

MAIN STUDY - ROUND 19
COMMUNITY COMPONENT
AC. PROVIDER PROBES/ACCESS TO CARE

BOX AC1AA	IF SP DECEASED OR INSTITUTIONALIZED, GO TO BOX HS1A .
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THIS SECTION IS FOR SUPPLEMENTAL SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

BOX AC1A	<p>a. SUPPLEMENTAL SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b.</p> <p>b. IF AC3-AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER VISIT, GO TO BOX AC1C. IF SP HAD ER VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD ER VISIT IN THE 2 PREVIOUS ROUNDS AND AC3-AC6 NOT ASKED THIS ROUND, GO TO AC3-AC6.</p> <p>IF SP DID NOT HAVE ANY ER VISITS IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO BOX AC1C.</p>
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ACINTRO. The next questions are about different medical services (you/SP) may have used since (REF. DATE).

[PRESS ENTER TO CONTINUE.]

AC1. Since (REF. DATE), did (you/SP) go to a hospital emergency room for medical care?

ERVISIT	YES	1 (AC2)
	NO	2 (AC8)
	REFUSED	-7 (AC8)
	DON'T KNOW	-8 (AC8)

AC2. Think about the most recent time (you/SP) went to a hospital emergency room. What condition or problem caused (you/SP) to go to the emergency room?

CONDTION
CONDAC2

- AC3. [I have a few more questions about visits that (you/SP) had in the past.
[Think about the most recent time (you/SP) went to a hospital emergency room.] Did (you/SP) have an appointment for (that visit?)/[(your/his/her) most recent visit to the emergency room?]

ERAPPT YES 1 (AC5)
 NO 2 (AC4)
 REFUSED -7 (AC4)
 DON'T KNOW -8 (AC4)

- AC4. Did a doctor or other medical person working for a doctor tell (you/SP) that (you/he/she) should go to the emergency room for that visit?

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

- AC5. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital emergency room take altogether?

HOURS ONLY 1 NUMBER OF HOURS _____
 MINUTES ONLY 2 NUMBER OF MINUTES _____
 HOURS AND MINUTES 3
 REFUSED -7 **ERVLHRS**
 DON'T KNOW -8 **ERVLMIN**
ERVLUNT

- AC6. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

DID NOT HAVE TO WAIT 0 NUMBER OF HOURS _____
 HOURS ONLY 1 NUMBER OF MINUTES _____
 MINUTES ONLY 2
 HOURS AND MINUTES 3 **ERVWHS**
 REFUSED -7 **ERVWMIN**
 DON'T KNOW -8
ERVWUNT

BOX AC1B	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7. OTHERWISE, GO TO BOX AC1C.
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- AC7. (Were you/Was SP) admitted to the hospital from the emergency room?

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

BOX AC1C	<p>a. SUPPLEMENTAL SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b.</p> <p>b. IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO BOX AC1E.</p> <p>IF SP HAD OP VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD OP VISIT IN THE 2 PREVIOUS ROUNDS AND AC9, AC12-AC16 NOT ASKED THIS ROUND, GO TO AC9, AC12-AC16.</p> <p>IF SP DID NOT HAVE ANY OP VISITS IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO BOX AC1E.</p>
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AC8. Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department?
[DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

OPDVISIT	YES	1 (AC9)
	NO	2 (AC17)
	REFUSED	-7 (AC17)
	DON'T KNOW	-8 (AC17)

AC9. [I have a few more questions about visits that (you/SP) had in the past.]
Think about the most recent time (you/SP) went to a hospital clinic or outpatient department. What was the reason (you/SP) went to the hospital clinic or outpatient department?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

OPDMCOND	MEDICAL CONDITION NAMED	1
OPDTESTS	TESTS	2
OPDFOLUP	FOLLOWUP	3
OPDCHKUP	CHECKUP	4
OPDRFRL	REFERRAL	5
OPDSURGY	SURGERY	6
OPDPSHOT	OTHER (SPECIFY)	91
OPDTSHOT	REFUSED	-7
OPDPMED	DON'T KNOW	-8
OPDOTHER		
OPDOTHOS		

BOX AC1D	<p>IF SUPP. SAMPLE AND AC9 = 1 OR/AND 6, GO TO AC11. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC10. IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC12.</p>
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AC10. Was that for a specific condition?

OPDSCOND	YES	1 (AC11)
	NO	2 (AC12)
	REFUSED	-7 (AC12)
	DON'T KNOW	-8 (AC12)

AC11. What (was the) condition (required the surgery?)
 [ENTER ALL CONDITIONS.]
CONDTION
CONDAC11

AC12. Did (you/SP) have an appointment for this visit to the hospital clinic or outpatient department or did (you/he/she) just walk in?

OPDAPPT	APPOINTMENT	1 (AC13)
	WALKED IN	2 (AC15)
	REFUSED	-7 (AC15)
	DON'T KNOW	-8 (AC15)

AC13. Did someone at the hospital clinic or outpatient department tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

OPDDRTEL	TOLD TO COME BACK DURING EARLIER VISIT	1 (AC15)
	CALLED FOR AN APPOINTMENT	2 (AC14)
	REFUSED	-7 (AC15)
	DON'T KNOW	-8 (AC15)

AC14. How long did (you/SP) have to wait for the appointment -- about how many days, weeks, or months?

OPDAWUNT	DID NOT HAVE TO WAIT	0 (AC15)
	DAYS	1 (a)
	WEEKS	2 (b)
	MONTHS	3 (c)
	REFUSED	-7 (AC15)
	DON'T KNOW	-8 (AC15)

OPDAWDAY	a. NUMBER OF DAYS
OPDAWWKS	b. NUMBER OF WEEKS
OPDAWMOS	c. NUMBER OF MONTHS

AC15. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital clinic or outpatient department take altogether?

OPDVLUNT	HOURS ONLY	1 (a)
	MINUTES ONLY	2 (b)
	HOURS AND MINUTES	3 (a & b)
	REFUSED	-7 (AC16)
	DON'T KNOW	-8 (AC16)

OPDVLHRS	a. NUMBER OF HOURS
OPDVLMIN	b. NUMBER OF MINUTES

AC16. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

OPDVWUNT DID NOT HAVE TO WAIT 0 **BOX AC1E**
 HOURS ONLY 1 (a)
 MINUTES ONLY 2 (b)
 HOURS AND MINUTES 3 (a & b)
 REFUSED -7 **BOX AC1E**
 DON'T KNOW -8 **BOX AC1E**

OPDVWHRS a. NUMBER OF HOURS _____
OPDVWMIN b. NUMBER OF MINUTES _____

BOX AC1E	<p>a. SUPPLEMENTAL SAMPLE SPs GO TO AC17. OTHERWISE, GO TO b.</p> <p><u>*FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS AN MP VISIT WHERE MP6a=2 OR MISSING AND PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD).</u></p> <p>b. IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO BOX OM1A.</p> <p>IF SP HAD MP VISIT IN THE 2 PREVIOUS ROUNDS <u>AND</u> AC20, AC21, AC24-AC36 NOT ASKED THIS ROUND, GO TO AC20, AC21, AC24-AC36.</p> <p>IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO AC33.</p>
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AC17. (Have you/Has SP) ever been a resident or patient in a nursing home or similar place?

NHRESEVR YES 1 (AC18)
 NO 2 (AC19)
 REFUSED -7 (AC19)
 DON'T KNOW -8 (AC19)

AC18. When (were you/was SP) last a resident or patient in a nursing home or similar place?

NHLRESMM Month () Year ()
NHLRESYY

AC19. Next, I want to ask about (your/SP's) visits to doctors since (REF. DATE). (Have you/has SP) seen a medical doctor since (REF. DATE)?

MDVISIT YES 1 (AC20)
 NO 2 **BOX AC1G**
 REFUSED -7 **BOX AC1G**
 DON'T KNOW -8 **BOX AC1G**

- AC20. [I have a few more questions about visits that (you/SP) had in the past.]
Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital.
What was the doctor's specialty?

MDSPCLTY
MDSPCLOS

- AC21. What was the reason (you/SP) saw the doctor?
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

MDMCOND	MEDICAL CONDITION NAMED	1
MDTESTS	TESTS	2
MDFOLUP	FOLLOWUP	3
MDCHKUP	CHECKUP	4
MDRFRL	REFERRAL	5
MDSURGY	SURGERY	6
MDPSHOT	OTHER (SPECIFY)	91
MDTSHOT	REFUSED	-7
MDPMED	DON'T KNOW	-8
MDOTHER		
MDOTHOS		

BOX AC1F	IF SUPP. SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC23. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC22; IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC24.
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- AC22. Was that for a specific condition?

MDSCOND	YES	1 (AC23)
	NO	2 (AC24)
	REFUSED	-7 (AC24)
	DON'T KNOW	-8 (AC24)

- AC23. What (was the) condition (required the surgery)?
[ENTER ALL CONDITIONS.]

CONDTION
CONDAC23

- AC24. Did (you/SP) have an appointment for this visit with the doctor or did (you/he/she) just walk in?

MDAPPT	APPOINTMENT	1 (AC25)
	WALKED IN	2 (AC27)
	REFUSED	-7 (AC27)
	DON'T KNOW	-8 (AC27)

- AC25. Did someone in the doctor's office tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

MDDRTEL	TOLD TO COME BACK DURING	
	EARLIER VISIT	1 (AC27)
	CALLED FOR AN APPOINTMENT	2 (AC26)
	REFUSED	-7 (AC27)
	DON'T KNOW	-8 (AC27)

- AC26. How long did (you/SP) have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?

MDAWUNT	DID NOT HAVE TO WAIT	0 (AC27)
	DAYS	1 (a)
	WEEKS	2 (b)
	MONTHS	3 (c)
	REFUSED	-7 (AC27)
	DON'T KNOW	-8 (AC27)

MDAWDAY	a. NUMBER OF DAYS _____
MDAWWKS	b. NUMBER OF WEEKS _____
MDAWMOS	c. NUMBER OF MONTHS _____

- AC27. From the time (you/SP) arrived until the time (you/he/she) left, about how long did this visit to the medical doctor take altogether?

MDVLUNT	HOURS ONLY	1 (a)
	MINUTES ONLY	2 (b)
	HOURS AND MINUTES	3 (a & b)
	REFUSED	-7 (AC28)
	DON'T KNOW	-8 (AC28)

MDVLHRS	a. NUMBER OF HOURS ____
MDVLMIN	b. NUMBER OF MINUTES _

- AC28. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

MDVWUNT	DID NOT HAVE TO WAIT	0 BOX AC1G
	HOURS ONLY	1 (a)
	MINUTES ONLY	2 (b)
	HOURS AND MINUTES	3 (a & b)
	REFUSED	-7 BOX AC1G
	DON'T KNOW	-8 BOX AC1G

MDVWHRS	a. NUMBER OF HOURS _____
MDVWMIN	b. NUMBER OF MINUTES _____

GO TO **BOX AC1G**

AC29-AC31: MOVED TO SECTION HS.

AC32 OMITTED.

BOX AC1G	IF SP IN MEDICARE HMO PLAN, GO TO INTRO ABOVE AC33. OTHERWISE, GO TO BOX AC3 .
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AC33. The following questions are about medical services that (you have/SP has) received through (CURRENT MEDICARE HMO PLAN NAME).

While a member of (CURRENT MEDICARE HMO PLAN NAME), (have you/has SP) had difficulty in obtaining referrals for the services of a specialist or other medical care provider within (CURRENT MEDICARE HMO PLAN NAME) that (you/SP) thought were necessary?

MHREFDIF	YES	1 (AC34)
	NO	2 (AC36)
	N/A, HAVEN'T TRIED TO OBTAIN REFERRAL	3 (AC36)
	REFUSED	-7 (AC36)
	DON'T KNOW	-8 (AC36)

AC34. What kind of specialist or medical provider was this?

DISPLAY MP PROVIDER SPECIALTY LIST.

MHSPECAL
MHSPECOS

AC35. What kind of difficulty did (you/SP) have?
[CODE ALL THAT APPLY.]

MHNOAUTH	HMO WOULDN'T AUTHORIZE SERVICE	1
MHWAITLG	THE WAIT FOR APPOINTMENT WAS TOO LONG	2
MHNOCONV	PROVIDER'S LOCATION WAS NOT CONVENIENT	3
MHNOREFR	HMO WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE	4
MHNOLIKE	SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER HMO REFERRED SP TO	5
MHBADHRS	PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT	6
MHOTHER	OTHER (SPECIFY) _____	91
MHOTHOS	REFUSED	-7
	DON'T KNOW	-8

AC36. Has (CURRENT MEDICARE HMO PLAN NAME) ever refused to pay for emergency treatment that (you/SP) felt was necessary?

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

BOX AC3	GO TO BOX HS1A .
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