

Access to Care (AC) Section

BOX\_00A

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

BOX\_00

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

AC01

=====

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

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

[Code One]

AC02

=====

Are all members of your household comfortable conversing in English?

YES ..... 1 {LOOP\_01A}  
NO ..... 2  
REF ..... -7 {LOOP\_01A}  
DK ..... -8 {LOOP\_01A}

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| IF SINGLE-PERSON RU AND AC02 CODED '2' (NO), SELECT |  
| PERSON AUTOMATICALLY FOR AC02A AND GO TO LOOP_01A |  
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| IF MULTI-PERSON RU AND AC02 CODED '2' (NO), |  
| CONTINUE WITH AC02A |  
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AC02A  
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Who is not comfortable conversing in English?

PROBE: Is anyone else not comfortable conversing in English?

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

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| FLAG ALL SELECTED PERSONS TO BE INCLUDED ON |  
| ROSTER FOR AC31. |  
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| CONTINUE WITH LOOP_01A |  
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| ROSTER DETAILS: |  
| TITLE: RU_MEMBERS_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
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| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |  
| SELECTION. |  
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| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
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| ROSTER FILTER: |  
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER |  
| EXCLUDING DECEASED AND INSTITUTIONALIZED RU |  
| MEMBERS. |  
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LOOP\_01A  
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| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
| AC03-END_LP01A. |  
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| LOOP DEFINITION: LOOP_01A COLLECTS WHETHER OR NOT |  
| PERSON WAS BORN IN THE U.S., AND IF NOT, HOW LONG |  
| PERSON HAS LIVED IN THE U.S. THIS LOOP CYCLES ON |  
| PERSONS THAT MEET THE FOLLOWING CONDITION: |  
| - PERSON IS A CURRENT RU MEMBER. |  
| - PERSON IS NOT DECEASED. |  
| - PERSON IS NOT INSTITUTIONALIZED. |  
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AC03  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

AC04  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

IF LESS THAN 1 YEAR, CODE 0.

YEARS:

[Enter years] ..... {END\_LP01A}  
REF ..... -7 {END\_LP01A}  
DK ..... -8 {END\_LP01A}

[Code One]

END\_LP01A  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITION, |  
END LOOP\_01A AND CONTINUE WITH LOOP\_01

LOOP\_01  
=====

-----  
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
AC05-END\_LP01

-----  
| LOOP DEFINITION: LOOP\_01 COLLECTS THE NAME OF |  
| THE USUAL SOURCE OF CARE PROVIDER, IF ANY, FOR |  
| EACH CURRENT RU MEMBER. THIS LOOP CYCLES ON |  
| PERSONS WHO MEET THE FOLLOWING CONDITIONS: |  
| |  
| - PERSON IS A CURRENT RU MEMBER |  
| - PERSON IS NOT DECEASED |  
- PERSON IS NOT INSTITUTIONALIZED

AC05  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

[Code One]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF  
HEALTH CARE.

AC06  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

AC07

====

{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	{AC08}
RECENTLY MOVED INTO AREA .....	2	{AC08}
DON'T KNOW WHERE TO GO FOR CARE .....	3	{AC08}
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE .....	4	{AC08}
CAN'T FIND A PROVIDER WHO SPEAKS (PERSON)'S LANGUAGE .....	5	{AC08}
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS .....	6	{AC08}
JUST CHANGED INSURANCE PLANS .....	7	{AC08}
DON'T USE DOCTORS/TREAT MYSELF .....	8	{AC08}
COST OF MEDICAL CARE .....	9	{AC08}
NO HEALTH INSURANCE .....	10	{AC08}
OTHER REASON .....	91	{AC07OV}
REF .....	-7	{END_LP01}
DK .....	-8	{END_LP01}

[Code One]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF  
HEALTH CARE.

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

AC07OV

=====

ENTER OTHER REASON:

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

AC08  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

CHECK ALL THAT APPLY.

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

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF  
HEALTH CARE.

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

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

-----  
| FOR SPECIFICATION PURPOSES ONLY: CAPI DOES NOT |  
| ALLOW CODES '0' (NO OTHER REASONS), 'RF' |  
| (REFUSED), OR 'DK' (DON'T KNOW) IN COMBINATION |  
WITH ANY OTHER CODES.

-----  
| IF CODED '91' (OTHER REASON) ALONE OR IN |  
| COMBINATION WITH OTHER CODES, CONTINUE WITH AC08OV |  
(NOTE THAT AC08OV IS AN OVERLAY ON AC08.)

-----  
OTHERWISE, GO TO END\_LP01

AC08OV

=====

ENTER OTHER REASON:

[Enter Other Specify] ..... {END\_LP01}  
REF ..... -7 {END\_LP01}  
DK ..... -8 {END\_LP01}

AC09

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

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



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 AS 'PERSON-IN-FACILITY-PROVIDER' |  
| AND AC11 WAS NOT ALREADY ASKED FOR THIS USC |  
PROVIDER IN AN EARLIER LOOP, GO TO AC11

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

AC10  
=====

OMITTED.

AC11  
=====

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

ASK IF NOT OBVIOUS.

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

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

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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

-----  
| NOTE: FOR QUESTIONS AC11 - AC20, THE CONTEXT |  
| HEADER WILL DISPLAY THE PERSON-PROVIDER NAME IF |  
| THE USC PROVIDER BEING ASKED ABOUT IS FLAGGED AS |  
| 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY- |  
| PROVIDER'. IF THE USC PROVIDER BEING ASKED ABOUT |  
| IS FLAGGED AS 'FACILITY-TYPE-PROVIDER', THE |  
| CONTEXT HEADER WILL DISPLAY THE FACILITY-PROVIDER |  
NAME.

AC12  
====

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

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

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

[Code One]

AC13  
====

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

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

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

[Code One]

AC14  
=====

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

SHOW CARD AC-1.

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

Would you say it is ...

very difficult, ..... 1 {BOX\_03}  
somewhat difficult, ..... 2 {BOX\_03}  
not too difficult, or ..... 3 {BOX\_03}  
not at all difficult? ..... 4 {BOX\_03}  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

[Code One]

BOX\_03  
=====

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

-----  
OTHERWISE, GO TO END\_LP01

AC15  
=====

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

Is (PROVIDER) a medical doctor?

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

HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.

AC16  
=====

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

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

SELECT 'CHIROPRACTOR' IF CHIROPRACTOR VOLUNTEERED AS TYPE  
OF MEDICAL PERSON.

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

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

AC16OV  
=====

OTHER:

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

AC17  
=====

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

What is (PROVIDER)'s specialty?

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

[Code One]

AC17OV  
=====

OTHER:

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

AC18  
=====

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

Is (PROVIDER) Hispanic or Latino?

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

AC19  
=====

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

SHOW CARD AC-2.

What is (PROVIDER)'s race?

CHECK ALL THAT APPLY.

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

[Code All That Apply]

-----  
| IF CODED '91' (SOME OTHER RACE) ALONE OR IN |  
| COMBINATION WITH OTHER CODES, CONTINUE WITH |  
AC19OV

-----  
OTHERWISE, GO TO AC20

AC19OV  
=====

OTHER RACE:

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

AC20  
=====

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

Is (PROVIDER) male or female?

MALE ..... 1 {END\_LP01}  
FEMALE ..... 2 {END\_LP01}  
REF ..... -7 {END\_LP01}  
DK ..... -8 {END\_LP01}

[Code One]

END\_LP01  
=====

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

-----  
|    IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |  
END LOOP\_01 AND CONTINUE WITH BOX\_04

BOX\_04  
=====

-----  
|    IF AT LEAST ONE PROVIDER FLAGGED AS 'USC PROVIDER' |  
|    ON THE RU-MEDICAL-PROVIDERS-ROSTER, CONTINUE WITH |  
LOOP\_02

-----  
OTHERWISE, GO TO AC32A



LOOP\_02  
=====

-----  
| FOR EACH ELEMENT IN THE RU-MEDICAL-PROVIDERS- |  
ROSTER, ASK AC21-END\_LP02

-----  
| LOOP DEFINITION: LOOP\_02 COLLECTS DETAILED |  
| INFORMATION ON EACH UNIQUE USUAL SOURCE OF CARE |  
| PROVIDER IDENTIFIED FOR THIS RU. THIS LOOP CYCLES |  
| ON PROVIDERS WHO MEET THE FOLLOWING CONDITION: |  
| |  
| - PROVIDER FLAGGED AS 'USC PROVIDER' DURING THE |  
CURRENT ROUND FOR A CURRENT RU MEMBER.

-----  
| NOTE: IF THE USC PROVIDER BEING LOOPED ON IS |  
| FLAGGED AS 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN- |  
| FACILITY-PROVIDER' THE CONTEXT HEADER IN LOOP\_02 |  
| WILL DISPLAY THE PERSON-PROVIDER NAME. IF THE USC |  
| PROVIDER BEING LOOPED ON IS FLAGGED AS 'FACILITY- |  
| TYPE-PROVIDER' THE CONTEXT HEADER IN LOOP\_02 WILL |  
DISPLAY THE FACILITY-PROVIDER NAME.

AC21  
=====

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

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

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

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

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

-----  
CONTINUE WITH AC22

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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

AC22  
=====

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

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

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

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

- AC22\_01 a. New health problems? ( )
- AC22\_02 b. Preventive health care, such as general  
checkups, examinations, and immunizations? ( )
- AC22\_03 c. Referrals to other health professionals when  
needed? ( )
- AC22\_04 d. Ongoing health problems? ( )

HELP AVAILABLE FOR DEFINITION OF PREVENTIVE HEALTH CARE  
AND REFERRAL.

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

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

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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

AC23  
=====

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

SHOW CARD AC-1.

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

Would you say it is ...

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

[Code One]

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

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

-----  
OTHERWISE, CONTINUE WITH AC24

AC24  
=====

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

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

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

AC25  
=====

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

SHOW CARD AC-1.

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

Would you say it is ...

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

[Code One]

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

AC26

====

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

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

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

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

AC27

====

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

SHOW CARD AC-3.

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

Would you say...

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

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

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

[Code One]

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

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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

AC28

====

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

SHOW CARD AC-3.

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

Would you say...

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

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

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

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

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

[Code One]

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

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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



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

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

AC29  
=====

OMITTED.

AC30  
=====

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

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

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

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

YES ..... 1 {BOX\_05}  
NO ..... 2 {BOX\_05}  
REF ..... -7 {BOX\_05}  
DK ..... -8 {BOX\_05}

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

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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

BOX\_05  
=====

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

-----  
OTHERWISE, GO TO END\_LP02

AC31  
=====

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

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

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

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

YES ..... 1 {END\_LP02}  
NO ..... 2 {END\_LP02}  
REF ..... -7 {END\_LP02}  
DK ..... -8 {END\_LP02}

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

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

```
-----  
| ROSTER FILTER:  
| DISPLAY ALL PERSONS ON THE RU-MEMBERS-ROSTER  
| WHO  
| - IDENTIFIED PROVIDER BEING ASKED ABOUT AS  
| PERSON'S USC PROVIDER FOR THE CURRENT ROUND  
| AND  
| - WERE IDENTIFIED AS NOT COMFORTABLE CONVERSING  
| IN ENGLISH AT AC02A.  
|-----
```

END\_LP02  
=====

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

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

AC32A  
=====

When answering the next few questions, do not include dental care and prescription medicines.

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

YES .....	1 {AC32}
NO .....	2 {AC40A}
REF .....	-7 {AC40A}
DK .....	-8 {AC40A}

AC32  
====

In the last 12 months, was anyone in the family **unable to obtain medical** care, tests, or treatments they or a doctor believed necessary?

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

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

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |  
LOOP\_03

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

AC33  
====

Who was that?

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

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

-----  
| IF THE ONLY PERSON SELECTED IS DECEASED OR |  
INSTITUTIONALIZED, GO TO AC36

-----  
OTHERWISE, CONTINUE WITH LOOP\_03

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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

LOOP\_03  
=====

-----  
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
AC34 - END\_LP03

-----  
| LOOP DEFINITION: LOOP\_03 COLLECTS THE MAIN REASON |  
| AND THE PROBLEM WITH THE UNMET NEED FOR MEDICAL |  
| CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |  
| FOLLOWING CONDITIONS: |  
| - PERSON IS NOT DECEASED |  
| - PERSON IS NOT INSTITUTIONALIZED |  
| - PERSON HAD AN UNMET NEED FOR MEDICAL CARE (I.E., |  
PERSON WAS SELECTED AT AC33)

AC34  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

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

[Code One]

AC35  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

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

Would you say ...

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

[Code One]

END\_LP03  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_03 AND CONTINUE WITH AC36

AC36  
=====

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

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

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

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |  
LOOP\_04

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



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 |  
| AC38 - 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) |  
-----
```

AC38  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

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

[Code One]

AC39  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

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

Would you say ...

a big problem, ..... 1 {END\_LP04}  
a small problem, or ..... 2 {END\_LP04}  
not a problem? ..... 3 {END\_LP04}  
REF ..... -7 {END\_LP04}  
DK ..... -8 {END\_LP04}

[Code One]

END\_LP04  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_04 AND CONTINUE WITH AC40A

AC40A  
=====

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

YES ..... 1 {AC40}  
NO ..... 2 {AC48A}  
REF ..... -7 {AC48A}  
DK ..... -8 {AC48A}

AC40  
=====

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

YES ..... 1  
NO ..... 2 {AC44}  
REF ..... -7 {AC44}  
DK ..... -8 {AC44}

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

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |  
LOOP\_05

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

AC41  
=====

Who was that?

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

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

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

-----  
OTHERWISE, CONTINUE WITH LOOP\_05

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  

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

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

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

LOOP\_05

=====

-----  
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
| AC42 - END\_LP05 |  

-----  
| LOOP DEFINITION: LOOP\_05 COLLECTS THE MAIN REASON |  
| AND THE PROBLEM WITH THE UNMET NEED FOR DENTAL |  
| CARE. THIS LOOP CYCLES ON RU MEMBERS WHO MEET THE |  
| FOLLOWING CONDITIONS: |  
| - PERSON IS NOT DECEASED |  
| - PERSON IS NOT INSTITUTIONALIZED |  
| - PERSON HAD AN UNMET NEED FOR DENTAL CARE (I.E., |  
| PERSON WAS SELECTED AT AC41) |  

AC42

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

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

[Code One]

AC43

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

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

Would you say ...

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

[Code One]

END\_LP05  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_05 AND CONTINUE WITH AC44

AC44  
=====

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

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

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

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, GO TO |  
LOOP\_06

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

AC45  
=====

Who was that?

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

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

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

-----  
OTHERWISE, CONTINUE WITH LOOP\_06

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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



LOOP\_06  
=====

-----  
| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |  
AC46 - END\_LP06

-----  
| LOOP DEFINITION: LOOP\_06 COLLECTS THE MAIN REASON |  
| AND THE PROBLEM WITH THE DELAY IN RECEIVING |  
| DENTAL CARE. THIS LOOP CYCLES ON RU MEMBERS WHO |  
| MEET THE FOLLOWING CONDITIONS: |  
| - PERSON IS NOT DECEASED |  
| - PERSON IS NOT INSTITUTIONALIZED |  
| - PERSON HAD A DELAY IN RECEIVING DENTAL CARE |  
(I.E., PERSON WAS SELECTED AT AC45)

AC46  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

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

[Code One]

AC47  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

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

Would you say ...

a big problem, ..... 1 {END\_LP06}  
a small problem, or ..... 2 {END\_LP06}  
not a problem? ..... 3 {END\_LP06}  
REF ..... -7 {END\_LP06}  
DK ..... -8 {END\_LP06}

[Code One]

END\_LP06  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_06 AND CONTINUE WITH AC48A

AC48A  
=====

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

YES ..... 1 {AC48}  
NO ..... 2 {BOX\_06}  
REF ..... -7 {BOX\_06}  
DK ..... -8 {BOX\_06}

AC48  
=====

In the last 12 months, was anyone in the family **unable to obtain prescription medicines** they or a doctor believed necessary?

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

-----  
| IF CODED '1' (YES) AND A SINGLE-PERSON RU, |  
| AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR |  
| PRESCRIPTION MEDICINES' AT AC49 BY CAPI AND GO TO |  
LOOP\_07

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

AC49  
=====

Who was that?

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

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

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

-----  
OTHERWISE, CONTINUE WITH LOOP\_07

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

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

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

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

LOOP\_07  
=====

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

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

AC50  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

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

[Code One]

AC51  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

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

Would you say ...

- a big problem, ..... 1 {END\_LP07}
- a small problem, or ..... 2 {END\_LP07}
- not a problem? ..... 3 {END\_LP07}
- REF ..... -7 {END\_LP07}
- DK ..... -8 {END\_LP07}

[Code One]

END\_LP07  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_07 AND CONTINUE WITH AC52

AC52  
=====

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

YES ..... 1  
NO ..... 2 {BOX\_06}  
REF ..... -7 {BOX\_06}  
DK ..... -8 {BOX\_06}

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

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

AC53  
=====

Who was that?

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

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

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

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

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

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

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

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

LOOP\_08  
 =====

```

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

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

AC54  
 =====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-4.

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

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

[Code One]



AC55  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

SHOW CARD AC-5.

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

Would you say ...

a big problem, ..... 1 {END\_LP08}  
a small problem, or ..... 2 {END\_LP08}  
not a problem? ..... 3 {END\_LP08}  
REF ..... -7 {END\_LP08}  
DK ..... -8 {END\_LP08}

[Code One]

END\_LP08  
=====

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

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_08 AND CONTINUE WITH BOX\_06

BOX\_06  
=====

-----  
GO TO NEXT QUESTIONNAIRE SECTION