

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			<p>DENTAL UTILIZATION QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPAISTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> Administer after HIQ.</p>		
DUINT	DUINTRO	no entry	<p>The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).</p> <p>(Now would be a good time to get out the planner that [you/(SP)] may have used to record health care visits or other medical expenses. We will also refer to any statements you may have received since the last interview.)</p> <p>First we'll talk about dental care.</p>		DU1 - DUPROBE
DUPROBE	DU1	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	(01) DU2 - PROVIDER_DU (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX DU6 (-9) BOX DU6
PROVIDER_DU	DU2	roster	Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.	(01-N) LIST ALL PROVIDERS AS RESPONSE OPTIONS (N+1) ADD ANOTHER	(01-N) BOX DU1 (N+1) DU2B-PROVNAME
PROVNAME	DU2B	verbatim text	ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW. NAME:		DU2B - GRPNAME
GRPNAME	DU2B	verbatim text	GROUP:		PROVSPEC
PROVSPEC	DU2C	code one	What kind of is [PROVNAME]?		

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PROVSPECOTH	DU2C	code one	What kind of (health practitioner/mental health professional/therapist/medical person) is [PROVNAME]?		
PROVSPOS	DU2D	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]	BOX DU2
	BOX DU1	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 DU3 - VAPLACE. ELSE GO TO BOX DU2.		
VAPLACE	DU3	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	BOX DU2
	BOX DU2	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 DU4 - 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 DU5 - HMOREFER. ELSE GO TO DU6 - EVENT_DU.		
HMOASSOC	DU4	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) DU6 - EVENT_DU (02) DU5 - HMOREFER (-8) DU5 - HMOREFER (-9) DU5 - HMOREFER
HMOREFER	DU5	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	DU6 - EVENT_DU

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EVENT_DU	DU6	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 (-8) Don't Know (-9) Refused	DU6_IN - NAVIGATOR
NAVIGATOR	DU6_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(02) DU14 - DUMORE
PRESMDCN	DU9	yes/no	Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DU10 - PRESFILL (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4
PRESFILL	DU10	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, 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 DU3B (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4
	BOX DU3B	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO DU10A - DUPMMEDS. ELSE GO TO DU11 - MEDICINE_DU.		
DUPMMEDS	DU10A	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) INSTRUCTION WAS READ	DU11 - MEDICINE_DU

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MEDICINE_DU	DU11	roster	Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.	(01) continuous answer	
	BOX DU4	routing	GO TO DU6_IN - NAVIGATOR.		
DUMORE	DU14	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other dental care visits to this or any other provider?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) DU2 - PROVIDER_DU (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6
	BOX DU6	routing	Go to ERQ.		