

US. USUAL SOURCE OF CARE  
(BASELINE ONLY)

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>
MEDICAL 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)
<b>PLACEOS</b> OTHER (SPECIFY) .....	91 (US3)
REFUSED .....	-7 (US3)
DON'T KNOW .....	-8 (US3)

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/medical 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**

Display MD Specialty Code List shown in Attachment US1. Allow DK and REF.

US6. What is (US5 DOCTOR'S) specialty?

**D\_USSPCW**  
**SPECLTY**  
**SPECLOS**

BOX  
US1

IF US2=10, GO TO US12. OTHERWISE, GO TO US7.

If US2 = 1 or 10 or US4 = 1, display "(US5 DOCTOR)". Otherwise, display "a doctor from (US3 PLACE)".

US7. Does [(US5 DOCTOR)/a doctor from (US3 PLACE)] make house calls?

**USHOUSCL** YES ..... 1  
NO ..... 2  
DON'T KNOW ..... -8

If US2 = 1 or 10 or US4 = 1, display "(US5 DOCTOR's) office". Otherwise, display "(US3 PLACE)".  
Display "SPECIFY" and text field, if 91 is entered. Disallow DK and REF in "specify" text field.

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?

**D\_GETUS**      HOURS ONLY ..... 1      NUMBER OF HOURS \_\_\_\_\_  
                      MINUTES ONLY ..... 2      NUMBER OF MINUTES \_\_\_\_\_  
                      HOURS AND MINUTES ..... 3  
                      REFUSED ..... -7  
                      DON'T KNOW ..... -8

If SP is male and proxy interview, display "him". If SP is female and proxy interview, display "her".  
 Otherwise, display "you".

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**  
**D\_ACCREL**

US11a. (Are you/Is that person) present with (you/SP) while (you see/SP sees) the doctor or other medical person?

**USREMAIN**                      YES, ALWAYS ..... 1  
    NO, NEVER ..... 2  
    SOMETIMES ..... 3  
    REFUSED ..... -7  
    DON'T KNOW ..... -8

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)]?

SHOW CARD US1	<b>USHOWLNG</b>	LESS THAN 1 YEAR ..... 1 (US17)
		1 YEAR TO LESS THAN 3 YEARS ..... 2 <b>BOX US2</b>
		3 YEARS TO LESS THAN 5 YEARS ..... 3 <b>BOX US2</b>
		5 YEARS TO LESS THAN 10 YEARS ..... 4 <b>BOX US2</b>
		10 YEARS OR MORE ..... 5 <b>BOX US2</b>
		REFUSED ..... -7 <b>BOX US2</b>
		DON'T KNOW ..... -8 (US16)

US16. Would you say it's been less than a year, or a year or more?

<b>USONEY</b>	LESS THAN 1 YEAR .....	1 (US17)
	1 YEAR OR MORE .....	2 <b>BOX US2</b>
	DON'T KNOW .....	-8 <b>BOX US2</b>

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?

<b>PREVMEDC</b>	YES .....	1 (US18)
	NO .....	2 <b>BOX US2</b>
	DON'T KNOW .....	-8 <b>BOX US2</b>

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.]

<b>PREVSAT1</b>	_____	<b>PREVSAC1</b>
<b>PREVSAT2</b>	_____	<b>PREVSAC2</b>
<b>PREVSAT3</b>	_____	<b>PREVSAC3</b>

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>

<b>PREVROS1</b>	_____
<b>PREVROS2</b>	_____
<b>PREVROS3</b>	_____

US22. (Were you/Was SP) referred to (US5 DOCTOR/US3 PLACE) by another doctor or medical person?

<b>REFERDOC</b>	YES .....	1
	NO .....	2
	DON'T KNOW .....	-8

US23. Did friends or family members recommend (US5 DOCTOR/US3 PLACE)?

<b>RECOMDOC</b>	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).

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.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD US2 </div>	<b>USTELALL</b>	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.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD US2 </div>	<b>USANSQUX</b>	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)].

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD US2 </div>	<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.

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD US2 </div>	<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?]

**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**

(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?]

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?]

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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