

MCBS MAIN STUDY - ROUND 43 – FALL SUPPLEMENT 2005

COMMUNITY COMPONENT

US. USUAL SOURCE OF CARE

BOX USA	IF SP IS DECEASED OR INSTITUTIONALIZED, GO TO BOX CL1 . OTHERWISE, GO TO US1.
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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

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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 (US3a)
	NEIGHBORHOOD/FAMILY HEALTH CENTER	4 (US3a)
	FREESTANDING SURGICAL CENTER	5 (US3a)
	RURAL HEALTH CLINIC	6 (US3a)
	COMPANY CLINIC	7 (US3a)
	OTHER CLINIC	8 (US3a)
	WALK-IN URGENT CENTER	9 (US3a)
	DOCTOR COMES TO SP'S HOME	10 (US5a)
	HOSPITAL EMERGENCY ROOM	11 (US3a)
	HOSPITAL OUTPATIENT DEPARTMENT/ CLINIC	12 (US3a)
	VA FACILITY	13 (US3a)
	MENTAL HEALTH CLINIC	14 (US3a)
PLACEOS	OTHER (SPECIFY)	91 (US3a)
	REFUSED	-7 (US3a)
	DON'T KNOW	-8 (US3a)

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.....(US5a) c. US2 = 2.....(US3a)</p>
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US2a. Is this (doctor/medical clinic) associated with (your/his/her) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?
 (MANAGED CARE PLAN NAME)

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

BOX USC	<p>IF US2 = 1, GO TO US5a. IF US2 = 2, GO TO US3a.</p>
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US3 OMITTED IN ROUND 43.

US3a. What is the complete name of the [(RESPONSE IN US2)/place] that (you go to/SP goes to)?

US4. Is there a particular doctor (you usually see/SP usually sees) at this [(RESPONSE IN US2)/place]?

USUALDOC YES 1 (US5a)
 NO 2 **BOX US1**
 REFUSED -7 (US7)
 DON'T KNOW -8 (US7)

US5 OMITTED IN ROUND 43.

US5a. What is the complete name of that doctor?

US6 OMITTED IN ROUND 43.

US6a. What is (US5a DOCTOR'S) specialty?

BOX US1	IF US2 = 10, GO TO US15. OTHERWISE, GO TO US7.
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US7. Does [(US5a DOCTOR)/a doctor from (US3a PLACE)] make house calls?

USHOUSCL

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

US8. How (do you/does SP) usually get to [(US5a DOCTOR'S) office/(US3a 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 (US15)
SENIOR CITIZEN VAN/BUS	8 (US9)
REFUSED	-7 (US15)
DON'T KNOW	-8 (US15)

GETUSOS

SOME OTHER WAY (SPECIFY) _____	91 (US9)
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US9. About how long does it usually take for (you/SP) to get there?

HOURS ONLY	1 (a)
MINUTES ONLY	2 (b)
HOURS AND MINUTES	3 (a&b)
REFUSED	-7 (US10)
DON'T KNOW	-8 (US10)

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

GETUSUNT
GETUSHRS
GETUSMIN

US10. (Do you/Does SP) usually have someone accompany (you/him/her) there?

ACCOMPUS	YES	1 (US11)
	NO	2 (US15)
	REFUSED	-7 (US15)
	DON'T KNOW	-8 (US15)

US11. Who usually goes with (you/SP)?

[ENTER ONLY ONE.]

USHLPRGO

ROSTFNAM

HLPRUSGO

ROSTLNAM

ROSTREL

US11a OMITTED IN ROUND 43.

US11a1. How often (are you/is that person) with (you/SP) while (you see/SP sees) the doctor or other medical person?
Would you say always, sometimes, or never?

PERSWITH	ALWAYS	1
	SOMETIMES	2
	NEVER	3
	REFUSED	-7
	DON'T KNOW	-8

US11aa. What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies (SP)] there?
What (do you/does this person) do?

[PROBE: Any other reason?]

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

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
ACCDRIIVE	TRANSPORTATION	8
ACCHELP	SP NEEDS PHYSICAL ASSISTANCE	9
ACCOTHER	OTHER (SPECIFY)	91
ACCOTHOS	REFUSED	-7
	DON'T KNOW	-8

BOX US1A OMITTED IN ROUND 43.

US12 OMITTED IN ROUND 43.

US13 OMITTED IN ROUND 43.

US14 OMITTED IN ROUND 43.

US15. How long (have you/has SP) been [seeing (US5a DOCTOR)/going to (US3a PLACE)]?

SHOW
CARD
US1

- USHOWLNG**
- | | |
|-------------------------------------|--------------------|
| LESS THAN 1 YEAR | 1 (US17) |
| 1 YEAR TO LESS THAN 3 YEARS | 2 BOX US2A |
| 3 YEARS TO LESS THAN 5 YEARS | 3 BOX US2A |
| 5 YEARS TO LESS THAN 10 YEARS | 4 BOX US2A |
| 10 YEARS OR MORE | 5 BOX US2A |
| REFUSED | -7 BOX US2A |
| DON'T KNOW | -8 BOX US2A |

US16 OMITTED IN ROUND 43.

US17. Before (you/SP) started [seeing (US5a DOCTOR)/going to (US3a PLACE)], had (you/SP) usually been going to some other place or seeing some other doctor?

- PREVMEDC**
- | | |
|------------------|--------------------|
| YES | 1 BOX US2A |
| NO | 2 BOX US2A |
| REFUSED | -7 BOX US2A |
| DON'T KNOW | -8 BOX US2A |

US18 OMITTED IN ROUND 43.

US19 OMITTED IN ROUND 43.

US20 OMITTED IN ROUND 43.

US21 OMITTED IN ROUND 43.

US22 OMITTED IN ROUND 43.

US23 OMITTED IN ROUND 43.

BOX US1B OMITTED IN ROUND 43.

US24 OMITTED IN ROUND 43.

BOX US2 OMITTED IN ROUND 43.

US25 OMITTED IN ROUND 43.

US26 OMITTED IN ROUND 43.

BOX US2A	IF SP IN THE SUPPLEMENTAL SAMPLE (INTTYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO US27INT. OTHERWISE, GO TO BOX US3 .
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US27INT. Now I am going to read some statements people have made about their health care. Think about the care (you receive/SP receives) from (US5a DOCTOR/US3a 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 (US3a 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 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

US28. [(Your/SP's) doctor is/The doctors at (US3a PLACE) are] competent and well-trained.

SHOW
CARD
US2

- USCOMPET**
- | | |
|-------------------------|----|
| STRONGLY AGREE | 1 |
| AGREE | 2 |
| DISAGREE | 3 |
| STRONGLY DISAGREE | 4 |
| NOT APPLICABLE | 5 |
| REFUSED | -7 |
| DON'T KNOW | -8 |

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US29. [(Your/SP's) doctor has/The doctors at (US3a 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
REFUSED	-7
DON'T KNOW	-8

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US30. [(Your/SP's) doctor has/The doctors at (US3a 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
REFUSED	-7
DON'T KNOW	-8

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US31. [(Your/SP's) doctor/The doctors at (US3a 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
REFUSED	-7
DON'T KNOW	-8

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US32. [(Your/SP's) doctor/The doctors at (US3a 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
REFUSED	-7
DON'T KNOW	-8

US33. [You often have/(SP) often 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
REFUSED	-7
DON'T KNOW	-8

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US34. [(Your/SP's) doctor/The doctors at (US3a 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
REFUSED	-7
DON'T KNOW	-8

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US35. [(Your/SP's) doctor tells/The doctors at (US3a PLACE) tell] (you/him/her) all (you want/he wants/she wants) 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
REFUSED	-7
DON'T KNOW	-8

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US36. [(Your/SP's) doctor answers/The doctors at (US3a PLACE) answer] all (your/her/his) questions.

SHOW CARD US2

USANSQUX

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5
 REFUSED -7
 DON'T KNOW -8

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US37. (You have/SP has) great confidence in [(your/his/her) doctor/the doctors at (US3a PLACE)].

SHOW CARD US2

USCONFID

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5
 REFUSED -7
 DON'T KNOW -8

--

US38. (You depend/SP depends) on [(your/his/her)doctor/the doctors at (US3a PLACE)] in order to feel better both physically and emotionally.

SHOW CARD US2

USDEPEND

STRONGLY AGREE 1
 AGREE 2
 DISAGREE 3
 STRONGLY DISAGREE 4
 NOT APPLICABLE 5
 REFUSED -7
 DON'T KNOW -8

BOX US3	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO DIINTROA. OTHERWISE, GO TO BOX AH1A .
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US39INT. I am going to read some reasons that people have given for not having a usual source of health care. For each one, please tell me whether or not it is a reason (you do/SP does) not have a usual place for health care. [PRESS ENTER TO CONTINUE.]

US39. There is no reason to have a usual source of health 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
	REFUSED	-7
	DON'T KNOW	-8

US40. (You/SP) recently moved into the area. [Is that a reason (you do/SP does) not have a usual source of health care?]

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

US41. (Your/SP's) usual source of health care in this area is no longer available. [Is that a reason (you do/SP does) not have a usual source of health care?]

NUSAVAIL	YES	1 (US42)
	NO	2 (US43INT)
	REFUSED	-7 (US43INT)
	DON'T KNOW	-8 (US43INT)

US42. Why is (your/SP's) usual source of health 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

	REFUSED	-7
	DON'T KNOW	-8

US43INT. Thinking about other possible reasons that people have for not having a usual source of health care, please tell me if this statement applies to (you/SP): [PRESS ENTER TO CONTINUE.]

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US43. (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 health care?]

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

US44. The places where (you/SP) can receive health care are too far away. [Is that a reason (you do/SP does) not have a usual source of health care?]

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

US45. The cost of health care is too expensive. [Is that a reason (you do/SP does) not have a usual source of health care?]

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

BOX US4	IF SUPPLEMENTAL (INTERVIEW TYPE = 3), ORD, OR DUAL ELIGIBLE SAMPLE, GO TO DIINTROA. OTHERWISE, GO TO BOX AH1A .
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Attachment US1 (MD SPECIALITY CODE LIST) moved to General Programming Specifications as Attachment 7.

US Addendum

Segments: ACCS
HLPR
ROST

BOX USB:

- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM