

MCBS MAIN STUDY - ROUND 28, FALL 2000
 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.
-------------	--

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 of 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
EVBEGYY

BOX OM1AA	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM2a FOR EACH DATE ENTERED AT OM2. OTHERWISE, GO TO OM3.
--------------	---

OM2a. On (DATE AT OM2), did (you/SP) buy or repair the glasses or contact lenses at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the glasses or lenses at the managed care plan center; at an optician, optometrist or other place that honors (your/SP's) plan card; or through a place or service that the managed care plan 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 of a hearing aid, amplifier for a telephone, or similar device to help (you/SP) hear or speak?

- OMPHEAR 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
- EVBEGYY

BOX OM1BB	IF SP HAD ANY MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM4a FOR EACH DATE ENTERED AT OM4. OTHERWISE, GO TO BOX OMA1 .
--------------	--

OM4a. On (DATE AT OM4), did (you/SP) buy or repair the hearing or speech device at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

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

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	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	IF EVENT ADDED: ■ 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.
------------	---

BOX OM2	IF EVENT ADDED THROUGH OM, GO TO OM7a. OTHERWISE, GO TO OM7b.
------------	---

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.]

EVBEGMM
EVBEGDD
EVBEGYY

BOX OM1CC	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7aa FOR EACH DATE ENTERED AT OM7. OTHERWISE, GO TO OM8.
--------------	--

OM7aa. On (DATE IN OM7), did (you/SP) buy or repair the (OM6 ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

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

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

BOX OM2A	GO TO OM8.
-------------	------------

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.]

EVBEGMM
EVBEGDD
EVBEGY

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

RENTSTIL YES 1 **BOX OM1DD**
RENTRECR NO 2 (OM7c)
RENTENDR REFUSED -7 **BOX OM3(a)**
 DON'T KNOW -8 **BOX OM3(a)**

BOX OM1DD	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM7d. OTHERWISE, GO TO BOX OM3(b) .
--------------	---

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

- 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
 EVBEGYY**

BOX OM1FF	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM10a FOR EACH DATE ENTERED AT OM10. OTHERWISE, GO TO OM11.
--------------	--

OM10a. On (DATE IN OM10), did (you/SP) buy the diabetic equipment or supplies at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying the diabetic equipment or supplies at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan 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**
- EVBEGY**

BOX OM1GG	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM12a FOR EACH DATE IN OM12. OTHERWISE, GO TO OM13.
--------------	--

OM12a. Was the ambulance on (DATE) provided by or approved by [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could mean that the ambulance was sent by the plan, or that (you/SP) or someone for (you/SP) contacted the plan 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 of 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**
- EVBEGY**

BOX OM1HH	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM14a FOR EACH DATE ENTERED AT OM14. OTHERWISE, GO TO BOX OMA4 .
--------------	--

OM14a. On (DATE AT OM14), did (you/SP) buy or repair the prosthesis at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying or repairing the prosthesis at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan 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.
-------------	--

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 <u>AND RENTED EQUIPMENT</u>	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 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.
------------	--

BOX OM6	IF EVENT ADDED THROUGH OM, GO TO OM20a. OTHERWISE, GO TO OM20b.
------------	--

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
EVBEGY

BOX OM11I	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20aa FOR EACH DATE ENTERED AT OM20. OTHERWISE, GO TO BOX OM7 .
--------------	--

OM20aa. On (DATE IN OM20), did (you/SP) buy or repair the (OM19a RESPONSE ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

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

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

BOX OM1KK	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM20d1. OTHERWISE, IF COMING FROM OMS19, GO TO BOX OMA4 ; IF COMING FROM OM20c, GO TO BOX OM9 .
--------------	--

OM20d1. Did (you/SP) rent the oxygen equipment at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include renting the oxygen equipment at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or service that the managed care plan 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 BOX OMA4 . OTHERWISE, IF EVENT ADDED: <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.
------------	---

BOX OM10	IF OM20d NOT EQUAL TO -1, GO TO BOX OMA11 . OTHERWISE, GO TO OM20d.
-------------	--

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.
-------------	---

BOX OMA11	IF OM22b = 1 FOR THE (FIRST/NEXT) KIDNEY DIALYSIS EQUIPMENT RENTAL FROM THE PREVIOUS ROUND, GO TO OMS21. OTHERWISE, GO TO OM21.
--------------	---

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 OM1NN
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	IF EVENT ADDED: ■ 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.
-------------	---

BOX OM13	IF EVENT ADDED THROUGH OM, GO TO OM22a. OTHERWISE, GO TO OM22b.
-------------	--

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**
- EVBEGMM**
- EVBEGDD**
- EVBEGYY**

BOX OM1LL	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22aa FOR EACH DATE ENTERED AT OM22. OTHERWISE, GO TO BOX OM14 .
--------------	---

OM22aa. On (DATE IN OM22), did (you/SP) buy (or repair) the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include buying (or repairing) the (OM21a ITEM) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan 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 BOX OMA18 . OTHERWISE, GO TO OM22d.
-------------	---

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.]

- EVBEGMM**
- EVBEGDD**
- EVBEGYY**

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, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, GO TO BOX OM15(b) .
--------------	--

BOX OM15	(a) FILL OM22c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: <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.
-------------	---

OM22c. What was the last date the equipment was rented?

EVENDMM _____ / _____ / _____
 EVENDDD MM DD YY
 EVENDYY

BOX OM1NN	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, GO TO OM22d1. OTHERWISE, IF COMING FROM OMS21, GO TO BOX OMA11 ; IF COMING FROM OM22c, GO TO BOX OM16 .
--------------	--

OM22d1. Did (you/SP) rent the (OM21a ITEM) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

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

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

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 (OM24a)
	HOSPITAL BED/BED SIDES	4 (OM24a)
	OSTOMY SUPPLIES	5 (OM25)
	DEPENDS, SERENITY (I.E., DISPOSABLE DIAPERS)	6 (OM25)
EVOSTEXT	BANDAGES, DRESSINGS, TAPE SUPPLIES	7 (OM25)
EVNTQUES	PULMONARY EQUIPMENT	8 (OM24a)
STOMTYPE	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	IF EVENT ADDED: ■ 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.
-------------	---

BOX OM20	IF EVENT ADDED THROUGH OM, GO TO OM26a. OTHERWISE, GO TO OM26a1.
-------------	---

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 (SP) buy or obtain] (ITEM IN OM24)?

	NUMBER OF TIMES:	(OM27)
GETNUM	REFUSED	-7 (OM27)
PMROTYPE	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
EVBEGMM
EVBEGDD
EVBEGY

BOX OM100	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26aa FOR EACH DATE ENTERED AT OM26. OTHERWISE, GO TO OM27.
--------------	---

OM26aa. On (DATE IN OM26), did (you/SP) buy or repair the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?
 [PROBE: This could include buying or repairing the (ITEM IN OM24) at the managed care plan center; at a place or store that honors (your/SP's) plan card; or through a place or store that the managed care plan referred (you/SP) to.]

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

BOX OM21	GO TO OM27.
-------------	-------------

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.]
EVBEGMM
EVBEGDD
EVBEGY

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, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, GO TO BOX OM22(b).
--------------	--

BOX OM22	(a) FILL OM26c WITH DON'T KNOW OR REFUSED AS APPROPRIATE AND THEN GO TO b. (THIS EVENT IS CONSIDERED NO LONGER RENTED.) (b) IF EVENT ADDED: <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.
-------------	--

OM26b. What was the last date (you/SP) rented the (OM24 ITEM)?

OMETYPE _____ / _____ / _____
EVENDMM MM DD YY
EVENDDD
EVENDYY

BOX OM1QQ	IF SP HAD MEDICARE, MEDICAID, OR PRIVATE MANAGED CARE PLAN THIS ROUND, AND OM24 ITEM = 1-4 OR 8 OR 91, GO TO OM26c. OTHERWISE, IF COMING FROM OMS23, GO TO BOX OMA18 ; IF COMING FROM OM26b, GO TO BOX OM23.
--------------	--

OM26c. Did (you/SP) rent the (ITEM IN OM24) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

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

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

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.
-------------	---

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	<p>IF SP HAD ANY ALTERATION EVENTS IN PREVIOUS ROUND WITH 95 ENTERED IN MONTH FIELD FOR OM30, GO TO OM30 FOR EACH ALTERATION UNFINISHED AS OF LAST ROUND AND THEN RETURN TO OM28 FOR THIS ROUND. OTHERWISE, GO TO OM28.</p>
-------------	---

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 EVNTQUES	TUB SEAT	5
	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.]

EVBEGMM
EVBEGDD
EVBEGYY

_____/_____/_____
MM DD YY

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, 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)