<u>AC01</u>

☐ Help Enabled	✓ Com	nment Enabled	✓ Jump	Back Enabl	ed
Variable Name HOME.HOMELANG	ANGUAGE PREFERRED TO SP	Label EAK AT HOME			Size 2
What language	e is spoken in your hon	ne most of the ti	me?		- — —
ENGL	ISH		1	{LOOP_01}	}
SPAN	ISH		2	{AC02}	
ANOT	HER LANGUAGE		3	{AC02}	
Refuse	ed		RF	 {LOOP_01}	}
Don't I	Know		DK	{LOOP_01}	}

<u>AC02</u>

Comment Enabled	✓ Jump	Back Enabl	ed		
Label ERSING IN ENGLISH			Size 2		
Are all members of your household comfortable conversing in English?					
	1 2	{LOOP_01}			
	RF DK	•			
GO TO LOOP_01A.					
	Label ERSING IN ENGLISH hold comfortable converted to the second secon	Label ERSING IN ENGLISH hold comfortable conversing in 1 2 RF DK 2 CODED '2' (NO), SELECT PER GO TO LOOP_01A.	Label ERSING IN ENGLISH hold comfortable conversing in English? 1 {LOOP_01} 2 RF {LOOP_01} DK {LOOP_01}		

AC₀₂A

☐ Help Enabled ☐ Comment Enabled ☐ Jump Back Enabled
--

Variable Name	Label	Size
PRND.CONFENG	NOT CONFORTABLE 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]

PROGRAMMER NOTES: FLAG ALL SELECTED PERSONS TO BE INCLUDED ON ROSTER FOR AC31.

		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 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

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 Enable	ed
Variable Name PRND.BORNUS	Label BORN IN THE UNITED STATES			Size 2
{PERSON'S FIRST	MIDDLE AND LAST NAME}			
(Were/Was)	(PERSON) born in the United States?			
YES		1	{END_LP01	A}
NO		2	{AC04}	
Refu	sed	RF	{AC04}	
Don'	t Know	DK	{AC04}	

☐ Help Enabled	✓ Comment Enabled	✓ Ju	mp Back Enabled
Variable Name PRND.LNGLIVUS HOW LONG	Label LIVED IN U.S.		Size 2
{PERSON'S FIRST MIDDLE	AND LAST NAME}		
How long (have/has) (l	PERSON) lived in the United S	tates?	
LESS THAN 1	YEAR	1	{END_LP01A}
1 - 4 YEARS		2	{END_LP01A}
5 - 9 YEARS		3	{END_LP01A}
10 - 14 YEARS	S	4	{END_LP01A}
15 YEARS OR	RMORE	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

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.

<u>AC06</u>

☐ Help Enable	ed	✓ Comment Enabled	☑ Jump	Back Enabl	ed
Variable Name		Label O USC FRST/MOST IF SICK?			Size 2
{PERSON'S FI	IRST MIDDLE AND L	AST NAME}			
Would (are/is)		of these places first or n	nost ofter	if (PERSON)
	YES		1	{AC09}	
	NO		2	{AC07}	
	Refused Don't Know		RF DK	END_LP01 {END_LP01 {END_LP01	•

✓ Help Enabled	(USULSRCE)	✓ Comment Enabled	✓ Jump Back Enabled
- Help Lilabled	(USULSKUE)		- Julip Dack Lilabieu

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.

AC07OV

✓ Help Enabled	[☑ Comment Enabled	✓ Ju	mp Back Enal	oled
Variable Name PRND.NO_USCOS	MAIN REASON NO USC	Label : OTHER SPECIFY			Size
	ENTER OTHER			_ {AC08}	
	REASON				
Ref	used		RF	{AC08}	
Dor	n't Know		DK	{AC08}	

✓ Help Enabled (USULSRCE)	nment 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}

HELP AVAILABLE FOR DEFINITION OF USUAL SOURCE OF HEALTH CARE.

	PROGRAMMER (PERSON)	R NOTES: IN THE TEXT FOR ANSWER CATEGORY '5' S	SHOULD BE	PURPLE.
	ROUTING IN	STRUCTION: 191' (OTHER REASON) ALONE OR IN COMB: ES, CONTINUE WITH AC080V		
	OTHERWISE	, GO TO END_LP01		
CODES USED AND T	IN COMBINAT	HER REASONS), 'RF' (REFUSED), OR 'DK ION WITH ANY OTHER CODES. IF '0', ': RESPONSE IS SELECTED, DISPLAY THE F' 'RF', AND 'DK' CANNOT BE USED WITH A	RF', OR ' OLLOWING	DK' SELECTED MESSAGE: 'NO
ОПППК	. READOND ,	IT, AND DE CANNOT DE ODD WITH A	IVI OIIIER	CODE.
✓ He	lp Enabled	☑ Comment Enabled	☑ Jum	p Back Enabled
	Ip Enabled	✓ Comment Enabled	☑ Jum	p Back Enabled
V	<u> </u>	Label	✓ Jum	•
V	ariable Name	Label	✓ Jum	Size
V	ariable Name	Label	✓ Jum	Size
V	ariable Name OTHRSOS	Label OTH REASON NO USC: OTHER SPECIFY ENTER OTHER	✓ Jum	Size 25



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.

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

<u>AC10</u>

✓ Help Enabled	Comment Enabled	☑ Jump Back Enabled
Variable Name PROV.PARTPROV USUALLY SI	Label EE A PARTICULAR PROVIDER	Sizo
{PERSON'S FIRST MIDDLE / PROVIDER}	AND LAST NAME} {NAME OF	MEDICAL CARE
(Do/Does) (PERSON)	usually see a particular provid	der at (PROVIDER)?
YES		1
NO		2
Refused		RF
Don't Know		DK
DISPLAY THE PERSON-F ASKED ABOUT IS FLAGG FACILITY-PROVIDER'. FLAGGED AS 'FACILITY DISPLAY THE FACILITY = = = = = = = = = = = = = = = = = = =	EADY ASKED FOR THIS USC PROV	OVIDER BEING R' OR 'PERSON-IN- ASKED ABOUT IS KT HEADER WILL
OTHERWISE, GO TO AC1	.2	 !

<u>AC11</u>

✓ Help Enabled	(AC11Help)	Comment Enabled	✓ Jump Back Enabled
Telp Ellabled	(ACTHelp)		■ 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'.

<u>AC12</u>

\square Help Enabled	✓ Comment E	Enabled	✓ Jump	Back Enab	led
Variable Name USCP.HOWGETTO	Lal HOW USUALLY GET TO PROVIDER	bel			Size 2
{PERSON'S FIRST PROVIDER}	MIDDLE AND LAST NAME} {N	NAME OF	MEDICA	L CARE	
How (do/doe	s) (PERSON) usually get to (PF	ROVIDER)?		
DRI	/E		1	{AC13}	
IS D	RIVEN		2	{AC13}	
	I, BUS, TRAIN, OTHER PUBLION	C	3	{AC13}	
WAL	.KS		4	{AC13}	
Refu	sed		 RF	{AC13}	
Don'	t Know		DK	{AC13}	

<u>AC13</u>

☐ Help Enabled	✓ Comment Enabled ✓ Jump Back Enabled		led	
Variable Name USCP.GETTOTAK HOW LONG TO G	Label SET TO PROVIDER			Size 2
{PERSON'S FIRST MIDDLE AND PROVIDER}	D LAST NAME} {NAME O	F MEDIC	CAL CARE	
How long does it take (PE	RSON) to get to (PROVIDI	ER)?		
LESS THAN 15 M	INUTES	1	{AC14}	
15 TO 30 MINUTE	S	2	{AC14}	
31 MINUTES TO	60 MINUTES (1 HOUR)	3	{AC14}	
61 MINUTES TO 9	90 MINUTES	4	{AC14}	
91 MINUTES TO HOURS)	120 MINUTES (2	5	{AC14}	
MORE THAN 120	MINUTES (2 HOURS)	6	{AC14}	
Refused		RF	{AC14}	
Don't Know		DK	{AC14}	

☐ Help Enabled ☐ Comment Enabled ☐ Jump Back Enable

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

<u>AC15</u>

✓ Help Enabled (M	EDPROV)	✓ Comment Enabled	✓ Jur	mp Back Enab	led
Variable Name PROV.MEDTYPE	IS PROV A MD OF	Label R SOME OTHER TYPE MED PERS			Size 2
{PERSON'S FIRST PROVIDER}	MIDDLE AND	LAST NAME} {NAME OF	- MEDI	CAL CARE	
Is (PROVIDER) a medical doctor?					— <u>—</u>
YES			1	{AC17}	
NO			2	{AC16}	
Refu	ısed		RF	{AC18}	
Don'	't Know		DK	{AC18}	
HELP AVAILABLE FOR DEFINITION OF MEDICAL DOCTOR.					

✓ Help Enabled (AC16Help)	✓ Comment Enabled	✓ Jump Back Enabled
- Help Eliabled (ACTORED)		- Julip Dack Lilabieu

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.

1	{AC18}
2	{AC18}
3	{AC18}
4	{AC18}
5	{AC18}
91	{AC16OV}
	(4040)
RF	{AC18}
DK	{AC18}
	3 4 5 91 RF

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

<u>AC160V</u>

✓ Help Enabled	✓ Cor	nment Enabled	☑ Jum	p Back Enat	oled
Variable Name		Label			Size
PROV.MDTYPEOS	TYPE OF MEDICAL PERSON: O	THER SPECIFY			<u>25</u>
				- — — — — —	— — —
	OTHER:			{AC18}	
Ref	used		RF	{AC18}	
Dor	n't Know		DK	{AC18}	

<u>AC17</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jum	np Back Enab	led
Variable Name PROV.MDSPECLT WHAT IS PROV'S	Label SPECIALTY?			Size 3
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF MEDICAL CARE PROVIDER}				
What is (PROVIDER)'s spe	ecialty?			
GENERAL/FAMILY	Y PRACTICE	1	{AC18}	
INTERNAL MEDIC	CINE	2	{AC18}	
PEDIATRICS		3	{AC18}	
OB/GYN		4	{AC18}	
SURGERY		5	{AC18}	
CHIROPRACTOR		6	{AC18}	
OTHER		91	{AC170V}	
Refused		RF	{AC18}	
Don't Know		DK	{AC18}	

<u>AC170V</u>

\square Help Enabled	✓ Commercial	nt Enabled	☑ Jump	Back Enable	ed
Variable Name PROV.MDSPECOS	PROV'S SPECIALTY: OTHER SPECIFY	Label			Size 25
					
	OTHER:			{AC18}	
Refu Don	ised t Know		 RF DK	{AC18} {AC18}	

<u>AC18</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jun	np Back Enab	oled
Variable Name PROV.P_HSPLAT	Label IS PROVIDER HISPANIC OR LATINO			Size 2
{PERSON'S FIRST PROVIDER}	MIDDLE AND LAST NAME} {NAME C	F MEDI	CAL CARE	
Is (PROVIDE	ER) Hispanic or Latino?			
YES	}	1	{AC19}	
NO		2	{AC19}	
Refu	used	RF	{AC19}	
Don	't Know	DK	{AC19}	

☐ Help Enabled	Comment Enabled	✓ Jump Back Enabled

Variable Name	Label	Size
PROV.PRVWHITE	PROVIDER RACE WHITE	2
PROV.PRVBLACK	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.PRVOTHRC	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 AC190V

OTHERWISE, GO TO AC20

<u>AC190V</u>

☐ Help Enabled		✓ Comment Enabled	✓ Jump	o Back Enab	oled
Variable Name	AC19OV PROVIDER R	Label ACE OTHER SPECIFY			Size
	OTHER RACE	:		{AC20}	
R	efused		RF	{AC20}	
D	on't Know		DK	{AC20}	

☐ Help Enabled		✓ Commen	t Enabled	☑ Jump	o Back Enabl	led
Variable Name PROV.PRVGENDR	PROVIDER GENDER		Label			Size 2
{PERSON'S FIRST PROVIDER}	Γ MIDDLE AND L	AST NAME}	{NAME OI	F MEDIC	AL CARE	- — —
Is (PROVID	ER) male or fema	ale?				
MA	LE			1	{END_LP0	1}
FEI	MALE			2	{END_LP0	1}
_	used			RF	{END_LP0	•
Dor	n't Know			DK	{END_LP0	1}

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 ${\tt BOX_04}$

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

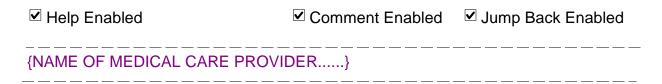
LOOP 02

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.



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.

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

[First Name,[Middle Name],Last Name] {AC22} [First Name,[Middle Name],Last Name] [First Name,[Middle Name],Last Name]

		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.

✓ Help Ena	abled	(PREVENTHC)	Comment Enabled	✓ Jump Back Enabled
		<u>(</u>		

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.

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

PROGRAMMER NOTES:
ALLOW 'RF' (REFUSED) AND 'DK' (DON'T KNOW) ON ALL FORM ITEMS.

		Roster Details
Title:	RU_Members_1	
Col#	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

Display all persons on the RU-Members-Roster who identified provider being asked about as person's USC provider for the current round.

<u>AC23</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jump Back Enabled
Variable Name USCP.PHONEDIF HOW DIFF TO TAIL	Label ALK TO PROV OVER THE PHONE?	Siz
{NAME OF MEDICAL CARE PRO	OVIDER}	
SHOW CARD AC-1.		
	ct {a medical person at} (PR elephone about a health pro	,
Would you say it is		
very difficult,		1
somewhat difficul	t,	2
not too difficult, o	r	3
not at all difficult?		4
Refused		RF
Don't Know		DK
DISPLAY INSTRUCTIONS: DISPLAY 'a medical personal properties of the control of th	son at' IF USC PROVIDER E Y-TYPE-PROVIDER'. OTHERW	BEING LOOPED ON VISE, USE A NULL
ROUTING INSTRUCTION: IF AC11 WAS CODED '2' PROVIDER, GO TO AC25	(HOSPITAL EMERGENCY ROOM)	FOR THIS USC
OTHERWISE, CONTINUE WI	TH AC24	!

<u>AC24</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enab	led
Variable Name USCP.OFFHOURS	Label DOES USC HAVE OFFICE HRS AT NIGHT/WKEND?			Size 2
{NAME OF MEDIC	AL CARE PROVIDER}			
Does (PRO	VIDER) have office hours at night or on w	veekends	6?	
YES	8	1	{AC25}	
NO		2	{AC25}	
Ref	used	RF	{AC25}	
Dor	't Know	DK	{AC25}	

\Box Help Enabled	Comment Enabled	✓ Jump Back Enabled	
Variable Name	Label	Size	÷
USCP.AFTHOURS	HOW DIFF TO CONTACT AFTER HOURS	2	Ī
{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.

<u>AC26</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jur	mp Back Enal	oled
Variable Name USCP.TREATMNT DOES USC PR	Label ROV ASK ABOUT OTH TREATMENTS?			Size
{NAME OF MEDICAL CARE PI	ROVIDER}			
Does (someone at) (PR and treatments other do	OVIDER) usually ask about potors may give them?	rescrip	tion medicatio	ons
YES		1	{AC27}	
NO		2	{AC27}	
Refused		RF	{AC27}	
Don't Know		DK	{AC27}	
II .	IF USC PROVIDER BEING LOOF			

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
		- Jump Dack 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.

Roster Details			
Title:	RU_Members_1		
Col#	Header	Instructions	
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME	

Access to Care (AC) Section

Beta

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.	

	✓ Jump Back Enabled
V Comment Enabled	VIJIMN 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}
Reluseu	KΓ	{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

Access to Care (AC) Section

Beta

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.	

☐ 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:
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

☐ Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enabled
Variable Name USCP.LANGPREF PROVIDER SPEAK	Label LANGUAGE		Siz
{NAME OF MEDICAL CARE PRO	VIDER}		- — — — — — -
Does (someone at) (PROVIBELOW) prefer(s) or provide [First Name, [Middle Name], [First Name, [Middle Name], [First Name, [Middle Name],	le translator services for the Last Name] Last Name]	•	NAME(S)
YES		1	{END_LP02}
NO		2	{END_LP02}
Refused		RF	{END_LP02}
Don't Know		DK	{END_LP02}
DISPLAY INSTRUCTIONS: DISPLAY 'someone at' IF FLAGGED AS 'FACILITY-TYP DISPLAY.			

		Roster Details
Title:	RU_Members_1	
Col#	Header	Instructions
1	NAME	Display RU member's first, middle, and last names PERS.FULLNAME

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

- 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}

\square Help Enabled	⊻ C	comment Enabled	☑ Jum	p Back Enabl	ed
Variable Name HOME.UNABTRET	ANYONE UNABLE TO OBTA	Label N TREATMENT			Size 2
	2 months, was anyone or treatments they or a	-			
YES	i		1		
NO			2	{AC36}	
Refu	ısed		RF	{AC36}	
Don	't Know		DK	{AC36}	
L					

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

ROUTING INSTRUCTION:

☐ Help Enabled	Comment Enabled	✓ Jump Back Enabled

Variable Name	Label	Size
PRND.NOGTTRET	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.

		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 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)

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}

\square Help Enabled	Comment Enabled	✓ Jump Back Enabled
------------------------	-----------------	---------------------

Label	Size
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

<u>AC36</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jum _l	o Back Enabl	ed
Variable Name HOME.DELAYTRT ANYONE DELAYED	Label IN RECEIVING TREATMENT			Size
In the last 12 months, was a care, tests, or treatments the				- — - I
YES NO		1 2	{AC40A}	
Refused Don't Know		RF DK	{AC40A} {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 IF CODED '1' (YES) AND A	·	_		

☐ 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.

		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 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)

\square 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}

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

\square 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}

<u>AC40</u>

\square Help Enabled		✓ Comment Enabled	☑ Jur	mp Back Enab	led
Variable Name HOME.UNABDNTR	ANYONE UNABL	Label E TO OBT DN TREATMENT			Size 2
		s anyone in the family unab or a dentist believed necess		btain dental o	are,
YES			1	(10044)	
NO 			2	{AC44}	
Refu	ısed		RF	{AC44}	
Don'	t Know		DK	{AC44}	
	' (YES) AND	A SINGLE-PERSON RU, AUTO FOR DENTAL CARE' AT AC41			
		A SINGLE-PERSON RU, GO T		_	
IF CODED '1	' (YES) AND	A MULTI-PERSON RU, CONTI	NUE WI	TH AC41	

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled

Variable Name	Label	Size
PRND.NOGTDNTR	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.

		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 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)

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
- Help Eliabled		Julip Dack Eliabled

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?

1	{AC43}
2	{AC43}
3	{AC43}
4	{AC43}
5	{AC43}
6	{AC43}
7	{AC43}
8	{AC43}
9	{AC43}
10	{AC43}
91	{AC43}
RF	{AC43}
DK	{AC43}
	2 3 4 5 6 7 8 9 10 91

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
		✓ Jump Dack 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

☐ Help Enabled	✓ Comment Enabled	⊻ Jun	np Back Enabl	ed
Variable Name	Label			Siz
HOME.DELAYDN ANYONE	E DELAYED IN DN TRTMNT			2
	ns, was anyone in the family delay nents they or a dentist believed no	_	•	
YES		1		
NO		2	{AC48A}	
Refused		RF	{AC48A}	
Don't Know		DK	{AC48A}	
	ON:) AND A SINGLE-PERSON RU, AUTO IN RECEIVING DENTAL CARE' AT A		I I	

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

☐ 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.

		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 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)

☐ Help Enabled	✓ Comment Enabled	✓ Jump Back Enabled
		- Julip Dack Lilabieu

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}

\square Help Enabled	Comment Enabled	✓ Jump Back Enabled
------------------------	-----------------	---------------------

Variable Name	Labe	el	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}

<u>AC48</u>

Variable Name Come.UNABGTPM	☐ Help Enabled		t Enabled ✓ Ju	mp Back Enabl
In the last 12 months, was anyone in the family unable to obtain prescription medicines they or a doctor believed necessary? YES 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	Variable Name	1	Label	
Prescription medicines they or a doctor believed necessary? YES 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	DME.UNABGTPM ANY	NE UNABLE TO OBTAIN PM		
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		•	•	
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	YES		1	
Don't Know DK {AC52} CONTROLLED TO THE COLUMN TO THE COLUMN THE	NO		2	{AC52}
ROUTING INSTRUCTION: IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR PRESCRIPTION MEDICINES' AT AC49 BY	Refused		RF	{AC52}
IF CODED '1' (YES) AND A SINGLE-PERSON RU, AUTOMATICALLY CODE PERSON AS 'UNMET NEED FOR PRESCRIPTION MEDICINES' AT AC49 BY	Don't Kno	W	DK	{AC52}
CAPI AND GO TO LOOP_07	IF CODED '1' (Y PERSON AS 'UNME	ES) AND A SINGLE-PERSO. I NEED FOR PRESCRIPTIO.		

☐ 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.

		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 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)

☐ 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}

☐ 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

<u>AC52</u>

☐ Help Enabled	✓ Comment Enabled	☑ Jum	p Back Enable
Variable Name HOME.DELAYPM ANYONE	Label DELAYED IN RECEIVING PM		:
	s, was anyone in the family delay ines they or a doctor believed ne	_	•
YES NO		1 2	{BOX_06}
Refused Don't Know		RF DK	{BOX_06} {BOX_06}
, ,	AND A SINGLE-PERSON RU, AUTO IN RECEIVING PRESCRIPTION MEDI		
IF CODED '1' (YES)	AND A MULTI-PERSON RU, CONTI	NUE WIT	'H AC53

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.

		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 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)

\square 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?

1	{AC55}
2	{AC55}
3	{AC55}
4	{AC55}
5	{AC55}
6	{AC55}
7	{AC55}
8	{AC55}
9	{AC55}
10	{AC55}
91	{AC55}
RF	{AC55}
DK	{AC55}
	3 4 5 6 7 8 9 10 91

<u>AC55</u>

☐ Help Enable	d	✓ Comment Enabled	☑ Jur	mp Back Enabled
Variable Name PRND.PRBPMDLY	PROBLEM W/ DELA	Label Y IN RECV'G PM		Size
{PERSON'S FI	RST MIDDLE AND L	AST NAME}		
SHOW	CARD AC-5.			
		s it that (PERSON) (were, e/she) or a doctor believe		
Would y	ou 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}
ID I DOO				
		-MEMBERS-ROSTER WHO ME	ETS TH	E CONDITIONS
STATED IN TH	E LOOP DEFINITION			
IF NO OTHER WITH BOX_06	PERSONS MEET THE S	TATED CONDITIONS, END	LOOP_0	8 AND CONTINUE
OX 06				
GO TO NEXT Q	UESTIONNAIRE SECTI	ON		