MAIN STUDY - ROUND 22

COMMUNITY COMPONENT

AC. PROVIDER PROBES/ACCESS TO CARE

BOX AC1AA	IF SP DECEASED OR INSTITUTIONALIZED, GO TO **BOX HS1A**.

THIS SECTION IS FOR SUPPLEMENTAL SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

BOX AC1A	a.	SUPPLEMENTAL SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b.
	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.
		IF SP DID NOT HAVE ANY ER VISITS IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO **BOX AC1C**.

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

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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	**ERVWHRS**	
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***.

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	a. SUPPLEMENTAL SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b. b. IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO **BOX AC1E**. 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. IF SP DID NOT HAVE ANY OP VISITS IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO **BOX AC1E**.

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	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.

AC10.　　Was that for a specific condition?

OPDSCOND

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

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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?

                                 TOLD TO COME BACK DURING
        OPDDRTEL   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 _____

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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	a. SUPPLEMENTAL SAMPLE SPs GO TO AC17. OTHERWISE, GO TO b. *FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS <u>AN MP VISIT WHERE MP6a=2 OR MISSING</u> **AND** <u>PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD)</u>. b. IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO ***BOX OM1A***. 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. IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT AND 2 PREVIOUS ROUNDS, GO TO BOX AC1G.

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) <u>last</u> a resident or patient in a nursing home or similar place?

NHLRESMM   MONTH (   )   YEAR 19 (   )
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.

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?

	TOLD TO COME BACK DURING		
MDDRTEL	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 AC1FF***
	HOURS ONLY	1	(a)
	MINUTES ONLY	2	(b)
	HOURS AND MINUTES	3	(a & b)
	REFUSED	-7	***BOX AC1FF***
	DON'T KNOW	-8	***BOX AC1FF***

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

GO TO   ***BOX AC1FF***

BOX AC1FF	IF AC25=1, GO TO **BOX AC1G**. Otherwise, go to AC28a.

AC28a.   Was the doctor that (you/SP) saw (your/his/her) first choice?

MDVCHOIC

YES	1	*BOX AC1G*
NO	2	(AC28b)
REFUSED	-7	*(BOX AC1G)*
DON'T KNOW	-8	*(BOX AC1G)*

AC28b.   Why didn't (you/SP) see the doctor that was (your/her/his) first choice?
[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

_____   **MDVCHVB1**
_____   **MDVCHVB2**
_____   **MDVCHVB3**

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**.

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	(AC34a)
NO	2	(AC36)
N/A, HAVEN'T TRIED TO OBTAIN		
REFERRAL	3	(AC36)
REFUSED	-7	(AC36)
DON'T KNOW	-8	(AC36)

Question AC34 omitted in Round 22.

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AC34a.   What kind of specialist or medical provider was this?

DISPLAY SPECIALTY CODE LIST SHOWN IN ATTACHMENT AC2.

MHSPCLTY
MHSPCLOS

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	DOCTOR/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**.

AC1. ACCESS TO CARE
(QUESTION AC20)

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.   OTORHINOLARYNGOLOTY (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)

AC2. ACCESS TO CARE
(QUESTION AC34a)

MD SPECIALTY CODE LIST

<u>MD PROVIDERS</u>

1.   ALLERGY & IMMUNOLOGY
3.   CARDIOLOGY (HEART)
5.   DERMATOLOGY (SKIN)
7.   ENDOCRINOLOGY & METABOLISM (DIABETES & THYROID)
9.   GASTROENTEROLOGY
11.   GENERAL SURGERY
12.   GERIATRICS (ELDERLY)
13.   GYNECOLOGY – OBSTETRICS
14.   HEMATOLOGY (BLOOD)
16.   INTERNAL MEDICINE
17.   NEPHROLOGY (KIDNEYS)
18.   NEUROLOGY
20.   ONCOLOGY (TUMORS, CANCER)
21.   OPHTHALMOLOGY (EYES)
22.   ORTHOPEDICS
24.   OSTEOPATHY (DO)
25.   OTORHINOLARYNGOLOTY (EAR, NOSE, THROAT)
26.   PATHOLOGY
27.   PHYS MED/REHAB
28.   PLASTIC SURGERY
29.   PROCTOLOGY
30.   PSYCHIATRY/PSYCHIATRIST
31.   PULMONARY (LUNGS)
33.   RHEUMATOLOGY
35.   UROLOGY

<u>NON-MD PROVIDERS</u>

36.   AUDIOLOGIST
37.   CHIROPRACTOR
38.   DENTIST
39.   OPTOMETRIST
40.   PHYSICAL THERAPIST
41.   PSYCHOLOGIST

91.   OTHER DR SPECIALTY (SPECIFY)