The MEPS instrument design changed beginning in Spring of 2018, affecting Panel 23 Round 1, Panel 22 Round 3, and Panel 21 Round 5, and affected the 2017 MEPS data files. The MEPS website releases the consolidated CAPI survey instruments each year for the Rounds 1 through 3 for the first year panel and Rounds 3 through 5 for the second year panel to accompany data releases. For the Full-Year 2017 PUFs, the Panel 22 Round 3 and Panel 21 Round 5 data were transformed to the degree possible to conform to the previous year (2016) design. For this reason, we are releasing 2016 CAPI survey instruments, updated to reflect 2017 dates, and users should note that not all changes to the instrument administered in the Spring of 2018 will be reflected in these documents.
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              |
----------------------------------------------------

LOOP_01

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK    |
| NAV_AC01 - 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                |
----------------------------------------------------

----------------------------------------------------
| NAVIGATOR DETAILS: LOOP_01 USES NAV_AC01 TO       |
| CONTROL THE FLOW OF THE LOOP.                     |
----------------------------------------------------
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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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: RU MEMBER</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>COL # 2 HEADER: EMPTY</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED</td>
</tr>
</tbody>
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<tr>
<th>ROSTER DEFINITION:</th>
</tr>
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<tbody>
<tr>
<td>THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.</td>
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<tr>
<td>1. SELECT ALLOWED.</td>
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<tr>
<td>2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER EXCLUDING DECEASED AND INSTITUTIONALIZED RU MEMBERS.</td>
</tr>
</tbody>
</table>
AC05
====

{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}
MEPS P21R5/P22R3/P23R1 Access to Care (AC) Section
November 14, 2017

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}
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 AREA IS NO LONGER AVAILABLE ........... 4
- CAN’T FIND A PROVIDER WHO SPEAKS (YOUR/HIS/HER) 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.

| 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). |
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 {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. |
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 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 |
------------------------------

| 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}
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<tbody>
<tr>
<td>General/Family Practice</td>
<td>1</td>
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<tr>
<td>Internal Medicine</td>
<td>2</td>
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<tr>
<td>Pediatrics</td>
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<td>OB/GYN</td>
<td>4</td>
</tr>
<tr>
<td>Surgery</td>
<td>5</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>6</td>
</tr>
<tr>
<td>Cardiologist</td>
<td>7</td>
</tr>
<tr>
<td>Doctor of Osteopathy</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>91</td>
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Other: [Enter Other Specify]  

<table>
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<tbody>
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<td>REF</td>
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<td>DK</td>
<td>-8</td>
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<table>
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<tr>
<th>Specialty</th>
<th>Code</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>

Is {PROVIDER} Hispanic or Latino?

<table>
<thead>
<tr>
<th>Code</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>YES</td>
<td>1</td>
</tr>
<tr>
<td>NO</td>
<td>2</td>
</tr>
<tr>
<td>REF</td>
<td>-7</td>
</tr>
<tr>
<td>DK</td>
<td>-8</td>
</tr>
</tbody>
</table>
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                                       |
----------------------------------------------------

12
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 IntroUSCP

OTHERWISE, GO TO AC32A

IntroUSCP
========

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

CONTINUE WITH LOOP_02

LOOP_02
======

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

----------------------------------------------------


----------------------------------------------------

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. |
-----------------------------------
(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)

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-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. |
{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]
<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
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<tbody>
<tr>
<td>1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
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<tbody>
<tr>
<td>DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER</td>
<td></td>
</tr>
<tr>
<td>WHO IDENTIFIED PROVIDER BEING ASKED ABOUT AS</td>
<td></td>
</tr>
<tr>
<td>PERSON’S USC PROVIDER FOR THE CURRENT ROUND.</td>
<td></td>
</tr>
</tbody>
</table>

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. | |

22
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.

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.     |
----------------------------------------------------
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 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.
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                                |
----------------------------------------------------
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
{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?

COULN’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}  
COULN’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}  
COULN’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 |
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 |
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]
<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: RU MEMBER</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>COL # 2 HEADER: EMPTY</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>ROSTER DEFINITION:</th>
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</thead>
<tbody>
<tr>
<td>THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISPLAY ALL RU MEMBERS WHO MEET THE FOLLOWING CONDITIONS:</td>
</tr>
<tr>
<td>- PERSON IS NOT DECEASED</td>
</tr>
<tr>
<td>- PERSON IS NOT INSTITUTIONALIZED</td>
</tr>
<tr>
<td>- PERSON HAD AN UNMET NEED FOR DENTAL CARE (I.E., PERSON WAS SELECTED AT AC41)</td>
</tr>
</tbody>
</table>

| 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, COVER, OR PAY FOR CARE ................. 2 {END_LP05}
- DOCTOR REFUSED TO ACCEPT FAMILY’S 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 |
----------------------------------------------------
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}

**AC44**

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]

**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?
| 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. |
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.
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                                         |
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| 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

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| 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)      |
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----------------------------------------------------
| 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 |
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_07 AND CONTINUE WITH AC52 |
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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                                |
----------------------------------------------------

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.
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 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

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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,
    COVER, OR PAY FOR CARE ...................... 2 {END_LP08}
DOCTOR REFUSED TO ACCEPT FAMILY’S 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 |
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_08 AND CONTINUE WITH BOX_06             |
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BOX_06

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| GO TO NEXT QUESTIONNAIRE SECTION                  |
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