

## MCBS MAIN STUDY - ROUND 28 – FALL SUPPLEMENT

## COMMUNITY COMPONENT

## US. USUAL SOURCE OF CARE

BOX USA	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX CL1</b> .
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US1. Is there a particular medical person or a 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 (US39INT)
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 a managed care plan center or HMO, a clinic, a doctor's office, 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 <b>BOX USB</b>
DOCTOR'S CLINIC .....	2 <b>BOX USB</b>
MANAGED CARE PLAN CENTER/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)
REFUSED .....	-7 (US3)
DON'T KNOW .....	-8 (US3)

**PLACEOS**

BOX USB	<p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) ..... (US2A)          SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) .....(b)</p> <p>b. US2=1 .....(US5)          c. US2=2 .....(US3)</p>
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US2A. Is this (doctor/doctor's clinic) associated with (your/his/her) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

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

BOX USC	<p>IF US2=1, GO TO US5.          IF US2=2, GO TO US3.</p>
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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	IF US2=10, GO TO US12. OTHERWISE, GO TO US7.
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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)?  
[ENTER ONLY ONE.]

**USHLPRGO**  
**HLPRUSGO**

**ROSTFNAM**  
**ROSTLNAM**

BOX US1A	IF US2 = 3 OR 13 OR IF US2A=1, 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)  
 DON'T KNOW ..... -8 (US13)

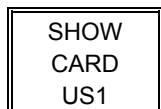
- US13. After a person on Medicare meets the deductible of \$100 for the year, Medicare pays 80% of approved charges and the individual is responsible for the remaining 20%. If the doctor charges more than the amount Medicare approves, the individual may be responsible for the difference. (Have you/Has 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)]?



**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?

<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?

<b>PREVNOGO</b>	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 MANAGED CARE PLAN/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?  
[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

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)?

<b>PREVREAS</b>	REFERRED BY ANOTHER DOCTOR OR MEDICAL PERSON .....	1 <b>BOX US1B</b>
	DOCTOR OR PLACE RECOMMENDED BY FRIEND OR FAMILY MEMBER .....	2 <b>BOX US1B</b>
	SP NEEDED SPECIALIST .....	3 <b>BOX US1B</b>
	NEW DOCTOR ASSIGNED .....	4 <b>BOX US1B</b>
	LOCATION/CONVENIENCE .....	5 <b>BOX US1B</b>
	OTHER (SPECIFY) .....	91 <b>BOX US1B</b>

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 OR IF US2A=1, GO TO US27INT. 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 OR IF US2A = 1, GO TO US27INT. 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 US27INT.
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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

US27INT. 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).

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD US2 </div>	<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.

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD US2 </div>	<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.

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD US2 </div>	<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).

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD US2 </div>	<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.

<div style="border: 1px solid black; padding: 5px; width: fit-content;"> SHOW CARD US2 </div>	<b>USHURRY</b>	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	<b>USCONFID</b>	STRONGLY AGREE .....	1
		AGREE .....	2
		DISAGREE .....	3
		STRONGLY DISAGREE .....	4
		NOT APPLICABLE .....	5

US38. (You depend/SP depends) on [(your/his/her)doctor/the doctors at (US3 PLACE)] in order to feel better both physically and emotionally.

SHOW CARD US2	<b>USDEPEND</b>	STRONGLY AGREE .....	1
		AGREE .....	2
		DISAGREE .....	3
		STRONGLY DISAGREE .....	4
		NOT APPLICABLE .....	5

BOX US3	IF SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO DIINTROA. OTHERWISE, GO TO <b>BOX CL1</b> .
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US39INT. 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.]

US39. 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?]

<b>NUSNOTSK</b>	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?]

<b>NUSMOVIN</b>	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?]

<b>NUSAVAIL</b>	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, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO DIINTROA. OTHERWISE, GO TO <b>BOX CL1</b> .
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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 (INTERNIST)
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 (ARTHRITIS)
34. THORACIC SURGERY (CHEST)
35. UROLOGY
91. OTHER DR SPECIALTY (SPECIFY)