Access to Care (AC) Section

BOX_00A
======

| THE AC SECTION IS ASKED IN ROUNDS 2 AND 4 ONLY. IF| |
| IT IS ROUND 1, 3, OR 5, CONTINUE TO THE NEXT      | |
| SECTION.                                          | |

BOX_00
=====

| CONTEXT HEADER DISPLAY INSTRUCTIONS:              |
| DISPLAY PERS.FULLNAME, PROV.LORPNAME             |

AC01
====

What language is spoken in your home most of the time?

| ENGLISH ................................ 1 {AC02} |
| SPANISH ................................ 2 {AC02} |
| ANOTHER LANGUAGE ....................... 3 {AC02} |
| REF ................................... -7 {AC02} |
| DK .................................... -8 {AC02} |

[Code One]

AC02
====

Are all members of your household comfortable conversing in English?

<p>| YES .................................... 1 {LOOP_01A} |
| NO ..................................... 2 |
| REF ................................... -7 {LOOP_01A} |
| DK .................................... -8 {LOOP_01A} |
| IF SINGLE-PERSON RU AND AC02 CODED ‘2’ (NO), SELECT |</p>
<table>
<thead>
<tr>
<th>PERSON AUTOMATICALLY FOR AC02A AND GO TO LOOP_01A</th>
</tr>
</thead>
</table>

<p>| IF MULTI-PERSON RU AND AC02 CODED ‘2’ (NO), |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH AC02A</th>
</tr>
</thead>
</table>

AC02A
====

Who is not comfortable conversing in English?

PROBE: Is anyone else not comfortable conversing in English?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

<p>| FLAG ALL SELECTED PERSONS TO BE INCLUDED ON |</p>
<table>
<thead>
<tr>
<th>ROSTER FOR AC31.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_01A</th>
</tr>
</thead>
</table>

<p>| ROSTER DETAILS: |</p>
<table>
<thead>
<tr>
<th>TITLE: RU_MEMBERS_1</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: NAME</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,</td>
</tr>
<tr>
<td>AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

<p>| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |</p>
<table>
<thead>
<tr>
<th>SELECTION.</th>
</tr>
</thead>
</table>
ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER EXCLUDING DECEASED AND INSTITUTIONALIZED RU MEMBERS.

LOOP_01A

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC03-END_LP01A.

LOOP DEFINITION: LOOP_01A COLLECTS WHETHER OR NOT PERSON WAS BORN IN THE U.S., AND IF NOT, HOW LONG PERSON HAS LIVED IN THE U.S. THIS LOOP CYCLES ON PERSONS THAT MEET THE FOLLOWING CONDITION:
- PERSON IS A CURRENT RU MEMBER.
- PERSON IS NOT DECEASED.
- PERSON IS NOT INSTITUTIONALIZED.

AC03

(PERSON'S FIRST MIDDLE AND LAST NAME)

(Were/Was) (PERSON) born in the United States?

YES ................................. 1 {END_LP01A}
NO ................................. 2 {AC04}
REF ................................. -7 {AC04}
DK ................................. -8 {AC04}
AC04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

How long (have/has) (PERSON) lived in the United States?

IF LESS THAN 1 YEAR, CODE 0.

YEARS:

[Enter years] .........................    {END_LP01A}
REF ..................................... -7 {END_LP01A}
DK ...................................... -8 {END_LP01A}

[Code One]

END_LP01A
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITION,    |
| END LOOP_01A AND CONTINUE WITH LOOP_01            |
----------------------------------------------------

LOOP_01
======

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| AC05-END_LP01                                     |
----------------------------------------------------

----------------------------------------------------
| LOOP DEFINITION: LOOP_01 COLLECTS THE NAME OF     |
| THE USUAL SOURCE OF CARE PROVIDER, IF ANY, FOR    |
| EACH CURRENT RU MEMBER. THIS LOOP CYCLES ON       |
| PERSONS WHO MEET THE FOLLOWING CONDITIONS:        |
|                                                    |
|  - PERSON IS A CURRENT RU MEMBER                   |
|  - PERSON IS NOT DECEASED                          |
|  - PERSON IS NOT INSTITUTIONALIZED                  |
----------------------------------------------------

4
{PERSON'S FIRST MIDDLE AND LAST NAME}

Is there a particular doctor’s office, clinic, health center, or other place that (PERSON) usually (go/goes) if (PERSON) (are/is) sick or (need/needs) advice about (PERSON)’s health?

YES .....................................  1 {AC09}
NO ......................................  2 {AC07}
MORE THAN ONE PLACE .....................  3 {AC06}
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

{PERSON'S FIRST MIDDLE AND LAST NAME}

Would (PERSON) go to one of these places first or most often if (PERSON) (are/is) sick?

YES .....................................  1 {AC09}
NO ......................................  2 {AC07}
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}
What is the main reason (PERSON) (do/does) not have a usual source of health care?

SELDOM OR NEVER GETS SICK .................. 1 {AC08}
RECENTLY MOVED INTO AREA .................. 2 {AC08}
DON’T KNOW WHERE TO GO FOR CARE .......... 3 {AC08}
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE .......... 4 {AC08}
CAN’T FIND A PROVIDER WHO SPEAKS (PERSON)’S LANGUAGE ................... 5 {AC08}
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .............. 6 {AC08}
JUST CHANGED INSURANCE PLANS ............ 7 {AC08}
DON’T USE DOCTORS/TREAT MYSELF ........... 8 {AC08}
COST OF MEDICAL CARE ...................... 9 {AC08}
NO HEALTH INSURANCE ...................... 10 {AC08}
OTHER REASON ............................. 91 {AC07OV}
REF ..................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

----------------------------------------------------
| “(PERSON)” IN THE TEXT FOR ANSWER CATEGORY 5 |  | SHOULD BE PURPLE. |
|----------------------------------------------------|  |----------------------------------------------------|

AC07OV

ENTER OTHER REASON:

[Enter Other Specify] ...................... {AC08}
REF ..................................... -7 {AC08}
DK .................................... -8 {AC08}
{PERSON'S FIRST MIDDLE AND LAST NAME}

What are the other reasons (PERSON) (do/does) not have a usual source of health care?

CHECK ALL THAT APPLY.

NO OTHER REASONS ......................... 0 {END_LP01}
SELDOM OR NEVER GETS SICK ................ 1
RECENTLY MOVED INTO AREA ................. 2
DON'T KNOW WHERE TO GO FOR CARE ..... 3
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE ......... 4
CAN'T FIND A PROVIDER WHO SPEAKS (PERSON)'S LANGUAGE ..................... 5
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .............. 6
JUST CHANGED INSURANCE PLANS .......... 7
DON'T USE DOCTORS/TREAT MYSELF ........ 8
COST OF MEDICAL CARE .................... 9
NO HEALTH INSURANCE ..................... 10
OTHER REASON .............................. 91 {AC08OV}
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

------------------------------------------------------------------------
| (PERSON) IN THE TEXT FOR ANSWER CATEGORY 5 SHOULD BE PURPLE. |
------------------------------------------------------------------------

------------------------------------------------------------------------
| IF 'RF' (REFUSED) OR 'DK' (DON'T KNOW) IS SELECTED, CAPI SHOULD CODE AS '0' (NO OTHER REASONS). |
------------------------------------------------------------------------

------------------------------------------------------------------------
| FOR SPECIFICATION PURPOSES ONLY: CAPI DOES NOT ALLOW CODES '0' (NO OTHER REASONS), 'RF' (REFUSED), OR 'DK' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODES. |
------------------------------------------------------------------------
| IF CODED ‘91’ (OTHER REASON) ALONE OR IN |
| COMBINATION WITH OTHER CODES, CONTINUE WITH AC08OV |
| (NOTE THAT AC08OV IS AN OVERLAY ON AC08.) |

| OTHERWISE, GO TO END LP01 |

AC08OV
====

ENTER OTHER REASON:

[Enter Other Specify] ................. {END_LP01}
REF ................................ -7 {END_LP01}
DK .................................... -8 {END_LP01}

AC09
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Please give me the name of the medical person, doctor’s office, clinic, health center, or other place that (PERSON) usually (go/goes) if (PERSON) (are/is) sick or (need/needs) advice about (PERSON)'s health.

If possible, give me the name of the particular person that (PERSON) usually (see/sees).

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

BEGINNING IN PANEL 12, ROUND 4 AND PANEL 13, ROUND 2, AC09 AND PV01 WERE REVISED TO PROMPT RESPONDENTS TO NAME A PERSON-PROVIDER AS THE USC PROVIDER IF POSSIBLE. THE DATA AT VARIABLE PROVTY42 IS EXPECTED TO CHANGE SIGNIFICANTLY BASED ON THIS NEW WORDING AND PROBING.
ASK THE PROVIDER ROSTER (PV) SECTION

AT THE COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX_02

FLAG THE PROVIDER ADDED OR SELECTED AS THE ‘USC (USUAL SOURCE OF CARE) PROVIDER’ FOR THIS PERSON FOR THIS PARTICULAR ROUND.

IF THIS USC PROVIDER IS FLAGGED AS ‘FACILITY-TYPE-PROVIDER’ OR AS ‘PERSON-IN-FACILITY-PROVIDER’ AND AC11 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN EARLIER LOOP, GO TO AC11

OTHERWISE, (THAT IS, IF THIS USC PROVIDER IS FLAGGED AS ‘PERSON-TYPE-PROVIDER’ OR IF THIS USC PROVIDER IS FLAGGED AS ‘FACILITY-TYPE-PROVIDER’ OR AS ‘PERSON-IN-FACILITY-PROVIDER’ AND AC11 HAS ALREADY BEEN ASKED FOR THIS USC PROVIDER), GO TO AC12

OMITTED.
AC11

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}

ASK IF NOT OBVIOUS.

{Is (PROVIDER)/Does (PROVIDER) work at} a clinic in a hospital, a hospital outpatient department, an emergency room at a hospital, or some other kind of place?

HOSPITAL CLINIC OR OUTPATIENT DEPARTMENT ...................... 1 {AC12}
HOSPITAL EMERGENCY ROOM .................... 2 {AC12}
OTHER KIND OF PLACE ..................... 3 {AC12}
REF ..................................... -7 {AC12}
DK ...................................... -8 {AC12}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

---------------------------------------------
| DISPLAY 'Is (PROVIDER)' IF USC PROVIDER IS FLAGGED|
| AS 'FACILITY-TYPE-PROVIDER'. DISPLAY 'Does (PROVIDER) work at' IF USC PROVIDER IS FLAGGED AS |
| 'PERSON-IN-FACILITY-PROVIDER'. |
---------------------------------------------

---------------------------------------------
| NOTE: FOR QUESTIONS AC11 – AC20, THE CONTEXT |
| HEADER WILL DISPLAY THE PERSON-PROVIDER NAME IF |
| THE USC PROVIDER BEING ASKED ABOUT IS FLAGGED AS |
| 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY- |
| PROVIDER'. IF THE USC PROVIDER BEING ASKED ABOUT |
| IS FLAGGED AS 'FACILITY-TYPE-PROVIDER', THE |
| CONTEXT HEADER WILL DISPLAY THE FACILITY-PROVIDER |
| NAME. |
---------------------------------------------
How (do/does) (PERSON) usually get to (PROVIDER)?

- DRIVE ........................................ 1 {AC13}
- IS DRIVEN ................................... 2 {AC13}
- TAXI, BUS, TRAIN, OTHER
  PUBLIC TRANSPORTATION .............. 3 {AC13}
- WALKS ....................................... 4 {AC13}
- SOME OTHER WAY ............................ 5 {AC13}
- REF ...................................... -7 {AC13}
- DK ....................................... -8 {AC13}

[Code One]

How long does it take (PERSON) to get to (PROVIDER)?

- LESS THAN 15 MINUTES .................. 1 {AC14}
- 15 TO 30 MINUTES ....................... 2 {AC14}
- 31 TO 60 MINUTES (1 HOUR) ........... 3 {AC14}
- 61 TO 90 MINUTES ....................... 4 {AC14}
- 91 TO 120 MINUTES (2 HOURS) ........ 5 {AC14}
- MORE THAN 120 MINUTES (2 HOURS) .... 6 {AC14}
- REF ..................................... -7 {AC14}
- DK ....................................... -8 {AC14}

[Code One]
AC14
====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER.......}

SHOW CARD AC-1.

How difficult is it for (PERSON) to get to (PROVIDER)?

Would you say it is ...

very difficult, ......................... 1 {BOX_03}
somewhat difficult, .................... 2 {BOX_03}
not too difficult, or ................... 3 {BOX_03}
not at all difficult? .................... 4 {BOX_03}
REF .................................. -7 {BOX_03}
DK ................................... -8 {BOX_03}

[Code One]

BOX_03
=====

----------------------------------------------------
| IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-       |
| TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER'   |
| AND AC15 WAS NOT ALREADY ASKED FOR THIS USC       |
| PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC15   |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP01                          |
----------------------------------------------------
AC15
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}

Is (PROVIDER) a medical doctor?

YES .....................................  1 {AC17}
NO ......................................  2 {AC16}
REF ..................................... -7 {AC18}
DK ...................................... -8 {AC18}

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

AC16
====

{PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE PROVIDER......}

Is (PROVIDER) a nurse, nurse practitioner, physician’s assistant, midwife, or some other kind of person?

SELECT ‘CHIROPRACTOR’ IF CHIROPRACTOR VOLUNTEERED AS TYPE OF MEDICAL PERSON.

NURSE .....................................  1 {AC18}
NURSE PRACTITIONER ......................  2 {AC18}
PHYSICIAN’S ASSISTANT ...................  3 {AC18}
MIDWIFE .....................................  4 {AC18}
CHIROPRACTOR ............................  5 {AC18}
OTHER ................................... 91 {AC16OV}
REF ..................................... -7 {AC18}
DK ...................................... -8 {AC18}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

AC16OV
=====

OTHER:

[Enter Other Specify] .....................  {AC18}
REF ..................................... -7 {AC18}
DK ...................................... -8 {AC18}
What is (PROVIDER)’s specialty?

- GENERAL/FAMILY PRACTICE .................. 1 {AC18}
- INTERNAL MEDICINE .......................... 2 {AC18}
- PEDIATRICS .................................. 3 {AC18}
- OB/GYN ....................................... 4 {AC18}
- SURGERY ....................................... 5 {AC18}
- CHIROPRACTOR ............................... 6 {AC18}
- CARDIOLOGIST ............................... 7 {AC18}
- DOCTOR OF OSTEOPATHY ...................... 8 {AC18}
- OTHER ........................................ 91 {AC17OV}
- REF .......................................... -7 {AC18}
- DK ........................................... -8 {AC18}

[Code One]

OTHER:

- [Enter Other Specify] .......................... {AC18}
- REF .......................................... -7 {AC18}
- DK .......................................... -8 {AC18}

Is (PROVIDER) Hispanic or Latino?

- YES ............................................. 1 {AC19}
- NO ............................................. 2 {AC19}
- REF .......................................... -7 {AC19}
- DK ............................................ -8 {AC19}
{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER.......}

SHOW CARD AC-2.

What is (PROVIDER)'s race?

CHECK ALL THAT APPLY.

WHITE .................................. 1
BLACK/AFRICAN AMERICAN ................. 2
ASIAN .................................. 3
INDIAN/NATIVE AMERICAN/ALASKA NATIVE ... 4
OTHER PACIFIC ISLANDER ................. 5
SOME OTHER RACE ....................... 91 {AC19OV}
REF ................................... -7 {AC20}
DK .................................... -8 {AC20}

[Code All That Apply]

<table>
<thead>
<tr>
<th>IF CODED '91' (SOME OTHER RACE) ALONE OR IN COMBINATION WITH OTHER CODES, CONTINUE WITH AC19OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO AC20</th>
</tr>
</thead>
</table>

OTHER RACE:

[Enter Other Specify] .................   {AC20}
REF ................................... -7 {AC20}
DK .................................... -8 {AC20}
AC20
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE PROVIDER.......}

Is (PROVIDER) male or female?

    MALE ................................... 1 {END_LP01}
    FEMALE ................................. 2 {END_LP01}
    REF ................................... -7 {END_LP01}
    DK .................................... -8 {END_LP01}

[Code One]

END_LP01
=======

| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_01 AND CONTINUE WITH BOX_04 |

BOX_04
======

| IF AT LEAST ONE PROVIDER FLAGGED AS 'USC PROVIDER' |
| ON THE RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH |
| LOOP_02 |

| OTHERWISE, GO TO AC32A |

-----------------------------------
LOOP_02

-------------------------------
| FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS- |
| ROSTER, ASK AC21-END_LP02                  |
-------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_02 COLLECTS DETAILED |
| INFORMATION ON EACH UNIQUE USUAL SOURCE OF CARE |
| PROVIDER IDENTIFIED FOR THIS RU. THIS LOOP CYCLES |
| ON PROVIDERS WHO MEET THE FOLLOWING CONDITION: |
| - PROVIDER FLAGGED AS 'USC PROVIDER' DURING THE |
| CURRENT ROUND FOR A CURRENT RU MEMBER. |
-------------------------------

-------------------------------
| NOTE: IF THE USC PROVIDER BEING LOOPED ON IS |
| FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN- |
| FACILITY-PROVIDER' THE CONTEXT HEADER IN LOOP_02 |
| WILL DISPLAY THE PERSON-PROVIDER NAME. IF THE USC |
| PROVIDER BEING LOOPED ON IS FLAGGED AS 'FACILITY- |
| TYPE-PROVIDER' THE CONTEXT HEADER IN LOOP_02 WILL |
| DISPLAY THE FACILITY-PROVIDER NAME. |
-------------------------------

AC21

{name of medical care provider.....}

The next few questions ask about the experience (READ NAME(S) |
BELOW) (have/has) had with (PROVIDER). Please think about their |
overall experiences when answering the following questions. |

IF ONLY CHILDREN ARE DISPLAYED BELOW, USE THE PRONOUN 'YOU' OR |
The PARENT'S NAME.

[1. First Name,[Middle Name],Last Name-65] |
[2. First Name,[Middle Name],Last Name-65] |
[3. First Name,[Middle Name],Last Name-65] |

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.
CONTINUE WITH AC22

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND.
AC22
====

{NAME OF MEDICAL CARE PROVIDER......}

   [1. First Name, [Middle Name], Last Name-65]
   [2. First Name, [Middle Name], Last Name-65]
   [3. First Name, [Middle Name], Last Name-65]

Is (PROVIDER) the {person/place} (READ NAME(S) ABOVE) would go to for ...

   YES = 1
   NO = 2
   RF = -7
   DK = -8

AC22_01  a. New health problems?   (  )
AC22_02  b. Preventive health care, such as general checkups, examinations, and immunizations?   (  )
AC22_03  c. Referrals to other health professionals when needed?   (  )
AC22_04  d. Ongoing health problems?   (  )

HELP AVAILABLE FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.

__________________________________________________________________________
__________________________________________________________________________

| ALLOW ‘-7’ (REFUSED) AND ‘-8’ (DON’T KNOW) ON ALL FORM ITEMS. |

__________________________________________________________________________
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |


MEPS P13R5/P14R3/P15R1 Access to Care (AC) Section
November 10, 2009

---

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY. |
---

---

| ROSTER BEHAVIOR: |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
---

---

| ROSTER FILTER: |
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER |
| WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS |
| PERSON’S USC PROVIDER FOR THE CURRENT ROUND. |
---

---

AC23
====

(NAME OF MEDICAL CARE PROVIDER......)

SHOW CARD AC-1.

How difficult is it to contact {a medical person at} (PROVIDER) during regular business hours over the telephone about a health problem?

Would you say it is ...

very difficult, ......................... 1
somewhat difficult, .................... 2
not too difficult, or .................. 3
not at all difficult? ................... 4
REF ................................. -7
DK .................................... -8

[Code One]

---

| DISPLAY ‘a medical person at’ IF USC PROVIDER |
| BEING LOOPED ON IS FLAGGED AS ‘FACILITY-TYPE- |
| PROVIDER’. OTHERWISE, USE A NULL DISPLAY. |
---

---

| IF AC11 WAS CODED ‘2’ (HOSPITAL EMERGENCY ROOM) |
| FOR THIS USC PROVIDER, GO TO AC25 |
---
AC24
====

{NAME OF MEDICAL CARE PROVIDER.....}

Does (PROVIDER) have office hours at night or on weekends?

YES ..................................... 1 {AC25}
NO ...................................... 2 {AC25}
REF ..................................... -7 {AC25}
DK ...................................... -8 {AC25}

AC25
====

{NAME OF MEDICAL CARE PROVIDER......}

SHOW CARD AC-1.

How difficult is it to contact {a medical person at} (PROVIDER) after their regular hours in case of urgent medical needs?

Would you say it is ...

very difficult, ........................ 1 {AC26}
somewhat difficult, ................. 2 {AC26}
not too difficult, or ............... 3 {AC26}
not at all difficult? ............... 4 {AC26}
REF ................................. -7 {AC26}
DK ................................. -8 {AC26}

[Code One]
AC26
====

{NAME OF MEDICAL CARE PROVIDER......}

Does {someone at} (PROVIDER) usually ask about prescription medications and treatments other doctors may give them?

YES ..................................... 1 {AC27}
NO ...................................... 2 {AC27}
REF ..................................... -7 {AC27}
DK ...................................... -8 {AC27}

----------------------------------------------------
| DISPLAY 'someone at' IF USC PROVIDER BEING LOOPED |
| ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'.        |
| OTHERWISE, USE A NULL DISPLAY.                    |
----------------------------------------------------

AC27
====

{NAME OF MEDICAL CARE PROVIDER......}

SHOW CARD AC-3.

Thinking about the types of medical, traditional and alternative treatments that (READ NAME(S) BELOW) are happy with, how often does {a medical person at} (PROVIDER) show respect for these treatments?

Would you say...

IF ONLY CHILDREN ARE DISPLAYED BELOW, USE THE PRONOUN 'YOU' OR THE PARENT'S NAME.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

never, ................................. 1 {AC28}
sometimes, ............................. 2 {AC28}
usually, or ............................ 3 {AC28}
always? ................................ 4 {AC28}
REF ................................... -7 {AC28}
DK .................................... -8 {AC28}

[Code One]
DISPLAY 'a medical person at' IF USC PROVIDER
BEING LOOSED ON IS FLAGGED AS 'FACILITY-TYPE-
PROVIDER.' OTHERWISE, USE A NULL DISPLAY.

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER
WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS
PERSON’S USC PROVIDER FOR THE CURRENT ROUND.
{NAME OF MEDICAL CARE PROVIDER.......}

SHOW CARD AC-3.

If there were a choice between treatments, how often would {a medical person at} (PROVIDER) ask (READ NAME(S) BELOW) to help make the decision?

Would you say...

IF ONLY CHILDREN ARE DISPLAYED BELOW, USE THE PRONOUN ‘YOU’ OR THE PARENT’S NAME.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

never, ..................................... 1 {AC30}
sometimes, ............................... 2 {AC30}
usually, or ................................ 3 {AC30}
always? .................................... 4 {AC30}
REF ................................. -7 {AC30}
DK ................................. -8 {AC30}

[Code One]

---------------------------------------------------------------------
| DISPLAY ‘a medical person at’ IF USC PROVIDER BEING LOOPED ON IS FLAGGED AS ‘FACILITY-TYPE-PROVIDER’. OTHERWISE, USE A NULL DISPLAY. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY. |
---------------------------------------------------------------------
ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER
WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS
PERSON'S USC PROVIDER FOR THE CURRENT ROUND.

AC29
OMITTED.

AC30

{NAME OF MEDICAL CARE PROVIDER.......}

Does {a medical person at} (PROVIDER) present and explain all
options to (READ NAME(S) BELOW)?

IF ONLY CHILDREN ARE DISPLAYED BELOW, USE THE PRONOUN 'YOU' OR
THE PARENT'S NAME.

[1. First Name,[Middle Name],Last Name-65]
[2. First Name,[Middle Name],Last Name-65]
[3. First Name,[Middle Name],Last Name-65]

YES .................................... 1 {BOX_05}
NO ..................................... 2 {BOX_05}
REF ................................... -7 {BOX_05}
DK .................................... -8 {BOX_05}

DISPLAY 'a medical person at' IF USC PROVIDER
BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-
PROVIDER.' OTHERWISE, USE A NULL DISPLAY.
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS PERSON’S USC PROVIDER FOR THE CURRENT ROUND.

BOX_05
*****

IF AT LEAST ONE RU MEMBER WAS SELECTED AT AC02A (FLAGGED AS NOT COMFORTABLE CONVERSING IN ENGLISH) AND PERSON IDENTIFIED THIS USC PROVIDER AS THEIR USC PROVIDER (AC05 IS SET TO ‘1’ OR AC06 IS SET TO ‘1’), CONTINUE WITH AC31

OTHERWISE, GO TO END LP02
{NAME OF MEDICAL CARE PROVIDER.......}

Does {someone at} (PROVIDER) speak the language (READ NAME(S) BELOW) prefer(s) or provide translator services for them?

IF ONLY CHILDREN ARE DISPLAYED BELOW, USE THE PRONOUN ‘YOU’ OR THE PARENT’S NAME.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES ..................................... 1 {END_LP02}
NO ..................................... 2 {END_LP02}
REF .................................... -7 {END_LP02}
DK .................................... -8 {END_LP02}

----------------------------------------------------
| DISPLAY 'someone at' IF USC PROVIDER BEING LOOPED |
| ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER.' |
| OTHERWISE, USE A NULL DISPLAY. |
----------------------------------------------------

----------------------------------------------------
| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY. |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
----------------------------------------------------
When answering the next few questions, do not include dental care and prescription medicines.

In the last 12 months, did anyone in the family or a doctor believe they needed any medical care, tests, or treatment?

YES ............................................. 1 {AC32}
NO ............................................. 2 {AC40A}
REF ............................................. -7 {AC40A}
DK ............................................. -8 {AC40A}
In the last 12 months, was anyone in the family **unable to obtain medical** care, tests, or treatments they or a doctor believed necessary?

**YES .................................... 1**
**NO ..................................... 2 {AC36}**
**REF ................................... -7 {AC36}**
**DK .................................... -8 {AC36}**

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR |
| MEDICAL CARE' AT AC33 BY CAPI. |

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_03 |

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH AC33 |

Who was that?

**PROBE:** Was anyone else in the family unable to get **medical** care, tests, or treatments they or a doctor believed necessary?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| IF THE ONLY PERSON SELECTED IS DECEASED OR |
| INSTITUTIONALIZED, GO TO AC36 |
| OTHERWISE, CONTINUE WITH LOOP_03 |

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |

LOOP_03
=======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| AC34 - END_LP03 |

| LOOP DEFINITION: LOOP_03 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE UNMET NEED FOR MEDICAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS NOT INSTITUTIONALIZED |
| - PERSON HAD AN UNMET NEED FOR MEDICAL CARE (I.E., PERSON WAS SELECTED AT AC33) |
AC34
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) unable to get medical care, tests, or treatments (he/she) or a doctor believed necessary?

- COULDN'T AFFORD CARE ......................... 1 {AC35}
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE ..................... 2 {AC35}
- DOCTOR REFUSED TO ACCEPT FAMILY'S INSURANCE PLAN ................................. 3 {AC35}
- PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4 {AC35}
- DIFFERENT LANGUAGE .............................. 5 {AC35}
- COULDN'T GET TIME OFF WORK .................... 6 {AC35}
- DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7 {AC35}
- WAS REFUSED SERVICES ............................. 8 {AC35}
- COULDN'T GET CHILD CARE .......................... 9 {AC35}
- DIDN'T HAVE TIME OR TOOK TOO LONG .......... 10 {AC35}
- OTHER ........................................... 91 {AC35}
- REF .............................................. -7 {AC35}
- DK ............................................... -8 {AC35}

[Code One]

AC35
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) did not get medical care, tests, or treatments (he/she) or a doctor believed necessary?

Would you say ...

- a big problem, .............................. 1 {END_LP03}
- a small problem, or .......................... 2 {END_LP03}
- not a problem? ................................ 3 {END_LP03}
- REF ........................................... -7 {END_LP03}
- DK .............................................. -8 {END_LP03}

[Code One]
END_LP03

---
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
---

---
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND CONTINUE WITH AC36 |
---

AC36

----

In the last 12 months, was anyone in the family delayed in getting medical care, tests, or treatments they or a doctor believed necessary?

YES .................................... 1
NO ..................................... 2 {AC40A}
REF ................................... -7 {AC40A}
DK .................................... -8 {AC40A}

---
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING |
| MEDICAL CARE' AT AC37 BY CAPI. |
---

---
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_04 |
---

---
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH AC37 |
---
Who was that?

PROBE: Was anyone else in the family delayed in getting medical care, tests, or treatments they or a doctor believed necessary?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_04
=======

<p>| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |</p>
<table>
<thead>
<tr>
<th>AC38 – END_LP04</th>
</tr>
</thead>
</table>

<p>| LOOP DEFINITION: LOOP_04 COLLECTS THE MAIN REASON |
| AND THE PROBLEM WITH THE DELAY IN RECEIVING |
| MEDICAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO |
| MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS NOT DECEASED |
| - PERSON IS NOT INSTITUTIONALIZED |
| - PERSON HAD A DELAY IN RECEIVING MEDICAL CARE |</p>
<table>
<thead>
<tr>
<th>(I.E., PERSON WAS SELECTED AT AC37)</th>
</tr>
</thead>
</table>

AC38
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) delayed in getting medical care, tests, or treatments (he/she) or a doctor believed necessary?

- COULDN'T AFFORD CARE .............................. 1 {AC39}
- INSURANCE COMPANY WOULDN'T APPROVE,
  COVER, OR PAY FOR CARE ............................ 2 {AC39}
- DOCTOR REFUSED TO ACCEPT FAMILY’S
  INSURANCE PLAN ................................. 3 {AC39}
- PROBLEMS GETTING TO DOCTOR'S OFFICE ....... 4 {AC39}
- DIFFERENT LANGUAGE ............................. 5 {AC39}
- COULDN'T GET TIME OFF WORK .................... 6 {AC39}
- DIDN'T KNOW WHERE TO GO TO GET CARE ....... 7 {AC39}
- WAS REFUSED SERVICES ............................. 8 {AC39}
- COULDN'T GET CHILD CARE ........................ 9 {AC39}
- DIDN'T HAVE TIME OR TOOK TOO LONG .......... 10 {AC39}
- OTHER .............................................. 91 {AC39}
- REF ................................................. -7 {AC39}
- DK ................................................. -8 {AC39}

[Code One]
AC39
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) (were/was) delayed in getting medical care, tests, or treatments (he/she) or a doctor believed necessary?

Would you say ...

a big problem, ......................... 1 {END_LP04}
a small problem, or ...................... 2 {END_LP04}
not a problem? .......................... 3 {END_LP04}
REF .............................. -7 {END_LP04}
DK .............................. -8 {END_LP04}

[Code One]

END_LP04
-------

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_04 AND CONTINUE WITH AC40A              |
----------------------------------------------------

AC40A
=====

In the last 12 months, did anyone in the family or a dentist believe they needed any dental care, tests, or treatment?

YES ..................................... 1 {AC40}
NO ..................................... 2 {AC48A}
REF .............................. -7 {AC48A}
DK .............................. -8 {AC48A}
In the last 12 months, was anyone in the family unable to obtain dental care, tests, or treatments they or a dentist believed necessary?

YES ........................................ 1
NO ......................................... 2 {AC44}
REF ....................................... 27 {AC44}
DK ......................................... 28 {AC44}

---
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR |
| DENTAL CARE' AT AC41 BY CAPI. |
---

---
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_05 |
---

---
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH AC41 |
---

Who was that?

PROBE: Was anyone else in the family unable to get dental care, tests, or treatments they or a dentist believed necessary?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---
| IF THE ONLY PERSON SELECTED IS DECEASED OR |
| INSTITUTIONALIZED, GO TO AC44 |
---

---
| OTHERWISE, CONTINUE WITH LOOP_05 |
---
ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
NO FILTER; DISPLAY ALL.

LOOP_05
=======

FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK AC42 – END_LP05

LOOP DEFINITION: LOOP_05 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE UNMET NEED FOR DENTAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD AN UNMET NEED FOR DENTAL CARE (I.E., PERSON WAS SELECTED AT AC41)
AC42
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) unable to get dental care, tests, or treatments (he/she) or a dentist believed necessary?

- COULDN'T AFFORD CARE .......................... 1 {AC43}
- INSURANCE COMPANY WOULDN'T APPROVE, COVER, OR PAY FOR CARE .............. 2 {AC43}
- DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN .............................. 3 {AC43}
- PROBLEMS GETTING TO DOCTOR’S OFFICE ........................................... 4 {AC43}
- DIFFERENT LANGUAGE .................................................. 5 {AC43}
- COULDN'T GET TIME OFF WORK ........................................... 6 {AC43}
- DIDN'T KNOW WHERE TO GO TO GET CARE ...................................... 7 {AC43}
- WAS REFUSED SERVICES .................................................. 8 {AC43}
- COULDN’T GET CHILD CARE ............................................ 9 {AC43}
- DIDN’T HAVE TIME OR TOOK TOO LONG ................................ 10 {AC43}
- OTHER ............................................................... 91 {AC43}
- REF ............................................................... -7 {AC43}
- DK ............................................................... -8 {AC43}

[Code One]

AC43
====

{PERSON’S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) did not get dental care, tests, or treatments (he/she) or a dentist believed necessary?

Would you say ...

- a big problem, ................................. 1 {END_LP05}
- a small problem, or ......................... 2 {END_LP05}
- not a problem? ................................. 3 {END_LP05}
- REF .................................................... -7 {END_LP05}
- DK ..................................................... -8 {END_LP05}

[Code One]
END_LP05
========

<p>| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |</p>
<table>
<thead>
<tr>
<th>MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION</th>
</tr>
</thead>
</table>

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_05 AND CONTINUE WITH AC44 |
----------------------------------------------------

AC44
====

In the last 12 months, was anyone in the family **delayed** in getting **dental** care, tests, or treatments they or a dentist believed necessary?

YES .................................... 1
NO ..................................... 2 {AC48A}
REF ................................... -7 {AC48A}
DK .................................... -8 {AC48A}

<p>| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |
| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING |</p>
<table>
<thead>
<tr>
<th>DENTAL CARE' AT AC45 BY CAPI.</th>
</tr>
</thead>
</table>

| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |
| LOOP_06 |

| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE |
| WITH AC45 |
Who was that?

PROBE: Was anyone else in the family delayed in getting dental care, tests, or treatments they or a dentist believed necessary?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

| IF THE ONLY PERSON SELECTED IS DECEASED OR |
| INSTITUTIONALIZED, GO TO AC48A              |

| OTHERWISE, CONTINUE WITH LOOP_06            |

| ROSTER DETAILS:                            |
| TITLE: RU_MEMBERS_1                        |
|                                            |
| COL # 1 HEADER: NAME                       |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION:                         |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR:                           |
| 1. MULTIPLE SELECT ALLOWED.               |
| 2. ADD, DELETE, AND EDIT DISALLOWED.      |

| ROSTER FILTER:                             |
| NO FILTER; DISPLAY ALL.                    |
LOOP_06
=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
| AC46 – END_LP06 |

LOOP DEFINITION: LOOP_06 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE DELAY IN RECEIVING DENTAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD A DELAY IN RECEIVING DENTAL CARE
  (I.E., PERSON WAS SELECTED AT AC45)

AC46
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) delayed in getting dental care, tests, or treatments (he/she) or a dentist believed necessary?

COULDN'T AFFORD CARE ....................... 1 {AC47}
INSURANCE COMPANY WOULDN’T APPROVE, COVER, OR PAY FOR CARE ............... 2 {AC47}
DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN .......................... 3 {AC47}
PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4 {AC47}
DIFFERENT LANGUAGE .......................... 5 {AC47}
COULDN’T GET TIME OFF WORK ............... 6 {AC47}
DIDN’T KNOW WHERE TO GO TO GET CARE ...... 7 {AC47}
WAS REFUSED SERVICES ....................... 8 {AC47}
COULDN’T GET CHILD CARE ..................... 9 {AC47}
DIDN’T HAVE time OR TOOK TOO LONG ...... 10 {AC47}
OTHER ...................................... 91 {AC47}
REF .................................... -7 {AC47}
DK ...................................... -8 {AC47}

[Code One]
AC47
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) were/was delayed in getting dental care, tests, or treatments (he/she) or a dentist believed necessary?

Would you say ...

a big problem, ......................... 1 {END_LP06}
a small problem, or ..................... 2 {END_LP06}
not a problem? .......................... 3 {END_LP06}
REF ..................................... -7 {END_LP06}
DK ....................................... -8 {END_LP06}

END_LP06
======

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION|
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_06 AND CONTINUE WITH AC48A               |
----------------------------------------------------

AC48A
=====

In the last 12 months, did anyone in the family or a doctor believe they needed prescription medicines?

YES .................................... 1 {AC48}
NO ..................................... 2 {BOX_06}
REF ..................................... -7 {BOX_06}
DK ....................................... -8 {BOX_06}
In the last 12 months, was anyone in the family **unable to obtain prescription medicines** they or a doctor believed necessary?

YES ........................................ 1
NO ......................................... 2 {AC52}
REF ......................................... -7 {AC52}
DK ........................................... -8 {AC52}

---------------------------------------------------------------------
| IF CODED '1' (YES) AND A SINGLE-PERSON RU,                        |
| AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR PRESCRIPTION MEDICINES' AT AC49 BY CAPI AND GO TO |
| LOOP_07                                                              |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH AC49       |
---------------------------------------------------------------------

Who was that?

**PROBE:** Was anyone else in the family unable to get **prescription medicines** they or a doctor believed necessary?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---------------------------------------------------------------------
| IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO AC52 |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH LOOP_07                                    |
---------------------------------------------------------------------
| ROSTER DETAILS:                                   |
| TITLE: RU_MEMBERS_1                              |
| COL # 1 HEADER: NAME                            |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,|
| AND LAST NAMES (PERS.FULLNAME)                  |

| ROSTER DEFINITION:                              |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR        |
| SELECTION.                                       |

| ROSTER BEHAVIOR:                                |
| 1. MULTIPLE SELECT ALLOWED.                     |
| 2. ADD, DELETE, AND EDIT DISALLOWED.            |

| ROSTER FILTER:                                  |
| NO FILTER; DISPLAY ALL.                         |

LOOP_07
======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK|
| AC50 – END_LP07                                 |

| LOOP DEFINITION: LOOP_07 COLLECTS THE MAIN REASON|
| AND THE PROBLEM WITH THE UNMET NEED FOR          |
| PRESCRIPTION MEDICINES. THIS LOOP CYCLES ON RU    |
| MEMBERS WHO MEET THE FOLLOWING CONDITIONS:       |
| - PERSON IS NOT DECEASED                         |
| - PERSON IS NOT INSTITUTIONALIZED                |
| - PERSON HAD AN UNMET NEED FOR PRESCRIPTION      |
| MEDICINES (I.E., PERSON WAS SELECTED AT AC49)    |
AC50

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) unable to get prescription medicines (he/she) or a doctor believed necessary?

COULDN'T AFFORD CARE ......................... 1 {AC51}
INSURANCE COMPANY WOULDN'T APPROVE,
    COVER, OR PAY FOR CARE ..................... 2 {AC51}
DOCTOR REFUSED TO ACCEPT FAMILY'S
    INSURANCE PLAN ................................ 3 {AC51}
PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4 {AC51}
DIFFERENT LANGUAGE .............................. 5 {AC51}
COULDN'T GET TIME OFF WORK ................. 6 {AC51}
DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7 {AC51}
WAS REFUSED SERVICES ............................ 8 {AC51}
COULDN'T GET CHILD CARE ...................... 9 {AC51}
DIDN'T HAVE TIME OR TOOK TOO LONG ....... 10 {AC51}
OTHER ............................................ 91 {AC51}
REF ........................................... -7 {AC51}
DK ............................................. -8 {AC51}

[Code One]

AC51

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) did not get prescription medicines (he/she) or a doctor believed necessary?

Would you say ...

a big problem, ............................. 1 {END_LP07}
a small problem, or ..................... 2 {END_LP07}
not a problem? ......................... 3 {END_LP07}
REF ........................................... -7 {END_LP07}
DK ............................................. -8 {END_LP07}

[Code One]
In the last 12 months, was anyone in the family delayed in getting prescription medicines they or a doctor believed necessary?

YES ........................................... 1
NO .............................................. 2 {BOX_06}
REF ........................................... -7 {BOX_06}
DK .............................................. -8 {BOX_06}
Who was that?

PROBE: Was anyone else in the family delayed in getting prescription medicines they or a doctor believed necessary?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

<table>
<thead>
<tr>
<th>IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED, GO TO BOX_06</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH LOOP_08</th>
</tr>
</thead>
</table>

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. |
| 2. ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |
LOOP_08
======

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
| AC54 – END_LP08 |
-----------------------------------------------------------------------------------------

LOOP DEFINITION: LOOP_08 COLLECTS THE MAIN REASON AND THE PROBLEM WITH THE DELAY IN RECEIVING PRESCRIPTION MEDICINES. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON IS NOT DECEASED
- PERSON IS NOT INSTITUTIONALIZED
- PERSON HAD A DELAY IN RECEIVING PRESCRIPTION MEDICINES (I.E., PERSON WAS SELECTED AT AC53)
-----------------------------------------------------------------------------------------

AC54
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

Which of these best describes the main reason (PERSON) (were/was) delayed in getting prescription medicines (he/she) or a doctor believed necessary?

COULDN’T AFFORD CARE ................. 1 {AC55}
INSURANCE COMPANY WOULDN’T APPROVE, COVER, OR PAY FOR CARE ............... 2 {AC55}
DOCTOR REFUSED TO ACCEPT FAMILY’S INSURANCE PLAN ....................... 3 {AC55}
PROBLEMS GETTING TO DOCTOR’S OFFICE ...... 4 {AC55}
DIFFERENT LANGUAGE .................... 5 {AC55}
COULDN’T GET TIME OFF WORK .......... 6 {AC55}
DIDN’T KNOW WHERE TO GO TO GET CARE ..... 7 {AC55}
WAS REFUSED SERVICES ................. 8 {AC55}
COULDN’T GET CHILD CARE .............. 9 {AC55}
DIDN’T HAVE TIME OR TOOK TOO LONG .... 10 {AC55}
OTHER ................................ 91 {AC55}
REF .................................. -7 {AC55}
DK ................................... -8 {AC55}

[Code One]
AC55
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

How much of a problem was it that (PERSON) (were/was) delayed in getting prescription medicines (he/she) or a doctor believed necessary?

Would you say ...

   a big problem, ........................... 1 {END_LP08}
   a small problem, or  ...................... 2 {END_LP08}
   not a problem?  ............................ 3 {END_LP08}
   REF  ................................. -7 {END_LP08}
   DK  ................................. -8 {END_LP08}

{Code One}

END_LP08
=====

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-MEMBERS-ROSTER WHO |
| MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_08 AND CONTINUE WITH BOX_06 |
---------------------------------------------------------------------

BOX_06
=====

---------------------------------------------------------------------
| GO TO NEXT QUESTIONNAIRE SECTION |
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