

MAIN STUDY - ROUND 22
COMMUNITY COMPONENT
US. USUAL SOURCE OF CARE

BOX USA	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO DIINTROA.
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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: Is it a hospital outpatient clinic, or some other kind of clinic?

IF SOME OTHER PLACE, ASK: Where is 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)
	MENTAL HEALTH CLINIC	14 (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?

SPECLTY
SPECLOS

BOX 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**
 SENIOR CITIZEN VAN/BUS 8
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 US1A

US11. Who usually goes with (you/SP)? **USHLPRGO** **ROSTFNAM**
[ENTER ONLY ONE.] **HLPRUSGO** **ROSTLNAM**

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

BOX US1A	IF US2 = 3 OR 13, GO TO US15. OTHERWISE, GO TO US12.
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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)?

USMCCHK	TO SP	1 (US13)
	TO DOCTOR.....	2 (US13)
	SP DOES NOT RECEIVE MEDICARE BENEFITS FOR	
	DOCTORS' SERVICES	3 (US15)
	USUAL SOURCE OF CARE IS HMO OR VA—NO CHECKS RECEIVED	4
	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)]?

SHOW CARD US1

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 (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 US1B	IF US2 = 3 OR 13, GO TO INTRODUCTION BEFORE US27. OTHERWISE, GO TO US24.
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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
 REFUSED -7
 DON'T KNOW -8

BOX 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.
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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 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 (US3 PLACE) are] very careful to check everything when examining (you/him/her).

SHOW CARD US2	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 US2	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
US2

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
US2

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
US2

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
US2

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
US2

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
US2

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
CARD
US2

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
US2

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
US2

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
US2

USDEPEND

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

BOX US3	IF SUPPLEMENTAL SAMPLE, SKIP TO DIINTROA. OTHERWISE, IF CONTINUING SAMPLE, GO TO DIINTROA.
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- 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 US4	IF SUPPLEMENTAL SAMPLE, GO TO DIINTROA. OTHERWISE, IF CONTINUING SAMPLE, GO TO DIINTROA.
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ATTACHMENT US1
(QUESTION US6)

MD SPECIALTY CODE LIST

1. ALLERGY & IMMUNOLOGY
2. ANESTHESIOLOGY
3. CARDIOLOGY (HEART)
5. DERMATOLOGY (SKIN)
6. EMERGENCY ROOM PHYSICIAN
7. ENDOCRINOLOGY & METABOLISM (DIABETES & THYROID)
8. FAMILY PRACTICE
9. GASTROENTEROLOGY
10. GENERAL PRACTICE
11. GENERAL SURGERY
12. GERIATRICS (ELDERLY)
13. GYNECOLOGY – OBSTETRICS
14. HEMATOLOGY (BLOOD)
15. HOSPITAL RESIDENCE
16. INTERNAL MEDICINE
17. NEPHROLOGY (KIDNEYS)
18. NEUROLOGY
19. NUCLEAR MEDICINE
20. ONCOLOGY (TUMORS, CANCER)
21. OPHTHALMOLOGY (EYES)
22. ORTHOPEDICS
24. OSTEOPATHY (DO)
25. OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)
26. PATHOLOGY
27. PHYS MED/REHAB
28. PLASTIC SURGERY
29. PROCTOLOGY
30. PSYCHIATRY/PSYCHIATRIST
31. PULMONARY (LUNGS)
32. RADIOLOGY
33. RHEUMATOLOGY
34. THORACIC SURGERY (CHEST)
35. UROLOGY
91. OTHER DR SPECIALTY (SPECIFY)