

Usual Source of Care (USQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code List
PLACEPAR	US1	yes/no	Is there a particular <del>medical person</del> doctor or other health professional, or a clinic [you/(SP)] usually [go/goes] to when [you are/he is/she is] sick or for advice about [your/his/her] health?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PLACEKND	US2	code one	What kind of place [do you/does (SP)] usually go to when [you are/he is/she is] sick or for advice about [your/his/her] health -- is that a managed care plan or HMO center, a clinic, a <del>doctor's</del> or other health professional's office, a hospital, or some other place?  IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where is this?	(01) DOCTOR'S OFFICE OR GROUP PRACTICE (02) MEDICAL CLINIC (03) MANAGED CARE PLAN CENTER/HMO (04) NEIGHBORHOOD/FAMILY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) COMPANY CLINIC (08) OTHER CLINIC (09) WALK-IN URGENT CENTER (10) DOCTOR COMES TO SP'S HOME (11) HOSPITAL EMERGENCY ROOM (12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC (13) VA FACILITY (14) MENTAL HEALTH CENTER (91) OTHER (-8) DON'T KNOW (-9) REFUSED
PLACEOS	US2	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
	BOX USB	routing	IF SP WAS COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO US2A - PLACEMCP. ELSE IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME. ELSE GO TO US3A - CLNAME.	
PLACEMCP	US2A	yes/no	Is this (doctor or other health professional/medical clinic) associated with [your/his/her] [READ MANAGED CARE PLAN NAME(S) BELOW] plan?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX USC	routing	IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME. ELSE GO TO US3A - CLNAME.	
CLNAME	US3A	verbatim text	What is the complete name of the [place/managed care plan or HMO center/(US2 RESPONSE)] that [you go to/(SP) goes to]?  [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	(01) continuous answer
USUALDOC	US4	yes/no	Is there a particular doctor or other health professional [you usually see/(SP) usually sees] at this [place/managed care plan or HMO center/(US2 RESPONSE)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
MDNAME	US5A	verbatim text	What is the complete name of that doctor or other health professional?  [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	(01) CONTINUOUS ANSWER
MDSEX	US5B	code one	Is (US5A PROVIDER NAME) a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED

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MDSPEC	US6A	code one	<p>SHOW CARD AC1</p> <p>What is (US5A PROVIDER NAME)'s specialty?</p> <p>[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'.]</p>	<p>(01) ALLERGY/IMMUNOLOGY</p> <p>(02) ANESTHESIOLOGY</p> <p>(03) CARDIOLOGY (HEART)</p> <p>(05) DERMATOLOGY (SKIN)</p> <p>(06) EMERGENCY ROOM PHYSICIAN</p> <p>(07) ENDOCRINOLOGY/ METABOLISM (DIABETES, THYROID)</p> <p>(08) FAMILY PRACTICE</p> <p>(09) GASTROENTEROLOGY</p> <p>(10) GENERAL PRACTICE</p> <p>(11) GENERAL SURGERY</p> <p>(12) GERIATRICS (ELDERLY)</p> <p>(13) GYNECOLOGY - OBSTETRICS</p> <p>(14) HEMATOLOGY (BLOOD)</p> <p>(15) HOSPITAL RESIDENCE</p> <p>(16) INTERNAL MEDICINE (INTERNIST)</p> <p>(17) NEPHROLOGY (KIDNEYS)</p> <p>(18) NEUROLOGY</p> <p>(19) NUCLEAR MEDICINE</p> <p>(20) ONCOLOGY (TUMORS, CANCER)</p> <p>(21) OPHTHALMOLOGY (EYES)</p> <p>(22) ORTHOPEDICS</p> <p>(24) OSTEOPATHY (DO)</p> <p>(25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)</p> <p>(26) PATHOLOGY</p> <p>(27) PHYS MED/REHAB</p> <p>(28) PLASTIC SURGERY</p> <p>(29) PROCTOLOGY</p> <p>(30) PSYCHIATRY/PSYCHIATRIST</p> <p>(31) PULMONARY (LUNGS)</p>
MDSPECOS	US6A	text	<p>OTHER DR SPECIALTY (SPECIFY)</p> <p>[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'.]</p>	<p>(01) CONTINUOUS ANSWER</p>
	BOX US1	routing	<p>IF US2 - PLACEKND = 10/AtHome, GO TO US15 - USHOWLNG. ELSE GO TO US8 - GETUSHOW.</p>	
GETUSHOW	US8	code one	<p>How [do you/does (SP)] usually get to [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]?</p> <p>[EXPLAIN IF NECESSARY: [Do you/Does (SP)] get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for disabled people, by taxi, other public transportation, or some other way?]</p>	<p>(01) WALKING</p> <p>(02) DRIVING</p> <p>(03) BEING DRIVEN</p> <p>(04) AMBULANCE OR OTHER SPECIAL VEHICLE</p> <p>(05) TAXI</p> <p>(06) OTHER PUBLIC TRANSPORTATION</p> <p>(07) DR. USUALLY COMES TO HOME</p> <p>(08) SeniorCitizenVan DO NOT DISPLAY.</p> <p>(91) SOME OTHER WAY</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>
GETUSOS	US8	verbatim text	<p>SOME OTHER WAY (SPECIFY)</p>	<p>(01) continuous answer</p>

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GETUSUNT	US9	code one	About how long does it usually take for [you/(SP)] to get there?	(01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DON'T KNOW (-9) REFUSED
GETUSHRS	US9	numeric		(01) CONTINUOUS ANSWER
GETUSMIN	US9	numeric		(01) CONTINUOUS ANSWER
ACCOMPUS	US10	yes/no	[Do you/Does (SP)] usually have someone accompany [you/him/her] there?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PERSON_USUALGC	US11	roster	Who usually goes with [you/(SP)]?  SELECT OR ADD ONLY ONE PERSON	(01) CONTINUOUS ANSWER
PERSWITH	US11A1	code one	How often [are you/is that person] with [you/(SP)] while [you/(SP)] [see/sees] the doctor or other <del>medical</del> <b>person health professional</b> ? Would you say always, sometimes, or never?	(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED
ACCREAS	US11AA	code all	What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies (SP)] there? What [do you/does this person] do?  [PROBE: Any other reason?]  CHECK ALL THAT APPLY.	(01) WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/TAKES NOTES/REMEMBERS (02) GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR (03) EXPLAINS DOCTOR'S INSTRUCTIONS TO SP (04) ASKS QUESTIONS (05) TRANSLATES LANGUAGE (06) SCHEDULES APPOINTMENTS (07) NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT (08) TRANSPORTATION (09) SP NEEDS PHYSICAL ASSISTANCE (91) OTHER (-8) DON'T KNOW (-9) REFUSED
ACCOTHOS	US11AA	verbatim text	OTHER (SPECIFY)	(01) continuous answer
USHOWLNG	US15	code one	SHOW CARD US1  How long [have you/has (SP)] been [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)]?	(01) LESS THAN 1 YEAR (02) 1 YEAR TO LESS THAN 3 YEARS (03) 3 YEARS TO LESS THAN 5 YEARS (04) 5 YEARS TO LESS THAN 10 YEARS (05) 10 YEARS OR MORE (-8) DON'T KNOW (-9) REFUSED
PREVMEDC	US17	yes/no	Before [you/(SP)] started [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)], had [you/(SP)] usually been going to some other place or seeing some other doctor <b>or other health professional</b> for medical care?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX US2A	routing	IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO US27 - USCKEVRY. ELSE GO TO US37A - SPCLCARE.	

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
USCKEVRY	US27	list	SHOW CARD US3  Now I am going to read some statements people have made about their health care. Think about the care [you receive/(SP) receives] from (US5A PROVIDER NAME/US3A PROVIDER NAME). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.  [(US5A PROVIDER NAME) is/The doctors or other health professionals at (US3A PROVIDER NAME) are] very careful to check everything when examining [you/him/her].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USCOMPET	US27	list	SHOW CARD US3  [(US5A PROVIDER NAME) is/The doctors or other health professionals at (US3A PROVIDER NAME) are] competent and well-trained.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USUNHIST	US27	list	SHOW CARD US3  [(US5A PROVIDER NAME) has/The doctors or other health professionals at (US3A PROVIDER NAME) have] a good understanding of [your/his/her] medical history.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USUNWRNG	US27	list	SHOW CARD US3  [(US5A PROVIDER NAME) has/The doctors or other health professionals at (US3A PROVIDER NAME) have] a complete understanding of the things that are wrong with [you/him/her].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USHURRY	US27	list	SHOW CARD US3  [(US5A PROVIDER NAME) often seems/The doctors or other health professionals at (US3A PROVIDER NAME) often seem] to be in a hurry.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USEXPPRB	US32	list	SHOW CARD US3  [Think about the care [you/(SP)] [receive/receives] from [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)].]  [(US5A PROVIDER NAME) often does/The doctors or other health professionals at (US3A PROVIDER NAME) often do] not explain [your/his/her] medical problems to [you/him/her].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USDISCUS	US32	list	SHOW CARD US3  [You/(SP)] often [have/has] health problems that should be discussed but are not.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused

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USFAVOR	US32	list	SHOW CARD US3  [(US5A PROVIDER NAME) often acts/The doctors or other health professionals at (US3A PROVIDER NAME) often act] as though [(he/she) was/they were] doing [you/(SP)] a favor by talking to [you/him/her].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USTELALL	US32	list	SHOW CARD US3  [(US5A PROVIDER NAME) tells/The doctors or other health professionals at (US3A PROVIDER NAME) tell] [you/him/her] all [you want/he wants/she wants] to know about [your/his/her] condition and treatment.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USANSQUX	US32	list	SHOW CARD US3  [(US5A PROVIDER NAME) answers/The doctors or other health professionals at (US3A PROVIDER NAME) answer] all [your/his/her] questions.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USCONFID	US37	list	SHOW CARD US3  [Think about the care [you/(SP)] [receive/receives] from (US5A PROVIDER NAME/US3A PROVIDER NAME).]  [You have/(SP) has] great confidence in [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
USDEPEND	US37	list	SHOW CARD US3  [You depend/(SP) depends] on [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] in order to feel better both physically and emotionally.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
SPCLCARE	US37A	yes/no	SHOW CARD AC1  Specialists are doctors or other health professionals who specialize in one area of health care. This card lists some examples of specialists.  In the last 6 months, did [you/(SP)] receive care from any specialists outside the office of [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
DRINFRMD	US37B	code one	SHOW CARD US2  In general, how often [does (US5A PROVIDER NAME)/do the doctors or other health professionals at (US3A PROVIDER NAME)] seem informed and up-to-date about the care [you get/(SP) gets] from specialists?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused

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Variable Name	MR Screen Name	Question type	Question text/description	Code List
REMINDDR	US37C	code one	SHOW CARD US2  In general, how often [do you/does(SP)] have to remind [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] about care [you receive/(SP) receives] from specialists?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
SPCLSTPM	US37D	yes/no	In the last 6 months, did any specialists outside the office of [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] prescribe medicine for [you/(SP)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
TALKPMS	US37E	code one	SHOW CARD US2  In general, how often [does (US5A PROVIDER NAME)/do the doctors or other health professionals at (US3A PROVIDER NAME)] talk with [you/(SP)] about the medicines prescribed by these specialists?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
SPCLNAME	US37E1	verbatim text	The next four questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often in the last 6 months outside the office of [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)].  First, what is the name of the specialist [you/(SP)] saw most often in the last 6 months?  [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	(01) continuous answer
SPCLSEX	US37E2	code one	Is [(US37E1 PROVIDER NAME)/the specialist you saw most often in the last six months] a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED
SPCLKNOW	US37F	code one	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]  The next questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often in the last six months outside the [office of (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)].  When [you see/(SP) sees] see [(US37E1-SPCLNAME)/this specialist], does [he/she/he or she] seem to know enough information about [your/his/her] medical history?  [IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) Don't Know (-9) Refused
RPTINFO	US37G	code one	SHOW CARD US2  When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often [do you/does (SP)] have to repeat information that [you/he/she] [have/has] already given to [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
KNOWTEST	US37H	code one	SHOW CARD US2  When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often does this specialist [he/she/he or she] seem to know all of [your/his/her] test results from other providers?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused

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RECORDNA	US37I	code one	Now I'm going to ask you two questions about all the doctors <b>or other health professionals</b> [you have/(SP) has] seen in the past two years.  In the past two years, when getting care for a medical problem, was there ever a time when test results, medical records, or reasons for referrals were not available at the time of [your/(SP)'s] scheduled <del>doctor's</del> appointment <b>with [your/(SP)'s] doctor or other health professional?</b>	(01) YES (02) NO (03) NOT APPLICABLE (04) NOT SURE (-9) Refused
UNMEDTST	US37J	code one	In the past 2 years, when getting care for a medical problem, was there ever a time when doctors <b>or other health professionals</b> ordered a medical test that [you/(SP)] felt was unnecessary because the test had already been done?	(01) YES (02) NO (03) NOT APPLICABLE (04) NOT SURE (-9) Refused
EMEDREC	US37K	yes/no	Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records. When you visit [(US5A PROVIDER NAME)/the doctors <b>or other health professionals</b> at (US3A PROVIDER NAME)] [does he or she/do they] generally enter your health information into a computer while you are present?  [EXPLAIN IF NECESSARY: An "electronic health record" is an electronic version of a patient's medical history maintained by a provider over time. It automates the way in which doctors can access patient health information. "Health Information" includes information such as symptoms, vital signs, test results, or prescribed medicines.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
NUSNOTSK	US39	list	I am going to read some reasons that people have given for not having a usual source of health care. For each one, please tell me whether or not it is a reason [you do/(SP) does] not have a usual place for health care.  There is no reason to have a usual source of health care because [you/(SP)] seldom or never [get/gets] sick. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
NUSMOVIN	US39	list	[You/(SP)] recently moved into the area. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
NUSAVAIL	US39	list	[Your/(SP's)] usual source of health care in this area is no longer available. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
USWHYNAV	US42	code one	Why is [your/(SP's)] usual source of health care no longer available?	(01) PREVIOUS DOCTOR RETIRED (02) PREVIOUS DOCTOR DIED (03) PREVIOUS DOCTOR MOVED (04) SP MOVED (05) PREVIOUS DR/PLACE TOO FAR AWAY (91) OTHER (-8) DON'T KNOW (-9) REFUSED
USWHYNO1	US42	verbatim text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
NUSDIFFP	US43	list	Thinking about other possible reasons that people have for not having a usual source of health, please tell me if this statement applies to [you/(SP)]:  [You like/(SP) likes] to go to different places for different health care needs. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

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NUSTOOFR	US43	list	The places where [you/(SP)] can receive health care are too far away. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
NUSTOOEX	US43	list	The cost of health care is too expensive. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX USEND	routing	GO TO NEXT SECTION	