LOOP_01
=======

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

AC01
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

```
YES ..................................... 1 {AC05}
NO ...................................... 2 {AC03}
MORE THAN ONE PLACE ..................... 3
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}
```

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC02
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

```
YES ..................................... 1 {AC05}
NO ......................................  2
REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}
```

AC03
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

What is the **main** reason (PERSON) (do/does) not have a usual
source of health care?

```
SELDOM OR NEVER GETS SICK ..............  1 {AC04}
RECENTLY MOVED INTO AREA ...............  2 {AC04}
DON'T KNOW WHERE TO GO FOR CARE ........  3 {AC04}
USUAL SOURCE OF MEDICAL CARE IN THIS
   AREA IS NO LONGER AVAILABLE ..........  4 {AC04}
CAN'T FIND A PROVIDER WHO SPEAKS
   (PERSON)'S LANGUAGE ..................  5 {AC04}
LIKES TO GO TO DIFFERENT PLACES FOR
   DIFFERENT HEALTH NEEDS ...............  6 {AC04}
JUST CHANGED INSURANCE PLANS ...........  7 {AC04}
DON'T USE DOCTORS/TREAT MYSELF .........  8 {AC04}
COST OF MEDICAL CARE ...................  9 {AC04}
OTHER REASON ........................... 91
REF .................................... -7 {END_LP01}
DK ..................................... -8 {END_LP01}
```

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC03OV
======

ENTER OTHER REASON:

```
[Enter Other Specify] ..................
REF .................................... -7
DK ..................................... -8
```

AC04
====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

CODE ALL THAT APPLY.

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

                [Code All That Apply]

    PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

        | IF CODED '91' (OTHER REASON) ALONE OR IN |
        | COMBINATION WITH OTHER CODES, CONTINUE WITH AC04OV|

        | OTHERWISE, GO TO END_LP01 |

        | EDIT: IF CODED '0' (NO OTHER REASONS), '-7' |
        | (REFUSED), OR '-8 (DON'T KNOW) IN THE FIRST FIELD,|
        | NO OTHER REASON CATEGORY CAN BE CODED. IF CODED |
        | '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8' |
        | (DON'T KNOW), IN A FIELD OTHER THAN THE FIRST |
        | FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY |
        | THE FOLLOWING MESSAGE: 'INVALID RESPONSE. PRESS |
        | ENTER ON A BLANK FIELD.' |

AC04OV
======

             ENTER OTHER REASON:

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

AC05
====

             {PERSON'S FIRST MIDDLE AND LAST NAME}

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

             PRESS ENTER TO CONTINUE.

                 PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

BOX_01
======

                 | ASK THE PROVIDER ROSTER (PV) SECTION |

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

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 'PERSON-IN-FACILITY-PROVIDER'     |
|  AND AC06 WAS NOT ALREADY ASKED FOR THIS USC         |
|  PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC06     |
--------------------------------------------------------


--------------------------------------------------------
|  IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-TYPE-    |
|  PROVIDER', GO TO AC09A                              |
--------------------------------------------------------


--------------------------------------------------------
|  OTHERWISE, GO TO BOX_03                             |
--------------------------------------------------------
```

AC06
====

{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
HOSPITAL EMERGENCY ROOM .................  2 {BOX_03}
OTHER KIND OF PLACE .....................  3 {BOX_03}
REF .....................................  -7 {BOX_03}
DK ......................................  -8 {BOX_03}
```

                          [Code One]

     PRESS F1 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'.                   |
    --------------------------------------------------


    --------------------------------------------------
    |  IF CODED '2' (HOSPITAL EMERGENCY ROOM), FLAG THIS |
    |  USC PROVIDER AS 'HOSPITAL BASED'.               |
    --------------------------------------------------


    --------------------------------------------------
    |  NOTE:  FOR QUESTIONS AC06 - AC12, 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.                                            |
    --------------------------------------------------
```

AC07
====

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

Is this clinic or outpatient department owned and operated by
the hospital or is this a private doctor's office located at
the hospital?

```
    OWNED AND OPERATED BY HOSPITAL ..........  1
    PRIVATE DOCTOR'S OFFICE .................  2
    REF ....................................  -7
    DK .....................................  -8
```

[Code One]

```
    -------------------------------------------------------
    |   IF CODED '1' (OWNED AND OPERATED BY HOSPITAL) OR   |
    |   '-8' (DON'T KNOW), FLAG THIS USC PROVIDER AS       |
    |   'HOSPITAL BASED'.                                  |
    -------------------------------------------------------
```

BOX_03
======

```
    -------------------------------------------------------
    |   IF THIS USC PROVIDER IS FLAGGED AS 'HOSPITAL       |
    |   BASED', CONTINUE WITH AC08                         |
    -------------------------------------------------------
```

```
    -------------------------------------------------------
    |   OTHERWISE, GO TO AC09A                             |
    -------------------------------------------------------
```

AC08
====

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

What is the **main** reason (PERSON) usually (go/goes) to
(PROVIDER), that is, {someone who works at} a {hospital
emergency room/hospital clinic or outpatient department}, for
health care?

        PREFERS/LIKES THIS AS A SOURCE OF CARE .. 1 {AC09}
        DON'T KNOW WHERE ELSE TO GO .... 2 {AC09}
        CAN'T AFFORD TO GO ELSEWHERE .... 3 {AC09}
        MY DOCTOR HAS AN OFFICE AT THE OUTPATIENT
           DEPARTMENT/CLINIC .... 4 {AC09}
        ONLY CARE AVAILABLE WHEN (PERSON) HAS
           TIME TO GO .... 5 {AC09}
        CONVENIENCE .... 6 {AC09}
        BEST PLACE TO GET CARE FOR MY HEALTH
           CONDITION .... 7 {AC09}
        OTHER REASON 91
        REF .... -7 {AC09A}
        DK .... -8 {AC09A}

                        [Code One]

        | DISPLAY 'someone who works at' IF THIS USC |
        | PROVIDER IS FLAGGED AS 'PERSON-IN-FACILITY- |
        | PROVIDER'. OTHERWISE, USE A NULL DISPLAY. |
        | |
        | DISPLAY 'hospital emergency room' IF AC06 WAS |
        | CODED '2' (HOSPITAL EMERGENCY ROOM) DURING ANY |
        | LOOP FOR THIS USC PROVIDER. DISPLAY 'hospital |
        | clinic or outpatient department' IF AC07 WAS CODED|
        | '1' (OWNED AND OPERATED BY HOSPITAL) OR '-8' |
        | (DON'T KNOW) DURING ANY LOOP FOR THIS USC |
        | PROVIDER. |

AC08OV
======

        ENTER OTHER REASON:

        [Enter Other Specify] ....
        REF .... -7
        DK .... -8

AC09
====

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

What are the other reasons (PERSON) usually (go/goes) to
(PROVIDER) for health care?

CODE ALL THAT APPLY.

```
        NO OTHER REASONS ........................  0
        PREFERS/LIKES THIS AS A SOURCE OF CARE ..  1
        DON'T KNOW WHERE ELSE TO GO .............  2
        CAN'T AFFORD TO GO ELSEWHERE ............  3
        MY DOCTOR HAS AN OFFICE AT THE OUTPATIENT
           DEPARTMENT/CLINIC ....................  4
        ONLY CARE AVAILABLE WHEN (PERSON) HAS
           TIME TO GO ...........................  5
        CONVENIENCE .............................  6
        BEST PLACE TO GET CARE FOR MY HEALTH
           CONDITION ............................  7
        OTHER REASON ............................ 91
        REF .................................... -7
        DK ..................................... -8
```

[Code All That Apply]

```
--------------------------------------------------
| IF CODED '91' (OTHER REASON) ALONE OR IN        |
| COMBINATION WITH OTHER CODES, CONTINUE WITH AC09OV|
--------------------------------------------------


--------------------------------------------------
| OTHERWISE, GO TO AC09A                           |
--------------------------------------------------


--------------------------------------------------
| EDIT:  IF CODED '0' (NO OTHER REASONS), '-7'    |
| (REFUSED), OR '-8 (DON'T KNOW) IN THE FIRST FIELD,|
| NO OTHER REASON CATEGORY CAN BE CODED.  IF CODED |
| '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8'  |
| (DON'T KNOW), IN A FIELD OTHER THAN THE FIRST    |
| FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY  |
| THE FOLLOWING MESSAGE:  'INVALID RESPONSE.  PRESS|
| ENTER ON A BLANK FIELD.'                         |
--------------------------------------------------
```

AC09OV
======

ENTER OTHER REASON:

[Enter Other Specify] ....
REF .... -7
DK .... -8

AC09A
=====

How does (PERSON) usually get to (PROVIDER)?

DRIVE/IS DRIVEN 1
TAXI, BUS, TRAIN, OTHER
    PUBLIC TRANSPORTATION 2
WALKS 3
REF .... -7
DK .... -8

BOX_04
======

```
--------------------------------------------------------
|   IF THIS USC PROVIDER IS FLAGGED AS 'PERSON-       |
|   TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER'   |
|   AND AC10 WAS NOT ALREADY ASKED FOR THIS USC       |
|   PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC10   |
--------------------------------------------------------


--------------------------------------------------------
|   OTHERWISE, GO TO END_LP01                         |
--------------------------------------------------------
```


AC10
====

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

Is (PROVIDER) a medical doctor?

YES .... 1 {AC12}
NO 2
REF .... -7 {END_LP01}
DK .... -8 {END_LP01}

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

AC11
====

{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?

CODE '5' IF CHIROPRACTOR VOLUNTEERED AS TYPE OF MEDICAL PERSON.

        NURSE .... 1 {END_LP01}
        NURSE PRACTITIONER .... 2 {END_LP01}
        PHYSICIAN'S ASSISTANT .... 3 {END_LP01}
        MIDWIFE .... 4 {END_LP01}
        CHIROPRACTOR .... 5 {END_LP01}
        OTHER 91
        REF .... -7 {END_LP01}
        DK .... -8 {END_LP01}

                        [Code One]

        PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

AC11OV
======

ENTER OTHER:

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

AC12
====

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

What is (PROVIDER)'s specialty?

GENERAL/FAMILY PRACTICE .... 1 {END_LP01}
INTERNAL MEDICINE .... 2 {END_LP01}
PEDIATRICS .... 3 {END_LP01}
OB/GYN .... 4 {END_LP01}
SURGERY .... 5 {END_LP01}
CHIROPRACTOR .... 6 {END_LP01}
OTHER 91
REF .... -7 {END_LP01}
DK .... -8 {END_LP01}

[Code One]

AC12OV
======

ENTER OTHER:

[Enter Other Specify] ....
REF .... -7
DK .... -8

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_05 |

BOX_05
======

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

---------------------------------------------------
|  OTHERWISE, GO TO AC22                            |
---------------------------------------------------
```

LOOP_02
=======

```
---------------------------------------------------
|  FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS-    |
|  ROSTER, ASK AC13-END_LP02                        |
---------------------------------------------------

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

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

AC13
====

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

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

           TO SCROLL, USE ARROW KEYS. TO LEAVE SCREEN, PRESS ESC.

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

```
     ------------------------------------------------------
    |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
    |  ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING   |
    |  CONDITION:                                        |
    |  - PERSON IDENTIFIED PROVIDER BEING ASKED ABOUT AS |
    |     PERSON'S USC PROVIDER FOR THE CURRENT ROUND    |
     ------------------------------------------------------
```

AC14
====

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

Is (PROVIDER) the {person/place} they would go to for ...

                                                    YES = 1
                                                    NO = 2

AC14_01   a. New health problems?   (   )
AC14_02   b. Preventive health care, such as general
               checkups, examinations, and immunizations? (   )
AC14_03   c. Referrals to other health professionals when
               needed?   (   )

        PRESS F1 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. |

        | IF AC06 WAS CODED '2' (HOSPITAL EMERGENCY ROOM) |
        | FOR THIS USC PROVIDER, GO TO AC19 |

        | OTHERWISE, CONTINUE WITH AC15 |

AC15
====

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

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

        YES 1
        NO 2
        REF .... -7
        DK .... -8

AC16
====

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

When they go to (PROVIDER), do they usually have an appointment
ahead of time, just walk in, or sometimes have an appointment
and sometimes not?

```
        HAVE APPOINTMENT ........................  1
        JUST WALKS IN ...........................  2 {AC19}
        SOMETIMES APPOINTMENT, SOMETIMES
          WALKS IN ..............................  3
        REF .....................................  -7 {AC19}
        DK ......................................  -8 {AC19}
```

                      [Code One]

AC17
====

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

How difficult is it to get appointments with (PROVIDER) on
short notice, for example, within one or two days?

Would you say it is ...

{IF ASKED WHAT IS MEANT BY 'APPOINTMENTS WITH (PROVIDER)', SAY:
This refers to appointments with **any** medical person at
(PROVIDER), not necessarily a specific medical person.}

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

                      [Code One]

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

AC18
====

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

If they arrive on time for an appointment, about how long do
they usually have to wait before seeing {a medical person at}
(PROVIDER)?

```
    LESS THAN 5 MINUTES ....................  1
    5 TO 15 MINUTES ........................  2
    16 TO 30 MINUTES .......................  3
    31 MINUTES TO 59 MINUTES ...............  4
    1 TO 2 HOURS ...........................  5
    MORE THAN 2 HOURS ......................  6
    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.     |
--------------------------------------------------
```

AC19
====

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

How difficult is it to contact {a medical person at} (PROVIDER)
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.     |
--------------------------------------------------
```

AC19A
=====

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

Does (PROVIDER) generally listen to them and give them the
information needed about health and health care?

```
        YES ...................................... 1
        NO  ......................................  2
        REF ...................................... -7
        DK  ...................................... -8
```

AC19B
=====

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

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

```
        YES ...................................... 1
        NO  ......................................  2
        REF ...................................... -7
        DK  ...................................... -8
```

AC19C
=====

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

Are they confident in (PROVIDER)'s ability to help when they
have a medical problem?

```
        YES ...................................... 1
        NO  ......................................  2
        REF ...................................... -7
        DK  ...................................... -8
```

AC19D
=====

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

How satisfied are they with the professional staff at
{(PROVIDER)/(PROVIDER)'s office}?

Would you say ...

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

                        [Code One]

          PRESS F1 FOR DEFINITION OF PROFESSIONAL STAFF.

          | DISPLAY '(PROVIDER)' IF USC PROVIDER BEING LOOPED |
          | ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'. |
          | OTHERWISE, DISPLAY '(PROVIDER)'s office'. |

AC19E
=====

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

Overall, how satisfied are they with the quality of care
received from (PROVIDER)?

Would you say ...

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

                        [Code One]

          | DISPLAY '(PROVIDER)' IF USC PROVIDER BEING LOOPED |
          | ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER'. |
          | OTHERWISE, DISPLAY '(PROVIDER)'s office'. |

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 AC20                 |
-------------------------------------------------------
```

AC20
====

Over the last year, has anyone in the family changed the person
or place they usually go if they are sick or need advice about
their health?

```
        YES ...................................   1
        NO  ...................................   2 {AC24}
        REF ...................................  -7 {AC24}
        DK  ...................................  -8 {AC24}
```

AC21
====

                Why did this change occur?

                        FAMILY/PERSON CHANGED INSURANCE PLANS ... 1 {AC24}
                        INSURANCE PLAN CHANGED DOCTORS IT
                           COVERS .... 2 {AC24}
                        DISSATISFIED WITH QUALITY OF CARE .... 3 {AC24}
                        HEALTH CARE NEEDS CHANGED............... 4 {AC24}
                        TOO FAR AWAY .... 5 {AC24}
                        MOVED TO NEW AREA .... 6 {AC24}
                        OLD PROVIDER NO LONGER AVAILABLE .... 7 {AC24}
                        OTHER 91
                        REF .... -7 {AC24}
                        DK .... -8 {AC24}

                                [Code One]

AC21OV
======

                ENTER OTHER:

                        [Enter Other Specify] .... {AC24}
                        REF .... -7 {AC24}
                        DK .... -8 {AC24}

AC22
====

                Within the last year, has anyone in the family had a person or
                place they usually go if they are sick or need advice about
                their health?

                        YES 1
                        NO .... 2 {AC24}
                        REF .... -7 {AC24}
                        DK .... -8 {AC24}

AC23
====

Why do they not have a usual source of health care any more?

```
        FAMILY/PERSON CHANGED INSURANCE PLANS ...  1 {AC24}
        INSURANCE PLAN CHANGED DOCTORS IT
           COVERS .................................  2 {AC24}
        DISSATISFIED WITH QUALITY OF CARE .......  3 {AC24}
        HEALTH CARE NEEDS CHANGED...............  4 {AC24}
        TOO FAR AWAY ...........................  5 {AC24}
        MOVED TO NEW AREA ......................  6 {AC24}
        OLD PROVIDER NO LONGER AVAILABLE ........  7 {AC24}
        OTHER .................................. 91
        REF ................................... -7 {AC24}
        DK .................................... -8 {AC24}
```

[Code One]

AC23OV
======

ENTER OTHER:

```
        [Enter Other Specify] ..................
        REF ................................. -7
        DK .................................. -8
```

AC24
====

During the last year, did any family member not receive a
doctor's care or prescription medications because the family
needed the money to buy food, clothing, or pay for housing?

```
        YES ...................................  1
        NO ....................................  2
        REF ................................. -7
        DK .................................. -8
```

AC24A
=====

            Overall, how satisfied are you that members of your family can
            get health care if they need it?

            Would you say ...

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

                            [Code One]

AC25
====

            SHOW CARD AC-1.

            In the last 12 months, did anyone in the family experience
            difficulty in obtaining any type of health care, delay
            obtaining care, or not receive health care they thought they
            needed due to any of the reasons listed on this card?

                    YES 1
                    NO .... 2 {BOX_06}
                    REF .... -7 {BOX_06}
                    DK .... -8 {BOX_06}

AC25A
=====

SHOW CARD AC-1.

Which of these is the **main** problem that caused family members'
difficulty, delay, or not receiving needed health care?

                COULDN'T AFFORD CARE 1
                INSURANCE COMPANY WOULDN'T APPROVE,
                  COVER, OR PAY FOR CARE 2
                PRE-EXISTING CONDITION 3
                INSURANCE REQUIRED A REFERRAL, BUT
                  COULDN'T GET ONE 4
                DOCTOR REFUSED TO ACCEPT FAMILY'S
                  INSURANCE PLAN 5
                MEDICAL CARE TOO FAR AWAY 6
                CAN'T DRIVE/DON'T HAVE CAR/NO PUBLIC
                  TRANSPORTATION AVAILABLE 7
                TOO EXPENSIVE TO GET THERE 8
                HEARING IMPAIRMENT OR LOSS 9
                DIFFERENT LANGUAGE 10
                HARD TO GET INTO BUILDING 11
                HARD TO GET AROUND INSIDE BUILDING 12
                NO APPROPRIATE EQUIPMENT IN OFFICE 13
                COULDN'T GET TIME OFF WORK 14
                DIDN'T KNOW WHERE TO GO TO GET CARE 15
                WAS REFUSED SERVICES 16
                COULDN'T GET CHILD CARE 17
                DIDN'T HAVE TIME OR TOOK TOO LONG 18
                OTHER 91
                REF .... -7 {BOX_06}
                DK .... -8 {BOX_06}

                          [Code One]

        | SHOW CARD AC-1 WILL HAVE TOPIC HEADINGS. ANSWER |
        | CATEGORIES WERE ABBREVIATED IN ORDER TO SAVE |
        | SCREEN SPACE. |

AC26
====

SHOW CARD AC-1.

What are the other problems that caused family members'
difficulty, delay, or not receiving needed health care?

CODE ALL THAT APPLY.

```
          NO OTHER PROBLEMS ........................   0
          COULDN'T AFFORD CARE ....................   1
          INSURANCE COMPANY WOULDN'T APPROVE,
             COVER, OR PAY FOR CARE ...............   2
          PRE-EXISTING CONDITION ..................   3
          INSURANCE REQUIRED A REFERRAL, BUT
             COULDN'T GET ONE .....................   4
          DOCTOR REFUSED TO ACCEPT FAMILY'S
             INSURANCE PLAN .......................   5
          MEDICAL CARE TOO FAR AWAY ...............   6
          CAN'T DRIVE/DON'T HAVE CAR/NO PUBLIC
             TRANSPORTATION AVAILABLE .............   7
          TOO EXPENSIVE TO GET THERE ..............   8
          HEARING IMPAIRMENT OR LOSS .............   9
          DIFFERENT LANGUAGE .....................  10
          HARD TO GET INTO BUILDING ..............  11
          HARD TO GET AROUND INSIDE BUILDING .....  12
          NO APPROPRIATE EQUIPMENT IN OFFICE .....  13
          COULDN'T GET TIME OFF WORK .............  14
          DIDN'T KNOW WHERE TO GO TO GET CARE ....  15
          WAS REFUSED SERVICES ...................  16
          COULDN'T GET CHILD CARE ................  17
          DIDN'T HAVE TIME OR TOOK TOO LONG ......  18
          OTHER ..................................  91
          REF ....................................  -7
          DK .....................................  -8
```

[Code All That Apply]

```
        --------------------------------------------------
       |  EDIT:  IF CODED '0' (NO OTHER REASONS), '-7'    |
       |  (REFUSED), OR '-8 (DON'T KNOW) IN THE FIRST FIELD,|
       |  NO OTHER REASON CATEGORY CAN BE CODED.  IF CODED |
       |  '0' (NO OTHER REASONS), '-7' (REFUSED), OR '-8'  |
       |  (DON'T KNOW), IN A FIELD OTHER THAN THE FIRST    |
       |  FIELD AND A SUBSEQUENT CODE IS ENTERED, DISPLAY  |
       |  THE FOLLOWING MESSAGE:  'INVALID RESPONSE.  PRESS |
       |  ENTER ON A BLANK FIELD.'                         |
        --------------------------------------------------
```

```
-----------------------------------------------------
|  SHOW CARD AC-1 WILL HAVE TOPIC HEADINGS.  ANSWER  |
|  CATEGORIES WERE ABBREVIATED IN ORDER TO SAVE      |
|  SCREEN SPACE.                                     |
-----------------------------------------------------
```

BOX_06
======

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