AC01
====

What language is spoken in your home most of the time?
ENGLISH .... 1 {LOOP_01A}
SPANISH 2
ANOTHER LANGUAGE 3
REF .... -7 {LOOP_01A}
DK .... -8 {LOOP_01A}
                        [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}

        | IF CODED '2' (NO) AND SINGLE-PERSON RU, |
        | AUTOMATICALLY CODE PERSON AT AC02A BY CAPI |
        | AND GO TO LOOP_01A |

        | IF CODED '2' (NO) AND A MULTI-PERSON RU, |
        | CONTINUE WITH AC02A |

AC02A
=====

Who is not comfortable conversing in English?
PROBE: Is anyone else not comfortable conversing in English?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, 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 THE RU- |
        | MEMBERS-ROSTER, EXCLUDING DECEASED RU MEMBERS AND |
        | INSTITUTIONALIZED RU MEMBERS. |

        | FLAG ALL SELECTED PERSONS TO BE INCLUDED ON |
        | ROSTER FOR AC31. |

LOOP_01A
========

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

        | LOOP DEFINITION: LOOP_01A COLLECTS WHETHER OR NOT |
        | PERSON WAS BORN IN THE U.S., AND IF NOT, HOW LONG |

```
                      |   PERSON HAS LIVED IN THE U.S.  THIS LOOP CYCLES ON |
                      |   PERSONS THAT MEET THE FOLLOWING CONDITION:         |
                      |   -  PERSON IS A CURRENT RU MEMBER                   |
                      |   -  PERSON IS NOT DECEASED                          |
                      |   -  PERSON IS NOT INSTITUTIONALIZED                 |
                       -----------------------------------------------------
```

AC03
====

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}
          (Were/Was) (PERSON) born in the United States?
                  YES ..................................... 1 {END_LP01A}
                  NO ...................................... 2
                  REF ..................................... -7
                  DK ...................................... -8
```

AC04
====

```
          {PERSON'S FIRST MIDDLE AND LAST NAME}
          How long (have/as) (PERSON) lived in the United States?
          IF LESS THAN 1 YEAR, CODE 0.
                  [ENTER NUMBER OF YEARS-2] ..............
                  LESS THAN 1 YEAR ....................... 0
                  REF .................................... -7
                  DK ..................................... -8
```

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
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}
```
                    [Code One]
PRESS F1 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
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}
OTHER REASON ............................ 91
REF ..................................... -7 {END_LP01}
DK ...................................... -8 {END_LP01}
```
                    [Code One]
PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC07OV
======

ENTER OTHER REASON:
```
[Enter Other Specify] ..................
REF ..................................... -7
DK ...................................... -8
```


AC08
====

{PERSON'S FIRST MIDDLE AND LAST NAME}
What are the other reasons (PERSON) (do/does) not have a usual
source of health care?
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 AC08OV  |
         --------------------------------------------------------
         --------------------------------------------------------
         |  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.'                            |
         --------------------------------------------------------
```

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.
         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', CONTINUE WITH AC10               |
                  ----------------------------------------------------
                  ----------------------------------------------------
                  |  IF THIS USC PROVIDER IS FLAGGED 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 'PERSON-IN-FACILITY-      |
                  |  PROVIDER' AND AC11 HAS ALREADY BEEN ASKED FOR THIS|
                  |  USC PROVIDER), GO TO AC12                        |
                  ----------------------------------------------------


AC10
====
                  {PERSON'S FIRST MIDDLE AND LAST NAME}  {NAME OF MEDICAL CARE
                  PROVIDER......}
                  (Do/Does) (PERSON) usually see a **particular** provider at
                  (PROVIDER)?
                        YES ..................................... 1
                        NO ...................................... 2
                        REF ..................................... -7
                        DK ...................................... -8
                  ----------------------------------------------------
                  |  NOTE:  FOR QUESTIONS AC10 – 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.                                            |
                  ----------------------------------------------------
                  ----------------------------------------------------
                  |  IF AC11 WAS NOT ALREADY ASKED FOR THIS USC       |
                  |  PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC11  |
                  ----------------------------------------------------
                  ----------------------------------------------------
                  |  OTHERWISE, GO TO AC12                            |
                  ----------------------------------------------------


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
      HOSPITAL EMERGENCY ROOM ................ 2
      OTHER KIND OF PLACE ................... 3
      REF ................................... -7
      DK .................................... -8
                      [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'.                     |
      -------------------------------------------------
```

AC12
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE
PROVIDER......}
How (do/does) (PERSON) usually get to (PROVIDER)?

```
      DRIVE ................................. 1
      IS DRIVEN ............................. 2
      TAXI, BUS, TRAIN, OTHER
        PUBLIC TRANSPORTATION ............... 3
      WALKS ................................. 4
      REF ................................... -7
      DK .................................... -8
                      [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
      15 TO 30 MINUTES ...................... 2
      31 MINUTES TO 60 MINUTES (1 HOUR)...... 3
      61 MINUTES TO 90 MINUTES .............. 4
      91 MINUTES TO 120 MINUTES (2 HOURS) ... 5
      MORE THAN 120 MINUTES (2 HOURS) ....... 6
      REF ................................... -7
      DK .................................... -8
                      [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
```

```
             somewhat difficult, .................... 2
             not too difficult or ................... 3
             not at all difficult? .................. 4
             REF .................................... -7
             DK ..................................... -8
                          [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
             REF .................................... -7 {AC18}
             DK ..................................... -8 {AC18}
                 PRESS F1 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?
         CODE '5' 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
             REF .................................... -7 {AC18}
             DK ..................................... -8 {AC18}
                          [Code One]
             PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.
```

AC16OV
======

```
         ENTER 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}
                    OTHER ................................... 91
                    REF ..................................... -7 {AC18}
                    DK ...................................... -8 {AC18}
                              [Code One]

AC17OV
======
              ENTER OTHER:
                    [Enter Other Specify] ...................
                    REF .................................. -7
                    DK ................................... -8

AC18
====
              {PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
              PROVIDER.......}
              Is (PROVIDER) Hispanic or Latino?
                    YES ..................................... 1
                    NO ...................................... 2
                    REF ..................................... -7
                    DK ...................................... -8

AC19
====
              {PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
              PROVIDER.......}
              SHOW CARD AC-2.
              What is (PROVIDER)'s race?
              CODE 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
                    REF ..................................... -7
                    DK ...................................... -8
                          [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
======
              ENTER OTHER RACE:
```

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

AC20
====
            {PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF MEDICAL CARE
            PROVIDER.......}
            Is (PROVIDER) male or female?
            MALE .................................. 1
            FEMALE ................................ 2
            REF ................................... -7
            DK ................................... -8
                              [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.
          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     |
               ------------------------------------------------------


AC22
====
          {NAME OF MEDICAL CARE PROVIDER......}
          Is (PROVIDER) the {person/place} (READ NAME(S) BELOW) would
          go to for ...
          TO SCROLL, USE ARROW KEYS.  TO LEAVE, 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]
                                                       YES = 1
                                                        NO = 2

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?                        (    )
          PRESS F1 FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.
               ------------------------------------------------------
               |  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.    |
               ------------------------------------------------------
               ------------------------------------------------------
               |  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.                                       |
                     ----------------------------------------------------
```

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

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
     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.       |
                   -------------------------------------------------------


AC26
====
          {NAME OF MEDICAL CARE PROVIDER......}
          Does {someone at} (PROVIDER) usually ask about prescription
          medications and treatments other doctors may give them?
                  YES ...................................... 1
                  NO ....................................... 2
                  REF ...................................... -7
                  DK ....................................... -8
                   -------------------------------------------------------
                   |  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 (READ NAME(S) BELOW) are happy with, how often does
          {a medical person at} (PROVIDER) show respect for these treatments?
          TO SCROLL, USE ARROW KEYS.  TO LEAVE, 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]
          Would you say...
                  never, .................................. 1
                  sometimes, .............................. 2
                  usually, or ............................. 3
                  always? ................................. 4
                  REF ..................................... -7
                  DK ...................................... -8
                               [Code One]
                   -------------------------------------------------------
                   |  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.    |
                   -------------------------------------------------------
                   -------------------------------------------------------
                   |  DISPLAY 'a medical person at' IF USC PROVIDER     |
                   |  BEING LOOPED ON IS FLAGGED AS 'FACILITY-TYPE-     |
                   |  PROVIDER.'  OTHERWISE, USE A NULL DISPLAY.        |
                   -------------------------------------------------------


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?
          TO SCROLL, USE ARROW KEYS.  TO LEAVE, 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]
        Would you say...
              never, .................................. 1
              sometimes, .............................. 2
              usually, or ............................. 3
              always? ................................. 4
              REF .................................... -7
              DK ..................................... -8
                          [Code One]
        -----------------------------------------------------
        |  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.    |
        -----------------------------------------------------

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

AC29
====

```
        OMITTED.
```

AC30
====

```
        {NAME OF MEDICAL CARE PROVIDER.......}
        Does {a medical person at} (PROVIDER) present and explain all
        options to (READ NAME(S) BELOW)?
        TO SCROLL, USE ARROW KEYS.  TO LEAVE, 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]
            YES .................................... 1
            NO ..................................... 2
            REF .................................... -7
            DK ..................................... -8
        -----------------------------------------------------
        |  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.    |
        -----------------------------------------------------

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

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, 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?
              TO SCROLL, USE ARROW KEYS.  TO LEAVE, 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]
                  YES ................................... 1
                  NO .................................... 2
                  REF .................................. -7
                  DK ................................... -8
                 ----------------------------------------------------
                |  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
                |  ON THE RU-MEMBERS-ROSTER WHO MEET THE FOLLOWING   |
                |  CONDITIONS:                                       |
                |  - PERSON IDENTIFIED PROVIDER BEING ASKED ABOUT AS |
                |    PERSON'S USC PROVIDER FOR THE CURRENT ROUND,    |
                |    AND                                             |
                |  - PERSON IDENTIFIED AS NOT COMFORTABLE CONVERSING |
                |    IN ENGLISH AT AC02A.                            |
                 ----------------------------------------------------
                 ----------------------------------------------------
                |  DISPLAY 'someone at' IF USC PROVIDER BEING LOOPED |
                |  ON IS FLAGGED AS 'FACILITY-TYPE-PROVIDER.'        |
                |  OTHERWISE, USE A NULL DISPLAY.                    |
                 ----------------------------------------------------
```

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
                  NO .................................... 2 {AC40A}
                  REF .................................. -7 {AC40A}
```

```
                     DK ................................. -8 {AC40A}

AC32
====

          In the last 12 months, was anyone in the family unable to get
          **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 AND 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?
          TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
          TO LEAVE, 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 THE RU- |
                  | MEMBERS-ROSTER.                                |
                  -------------------------------------------------
                  -------------------------------------------------
                  | IF THE **ONLY** PERSON SELECTED IS DECEASED OR |
                  | INSTITUTIONALIZED, GO TO AC36.                 |
                  -------------------------------------------------
                  -------------------------------------------------
                  | OTHERWISE, CONTINUE WITH LOOP_03               |
                  -------------------------------------------------

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
                   INSURANCE COMPANY WOULDN'T APPROVE,
                      COVER, OR PAY FOR CARE ................ 2
                   DOCTOR REFUSED TO ACCEPT FAMILY'S
                      INSURANCE PLAN ........................ 3
                   PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4
                   DIFFERENT LANGUAGE ....................... 5
                   COULDN'T GET TIME OFF WORK ............... 6
                   DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
                   WAS REFUSED SERVICES ..................... 8
                   COULDN'T GET CHILD CARE .................. 9
                   DIDN'T HAVE TIME OR TOOK TOO LONG ....... 10
                   OTHER .................................. 91
                   REF ..................................... -7
                   DK ...................................... -8
                                  [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
                   a small problem, or ................... 2
                   not a problem? ........................ 3
                   REF ................................... -7
                   DK .................................... -8
                                  [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 AND 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?
              TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
              TO LEAVE, 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 THE RU-    |
              |   MEMBERS-ROSTER.                                   |
              ------------------------------------------------------
              ------------------------------------------------------
              |   IF THE **ONLY** PERSON SELECTED IS DECEASED OR    |
              |   INSTITUTIONALIZED, GO TO AC36.                    |
              ------------------------------------------------------
              ------------------------------------------------------
              |   OTHERWISE, CONTINUE WITH LOOP_03                  |
              ------------------------------------------------------


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
                    INSURANCE COMPANY WOULDN'T APPROVE,
                        COVER, OR PAY FOR CARE 2
                    DOCTOR REFUSED TO ACCEPT FAMILY'S
                        INSURANCE PLAN 3
                    PROBLEMS GETTING TO DOCTOR'S OFFICE 4
                    DIFFERENT LANGUAGE 5
                    COULDN'T GET TIME OFF WORK 6
                    DIDN'T KNOW WHERE TO GO TO GET CARE 7
                    WAS REFUSED SERVICES 8
                    COULDN'T GET CHILD CARE 9
                    DIDN'T HAVE TIME OR TOOK TOO LONG 10
                    OTHER 91
                    REF .... -7
                    DK .... -8
                              [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
                    a small problem, or 2
                    not a problem? 3
                    REF .... -7
                    DK .... -8
                              [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
                    NO .... 2 {AC48A}
                    REF .... -7 {AC48A}
                    DK .... -8 {AC48A}

AC40
====

                In the last 12 months, was anyone in the family unable to get
                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 AND 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?
          TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
          TO LEAVE, 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 THE RU- |
                |  MEMBERS-ROSTER.                                |
                ---------------------------------------------------
                ---------------------------------------------------
                |  IF THE ONLY PERSON SELECTED IS DECEASED OR     |
                |  INSTITUTIONALIZED, GO TO AC36.                 |
                ---------------------------------------------------
                ---------------------------------------------------
                |  OTHERWISE, CONTINUE WITH LOOP_03              |
                ---------------------------------------------------
```

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
        INSURANCE COMPANY WOULDN'T APPROVE,
          COVER, OR PAY FOR CARE ................. 2
        DOCTOR REFUSED TO ACCEPT FAMILY'S
          INSURANCE PLAN ........................ 3
        PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4
        DIFFERENT LANGUAGE ....................... 5
        COULDN'T GET TIME OFF WORK ............... 6
        DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
        WAS REFUSED SERVICES ..................... 8
        COULDN'T GET CHILD CARE .................. 9
        DIDN'T HAVE TIME OR TOOK TOO LONG ....... 10
        OTHER ................................... 91
        REF ...................................... -7
        DK ....................................... -8
```
                    [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
        a small problem, or .................... 2
        not a problem? ......................... 3
        REF .................................... -7
        DK ..................................... -8
```
                    [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 AND 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?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, 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 THE RU-    |
                    | MEMBERS-ROSTER.                                   |
                    -------------------------------------------------------
                    -------------------------------------------------------
                    | IF THE ONLY PERSON SELECTED IS DECEASED OR        |
                    | INSTITUTIONALIZED, GO TO AC36.                    |
                    -------------------------------------------------------
                    -------------------------------------------------------
                    | OTHERWISE, CONTINUE WITH LOOP_03                  |
                    -------------------------------------------------------
```

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
 INSURANCE COMPANY WOULDN'T APPROVE,
  COVER, OR PAY FOR CARE 2
 DOCTOR REFUSED TO ACCEPT FAMILY'S
  INSURANCE PLAN 3
 PROBLEMS GETTING TO DOCTOR'S OFFICE 4

```
        DIFFERENT LANGUAGE ...................... 5
        COULDN'T GET TIME OFF WORK .............. 6
        DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
        WAS REFUSED SERVICES .................... 8
        COULDN'T GET CHILD CARE ................. 9
        DIDN'T HAVE TIME OR TOOK TOO LONG ....... 10
        OTHER .................................. 91
        REF .................................... -7
        DK ..................................... -8
                        [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
        a small problem, or ................... 2
        not a problem? ........................ 3
        REF .................................... -7
        DK ..................................... -8
                        [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
        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 get
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?
          TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
          TO LEAVE, 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 THE RU-    |
          |  MEMBERS-ROSTER.                                   |
          ------------------------------------------------------
          ------------------------------------------------------
          |  IF THE **ONLY** PERSON SELECTED IS DECEASED OR        |
          |  INSTITUTIONALIZED, GO TO AC36.                   |
          ------------------------------------------------------
          ------------------------------------------------------
          |  OTHERWISE, CONTINUE WITH LOOP_03                 |
          ------------------------------------------------------
```

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
               INSURANCE COMPANY WOULDN'T APPROVE,
                 COVER, OR PAY FOR CARE 2
               DOCTOR REFUSED TO ACCEPT FAMILY'S
                 INSURANCE PLAN 3

```
          PROBLEMS GETTING TO DOCTOR'S OFFICE ...... 4
          DIFFERENT LANGUAGE ....................... 5
          COULDN'T GET TIME OFF WORK .............. 6
          DIDN'T KNOW WHERE TO GO TO GET CARE ...... 7
          WAS REFUSED SERVICES ..................... 8
          COULDN'T GET CHILD CARE ................. 9
          DIDN'T HAVE TIME OR TOOK TOO LONG ....... 10
          OTHER ................................... 91
          REF ..................................... -7
          DK ...................................... -8
                         [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
               a small problem, or ................... 2
               not a problem? ........................ 3
               REF ................................... -7
               DK .................................... -8
                         [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?
TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, 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 THE RU- |
      | MEMBERS-ROSTER. |

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

      | OTHERWISE, CONTINUE WITH LOOP_03 |

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

```
             OTHER ................................... 91
             REF ..................................... -7
             DK ...................................... -8
                            [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
                  a small problem, or ................... 2
                  not a problem? ........................ 3
                  REF ................................... -7
                  DK .................................... -8
                            [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                  |
                  ------------------------------------------------------
```