

| Variable Name | MR Screen Name | Question Type | Question Text | Code List | Routing |
|---------------|----------------|---------------|--|--|---|
| | | | Access to Care Questionnaire SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPASTATUS=1/Alive and Not Institutionalized or 4/Deceased-Died in Institution SEASON=FALL SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> If INTTYPE in(C001, C002, C004, C005, C006), administer after MPQ. If INTTYPE in(C003), administer after MBQ. | | |
| | BOX AC1AA | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO ACINTRO - ACINT. ELSE IF (SP HAD AN ER VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC6A NOT ALREADY ASKED), GO TO AC6A - EWAITUNT. ELSE GO TO BOX AC1C. | | |
| ACINT | ACINTRO | no entry | The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE). | | AC1 - ERVISIT |
| ERVISIT | AC1 | yes/no | Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) AC6A - EWAITUNT (02) AC8 - OPDVISIT (-8) AC8 - OPDVISIT (-9) AC8 - OPDVISIT |
| EWAITUNT | AC6A | code one | Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused | (00) BOX AC1B (01) AC6A - EWAITHRS (02) AC6A - EWAITMIN (03) AC6A - EWAITHRS (-8) BOX AC1B (-9) BOX AC1B |
| EWAITHRS | AC6A | numeric | Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | If AC6A - EWAITUNT = 3/HoursAndMinutes, go to AC6A - EWAITMIN. Else go to BOX AC1B. |

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| EWAITMIN | AC6A | numeric | Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | BOX AC1B |
| | BOX AC1B | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7 - ERADMT. ELSE GO TO BOX AC1C. | | |
| ERADMT | AC7 | yes/no | [Were you/Was (SP)] admitted to the hospital from the emergency room? [PROBE IF NECESSARY TO DETERMINE IF THE RESPONDENT WAS ACTUALLY ADMITTED OR ASK TO SEE THE HOSPITAL BILL TO MAKE THE DETERMINATION.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX AC1C |
| | BOX AC1C | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC8 - OPDVISIT. ELSE IF AC6A ASKED WHILE ADMINISTERING ER, GO TO BOX ER6. ELSE IF (SP HAD AN OP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC9-AC16A NOT ALREADY ASKED), GO TO AC9 - OPDREAS. ELSE GO TO BOX AC1E. | | |
| OPDVISIT | AC8 | yes/no | Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department? DO NOT INCLUDE HOSPITAL INPATIENT STAYS. | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) AC9 - OPDREAS (02) AC17 - NHRESEVR (-8) AC17 - NHRESEVR (-9) AC17 - NHRESEVR |
| OPDREAS | AC9 | code all | [I have a few more questions about visits that [you/(SP)] had in the past.] Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department. What was the reason [you/(SP)] went to the hospital clinic or outpatient department? [PROBE FOR THE MOST RECENT VISIT IF RESPONDENT MENTIONS MORE THAN ONE. IF NEEDED, PROBE WITH 'What did you have done during your most recent visit to the hospital clinic or outpatient department?' SELECT ALL THAT APPLY.] [PROBE: Any other reason?] CHECK ALL THAT APPLY. | (01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused | (01) BOX AC1D (02) BOX AC1D (03) BOX AC1D (04) BOX AC1D (05) BOX AC1D (06) BOX AC1D (07) BOX AC1D (08) BOX AC1D (09) BOX AC1D (91) AC9 - OPDOHOS (-8) BOX AC1D (-9) BOX AC1D |

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| OPDOTHOS | AC9 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | BOX AC1D |
| | BOX AC1D | routing | IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC9 - OPDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC12 - OPDAPPT. ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC9 - OPDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC10 - OPDSCOND. ELSE GO TO AC12 - OPDAPPT. | | |
| OPDSCOND | AC10 | yes/no | Was that for a specific condition? | (01) YES (02) NO (-8) Don't Know (-9) Refused | AC12 - OPDAPPT |
| OPDAPPT | AC12 | code one | Did [you/(SP)] have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in? | (01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused | (01) AC13 - OPDDRTEL (02) AC16A - OWAITUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT |
| OPDDRTEL | AC13 | code one | We are interested in knowing how the appointment was made for the visit to the hospital clinic or outpatient department you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the hospital clinic or outpatient department to set up the appointment ? | (01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused | (01) AC16A - OWAITUNT (02) AC14 - OPDAWUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT |
| OPDAWUNT | AC14 | code one | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused | (00) AC16A - OWAITUNT (01) AC14 - OPDAWDAY (02) AC14 - OPDAWWKS (03) AC14 - OPDAWMOS (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT |
| OPDAWDAY | AC14 | numeric | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) continuous answer | AC16A - OWAITUNT |
| OPDAWWKS | AC14 | numeric | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) continuous answer | AC16A - OWAITUNT |
| OPDAWMOS | AC14 | numeric | How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? | (01) continuous answer | AC16A - OWAITUNT |

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| OWAITUNT | AC16A | code one | [Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused | (00) BOX AC1E (01) AC16A - OWAITHRS (02) AC16A - OWAITMIN (03) AC16A - OWAITHRS (-8) BOX AC1E (-9) BOX AC1E |
| OWAITHRS | AC16A | numeric | [Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | If AC16A - OWAITUNT = 3/HoursAndMinutes, go to AC16A - OWAITMIN. Else go to BOX AC1E. |
| OWAITMIN | AC16A | numeric | [Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | BOX AC1E |
| | BOX AC1E | routing | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC17 - NHRESEVR. ELSE IF AC9-AC16A ASKED WHILE ADMINISTERING OP, GO TO BOX OP7. ELSE IF (SP HAD AN MP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC20-AC28A1 NOT ALREADY ASKED), GO TO AC20 - MDSPCLTY. ELSE GO TO BOX AC1G. | | |
| NHRESEVR | AC17 | yes/no | [Have you/Has (SP)] ever been a resident or patient in a nursing home or similar place? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) AC18 - NHLRESMM (02) AC19 - MDVISIT (03) AC19 - MDVISIT (04) AC19 - MDVISIT |
| NHLRESMM | AC18 | date | When [were you/was (SP)] last a resident or patient in a nursing home or similar place? | (01) continuous answer (-8) Don't Know (-9) Refused | AC18 - NHLRESYY |

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| NHLRESYY | AC18 | date | When [were you/was (SP)] last a resident or patient in a nursing home or similar place? | (01) continuous answer (-8) Don't Know (-9) Refused | AC19- MDVISIT |
| MDVISIT | AC19 | yes/no | Next, I want to ask about [your/(SP)'s] visits to doctors since (REFERENCE DATE). [Have you/Has (SP)] seen a medical doctor since (REFERENCE DATE)? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital. [IF NECESSARY, SAY, 'Please look at show card AC1 for examples of types of medical doctors.'] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) AC20 - MDSPCLTY (02) BOX AC1G (-8) BOX AC1G (-9) BOX AC1G |

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| MDSPCLTY | AC20 | code one | <p>SHOW CARD AC1</p> <p>[I have a few more questions about visits that [you/(SP)] had in the past.]</p> <p>Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?</p> <p>[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]</p> | (01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) (08) FAMILY PRACTICE (09) 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 | (01) AC21 - MDREAS (02) AC21 - MDREAS (03) AC21 - MDREAS (05) AC21 - MDREAS (07) AC21 - MDREAS (08) AC21 - MDREAS (09) AC21 - MDREAS (10) AC21 - MDREAS (11) AC21 - MDREAS (12) AC21 - MDREAS (13) AC21 - MDREAS (14) AC21 - MDREAS (15) AC21 - MDREAS (16) AC21 - MDREAS (17) AC21 - MDREAS (18) AC21 - MDREAS (19) AC21 - MDREAS (20) AC21 - MDREAS (21) AC21 - MDREAS (22) AC21 - MDREAS (24) AC21 - MDREAS (25) AC21 - MDREAS (26) AC21 - MDREAS (27) AC21 - MDREAS (28) AC21 - MDREAS (29) AC21 - MDREAS (30) AC21 - MDREAS (31) AC21 - MDREAS (32) AC21 - MDREAS (33) AC21 - MDREAS (34) AC21 - MDREAS (35) AC21 - MDREAS (91) AC20 - MDSPCLOS (-8) AC21 - MDREAS (-9) AC21 - MDREAS |
| MDSPCLOS | AC20 | verbatim text | OTHER DR SPECIALTY (SPECIFY) | (01) continuous answer | AC21 - MDREAS |

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| MDREAS | AC21 | code all | <p>What was the reason [you/(SP)] saw the doctor?</p> <p>[PROBE: 'What did you have done during the visit?' IF RESPONDENT DOES NOT UNDERSTAND WHAT IS BEING ASKED. PROBE: 'Any other reason?' TO OBTAIN ALL REASONS.]</p> <p>CHECK ALL THAT APPLY.</p> | <p>(01) MEDICAL CONDITION NAMED</p> <p>(02) TESTS</p> <p>(03) FOLLOW-UP</p> <p>(04) CHECKUP</p> <p>(05) REFERRAL</p> <p>(06) SURGERY</p> <p>(07) PREVENTIVE SHOT</p> <p>(08) TREATMENT SHOT</p> <p>(09) TO GET OR REFILL PRESCRIPTION</p> <p>(91) OTHER</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | <p>(01) BOX AC1F</p> <p>(02) BOX AC1F</p> <p>(03) BOX AC1F</p> <p>(04) BOX AC1F</p> <p>(05) BOX AC1F</p> <p>(06) BOX AC1F</p> <p>(07) BOX AC1F</p> <p>(08) BOX AC1F</p> <p>(09) BOX AC1F</p> <p>(91) AC21 - MDOTHOS</p> <p>(-8) BOX AC1F</p> <p>(-9) BOX AC1F</p> |
| MDREAS | AC21 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | BOX AC1F |
| | BOX AC1F | routing | <p>IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC21- MDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC24 - MDAPPT.</p> <p>ELSE IF (SP IS IN THE SUPPLEMENTAL SAMPLE) AND (RESPONSE TO AC21- MDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC22 - MDSCOND.</p> <p>ELSE GO TO AC24 - MDAPPT.</p> | | |
| MDSCOND | AC22 | yes/no | Was that for a specific condition? | <p>(01) YES</p> <p>(02) NO</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | AC24 - MDAPPT |

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| MDAPPT | AC24 | code one | Did [you/(SP)] have an appointment for this visit with the doctor, or did (you/he/she) just walk in? | (01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused | (01) AC25 - MDDRTEL (02) AC28A1 - MWAITUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT |
| MDDRTEL | AC25 | code one | We are interested in knowing how the appointment was made for the visit to the doctor's office you just told me about. Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the doctor's office to set up the appointment? | (01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused | (01) AC28A1 - MWAITUNT (02) AC26 - MDAWUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT |
| MDAWUNT | AC26 | code one | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused | (00) AC28A1 - MWAITUNT (01) AC26 - MDAWDAY (02) AC26 - MDAWWKS (03) AC26 - MDAWMOS (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT |
| MDAWDAY | AC26 | numeric | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (01) continuous answer | AC28A1 - MWAITUNT |
| MDAWWKS | AC26 | numeric | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (01) continuous answer | AC28A1 - MWAITUNT |
| MDAWMOS | AC26 | numeric | How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? | (01) continuous answer | AC28A1 - MWAITUNT |
| MWAITUNT | AC28A1 | code one | [Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused | (00) BOX AC1G (01) AC28A1 - MWAITHRS (02) AC28A1 - MWAITMIN (03) AC28A1 - MWAITHRS (-8) BOX AC1G (-9) BOX AC1G |
| MWAITHRS | AC28A1 | numeric | [Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | If AC28A1 - MWAITUNT = 3/HoursAndMinutes, go to AC28A1 - MWAITMIN. Else go to BOX AC1G. |

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| MWAITMIN | AC28A1 | numeric | [Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room. | (01) continuous answer | BOX AC1G |
| | BOX AC1G | routing | IF AC20-AC28A1 ASKED WHILE ADMINISTERING MP, GO TO MP18 - MPPRPRAC. ELSE IF SP HAS A CURRENT MEDICARE MANAGED CARE PLAN, GO TO AC33 - MHREFDIF. ELSE GO TO BOX AC3. | | |
| MHREFDIF | AC33 | code one | The following questions are about health care that [you/(SP)] received through (CURRENT MEDICARE MANAGED CARE PLAN NAME). While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME), [have you/has (SP)] had difficulty in obtaining referrals for the services of a specialist or other medical person within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that [you/(SP)] thought were necessary? [IF NECESSARY, SAY: 'The referral must have been for services provided by a specialist or medical provider who is associated with your Medicare Managed Care plan, not a specialist or medical provider who is "outside" of the plan.'] | (01) YES (02) NO (03) N/A, HAVEN'T TRIED TO OBTAIN REFERRAL (-8) Don't Know (-9) Refused | (01) AC34A - MHSPCLTY (02) AC36 - MHREFPAY (03) AC36 - MHREFPAY (-8) AC36 - MHREFPAY (-9) AC36 - MHREFPAY |

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|---------------|----------------|---------------|---|--|--|
| MHSPCLTY | AC34A | code one | <p>SHOW CARD AC1</p> <p>What kind of specialist or medical person was this?</p> <p>[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]</p> | <p>(01) ALLERGY/IMMUNOLOGY</p> <p>(03) CARDIOLOGY (HEART)</p> <p>(05) DERMATOLOGY (SKIN)</p> <p>(07) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)</p> <p>(09) GASTROENTEROLOGY</p> <p>(11) GENERAL SURGERY</p> <p>(12) GERIATRICS (ELDERLY)</p> <p>(13) GYNECOLOGY - OBSTETRICS</p> <p>(14) HEMATOLOGY (BLOOD)</p> <p>(16) INTERNAL MEDICINE (INTERNIST)</p> <p>(17) NEPHROLOGY (KIDNEYS)</p> <p>(18) NEUROLOGY</p> <p>(20) ONCOLOGY (TUMORS, CANCER)</p> <p>(21) OPHTHALMOLOGY (EYES)</p> <p>(22) ORTHOPEDICS</p> <p>(24) OSTEOPATHY (DO)</p> <p>(25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)</p> <p>(26) PATHOLOGY</p> <p>(27) PHYS MED/REHAB</p> <p>(28) PLASTIC SURGERY</p> <p>(29) PROCTOLOGY</p> <p>(30) PSYCHIATRY/PSYCHIATRIST</p> <p>(31) PULMONARY (LUNGS)</p> <p>(33) RHEUMATOLOGY (ARTHRITIS)</p> <p>(35) UROLOGY</p> <p>(36) AUDIOLOGIST</p> <p>(37) CHIROPRACTOR</p> <p>(38) DENTIST</p> <p>(39) OPTOMETRIST</p> <p>(40) PHYSICAL THERAPIST</p> <p>(41) PSYCHOLOGIST</p> <p>(91) OTHER DR SPECIALTY</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p> | <p>(01) AC35 - MHDIFCLT</p> <p>(03) AC35 - MHDIFCLT</p> <p>(05) AC35 - MHDIFCLT</p> <p>(07) AC35 - MHDIFCLT</p> <p>(09) AC35 - MHDIFCLT</p> <p>(11) AC35 - MHDIFCLT</p> <p>(12) AC35 - MHDIFCLT</p> <p>(13) AC35 - MHDIFCLT</p> <p>(14) AC35 - MHDIFCLT</p> <p>(16) AC35 - MHDIFCLT</p> <p>(17) AC35 - MHDIFCLT</p> <p>(18) AC35 - MHDIFCLT</p> <p>(20) AC35 - MHDIFCLT</p> <p>(21) AC35 - MHDIFCLT</p> <p>(22) AC35 - MHDIFCLT</p> <p>(24) AC35 - MHDIFCLT</p> <p>(25) AC35 - MHDIFCLT</p> <p>(26) AC35 - MHDIFCLT</p> <p>(27) AC35 - MHDIFCLT</p> <p>(28) AC35 - MHDIFCLT</p> <p>(29) AC35 - MHDIFCLT</p> <p>(30) AC35 - MHDIFCLT</p> <p>(31) AC35 - MHDIFCLT</p> <p>(33) AC35 - MHDIFCLT</p> <p>(35) AC35 - MHDIFCLT</p> <p>(36) AC35 - MHDIFCLT</p> <p>(37) AC35 - MHDIFCLT</p> <p>(38) AC35 - MHDIFCLT</p> <p>(39) AC35 - MHDIFCLT</p> <p>(40) AC35 - MHDIFCLT</p> <p>(41) AC35 - MHDIFCLT</p> <p>(91) AC34A - MHSPCLOS</p> <p>(-8) AC35 - MHDIFCLT</p> <p>(-9) AC35 - MHDIFCLT</p> |
| MHSPCLOS | AC34A | verbatim text | OTHER (SPECIFY) | (01) continuous answer | AC35 - MHDIFCLT |

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|---------------|----------------|---------------|---|--|---|
| MHDIFCLT | AC35 | code all | What kind of difficulty did [you/(SP)] have? [PROBE: Any other difficulty?] CHECK ALL THAT APPLY. | (01) PLAN WOULDN'T AUTHORIZE SERVICE (02) THE WAIT FOR APPOINTMENT WAS TOO LONG (03) PROVIDER'S LOCATION WAS NOT CONVENIENT (04) DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE (05) SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO (06) PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT (91) OTHER (-8) Don't Know (-9) Refused | (01) AC36 - MHREFPAY (02) AC36 - MHREFPAY (03) AC36 - MHREFPAY (04) AC36 - MHREFPAY (05) AC36 - MHREFPAY (06) AC36 - MHREFPAY (91) AC35 - MHOTHOS (-8) AC36 - MHREFPAY (-9) AC36 - MHREFPAY |
| MHOTHOS | AC35 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | AC36 - MHREFPAY |
| MHREFPAY | AC36 | code one | Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary? ['EMERGENCY TREATMENT' REFERS TO URGENTLY NEEDED MEDICAL CARE THAT IS REQUIRED WHEN THE BENEFICIARY IS OUTSIDE OF THE PLAN'S SERVICE AREA OR WHEN THE CARE IS REQUIRED DURING A TIME THAT IS OUTSIDE THE PLAN'S NORMAL OPERATING HOURS.] | (01) YES (02) NO (03) N/A, HAVEN'T NEEDED EMERGENCY TREATMENT (-8) Don't Know (-9) Refused | BOX AC3 |
| | BOX AC3 | routing | If INTTYPE in(C001, C002, C004, C005, C006), go to OMQ. If INTTYPE in(C003), go to HFQ. | | |