

MAIN STUDY - ROUND 7
COMMUNITY COMPONENT
US. USUAL SOURCE OF CARE

| | |
|-------------|--|
| BOX US1A | IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX CL1 . |
|-------------|--|

US1. Is there a particular medical person or clinic (you/SP) usually (go/goes) to when (you are/he is/she is) sick or for advice about (your/his/her) health?

PLACEPAR

| | |
|------------------|-------------------|
| YES | 1 (US2) |
| NO | 2 (US39) |
| REFUSED | -7 BOX US3 |
| DON'T KNOW | -8 BOX US3 |

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 an HMO, a clinic, a regular family doctor, a hospital or some other place?

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

IF SOME OTHER PLACE, ASK: Where was this?

PLACEKND

| | |
|---|----------|
| DOCTOR'S OFFICE OR GROUP PRACTICE | 1 (US5) |
| DOCTOR'S CLINIC | 2 (US3) |
| HMO | 3 (US3) |
| NEIGHBORHOOD/FAMILY HEALTH CENTER ... | 4 (US3) |
| FREESTANDING SURGICAL CENTER | 5 (US3) |
| RURAL HEALTH CLINIC | 6 (US3) |
| COMPANY CLINIC | 7 (US3) |
| OTHER CLINIC | 8 (US3) |
| WALK-IN URGENT CENTER | 9 (US3) |
| DOCTOR COMES TO SP'S HOME | 10 (US5) |
| HOSPITAL EMERGENCY ROOM | 11 (US3) |
| HOSPITAL OUTPATIENT DEPARTMENT | |
| CLINIC | 12 (US3) |
| VA FACILITY | 13 (US3) |
| OTHER (SPECIFY) | 91 (US3) |
| PLACEOS | |
| REFUSED | -7 (US3) |
| DON'T KNOW | -8 (US3) |

US3. What is the complete name of the (RESPONSE IN US2/place) that (you go to/SP goes to)?
[ENTER ONLY ONE.]

USFACNUM
PROVNAME

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

USUALDOC YES 1 (US5)
 NO 2 **BOX US1**
 REFUSED -7 (US7)
 DON'T KNOW -8 (US7)

US5. What is the complete name of that doctor?
 [ENTER ONLY ONE.]

USDOCNUM
PROVNAME

US6. What is (US5 DOCTOR'S) specialty?
 DISPLAY SPECIALTY CODE LIST. ALLOW "DON'T KNOW" AND "REFUSED."
 SPECLTY

| | |
|-----|---|
| BOX | US2 CODED "10" (DR. COMES TO SP HOME)1 (BOX US12) |
| US1 | US2 CODED OTHER THAN "10"2 (US7) |

US7. Does [(US5 DOCTOR)/a doctor from (US3 PLACE)] make house calls?

USHOUSCL YES 1
 NO 2
 DON'T KNOW -8

US8. How (do you/does SP) usually get to [(US5 DOCTOR'S) office/(US3 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 **BOX US1A**
GETUSOS Some other way (SPECIFY) 91 (US9)

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

| | | |
|-------------------------|----|-------------------------|
| HOURS ONLY | 1 | NUMBER OF HOURS |
| MINUTES ONLY | 2 | NUMBER OF MINUTES |
| HOURS AND MINUTES | 3 | GETUSUNT |
| REFUSED | -7 | GETUSHRS |
| DON'T KNOW | -8 | GETUSMIN |

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

| | | |
|-----------------|-----------|------------|
| ACCOMPUS | YES | 1 (US11) |
| | NO | 2 BOX US12 |

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

[ENTER ONLY ONE.]

USHLPRGO ROSTFNAM

HLPRUSGO ROSTLNAM

DISPLAY PERSON ROSTER. RECORD OR SELECT PERSON FROM ROSTER. RECORD RELATIONSHIP IF NOT ALREADY DETERMINED.

US12. When Medicare pays for all or part of (your/SP's) bill from [(US5 DOCTOR)/(US3 PLACE)], who do they send the check to? Does Medicare send the check directly to [(US5 DOCTOR)/(US3 PLACE)] or does the check go to (you/SP)?

| | | |
|-----------------|---|-----------|
| USMCCHEK | To SP | 1 (US13) |
| | To Doctor | 2 (US13) |
| | SP DOES NOT RECEIVE MEDICARE BENEFITS FOR | |
| | DOCTORS' SERVICES..... | 3 (US15) |
| | DON'T KNOW | -8 (US13) |

US13. After a person on Medicare meets the deductible of \$100 for the year, Medicare pays 80% of approved charges and the individual is responsible for the remaining 20%. If the doctor charges more than the amount Medicare approves, the individual may be responsible for the difference. (Have you/Has SP) ever paid (US5 DOCTOR/US3 PLACE) more than the amount Medicare approves?

| | | |
|-----------------|------------------|-----------|
| PAIDMORE | YES | 1 (US14) |
| | NO | 2 (US15) |
| | DON'T KNOW | -8 (US15) |

US14. (Have you/Has SP) ever tried to find a doctor who accepts Medicare's approved charges as full payment for his or her services instead of going to (US5 DOCTOR/US3 PLACE)?

USFINDMC

| | |
|------------------|----|
| YES | 1 |
| NO | 2 |
| DON'T KNOW | -8 |

US15. How long (have you/has SP) been [seeing (US5 DOCTOR)/going to (US3 PLACE)]?

USHOWLNG

| | |
|-------------------------------------|-------------------|
| Less than 1 year | 1 (US17) |
| 1 year to less than 3 years | 2 BOX US2 |
| 3 years to less than 5 years | 3 BOX US2 |
| 5 years to less than 10 years | 4 BOX US2 |
| 10 years or more | 5 BOX US2 |
| REFUSED | -7 BOX US2 |
| DON'T KNOW | -8 (US16) |

US16. Would you say it's been less than a year or a year or more?

USONEY

| | |
|------------------------|-------------------|
| LESS THAN 1 YEAR | 1 (US17) |
| 1 YEAR OR MORE | 2 BOX US2 |
| DON'T KNOW | -8 BOX US2 |

US17. Before (you/SP) started [seeing (U5 DOCTOR)/going to (U3 PLACE)], had (you/SP) usually been going to some other place or seeing some other doctor for medical care?

PREVMEDC

| | |
|------------------|-------------------|
| YES | 1 (US18) |
| NO | 2 BOX US2 |
| DON'T KNOW | -8 BOX US2 |

US18. (Do you/Does SP) still see that other doctor or go to that other place?

PREVSTIL

| | |
|------------------|-----------|
| YES | 1 (US22) |
| NO | 2 (US19) |
| DON'T KNOW | -8 (US22) |

US19. Why (don't you/doesn't SP) see that previous doctor or go to that previous place anymore?

PREVNOGO PREVIOUS DOCTOR RETIRED 1
 PREVIOUS DOCTOR DIED..... 2
 PREVIOUS DOCTOR MOVED..... 3
 SP MOVED..... 4
 PREVIOUS DR/PLACE TOO FAR AWAY OR NOT CONVENIENT.. 5
 PREVIOUS DOCTOR OR PLACE CHARGED MORE THAN
 MEDICARE-APPROVED AMOUNT, THAT IS, DID NOT TAKE
 ASSIGNMENT..... 6
 DISSATISFIED WITH PREVIOUS DR/PLACE 7 (US20)
 SP JOINED HMO 8 (US21)
 SP CHANGED INSURANCE COMPANIES 9 (US21)
 DOCTOR CHANGED PRACTICE 10 (US21)
 OTHER (SPECIFY) 91 (US21)

PREVNO1 _____

PREVNO2 _____

PREVNO3 _____

US20. Why (were you/was SP) dissatisfied with (your/his/her) previous doctor or place?

PREVSAT1 _____

PREVSAT2 _____

PREVSAT3 _____

PREVSAC1

PREVSAC2

PREVSAC3

US21. What would you say was the most important reason (you/SP) went to (US5 DOCTOR/US3 PLACE) instead of some other (doctor in that specialty/place)?

PREVREAS REFERRED BY ANOTHER DOCTOR OR MEDICAL PERSON 1 **BOX US24**
 DOCTOR OR PLACE RECOMMENDED BY FRIEND OR FAMILY
 MEMBER..... 2 **BOX US24**
 SP NEEDED SPECIALIST 3 **BOX US24**
 NEW DOCTOR ASSIGNED 4 **BOX US24**
 LOCATION/CONVENIENCE 5 **BOX US24**
 OTHER (SPECIFY) 91 **BOX US24**

PREVROS1 _____

PREVROS2 _____

PREVROS3 _____

US22. (Were you/Was SP) referred to (US5 DOCTOR/US3 PLACE) by another doctor or medical person?

REFERDOC

YES 1

NO 2

DON'T KNOW -8

US23. Did friends or family members recommend (US5 DOCTOR/US3 PLACE)?

RECOMDOC YES 1
 NO 2
 DON'T KNOW -8

US24. Before (you/SP) went to (US5 DOCTOR/US3 PLACE), did (you/SP) know whether (US5 DOCTOR/US3 PLACE) might sometimes charge more than the amount Medicare approves?

USCHGMOR Yes 1
 No 2
 DON'T KNOW -8

| | |
|------------|---|
| BOX US2 | HI21 = 1 OR HI22 = 1 FOR ANY PRIVATE HEALTH INSURANCE PLAN, GO TO US25. OTHERWISE, GO TO US27. |
|------------|---|

US25. Does (US5 DOCTOR/US3 PLACE) take care of the paper work and send in (your/SP's) private health insurance claims?

USPAPWRK

Yes 1
 No..... 2
 SOMETIMES 3
 CLAIMS NOT FILED FOR THIS DOCTOR 4 (INTRODUCTION ABOVE US27)

US26. When (your/SP's) health insurance claims are submitted, does the insurance company send checks to....

USHICHEK (US5 DOCTOR/US3 PLACE) 1
 (you/SP), or 2
 sometimes (US5 DOCTOR/US3 PLACE) and
 sometimes you/(SP)? 3
 DON'T KNOW -8

Now I am going to read some statements people have made about their medical care. Think about the care (you receive/SP receives) from (US5 DOCTOR/US3 PLACE). [SHOW CARD US.] 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 (US3 PLACE) are] very careful to check everything when examining (you/him/her).

SHOW
CARD
US

USCKEVRY

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US28. [(Your/SP's) doctor is/The doctors at (US3 PLACE) are] competent and well-trained.

SHOW
CARD
US

USCOMPET

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US29. [(Your/SP's) doctor has/The doctors at (US3 PLACE) have] a good understanding of (your/her/his) medical history.

SHOW
CARD
US

USUNHIST

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US30. [(Your/SP's) doctor has/The doctors at (US3 PLACE) have] a complete understanding of the things that are wrong with (you/him/her).

SHOW
CARD
US

USUNWRNG

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US31. [(Your/SP's) doctor/The doctors at (US3 PLACE)] often seem(s) to be in a hurry.

| |
|------|
| SHOW |
| CARD |
| US |

USHURRY

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US32. [(Your/SP's) doctor/The doctors at (US3 PLACE)] often (does/do) not explain (your/his/her) medical problems to (you/him/her).

| |
|------|
| SHOW |
| CARD |
| US |

USEXPPRB

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

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

| |
|------|
| SHOW |
| CARD |
| US |

USDISCUS

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US34. [(Your/SP's) doctor/The doctors at (US3 PLACE)] often act(s) as though (he/she was/they were) doing (you/SP) a favor by talking to (you/her/him).

| |
|------|
| SHOW |
| CARD |
| US |

USFAVOR

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

 STRONGLY DISAGREE 4
 NOT APPLICABLE 5

USUAL SOURCE OF CARE (US)

Household (Round 7 main)

US35. [(Your/SP's) doctor/The doctors at (US3 PLACE)] tell(s) (you/him/her) all (you/she/he) want(s) to know about (your/his/her) condition and treatment.

| |
|------|
| SHOW |
| CARD |
| US |

USTELALL

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US36. [(Your/SP's) doctor/The doctors at (US3 PLACE)] answer(s) all (your/her/his) questions.

| |
|------|
| SHOW |
| CARD |
| US |

USANSQUX

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US37. (You have/SP has) great confidence in [(your/his/her) doctor/the doctors at (US3 PLACE)].

| |
|------|
| SHOW |
| CARD |
| US |

USCONFID

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

STRONGLY DISAGREE 4
 NOT APPLICABLE 5

US38. (You/SP) depend(s) on [(your/his/her)doctor/the doctors at (US3 PLACE)] in order to feel better both physically and emotionally.

| |
|------|
| SHOW |
| CARD |
| US |

USDEPEND

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3

STRONGLY DISAGREE 4
 NOT APPLICABLE 5

| | |
|------------|--|
| BOX US3 | IF SUPPLEMENTAL SAMPLE, SKIP TO DIINTRO. OTHERWISE, SKIP TO BOX CL1. |
|------------|--|

USUAL SOURCE OF CARE (US)

Household (Round 7 main)

US39. I am going to read some reasons that people have given for not having a usual source of medical care. For each one, please tell me whether or not it is a reason (you do/SP does) not have a usual place for medical care. [PRESS ENTER TO CONTINUE.]

There is no reason to have a usual source of medical 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?]

NUSNOTSK YES1
 NO2

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

NUSMOVIN YES1
 NO2

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

NUSAVAIL

YES 1 (US42)
 NO 2 (US43)

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

USWHYNAV

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 _____

US43. Thinking about other possible reasons that people have for not having a usual source of medical care, please tell me if this statement applies to (you/SP): [PRESS ENTER TO CONTINUE.]

(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 medical care?]

NUSDIFFP YES1
 NO2

USUAL SOURCE OF CARE (US)

Household (Round 7 main)

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

NUSTOOFR YES1
 NO2

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

NUSTOOEX YES1
 NO2

| | |
|------------|---|
| BOX US4 | IF SUPPLEMENTAL SAMPLE, SKIP TO DIINTRO. OTHERWISE, SKIP TO BOX CL1 |
|------------|---|