

MCBS MAIN STUDY - ROUND 40, FALL 2004

COMMUNITY COMPONENT

DU. DENTAL UTILIZATION AND EVENTS

BOX DU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO BOX ER1A . OTHERWISE, GO TO DUINTRO.
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DUINTRO. The next questions are about any medical care (you/SP) may have had between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the planner that we left at the last interview.)

First we'll talk about dental care.

[PRESS ENTER TO CONTINUE.]

DU1. Please look at this card. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]

SHOW CARD DU

DUPROBE

YES	1 (DU2)
NO	2 BOX ER1A
REFUSED	-7 BOX ER1A
DON'T KNOW	-8 BOX ER1A

DU2. Who did (you/SP) see? [ENTER ONLY ONE DENTAL PROVIDER.]

PROVNAME
PROVSPEC

BOX DU1	a.	SP HAS USED V.A. FACILITIES (HI36 = 1)	1 (b)
		SP HAS NOT USED V.A. (HI36 = 2 OR MISSING)	2 BOX DU2
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1 BOX DU2
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2 (DU3)

DU3. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

VAPLACE

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

BOX DU2	<p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)..... 1 (b)</p> <p>SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 = 2 OR MISSING FOR <u>ALL</u> PLANS) 2 BOX DU2A</p> <p>b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 BOX DU2A</p> <p>"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (DU5)</p> <p>"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ... 3 (DU4)</p>
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DU4. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES 1 (DU6)

NO 2 (DU5)

REFUSED -7 (DU5)

DON'T KNOW -8 (DU5)

DU5. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES 1 **BOX DU2A**

NO 2 (DU5a)

REFUSED -7 **BOX DU2A**

DON'T KNOW -8 **BOX DU2A**

DU5a. What is the most important reason (you/SP) did not see a dental provider associated with [READ MANAGED [HMONO] CARE PLAN NAME(S) BELOW] or a dental provider that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

	PLAN DOES NOT COVER THE SERVICE SP WANTED	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN.....	2
	OFFICE NOT CONVENIENTLY LOCATED FOR THE SP	3
	PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL	5
	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN	6
NOHMOMAI	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN	7
	PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	9
NOHMOMOS	PLAN ADMINISTRATIVE OBSTACLES FOR SP	10
	NOT IN A MANAGED CARE PLAN AT TIME OF EVENT	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED	13
	OTHER (SPECIFY)	91
	REFUSED	-7
	DON'T KNOW	-8

BOX DU2A	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO DU7. OTHERWISE, GO TO DU6.
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DU6. When did (you/SP) see (PROVIDER NAMED IN DU2)? 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

DU7. [For (your/SP's) visit on (FIRST/NEXT VISIT DATE)/For (your/SP's) [(RVTIMES)] visits in (EVBEGMM EVBEGYY)], what did (you/SP) have done?
[CODE ALL THAT APPLY.]
[PRESS CTRL/L TO LEAVE SCREEN.]

DVXRAYS	X-RAYS TAKEN	1	
DVCLEAN	CLEANING TEETH	2	
DVEXAM	EXAMINATION	3	
DVFILLNG	FILLINGS	4	
DVEXTRAC	EXTRACTIONS	5	
DVRTCNAL	ROOT CANALS	6	
DVCROWN	CROWNS	7	
DVBRIDGE	BRIDGES, DENTURES, PLATES, ETC. -- EITHER NEW ONES OR REPAIR WORK..	8	
DVORTHOD	ORTHODONTIA -- BITE ADJUSTMENT, BRACES, RETAINERS, ETC.	9	
DVPERIOD	PERIODONTIA -- E.G., TREATMENT OF GUM DISEASE	10	
DVBONDNG	BONDING	11	
DVSURG	OTHER (SPECIFY) _____		
DVOTHER	_____	91	
EVNTQUES	REFUSED	-7	BOX DU3A
EVOSTEXT	DON'T KNOW	-8	

BOX DU3	IF DU7 CODED 1, REGARDLESS OF OTHER CODES SELECTED, GO TO BOX DU3A . IF 1 NOT CODED AT DU7, GO TO DU8.
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DU8. Were X-rays taken on (any of these visits/this visit)?

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

BOX DU3A	IF THIS VISIT ADDED THROUGH DU1, GO TO DU9. IF THIS VISIT ADDED THROUGH UTS, CRTLI, ST, OR NS, GO TO BOX DU4 .
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DU9. Were any medicines prescribed for (you/SP) during (this visit/any of these visits)?

PRESMDCN	YES	1	(DU10)
	NO	2	BOX DU4
	REFUSED	-7	BOX DU4
	DON'T KNOW	-8	BOX DU4

DU10. Were any of the prescriptions filled?
[PRESFILL]

PRESFILL	YES	1	BOX DU3B
	NO	2	BOX DU4
	REFUSED	-7	BOX DU4
	DON'T KNOW	-8	BOX DU4

BOX DU3B	IF THE SCREEN "GETMEDS" (DU10a, ETC.) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO DU11. OTHERWISE, GO TO DU10a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO DU10a.
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DU10a. It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell [GETMEDS] the medicine name correctly and enter the strength of the medicine. [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines (you/SP) obtained since the last interview, if you'd like to get those bottles, too.

[PRESS ENTER TO CONTINUE.]

DU11. Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

PMEDNAME
PMROTYPE

BOX DU4	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS DENTAL PROVIDER IS:
	0 (GO TO BOX DU5(b))
	1-4 (RETURN TO DU7 FOR NEXT VISIT)
	5 OR MORE REMAINING (GO TO DU12)

DU12. You told me that (you/SP) also visited (NAME OF DENTAL PROVIDER FROM DU2) on [READ DATES BELOW]. Were any of these visits made for the same reason as the one you've just told me about?

SAMEREAS	YES	1	(DU13)
	NO	2	(DU7 FOR NEXT VISIT)
	REFUSED	-7	(DU7 FOR NEXT VISIT)
	DON'T KNOW	-8	(DU7 FOR NEXT VISIT)

DU13. Which visits were for the same reason? What were the dates?
EVNTLINK

BOX DU5	<p>a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO DU7 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH DU1, GO TO DU14. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO BOX ST12. IF THIS VISIT ADDED THROUGH NS, GO TO BOX NS11.</p>
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DU14. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other dental care visits to this or any other provider?

TEMP	YES	1 (DU2)
	NO	2 BOX ER1A
	REFUSED	-7 BOX ER1A
	DON'T KNOW	-8 BOX ER1A

DU Addendum

Segments: EVNT
PMRO
XMED
PROV
HRND
EVOS

BOX DU1:

- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX DU2:

- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC
- "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1