

Access to Care (AC) Section

BOX\_00A

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| THE AC SECTION IS ASKED IN ROUNDS 2 AND 4 ONLY. |  
| IF IT IS ROUND 1, 3, OR 5, CONTINUE TO THE NEXT |  
| SECTION. |  
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BOX\_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, PROV.LORPNAME |  
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LOOP\_01

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| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
| NAV\_AC01 - END\_LP01 |  
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| 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 |  
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| NAVIGATOR DETAILS: LOOP\_01 USES NAV\_AC01 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
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NAV\_AC01  
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SERIES: Identifying USC Provider (e.g., provider's name, transportation mode, provider's specialty and race)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

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| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
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| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |  
| SELECTION. |  
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-----  
| ROSTER BEHAVIOR: |  
| 1. SELECT ALLOWED. |  
| |  
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |  
| DISALLOWED. |  
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-----  
| ROSTER FILTER: |  
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER |  
| EXCLUDING DECEASED AND INSTITUTIONALIZED RU |  
| MEMBERS. |  
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| CONTINUE WITH AC05 FOR SELECTED RU MEMBER |  
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AC05  
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{PERSON'S FIRST MIDDLE AND LAST NAME}

Is there a particular doctor's office, clinic, health center, or other place that {you/{PERSON}} usually {go/goes} if {you/he/she} {are/is} sick or {need/needs} advice about {your/his/her} 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.

AC06  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Would {you/{PERSON}} go to one of these places first or most often if {you/he/she} {are/is} sick?

|           |               |
|-----------|---------------|
| YES ..... | 1 {AC09}      |
| NO .....  | 2 {AC07}      |
| REF ..... | -7 {END_LP01} |
| DK .....  | -8 {END_LP01} |

AC07

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What is the **main** reason {you/{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      |    |            |
| {YOUR/HIS/HER} 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.

AC07OV

=====

ENTER OTHER REASON:

|                             |    |        |
|-----------------------------|----|--------|
| [Enter Other Specify] ..... |    | {AC08} |
| REF .....                   | -7 | {AC08} |
| DK .....                    | -8 | {AC08} |

AC08  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What are the other reasons {you/{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<br>AREA IS NO LONGER AVAILABLE ..... | 4  |            |
| CAN'T FIND A PROVIDER WHO SPEAKS<br>{YOUR/HIS/HER} LANGUAGE .....         | 5  |            |
| LIKES TO GO TO DIFFERENT PLACES FOR<br>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.

-----  
| 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.) |  
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-----  
| OTHERWISE, GO TO END\_LP01 |  
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AC080V  
=====

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 {you/{PERSON}} usually {go/goes} if {you/he/she} {are/is} sick or {need/needs} advice about {your/his/her} health.

If possible, give me the name of the **particular person** that {you/he/she} 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. |  
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BOX\_01  
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-----  
| ASK THE PROVIDER ROSTER (PV) SECTION |  
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| AT THE COMPLETION OF THE PROVIDER ROSTER (PV) |  
| SECTION, CONTINUE WITH BOX\_02 |  
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BOX\_02  
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-----  
| FLAG THE PROVIDER ADDED OR SELECTED AS THE 'USC |  
| (USUAL SOURCE OF CARE) PROVIDER' FOR THIS PERSON |  
| FOR THIS PARTICULAR ROUND. |  
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-----  
| 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 |  
| AC13 |  
-----

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 {AC13}
- HOSPITAL EMERGENCY ROOM ..... 2 {AC13}
- OTHER KIND OF PLACE ..... 3 {AC13}
- REF ..... -7 {AC13}
- DK ..... -8 {AC13}

[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. |  
-----



AC13  
=====

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

How long does it usually take {you/{PERSON}} to get to {PROVIDER}?

LESS THAN 15 MINUTES ..... 1 {BOX\_03}  
15 TO 30 MINUTES ..... 2 {BOX\_03}  
31 TO 60 MINUTES (1 HOUR) ..... 3 {BOX\_03}  
61 TO 90 MINUTES ..... 4 {BOX\_03}  
91 TO 120 MINUTES (2 HOURS) ..... 5 {BOX\_03}  
MORE THAN 120 MINUTES (2 HOURS) ..... 6 {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 |  
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-----  
| OTHERWISE, GO TO END\_LP01 |  
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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} |

AC17  
=====

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

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]

AC17OV  
=====

OTHER:

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

AC18  
=====

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

Is {PROVIDER} Hispanic or Latino?

|           |    |        |
|-----------|----|--------|
| YES ..... | 1  | {AC19} |
| NO .....  | 2  | {AC19} |
| REF ..... | -7 | {AC19} |
| DK .....  | -8 | {AC19} |

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

[Code All That Apply]

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 |  
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BOX\_04

=====

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-----  
| IF AT LEAST ONE PROVIDER FLAGGED AS 'USC |  
| PROVIDER' ON THE RU-MEDICAL-PROVIDERS-ROSTER, |  
| CONTINUE WITH IntroUSCP |  
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-----  
| OTHERWISE, GO TO AC32A |  
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IntroUSCP

=====

THE NEXT QUESTIONS WILL ONLY BE ASKED ONCE ABOUT  
EACH USUAL SOURCE OF CARE PROVIDER.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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-----  
| CONTINUE WITH LOOP_02 |  
-----
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LOOP\_02

=====

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-----  
| FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS- |  
| ROSTER, ASK NAV_AC02 - END_LP02 |  
-----
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-----  
| 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. |  
| |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_02 USES NAV\_AC02 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
| |  
-----

NAV\_AC02  
=====

SERIES: USC Provider Detail (e.g., experience with provider,  
provider hours, satisfaction with provider's care)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO  
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS  
SERIES.

**USC Provider**

- |                                   |             |
|-----------------------------------|-------------|
| [1. Provider or Facility Name-30] | [Status-25] |
| [2. Provider or Facility Name-30] | [Status-25] |
| [3. Provider or Facility Name-30] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: USC PROVIDER |  
| INSTRUCTIONS: DISPLAY PROVIDER FIRST INITIAL AND |  
| LAST NAME IF PERSON-PROVIDER OR PERSON-IN-FACILITY |  
| PROVIDER. DISPLAY FACILITY NAME IF FACILITY- |  
| PROVIDER. |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH PROVIDER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

-----  
| ROSTER FILTER: |  
| DISPLAY ALL PROVIDERS WHO MEET THE FOLLOWING |  
| CONDITIONS: |  
| - PROVIDER FLAGGED AS 'USC PROVIDER' DURING THE |  
| CURRENT ROUND FOR A CURRENT RU MEMBER. |  
-----

-----  
| CONTINUE WITH AC21 FOR SELECTED PROVIDER. |  
-----

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.

-----  
| DISPLAY 'person' IF THE USC PROVIDER BEING LOOPED |  
| ON IS FLAGGED AS 'PERSON-TYPE-PROVIDER' OR |  
| 'PERSON-IN-FACILITY-PROVIDER'. DISPLAY 'place' |  
| IF USC PROVIDER BEING LOOPED ON IS FLAGGED AS |  
| 'FACILITY-TYPE-PROVIDER'. |  
-----

-----  
| 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) |  
-----

-----  
| 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 |  
-----

-----  
| OTHERWISE, CONTINUE WITH AC24 |  
-----

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]

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

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) (is/are) 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 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. |  
-----
```

AC28  
=====

{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. |  
-----

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 RE102B WAS CODED '3' (NOT WELL) OR '4' (NOT AT |  
| ALL) FOR AT LEAST ONE RU MEMBER IN ANY ROUND 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 |  
-----



AC31  
=====

{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. |  
-----

```
-----  
| 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  
| AND  
| - RE102B WAS CODED '3' (NOT WELL) OR '4' (NOT AT  
| ALL) FOR THIS PERSON IN ANY ROUND.  
-----
```

END\_LP02  
=====

```
-----  
| CYCLE ON NEXT PROVIDER IN THE RU-MEDICAL-  
| PROVIDERS-ROSTER WHO MEETS THE CONDITIONS STATED  
| IN THE LOOP DEFINITION.  
-----
```

```
-----  
| IF NO OTHER PROVIDERS MEET THE STATED CONDITIONS,  
| END LOOP_02 AND CONTINUE WITH AC32A  
-----
```

AC32A  
=====

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}

AC32  
====

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 |  
-----

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 |  
| NAV\_AC03 - 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) |  
| |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_03 USES NAV\_AC03 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
| |  
-----

NAV\_AC03  
=====

SERIES: Reason for Being Unable to Obtain Medical Care

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

```
-----  
| ROSTER FILTER: |  
| DISPLAY ALL 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) |  
-----  
  
-----  
| CONTINUE WITH AC34 FOR SELECTED RU MEMBER |  
-----
```

AC34  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

- COULDN'T AFFORD CARE ..... 1 {END\_LP03}
- INSURANCE COMPANY WOULDN'T APPROVE,  
COVER, OR PAY FOR CARE ..... 2 {END\_LP03}
- DOCTOR REFUSED TO ACCEPT FAMILY'S  
INSURANCE PLAN ..... 3 {END\_LP03}
- PROBLEMS GETTING TO DOCTOR'S OFFICE ..... 4 {END\_LP03}
- DIFFERENT LANGUAGE ..... 5 {END\_LP03}
- COULDN'T GET TIME OFF WORK ..... 6 {END\_LP03}
- DIDN'T KNOW WHERE TO GO TO GET CARE ..... 7 {END\_LP03}
- WAS REFUSED SERVICES ..... 8 {END\_LP03}
- COULDN'T GET CHILD CARE ..... 9 {END\_LP03}
- DIDN'T HAVE TIME OR TOOK TOO LONG ..... 10 {END\_LP03}
- OTHER ..... 91 {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 |  
-----

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]

-----  
| IF THE ONLY PERSON SELECTED IS DECEASED OR |  
| INSTITUTIONALIZED, GO TO AC40A |  
-----

-----  
| OTHERWISE, CONTINUE WITH LOOP\_04 |  
-----

-----  
| 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\_04

=====

-----  
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
| NAV\_AC04 - END\_LP04 |  
-----

-----  
| 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 |  
| (I.E., PERSON WAS SELECTED AT AC37) |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_04 USES NAV\_AC04 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
-----

NAV\_AC04

=====

SERIES: Reason for Delay In Obtaining Medical Care

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

-----  
| ROSTER FILTER: |  
| DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING |  
| CONDITIONS: |  
| - PERSON IS NOT DECEASED |  
| - PERSON IS NOT INSTITUTIONALIZED |  
| - PERSON HAD A DELAY IN RECEIVING MEDICAL CARE |  
| (I.E., PERSON WAS SELECTED AT AC37) |  
-----

-----  
| CONTINUE WITH AC38 FOR SELECTED RU MEMBER |  
-----

AC38  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

- COULDN'T AFFORD CARE ..... 1 {END\_LP04}
- INSURANCE COMPANY WOULDN'T APPROVE,  
COVER, OR PAY FOR CARE ..... 2 {END\_LP04}
- DOCTOR REFUSED TO ACCEPT FAMILY'S  
INSURANCE PLAN ..... 3 {END\_LP04}
- PROBLEMS GETTING TO DOCTOR'S OFFICE ..... 4 {END\_LP04}
- DIFFERENT LANGUAGE ..... 5 {END\_LP04}
- COULDN'T GET TIME OFF WORK ..... 6 {END\_LP04}
- DIDN'T KNOW WHERE TO GO TO GET CARE ..... 7 {END\_LP04}
- WAS REFUSED SERVICES ..... 8 {END\_LP04}
- COULDN'T GET CHILD CARE ..... 9 {END\_LP04}
- DIDN'T HAVE TIME OR TOOK TOO LONG ..... 10 {END\_LP04}
- OTHER ..... 91 {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}

AC40  
=====

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 ..... -7 {AC44}  
DK ..... -8 {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 |  
-----

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 |  
| NAV\_AC05 - 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) |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_05 USES NAV\_AC05 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
-----

NAV\_AC05  
=====

SERIES: Reason for Being Unable to Obtain Dental Care

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

-----  
| ROSTER FILTER: |  
| DISPLAY ALL 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) |  
-----

-----  
| CONTINUE WITH AC42 FOR SELECTED RU MEMBER |  
-----

AC42

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

|   |    |            |
|---|----|------------|
| COULDN'T AFFORD CARE .....  | 1  | {END_LP05} |
| INSURANCE COMPANY WOULDN'T APPROVE,<br>COVER, OR PAY FOR CARE ..... | 2  | {END_LP05} |
| DOCTOR REFUSED TO ACCEPT FAMILY'S<br>INSURANCE PLAN .....           | 3  | {END_LP05} |
| PROBLEMS GETTING TO DOCTOR'S OFFICE .....                           | 4  | {END_LP05} |
| DIFFERENT LANGUAGE .....  | 5  | {END_LP05} |
| COULDN'T GET TIME OFF WORK .....                                    | 6  | {END_LP05} |
| DIDN'T KNOW WHERE TO GO TO GET CARE .....                           | 7  | {END_LP05} |
| WAS REFUSED SERVICES .....  | 8  | {END_LP05} |
| COULDN'T GET CHILD CARE .....                                       | 9  | {END_LP05} |
| DIDN'T HAVE TIME OR TOOK TOO LONG .....                             | 10 | {END_LP05} |
| OTHER .....   | 91 | {END_LP05} |
| REF .....   | -7 | {END_LP05} |
| DK .....  | -8 | {END_LP05} |

[Code One]

END\_LP05

=====

-----  
| 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\_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}

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |  
| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING |  
| DENTAL CARE' AT AC45 BY CAPI. |  
-----

-----  
| 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 |  
-----

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 |  
| NAV\_AC06 - 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) |  
| |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_06 USES NAV\_AC06 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
| |  
-----

NAV\_AC06  
=====

SERIES: Reason for Delay In Obtaining Dental Care

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

```
-----  
| ROSTER FILTER: |  
| DISPLAY ALL 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) |  
-----  
  
-----  
| CONTINUE WITH AC46 FOR SELECTED RU MEMBER |  
-----
```

AC46  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

- COULDN'T AFFORD CARE ..... 1 {END\_LP06}
- INSURANCE COMPANY WOULDN'T APPROVE,  
COVER, OR PAY FOR CARE ..... 2 {END\_LP06}
- DOCTOR REFUSED TO ACCEPT FAMILY'S  
INSURANCE PLAN ..... 3 {END\_LP06}
- PROBLEMS GETTING TO DOCTOR'S OFFICE ..... 4 {END\_LP06}
- DIFFERENT LANGUAGE ..... 5 {END\_LP06}
- COULDN'T GET TIME OFF WORK ..... 6 {END\_LP06}
- DIDN'T KNOW WHERE TO GO TO GET CARE ..... 7 {END\_LP06}
- WAS REFUSED SERVICES ..... 8 {END\_LP06}
- COULDN'T GET CHILD CARE ..... 9 {END\_LP06}
- DIDN'T HAVE TIME OR TOOK TOO LONG ..... 10 {END\_LP06}
- OTHER ..... 91 {END\_LP06}
- REF ..... -7 {END\_LP06}
- DK ..... -8 {END\_LP06}

[Code One]

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}

AC48  
=====

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 |  
-----

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 |  
| NAV\_AC07 - 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) |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_07 USES NAV\_AC07 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
-----

NAV\_AC07

=====

SERIES: Reason for Being Unable to Obtain Prescription Medicines

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

-----  
| ROSTER FILTER: |  
| DISPLAY ALL 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) |  
-----

-----  
| CONTINUE WITH AC50 FOR SELECTED RU MEMBER |  
-----



AC50  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

- COULDN'T AFFORD CARE ..... 1 {END\_LP07}
- INSURANCE COMPANY WOULDN'T APPROVE,  
COVER, OR PAY FOR CARE ..... 2 {END\_LP07}
- DOCTOR REFUSED TO ACCEPT FAMILY'S  
INSURANCE PLAN ..... 3 {END\_LP07}
- PROBLEMS GETTING TO DOCTOR'S OFFICE ..... 4 {END\_LP07}
- DIFFERENT LANGUAGE ..... 5 {END\_LP07}
- COULDN'T GET TIME OFF WORK ..... 6 {END\_LP07}
- DIDN'T KNOW WHERE TO GO TO GET CARE ..... 7 {END\_LP07}
- WAS REFUSED SERVICES ..... 8 {END\_LP07}
- COULDN'T GET CHILD CARE ..... 9 {END\_LP07}
- DIDN'T HAVE TIME OR TOOK TOO LONG ..... 10 {END\_LP07}
- OTHER ..... 91 {END\_LP07}
- REF ..... -7 {END\_LP07}
- DK ..... -8 {END\_LP07}

[Code One]

END\_LP07  
=====

-----  
| 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\_07 AND CONTINUE WITH AC52 |  
-----

AC52  
====

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}

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |  
| AUTOMATICALLY CODE PERSON AS 'DELAY IN RECEIVING |  
| PRESCRIPTION MEDICINES' AT AC53 BY CAPI AND GO TO |  
| LOOP\_08 |  
-----

-----  
| IF CODED '1' (YES) AND A MULTI-PERSON RU, |  
| CONTINUE WITH AC53 |  
-----

AC53  
====

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]

-----  
| IF THE ONLY PERSON SELECTED IS DECEASED OR |  
| INSTITUTIONALIZED, GO TO BOX\_06 |  
-----

-----  
| OTHERWISE, CONTINUE WITH LOOP\_08 |  
-----

-----  
| 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 |  
| NAV\_AC08 - 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) |  
| |  
-----

-----  
| NAVIGATOR DETAILS: LOOP\_08 USES NAV\_AC08 TO |  
| CONTROL THE FLOW OF THE LOOP. |  
| |  
-----

NAV\_AC08  
=====

SERIES: Reason for Delay In Obtaining Prescription Medicines

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "**DONE**," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

|  |             |
|--|-------------|
| [1. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [2. First Name, [Middle Name], Last Name-65] | [Status-25] |
| [3. First Name, [Middle Name], Last Name-65] | [Status-25] |

-----  
| ROSTER DETAILS: |  
| COL # 1 HEADER: RU MEMBER |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
| COL # 2 HEADER: EMPTY |  
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |  
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |  
| IS PRESENTED |  
-----

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

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

```
-----  
| ROSTER FILTER: |  
| DISPLAY ALL 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) |  
-----
```

```
-----  
| CONTINUE WITH AC54 FOR SELECTED RU MEMBER |  
-----
```

AC54  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

|   |    |            |
|---|----|------------|
| COULDN'T AFFORD CARE .....  | 1  | {END_LP08} |
| INSURANCE COMPANY WOULDN'T APPROVE,<br>COVER, OR PAY FOR CARE ..... | 2  | {END_LP08} |
| DOCTOR REFUSED TO ACCEPT FAMILY'S<br>INSURANCE PLAN .....           | 3  | {END_LP08} |
| PROBLEMS GETTING TO DOCTOR'S OFFICE .....                           | 4  | {END_LP08} |
| DIFFERENT LANGUAGE .....  | 5  | {END_LP08} |
| COULDN'T GET TIME OFF WORK .....                                    | 6  | {END_LP08} |
| DIDN'T KNOW WHERE TO GO TO GET CARE .....                           | 7  | {END_LP08} |
| WAS REFUSED SERVICES .....  | 8  | {END_LP08} |
| COULDN'T GET CHILD CARE .....                                       | 9  | {END_LP08} |
| DIDN'T HAVE TIME OR TOOK TOO LONG .....                             | 10 | {END_LP08} |
| OTHER .....   | 91 | {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 |  
-----