

MCBS MAIN STUDY - ROUND 46 – FALL SUPPLEMENT 2006

COMMUNITY COMPONENT

US. USUAL SOURCE OF CARE

BOX USA	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX CL1</b> . OTHERWISE, GO TO US1.
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US1. Is there a particular medical person or a clinic (you/SP) usually (go/goes) to when (you are/he is/she is) sick or for advice about (your/his/her) health?

<b>PLACEPAR</b>	YES .....	1 (US2)
	NO .....	2 (US39INT)
	REFUSED .....	-7 <b>BOX US3</b>
	DON'T KNOW .....	-8 <b>BOX US3</b>

US2. What kind of place (do you/does SP) usually go to when (you are/he is/she is) sick or for advice about (your/his/her) health – is that a managed care plan center or HMO, a clinic, a doctor's office, a hospital, or some other place?

IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?

IF SOME OTHER PLACE, ASK: Where is this?

<b>PLACEKND</b>	DOCTOR'S OFFICE OR GROUP PRACTICE .....	1 <b>BOX USB</b>
	MEDICAL CLINIC .....	2 <b>BOX USB</b>
	MANAGED CARE PLAN CENTER/HMO .....	3 (US3a)
	NEIGHBORHOOD/FAMILY HEALTH CENTER .....	4 (US3a)
	FREESTANDING SURGICAL CENTER .....	5 (US3a)
	RURAL HEALTH CLINIC .....	6 (US3a)
	COMPANY CLINIC .....	7 (US3a)
	OTHER CLINIC .....	8 (US3a)
	WALK-IN URGENT CENTER .....	9 (US3a)
	DOCTOR COMES TO SP'S HOME .....	10 (US5a)
	HOSPITAL EMERGENCY ROOM .....	11 (US3a)
	HOSPITAL OUTPATIENT DEPARTMENT/ CLINIC .....	12 (US3a)
	VA FACILITY .....	13 (US3a)
	MENTAL HEALTH CLINIC .....	14 (US3a)
<b>PLACEOS</b>	OTHER (SPECIFY) .....	91 (US3a)
	REFUSED .....	-7 (US3a)
	DON'T KNOW .....	-8 (US3a)

BOX USB	<p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) .....(US2a)          SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 2 OR MISSING FOR <u>ALL</u> PLANS) .....(b)</p> <p>b. US2 = 1.....(US5a)          c. US2 = 2.....(US3a)</p>
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US2a. Is this (doctor/medical clinic) associated with (your/his/her) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?  
 (MANAGED CARE PLAN NAME)

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

BOX USC	<p>IF US2 = 1, GO TO US5a.          IF US2 = 2, GO TO US3a.</p>
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US3 OMITTED IN ROUND 43.

US3a. What is the complete name of the [(RESPONSE IN US2)/place] that (you go to/SP goes to)?  
**CLNAME**

US4. Is there a particular doctor (you usually see/SP usually sees) at this [(RESPONSE IN US2)/place]?

**USUALDOC**                      YES ..... 1 (US5a)  
    NO ..... 2 **BOX US1**  
    REFUSED ..... -7 (US7)  
    DON'T KNOW ..... -8 (US7)

US5 OMITTED IN ROUND 43.

US5a. What is the complete name of that doctor?  
**MDNAME**

US6 OMITTED IN ROUND 43.

US6a. What is (US5a DOCTOR'S) specialty?

**MDSPEC**  
**MDSPECOS**

BOX US1	IF US2 = 10, GO TO US15. OTHERWISE, GO TO US7.
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US7. Does [(US5a DOCTOR)/a doctor from (US3a PLACE)] make house calls?

**USHOUSCL**

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

US8. How (do you/does SP) usually get to [(US5a DOCTOR'S) office/(US3a PLACE)]?

[EXPLAIN IF NECESSARY: (Do you/Does SP) get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for disabled people, by taxi, other public transportation, or some other way?]

**GETUSHOW**

WALKING .....	1 (US9)
DRIVING .....	2 (US9)
BEING DRIVEN .....	3 (US9)
AMBULANCE OR OTHER SPECIAL VEHICLE .....	4 (US9)
TAXI .....	5 (US9)
OTHER PUBLIC TRANSPORTATION .....	6 (US9)
DR. USUALLY COMES TO HOME .....	7 (US15)
SENIOR CITIZEN VAN/BUS .....	8 (US9)
REFUSED .....	-7 (US15)
DON'T KNOW .....	-8 (US15)
<b>GETUSOS</b>	SOME OTHER WAY (SPECIFY) _____ 91 (US9)

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US9. About how long does it usually take for (you/SP) to get there?

HOURS ONLY .....	1 (a)
MINUTES ONLY .....	2 (b)
HOURS AND MINUTES .....	3 (a&b)
REFUSED .....	-7 (US10)
DON'T KNOW .....	-8 (US10)

a. NUMBER OF HOURS \_\_\_\_\_

b. NUMBER OF MINUTES \_\_\_\_\_

**GETUSUNT**  
**GETUSHRS**  
**GETUSMIN**

US10. (Do you/Does SP) usually have someone accompany (you/him/her) there?

<b>ACCOMPUS</b>	YES .....	1 (US11)
	NO .....	2 (US15)
	REFUSED .....	-7 (US15)
	DON'T KNOW .....	-8 (US15)

US11. Who usually goes with (you/SP)?

[ENTER ONLY ONE.]

**USHLPRGO**

**ROSTFNAM**

**HLPRUSGO**

**ROSTLNAM**

**ROSTREL**

US11a OMITTED IN ROUND 43.

US11a1. How often (are you/is that person) with (you/SP) while (you see/SP sees) the doctor or other medical person?  
Would you say always, sometimes, or never?

<b>PERSWITH</b>	ALWAYS .....	1
	SOMETIMES .....	2
	NEVER .....	3
	REFUSED .....	-7
	DON'T KNOW .....	-8

US11aa. What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies (SP)] there?  
What (do you/does this person) do?

[PROBE: Any other reason?]

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

<b>ACCWRITE</b>	WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/ TAKES NOTES/REMEMBERS .....	1
<b>ACCEXPDR</b>	GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR .....	2
<b>ACCEXPSP</b>	EXPLAINS DOCTOR'S INSTRUCTIONS TO SP .....	3
<b>ACCASKQS</b>	ASKS QUESTIONS .....	4
<b>ACCTTRANS</b>	TRANSLATES LANGUAGE .....	5
<b>ACCAPPTS</b>	SCHEDULES APPOINTMENTS .....	6
<b>ACCMORAL</b>	NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT ..	7
<b>ACCDRIIVE</b>	TRANSPORTATION .....	8
<b>ACCHELP</b>	SP NEEDS PHYSICAL ASSISTANCE .....	9
<b>ACCOTHER</b>	OTHER (SPECIFY) .....	91
<b>ACCOTHOS</b>	REFUSED .....	-7
	DON'T KNOW .....	-8

**BOX US1A** OMITTED IN ROUND 43.

US12 OMITTED IN ROUND 43.

US13 OMITTED IN ROUND 43.

US14 OMITTED IN ROUND 43.

US15. How long (have you/has SP) been [seeing (US5a DOCTOR)/going to (US3a PLACE)]?

SHOW  
CARD  
US1

<b>USHOWLNG</b>	LESS THAN 1 YEAR .....	1 (US17)
	1 YEAR TO LESS THAN 3 YEARS .....	2 <b>BOX US2A</b>
	3 YEARS TO LESS THAN 5 YEARS .....	3 <b>BOX US2A</b>
	5 YEARS TO LESS THAN 10 YEARS .....	4 <b>BOX US2A</b>
	10 YEARS OR MORE .....	5 <b>BOX US2A</b>
	REFUSED .....	-7 <b>BOX US2A</b>
	DON'T KNOW .....	-8 <b>BOX US2A</b>

US16 OMITTED IN ROUND 43.

US17. Before (you/SP) started [seeing (US5a DOCTOR)/going to (US3a PLACE)], had (you/SP) usually been going to some other place or seeing some other doctor?

<b>PREVMEDC</b>	YES .....	1 <b>BOX US2A</b>
	NO .....	2 <b>BOX US2A</b>
	REFUSED .....	-7 <b>BOX US2A</b>
	DON'T KNOW .....	-8 <b>BOX US2A</b>

US18 OMITTED IN ROUND 43.

US19 OMITTED IN ROUND 43.

US20 OMITTED IN ROUND 43.

US21 OMITTED IN ROUND 43.

US22 OMITTED IN ROUND 43.

US23 OMITTED IN ROUND 43.

**BOX US1B** OMITTED IN ROUND 43.

US24 OMITTED IN ROUND 43.

**BOX US2** OMITTED IN ROUND 43.

US25 OMITTED IN ROUND 43.

US26 OMITTED IN ROUND 43.

BOX US2A	IF SP IN THE SUPPLEMENTAL SAMPLE (INTTYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO US27INT. OTHERWISE, GO TO <b>BOX US3</b> .
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US27INT. Now I am going to read some statements people have made about their health care. Think about the care (you receive/SP receives) from (US5a DOCTOR/US3a PLACE). [SHOW CARD US2.] For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree. [PRESS ENTER TO CONTINUE.]

US27. [(Your/SP's) doctor is/The doctors at (US3a PLACE) are] very careful to check everything when examining (you/him/her).

SHOW CARD US2
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- USCKEVRY**
- STRONGLY AGREE ..... 1
  - AGREE ..... 2
  - DISAGREE ..... 3
  - STRONGLY DISAGREE ..... 4
  - NOT APPLICABLE ..... 5
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

US28. [(Your/SP's) doctor is/The doctors at (US3a PLACE) are] competent and well-trained.

SHOW CARD US2
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- USCOMPET**
- STRONGLY AGREE ..... 1
  - AGREE ..... 2
  - DISAGREE ..... 3
  - STRONGLY DISAGREE ..... 4
  - NOT APPLICABLE ..... 5
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

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US29. [(Your/SP's) doctor has/The doctors at (US3a PLACE) have] a good understanding of (your/her/his) medical history.

SHOW CARD US2
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**USUNHIST**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US30. [(Your/SP's) doctor has/The doctors at (US3a PLACE) have] a complete understanding of the things that are wrong with (you/him/her).

SHOW CARD US2
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**USUNWRNG**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US31. [(Your/SP's) doctor/The doctors at (US3a PLACE)] often seem(s) to be in a hurry.

SHOW CARD US2
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**USHURRY**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US32. [(Your/SP's) doctor/The doctors at (US3a PLACE)] often (does/do) not explain (your/his/her) medical problems to (you/him/her).

SHOW CARD US2
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**USEXPPRB**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

US33. [You often have/(SP) often has] health problems that should be discussed but are not.

SHOW CARD US2
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**USDISCUS**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US34. [(Your/SP's) doctor/The doctors at (US3a PLACE)] often act(s) as though [(he/she was)/they were] doing (you/SP) a favor by talking to (you/her/him).

SHOW CARD US2
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**USFAVOR**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US35. [(Your/SP's) doctor tells/The doctors at (US3a PLACE) tell] (you/him/her) all (you want/he wants/she wants) to know about (your/his/her) condition and treatment.

SHOW CARD US2
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**USTELALL**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8



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US36. [(Your/SP's) doctor answers/The doctors at (US3a PLACE) answer] all (your/her/his) questions.

SHOW CARD US2
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**USANSQUX**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US37. (You have/SP has) great confidence in [(your/his/her) doctor/the doctors at (US3a PLACE)].

SHOW CARD US2
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**USCONFID**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

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US38. (You depend/SP depends) on [(your/his/her)doctor/the doctors at (US3a PLACE)] in order to feel better both physically and emotionally.

SHOW CARD US2
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**USDEPEND**

STRONGLY AGREE .....	1
AGREE .....	2
DISAGREE .....	3
STRONGLY DISAGREE .....	4
NOT APPLICABLE .....	5
REFUSED .....	-7
DON'T KNOW .....	-8

BOX US3	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO <b>BOX NE1</b> . OTHERWISE, GO TO <b>BOX AH1A</b> .
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US39INT. I am going to read some reasons that people have given for not having a usual source of health care. For each one, please tell me whether or not it is a reason (you do/SP does) not have a usual place for health care. [PRESS ENTER TO CONTINUE.]

US39. There is no reason to have a usual source of health care because (you/SP) seldom or never gets sick. [Is that a reason (you do/SP does) not have a usual source of medical care?]

<b>NUSNOTSK</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

US40. (You/SP) recently moved into the area. [Is that a reason (you do/SP does) not have a usual source of health care?]

<b>NUSMOVIN</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

US41. (Your/SP's) usual source of health care in this area is no longer available. [Is that a reason (you do/SP does) not have a usual source of health care?]

<b>NUSAVAIL</b>	YES .....	1 (US42)
	NO .....	2 (US43INT)
	REFUSED .....	-7 (US43INT)
	DON'T KNOW .....	-8 (US43INT)

US42. Why is (your/SP's) usual source of health care no longer available?

<b>USWHYNAV</b>	PREVIOUS DOCTOR RETIRED .....	1
	PREVIOUS DOCTOR DIED.....	2
	PREVIOUS DOCTOR MOVED .....	3
	SP MOVED .....	4
	PREVIOUS DR/PLACE TOO FAR AWAY ..	5
	OTHER (SPECIFY) _____	91

**USWHYNO1**

**USWHYNO2**

**USWHYNO3**

	REFUSED .....	-7
	DON'T KNOW .....	-8

US43INT. Thinking about other possible reasons that people have for not having a usual source of health care, please tell me if this statement applies to (you/SP): [PRESS ENTER TO CONTINUE.]

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US43. (You like/SP likes) to go to different places for different health care needs. [Is that a reason (you do/SP does) not have a usual source of health care?]

- |                 |                  |    |
|-----------------|------------------|----|
| <b>NUSDIFFP</b> | YES .....        | 1  |
|                 | NO .....         | 2  |
|                 | REFUSED .....    | -7 |
|                 | DON'T KNOW ..... | -8 |

US44. The places where (you/SP) can receive health care are too far away. [Is that a reason (you do/SP does) not have a usual source of health care?]

- |                 |                  |    |
|-----------------|------------------|----|
| <b>NUSTOOFR</b> | YES .....        | 1  |
|                 | NO .....         | 2  |
|                 | REFUSED .....    | -7 |
|                 | DON'T KNOW ..... | -8 |

US45. The cost of health care is too expensive. [Is that a reason (you do/SP does) not have a usual source of health care?]

- |                 |                  |    |
|-----------------|------------------|----|
| <b>NUSTOOEX</b> | YES .....        | 1  |
|                 | NO .....         | 2  |
|                 | REFUSED .....    | -7 |
|                 | DON'T KNOW ..... | -8 |

BOX US4	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO <b>BOX NE1</b> . OTHERWISE, GO TO <b>BOX AH1A</b> .
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Attachment US1 (MD SPECIALITY CODE LIST) moved to General Programming Specifications as Attachment 7.

US Addendum

Segments: ACCS  
              HLPR  
              ROST

BOX USB:

- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM