

## \*MAIN STUDY - ROUND 10

## COMMUNITY COMPONENT

## US. USUAL SOURCE OF CARE

|             |  |
|-------------|--|
| BOX<br>US1A | IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX CL1</b> . |
|-------------|--|

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 <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 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<br>US1 | US2 CODED "10" (DR. COMES TO SP HOME) .....1 (BOX US1A) |
|            | 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  | <b>GETUSUNT</b>         |
| REFUSED .....           | -7 | <b>GETUSHRS</b>         |
| DON'T KNOW .....        | -8 | <b>GETUSMIN</b>         |

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

|                 |           |            |
|-----------------|-----------|------------|
| <b>ACCOMPUS</b> | YES ..... | 1 (US11)   |
|                 | NO .....  | 2 BOX US1A |

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.

|             |  |
|-------------|--|
| BOX<br>US1A | IF US2 = 3 OR 13, GO TO US15. OTHERWISE, GO TO US12. |
|-------------|--|

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)?

|                 |   |           |
|-----------------|---|-----------|
| <b>USMCCHEK</b> | 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?

|                 |                  |           |
|-----------------|------------------|-----------|
| <b>PAIDMORE</b> | 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)?

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

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

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

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

|               |                        |                   |
|---------------|------------------------|-------------------|
| <b>USONEY</b> | LESS THAN 1 YEAR ..... | 1 (US17)          |
|               | 1 YEAR OR MORE .....   | 2 <b>BOX US2</b>  |
|               | DON'T KNOW .....       | -8 <b>BOX US2</b> |

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?

|                 |                  |                   |
|-----------------|------------------|-------------------|
| <b>PREVMEDC</b> | YES .....        | 1 (US18)          |
|                 | NO .....         | 2 <b>BOX US2</b>  |
|                 | DON'T KNOW ..... | -8 <b>BOX US2</b> |

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

|                 |                  |           |
|-----------------|------------------|-----------|
| <b>PREVSTIL</b> | 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 (US21)  
 PREVIOUS DOCTOR DIED..... 2 (US21)  
 PREVIOUS DOCTOR MOVED..... 3 (US21)  
 SP MOVED..... 4 (US21)  
 PREVIOUS DR/PLACE TOO FAR AWAY OR NOT CONVENIENT 5 (US21)  
 PREVIOUS DOCTOR OR PLACE CHARGED MORE THAN  
 MEDICARE-APPROVED AMOUNT, THAT IS, DID NOT TAKE  
 ASSIGNMENT..... 6 (US21)  
 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 US1B**  
 DOCTOR OR PLACE RECOMMENDED BY FRIEND OR FAMILY  
 MEMBER..... 2 **BOX US1B**  
 SP NEEDED SPECIALIST ..... 3 **BOX US1B**  
 NEW DOCTOR ASSIGNED ..... 4 **BOX US1B**  
 LOCATION/CONVENIENCE ..... 5 **BOX US1B**  
 OTHER (SPECIFY) ..... 91 **BOX US1B**

**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

|             |   |
|-------------|---|
| BOX<br>US1B | IF US2 = 3 OR 13, GO TO INTRODUCTION BEFORE US27.<br>OTHERWISE, GO TO US24. |
|-------------|---|

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<br>US2 | IF US2 = 3 OR 13, GO TO INTRODUCTION BEFORE US27. IF US2 ~ 3 OR 13 AND HI21 = 1 OR HI22 = 1 FOR ANY CURRENT ROUND 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 (US26)  
 No..... 2 (US26)  
 SOMETIMES ..... 3 (US26)  
 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   |

|                 |                         |   |
|-----------------|-------------------------|---|
| <b>USCKEVRY</b> | 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   |

|                 |                         |   |
|-----------------|-------------------------|---|
| <b>USCOMPET</b> | 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   |

|                 |                         |   |
|-----------------|-------------------------|---|
| <b>USUNHIST</b> | 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   |

|                 |                         |   |
|-----------------|-------------------------|---|
| <b>USUNWRNG</b> | 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 |



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<br>CARD<br>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<br>CARD<br>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<br>CARD<br>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<br>CARD<br>US |
|--------------------|

**USDEPEND**

STRONGLY AGREE ..... 1  
 AGREE ..... 2  
 DISAGREE ..... 3

STRONGLY DISAGREE ..... 4  
 NOT APPLICABLE ..... 5

|            |  |
|------------|--|
| BOX<br>US3 | IF SUPPLEMENTAL SAMPLE, SKIP TO DIINTRO. OTHERWISE, SKIP TO<br><b>BOX CL1.</b> |
|------------|--|

- 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

YES ..... 1  
NO ..... 2

- 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

YES ..... 1  
NO ..... 2

- 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

YES ..... 1  
NO ..... 2

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

YES ..... 1

NO ..... 2

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

YES ..... 1

NO ..... 2

|            |   |
|------------|---|
| BOX<br>US4 | IF SUPPLEMENTAL SAMPLE, SKIP TO DIINTRO. OTHERWISE, SKIP TO<br><b>BOX CL1</b> |
|------------|---|