENT), GO TO MP6B - MPSDVIS. ELSE GO TO BOX MP2C.		
MPSDVIS	MP6B	yes/no	We have recorded that in (EVENT MONTH) [you were/(SP) was] also in (READ EVENT(S) LISTED BELOW). Was this visit with (PROVIDER NAME) a visit while [you were/(SP) was] in [the [READ EVENT LISTED BELOW]/any of these places]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX MP2B (02) BOX MP2C (-8) BOX MP2C (-9) BOX MP2C
	BOX MP2B	routing	UPDATE EVENT TYPE TO SEPARATELY BILLING DOCTOR AND GO TO BOX MP6.		
	BOX MP2C	routing	IF PROVIDER SPECIALTY = Dentist, Medical Doctor, Optometrist, Osteopath, Paramedic, PhysicianAssistant, Podiatrist, Other, DK or RF, GO TO MP7 - ANYOPERS. ELSE GO TO MP10 - SPECCOND.		
ANYOPERS	MP7	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 MP2D (02) MP10 - SPECCOND (-8) MP10 - SPECCOND (-9) MP10 - SPECCOND
SPECCOND	MP10	yes/no	[Was this visit/Were any of these visits] to (PROVIDER NAME) for any specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX MP2D
	BOX MP2D	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST23B. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS23B. ELSE GO TO MP12 - PRESMDCN.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PRESMDCN	MP12	yes/no	During [this visit/any of these visits] to (PROVIDER NAME), were any medicines prescribed for [you/(SP)]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP13 - PRESFILL (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6
PRESFILL	MP13	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 MP3A (02) BOX MP6 (-8) BOX MP6 (-9) BOX MP6
	BOX MP3A	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO MP13A - MPPMMEDS. ELSE GO TO MP14 - MEDICINE_MP.		
MPPMMEDS	MP13A	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.	(01) CONTINUE (-7) Empty	MP14 - MEDICINE_MP
MEDICINE_MP	MP14	roster	Please tell me the names of these medicines. ENTER ALL MEDICINE NAMES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.	(01) [Continuous answer.]	BOX MP6
	BOX MP6	routing	GO TO MP6_IN - NAVIGATOR.		

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	BOX MP6AA	routing	IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP1 PROBE, GO TO MP17 - MDOCMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP18 PROBE, GO TO MP25 - PRACMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP26 PROBE, GO TO MP33 - MENTMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP34 PROBE, GO TO MP41 - THERMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP42 PROBE, GO TO MP49 - PERSMORE. ELSE IF MEDICAL PROVIDER VISIT WAS REPORTED FOLLOWING MP50 PROBE, GO TO MP56 - MPPRMORE.		
MDOCMORE	MP17	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this doctor or any other medical doctor? [DO NOT INCLUDE MEDICAL DOCTORS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) BOX MP6A (-8) BOX MP6A (-9) BOX MP6A
	BOX MP6A	routing	IF FALL ROUND AND (SP IS ALIVE AND NOT INSTITUTIONALIZED) AND (SP REPORTED A MEDICAL PROVIDER VISIT AT MP6 AND MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR), GO TO AC20 - MDSPCLTY. ELSE GO TO MP18 - MPPRPRAC.		
MPPRPRAC	MP18	yes/no	SHOW CARD MP1 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] [seen/see] a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.] INCLUDE ANY VISITS FOR TESTS/X-RAYS. [DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT

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PRACMORE	MP25	yes/no	<p>[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this practitioner or any other health practitioner?</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>(01) MP2 - PROVIDER_MP (02) MP26 - MPPRMENT (-8) MP26 - MPPRMENT (-9) MP26 - MPPRMENT</p>
MPPRMENT	MP26	yes/no	<p>SHOW CARD MP2</p> <p>(Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (seen/see) a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, clinical social worker, and licensed professional counselor.]</p> <p>[DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>(01) MP2 - PROVIDER_MP (02) MP34 - MPPROTHER (-8) MP34 - MPPROTHER (-9) MP34 - MPPROTHER</p>
MENTMORE	MP33	yes/no	<p>[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this professional or any other mental health professional?</p> <p>[DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>(01) MP2 - PROVIDER_MP (02) MP34 - MPPROTHER (-8) MP34 - MPPROTHER (-9) MP34 - MPPROTHER</p>

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MPPRTHER	MP34	yes/no	<p>SHOW CARD MP3 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS. (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS
THERMORE	MP41	yes/no	<p>[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this therapist or any other therapist?</p> <p>[DO NOT INCLUDE MEDICAL PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP42 - MPPRPERS (-8) MP42 - MPPRPERS (-9) MP42 - MPPRPERS
MPPRPERS	MP42	yes/no	<p>SHOW CARD MP4 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), [have you/has (SP)/did (SP)] (seen/see) any other medical persons like the ones listed on this card? [Other medical persons include nurse, nurse practitioner, paramedic, and physician's assistant.]</p> <p>[INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY. DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE SERVICES WERE PROVIDED.]</p>	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC

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PERSMORE	MP49	yes/no	<p>[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this person or any other medical person?</p> <p>[DO NOT INCLUDE PROVIDERS SEEN IN THE EMERGENCY ROOM, OUTPATIENT DEPARTMENT OR CLINIC, AT THE RESPONDENT'S HOME, OR DURING AN INPATIENT STAY.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>(01) MP2 - PROVIDER_MP (02) MP50 - MPPRPLAC (-8) MP50 - MPPRPLAC (-9) MP50 - MPPRPLAC</p>
MPPRPLAC	MP50	yes/no	<p>SHOW CARD MP5 (Besides what you have already mentioned), [(Since/since (REFERENCE DATE))/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [have you/has (SP)/did (SP)] (visited/visit) any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]</p> <p>[DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>(01) MP2 - PROVIDER_MP (02) BOX MP22 (-8) BOX MP22 (-9) BOX MP22</p>
MPPRMORE	MP56	yes/no	<p>[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other visits to this place or any other type of medical place?</p> <p>[DO NOT INCLUDE VISITS TO THE EMERGENCY ROOM, OUTPATIENT DEPARTMENTS, INPATIENT STAYS, OR SENIOR DAY CARE.]</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>	<p>(01) MP2 - PROVIDER_MP (02) BOX MP22 (-8) BOX MP22 (-9) BOX MP22</p>
	BOX MP22	routing	<p>If SEASON=FALL, go to ACQ. If SEASON=WINTER or SUMMER, go to OMQ.</p>		