

MAIN STUDY - ROUND 16
 COMMUNITY COMPONENT
 OM. OTHER MEDICAL EXPENSES UTILIZATION

BOX OM1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX PMS1 . OTHERWISE, GO TO OM1.
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OM1. Next I'm going to ask you about other medical expenses that (you/SP) may have had between [(PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for eyeglasses or contact lenses?

- OMPREYEG**
- YES 1 (OM2)
 - NO 2 (OM3)
 - REFUSED -7 (OM3)
 - DON'T KNOW -8 (OM3)

OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

- EVNTTYPE**
- OMETYPE**
- EVBEGMM**
- EVBEGDD**
- EVBEGYG**

OM3. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, replace, or pay for repairs for a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

- OMPRHEAR**
- YES 1 (OM4)
 - NO 2 **BOX OMA1**
 - REFUSED -7 **BOX OMA1**
 - DON'T KNOW -8 **BOX OMA1**

OM4. When did (you/SP) buy or repair a hearing or speech device? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

- OMETYPE**
- EVBEGMM**
- EVBEGDD**
- EVBEGYG**

BOX OMA1	IF OM6 = 4, 5, 6, 91 AND OM7b = 1 FOR THE (FIRST/NEXT) ORTHOPEDIC ITEM FROM THE PREVIOUS ROUND, GO TO OMS5. OTHERWISE, GO TO OM5.
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OMS5. At the time of the last interview, (you were/SP was) renting (OM6 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (OM6 ITEM) being rented?

RENTSTIL	YES	1	BOX OMA1
RENTRECR	NO	2	(OM7c)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA1
	REFUSED	-7	BOX OMA1
	DON'T KNOW	-8	BOX OMA1

OM5. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW 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, and braces or supports.]

SHOW CARD OM1	OMPRORTH	YES	1	(OM6)
		NO	2	(OM9)
		REFUSED	-7	(OM9)
		DON'T KNOW	-8	(OM9)

OM6. What was the item?

ORTHTYPE	BRACES OR SUPPORTS.....	1	(OM7)
	CANE	2	(OM7)
	CORRECTIVE SHOES OR INSERTS	3	(OM7)
	CRUTCHES	4	(OM6a)
EVOSTEXT	WALKER	5	(OM6a)
EVNTQUES	WHEELCHAIR/CART.....	6	(OM6a)
	OTHER (SPECIFY).....	91	(OM6a)

OM6a. Did (you/SP) buy or repair the (OM6 ITEM) or did (you/SP) rent (it/them)?

RENTPROB	BUY/REPAIR	1	BOX OM1
	RENT	2	BOX OM2
	REFUSED	-7	BOX OM1
	DON'T KNOW	-8	BOX OM1

BOX OM1	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM7. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM2	IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b.
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OM7. When did (you/SP) buy or repair the (ITEM FROM OM6)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM2A	GO TO OM8.
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OM7a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) AND (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM6).
 [ENTER ONLY ONE DATE.]
EVBE GMM
EVBE GDD
EVBE GYY

OM7b. (Are you/Is SP) still renting the (OM6 ITEM)?

RENTSTIL	YES	1	BOX OM3b
RENTRECR	NO	2	(OM7c)
RENTENDR	REFUSED	-7	BOX OM3a
	DON'T KNOW	-8	BOX OM3a

BOX OM3	<p>a. FILL OM7c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM7c. What was the last date the (OM6 ITEM) was rented?

EVENDMM
EVENDDD
EVENDYY

_____/_____/_____
 MONTH DAY YEAR

BOX OM4	IF OMS5 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA1 . OTHERWISE, IF EVENT ADDED: ■ THROUGH OM, GO TO OM8. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B . ■ THROUGH NS, GO TO BOX NS12 . ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM8. In addition to the orthopedic item(s) you just told me about, did (you/SP) buy, repair or rent any other orthopedic items [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

SHOW CARD OM1

TEMP YES 1 (OM6)
 NO 2 (OM9)
 REFUSED -7 (OM9)
 DON'T KNOW -8 (OM9)

OM9. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy diabetic equipment or supplies, such as those listed on this card? [Diabetic supplies include syringes, test paper, and test strips.]

SHOW CARD OM2

OMPRDIAB YES 1 (OM10)
 NO 2 (OM11)
 REFUSED -7 (OM11)
 DON'T KNOW -8 (OM11)

OM10. When did (you/SP) buy diabetic equipment or supplies? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [ENTER ALL DATES.]

OMETYPE
EVBEGBMM
EVBEGBDD
EVBEGBYY

OM11. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) use any ambulance or rescue squad service?

OMPRAMBL YES 1 (OM12)
 NO 2 (OM13)
 REFUSED -7 (OM13)
 DON'T KNOW -8 (OM13)

OM12. When did (you/SP) use an ambulance? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

OM13. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy or pay for repairs for any prostheses, such as those on the card?
 [Prostheses include artificial leg or arm, mastectomy prosthesis, and glass eye.]

SHOW CARD OM3

OMPRPROS YES 1 (OM14)
 NO 2 **BOX OMA4**
 REFUSED -7 **BOX OMA4**
 DON'T KNOW -8 **BOX OMA4**

OM14. When did (you/SP) buy or repair the prosthesis? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
 [ENTER ALL DATES.]

OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

OM15 - OM18 OMITTED

BOX OMA4	IF OM20b = 1 FOR THE (FIRST/NEXT) OXYGEN-RELATED EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS19. OTHERWISE, GO TO OM19.
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OMS19. 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?

RENTSTIL YES 1 **BOX OMA4**
RENTRECR NO 2 (OM20c)
RENTENDR EVENT ENTERED IN ERROR 3 **BOX OMA4**
 REFUSED -7 **BOX OMA4**
 DON'T KNOW -8 **BOX OMA4**

OM19. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any (other) expenses for oxygen or supplies or oxygen-related equipment?

OMPROXGN YES 1 (OM19a)
 NO 2 **BOX OMA11**
 REFUSED -7 **BOX OMA11**
 DON'T KNOW -8 **BOX OMA11**

OM19a. What was that?

OXGNTYPE OXYGEN/SUPPLIES 1 (OM20)
STOMTYPE EQUIPMENT 2 (OM19b)

OM19b. Did (you/SP) buy or repair the oxygen-related equipment or did (you/SP) rent it?

RENTPROB BUY/REPAIR 1 **BOX OM5**
 RENT 2 **BOX OM6**
 REFUSED -7 **BOX OM5**
 DON'T KNOW -8 **BOX OM5**

BOX OM5	IF EVENT ADDED: ■ THROUGH OM, GO TO OM20. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B . ■ THROUGH NS, GO TO BOX NS12 . ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM6	IF EVENT ADDED THROUGH OM, GO TO OM20a. OTHERWISE, GO TO OM20b.
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OM20. When did (you/SP) purchase the (oxygen or supplies)/(oxygen-related equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE
EVBEGMM
EVBEGDD
EVBEGYY

BOX OM7	IF OM20d NOT EQUAL TO -1, GO TO OM21. OTHERWISE, GO TO OM20d.
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OM20a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the oxygen-related equipment. [ENTER ONLY ONE DATE.]

EVBE GMM
EVBE GDD
EVBE GYY

OM20b. (Are you/Is SP) still renting the oxygen-related equipment?

RENTSTIL	YES	1	BOX OM8b
RENTRECR	NO	2	(OM20c)
RENTENDR	REFUSED	-7	BOX OM8a
	DON'T KNOW	-8	BOX OM8a

BOX OM8	<p>a. FILL OM20c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM20c. What was the last date the equipment was rented?

EVENDMM	_____ / _____ / _____
EVENDDD	MONTH DAY YEAR
EVENDYY	

BOX OM9	<p>IF OMS19 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA4. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM10. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM10	<p>IF OM20d NOT EQUAL TO -1, GO TO OM21. OTHERWISE, GO TO OM20d.</p>
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OM20d. 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)]?

TEMP YES 1 **BOX OM11**
 NO 2 **BOX OMA11**
 REFUSED -7 **BOX OMA11**
 DON'T KNOW -8 **BOX OMA11**

BOX OM11	IF OM19a = 1, GO TO OM19b. IF OM19a = 2, GO TO OM20.
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BOX OMA11	IF OM22b = 1 FOR THE (FIRST/NEXT) KIDNEY DIALYSIS EQUIPMENT RENTAL FROM THE PREVIOUS ROUND, GO TO OMS21. OTHERWISE, GO TO OM21.
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OMS21. At the time of the last interview, (you were/SP was) renting equipment for kidney dialysis. As of (today/DATE OF DEATH/INSTITUTIONALIZATION), (is/was) the equipment being rented?

RENTSTIL YES 1 **BOX OMA11**
RENTRECR NO 2 (OM22c)
RENTENDR EVENT ENTERED IN ERROR 3 **BOX OMA11**
 REFUSED -7 **BOX OMA11**
 DON'T KNOW -8 **BOX OMA11**

OM21. (Other than what we already talked about,) [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW 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?

OMPRKDN YES 1 (OM21a)
 NO 2 **BOX OMA18**
 REFUSED -7 **BOX OMA18**
 DON'T KNOW -8 **BOX OMA18**

OM21a. What was that?

KDNYTYPE SUPPLIES 1 (OM22)
STOMTYPE EQUIPMENT 2 (OM21b)

OM21b. Did (you/SP) buy or repair the dialysis equipment or did (you/SP) rent it?

RENTPROB BUY/REPAIR 1 **BOX OM12**
 RENT 2 **BOX OM13**
 REFUSED -7 **BOX OM12**
 DON'T KNOW -8 **BOX OM12**

BOX OM12	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM22. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM13	<p>IF EVENT ADDED THROUGH OM, GO TO OM22a. OTHERWISE, GO TO OM22b.</p>
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OM22. When did (you/SP) purchase the (kidney dialysis supplies)/(kidney dialysis equipment)? Please tell me the dates of each purchase [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].

[ENTER ALL DATES.]

OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM14	<p>IF OM22d NOT EQUAL TO -1, GO TO OM23. OTHERWISE, GO TO OM22d.</p>
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OM22a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the kidney dialysis equipment. [ENTER ONLY ONE DATE.]

EVBE GMM
EVBE GDD
EVBE GYY

OM22b. (Are you/Is SP) still renting the kidney dialysis equipment?

RENTSTIL	YES	BOX OM15b
RENTRECR	NO	2 (OM22c)
RENTENDR	REFUSED	-7 BOX OM15a
	DON'T KNOW	-8 BOX OM15a

BOX OM15	<p>a. FILL OM22c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM22c. What was the last date the equipment was rented?

EVENDMM _____ / _____ / _____
EVENDDD MONTH DAY YEAR
EVENDYY

BOX OM16	<p>IF OMS21 \neq -1 FOR THIS (NEXT) EVENT, GO TO BOX OMA11. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM17. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM17	<p>IF OM22d NOT EQUAL TO -1, GO TO OM23. OTHERWISE, GO TO OM22d.</p>
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OM22d. In addition to the [(dialysis supplies)/(dialysis equipment)] that you just told me about, did (you/SP) [(buy dialysis supplies)/(obtain any dialysis equipment)]?

TEMP YES 1 **BOX OM18**
 NO 2 **BOX OMA18**
 REFUSED -7 **BOX OMA18**
 DON'T KNOW -8 **BOX OMA18**

BOX OM18	<p>IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22.</p>
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BOX OMA18	IF OM24 = 1, 2, 4, 8, 91 AND OM26a1 = 1 FOR THE (FIRST/NEXT) MEDICAL EQUIPMENT ITEM FROM THE PREVIOUS ROUND, GO TO OMS23. OTHERWISE, GO TO OM23.
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OMS23. At the time of the last interview, (you were/SP was) renting (PREV. ROUND OM24 ITEM). As of (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), (is/was) the (PREV. ROUND OM24 ITEM) being rented?

RENTSTIL	YES	1	BOX OMA18
RENTRECR	NO	2	(OM26b)
RENTENDR	EVENT ENTERED IN ERROR	3	BOX OMA18
	REFUSED	-7	BOX OMA18
	DON'T KNOW	-8	BOX OMA18

OM23. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) buy, rent, or repair any other medical equipment besides what we have talked about? [Other medical equipment and supplies include portable commode or raised toilet seat, portable tub seat, special chairs or cushions, hospital beds, ostomy supplies, Depends or Serenity (disposable diapers), bandages, dressings, tape supplies, and pulmonary equipment such as a Nebulizer, CPAP, et al.]

SHOW CARD OM4	OMPROTHR	YES	1	(OM24)
		NO	2	BOX OM24
		REFUSED	-7	BOX OM24
		DON'T KNOW	-8	BOX OM24

OM24. What kind of equipment was the item?

OTHRTYPE	PORTABLE COMMODE OR RAISED TOILET SEAT	1	(OM24a)
	PORTABLE TUB SEAT	2	(OM24a)
	SPECIAL CHAIR/CUSHION/MATTRESS	3	(OM26)
	HOSPITAL BED/BED SIDES	4	(OM24a)
	OSTOMY SUPPLIES	5	(OM25)
	DEPENDS, SERENITY (I.E., DISPOSABLE DIAPERS)	6	(OM25)
EVOSTEXT	BANDAGES, DRESSINGS,		
EVNTQUES	TAPE SUPPLIES	7	(OM25)
STOMTYPE	PULMONARY EQUIPMENT	8	(OM24a)
	OTHER (SPECIFY)	91	(OM24a)

OM24a. Did (you/SP) buy or repair the (OM24 ITEM) or did (you/SP) rent it?

RENTPROB	BUY/REPAIR	1	BOX OM19
	RENT	2	BOX OM20
	REFUSED	-7	BOX OM19
	DON'T KNOW	-8	BOX OM19

BOX OM19	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM26. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B . ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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BOX OM20	<p>IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1.</p>
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OM25. [INTERVIEWER: 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 (REF. DATE).
How many times [since (REF. DATE) (have you/has SP) bought or obtained/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) did (you/SP) buy or obtain] (ITEM IN OM24)?

GETNUM NUMBER OF TIMES: (OM27)
PMROTYPE REFUSED -7 (OM27)
DON'T KNOW -8 (OM27)

OM26. When did (you/SP) buy or repair the (ITEM IN OM24)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]
[ENTER ALL DATES.]
OMETYPE
EVBE GMM
EVBE GDD
EVBE GYY

BOX OM21	GO TO OM27.
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OM26a. Please tell me the first date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] that (you/SP) rented the (ITEM FROM OM24) [ENTER ONLY ONE DATE.]
EVBE GMM
EVBE GDD
EVBE GYY

OM26a1. (Are you/Is SP) still renting the (OM24 ITEM)?

RENTSTIL YES 1 **BOX OM22b.**
 NO 2 (OM26b)
 REFUSED -7 **BOX OM22a.**
 DON'T KNOW -8 **BOX OM22a.**

BOX OM22	<p>a. FILL OM26c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.)</p> <p>b. IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM26b. What was the last date (you/SP) rented the (OM24 ITEM)?

OMETYPE _____ / _____ / _____
EVENDMM MONTH DAY YEAR
EVENDDD
EVENDYY

BOX OM23	<p>IF OMS23 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO BOX OMA18. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> ■ THROUGH OM, GO TO BOX OM27. ■ THROUGH UTS, GO TO UTSINTRC. ■ THROUGH ST, GO TO BOX ST12B. ■ THROUGH NS, GO TO BOX NS12. ■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU. ■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.
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OM27. In addition to the medical equipment you just told me about, did (you/SP) buy, rent, or repair any other medical equipment since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

TEMP YES 1 (OM24)
 NO 2 **BOX OM24**
 REFUSED -7 **BOX OM24**
 DON'T KNOW -8 **BOX OM24**

BOX OM24	IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD, GO TO OM30. OTHERWISE, GO TO OM28.
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OM28. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW 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.]

SHOW CARD OM5	OMPRALTR	YES	1 (OM29)
		NO	2 BOX PMS1
		REFUSED	-7 BOX PMS1
		DON'T KNOW	-8 BOX PMS1

OM29. What was the alteration?

ALTRTYPE	ELEVATOR OR INCLINE CHAIR	1
	HANDRAILS (OTHER THAN TUB)	2
	RAMPS	3
	TUB HANDRAILS	4
EVOSTEXT	TUB SEAT	5
EVNTQUES	ANY CAR ALTERATION	6
	Other (SPECIFY)	91

OM30. [Last time (you/SP) had started to make an alteration (ALTERATION FROM OM29) that was not completed as of (PREVIOUS ROUND INTERVIEW DATE).]

On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] was this alteration completed?

[ENTER "95" IN MONTH FIELD IF ALTERATION NOT YET COMPLETED.]

OM31. 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 (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

TEMP	YES	1 (OM29)
	NO	2 BOX PMS1
	REFUSED	-7 BOX PMS1
	DON'T KNOW	-8 BOX PMS1

OM1. OTHER MEDICAL EXPENSES UTILIZATION

This attachment shows an example of the visit roster for Other Medical Expenses Utilization. The roster is displayed for questions OM2, OM4, OM7, OM7a, OM10, OM12, OM14, OM20, OM20a, OM22, OM26, and OM26a.

For the visit roster at OM2, display "N/A" (for "not applicable") in the column labeled "PURCHASES" and in the column labeled "STOP DATE." Display the name of the item from question OM1. Place the cursor on the first entry field for the date and allow the entire date to be entered. If CTRL/A is pressed after the first entry, display "N/A" in "PURCHASES" and "STOP DATE" column and the name of the item from question OM1 on the next line of the roster. Place the cursor on the first entry field for the date and allow the entire date to be entered for the next item.

Display "N/A" in the column labeled "PURCHASES" for all other medical expenses except for those coded 5 or 6 at question OM24. For those items coded 5 or 6 at question OM24, display "N/A" in the date column and copy the number of times entered at OM25 to the visit roster.

Display "N/A" in column labeled "STOP DATE" for all other medical expenses except for those coded as "rental" (OM6a = 2, OM19b = 2, OM21b = 2, OM24a = 2). For items entered as a rental, the roster should display a start date and a stop date (as shown below) and the letter "R" (as shown below). If the item is currently being rented (OM7b = 1, OM20b = 1, OM22b = 1, or OM26a1 = 1) or is being added to the roster, display "N/A" in the stop date column. If the item is no longer being rented, display the stop date as entered in OM7c, OM20c, OM22c, and OM26b respectively. Visit rosters shown at OM7, OM7a, OM20, OM20a, OM22, OM22a, OM26, and OM26a should display all purchased and rented items of the particular event type (for example: oxygen and oxygen-related equipment).

OM2. When did (you/SP) buy or repair glasses or contact lenses? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION.)]
[ENTER ALL DATES.]

(TO ADD A DATE, PRESS CTRL/A.)
TO LEAVE SCREEN, PRESS ESC.

START	STOP	PURCHASES	OME TYPE
MM/DD/YY	MM/DD/YY	N/A	R (ITEM FROM OM1)