

MAIN STUDY - ROUND 22  
 COMMUNITY COMPONENT  
 OM. OTHER MEDICAL EXPENSES UTILIZATION

BOX OM1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX PMS1</b> . 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**

BOX OM1AA	IF SP HAD ANY MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM2a FOR EACH DATE ENTERED AT OM2. OTHERWISE, GO TO OM3.
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OM2a. On (DATE AT OM2), did (you/SP) buy or repair the glasses or contact lenses at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the glasses or lenses at the HMO; at an optician, optometrist or other place that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

- OMSATHMO**
- YES ..... 1
  - NO ..... 2
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

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**  
**EVBEGY**

BOX OM1BB	IF SP HAD ANY MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM4a FOR EACH DATE ENTERED AT OM4. OTHERWISE, GO TO <b>BOX OMA1</b> .
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OM4a. On (DATE AT OM4), did (you/SP) buy or repair the hearing or speech device at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the hearing or speech device at the HMO; from an audiologist, speech pathologist, or other provider that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

**OMSATHMO** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

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 OM1EE**  
**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	<b>OMPRORTH</b> YES .....	1 (OM6)
	NO .....	2 (OM9)
	REFUSED .....	-7 (OM9)
	DON'T KNOW .....	-8 (OM9)

OM6. What was the item?

<b>ORTHTYPE</b>	BRACES OR SUPPORTS.....	1 (OM7)
	CANE .....	2 (OM7)
	CORRECTIVE SHOES OR INSERTS .....	3 (OM7)
	CRUTCHES .....	4 (OM6a)
<b>EVOSTEXT</b>	WALKER .....	5 (OM6a)
	<b>EVNTQUES</b> 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)?

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

BOX OM1	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> <li>■ THROUGH OM, GO TO OM7.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b>.</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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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 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"> <li>■ THROUGH OM, GO TO OM8.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b>.</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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OM7c. What was the last date the (OM6 ITEM) was rented?

**EVENDMM** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**EVENDDD**                      MONTH                      DAY                      YEAR  
**EVENDYY**

BOX OM1EE	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM7d. OTHERWISE, IF COMING FROM OMS5, GO TO <b>BOX OMA1</b> ; IF COMING FROM OM7c, GO TO <b>BOX OM4</b> .
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OM7d. Did (you/SP) rent the (OM6 ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM6 ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

**OMSATHMO**                      YES ..... 1  
    NO ..... 2  
    REFUSED ..... -7  
    DON'T KNOW ..... -8

BOX OM4	<p>IF OMS5 ≠ -1 FOR (FIRST/NEXT) EVENT, GO TO <b>BOX OMA1</b>. OTHERWISE, IF EVENT ADDED:</p> <ul style="list-style-type: none"> <li>■ THROUGH OM, GO TO OM8.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b>.</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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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)]?

**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, test strips, and blood monitoring kits.]

SHOW CARD OM2
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**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**  
**EVBEGMM**  
**EVBEGDD**  
**EVBEGY**

BOX OM1FF	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM10a FOR EACH DATE ENTERED AT OM10. OTHERWISE, GO TO OM11.
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OM10a. On (DATE IN OM10), did (you/SP) buy the diabetic equipment or supplies at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying the diabetic equipment or supplies at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

**OMSATHMO** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

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**

BOX OM1GG	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM12a FOR EACH DATE IN OM12. OTHERWISE, GO TO OM13.
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OM12a. Was the ambulance on (DATE) provided by or approved by [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could mean that the ambulance was sent by the HMO or that (you/SP) or someone for (you/SP) had contacted the HMO for them to authorize or approve the use of the ambulance. This approval could have come after the use of the ambulance.]

- OMSATHMO** YES ..... 1
- NO ..... 2
- REFUSED ..... -7
- DON'T KNOW ..... -8

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
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- 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**

BOX OM1HH	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM14a FOR EACH DATE ENTERED AT OM14. OTHERWISE, GO TO <b>BOX OMA4</b> .
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OM14a. On (DATE AT OM14), did (you/SP) buy or repair the prosthesis at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the prosthesis at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

**OMSATHMO** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

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 OM1KK**  
**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?

**OXGNATYPE** OXYGEN/SUPPLIES ..... 1 (OM20)  
**STOMATYPE** 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**  
 BOUGHT/REPAIRED EQUIPMENT  
 AND RENTED EQUIPMENT ..... 3 **BOX OM5**  
 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 <b>BOX ST12B</b> . ■ THROUGH NS, GO TO <b>BOX NS12</b> . ■ 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 OM1II	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM20aa FOR EACH DATE ENTERED AT OM20. OTHERWISE, GO TO <b>BOX OM7</b> .
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OM20aa. On (DATE IN OM20), did (you/SP) buy or repair the (OM19a RESPONSE ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (OM19a ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

**OMSATHMO** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

BOX OM7	IF OM19b = 3 AND EVENT ADDED THROUGH OM, GO TO OM20a. IF OM19b = 3 AND EVENT ADDED THROUGH UTS, ST, NS OR CTRL/I, GO TO OM20b. OTHERWISE, IF OM20d NOT EQUAL TO -1, GO TO <b>BOX OMA11</b> . 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?

<b>RENTSTIL</b>	YES .....	1	<b>BOX OM1JJ</b>
<b>RENTRECR</b>	NO .....	2	(OM20c)
<b>RENTENDR</b>	REFUSED .....	-7	<b>BOX OM8(a)</b>
	DON'T KNOW .....	-8	<b>BOX OM8(a)</b>

BOX OM1JJ	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM20d1. OTHERWISE, GO TO <b>BOX OM8(b)</b> .
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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"> <li>■ THROUGH OM, GO TO <b>BOX OM10</b>.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b>.</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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OM20c. What was the last date the equipment was rented?

<b>EVENDMM</b>	_____ / _____ / _____
<b>EVENDDD</b>	MONTH      DAY      YEAR
<b>EVENDYY</b>	

BOX OM1KK	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM20d1. OTHERWISE, IF COMING FROM OMS19, GO TO <b>BOX OMA4</b> ; IF COMING FROM OM20c, GO TO <b>BOX OM9</b> .
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OM20d1. Did (you/SP) rent the oxygen equipment at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the oxygen equipment at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

**OMSATHMO** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

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

<b>RENTSTIL</b>	YES .....	1	<b>BOX OM1NN</b>
<b>RENTRECR</b>	NO .....	2	(OM22c)
<b>RENTENDR</b>	EVENT ENTERED IN ERROR .....	3	<b>BOX OMA11</b>
	REFUSED .....	-7	<b>BOX OMA11</b>
	DON'T KNOW .....	-8	<b>BOX OMA11</b>

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?

<b>OMPRKDN</b>	YES .....	1	(OM21a)
	NO .....	2	<b>BOX OMA18</b>
	REFUSED .....	-7	<b>BOX OMA18</b>
	DON'T KNOW .....	-8	<b>BOX OMA18</b>

OM21a. What was that?

<b>KDNYTYPE</b>	SUPPLIES.....	1	(OM22)
<b>STOMTYPE</b>	EQUIPMENT .....	2	(OM21b)

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

<b>RENTPROB</b>	BUY/REPAIR .....	1	<b>BOX OM12</b>
	RENT .....	2	<b>BOX OM13</b>
	REFUSED .....	-7	<b>BOX OM12</b>
	DON'T KNOW .....	-8	<b>BOX OM12</b>

BOX OM12	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> <li>■ THROUGH OM, GO TO OM22.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b>.</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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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)/(buy or repair kidney dialysis equipment)? 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 OM1LL	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM22aa FOR EACH DATE ENTERED AT OM22. OTHERWISE, GO TO <b>BOX OM14</b> .
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OM22aa. On (DATE IN OM22), did (you/SP) buy (or repair) the (OM21a ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying (or repairing) the (OM21a ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

**OMSATHMO**                      YES ..... 1  
    NO ..... 2  
    REFUSED ..... -7  
    DON'T KNOW ..... -8

BOX OM14	IF OM22d NOT EQUAL TO -1, GO TO <b>BOX OMA18</b> . OTHERWISE, GO TO OM22d.
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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 OM1MM**  
**RENTRECR**                      NO ..... 2 (OM22c)  
**RENTENDR**                      REFUSED ..... -7 **BOX OM15(a)**  
    DON'T KNOW ..... -8 **BOX OM15(a)**

BOX OM1MM	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO <b>BOX OM15(b)</b> .
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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"> <li>■ THROUGH OM, GO TO <b>BOX OM17</b>.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b>.</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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OM22c. What was the last date the equipment was rented?

**EVENDMM** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**EVENDDD**                      MONTH              DAY              YEAR  
**EVENDYY**

BOX OM1NN	<p>IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, GO TO OM22d1. OTHERWISE, IF COMING FROM OMS21, GO TO <b>BOX OMA11</b>; IF COMING FROM OM22c, GO TO <b>BOX OM16</b>.</p>
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OM22d1. Did (you/SP) rent the (OM21a ITEM) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the (OM21a ITEM) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or service that the HMO referred (you/SP) to.]

**OMSATHMO**                      YES ..... 1  
    NO ..... 2  
    REFUSED ..... -7  
    DON'T KNOW ..... -8

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

<b>TEMP</b>	YES .....	1	<b>BOX OM18</b>
	NO .....	2	<b>BOX OMA18</b>
	REFUSED .....	-7	<b>BOX OMA18</b>
	DON'T KNOW .....	-8	<b>BOX OMA18</b>

BOX OM18	IF OM21a = 1, GO TO OM21b. IF OM21a = 2, GO TO OM22.
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BOX OMA18	IF OM24 = 1, 2, 3, 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?

<b>RENTSTIL</b>	YES .....	1	<b>BOX OM1QQ</b>
<b>RENTRECR</b>	NO .....	2	(OM26b)
<b>RENTENDR</b>	EVENT ENTERED IN ERROR .....	3	<b>BOX OMA18</b>
	REFUSED .....	-7	<b>BOX OMA18</b>
	DON'T KNOW .....	-8	<b>BOX OMA18</b>

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	<b>OMPROTHR</b>	YES .....	1	(OM24)
		NO .....	2	<b>BOX OM24</b>
		REFUSED .....	-7	<b>BOX OM24</b>
		DON'T KNOW .....	-8	<b>BOX OM24</b>

OM24. What kind of equipment was the item?

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

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

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

BOX OM19	<p>IF EVENT ADDED:</p> <ul style="list-style-type: none"> <li>■ THROUGH OM, GO TO OM26.</li> <li>■ THROUGH UTS, GO TO UTSINTRC.</li> <li>■ THROUGH ST, GO TO <b>BOX ST12B</b> .</li> <li>■ THROUGH NS, GO TO <b>BOX NS12</b>.</li> <li>■ THROUGH CTRL/I PRIOR TO CHARGE SERIES (ST, NS, CPS), GO TO INTERRUPT MENU.</li> <li>■ THROUGH CTRL/I AFTER CHARGE SERIES, GO TO NS1.</li> </ul>
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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)?

<b>GETNUM</b>	NUMBER OF TIMES: .....	(OM27)
<b>PMROTYPE</b>	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 OM100	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26aa FOR EACH DATE ENTERED AT OM26. OTHERWISE, GO TO OM27.
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OM26aa. On (DATE IN OM26), did (you/SP) buy or repair the (ITEM IN OM24) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the (ITEM IN OM24) at the HMO; at a place or store that honors (your/SP's) HMO plan card; or through a place or store that the HMO referred (you/SP) to.]

**OMSATHMO** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

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 OM1PP.**  
 NO ..... 2 (OM26b)  
 REFUSED ..... -7 **BOX OM22(a)**  
 DON'T KNOW ..... -8 **BOX OM22(a)**

BOX OM1PP	IF SP HAD MEDICARE HMO, MEDICAID HMO, OR PRIVATE HMO THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO <b>BOX OM22(b).</b>
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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)]?

<b>TEMP</b>	YES .....	1 (OM29)
	NO .....	2 <b>BOX PMS1</b>
	REFUSED .....	-7 <b>BOX PMS1</b>
	DON'T KNOW .....	-8 <b>BOX PMS1</b>

## 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, 6 or 7 at question OM24. For those items coded 5, 6, or 7 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)