

Access to Care (AC) Section

LOOP_01

=====

| FOR EACH ELEMENT IN THE RU-MEMBERS-ROSTER, ASK |
AC01-END_LP01

| LOOP DEFINITION: LOOP_01 COLLECTS THE NAME OF |
| THE USUAL SOURCE OF CARE PROVIDER, IF ANY, FOR |
| EACH CURRENT RU MEMBER. THIS LOOP CYCLES ON |
| PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| |
| - PERSON IS A CURRENT RU MEMBER |
| - PERSON IS NOT DECEASED |
- PERSON IS NOT INSTITUTIONALIZED

AC01

=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC02
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

AC03
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

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

[Code One]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

AC030V
=====

ENTER OTHER REASON:

[Enter Other Specify]		
REF	-7	
DK	-8	

AC04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

CODE ALL THAT APPLY.

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

[Code All That Apply]

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

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

OTHERWISE, GO TO END_LP01

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

AC040V
=====

ENTER OTHER REASON:

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

AC05
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

PRESS ENTER TO CONTINUE.

PRESS F1 FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

BOX_01
=====

ASK THE PROVIDER ROSTER (PV) SECTION

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

BOX_02
=====

| FLAG THE PROVIDER ADDED OR SELECTED AS THE 'USC |
| (USUAL SOURCE OF CARE) PROVIDER' FOR THIS PERSON |
FOR THIS PARTICULAR ROUND.

| IF THIS USC PROVIDER IS FLAGGED AS 'FACILITY- |
| TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' |
| AND AC06 WAS NOT ALREADY ASKED FOR THIS USC |
PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC06

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

OTHERWISE, GO TO BOX_03

AC06
=====

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

ASK IF NOT OBVIOUS.

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

HOSPITAL CLINIC OR OUTPATIENT
DEPARTMENT 1
HOSPITAL EMERGENCY ROOM 2 {BOX_03}
OTHER KIND OF PLACE 3 {BOX_03}
REF -7 {BOX_03}
DK -8 {BOX_03}

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

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

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

| NOTE: FOR QUESTIONS AC06 - AC12, THE CONTEXT |
| HEADER WILL DISPLAY THE PERSON-PROVIDER NAME IF |
| THE USC PROVIDER BEING ASKED ABOUT IS FLAGGED AS |
| 'PERSON-TYPE-PROVIDER' OR 'PERSON-IN-FACILITY- |
| PROVIDER'. IF THE USC PROVIDER BEING ASKED ABOUT |
| IS FLAGGED AS 'FACILITY-TYPE-PROVIDER', THE |
| CONTEXT HEADER WILL DISPLAY THE FACILITY-PROVIDER |
NAME.

AC07
=====

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

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

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

[Code One]

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

BOX_03
=====

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

OTHERWISE, GO TO AC09A

AC08
=====

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

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

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

[Code One]

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-----  
| DISPLAY 'someone who works at' IF THIS USC  
| PROVIDER IS FLAGGED AS 'PERSON-IN-FACILITY-  
| PROVIDER'. OTHERWISE, USE A NULL DISPLAY.  
  
| DISPLAY 'hospital emergency room' IF AC06 WAS  
| CODED '2' (HOSPITAL EMERGENCY ROOM) DURING ANY  
| LOOP FOR THIS USC PROVIDER. DISPLAY 'hospital  
| clinic or outpatient department' IF AC07 WAS CODED  
| '1' (OWNED AND OPERATED BY HOSPITAL) OR '-8'  
| (DON'T KNOW) DURING ANY LOOP FOR THIS USC  
| PROVIDER.  
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AC08OV
=====

ENTER OTHER REASON:

[Enter Other Specify]	
REF	-7
DK	-8

AC09
=====

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

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

CODE ALL THAT APPLY.

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

[Code All That Apply]

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

OTHERWISE, GO TO AC09A

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

AC09OV
=====

ENTER OTHER REASON:

[Enter Other Specify]
REF -7
DK -8

AC09A
=====

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

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

BOX_04
=====

| IF THIS USC PROVIDER IS FLAGGED AS 'PERSON- |
| TYPE-PROVIDER' OR 'PERSON-IN-FACILITY-PROVIDER' |
| AND AC10 WAS NOT ALREADY ASKED FOR THIS USC |
PROVIDER IN AN EARLIER LOOP, CONTINUE WITH AC10
OTHERWISE, GO TO END_LP01

AC10
=====

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

Is (PROVIDER) a medical doctor?

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

PRESS F1 FOR DEFINITION OF MEDICAL DOCTOR.

AC11
=====

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

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

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

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

[Code One]

PRESS F1 FOR DEFINITIONS OF ANSWER CATEGORIES.

AC110V
=====

ENTER OTHER:

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

AC12
=====

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

What is (PROVIDER)'s specialty?

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

[Code One]

AC120V
=====

ENTER OTHER:

[Enter Other Specify]	
REF	-7
DK	-8

END_LP01
=====

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

| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
END LOOP_01 AND CONTINUE WITH BOX_05

BOX_05
=====

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

OTHERWISE, GO TO AC22

LOOP_02
=====

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

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

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

AC13
=====

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

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

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

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

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

AC16
====

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

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

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

[Code One]

AC17
====

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

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

Would you say it is ...

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

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

[Code One]

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

AC18
=====

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

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

LESS THAN 5 MINUTES	1
5 TO 15 MINUTES	2
16 TO 30 MINUTES	3
31 MINUTES TO 59 MINUTES	4
1 TO 2 HOURS	5
MORE THAN 2 HOURS	6
REF	-7
DK	-8

[Code One]

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

AC19
=====

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

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

Would you say it is ...

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

[Code One]

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

AC19A
=====

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

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

YES	1
NO	2
REF	-7
DK	-8

AC19B
=====

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

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

YES	1
NO	2
REF	-7
DK	-8

AC19C
=====

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

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

YES	1
NO	2
REF	-7
DK	-8

AC19D
=====

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

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

Would you say ...

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

[Code One]

PRESS F1 FOR DEFINITION OF PROFESSIONAL STAFF.

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

AC19E
=====

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

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

Would you say ...

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

[Code One]

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

END_LP02
=====

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

| IF NO OTHER PROVIDERS MEET THE STATED CONDITIONS, |
END LOOP_02 AND CONTINUE WITH AC20

AC20
=====

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

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

AC21
=====

Why did this change occur?

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

[Code One]

AC210V
=====

ENTER OTHER:

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

AC22
=====

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

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

AC23
=====

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

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

[Code One]

AC230V
=====

ENTER OTHER:

[Enter Other Specify]	
REF	-7
DK	-8

AC24
=====

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

YES	1
NO	2
REF	-7
DK	-8

AC24A
=====

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

Would you say ...

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

[Code One]

AC25
=====

SHOW CARD AC-1.

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

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

AC25A
=====

SHOW CARD AC-1.

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

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

[Code One]

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

AC26
=====

SHOW CARD AC-1.

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

CODE ALL THAT APPLY.

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

[Code All That Apply]

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

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

BOX_06
=====

GO TO NEXT QUESTIONNAIRE SECTION