MCBS MAIN STUDY - ROUND 34, FALL 2002

COMMUNITY COMPONENT

MP. MEDICAL PROVIDER UTILIZATION AND EVENTS

BOX MP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO ***BOX OM1A***.

MP1.   (Besides what you have already mentioned), [Since (REF. DATE), (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any medical doctors?
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]
[SEE REFERENCE CARD FOR M.D. SPECIALTIES, IF NECESSARY.]

MPPRMDOC
YES 1 (MP2)
NO 2 (MP18)
REFUSED .... -7 (MP18)
DON'T KNOW .... -8 (MP18)

MP2.   Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME
PROVSPEC
EVNTPROV

BOX MP1	a. SP HAS USED V.A. FACILITIES (HI36=1) .... 1 (b)
	SP HAS NOT USED V.A. (HI36=2 OR MISSING) .... 2 ***BOX MP2***
	b. "V.A. FLAG" SET FOR THIS PROVIDER .... 1 ***BOX MP2***
	"V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (MP3)

MP3.   Is (DOCTOR) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

BOX MP2	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN)..... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE=2 OR MISSING FOR ALL PLANS) .... 2 ***BOX MP2A1***
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER .... 1 ***BOX MP2A1***
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (MP5)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 3 (MP4)

MP4.   Is (DOCTOR) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

       HMOASSOC   YES .... 1 ***BOX MP2A1***
                                NO 2 (MP5)
                                REFUSED .... -7 (MP5)
                                DON'T KNOW .... -8 (MP5)

MP5.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

       HMOREFER   YES .... 1 ***BOX MP2A1***
                                NO 2 (MP5a)
                                REFUSED .... -7 ***BOX MP2A1***
                                DON'T KNOW .... -8 ***BOX MP2A1***

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MP5a.   What is the most important reason (you/SP) did not see a doctor associated with [READ MANAGED CARE
[HMONO] PLAN NAME(S) BELOW] or a doctor that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer
         (you/SP) to?

PLAN DOES NOT COVER THE SERVICE SP WANTED	1
SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN...	2
OFFICE NOT CONVENIENTLY LOCATED FOR THE SP	3
PLAN PROVIDERS NOT 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 PLAN	6
SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN	7
PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY	8
THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	9
PLAN ADMINISTRATIVE OBSTACLES FOR SP	10
NOT IN A MANAGED CARE PLAN 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

NOHMOMAI (label for option 6 area)

NOHMOMOS (label for OTHER (SPECIFY))

BOX MP2A1	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO BOX MP2A. OTHERWISE, GO TO MP6.

MP6.   When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS
         ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
         [ENTER ALL DATES.]
         EVNTTYPE
         EVNTPROV
         EVBEGMM
         EVBEGDD
         EVBEGYY

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BOX
MP2A
	GO TO MP6a IF THE MP VISIT DATE DOES NOT CONTAIN SHIFT/5 (%) AND:
	        IS EQUAL TO THE ADMISSION OR DISCHARGE DATE OF AN IP VISIT, OR
	        FALLS BETWEEN THE ADMISSION AND DISCHARGE DATES OF AN IP
	        VISIT, OR SP IS STILL IN HOSPITAL, OR
	        MP VISIT DATE AND IP VISIT DATES HAVE SAME MONTH, BUT MP
	        AND/OR IP DAY OF WEEK = MISSING.
	OTHERWISE, CYCLE THROUGH **BOX MP2C** - MP16 FOR EACH MP DATE
	REPORTED.

MP6a.   We have recorded that (you were/SP was) a patient in a hospital on (MP VISIT DATE). Was this visit with (PROVIDER) on (MP VISIT DATE) a visit to (you/SP) while <u>in</u> the hospital?

MPIPSTAY

YES	1	**BOX MP2B**
NO	2	**BOX MP2C**
REFUSED	-7	**BOX MP2C**
DON'T KNOW	-8	**BOX MP2C**

BOX MP2B	CODE EVENT TYPE AS "SBD" EVENT. IF MORE DATES, GO TO **BOX MP2A**. OTHERWISE, GO TO **BOX MP6(*b*)**.

BOX MP2C	IF EVENT ENTERED IN MP OR MP EVENT ENTERED IN ST/NS/CT/UTS AND PROVIDER'S SPECIALTY = 1,91, MISSING, 2, 12, 16, 17, 18, 20, 21, GO TO MP7. IF EVENT ENTERED IN ST/NS/CT/UTS AND ANY OTHER PROVIDER SPECIALTY TYPE, GO TO MP10.

MP7.   Were any operations performed on (you/SP) during [the visit on (FIRST/NEXT VISIT DATE)/any of the [(RVTIMES)] visits in (EVBEGMM EVBEGYY)]?
[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

ANYOPERS

YES	1	(MP8)
NO	2	(MP10)
REFUSED	-7	(MP10)
DON'T KNOW	-8	(MP10)

MP8.   What was the name of the operation or other surgical procedure?
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

SURGPROC   OPERATION 1: _____
                           OPERATION 2: _____
                           OPERATION 3: _____

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MP9.　　What condition required the [READ SURGICAL PROCEDURES BELOW]?
　　　　[ENTER ALL CONDITIONS.]
　　　　CONDTION

BOX MP3	GO TO **BOX MP2D**.

MP10.　　(Was this visit/were any of these visits) to (PROVIDER) for any specific condition?

SPECCOND　　　　YES .... 1　(MP11)
　　　　　　　　　　NO .... 2　**BOX MP2D**
　　　　　　　　　　DON'T KNOW .... -8　**BOX MP2D**

MP11.　　What was the condition?
　　　　[ENTER ALL CONDITIONS.]
　　　　CONDTION

BOX MP2D	IF THIS VISIT ADDED THROUGH MP1, MP18, MP26, MP34, MP42 OR MP50, GO TO MP12. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO **BOX MP4**.

MP12.　　During (this visit/any of these visits) to (PROVIDER), were any medicines prescribed for (you/SP)?

PRESMDCN　　　　YES .... 1　(MP13)
　　　　　　　　　　NO .... 2　**BOX MP4**
　　　　　　　　　　REFUSED .... -7　**BOX MP4**
　　　　　　　　　　DON'T KNOW .... -8　**BOX MP4**

MP13.　　Were any of the prescriptions filled?
[PRESFILL]
　　　　PRESFILL　　　　YES .... 1　(MP14)
　　　　　　　　　　NO .... 2　**BOX MP4**
　　　　　　　　　　REFUSED .... -7　**BOX MP4**
　　　　　　　　　　DON'T KNOW .... -8　**BOX MP4**

MP14.　　Please tell me the names of these medicines.
[ALLPMED] [ENTER ALL MEDICINES.] [CHECK SPELLING.]
　　　　PMEDNAME

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BOX MP4	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS PROVIDER IS: 0.. (GO TO **BOX MP6(b)**) 1-4 .... (RETURN TO **BOX MP2A**/MP7/MP10 FOR NEXT VISIT) 5 OR MORE .... (**BOX MP5**)

BOX MP5	IF MP7 CODED 1 FOR THIS VISIT, RETURN TO MP7/MP10 FOR NEXT VISIT. IF MP 7 CODED -1, 2, REF OR DK AND MP10 = 1, GO TO MP15. IF MP7 CODED -1, 2, REF OR DK AND MP10 = 2, REF OR DK, GO TO MP7/MP10 FOR NEXT VISIT.

MP15.   You told me that (you/SP) also went to (PROVIDER) on [READ DATES BELOW]. Were any of these visits made for the same condition as the one you've just told me about?

SAMEREAS

YES	....	1	(MP16)
NO	....	2	(MP7/MP10 FOR NEXT VISIT)
REFUSED	....	-7	(MP7/MP10 FOR NEXT VISIT)
DON'T KNOW	....	-8	(MP7/MP10 FOR NEXT VISIT)

MP16.   Which visits were the same? What were the dates? [ENTER ALL DATES.]
EVNTLINK

BOX MP6	a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO **BOX MP2A** /MP7/MP10 FOR NEXT UNFLAGGED VISIT. b. IF THIS VISIT ADDED THROUGH MP1/MP18/MP26/MP34/MP42/MP50, GO TO MP17/MP25/MP33/MP41/MP49/MP56. IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC. IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO **BOX ST12** . IF THIS VISIT ADDED THROUGH NS, GO TO **BOX NS11**.

MP17.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any <u>other</u> visits to this doctor or any other medical doctor?

YES	....	1	(MP2)
NO	....	2	**BOX MP6A**
REFUSED	....	-7	**BOX MP6A**
DON'T KNOW	....	-8	**BOX MP6A**

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BOX MP6A	IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, GO TO MP18. IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT NO MP VISITS FOR THIS ROUND, GO TO MP18. IF THIS IS A ROUND WHERE SUPPLEMENT SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO MP18. FOR THE FOLLOWING: MOST RECENT MP VISIT IS AN MP VISIT WHERE MP6A=2 OR MISSING **AND** PROVIDER ROSTER SPECIALTY (PROVSPEC)=2. GO TO AC20, AC21, AC24-AC28b FOR MOST RECENT MP VISIT.

AC20.   Think about the <u>most recent</u> time (you/SP) saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?
MDSPCLTY

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	FOLLOW-UP	3
MDCHKUP	CHECKUP	4
MDRFRL	REFERRAL	5
MDSURGY	SURGERY	6
MDPSHOT	PREVENTATIVE	7
MDTSHOT	TREATMENT SHOT	8
MDPMED	MEDICATION	9
MDOTHER	OTHER (SPECIFY) _____	91
	REFUSED	-7
	DON'T KNOW	-8

AC22./AC23. OMITTED.

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?

MDDRTEL	TOLD TO COME BACK DURING EARLIER VISIT..	1	(AC27)
	CALLED FOR APPOINTMENT........................	2	(AC26)
	REFUSED	-7	(AC27)
	DON'T KNOW	-8	(AC27)

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AC26.   How long did (you/SP) have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?

D_MDAPPT
DID NOT HAVE TO WAIT 0   (AC27)
DAYS 1   (a)
WEEKS 2   (b)
MONTHS 3   (c)
REFUSED .... -7   (AC27)
DON'T KNOW .... -8   (AC27)

MDAWUNT
a.   NUMBER OF DAYS _____
b.   NUMBER OF WEEKS _____
c.   NUMBER OF MONTHS _____

AC27.   From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the medical doctor take altogether?

D_MDVIS
HOURS ONLY 1   (a)
MINUTES ONLY 2   (b)
HOURS AND MINUTES 3   (a & b)
REFUSED .... -7   (AC28)
DON'T KNOW .... -8   (AC28)

MDVLUNT
a.   NUMBER OF HOURS _____
b.   NUMBER OF MINUTES _____

AC28.   How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

D_MDWAIT
DID NOT HAVE TO WAIT 0   *BOX MP6B*
HOURS ONLY 1   (a)
MINUTES ONLY 2   (b)
HOURS AND MINUTES 3   (a & b)
REFUSED .... -7   *BOX MP6B*
DON'T KNOW .... -8   *BOX MP6B*

MDVWUNT
a.   NUMBER OF HOURS _____
b.   NUMBER OF MINUTES _____   GO TO *BOX MP6B*

BOX MP6B	IF AC25 = 1, GO TO MP18. OTHERWISE, GO TO AC28a.

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

MDVCHOIC
YES 1   (MP18)
NO.. 2   (AC28b)
REFUSED .... -7   (MP18)
DON'T KNOW .... -8   (MP18)

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AC28b. Why didn't (you/SP) see the doctor that was (your/her/his) first choice?

[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

_____ **MDVCHVC1**

_____ **MDVCHVC2**

_____ **MDVCHVC3**

MP18. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a health practitioner like any of the ones listed on this card? [Health practitioners include acupuncturist, audiologist, optometrist, chiropractor, podiatrist (foot doctor), homeopath, naturopath, or any other kind of health provider who is not a medical doctor.]
[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

SHOW CARD MP1	**MPPRPRAC**	YES	1	(MP19)
		NO	2	(MP26)
		REFUSED	-7	(MP26)
		DON'T KNOW	-8	(MP26)

MP19. Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

| BOX MP6C | IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP19 (PROVSPEC = -1 FOR MP19 PROVIDER), GO TO MP20. OTHERWISE, GO TO *BOX MP7*. |

MP20. What kind of health practitioner is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP7	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	*BOX MP8*
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1	*BOX MP8*
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(MP21)

MP21. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

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BOX MP8	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) .... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) 2 (MP24)
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 (MP24)
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (MP23)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 3 (MP22)

MP22.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

HMOASSOC

YES 1 (MP24)
NO 2 (MP23)
REFUSED .... -7 (MP23)
DON'T KNOW .... -8 (MP23)

MP23.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES 1 (MP24)
NO 2 (MP23a)
REFUSED .... -7 (MP24)
DON'T KNOW .... -8 (MP24)

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MP23a.   What is the most important reason (you/SP) did not see a health practitioner associated with [READ
[HMONO]   MANAGED CARE PLAN NAME(S) BELOW] or a health practitioner that [READ MANAGED CARE PLAN NAME(S)
          BELOW] would refer (you/SP) to?

PLAN DOES NOT COVER THE SERVICE SP WANTED	1
SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN..	2
OFFICE NOT CONVENIENTLY LOCATED FOR THE SP	3
PLAN PROVIDERS NOT 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 PLAN	6
SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN	7
PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY	8
THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	9
PLAN ADMINISTRATIVE OBSTACLES FOR SP	10
NOT IN A MANAGED CARE PLAN 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

NOHMOMAI (appears beside option 5)

NOHMOMOS (appears beside OTHER (SPECIFY))

MP24.   When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/Between (PREVIOUS
         ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
         [ENTER ALL DATES.]
         EVBEGMM
         EVBEGDD
         EVBEGYY

BOX MP9	FOR EACH VISIT DATE REPORTED AT MP24: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE ASK MP7 - MP16 . FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP25.

MP25.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION)], did (you/SP) have any other visits to this practitioner or any other health practitioner?

YES	1	(MP19)
NO	2	(MP26)
REFUSED	-7	(MP26)
DON'T KNOW	-8	(MP26)

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MP26.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, and clinical social worker.]

SHOW CARD MP2	**MPPRMENT**	YES	1	(MP27)
		NO	2	(MP34)
		REFUSED	-7	(MP34)
		DON'T KNOW	-8	(MP34)

MP27.   Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP9A	IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP27 (PROVSPEC = -1 FOR MP27 PROVIDER), GO TO MP28. OTHERWISE, GO TO **BOX MP10**.

MP28.   What kind of mental health professional is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP10	a. SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
	SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	**BOX MP11**
	b. "V.A. FLAG" SET FOR THIS PROVIDER	1	**BOX MP11**
	"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(MP29)

MP29.   Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

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BOX MP11	a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN)	1 (b)
	SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG =2 OR MISSING FOR ALL PLANS)	2 (MP32)
	b. "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER	1 (MP32)
	"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER	2 (MP31)
	"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER	3 (MP30)

MP30.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC

YES	1	(MP32)
NO	2	(MP31)
REFUSED	-7	(MP31)
DON'T KNOW	-8	(MP31)

MP31.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER

YES	1	(MP32)
NO	2	(MP31a)
REFUSED	-7	(MP32)
DON'T KNOW	-8	(MP32)

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MP31a. What is the most important reason (you/SP) did not see a mental health professional associated with [READ
[HMONO] MANAGED CARE PLAN NAME(S) BELOW] or a mental health professional that [READ MANAGED CARE PLAN
NAME(S) BELOW] would refer (you/SP) to?

> PLAN DOES NOT COVER THE SERVICE SP WANTED 1
> SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH
>   THE PLAN 2
> OFFICE NOT CONVENIENTLY LOCATED FOR THE SP 3
> PLAN PROVIDERS NOT 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
> **NOHMOMAI**   THE PLAN 6
> SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO
>   THEIR ENROLLMENT IN THE PLAN 7
> PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT
>   WAS NECESSARY 8
> THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 9
> PLAN ADMINISTRATIVE OBSTACLES FOR SP 10
> NOT IN A MANAGED CARE PLAN 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
> **NOHMOMOS** OTHER (SPECIFY) _____ 91
> REFUSED .... -7
> DON'T KNOW .... -8

MP32. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS
ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
[ENTER ALL DATES.]
EVBEGMM
EVBEGDD
EVBEGYY

BOX MP12	FOR EACH VISIT DATE REPORTED AT MP32: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP33.

MP33.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this professional or any other mental health professional?

YES	1	(MP27)
NO	2	(MP34)
REFUSED	-7	(MP34)
DON'T KNOW	-8	(MP34)

MP34.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, massage therapist, occupational therapist, and respiratory therapist.]

SHOW CARD MP3	**MPPRTHER**			
		YES	1	(MP35)
		NO	2	(MP42)
		REFUSED	-7	(MP42)
		DON'T KNOW	-8	(MP42)

MP35.   Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

BOX MP12A	IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP35 (PROVSPEC = -1 FOR MP35 PROVIDER), GO TO MP36. OTHERWISE, GO TO **BOX MP13**.

MP36.   What kind of therapist is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP13	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	**BOX MP14**
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1	**BOX MP14**
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(MP37)

MP37.   Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

| BOX MP14 | a. | SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN) .... 1 (b) SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR ALL PLANS) .... 2 (MP40) |
| | b. | "MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER .... 1 (MP40) "MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER .... 2 (MP39) "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER ...... 3 (MP38) |

MP38.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan? [HMOPLAN]

HMOASSOC

YES 1 (MP40)

NO 2 (MP39)

REFUSED .... -7 (MP39)

DON'T KNOW .... -8 (MP39)

MP39.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [HMOREFD]

HMOREFER

YES 1 (MP40)

NO 2 (MP39a)

REFUSED .... -7 (MP40)

DON'T KNOW .... -8 (MP40)

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MP39a.   What is the most important reason (you/SP) did not see a therapist associated with [READ MANAGED
[HMONO]   CARE PLAN NAME(S) BELOW] or a therapist that [READ MANAGED CARE PLAN NAME(S) BELOW] would
          refer (you/SP) to?

	PLAN DOES NOT COVER THE SERVICE SP WANTED	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN	2
	OFFICE NOT CONVENIENTLY LOCATED FOR THE SP	3
	PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL	5
NOHMOMAI	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN	6
	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN	7
	PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	9
	PLAN ADMINISTRATIVE OBSTACLES FOR SP	10
	NOT IN A MANAGED CARE PLAN 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
NOHMOMOS	OTHER (SPECIFY) _____	91
	REFUSED	-7
	DON'T KNOW	-8

MP40.   When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS
         ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
         [ENTER ALL DATES.]
         EVBEGMM
         EVBEGDD
         EVBEGYY

BOX MP15	FOR EACH VISIT DATE REPORTED AT MP40: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP41.

MP41.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION)], did (you/SP) have any other visits to this therapist or any other therapist?

	YES	1 (MP35)
	NO	2 (MP42)
	REFUSED	-7 (MP42)
	DON'T KNOW	-8 (MP42)

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MP42.   (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any other medical persons like the ones listed on this card? [Other medical persons include nurse, paramedic, and physician's assistant.]
[INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE SERVICES WERE PROVIDED.]

SHOW CARD MP4	**MPPRPERS**	YES 1 (MP43)
		NO 2 (MP50)
		REFUSED .... -7 (MP50)
		DON'T KNOW .... -8 (MP50)

MP43.   Who did (you/SP) see?
[ENTER ONLY ONE PROVIDER.]
PROVNAME

| BOX MP15A | IF PROVIDER SPECIALTY NOT PREVIOUSLY SET FOR PROVIDER ENTERED AT MP43 (PROVSPEC = -1 FOR MP43 PROVIDER), GO TO MP44. OTHERWISE, GO TO **BOX MP16**. |

MP44.   What kind of medical person is (PROVIDER)?
PROVSPEC
PROVSPOS

BOX MP16	a.	SP HAS USED V.A. FACILITIES (HI36=1) .... 1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .... 2 **BOX MP17**
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .... 1 **BOX MP17**
		"V.A. FLAG" NOT SET FOR THIS PROVIDER 2 (MP45)

MP45.   Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?
[PROVVA]

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

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BOX MP17	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN .... 1 (b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR ALL PLANS) 2 (MP48)
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER 1 (MP48)
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER 2 (MP47)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER 3 (MP46)

MP46.   Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC
YES 1 (MP48)
NO 2 (MP47)
REFUSED .... -7 (MP47)
DON'T KNOW .... -8 (MP47)

MP47.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER
YES 1 (MP48)
NO 2 (MP47a)
REFUSED .... -7 (MP48)
DON'T KNOW .... -8 (MP48)

MP47a.   What is the most important reason (you/SP) did not see a medical person associated with [READ
[HMONO]   MANAGED CARE PLAN NAME(S) BELOW] or a medical person that [READ MANAGED CARE PLAN NAME(S)
            BELOW] would refer (you/SP) to?

                        PLAN DOES NOT COVER THE SERVICE SP WANTED 1
                        SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH
                           THE PLAN.. 2
                        OFFICE NOT CONVENIENTLY LOCATED FOR THE SP 3
                        PLAN PROVIDERS NOT 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
NOHMOMAI   THE PLAN 6
                        SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO
                           THEIR ENROLLMENT IN THE PLAN 7
                        PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT
                           WAS NECESSARY 8
                        THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS 9
                        PLAN ADMINISTRATIVE OBSTACLES FOR SP 10
                        NOT IN A MANAGED CARE PLAN 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
NOHMOMOS   OTHER (SPECIFY) _____ 91
                        REFUSED .... -7
                        DON'T KNOW .... -8

MP48.   When did (you/SP) see (PROVIDER)? Please tell me all the dates since (REF. DATE)?
            [ENTER ALL DATES.]
            EVBEGMM
            EVBEGDD
            EVBEGYY

BOX MP18	FOR EACH VISIT DATE REPORTED AT MP48: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, OR 32, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP49.

MP49.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
            INSTITUTIONALIZATION)], did (you/SP) have any other visits to this person or any other medical person?

                        YES 1   (MP43)
                        NO 2   (MP50)
                        REFUSED .... -7   (MP50)
                        DON'T KNOW .... -8   (MP50)

MP50. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) visited/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) visit] any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]

SHOW CARD MP5	**MPPRPLAC**	YES	1	(MP51)
		NO	2	*BOX OM1A*
		REFUSED	-7	*BOX OM1A*
		DON'T KNOW	-8	*BOX OM1A*

MP51. What is the name of the other medical place that (you/SP) visited during this time?
[ENTER ONLY ONE PROVIDER.]
PROVNAME
PROVTYPE

BOX MP19	a.	SP HAS USED V.A. FACILITIES (HI36=1)	1	(b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING)	2	*BOX MP20*
	b.	"V.A. FLAG" SET FOR THIS PROVIDER	1	*BOX MP20*
		"V.A. FLAG" NOT SET FOR THIS PROVIDER	2	(MP52)

MP52. Is (PLACE) associated with a Department of Veterans Affairs, or V.A., facility?
[FACLVA]

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

BOX MP20	a.	SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=1 FOR ANY PLAN)	1	(b)
		SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG=2 OR MISSING FOR <u>ALL</u> PLANS)	2	(MP55)
	b.	"MANAGED CARE FLAG" CODED YES FOR THIS PROVIDER	1	(MP55)
		"MANAGED CARE FLAG" CODED NO OR MISSING FOR THIS PROVIDER	2	(MP54)
		"MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER	3	(MP53)

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MP53.   Is (PLACE) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
[HMOPLAN]

HMOASSOC	YES	1 (MP55)
	NO	2 (MP54)
	REFUSED	-7 (MP54)
	DON'T KNOW	-8 (MP54)

MP54.   (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?
[HMOREFD]

HMOREFER	YES	1 (MP55)
	NO	2 (MP54a)
	REFUSED	-7 (MP55)
	DON'T KNOW	-8 (MP55)

MP54a.   What is the most important reason (you/SP) did not go to a medical place associated with [READ MANAGED
[HMONO]   CARE PLAN NAME(S) BELOW] or a medical place that [READ MANAGED CARE PLAN NAME(S) BELOW]
          would refer (you/SP) to?

	PLAN DOES NOT COVER THE SERVICE SP WANTED	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH THROUGH THE PLAN...	2
	OFFICE NOT CONVENIENTLY LOCATED FOR THE SP	3
	PLAN PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE CONDITION/NEEDS	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL	5
NOHMOMAI	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE PLAN	6
	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE PLAN	7
	PLAN REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS	9
	PLAN ADMINISTRATIVE OBSTACLES FOR SP	10
	NOT IN A MANAGED CARE PLAN 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
NOHMOMOS	OTHER (SPECIFY) _____	91
	REFUSED	-7
	DON'T KNOW	-8

MP55.   When did (you/SP) visit (PLACE)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS
          ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].
          [ENTER ALL DATES.]
          EVBEGMM
          EVBEGDD
          EVBEGYY

BOX MP21	ASK MP7 - MP16 FOR EACH VISIT DATE REPORTED AT MP55. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP56.

MP56.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this place or any other type of medical place?

YES	1	(MP51)
NO	2	*BOX OM1A*
REFUSED	-7	*BOX OM1A*
DON'T KNOW	-8	*BOX OM1A*

ATTACHMENT MP1

MEDICAL PROVIDER TYPE LIST

1.   DENTIST/DENTAL PROVIDER
2.   MEDICAL DOCTOR
29.   ACUPUNCTURIST
3.   AUDIOLOGIST
4.   CHIROPRACTOR
5.   CLINICAL SOCIAL WORKER
6.   DIETITIAN-NUTRITIONIST
7.   HEARING THERAPIST
8.   HOME HEALTH/HEALTH AIDE
9.   HOMEMAKER
30.   HOMEOPATH
10.   HOSPICE WORKER
11.   I.V. THERAPIST
28.   LICENSED PRACTICAL NURSE (LPN)
31.   MASSAGE THERAPIST
32.   NATUROPATH
12.   NURSE (RN)
13.   NURSE PRACTITIONER
14.   NURSE'S AIDE
15.   OCCUPATIONAL THERAPIST (OT)
16.   OPTOMETRIST (OD)
17.   OSTEOPATH (DO)
18.   PARAMEDIC
19.   PHYSICAL THERAPIST (PT)
20.   PHYSICIAN'S ASSISTANT
21.   PODIATRIST (FOOT DOCTOR)
22.   PSYCHOLOGIST
23.   RESPIRATORY THERAPIST
24.   SOCIAL/CASE WORKER
25.   SPEECH THERAPIST
26.   THERAPIST (MENTAL HEALTH)
27.   X-RAY TECHNICIAN
91   OTHER MEDICAL PROVIDER SPECIALTY (SPECIFY)

ATTACHMENT MP2
(QUESTION AC20)

MD SPECIALTY CODE LIST

1.   ALLERGY/IMMUNOLOGY
2.   ANESTHESIOLOGY
3.   CARDIOLOGY (HEART)
5.   DERMATOLOGY (SKIN)
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)