

MAIN STUDY - ROUND 22  
COMMUNITY COMPONENT  
DU. DENTAL UTILIZATION AND EVENTS

BOX DU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX ER1A</b> . OTHERWISE, GO TO DUINTRO.
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DUINTRO. The next questions are about any medical care (you/SP) may have had between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the calendar that we left at the last interview.)

First we'll talk about dental care.

[PRESS ENTER TO CONTINUE.]

DU1. Please look at this card. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]

SHOW CARD DU	<b>DUPROBE</b> YES ..... 1 (DU2) NO ..... 2 <b>BOX ER1A</b> REFUSED ..... -7 <b>BOX ER1A</b> DON'T KNOW ..... -8 <b>BOX ER1A</b>
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DU2. Who did (you/SP) see? [ENTER ONLY ONE DENTAL PROVIDER.]

**PROVNAME**  
**PROVSPEC**

BOX DU1	a.    SP HAS USED V.A. FACILITIES (HI36 = 1) ..... 1 (b) SP HAS NOT USED V.A. (HI36 = 2 OR MISSING) ..... 2 <b>BOX DU2</b>  b.    "V.A. FLAG" SET FOR THIS PROVIDER ..... 1 <b>BOX DU2</b> "V.A. FLAG" NOT SET FOR THIS PROVIDER ..... 2 (DU3)
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DU3. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?

**VAPLACE**                      YES ..... 1  
                                      NO ..... 2  
                                      REFUSED ..... -7  
                                      DON'T KNOW ..... -8

BOX DU2	a.	SP BELONGS TO AN HMO (HI10a, HI25 OR MEDICARE HMO FLAG = 1 FOR ANY PLAN) .....	1	(b)
		SP DOES NOT BELONG TO AN HMO (HI10a, HI25 = 2 OR MISSING FOR <u>ALL</u> PLANS) .....	2	<b>BOX DU2A</b>
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER .....	1	<b>BOX DU2A</b>
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .....	2	(DU5)
		"HMO FLAG" NOT SET FOR THIS PROVIDER .....	3	(DU4)

DU4. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] plan?

**HMOASSOC**

YES .....	1	(DU6)
NO .....	2	(DU5)
REFUSED .....	-7	(DU5)
DON'T KNOW .....	-8	(DU5)

DU5. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

**HMOREFER**

YES .....	1	<b>BOX DU2A</b>
NO .....	2	(DU5a)
REFUSED .....	-7	<b>BOX DU2A</b>
DON'T KNOW .....	-8	<b>BOX DU2A</b>

DU5a. What is the most important reason (you/SP) did not see a dental provider associated with [READ HMO PLAN NAME(S) BELOW] or a dental provider that [READ HMO PLAN NAME(S) BELOW] would refer (you/SP) to?

	HMO DOES NOT COVER THE SERVICE SP WANTED .....	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO ..	2
	HMO NOT CONVENIENTLY LOCATED FOR THE SP .....	3
	DIDN'T THINK HMO PROVIDERS COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS .....	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL .....	5
	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE HMO .....	6
<b>NOHMOMAI</b>	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE HMO .....	7
	HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY .....	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS ....	9
<b>NOHMOMOS</b>	HMO ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN AN HMO AT TIME OF EVENT .....	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER .....	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED .....	13
	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX DU2A	IF THIS VISIT ADDED THROUGH UTS, GO TO DU7. OTHERWISE, GO TO DU6.
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DU6. When did (you/SP) see (PROVIDER NAMED IN DU2)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].  
[ENTER ALL DATES.]

**EVBE GMM**

**EVBE GDD**

**EVBE GYY**

DU7. For (your/SP's) visit on (FIRST/NEXT VISIT DATE), what did (you/SP) have done?  
[CODE ALL THAT APPLY.]  
[PRESS CTRL/L TO LEAVE SCREEN.]

<b>DVXRAYS</b>	X-RAYS TAKEN .....	1	
<b>DVCLEAN</b>	CLEANING TEETH .....	2	
<b>DVEXAM</b>	EXAMINATION .....	3	
<b>DVFILLNG</b>	FILLINGS .....	4	
<b>DVEXTRAC</b>	EXTRACTIONS .....	5	
<b>DVRTCNAL</b>	ROOT CANALS .....	6	
<b>DVCROWN</b>	CROWNS .....	7	
<b>DVBRIDGE</b>	BRIDGES, DENTURES, PLATES, ETC. -- EITHER NEW ONES OR REPAIR WORK..	8	
<b>DVORTHO</b>	ORTHODONTIA -- BITE ADJUSTMENT, BRACES, RETAINERS, ETC. ....	9	
<b>DVPERIOD</b>	PERIODONTIA .....	10	
<b>DVBONDNG</b>	BONDING .....	11	
<b>DVOTHER</b>	OTHER (SPECIFY) _____	91	
<b>EVNTQUES</b>	REFUSED .....	-7	<b>BOX DU3A</b>
<b>EVOSTEXT</b>	DON'T KNOW .....	-8	

BOX DU3	IF DU7 CODED 1, REGARDLESS OF OTHER CODES SELECTED, GO TO <b>BOX DU3A</b> . IF 1 NOT CODED AT DU7, GO TO DU8.
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DU8. Were X-rays taken on this visit?

<b>XRAYS</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX DU3A	IF THIS VISIT ADDED THROUGH DU1, GO TO DU9. IF THIS VISIT ADDED THROUGH UTS, CRTL/I, ST, OR NS, GO TO <b>BOX DU4</b> .
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DU9. Were any medicines prescribed for (you/SP) when (you/he/she) went to (DENTAL PROVIDER) on (EVENT DATE)?

**PRESMDCN** YES ..... 1 (DU10)  
 NO ..... 2 **BOX DU4**  
 REFUSED ..... -7 **BOX DU4**  
 DON'T KNOW ..... -8 **BOX DU4**

DU10. Were any of the prescriptions filled?

**PRESFILL** YES ..... 1 (DU11)  
 NO ..... 2 **BOX DU4**  
 REFUSED ..... -7 **BOX DU4**  
 DON'T KNOW ..... -8 **BOX DU4**

DU11. Please tell me the names of these medicines.  
 [ENTER ALL MEDICINES.] [CHECK SPELLING.]

**PMEDNAME**  
**PMROTYPE**

BOX DU4	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS DENTAL PROVIDER IS:	
	0 .....	(GO TO <b>BOX DU5(b)</b> )
	1-4 .....	(RETURN TO DU7 FOR NEXT VISIT)
	5 OR MORE REMAINING .....	(GO TO DU12)

DU12. You told me that (you/SP) also visited (NAME OF DENTAL PROVIDER FROM DU2) on [READ DATES BELOW]. Were any of these visits made for the same reason as the one you've just told me about?

**SAMEREAS** YES ..... 1 (DU13)  
 NO ..... 2 (DU7 FOR NEXT VISIT)  
 REFUSED ..... -7 (DU7 FOR NEXT VISIT)  
 DON'T KNOW ..... -8 (DU7 FOR NEXT VISIT)

DU13. Which visits were for the same reason? What were the dates?

**EVNTLINK**

BOX DU5	a.	FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO DU7 FOR NEXT UNFLAGGED VISIT.
	b.	IF THIS VISIT ADDED THROUGH DU1, GO TO DU14. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO <b>BOX ST12</b> . IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b> .

DU14. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other dental care visits to this or any other provider?

**TEMP**

YES .....	1 (DU2)
NO .....	2 <b>BOX ER1A</b>
REFUSED .....	-7 <b>BOX ER1A</b>
DON'T KNOW .....	-8 <b>BOX ER1A</b>