

MCBS MAIN STUDY - ROUND 40 – FALL SUPPLEMENT 2004

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)

PLACEOS

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?

(MANAGED CARE PLAN NAME)

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

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

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
REFUSED	-7
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
REFUSED	-7 (US12)
DON'T KNOW	-8 (US12)
GETUSOS SOME OTHER WAY (SPECIFY) _____	91 (US9)

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 BOX US1A
REFUSED	-7 BOX US1A
DON'T KNOW	-8 BOX US1A

US11. Who usually goes with (you/SP)?
[ENTER ONLY ONE.]

USHLPRGO
HLPRUSGO
ROSTREL

ROSTFNAM
ROSTLNAM

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)] 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
ACCDRIVE	TRANSPORTATION	8
ACCHELP	SP NEEDS PHYSICAL ASSISTANCE	9
ACCOTHER	OTHER (SPECIFY)	91
ACCOTHOS	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)?

USMCHEK	TO SP	1 (US13)
	TO DOCTOR.....	2 (US13)
	SP DOES NOT RECEIVE MEDICARE BENEFITS FOR DOCTORS' SERVICES	3 (US15)
	REFUSED	-7 (US13)
	DON'T KNOW	-8 (US13)

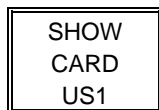
- US13. After a person on Medicare meets the deductible of \$100 for the year, Medicare pays 80% of approved charges and the individual is responsible for the remaining 20%. If the doctor charges more than the amount Medicare approves, the individual may be responsible for the difference. (Have you/Has SP) ever paid (US5 DOCTOR/US3 PLACE) more than the amount Medicare approves?

PAIDMORE	YES	1 (US14)
	NO	2 (US15)
	REFUSED	-7 (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
	REFUSED	-7
	DON'T KNOW	-8

- US15. How long (have you/has SP) been [seeing (US5 DOCTOR)/going to (US3 PLACE)]?



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?

USONEYY	LESS THAN 1 YEAR	1 (US17)
	1 YEAR OR MORE	2 BOX US2
	REFUSED	-7 BOX US2
	DON'T KNOW	-8 BOX US2

- US17. Before (you/SP) started [seeing (U5 DOCTOR)/going to (US3 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
	REFUSED	-7 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)
	REFUSED	-7 (US22)
	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)
PREVNO1	_____	
PREVNO2	_____	
PREVNO3	REFUSED	-7 (US21)
	DON'T KNOW	-8 (US21)

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

PREVSAT1	_____	PREVSAC1
PREVSAT2	_____	PREVSAC2
PREVSAT3	_____	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
PREVROS1	_____	
PREVROS2	_____	
PREVROS3	REFUSED	-7 BOX US1B
	DON'T KNOW	-8 BOX US1B

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

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

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

RECOMDOC YES 1
 NO 2
 REFUSED -7
 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 (US27INT)
 REFUSED -7 (US27INT)
 DON'T KNOW -8 (US27INT)

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
 REFUSED -7
 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
REFUSED	-7
DON'T KNOW	-8

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
REFUSED	-7
DON'T KNOW	-8

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
REFUSED	-7
DON'T KNOW	-8

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
REFUSED	-7
DON'T KNOW	-8

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
REFUSED	-7
DON'T KNOW	-8

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
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

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
REFUSED	-7
DON'T KNOW	-8

US35. [(Your/SP's) doctor tells/The doctors at (US3 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

US36. [(Your/SP's) doctor answers/The doctors at (US3 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

US37. (You have/SP has) great confidence in [(your/his/her) doctor/the doctors at (US3 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 (US3 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 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
	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 medical care?]

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

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 (US43INT)
	REFUSED	-7 (US43INT)
	DON'T KNOW	-8 (US43INT)

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	REFUSED	-7
	DON'T KNOW	-8

US43INT. 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.]

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 medical care?]

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

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
	REFUSED	-7
	DON'T KNOW	-8

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
	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
PROV
ROST

BOX USB:

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