

MCBS MAIN STUDY - ROUND 46, FALL 2006

COMMUNITY COMPONENT

DU. DENTAL UTILIZATION AND EVENTS

BOX DU1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED (INTERVIEW TYPE = 8), GO TO <b>BOX ER1A</b> . OTHERWISE, GO TO DUINTRO.
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DUINTRO. The next questions are about any medical care (you/SP) may have had between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the planner that we left at the last interview.)

First we'll talk about dental care.

[PRESS ENTER TO CONTINUE.]

DU1. Please look at this card. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]

SHOW CARD DU
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**DUPROBE** YES ..... 1 (DU2)  
 NO ..... 2 **BOX ER1A**  
 REFUSED ..... -7 **BOX ER1A**  
 DON'T KNOW ..... -8 **BOX ER1A**

DU2. Who did (you/SP) see? [ENTER ONLY ONE DENTAL PROVIDER.]

**PROVNAME**  
**PROVSPEC**

BOX DU1	a. SP HAS USED V.A. FACILITIES (HI36 = 1) ..... 1 (b) SP HAS NOT USED V.A. (HI36 ≠ 1) ..... 2 <b>BOX DU2</b>
	b. "V.A. FLAG" ≠ -1 FOR THIS PROVIDER ..... 1 <b>BOX DU2</b> "V.A. FLAG" = -1 FOR THIS PROVIDER ..... 2 (DU3)

DU3. 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 DU2	<p>a. SP BELONGS TO A MANAGED CARE PLAN (HI10a, HI25 OR MEDICARE MANAGED CARE FLAG = 1 FOR ANY PLAN)..... 1 (b)</p> <p>SP DOES NOT BELONG TO A MANAGED CARE PLAN (HI10a, HI25, AND MEDICARE MANAGED CARE FLAG ≠ 1 FOR <u>ALL</u> PLANS) ..... 2 <b>BOX DU2A</b></p> <p>b. “MANAGED CARE FLAG” = 1 FOR THIS PROVIDER ..... 1 <b>BOX DU2A</b></p> <p>“MANAGED CARE FLAG” = 2, -7, -8, -9 FOR THIS PROVIDER ..... 2 (DU5)</p> <p>“MANAGED CARE FLAG” = -1 FOR THIS PROVIDER ..... 3 (DU4)</p>
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DU4. Is (PROVIDER) associated with (your/SP's) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?  
 [HMOPLAN]

- HMOASSOC**
- YES ..... 1 (DU6)
  - NO ..... 2 (DU5)
  - REFUSED ..... -7 (DU5)
  - DON'T KNOW ..... -8 (DU5)

DU5. (Were you/Was SP) referred to (PROVIDER) by [READ MANAGED CARE PLAN NAME(S) BELOW]?  
 [HMOREFD]

- HMOREFER**
- YES ..... 1 **BOX DU2A**
  - NO ..... 2 (DU5b)
  - REFUSED ..... -7 **BOX DU2A**
  - DON'T KNOW ..... -8 **BOX DU2A**

DU5a OMITTED IN ROUND 44.

DU5b. What is the most important reason (you/SP) did not see a dental provider associated with [READ MANAGED [HMONO] CARE PLAN NAME(S) BELOW] or a dental provider that [READ MANAGED CARE PLAN NAME(S) BELOW] would refer (you/SP) to?

- PLAN DOES NOT COVER THE SERVICE SP WANTED ..... 1
- DIFFICULTY OR DELAY IN GETTING SERVICES ..... 2
- SP PROVIDER PREFERENCE ..... 3
- THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS .... 4
- NOT IN A MANAGED CARE PLAN AT TIME OF EVENT ..... 5
- NOGOHMO** NO CHOICE – MEDICAL EMERGENCY OR OUT OF SERVICE AREA. 6
- NOGOHMOS** OTHER (SPECIFY) \_\_\_\_\_ 91
- REFUSED ..... -7
- DON'T KNOW ..... -8

BOX DU2A	IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO DU7. OTHERWISE, GO TO DU6.
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DU6. When did (you/SP) see (PROVIDER NAMED IN DU2)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. [ENTER ALL DATES.]

**EVBE GMM**  
**EVBE GDD**  
**EVBE GYY**

DU7. [For (your/SP's) visit on (FIRST/NEXT VISIT DATE)/For (your/SP's) [(RVTIMES)] visits in (EVBE GMM EVBE GYY)], what did (you/SP) have done? [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

- DVXRAYS** X-RAYS TAKEN ..... 1 **BOX DU3**
- DVCLEAN** CLEANING TEETH ..... 2 **BOX DU3**
- DVEXAM** EXAMINATION ..... 3 **BOX DU3**
- DVFILLNG** FILLINGS ..... 4 **BOX DU3**
- DVEXTRAC** EXTRACTIONS ..... 5 **BOX DU3**
- DVRTCNAL** ROOT CANALS ..... 6 **BOX DU3**
- DVCROWN** CROWNS ..... 7 **BOX DU3**
- DVBRIDGE** BRIDGES, DENTURES, PLATES, ETC. --  
 EITHER NEW ONES OR REPAIR WORK.. 8 **BOX DU3**
- DVORTHO** ORTHODONTIA -- BITE ADJUSTMENT,  
 BRACES, RETAINERS, ETC..... 9 **BOX DU3**
- DVPERIOD** PERIODONTIA -- E.G., TREATMENT OF  
 GUM DISEASE ..... 10 **BOX DU3**
- DVBONDNG** BONDING ..... 11 **BOX DU3**
- DVSURG** OTHER (SPECIFY) \_\_\_\_\_
- DVOTHER** \_\_\_\_\_ 91 **BOX DU3**
- EVNTQUES** REFUSED ..... -7 **BOX DU3A**
- EVOSTEXT** DON'T KNOW ..... -8 **BOX DU3**

BOX DU3	IF DU7 = 1, REGARDLESS OF OTHER CODES SELECTED, GO TO <b>BOX DU3A</b> . IF 1 NOT CODED AT DU7, GO TO DU8.
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DU8. Were X-rays taken on (any of these visits/this visit)?

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

BOX DU3A	IF THIS VISIT ADDED THROUGH DU1, GO TO DU9. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO <b>BOX DU4</b> .
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DU9. Were any medicines prescribed for (you/SP) during (this visit/any of these visits)?

**PRESMDCN** YES ..... 1 (DU10)  
 NO ..... 2 **BOX DU4**  
 REFUSED ..... -7 **BOX DU4**  
 DON'T KNOW ..... -8 **BOX DU4**

DU10. Were any of the prescriptions filled?

[PRESFILL]

**PRESFILL** YES ..... 1 **BOX DU3B**  
 NO ..... 2 **BOX DU4**  
 REFUSED ..... -7 **BOX DU4**  
 DON'T KNOW ..... -8 **BOX DU4**

BOX DU3B	IF THE SCREEN "GETMEDS" (DU10a, ER8a, IP14a, OP11a, MP13a, PM1a, PM3a, PM5a) HAS BEEN DISPLAYED THIS INTERVIEW, GO TO DU11. OTHERWISE, GO TO DU10a. IF THIS IS A RESTART CASE, AND THE SCREEN "GETMEDS" HAS NOT YET BEEN DISPLAYED FOR THIS INTERVIEWING SESSION, GO TO DU10a.
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DU10a. It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell [GETMEDS] the medicine name correctly and enter the strength of the medicine. [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines (you/SP) obtained since the last interview, if you'd like to get those bottles, too.

[PRESS ENTER TO CONTINUE.]

DU11. Please tell me the names of these medicines.

[ALLPMED] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

**PMEDNAME**  
**PMROTYPE**

BOX DU4	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS DENTAL PROVIDER IS: 0 ..... (GO TO <b>BOX DU5(b)</b> ) 1-4 ..... (RETURN TO DU7 FOR NEXT VISIT) 5 OR MORE REMAINING ..... (GO TO DU12)
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DU12. You told me that (you/SP) also visited (NAME OF DENTAL PROVIDER FROM DU2) on [READ DATES BELOW]. Were any of these visits made for the same reason as the one you've just told me about?

**SAMEREAS** YES ..... 1 (DU13)  
 NO ..... 2 (DU7 FOR NEXT VISIT)  
 REFUSED ..... -7 (DU7 FOR NEXT VISIT)  
 DON'T KNOW ..... -8 (DU7 FOR NEXT VISIT)

DU13. Which visits were for the same reason? What were the dates?  
**EVNTLINK**

BOX DU5	<p>a. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO DU7 FOR NEXT UNFLAGGED VISIT.</p> <p>b. IF THIS VISIT ADDED THROUGH DU1, GO TO DU14.                  IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC.                  IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO <b>BOX ST12</b>.                  IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b>.</p>
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DU14. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other dental care visits to this or any other provider?

**TEMP**

YES .....	1 (DU2)
NO .....	2 <b>BOX ER1A</b>
REFUSED .....	-7 <b>BOX ER1A</b>
DON'T KNOW .....	-8 <b>BOX ER1A</b>

DU Addendum

Segments: EVNT  
PMRO  
XMED  
PROV  
HRND  
EVOS

BOX DU1:

- "V.A. FLAG" SET FOR THIS PROVIDER: VAPLACE ≠ -1
- "V.A. FLAG" NOT SET FOR THIS PROVIDER: VAPLACE = -1

BOX DU2:

- HI10a = MCAIDHMO
- HI25 = PPRVHMO
- MEDICARE MANAGED CARE FLAG = COVANYTM
- MANAGED CARE FLAG = HMOASSOC
- "MANAGED CARE FLAG" NOT SET FOR THIS PROVIDER: HMOASSOC = -1