Dental Utilization (DUQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Text Fill Logic	Input mask	Routing
DUINT	DUINTRO	no entry	The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). (Now would be a good time to get out the planner that [you/(SP)] may have used to record health care visits or other medical expenses. We will also refer to any statements you may have received since the last interview.) First we'll talk about dental care.		[you] respondent is SP [(SP)] respondent is proxy [today] respondent is SP or proxy, SP alive and not institutionalized [DATE OF DEATH] respondent is proxy, SP deceased [DATE OF INSTITUTIONALIZATION] respondent is proxy, SP institutionalized		DU1 - DUPROBE
DUPROBE	DU1	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] go to a dentist or any other person for dental care? [Dental providers include dentists, dental surgeons, endodontists, periodontists, and dental hygienists.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy		(01) DU2 - PROVIDER_DU (02) ~~BOX DU6~~ DU15 - DVNEED (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) BOX DU6 (-9) BOX DU6
PROVIDER_DU	DU2	roster	Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.	(01-N) LIST ALL PROVIDERS AS RESPONSE OPTIONS (N+1) ADD ANOTHER	[you] respondent is SP [(SP)] respondent is proxy		(01-N) BOX DU1 (N+1) DU2B-PROVNAME
PROVNAME	DU2B	verbatim text	ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW. NAME:				DU2B - GRPNAME
GRPNAME	DU2B	verbatim text	GROUP:				PROVSPEC

PROVSPEC	DU2C	code one	What kind of ~~(health practitioner/mental health professional/therapist/medical person)~~ dental provider is [PROVNAME]?	(01) GENERAL DENTIST (02) DENTAL HYGIENIST (03) DENTAL TECHNICIAN (04) DENTAL/ORAL SURGEON (05) ORTHODONTIST (06) ENDODONTIST (07) PERIDONTIST (08) PROSTHODONTIST (09) OTHER (-8) DON'T KNOW (-9) REFUSED		(01) BOX DU2 (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) DU2C - PROVSPECOTH
PROVSPECOTH	DU2C	code one	What kind of (health practitioner/mental health professional/therapist/medical person) is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY (02) MEDICAL DOCTOR (03) AUDIOLOGIST (04) CHIROPRACTOR (05) CLINICAL SOCIAL WORKER (06) DIETITIAN-NUTRITIONIST (07) HEARING THERAPIST (08) HOME HEALTH/HEALTH AIDE (09) HOMEMAKER (10) HOSPICE WORKER (11) I.V. THERAPIST (12) NURSE (RN) (13) NURSE PRACTITIONER (14) NURSE'S AIDE (15) OCCUPATIONAL THERAPIST (OT) (16) OPTOMETRIST (OD) (17) OSTEOPATH (DO) (18) PARAMEDIC (19) PHYSICAL THERAPIST (PT) (20) PHYSICIAN'S ASSISTANT (21) PODIATRIST (FOOT DOCTOR) (22) PSYCHOLOGIST (23) RESPIRATORY THERAPIST (24) SOCIAL/CASE WORKER (25) SPEECH THERAPIST (26) THERAPIST (MENTAL HEALTH) (27) X-RAY TECHNICIAN (28) LICENSED PRACTICAL NURSE (LPN) (29) ACUPUNCTURIST		(01) DO NOT DISPLAY (02) BOX DU2 (03) BOX DU2 (04) BOX DU2 (05) BOX DU2 (06) BOX DU2 (07) BOX DU2 (08) BOX DU2 (09) BOX DU2 (10) BOX DU2 (11) BOX DU2 (12) BOX DU2 (13) BOX DU2 (14) BOX DU2 (15) BOX DU2 (16) BOX DU2 (17) BOX DU2 (18) BOX DU2 (19) BOX DU2 (20) BOX DU2 (21) BOX DU2 (22) BOX DU2 (23) BOX DU2 (24) BOX DU2 (25) BOX DU2 (26) BOX DU2 (27) BOX DU2 (28) BOX DU2 (29) BOX DU2
PROVSPOS	DU2D	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]		BOX DU2

	BOX DU1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH V.A. IS UNKNOWN), GO TO DU3 - VAPLACE. ELSE GO TO BOX DU2.				
VAPLACE	DU3	yes/no	Is (PROVIDER NAME) associated with a Department of Veterans Affairs, or V.A., facility?	(01) YES (02) NO (-8) Don't Know (-9) Refused			BOX DU2
	BOX DU2	routing	IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (IF THIS PROVIDER IS ASSOCIATED WITH A MANAGED CARE PLAN IS UNKNOWN), GO TO DU4 - HMOASSOC. ELSE IF (SP COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND) AND (THIS PROVIDER IS NOT ASSOCIATED WITH A MANAGED CARE PLAN), GO TO DU5 - HMOREFER. ELSE GO TO DU6 - EVENT_DU.				
HMOASSOC	DU4	yes/no	Is (PROVIDER NAME) associated with [your/(SP's)] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[your] respondent is SP [(SP's)] respondent is proxy		(01) DU6 - EVENT_DU (02) DU5 - HMOREFER (-8) DU5 - HMOREFER (-9) DU5 - HMOREFER
HMOREFER	DU5	yes/no	[Were you/Was (SP)] referred to (PROVIDER NAME) by [READ MANAGED CARE PLAN NAME(S) BELOW]? [INCLUDE REFERRALS BY THE SAMPLE PERSON'S PRIMARY CARE PHYSICIAN (PCP).]	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Were you] respondent is SP [Was (SP)] respondent is proxy		DU6 - EVENT_DU
EVENT_DU	DU6	roster	When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.]	(01) continuous answer (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized		DU6_IN - NAVIGATOR
NAVIGATOR	DU6_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED			(01) ~~DU9 - PRESMDCN~~ DU7 - DVPROCDR (02) DU14 - DUMORE

DVPROCDR	DU7	code all	SHOW CARD DU1 For [your/(SP's)] [VISIT ON EVENT DATE], what did [you/(SP)] have done? CHECK ALL THAT APPLY.	(01) GENERAL EXAM, CHECKUP OR CONSULTATION (02) CLEANING, PROPHYLAXIS, OR POLISHING (03) X-RAYS, RADIOGRAPHS, OR BITEWINGS (04) FLUORIDE TREATMENT (05) SEALANT (PLASTIC COATINGS ON BACK TEETH) (06) FILLINGS (07) INLAYS (08) CROWNS OR CAPS (09) ROOT CANAL (10) PERIODONTAL SCALING, ROOT PLANING, OR GUM SURGERY (11) PERIODONTAL RECALL VISIT (PERIODIC OR REGULAR) (12) EXTRACTION, TOOTH PULLED (13) IMPLANTS (14) ABSCESS OR INFECTION TREATMENT (15) OTHER ORAL SURGERY (16) FIXED BRIDGES (17) DENTURES OR REMOVABLE PARTIAL DENTURES (18) RELINING OR REPAIR OF BRIDGES OR DENTURES (19) ORTHODONTIA, BRACES, OR RETAINERS (20) BOND, WHITEN, OR BLEACH (21) TREATMENT FOR TMD OR TMJ (95) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED	[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy	(01) DU9-PRESMDCN (02) DU9-PRESMDCN (03) DU9-PRESMDCN (04) DU9-PRESMDCN (05) DU9-PRESMDCN (06) DU9-PRESMDCN (07) DU9-PRESMDCN (08) DU9-PRESMDCN (09) DU9-PRESMDCN (10) DU9-PRESMDCN (11) DU9-PRESMDCN (12) DU9-PRESMDCN (13) DU9-PRESMDCN (14) DU9-PRESMDCN (15) DU9-PRESMDCN (16) DU9-PRESMDCN (17) DU9-PRESMDCN (19) DU9-PRESMDCN (20) DU9-PRESMDCN (21) DU9-PRESMDCN (22) DU9-PRESMDCN (95) DU7A-EVOSTEXT	(01) DU9-PRESMDCN (02) DU9-PRESMDCN (03) DU9-PRESMDCN (04) DU9-PRESMDCN (05) DU9-PRESMDCN (06) DU9-PRESMDCN (07) DU9-PRESMDCN (08) DU9-PRESMDCN (09) DU9-PRESMDCN (10) DU9-PRESMDCN (11) DU9-PRESMDCN (12) DU9-PRESMDCN (13) DU9-PRESMDCN (14) DU9-PRESMDCN (15) DU9-PRESMDCN (16) DU9-PRESMDCN (17) DU9-PRESMDCN (18) DU9-PRESMDCN (19) DU9-PRESMDCN (20) DU9-PRESMDCN (21) DU9-PRESMDCN (95) DU7A-EVOSTEXT (-8) DU9-PRESMDCN (-9) DU9-PRESMDCN
EVOSTEXT	DU7A	verbatim text	OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY)	(01) [CONTINUOUS ANSWER]			DU9 - PRESMDCN
PRESMDCN	DU9	yes/no	Were any medicines prescribed for [you/(SP)] during (this visit/any of these visits)?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy [this visit] one visit to provider [any of these visits] two or more visits to provider		(01) DU10 - PRESFILL (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4
PRESFILL	DU10	yes/no	Were any of the prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) Don't Know (-9) Refused			(01) BOX DU3B (02) BOX DU4 (-8) BOX DU4 (-9) BOX DU4
	BOX DU3B	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO DU10A - DUPMMEDS. ELSE GO TO DU11 - MEDICINE_DU.				
DUPMMEDS	DU10A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	(01) INSTRUCTION WAS READ	[your] respondent is SP [(SP's)] respondent is proxy [you] respondent is SP [(SP)] respondent is proxy		DU11 - MEDICINE_DU

MEDICINE_DU	DU11	roster	Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.	(01) continuous answer			
	BOX DU4	routing	GO TO DU6_IN - NAVIGATOR.				
DUMORE	DU14	yes/no	[Since (REFERENCE DATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did [you/(SP)] have any other dental care visits to this or any other provider?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[Since (REFERENCE DATE)] respondent is SP or proxy, SP alive and not institutionalized [Between (REFERENCE DATE) and (DATE OF DEATH)] respondent is proxy, SP deceased [Between (REFERENCE DATE) and (DATE OF INSTITUTIONALIZATION)] respondent is proxy, SP institutionalized [you] respondent is SP [(SP)] respondent is proxy		(01) DU2 - PROVIDER_DU (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6
DVNEED	DU15	yes/no	Since (REFERENCE DATE), was there a time when {you/SP} needed dental care but could not get it at that time?	(01) YES (02) NO (-8) Don't Know (-9) Refused	[you] respondent is SP [(SP)] respondent is proxy		(01) DU16 - DVNDRS (02) BOX DU6 (-8) BOX DU6 (-9) BOX DU6
DVNDRS	DU16	code all	What were the reasons that {you/SP} could not get the dental care {you/she/he} needed?	(01) COULD NOT AFFORD THE COST (02) DID NOT WANT TO SPEND THE MONEY (03) INSURANCE DID NOT COVER RECOMMENDED PROCEDURES (04) DENTAL OFFICE IS TOO FAR AWAY (05) DENTAL OFFICE IS NOT OPEN AT CONVENIENT TIMES (06) ANOTHER DENTIST RECOMMENDED NOT DOING IT (07) AFRAID OR DO NOT LIKE DENTISTS (08) UNABLE TO TAKE TIME OFF FROM WORK (09) TOO BUSY (10) I DID NOT THINK ANYTHING SERIOUS WAS WRONG/EXPECTED DENTAL PROBLEMS TO GO AWAY (95) OTHER (SPECIFY) (-8) DON'T KNOW (-9) REFUSED	[you] respondent is SP [(SP)] respondent is proxy [you] respondent is SP [she] respondent is proxy, SP is female [he] respondent is proxy, SP is male		(01) BOX DU6 (02) BOX DU6 (03) BOX DU6 (04) BOX DU6 (05) BOX DU6 (06) BOX DU6 (07) BOX DU6 (08) BOX DU6 (09) BOX DU6 (10) BOX DU6 (95) DU16A - DVNDRSOS (-8) BOX DU6 (-9) BOX DU6
DVNDRSOS	DU16A	verbatim text	WHAT OTHER REASON (SPECIFY)	(01) continuous answer			BOX DU6