

START_16 Col. 7128 Character 4

Set Start Time

Freq	Value	Label
5096	-	Time: HHMM

1. Has ... EVER been a patient in...

MPP_1A Col. 7132 Character 1

a ...a nursing home, convalescent or rest home?

Freq	Value	Label
416	1	Yes
4548	2	No
36	D	Don't Know
90	R	Refused to Answer

MPP_1B Col. 7133 Character 2

b How many times?

Freq	Value	Label
318	01	Time(s)
65	02	Time(s)
21	03	Time(s)
3	04	Time(s)
1	05	Time(s)
1	06	Time(s)
4	D	Don't Know
3	R	Refused to Answer

MPP_1C_1 Col. 7135 Character 2

c1 When was ... admitted that time/the last time?

Freq	Value	Label
25	01	January
29	02	February
18	03	March
31	04	April
29	05	May
39	06	June
23	07	July
38	08	August
36	09	September
31	10	October
25	11	November
17	12	December

71	D	Don't Know
4	R	Refused to Answer

MPP_1C_2 Col. 7137 Character 4

Freq	Value	Label
64	1973-1994	Year
25	1995	Year
24	1996	Year
67	1997	Year
95	1998	Year
119	1999	Year
19	D	Don't Know
3	R	Refused to Answer

MPP_1C21 Col. 7141 Character 2

c2 time before that?

Freq	Value	Label
10	01	January
6	02	February
4	03	March
4	04	April
5	05	May
4	06	June
5	07	July
6	08	August
6	09	September
1	10	October
4	11	November
3	12	December
37	D	Don't Know
3	R	Refused to Answer

MPP_1C22 Col. 7143 Character 4

Freq	Value	Label
12	1975-1994	Year
7	1995	Year
8	1996	Year
17	1997	Year
15	1998	Year
14	1999	Year
22	D	Don't Know
3	R	Refused to Answer

MPP_1C31 Col. 7147 Character 2

c3 and the time before that?

Freq	Value	Label
3	01	January
1	02	February
1	03	March
1	04	April
3	06	June
2	08	August
1	10	October
3	11	November
15	D	Don't Know
3	R	Refused to Answer

MPP_1C32 Col. 7149 Character 4

Freq	Value	Label
1	1989	Year
5	1995	Year
5	1997	Year
3	1998	Year
3	1999	Year
13	D	Don't Know
3	R	Refused to Answer

MPP_1D_1 Col. 7153 Character 2

d1 How long was ... in nursing home that time/last time (days OR months)?

Freq	Value	Label
67	0-7	Days
73	8-14	Days
57	15-21	Days
30	22-30	Days
40	31-99	Days
20	D	Don't Know
3	R	Refused to Answer

MPP_1D_2 Col. 7155 Character 2

Freq	Value	Label
31	1	Months
24	2	Months
23	3	Months

19	4-6	Months
8	7-12	Months
18	13-99	Months
2	D	Don't Know

MPP_1D21 Col. 7157 Character 2

d2 time before that (days OR months)?

Freq	Value	Label
15	0-7	Days
12	8-14	Days
9	15-21	Days
7	22-30	Days
11	31-99	Days
17	D	Don't Know
3	R	Refused to Answer

MPP_1D22 Col. 7159 Character 2

Freq	Value	Label
9	01	Months
3	02	Months
5	03	Months
2	04	Months
1	05	Months
1	06	Months
1	11	Months
1	14	Months
1	48	Months

MPP_1D31 Col. 7161 Character 2

d3 and the time before that (days OR months)?

Freq	Value	Label
3	0-7	Days
3	8-14	Days
5	15-21	Days
2	31-99	Days
12	D	Don't Know
3	R	Refused to Answer

MPP_1D32 Col. 7163 Character 2

Freq	Value	Label
1	03	Months

1	04	Months
2	06	Months
1	08	Months
1	12	Months

MPP_1E Col. 7165 Character 1

1e Is ... now on a waiting list to go into a nursing home?

Freq	Value	Label
42	1	Yes
4926	2	No
35	D	Don't Know
87	R	Refused to Answer

2. Has ... been a patient in a hospital...

MPP_2A Col. 7166 Character 1

a ...overnight or longer, in the last 12 months?

Freq	Value	Label
1298	1	Yes
3652	2	No
39	D	Don't Know
101	R	Refused to Answer

MPP_2B Col. 7167 Character 2

b How many times?

Freq	Value	Label
863	01	Time(s)
257	02	Time(s)
88	03	Time(s)
28	04	Time(s)
17	05	Time(s)
13	06	Time(s)
4	07	Time(s)
1	09	Time(s)
2	10	Time(s)
3	12	Time(s)
1	20	Time(s)
17	D	Don't Know
4	R	Refused to Answer

MPP_2C_1 Col. 7169 Character 2

c1 When was ... admitted that time/the last time?

Freq	Value	Label
86	01	January
71	02	February
102	03	March
106	04	April
95	05	May
114	06	June
124	07	July
150	08	August
122	09	September
104	10	October
76	11	November
53	12	December
92	D	Don't Know
2	R	Refused to Answer

MPP_2C_2 Col. 7171 Character 2

Freq	Value	Label
191	98	Year
1071	99	Year
35	D	Don't Know

MPP_2C21 Col. 7173 Character 2

c2 time before that?

Freq	Value	Label
32	01	January
40	02	February
32	03	March
39	04	April
27	05	May
29	06	June
26	07	July
21	08	August
32	09	September
24	10	October
20	11	November
25	12	December
83	D	Don't Know
4	R	Refused to Answer

MPP_2C22 Col. 7175 Character 2

Freq	Value	Label
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92	98	Year
285	99	Year
52	D	Don't Know
5	R	Refused to Answer

MPP_2C31 Col. 7177 Character 2

c3 and the time before that?

Freq	Value	Label
13	01	January
15	02	February
7	03	March
13	04	April
6	05	May
8	06	June
9	07	July
5	08	August
6	09	September
10	10	October
14	11	November
9	12	December
58	D	Don't Know
5	R	Refused to Answer

MPP_2C32 Col. 7179 Character 2

Freq	Value	Label
38	98	Year
87	99	Year
48	D	Don't Know
5	R	Refused to Answer

MPP_2D_1 Col. 7181 Character 2

d1 How long was ... in the hospital that time/last time (days OR months)?

Freq	Value	Label
949	0-7	Days
169	8-14	Days
58	15-21	Days
52	22-99	Days
36	D	Don't Know
6	R	Refused to Answer

MPP_2D_2 Col. 7183 Character 2

Freq	Value	Label
13	01	Months
5	02	Months
3	03	Months
2	04	Months
1	07	Months
1	D	Don't Know

MPP_2D21 Col. 7185 Character 2
 d2 time before that (days OR months)?

Freq	Value	Label
274	0-7	Days
55	8-14	Days
21	15-21	Days
12	22-99	Days
57	D	Don't Know
5	R	Refused to Answer

MPP_2D22 Col. 7187 Character 2

Freq	Value	Label
4	01	Months
3	02	Months
1	05	Months
1	D	Don't Know

MPP_2D31 Col. 7189 Character 2
 d3 and the time before that (days OR months)?

Freq	Value	Label
97	0-7	Days
17	8-14	Days
2	15-21	Days
3	22-99	Days
52	D	Don't Know
5	R	Refused to Answer

MPP_2D32 Col. 7191 Character 2

Freq	Value	Label
1	01	Months
1	R	Refused to Answer

3. In the last month, that is, since [date], did ... See...

MPP_3A Col. 7193 Character 1

3a ...a physical therapist, occupational therapist, speech therapist, or hearing therapist (not counting when ... was in the hospital)?

Freq	Value	Label
374	1	Yes
4554	2	No
49	D	Don't Know
111	R	Refused to Answer

MPP_3B_1 Col. 7194 Character 1

b.1 Did you see a Physical therapist?

Freq	Value	Label
281	X	Marked, blank otherwise

MPP_3B_2 Col. 7195 Character 1

b.2 Did you see an Occupational therapist?

Freq	Value	Label
49	X	Marked, blank otherwise

MPP_3B_3 Col. 7196 Character 1

b.3 Did you see a Speech therapist?

Freq	Value	Label
29	X	Marked, blank otherwise

MPP_3B_4 Col. 7197 Character 1

b.4 Did you see a Hearing therapist?

Freq	Value	Label
60	X	Marked, blank otherwise

MPP_3CP Col. 7198 Character 2

c.1 How many times this month did you see a Physical therapist?

Freq	Value	Label
55	1	Time(s)
28	2	Time(s)
13	3	Time(s)
36	4	Time(s)
2	5	Time(s)

23	6	Time(s)
6	7	Time(s)
32	8	Time(s)
8	9	Time(s)
70	10-99	Time(s)
8	D	Don't Know

MPP_3CO Col. 7200 Character 2

c.2 How many times this month did you see an Occupational therapist?

Freq	Value	Label
9	1	Time(s)
7	2	Time(s)
1	3	Time(s)
6	4	Time(s)
3	5	Time(s)
4	6	Time(s)
2	7	Time(s)
3	8	Time(s)
1	9	Time(s)
12	10-99	Time(s)
1	D	Don't Know

MPP_3CS Col. 7202 Character 2

c.3 How many times this month did you see a Speech therapist?

Freq	Value	Label
5	1	Time(s)
5	2	Time(s)
1	3	Time(s)
3	4	Time(s)
1	5	Time(s)
2	6	Time(s)
1	7	Time(s)
2	8	Time(s)
5	10-99	Time(s)
4	D	Don't Know

MPP_3CH Col. 7204 Character 2

c.4 How many times this month did you see a Hearing therapist?

Freq	Value	Label
42	01	Time(s)
14	02	Time(s)
2	03	Time(s)

1	05	Time(s)
1	D	Don't Know

MPP_3DP Col. 7206 Character 1

d.1 Did you see the following therapist in your home or elsewhere? : Physical therapist

Freq	Value	Label
95	1	At home
173	2	Somewhere else
11	3	Both
2	D	Don't Know

MPP_3DO Col. 7207 Character 1

d.2 Did you see the following therapist in your home or elsewhere? : Occupational therapist

Freq	Value	Label
20	1	At home
27	2	Somewhere else
1	3	Both

MPP_3DS Col. 7208 Character 1

d.3 Did you see the following therapist in your home or elsewhere? : Speech therapist

Freq	Value	Label
8	1	At home
20	2	Somewhere else
1	D	Don't Know

MPP_3DH Col. 7209 Character 1

d.4 Did you see the following therapist in your home or elsewhere? : Hearing therapist

Freq	Value	Label
2	1	At home
58	2	Somewhere else

MPP_3E Col. 7210 Character 1

e Will ... end up paying any of the charges for that visit/all those visits?

Freq	Value	Label
67	1	Yes
241	2	No
29	3	Included with other charges
21	D	Don't Know
1	R	Refused to Answer

MPP_3F_1 Col. 7211 Character 4

f How much? (Dollars OR percent)

Freq	Value	Label
14	D	Don't Know
5	R	Refused to Answer

MPP_3F_2 Col. 7215 Character 3

Freq	Value	Label
1	010	Percent
5	020	Percent
4	100	Percent
13	D	Don't Know
4	R	Refused to Answer

MPP_3G Col. 7218 Character 1

3g Will insurance, Medicare, Medicaid, or anyone else, including any members of ...'s family, end up paying any of the charges for that visit/all those visits?

Freq	Value	Label
270	1	Yes
73	2	No
14	D	Don't Know
2	R	Refused to Answer

MPP_CK6 Col. 7219 Character 1

Refer to 3e and 3g above.

Freq	Value	Label
42	1	Sample person paid nothing and no one else will pay
59	2	otherwise

MPP_3H_1 Col. 7220 Character 1

h.1 Was there no charge because of One general fee/blanket charge?

Freq	Value	Label
5	X	Marked, blank otherwise

MPP_3H_2 Col. 7221 Character 1

h.2 Was there no charge because of Group practice prepayment/Health Maintenance Organization (HMO)?

Freq	Value	Label
8	X	Marked, blank otherwise

MPP_3H_3 Col. 7222 Character 1

h.3 Was there no charge because of Welfare/Public Assistance?

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3H_4 Col. 7223 Character 1

h.4 Was there no charge because of Private organization/charity?

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3H_5 Col. 7224 Character 1

h.5 Was there no charge because of Federal, State, or city hospital, clinic, or health department?

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_3H_6 Col. 7225 Character 1

h.6 Was there no charge because of Professional courtesy?

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_3H_7 Col. 7226 Character 1

h.7 Was there no charge because of Specify other reason?

Freq	Value	Label
10	X	Marked, blank otherwise

MPP_3H_8 Col. 7227 Character 40

Freq	Value	Label
9	-	Verbatim Responses, Not Recoded

MPP_3I01 Col. 7267 Character 1

3i1 Will the following source end up paying? : Fee for service insurance plans

Freq	Value	Label
90	X	Marked, blank otherwise

MPP_3I03 Col. 7268 Character 1

i.2 Will the following source end up paying? : HMO/prepaid group

Freq	Value	Label
45	X	Marked, blank otherwise

MPP_3I05 Col. 7269 Character 1

i.3 Will the following source end up paying? : Medicare

Freq	Value	Label
202	X	Marked, blank otherwise

MPP_3I07 Col. 7270 Character 1

i.4 Will the following source end up paying? : Medicaid

Freq	Value	Label
36	X	Marked, blank otherwise

MPP_3I09 Col. 7271 Character 1

i.5 Will the following source end up paying? : Veterans Administration (VA)

Freq	Value	Label
3	X	Marked, blank otherwise

MPP_3I11 Col. 7272 Character 1

i.6 Will the following source end up paying? : Household member(s)

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3I13 Col. 7273 Character 1

i.7 Will the following source end up paying? : Child(ren) of sample person (non-household member(s))

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3I16 Col. 7274 Character 1

i.8 Will the following source end up paying? : Father

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3118 Col. 7275 Character 1

i.9 Will the following source end up paying? : Mother

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_3102 Col. 7276 Character 1

i.10 Will the following source end up paying? : Son-in-law

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3104 Col. 7277 Character 1

i.11 Will the following source end up paying? : Daughter-in-law

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3106 Col. 7278 Character 1

i.12 Will the following source end up paying? : Brother

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3108 Col. 7279 Character 1

i.13 Will the following source end up paying? : Sister

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3110 Col. 7280 Character 1

i.14 Will the following source end up paying? : Other male relative

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3112 Col. 7281 Character 1

i.15 Will the following source end up paying? : Other female relative

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_3114 Col. 7282 Character 1

i.16 Will the following source end up paying? : Male friend

Freq Value Label
 0 X Marked, blank otherwise

MPP_3I15 Col. 7283 Character 1

i.17 Will the following source end up paying? : Female friend

Freq Value Label
 0 X Marked, blank otherwise

MPP_3I17 Col. 7284 Character 1

i.18 Will the following source end up paying? : Specify other reason

Freq Value Label
 15 X Marked, blank otherwise

HHMMA01-HHMMXA20 Col. 7285 Character 20

j You said that a household member and/or one of ... children would pay for at least a portion of the charges. Which household member and/or one of the children would that be? Anyone else?

Value		
	X	Total
01	0	0
02	0	0
03	0	0
04	0	0
05	0	0
06	0	0
07	0	0
08	0	0
09	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0

Value	Label
X	Marked, blank otherwise

4. In the last month, that is, since [date], did ... discuss any personal problems with...

MPP_4A Col. 7305 Character 1

4a ...a psychiatrist, psychologist, or any other mental health professional?

Freq	Value	Label
74	1	Yes
4856	2	No
46	D	Don't Know
112	R	Refused to Answer

MPP_4B Col. 7306 Character 2

b How many times has ... seen one of these mental health professionals in the last month?

Freq	Value	Label
57	01	Months
7	02	Months
2	03	Months
4	04	Months
2	08	Months
1	10	Months
1	D	Don't Know

MPP_4C Col. 7308 Character 1

c Will ... end up paying any of the charges for that visit/all those visits?

Freq	Value	Label
16	1	Yes
52	2	No
4	3	Included with other charges
2	D	Don't Know

MPP_4D_1 Col. 7309 Character 4

d How much? (Dollars OR percent)

Freq	Value	Label
10	0-100	Dollars
2	101-9999	Dollars
3	D	Don't Know
1	R	Refused to Answer

MPP_4D_2 Col. 7313 Character 3

Freq	Value	Label
1	050	Percent
2	D	Don't Know

1 R Refused to Answer

MPP_4E Col. 7316 Character 1

4e Will insurance, Medicare, Medicaid, or anyone else, including any members of ...'s family, end up paying any of the charges for that visit/all those visits?

Freq	Value	Label
57	1	Yes
16	2	No
1	D	Don't Know

MPP_CK8 Col. 7317 Character 1

Refer to 4c and 4e above.

Freq	Value	Label
8	1	Sample person paid nothing and no one else will pay
9	2	otherwise

MPP_4F_1 Col. 7318 Character 1

f.1 Was there no charge because of One general fee/blanket charge?

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4F_2 Col. 7319 Character 1

f.2 Was there no charge because of Group practice prepayment/Health Maintenance Organization (HMO)?

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4F_3 Col. 7320 Character 1

f.3 Was there no charge because of Welfare/Public Assistance?

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_4F_4 Col. 7321 Character 1

f.4 Was there no charge because of Private organization/charity?

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_4F_5 Col. 7322 Character 1

f.5 Was there no charge because of Federal, State, or city hospital, clinic, or health department?

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_4F_6 Col. 7323 Character 1

f.6 Was there no charge because of Professional courtesy?

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_4F_7 Col. 7324 Character 1

f.7 Was there no charge because of Specify other reason?

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_4F_8 Col. 7325 Character 40

Freq	Value	Label
2	-	Verbatim Responses, Not Recoded

MPP_4G01 Col. 7365 Character 1

4g1 Will the following source end up paying? : Fee for service insurance plans

Freq	Value	Label
15	X	Marked, blank otherwise

MPP_4G03 Col. 7366 Character 1

g.2 Will the following source end up paying? : HMO/prepaid group

Freq	Value	Label
10	X	Marked, blank otherwise

MPP_4G05 Col. 7367 Character 1

g.3 Will the following source end up paying? : Medicare

Freq	Value	Label
37	X	Marked, blank otherwise

MPP_4G07 Col. 7368 Character 1

g.4 Will the following source end up paying? : Medicaid

Freq	Value	Label
15	X	Marked, blank otherwise

MPP_4G09 Col. 7369 Character 1

g.5 Will the following source end up paying? : Veterans Administration (VA)

Freq	Value	Label
4	X	Marked, blank otherwise

MPP_4G11 Col. 7370 Character 1

g.6 Will the following source end up paying? : Household member(s)

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_4G13 Col. 7371 Character 1

g.7 Will the following source end up paying? : Child(ren) of sample person (non-household member(s))

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_4G16 Col. 7372 Character 1

g.8 Will the following source end up paying? : Father

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G18 Col. 7373 Character 1

g.9 Will the following source end up paying? : Mother

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G02 Col. 7374 Character 1

g.10 Will the following source end up paying? : Son-in-law

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G04 Col. 7375 Character 1

g.11 Will the following source end up paying? : Daughter-in-law

Freq	Value	Label

0 X Marked, blank otherwise

MPP_4G06 Col. 7376 Character 1

g.12 Will the following source end up paying? : Brother

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G08 Col. 7377 Character 1

g.13 Will the following source end up paying? : Sister

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G10 Col. 7378 Character 1

g.14 Will the following source end up paying? : Other male relative

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G12 Col. 7379 Character 1

g.15 Will the following source end up paying? : Other female relative

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G14 Col. 7380 Character 1

g.16 Will the following source end up paying? : Male friend

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G15 Col. 7381 Character 1

g.17 Will the following source end up paying? : Female friend

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_4G17 Col. 7382 Character 1

g.18 Will the following source end up paying? : Specify other

Freq	Value	Label
2	X	Marked, blank otherwise

HHMMXB01-HHMMXB20 Col. 7383 Character 20

h You said that a household member and/or one of ... children would pay for at least a portion of the charges. Which household member and/or one of the children would that be? Anyone else?

Value		
	X	Total
01	0	0
02	2	2
03	0	0
04	0	0
05	0	0
06	0	0
07	0	0
08	0	0
09	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0

Value	Label
X	Marked, blank otherwise

5. In the last month, that is, since [date], did ... Receive care from...

MPP_5A Col. 7403 Character 1

5a ...a dentist, foot doctor, optometrist, or chiropractor?

Freq	Value	Label
1227	1	Yes
3684	2	No
58	D	Don't Know
119	R	Refused to Answer

MPP_5B_1 Col. 7404 Character 1

b.1 Did ... See a Dentist?

Freq	Value	Label
590	X	Marked, blank otherwise

MPP_5B_2 Col. 7405 Character 1

b.2 Did ... See a Foot doctor?

Freq	Value	Label
361	X	Marked, blank otherwise

MPP_5B_3 Col. 7406 Character 1

b.3 Did ... See an Optometrist?

Freq	Value	Label
382	X	Marked, blank otherwise

MPP_5B_4 Col. 7407 Character 1

b.4 Did ... See a Chiropractor?

Freq	Value	Label
92	X	Marked, blank otherwise

MPP_5CD Col. 7408 Character 2

c.1 How many times, in the last month, did ... See a Dentist?

Freq	Value	Label
456	01	Times
96	02	Times
19	03	Times
8	04	Times
2	05	Times
2	06	Times
1	15	Times
5	D	Don't Know
1	R	Refused to Answer

MPP_5CF Col. 7410 Character 2

c.2 How many times, in the last month, did ... See a Foot doctor?

Freq	Value	Label
320	01	Times
23	02	Times
6	03	Times
6	04	Times
2	05	Times
1	06	Times
2	D	Don't Know
1	R	Refused to Answer

MPP_5CT Col. 7412 Character 2

c.3 How many times, in the last month, did ... See an Optometrist?

Freq	Value	Label
293	01	Times
55	02	Times
17	03	Times
6	04	Times
5	05	Times
1	08	Times
1	12	Times
3	D	Don't Know
1	R	Refused to Answer

MPP_5CC Col. 7414 Character 2

c.4 How many times, in the last month, did ... See a Chiropractor?

Freq	Value	Label
51	01	Times
11	02	Times
7	03	Times
9	04	Times
2	05	Times
2	06	Times
1	07	Times
2	08	Times
3	10	Times
2	12	Times
2	D	Don't Know

MPP_5DD Col. 7416 Character 1

d.1 Did ... See the following person in ...'s home or elsewhere? : Dentist

Freq	Value	Label
7	1	At home
579	2	Somewhere else
2	3	Both
1	D	Don't Know
1	R	Refused to Answer

MPP_5DF Col. 7417 Character 1

d.2 Did ... See the following person in ...'s home or elsewhere? : Foot doctor

Freq	Value	Label
------	-------	-------

48	1	At home
310	2	Somewhere else
1	D	Don't Know
2	R	Refused to Answer

MPP_5DT Col. 7418 Character 1

d.3 Did ... See the following person in ...'s home or elsewhere? : Optometrist

Freq	Value	Label
3	1	At home
376	2	Somewhere else
2	D	Don't Know
1	R	Refused to Answer

MPP_5DC Col. 7419 Character 1

d.4 Did ... See the following person in ...'s home or elsewhere? : Chiropractor

Freq	Value	Label
89	2	Somewhere else
1	3	Both
2	D	Don't Know

6. In the last month, that is, since [date], did ... go to...

MPP_6A Col. 7420 Character 1

6a ...an emergency room or hospital clinic when ... did NOT stay overnight? (Do not include any visits you have already told me about.)

Freq	Value	Label
302	1	Yes
4620	2	No
50	D	Don't Know
116	R	Refused to Answer

MPP_6B Col. 7421 Character 2

b How many times did ... go in the last month?

Freq	Value	Label
249	01	Times
33	02	Times
7	03	Times
5	04	Times
2	05	Times
1	06	Times
1	08	Times

1	18	Times
3	D	Don't Know

7. (Not counting any visits you've already told me about) in the last month, that is, since (date), did ... Receive...

MPP_7A Col. 7423 Character 1

7a ...medical care in a doctor's office? (Do NOT count doctors seen in a hospital emergency room or hospital clinic, or while a patient in the hospital.)

Freq	Value	Label
2058	1	Yes
2853	2	No
58	D	Don't Know
119	R	Refused to Answer

MPP_7B Col. 7424 Character 2

b How many times did ... receive care in a doctor's office in the last month?

Freq	Value	Label
1380	01	Times
400	02	Times
127	03	Times
68	04	Times
24	05	Times
10	06	Times
4	07	Times
7	08	Times
2	09	Times
2	10	Times
3	12	Times
2	15	Times
1	20	Times
1	25	Times
24	D	Don't Know
3	R	Refused to Answer

8. In the last month, that is, since (date), did ... See...

MPP_8A Col. 7426 Character 1

8a ...a doctor in ...'s home? (Do NOT count any visits you already told me about.)

Freq	Value	Label
65	1	Yes
4867	2	No
43	D	Don't Know

113 R Refused to Answer

MPP_8B Col. 7427 Character 2

b How many times did ... see a doctor in ...'s home in the last month?

Freq	Value	Label
45	01	Times
15	02	Times
4	03	Times
1	04	Times

MPP_9 Col. 7429 Character 1

9 Does ... have a regular source of medical care, like a family doctor, a clinic, or some other medical person or place?

Freq	Value	Label
4620	1	Yes
329	2	No
37	D	Don't Know
102	R	Refused to Answer

10. In the last month, that is, since (date), did ...receive...

MPP_10A Col. 7430 Character 1

a ...nursing services at home from someone such as a visiting nurse, home health aide, or nurse's aide?

Freq	Value	Label
426	1	Yes
4520	2	No
38	D	Don't Know
104	R	Refused to Answer

NRSFLG01-NRSFLG20 Col. 7431 Character 20

Set appropriate NRSFLGxx, HLPFLGxx, IDLFLGxx, and QNEWFGxx = 1.

Value			
	0	1	Total
01	5145	1	5146
02	0	36	36
03	0	53	53
04	0	83	83
05	0	72	72
06	0	59	59
07	0	42	42
08	0	35	35

09	0	22	22
10	0	18	18
11	0	6	6
12	0	7	7
13	0	5	5
14	0	2	2
15	0	2	2
16	0	2	2
17	0	1	1
18	0	1	1
19	0	1	1
20	0	1	1

Value	Label
0	Helped with home nursing services; Blank otherwise
1	Helped with home nursing services; Blank otherwise

QNEWFG01-QNEWFG20 Col. 7451 Character 20

Value			
	0	1	Total
01	5145	1	5146
02	0	36	36
03	0	53	53
04	0	83	83
05	0	72	72
06	0	59	59
07	0	42	42
08	0	35	35
09	0	22	22
10	0	18	18
11	0	6	6
12	0	7	7
13	0	5	5
14	0	2	2
15	0	2	2
16	0	2	2
17	0	1	1
18	0	1	1
19	0	1	1
20	0	1	1

Value	Label
0	Helped with home nursing services; Blank otherwise
1	Helped with home nursing services;

Blank otherwise		
END_TI16 Col. 7471 Character 4		
Set end time		
Freq	Value	Label
450	-	Time: HHMM
CUML_T16 Col. 7475 Character 4		
Subtract MPP ONE start time from MPP ONE end time		
Freq	Value	Label
450	-	Time: HHMM
START_17 Col. 7479 Character 4		
Set Start Time		
Freq	Value	Label
399	-	Time: HHMM
END_TI17 Col. 7483 Character 4		
Set end time		
Freq	Value	Label
446	-	Time: HHMM
CUML_T17 Col. 7487 Character 4		
Subtract MPP HELPER start time from MPP HELPER end time		
Freq	Value	Label
394	-	Time: HHMM
START_18 Col. 7491 Character 4		
Set Start Time		
Freq	Value	Label
5093	-	Time: HHMM
MPP_CK12 Col. 7495 Character 1		
Refer to Control Card, question 2a, PROXY.		
Freq	Value	Label
4154	1	Sample Person
939	2	Proxy

11. In the last month, that is since [date], did you have any...

MPP_11A Col. 7496 Character 1

a ...health problem or condition about which you would have liked to see a doctor or medical person, but did not? condition about which you would have liked to see a doctor or medical

Freq	Value	Label
216	1	Yes
3835	2	No
28	D	Don't Know
74	R	Refused to Answer

MPP_1101 Col. 7497 Character 40

b What is the reason that you didn't see a doctor or other medical person? Any other reason? FR: RECORD VERBATIM RESPONSE.

Freq	Value	Label
214	-	Verbatim Responses, Not Recoded

MPP_1102 Col. 7537 Character 40

Freq	Value	Label
143	-	Verbatim Responses, Not Recoded

MPP_1103 Col. 7577 Character 40

Freq	Value	Label
83	-	Verbatim Responses, Not Recoded

MPP_1105 Col. 7617 Character 1

b.1 Did you not see a doctor because of reasons of Financial?

Freq	Value	Label
21	X	Marked, blank otherwise

MPP_1106 Col. 7618 Character 1

b.2 Did you not see a doctor because of reasons of Time?

Freq	Value	Label
21	X	Marked, blank otherwise

MPP_1107 Col. 7619 Character 1

b.3 Did you not see a doctor because of reasons of Availability of a doctor?

Freq	Value	Label
41	X	Marked, blank otherwise

MPP_1108 Col. 7620 Character 1

b.4 Did you not see a doctor because of reasons of Transportation?

Freq	Value	Label
31	X	Marked, blank otherwise

MPP_1109 Col. 7621 Character 1

b.5 Did you not see a doctor because of reasons of Not free to leave?

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_1110 Col. 7622 Character 1

b.6 Did you not see a doctor because of reasons of Problem not serious?

Freq	Value	Label
37	X	Marked, blank otherwise

MPP_1111 Col. 7623 Character 1

b.7 Did you not see a doctor because of reasons of Afraid to find out what's wrong?

Freq	Value	Label
7	X	Marked, blank otherwise

MPP_1112 Col. 7624 Character 1

b.8 Did you not see a doctor because of reasons of Weather?

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_1113 Col. 7625 Character 1

b.9 Other reason(s)

Freq	Value	Label
87	X	Marked, blank otherwise

12. In the last month, that is, since [date], how many prescription medicines...

MPP_12A Col. 7626 Character 2

12a ...were bought by ... or obtained for ...?

Freq	Value	Label
854	0	Medicines
711	1	Medicines
685	2	Medicines
612	3	Medicines
545	4	Medicines
394	5	Medicines
290	6	Medicines
196	7	Medicines
134	8	Medicines
75	9	Medicines
251	10-99	Medicines
207	D	Don't Know
131	R	Refused to Answer

MPP_12B Col. 7628 Character 1

b Will ... end up paying any of the charges for this/these prescription(s)?

Freq	Value	Label
3040	1	Yes
795	2	No
41	3	Included with other charges
13	D	Don't Know
4	R	Refused to Answer

MPP_12C1 Col. 7629 Character 4

c How much? (Dollars OR percent)

Freq	Value	Label
470	1-10	Dollars
418	11-25	Dollars
398	26-50	Dollars
455	51-100	Dollars
381	101-200	Dollars
267	201-9999	Dollars
255	D	Don't Know
32	R	Refused to Answer

MPP_12C2 Col. 7633 Character 3

Freq	Value	Label
158	1-25	Percent
54	26-50	Percent
11	51-75	Percent
168	76-100	Percent

229	D	Don't Know
31	R	Refused to Answer

MPP_12D Col. 7636 Character 1

12d Will insurance, Medicaid, or anyone else, including any members of ...'s family, end up paying any of the charges for this/these prescription(s)?

Freq	Value	Label
1936	1	Yes
1914	2	No
40	D	Don't Know
6	R	Refused to Answer

MPP_CK13 Col. 7637 Character 1

Refer to 12b and 12d above.

Freq	Value	Label
120	1	Sample person paid nothing and no one else will pay
1800	2	otherwise

MPP_1202 Col. 7638 Character 1

e.1 Was there no charge because of One general fee/blanket charge?

Freq	Value	Label
23	X	Marked, blank otherwise

MPP_1203 Col. 7639 Character 1

e.2 Was there no charge because of Group practice prepayment/Health Maintenance Organization (HMO)?

Freq	Value	Label
19	X	Marked, blank otherwise

MPP_1204 Col. 7640 Character 1

e.3 Was there no charge because of Welfare/Public Assistance?

Freq	Value	Label
10	X	Marked, blank otherwise

MPP_1205 Col. 7641 Character 1

e.4 Was there no charge because of Private organization/charity?

Freq	Value	Label
3	X	Marked, blank otherwise

MPP_1206 Col. 7642 Character 1

e.5 Was there no charge because of Federal, State, or city hospital, clinic, or health department?

Freq	Value	Label
24	X	Marked, blank otherwise

MPP_1207 Col. 7643 Character 1

e.6 Was there no charge because of Professional courtesy?

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_1208 Col. 7644 Character 1

e.7 Was there no charge because of Specify other reason?

Freq	Value	Label
43	X	Marked, blank otherwise

MPP_1209 Col. 7645 Character 40

Freq	Value	Label
40	-	Verbatim Responses, Not Recoded

MPP_1213 Col. 7685 Character 1

12f.1 Will the following source end up paying? : Fee for service insurance plans

Freq	Value	Label
794	X	Marked, blank otherwise

MPP_1215 Col. 7686 Character 1

f.2 Will the following source end up paying? : HMO/prepaid group

Freq	Value	Label
317	X	Marked, blank otherwise

MPP_1217 Col. 7687 Character 1

f.3 Will the following source end up paying? : Medicare

Freq	Value	Label
494	X	Marked, blank otherwise

MPP_1219 Col. 7688 Character 1

f.4 Will the following source end up paying? : Medicaid

Freq	Value	Label
363	X	Marked, blank otherwise

MPP_1221 Col. 7689 Character 1

f.5 Will the following source end up paying? : Veterans Administration (VA)

Freq	Value	Label
63	X	Marked, blank otherwise

MPP_1223 Col. 7690 Character 1

f.6 Will the following source end up paying? : Household member(s)

Freq	Value	Label
78	X	Marked, blank otherwise

MPP_1225 Col. 7691 Character 1

f.7 Will the following source end up paying? : Child(ren) of sample person (non-household member(s))

Freq	Value	Label
107	X	Marked, blank otherwise

MPP_1228 Col. 7692 Character 1

f.8 Will the following source end up paying? : Father

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_1230 Col. 7693 Character 1

f.9 Will the following source end up paying? : Mother

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_1214 Col. 7694 Character 1

f.10 Will the following source end up paying? : Son-in-law

Freq	Value	Label
3	X	Marked, blank otherwise

MPP_1216 Col. 7695 Character 1

f.11 Will the following source end up paying? : Daughter-in-law

Freq	Value	Label
2	X	Marked, blank otherwise

MPP_1218 Col. 7696 Character 1

f.12 Will the following source end up paying? : Brother

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_1220 Col. 7697 Character 1

f.13 Will the following source end up paying? : Sister

Freq	Value	Label
3	X	Marked, blank otherwise

MPP_1222 Col. 7698 Character 1

f.14 Will the following source end up paying? : Other male relative

Freq	Value	Label
3	X	Marked, blank otherwise

MPP_1224 Col. 7699 Character 1

f.15 Will the following source end up paying? : Other female relative

Freq	Value	Label
4	X	Marked, blank otherwise

MPP_1226 Col. 7700 Character 1

f.16 Will the following source end up paying? : Male friend

Freq	Value	Label
1	X	Marked, blank otherwise

MPP_1227 Col. 7701 Character 1

f.17 Will the following source end up paying? : Female friend

Freq	Value	Label
0	X	Marked, blank otherwise

MPP_1229 Col. 7702 Character 1

f.18 Will the following source end up paying? : Other - specify

Freq Value Label
 176 X Marked, blank otherwise

HHMMXC01-HHMMXC20 Col. 7703 Character 20

g You said that a household member and/or one of ... children would pay for at least a portion of the charges. Which household member and/or one of the children would that be? Anyone else?

Value		
	X	Total
01	0	0
02	99	99
03	9	9
04	2	2
05	2	2
06	0	0
07	0	0
08	0	0
09	0	0
10	0	0
11	0	0
12	0	0
13	0	0
14	0	0
15	0	0
16	0	0
17	0	0
18	0	0
19	0	0
20	0	0

Value	Label
X	Marked, blank otherwise

MPP_13 Col. 7723 Character 1

13 Is ... taking any prescription medicine now to help calm ... down or to relieve depression?

Freq Value Label
 710 1 Yes
 4200 2 No
 62 D Don't Know
 114 R Refused to Answer

END_TI18 Col. 7724 Character 4

Set end time

Freq	Value	Label
5091	-	Time: HHMM

CUML_T18 Col. 7728 Character 4

Subtract MPP TWO start time from MPP TWO end time

Freq	Value	Label
5091	-	Time: HHMM