

MCBS MAIN STUDY - ROUND 34 – FALL SUPPLEMENT 2002

COMMUNITY COMPONENT

US. USUAL SOURCE OF CARE

BOX USA	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX CL1 .
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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 **BOX US3**
 DON'T KNOW -8 **BOX US3**

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 **BOX USB**
 MEDICAL CLINIC 2 **BOX USB**
 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)

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	IF US2=1, GO TO US5. IF US2=2, GO TO US3.
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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.]

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.]

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

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

D_USSPCW
SPECLTY

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
	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	D_GETUS
REFUSED	-7 (US10)	
DON'T KNOW	-8 (US10)	

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.]

D_ACCREL
HLPRUSGO

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

US11aa. What are the reasons (you accompany SP/this person accompanies you/this person accompanies SP) while (you see your/he sees his/she sees her) doctor or other medical person? What (do you/does this person) do? [CODE ALL THAT APPLY.]

ACCWRITE	WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/ TAKES NOTES/REMEMBERS	1
ACCEXPDR	GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR	2
ACCEXPSP	EXPLAINS DOCTOR'S INSTRUCTIONS TO SP	3
ACCASKQS	ASKS QUESTIONS	4
ACCTTRANS	TRANSLATES LANGUAGE.....	5
ACCAPPTS	SCHEDULES APPOINTMENTS	6
ACCMORAL	NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT.....	7
ACCDRIVE	PROVIDES TRANSPORTATION	8
ACCHELP	PROVIDES PHYSICAL ASSISTANCE	9
ACCOTHER	OTHER (SPECIFY)	91
	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

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?

USONEY1

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?

PREVSTIL

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?

PREVNOGO

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)

US20. Why (were you/was SP) dissatisfied with (your/his/her) previous doctor or place?
[RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

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)?

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

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).

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>	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.

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

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD US2 </div>	USCONFID	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>	USDEPEND	STRONGLY AGREE	1
		AGREE	2
		DISAGREE	3
		STRONGLY DISAGREE	4
		NOT APPLICABLE	5

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> BOX US3 </div>	IF SUPPLEMENTAL, ORD, OR DUAL ELIGIBLE SAMPLE, GO TO DIINTROA.
	OTHERWISE, GO TO BOX CL1 .

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

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 BOX CL1 .
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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)