

Access to Care (ACQ): moved from Fall Round to Winter Round

Variable Name	MR Screen Name	Question text/description	Code list
ACINT	ACINTRO	The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE).	
ERVISIT	AC1	Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room?	(01) YES (02) NO (-8) Don't Know (-9) Refused
EWAITUNT	AC6A	Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused
EWAITHRS	AC6A	Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
EWAITMIN	AC6A	Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during (your/his/her) visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
	BOX AC1B	IF INTTYPE=7 AND SP DID NOT REPORT AN EVENT AT ER2, GO TO AC7 - ERADMT. ELSE GO TO BOX AC1C.	
ERADMT	AC7	[Were you/Was (SP)] admitted to the hospital from the emergency room? [PROBE IF NECESSARY TO DETERMINE IF THE RESPONDENT WAS ACTUALLY ADMITTED OR ASK TO SEE THE HOSPITAL BILL TO MAKE THE DETERMINATION.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX AC1C	IF INTTYPE=7 AND SP DID NOT HAVE OP VISIT IN CURRENT ROUND, GO TO AC8 - OPDVISIT. ELSE IF AC6A ASKED WHILE ADMINISTERING ER, GO TO BOX ER6. ELSE IF (SP HAD AN OP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC9-AC16A NOT ALREADY ASKED), GO TO AC9 - OPDREAS. ELSE GO TO BOX AC1E.	
OPDVISIT	AC8	Since (REFERENCE DATE), did [you/(SP)] go to a hospital clinic or outpatient department? DO NOT INCLUDE HOSPITAL INPATIENT STAYS.	(01) YES (02) NO (-8) Don't Know (-9) Refused
OPDREAS	AC9	[I have a few more questions about visits that [you/(SP)] had in the past.]  Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department. What was the reason [you/(SP)] went to the hospital clinic or outpatient department? [PROBE FOR THE MOST RECENT VISIT IF RESPONDENT MENTIONS MORE THAN ONE. IF NEEDED, PROBE WITH 'What did you have done during your most recent visit to the hospital clinic or outpatient department?' SELECT ALL THAT APPLY.] [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused
OPDOTHOS	AC9	OTHER (SPECIFY)	(01) continuous answer

	BOX AC1D	IF INTTYPE=7 AND SP DID NOT REPORT OUTPATIENT DEPARTMENT VISIT AT OP4) AND (RESPONSE TO AC9 - OPDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC12 - OPDAPPT. ELSE IF INTTYPE=7 AND SP DID NOT REPORT OUTPATIENT DEPARTMENT VISIT AT OP4) AND (RESPONSE TO AC9 - OPDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC10 - OPDSCOND. ELSE GO TO AC12 - OPDAPPT.	
OPDSCOND	AC10	Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused
OPDAPPT	AC12	Did [you/(SP)] have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in?	(01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused
OPDDRTEL	AC13	We are interested in knowing how the appointment was made for the visit to the hospital clinic or outpatient department you just told me about.  Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the hospital clinic or outpatient department to set up the appointment ?	(01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused
OPDAWUNT	AC14	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused
OPDAWDAY	AC14	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer
OPDAWWKS	AC14	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer
OPDAWMOS	AC14	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer
OWAITUNT	AC16A	[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.]  How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused
OWAITHRS	AC16A	[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.]  How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
OWAITMIN	AC16A	[Think about the most recent time [you/(SP)] went to a hospital clinic or outpatient department.]  How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer

	BOX AC1E	IF INTTYPE=7 AND (SP DID NOT REPORT A MEDICAL PROVIDER VISIT AT MP6 WHERE (MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR)) GO TO AC19-MDVISIT. ELSE IF AC9-AC16A ASKED WHILE ADMINISTERING OP, GO TO BOX OP7. ELSE IF (SP HAD AN MP VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC20-AC28A1 NOT ALREADY ASKED), GO TO AC20 - MDSPCLTY. ELSE GO TO BOX AC1G.	
NHRESEVR	AC17	[Have you/Has (SP)] ever been a resident or patient in a nursing home or similar place?	(01) YES (02) NO (-8) Don't Know (-9) Refused
NHLRESMM	AC18	When [were you/was (SP)] last a resident or patient in a nursing home or similar place?	(01) continuous answer (-8) Don't Know (-9) Refused
NHLRESYY	AC18	When [were you/was (SP)] last a resident or patient in a nursing home or similar place?	(01) continuous answer (-8) Don't Know (-9) Refused
MDVISIT	AC19	Next, I want to ask about [your/(SP)'s] visits to doctors since (REFERENCE DATE). [Have you/Has (SP)] seen a medical doctor since (REFERENCE DATE)? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital. [IF NECESSARY, SAY, 'Please look at show card AC1 for examples of types of medical doctors.']	(01) YES (02) NO (-8) Don't Know (-9) Refused
MDSPCLTY	AC20	SHOW CARD AC1	(01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY
MDSPCLOS	AC20	OTHER DR SPECIALTY (SPECIFY)	(01) continuous answer
MDREAS	AC21	What was the reason [you/(SP)] saw the doctor?  [PROBE: 'What did you have done during the visit?' IF RESPONDENT DOES NOT UNDERSTAND WHAT IS BEING ASKED. PROBE: 'Any other reason?' TO OBTAIN ALL REASONS.] CHECK ALL THAT APPLY.	(01) MEDICAL CONDITION NAMED (02) TESTS (03) FOLLOW-UP (04) CHECKUP (05) REFERRAL (06) SURGERY (07) PREVENTIVE SHOT (08) TREATMENT SHOT (09) TO GET OR REFILL PRESCRIPTION (91) OTHER (-8) Don't Know (-9) Refused
MDREAS	AC21	OTHER (SPECIFY)	(01) continuous answer
	BOX AC1F	IF INTTYPE=7 AND (SP DID NOT REPORT A MEDICAL PROVIDER VISIT AT MP6 WHERE (MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR))) AND (RESPONSE TO AC21- MDREAS INCLUDES 1/MedCondNamed OR 6/Surgery), GO TO AC24 - MDAPPT. ELSE IF ( INTTYPE=7 AND (SP DID NOT REPORT A MEDICAL PROVIDER VISIT AT MP6 WHERE (MP6B - MPSDVIS ^= 1/Yes AND PROVIDER'S SPECIALTY IS A MEDICAL DOCTOR))) AND (RESPONSE TO AC21- MDREAS DOES NOT INCLUDE 1/MedCondNamed AND DOES NOT INCLUDE 6/Surgery), GO TO AC22 - MDSCOND. ELSE GO TO AC24 - MDAPPT.	

MDSCOND	AC22	Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused
MDAPPT	AC24	Did [you/(SP)] have an appointment for this visit with the doctor, or did (you/he/she) just walk in?	(01) APPOINTMENT (02) WALKED IN (-8) Don't Know (-9) Refused
MDDRTEL	AC25	We are interested in knowing how the appointment was made for the visit to the doctor's office you just told me about.  Did someone make this appointment during an earlier visit, or did [you/(SP)] contact the doctor's office to set up the appointment?	(01) SOMEONE MADE APPOINTMENT DURING EARLIER VISIT (02) SP CONTACTED OFFICE TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused
MDAWUNT	AC26	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused
MDAWDAY	AC26	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer
MDAWWKS	AC26	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer
MDAWMOS	AC26	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?	(01) continuous answer
MWAITUNT	AC28A1	[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) Don't Know (-9) Refused
MWAITHRS	AC28A1	[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
MWAITMIN	AC28A1	[Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital.] How long did [you/(SP)] have to wait during (your/his/her) most recent visit before (you/he/she) saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer
	BOX AC1G	IF AC20-AC28A1 ASKED WHILE ADMINISTERING MP, GO TO MP18 - MPPRPRAC. ELSE IF SP HAS A CURRENT MEDICARE MANAGED CARE PLAN, GO TO AC33 - MHREFDIF. ELSE GO TO BOX AC3.	

MHREFDIF	AC33	<p>The following questions are about health care that [you/(SP)] received through (CURRENT MEDICARE MANAGED CARE PLAN NAME).</p> <p>While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME), [have you/has (SP)] had difficulty in obtaining referrals for the services of a specialist or other medical person within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that [you/(SP)] thought were necessary?  [IF NECESSARY, SAY: 'The referral must have been for services provided by a specialist or medical provider who is associated with your Medicare Managed Care plan, not a specialist or medical provider who is "outside" of the plan.']</p>	(01) YES (02) NO (03) N/A, HAVEN'T TRIED TO OBTAIN REFERRAL (-8) Don't Know (-9) Refused
MHSPCLTY	AC34A	SHOW CARD AC1 What kind of specialist or medical person was this? [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]	(01) ALLERGY/IMMUNOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (07) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) (09) GASTROENTEROLOGY (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (26) PATHOLOGY (27) PHYS MED/REHAB (28) PLASTIC SURGERY (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (33) RHEUMATOLOGY (ARTHRITIS) (35) UROLOGY (36) AUDIOLOGIST (37) CHIROPRACTOR (38) DENTIST
MHSPCLOS	AC34A	OTHER (SPECIFY)	(01) continuous answer

MHDIFCLT	AC35	<p>What kind of difficulty did [you/(SP)] have?</p> <p>[PROBE: Any other difficulty?] CHECK ALL THAT APPLY.</p>	<p>(01) PLAN WOULDN'T AUTHORIZE SERVICE  (02) THE WAIT FOR APPOINTMENT WAS TOO LONG  (03) PROVIDER'S LOCATION WAS NOT CONVENIENT  (04) DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE  (05) SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO  (06) PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT  (91) OTHER  (-8) Don't Know  (-9) Refused</p>
MHOTHOS	AC35	OTHER (SPECIFY)	(01) continuous answer
MHREFPAY	AC36	<p>Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that [you/(SP)] felt was necessary?  ['EMERGENCY TREATMENT' REFERS TO URGENTLY NEEDED MEDICAL CARE THAT IS REQUIRED WHEN THE BENEFICIARY IS OUTSIDE OF THE PLAN'S SERVICE AREA OR WHEN THE CARE IS REQUIRED DURING A TIME THAT IS OUTSIDE THE PLAN'S NORMAL OPERATING HOURS.]</p>	<p>(01) YES  (02) NO  (03) N/A, HAVEN'T NEEDED EMERGENCY TREATMENT  (-8) Don't Know  (-9) Refused</p>