

**AC01**

- Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
HOME.HOMELANG	LANGUAGE PREFERRED TO SPEAK AT HOME	2

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

ENGLISH	1	{LOOP_01}
SPANISH	2	{AC02}
ANOTHER LANGUAGE	3	{AC02}
-----		
Refused	RF	{LOOP_01}
Don't Know	DK	{LOOP_01}

**AC02**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.CONVENG	COMFORTABLE CONVERSING IN ENGLISH	2

Are all members of your household comfortable conversing in English?

YES	1	{LOOP_01}
NO	2	
-----		
Refused	RF	{LOOP_01}
Don't Know	DK	{LOOP_01}

```

ROUTING INSTRUCTION:
IF SINGLE-PERSON RU AND AC02 CODED '2' (NO), SELECT PERSON
AUTOMATICALLY FOR AC02A AND GO TO LOOP_01A.

IF MULTI-PERSON RU AND AC02 CODED '2' (NO), CONTINUE WITH
AC02A.

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**AC02A**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.CONFENG	NOT COMFORTABLE CONVERSING IN ENGLISH	2

Who is not comfortable conversing in English?

**PROBE:** Is anyone else not comfortable conversing in English?

[First Name],[Middle Name],Last Name]      {LOOP\_01A}  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

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PROGRAMMER NOTES:
FLAG ALL SELECTED PERSONS TO BE INCLUDED ON ROSTER FOR AC31.
    
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<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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.
=====
Roster Behavior:
1. Multiple select allowed.
2. Add, delete, and edit disallowed
=====
Roster Filter:
Display all persons on the RU-Members-Roster excluding
deceased and institutionalized RU members
    
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**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 WAS SELECTED AT AC02A (NOT COMFORTABLE CONVERSING IN ENGLISH).

**AC03**

- Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.BORNUS	BORN IN THE UNITED STATES	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

YES	1	{END_LP01A}
NO	2	{AC04}
-----		
Refused	RF	{AC04}
Don't Know	DK	{AC04}

**AC04**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.LNGLIVUS	HOW LONG LIVED IN U.S.	2

{PERSON'S FIRST MIDDLE AND LAST NAME}

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

LESS THAN 1 YEAR	1	{END_LP01A}
1 - 4 YEARS	2	{END_LP01A}
5 - 9 YEARS	3	{END_LP01A}
10 - 14 YEARS	4	{END_LP01A}
15 YEARS OR MORE	5	{END_LP01A}
-----		
Refused	RF	{END_LP01A}
Don't Know	DK	{END_LP01A}

**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**

Help Enabled (USULSRCE)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.HAVE_USC	DOES PERSON HAVE A USC PROVIDER?	2

{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}
-----		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

**HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.**

**AC06**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.GOTOFIRST	WOULD PERS GOTO USC FRST/MOST IF SICK?	2

{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}
-----		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

**AC07**

Help Enabled (USULSRCE)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.Y_NO_USC	MAIN REASON PERS DOESN'T HAVE A USC	3

{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	{AC07OV}
-----		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

**HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.**

PROGRAMMER NOTES:  
"(PERSON)" IN THE TEXT FOR ANSWER CATEGORY 5 SHOULD BE PURPLE.





**AC08**

Help Enabled (USULSRCE)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.NOREASON	OTH REAS NO USC: NO OTHER REASONS	2
PRND.SELDSICK	OTH REAS NO USC: SELDOM OR NEVER SICK	2
PRND.NEWAREA	OTH REAS NO USC: RECENTLY MOVED TO AREA	2
PRND.DKWHERE	OTH REAS NO USC: DK WHERE TO GO FOR CARE	2
PRND.USC_NA	OTH REAS NO USC: USC NO LONGER AVAILABLE	2
PRND.PERSLANG	OTH REAS NO USC: PROV DOESN'T SPEAK LANG	2
PRND.DIFFPLCS	OTH REAS NO USC: GOTO DIFF PLCS/DIFF NEE	2
PRND.INSPLAN	OTH REAS NO USC: JUST CHANGED INS PLANS	2
PRND.MYSELF	OTH REAS NO USC: DON'T USE/TREAT MYSELF	2
PRND.CARECOST	OTH REAS NO USC: COST OF MED CARE	2
PRND.OTH_REAS	OTH REAS NO USC: OTHER REASON	2

{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	{END_LP01}
RECENTLY MOVED INTO AREA	2	{END_LP01}
DON'T KNOW WHERE TO GO FOR CARE	3	{END_LP01}
USUAL SOURCE OF MEDICAL CARE IN THIS AREA IS NO LONGER AVAILABLE	4	{END_LP01}
CAN'T FIND A PROVIDER WHO SPEAKS (PERSON)'S LANGUAGE	5	{END_LP01}
LIKES TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS	6	{END_LP01}
JUST CHANGED INSURANCE PLANS	7	{END_LP01}
DON'T USE DOCTORS/TREAT MYSELF	8	{END_LP01}
COST OF MEDICAL CARE	9	{END_LP01}
OTHER REASON	91	{AC08OV}
-----		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}



**AC09**

Help Enabled (USULSRCE)       Comment Enabled       Jump Back Enabled

-----  
{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 OR SELECT NEXT PAGE TO CONTINUE.**

**HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.**

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**BOX 01**

ASK THE PROVIDER ROSTER (PV) SECTION

AT THE COMPLETION OF THE PROVIDER ROSTER (PV) SECTION, CONTINUE WITH BOX\_02

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**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

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**AC10**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PROV.PARTPROV	USUALLY SEE A PARTICULAR PROVIDER	2

{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
-----	
Refused	RF
Don't Know	DK

```

PROGRAMMER NOTES:
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.
-----
ROUTING INSTRUCTION:
IF AC11 WAS NOT ALREADY ASKED FOR THIS USC PROVIDER IN AN
EARLIER LOOP, CONTINUE WITH AC11
OTHERWISE, GO TO AC12
  
```

**AC11**

Help Enabled ([AC11Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.PLACETYP	WHAT KIND OF PLACE IS/DOES PROV WORK AT?	2

{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}
-----		
Refused	RF	{AC12}
Don't Know	DK	{AC12}

**HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.**

DISPLAY INSTRUCTIONS:  
 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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.HOWGETTO	HOW USUALLY GET TO PROVIDER	2

{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}
-----		
Refused	RF	{AC13}
Don't Know	DK	{AC13}

**AC13**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.GETTOTAK	HOW LONG TO GET TO PROVIDER	2

{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 MINUTES TO 60 MINUTES (1 HOUR)	3	{AC14}
61 MINUTES TO 90 MINUTES	4	{AC14}
91 MINUTES TO 120 MINUTES (2 HOURS)	5	{AC14}
MORE THAN 120 MINUTES (2 HOURS)	6	{AC14}
<hr/>		
Refused	RF	{AC14}
Don't Know	DK	{AC14}



**AC14**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.GETTODIF	HOW DIFFICULT TO GET TO PROVIDER	2

{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}
-----		
Refused	RF	{BOX_03}
Don't Know	DK	{BOX_03}

**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**

Help Enabled (MEDPROV)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.MEDTYPE	IS PROV A MD OR SOME OTHER TYPE MED PERS	2

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

Is (PROVIDER) a medical doctor?

YES	1	{AC17}
NO	2	{AC16}
-----		
Refused	RF	{AC18}
Don't Know	DK	{AC18}

**HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.**

**AC16**

Help Enabled ([AC16Help](#))       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.OTHTYPE	WHAT OTH TYPE OF MED PERS IS PROV?	3

{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}
-----		
Refused	RF	{AC18}
Don't Know	DK	{AC18}

**HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.**

**AC160V**

Help Enabled

Comment Enabled

Jump Back Enabled

Variable Name	Label	Size
PROV.MDTYPEOS	TYPE OF MEDICAL PERSON: OTHER SPECIFY	25

**OTHER:** \_\_\_\_\_ {AC18}

Refused RF {AC18}

Don't Know DK {AC18}

**AC17**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.MDSPECLT	WHAT IS PROV'S SPECIALTY?	3

{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	{AC17OV}
-----		
Refused	RF	{AC18}
Don't Know	DK	{AC18}



**AC18**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.P_HSPLAT	IS PROVIDER HISPANIC OR LATINO	2

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

Is (PROVIDER) Hispanic or Latino?

YES	1	{AC19}
NO	2	{AC19}
-----		
Refused	RF	{AC19}
Don't Know	DK	{AC19}

**AC19**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.PRWHITE	PROVIDER RACE WHITE	2
PROV.PRBLACK	PROVIDER RACE BLACK	2
PROV.PRVASIAN	PROVIDER RACE ASIAN	2
PROV.PRVNATAM	PROVIDER RACE INDIAN/NATIVE AMER/ALASKAN	2
PROV.PRVPACIS	PROVIDER RACE PACIFIC ISLANDER	2
PROV.PRVOHRC	PROVIDER RACE SOME OTHER RACE	2

{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}
-----		
Refused	RF	{AC20}
Don't Know	DK	{AC20}

ROUTING INSTRUCTION:  
IF CODED '91' (SOME OTHER RACE) ALONE OR IN COMBINATION WITH  
OTHER CODES, CONTINUE WITH AC19OV  
  
OTHERWISE, GO TO AC20





**AC20**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PROV.PRVGENDR	PROVIDER GENDER	2

{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}
-----		
Refused	RF	{END_LP01}
Don't Know	DK	{END_LP01}

**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

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**BOX\_04**

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

OTHERWISE, GO TO AC32A

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**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.

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**AC22**

Help Enabled (PREVENTHC)       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.MINORPRB	GOTO USC FOR ROUTINE OR MINOR HLTH PROB?	2
USCP.PREVENTV	GOTO USC FOR PREVENTIVE HEALTH CARE?	2
USCP.REFERRAL	GOTO USC FOR REFERRALS?	2
USCP.ONGOHPRB	GO TO USC FOR ON GOING HLTH PROB	2

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

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

a. New health problems?

YES 1  
 NO 2  
 Refused RF  
 Don't Know DK

b. Preventive health care, such as general checkups, examinations, and immunizations?

YES 1  
 NO 2  
 Refused RF  
 Don't Know DK

c. Referrals to other health professionals when needed?

YES 1  
 NO 2  
 Refused RF  
 Don't Know DK

- d. Ongoing health problems?
- |            |    |
|------------|----|
| YES        | 1  |
| NO         | 2  |
| Refused    | RF |
| Don't Know | DK |

**HELP AVAILABLE FOR DEFINITION OF PREVENTIVE HEALTH CARE AND REFERRAL.**

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DISPLAY INSTRUCTIONS:
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'.
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PROGRAMMER NOTES:
ALLOW 'RF' (REFUSED) AND 'DK' (DON'T KNOW) ON ALL FORM ITEMS.
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<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

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Roster Definition:
This item displays RU-MEMBERS-ROSTER for display.
-----

Roster Behavior:
1. Select, add, delete, and edit disallowed
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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.
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**AC23**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.PHONEDIF	HOW DIFF TO TALK TO PROV OVER THE PHONE?	2

{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
- 
- Refused RF
  - Don't Know DK

```

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

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ROUTING INSTRUCTION:
IF AC11 WAS CODED '2' (HOSPITAL EMERGENCY ROOM) FOR THIS USC
PROVIDER, GO TO AC25

OTHERWISE, CONTINUE WITH AC24

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**AC24**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
USCP.OFFHOURS	DOES USC HAVE OFFICE HRS AT NIGHT/WKEND?	2

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

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

YES	1	{AC25}
NO	2	{AC25}
-----		
Refused	RF	{AC25}
Don't Know	DK	{AC25}



**AC25**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.AFTHOURS	HOW DIFF TO CONTACT AFTER HOURS	2

{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}
-----		
Refused	RF	{AC26}
Don't Know	DK	{AC26}

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

**AC26**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.TREATMNT	DOES USC PROV ASK ABOUT OTH TREATMENTS?	2

{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}
-----		
Refused	RF	{AC27}
Don't Know	DK	{AC27}

```

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

**AC27**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.SHOWRESP	PROV SHOW RESPECT FOR OTHER TRTMNT	2

{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?

[First Name],[Middle Name],Last Name]  
[First Name],[Middle Name],Last Name]  
[First Name],[Middle Name],Last Name]

Would you say...

never,	1	{AC28}
sometimes,	2	{AC28}
usually, or	3	{AC28}
always?	4	{AC28}
-----		
Refused	RF	{AC28}
Don't Know	DK	{AC28}

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

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.HLPMKDEC	PROV ASK HLP TO MAKE DECISION	2

{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?

[First Name],[Middle Name],Last Name  
 [First Name],[Middle Name],Last Name  
 [First Name],[Middle Name],Last Name]

Would you say...

never,	1	{AC30}
sometimes,	2	{AC30}
usually, or	3	{AC30}
always?	4	{AC30}
-----		
Refused	RF	{AC30}
Don't Know	DK	{AC30}

DISPLAY INSTRUCTIONS:  
 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 #	Header	Instructions
1	NAME	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.
| -----

```



**AC30**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
USCP.EXPLNOPT	PROVIDER EXPLAIN OPTIONS	2

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

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

YES	1	{BOX_05}
NO	2	{BOX_05}
Refused	RF	{BOX_05}
Don't Know	DK	{BOX_05}

DISPLAY INSTRUCTIONS:  
 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 #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
USCP.LANGPREF	PROVIDER SPEAK LANGUAGE	2

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

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

[First Name],[Middle Name],Last Name  
[First Name],[Middle Name],Last Name  
[First Name],[Middle Name],Last Name

YES	1	{END_LP02}
NO	2	{END_LP02}
Refused	RF	{END_LP02}
Don't Know	DK	{END_LP02}

DISPLAY INSTRUCTIONS:  
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 #	Header	Instructions
1	NAME	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**

- Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
HOME.NEEDTRET	AC32A ANYONE NEED TREATMENT	2

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} |
| -----      |    |         |
| Refused    | RF | {AC40A} |
| Don't Know | DK | {AC40A} |

**AC32**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.UNABTRET	ANYONE UNABLE TO OBTAIN TREATMENT	2

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}
-----		
Refused	RF	{AC36}
Don't Know	DK	{AC36}

```

ROUTING INSTRUCTION:
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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.NOQTRET	PERSON UNABLE TO OBTAIN TREATMENT	2

Who was that?

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

```
ROUTING INSTRUCTION:
IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED,
GO TO AC36.
OTHERWISE, CONTINUE WITH LOOP_03.
```

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.RSNOTRET	MAIN REASON UNABLE TO OBT TREATMNT	2

{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}
-----		
Refused	RF	{AC35}
Don't Know	DK	{AC35}

**AC35**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PRBNTTRT	PROBLEM TREATMNT NOT OBTAINED	2

{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}
-----		
Refused	RF	{END_LP03}
Don't Know	DK	{END_LP03}

**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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.DELAYTRT	ANYONE DELAYED IN RECEIVING TREATMENT	2

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}
-----		
Refused	RF	{AC40A}
Don't Know	DK	{AC40A}

```

ROUTING INSTRUCTION:
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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.DLAYTRET	PERSON DELAY IN TREATMENT	2

Who was that?

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

```
ROUTING INSTRUCTION:
IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED,
GO TO AC40A.
OTHERWISE, CONTINUE WITH LOOP_04.
```

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.REASDLAY	MAIN REASON DELAY IN TREATMENT	2

{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}
-----		
Refused	RF	{AC39}
Don't Know	DK	{AC39}

**AC39**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PROBDLAY	PROBLEM WITH DELAY OF TREATMENT	2

{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}
-----		
Refused	RF	{END_LP04}
Don't Know	DK	{END_LP04}

**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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.NDDNTRET	ANYONE NEED DENTAL TREATMENT	2

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}
-----		
Refused	RF	{AC48A}
Don't Know	DK	{AC48A}

**AC40**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.UNABDNTR	ANYONE UNABLE TO OBT DN TREATMENT	2

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}
-----		
Refused	RF	{AC44}
Don't Know	DK	{AC44}

```

ROUTING INSTRUCTION:
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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.NOGLTDNTR	PERSON UNABLE TO OBT DN TRTMNT	2

Who was that?

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

```
ROUTING INSTRUCTION:
IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED,
GO TO AC44.
OTHERWISE, CONTINUE WITH LOOP_05.
```

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.RSNODNTR	MAIN REASON UNABLE OBT DN TRTMNT	2

{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}
-----		
Refused	RF	{AC43}
Don't Know	DK	{AC43}

**AC43**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PRBNODN	PROBLEM W/NOT OBT DN TRTMNT	2

{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}
-----		
Refused	RF	{END_LP05}
Don't Know	DK	{END_LP05}

**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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.DELAYDN	ANYONE DELAYED IN DN TRTMNT	2

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}
-----		
Refused	RF	{AC48A}
Don't Know	DK	{AC48A}

```

ROUTING INSTRUCTION:
IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE
PERSON AS 'DELAY IN RECEIVING DENTAL CARE' AT AC45 BY CAPI
IF CODE '1' (YES) AND A SINGLE-PERSON RU, GO TO LOOP_06
IF CODED '1' (YES) AND A MULTI-PERSON RU, CONTINUE WITH AC45

```

**AC45**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.DLAYDNTR	PERSON DELAYED IN DN TRTMNT	2

Who was that?

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

```
ROUTING INSTRUCTION:
IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED,
GO TO AC48A.
OTHERWISE, CONTINUE WITH LOOP_06.
```

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.RSDNDLAY	MAIN REASON DELAY IN DN TRTMNT	2

{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} |
| -----  |    |        |
| Refused  | RF | {AC47} |
| Don't Know   | DK | {AC47} |

**AC47**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PRBDNDLY	PROBLEM W/DELAY IN DN TRTMNT	2

{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}
-----		
Refused	RF	{END_LP06}
Don't Know	DK	{END_LP06}

**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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.NEEDPM	ANYONE NEED PRESCRIPTION MEDS	2

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}
-----		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}



**AC48**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.UNABGTPM	ANYONE UNABLE TO OBTAIN PM	2

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}
-----		
Refused	RF	{AC52}
Don't Know	DK	{AC52}

ROUTING INSTRUCTION:  
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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.NOGTPM	PERSON UNABLE TO OBT PM	2

Who was that?

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

```
ROUTING INSTRUCTION:
IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED,
GO TO AC52.
OTHERWISE, CONTINUE WITH LOOP_07.
```

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.RSNOGTPM	MAIN REASON UNABLE TO OBT PM	2

{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}
-----		
Refused	RF	{AC51}
Don't Know	DK	{AC51}

**AC51**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PRBNOPM	PROBLEM W/NOT OBTAINING PM	2

{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}
-----		
Refused	RF	{END_LP07}
Don't Know	DK	{END_LP07}

**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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
HOME.DELAYPM	ANYONE DELAYED IN RECEIVING PM	2

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}
-----		
Refused	RF	{BOX_06}
Don't Know	DK	{BOX_06}

ROUTING INSTRUCTION:  
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**

Help Enabled                       Comment Enabled     Jump Back Enabled

Variable Name	Label	Size
PRND.DLAYPM	PERSON DELAY IN RECV'G PM	2

Who was that?

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

[First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]  
 [First Name],[Middle Name],Last Name]

```
ROUTING INSTRUCTION:
IF THE ONLY PERSON SELECTED IS DECEASED OR INSTITUTIONALIZED,
GO TO BOX_06.
OTHERWISE, CONTINUE WITH LOOP_08.
```

<b>Roster Details</b>		
Title:	RU_Members_1	
Col #	Header	Instructions
1	NAME	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**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.RSPMDLAY	MAIN REASON DELAY IN RECV'G PM	2

{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}
-----		
Refused	RF	{AC55}
Don't Know	DK	{AC55}

**AC55**

Help Enabled       Comment Enabled       Jump Back Enabled

Variable Name	Label	Size
PRND.PRBPMDLY	PROBLEM W/ DELAY IN RECV'G PM	2

{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}
-----		
Refused	RF	{END_LP08}
Don't Know	DK	{END_LP08}

**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