

Usual Source of Care (USQ): moved from Fall Round to Winter Round

Variable Name	MR Screen Name	Question text/description	Code List
PLACEPAR	US1	Is there a particular 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	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 doctor 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	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
	BOX USB	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	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	IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME. ELSE GO TO US3A - CLNAME.	
CLNAME	US3A	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	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	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	Is (US5A PROVIDER NAME) a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED

MDSPEC	US6A	<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' SPECIALITY 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 (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (06) EMERGENCY ROOM PHYSICIAN (07) ENDOCRINOLOGY/ METABOLISM (DIABETES, THYROID) (08) FAMILY PRACTICE (09) GASTROENTEROLOGY (10) GENERAL PRACTICE (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (15) HOSPITAL RESIDENCE (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS) (18) NEUROLOGY (19) NUCLEAR MEDICINE (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)</p>
MDSPECOS	US6A	<p>OTHER DR SPECIALTY (SPECIFY)</p> <p>[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY 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 USD	<p>IF PWHTLANG= 1, GO TO LEP1-LANGPREF. IF PWHTLANG=0, GO TO BOX US1.</p>	
LANGPREF	LEP1A	<p>In general, in what language do you prefer to receive your medical care?</p>	<p>(01) English (02) [PWHTLANG], or (03) Both English and [PWHTLANG] equally (91) OTHER (-8) Don't Know (-9) Refused</p>
LANGPFOS	LEP1B	<p>In general, in what language do you prefer to receive your medical care?</p>	<p>(01) CONTINUOUS ANSWER</p>
LANGPRVD	LEP2	<p>[Does (US5A PROVIDER NAME)/Do the providers at (US3A PROVIDER NAME)] speak [PWHTLANG]?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>

LANGCOMM	LEP3	How well can you and [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] communicate in [PWHTLANG] about your symptoms? Very well, well, not well, or not at all?	(01) VERY WELL (02) WELL (03) NOT WELL (04) NOT AT ALL (-8) DON'T KNOW (-9) REFUSED
	BOX LEP1	IF PNTWELL=1, GO TO LEP6-LANGPROB. ELSE GO TO BOX US1.	
LANGSYMP	LEP4	Without the aid of a translator, language assistant, or interpreter, how well can you and [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] communicate in English about your symptoms? Very well, well, not well, or not at all?	(01) VERY WELL (02) WELL (03) NOT WELL (04) NOT AT ALL (-8) DON'T KNOW (-9) REFUSED
	BOX LEP2	IF LEP PNTWELL=1, GO TO LEP5-LANGASST. ELSE GO TO BOX US1.	
LANGASST	LEP5	Who helps you communicate with [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English? PROBE: Anyone else?	(01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER'S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (-8) DON'T KNOW (-9) REFUSED
LANGPROB	LEP6	Have you ever had a problem understanding a medical situation because it was not explained in [PWHTLANG]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
LANGHELP	LEP7	Now think about all of your medical providers other than your usual provider. Who helps you communicate with medical providers who do not speak [PWHTLANG]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English? PROBE: Anyone else?	(01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER'S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (07) DOES NOT SEE A MEDICAL PROVIDER (-8) DON'T KNOW (-9) REFUSED
	BOX US1	IF US2 - PLACEKND = 10/AtHome, PP1A-PROVYR. ELSE GO TO US8 - GETUSHOW.	
GETUSHOW	US8	How [do you/does (SP)] usually get to [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]? [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?]	(01) WALKING (02) DRIVING (03) BEING DRIVEN (04) AMBULANCE OR OTHER SPECIAL VEHICLE (05) TAXI (06) OTHER PUBLIC TRANSPORTATION (07) DR. USUALLY COMES TO HOME (08) SeniorCitizenVan DO NOT DISPLAY. (91) SOME OTHER WAY (-8) DON'T KNOW (-9) REFUSED
GETUSOS	US8	SOME OTHER WAY (SPECIFY)	(01) continuous answer

GETUSUNT	US9	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	HOURS:	(01) CONTINUOUS ANSWER
GETUSMIN	US9	MINUTES:	(01) CONTINUOUS ANSWER
ACCOMPUS	US10	[Do you/Does (SP)] usually have someone accompany [you/him/her] there?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PERSON_USUALGO	US11	Who usually goes with [you/(SP)]? SELECT OR ADD ONLY ONE PERSON	(01) CONTINUOUS ANSWER
PERSWITH	US11A1	How often [are you/is that person] with [you/(SP)] while [you/(SP)] [see/sees] the doctor or other health professional? Would you say always, sometimes, or never?	(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED
ACCREAS	US11AA	What are the reasons [you accompany (SP)/this person accompanies you/this person accompanied 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	OTHER (SPECIFY)	(01) continuous answer
USHOWLNG	US15	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	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 or other health professional for medical care?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PROVYR	PP1A	Have you seen [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)] in the last 12 months?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

REMINDAPPT	PP1	<p>The next questions ask about the care [you/(SP)] received from [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)].</p> <p>Some offices remind patients about appointments. Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)], did [you/he/she] get a reminder from [(US5A PROVIDER NAME)'S office /(US3A PROVIDER NAME)] about the appointment?</p>	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PREPARE	PP2	<p>Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)], did [you/he/she] get instructions telling [you/him/her] what to expect or how to prepare?</p>	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
APPTMISS	PP4	<p>Now I'm going to read you questions about the medical providers [you have/SP has] seen in the last six months, that is since {CurrentMonth – 6}.</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>People have busy lives and miss appointments for many reasons. In the last six months, how often did [you/(SP)] miss an appointment with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)]?</p>	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
APPTNEW	PP5	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, when [you/(SP)] missed an appointment with US5A PROVIDER NAME/US3A PROVIDER NAME), how often did someone from [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)] contact [you/him/her] to make a new appointment?</p>	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
DOCLIFE	PP8	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] ask about things in [your/(SP)'s] work or life at home that affect [your/(SP)'s] health?</p>	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
EXPLAINEASY	PP9	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] explain things in a way that was easy [for (SP)] to understand?</p>	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
PPLISTEN	PP10	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] listen carefully to [you/(SP)]?</p>	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
PPRESPECT	PP11	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] show respect for what [you/(SP)] had to say?</p>	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused

ENOUGHTIME	PP12	SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] spend enough time with [you/(SP)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
PPIDEAS	PP13	SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] ask whether [you/(SP)] had ideas about how to improve [your/his/her] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
SETGOAL	PP15	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] talk with [you/(SP)] about setting goals for [your/his/her] health? [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
MEETGOAL	PP16	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, did the care [you/(SP)] received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] help [you/(SP)] meet [your/his/her] goals? [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
USCKEVRY	US27	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	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	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	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	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	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	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
USFAVOR	US32	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	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	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	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	<p>SHOW CARD US3</p> <p>{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.</p>	<p>(01) STRONGLY AGREE</p> <p>(02) AGREE</p> <p>(03) DISAGREE</p> <p>(04) STRONGLY DISAGREE</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
OSTAFF	PP17	<p>People often get instructions about their health from more than one person in the same office, such as other medical providers, nurses, nutritionists, and social workers.</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did [you/(SP)] get any instructions about your health from any other staff [in (US5A PROVIDER NAME)'s office/ at (US3A PROVIDER NAME)]?</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>
OSAWARE	PP18	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did these other staff seem up-to-date about the care [you were/(SP) was] receiving from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]?</p>	<p>(01) NEVER</p> <p>(02) SOMETIMES</p> <p>(03) USUALLY</p> <p>(04) ALWAYS</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
OSCARE	PP19	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did these other staff talk with [you/(SP)] about care [you/he/she] [were/was] receiving from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]?</p>	<p>(01) NEVER</p> <p>(02) SOMETIMES</p> <p>(03) USUALLY</p> <p>(04) ALWAYS</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
OSINFO	PP20	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did these other staff seem to know the important information about [your/(SP)'s] medical history?</p>	<p>(01) NEVER</p> <p>(02) SOMETIMES</p> <p>(03) USUALLY</p> <p>(04) ALWAYS</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
OSTEST	PP21	<p>The next set of questions ask about the care you received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office.</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office order a blood test, x-ray, or other test for [you/(SP)]?</p>	<p>(01) YES</p> <p>(02) NO</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>
OSFOLLOWUP	PP22	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, when [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone from [his/her/their] office ordered a blood test, x-ray, or other test for [you/(SP)], how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone from [his/her/their] office follow up to give [you/(SP)] those results?</p>	<p>(01) NEVER</p> <p>(02) SOMETIMES</p> <p>(03) USUALLY</p> <p>(04) ALWAYS</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>

REQUEST	PP23	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, how often did [you/(SP)] have to request [your/his/her] test results before [you/he/she] got them?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
TESTCLEAR	PP24	SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, how often were [your/(SP)'s] test results presented in a way that was easy to understand?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
PPSERVICES	PP29	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, did [you/(SP)] need services at home to help [you/him/her] take care of [your/his/her] health?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
HELPGET	PP30	SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office help [you/(SP)] get these services at home to take care of [your/his/her] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
PPINSTRUCTIONS	PP31	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office give [you/(SP)] instructions about how to take care of [your/his/her] health?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PPMED	PP35	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, did [you/(SP)] take any prescription medicine? [THIS IS DIFFERENT FROM THE PRESCRIPTION DRUG WHERE WE ASK IF THE R HAD ANY PRESCRIPTIONS FILLED]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
HOWMED	PP36	SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office talk with [you/(SP)] about how [you were/he was/she was] supposed to take [your/his/her] medicine?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused
ASPRESCRIBED	PP37	SHOW CARD US2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] There are many reasons why people may not always be able to take their medicines as prescribed. In the last six months, how often [were you/was (SP)] able to take [your/his/her] medicine as prescribed?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused

REACTION	PP38	<p>SHOW CARD US2</p> <p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office talk with [you/(SP)] about what to do if [you have/he has/she has] a bad reaction to [your/his/her] medicine?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
SPCLCARE	US37A	<p>SHOW CARD AC1</p> <p>Specialists are doctors or other health professionals who specialize in one area of health care. This card lists some examples of specialists.</p> <p>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)]?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
DRINFRMD	US37B	<p>SHOW CARD US2</p> <p>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?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
REMINDDR	US37C	<p>SHOW CARD US2</p> <p>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?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
SPCLSTPM	US37D	<p>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)]?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
TALKPMS	US37E	<p>SHOW CARD US2</p> <p>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?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
SPCLNAME	US37E1	<p>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)].</p> <p>First, what is the name of the specialist [you/(SP)] saw most often in the last 6 months?</p> <p>[ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]</p>	<p>(01) continuous answer</p>
SPCLSEX	US37E2	<p>Is [(US37E1 PROVIDER NAME)/the specialist you saw most often in the last six months] a male or female?</p>	<p>(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED</p>

SPCLKNOW	US37F	<p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>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)].</p> <p>When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], does [he/she/he or she] seem to know enough information about [your/his/her] medical history?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p>	<p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) Don't Know (-9) Refused</p>
RPTINFO	US37G	<p>SHOW CARD US2</p> <p>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)]?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
KNOWTEST	US37H	<p>SHOW CARD US2</p> <p>When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often does this [he/she/he or she] seem to know all of [your/his/her] test results from other providers?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
SPLKNTEST	PP49	<p>SHOW CARD US2</p> <p>When [you see/(SP) sees] [(US37E1-SPCLNAME)/this specialist], how often does [he/she/he or she] seem to know [your/(SP)'s] important test results from other providers?</p>	<p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p>
ADMITHOS	PP50	<p>[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.]</p> <p>In the last six months, [were you/was (SP)] admitted to a hospital overnight or longer?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
HOSFLWUP	PP51	<p>After [your/(SP)'s] most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office contact [you/him/her] to see how [you were/he was/she was] doing?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
HOSMED	PP52	<p>After [your/(SP)'S] most recent hospital stay, [were you/was (SP)] prescribed any medicines?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
HOSFOLLOWUP	PP53	<p>After (your/(SP)'s) most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] or someone in [his/her/their] office contact [you/SP] to check if [you were/he was/she was] able to follow instructions about any medicines [you were/he was/she was] prescribed?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
HOSINSTU	PP54	<p>After (your/(SP)'s) most recent hospital stay, (were you/was he/was she) given instructions about caring for [yourself/himself/herself] at home?</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
INSTUEASY	PP55	<p>After [your/(SP)'s] most recent hospital stay, were the instructions [you were/(SP) was] given easy to understand?</p> <p>[IF YES, THEN PROBE: Would you say definitely yes or somewhat yes?]</p>	<p>(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED</p>

HOSINFO	PP56	After (your/(SP)'s) most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] seem to know the important information about this hospital stay? [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
RATEMANAGE	PP58	SHOW CARD PP2 [IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] People sometimes need to manage their medical care by making appointments with multiple providers, following their instructions, and taking medicines as prescribed. Using any number from 0 to 10, where 0 is hard and 10 is easy, what number would you use to rate how easy it was for [you/(SP)] to manage [your/his/her] medical care in the last six months?	(00) 0 HARD TO MANAGE (01) 1 (02) 2 (03) 3 (04) 4 (05) 5 (06) 6 (07) 7 (08) 8 (09) 9 (10) 10 EASY TO MANAGE
DOCKNOWALL	PP59	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, was there one provider who knew about all [your/(SP)'s] medical care needs? [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
KNOWMEDS	PP60	[IF NEEDED: This question is about the last six months, that is since {CurrentMonth – 6}.] In the last six months, was there one provider who knew about all the medicines [you were/(SP) was] taking? [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
RECORDNA	US37I	Now I'm going to ask you two questions about all the doctors or other health professionals [you have/(SP) has] seen in the past two years. In the past two years (REFERENCE PERIOD), 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 doctor or other health professional appointment?	(01) YES (02) NO (03) NOT APPLICABLE (04) NOT SURE (-9) Refused
UNMEDTST	US37J	In the past 2 years, when getting care for a medical problem, was there ever a time when doctors or other health professionals 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	Many health care providers are beginning to use electronic or computer-based medical records instead of using paper-based records. When [you visit/(SP) visits] [(US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)] [does he or she/do they] generally enter [your/(SP)'s] health information into a computer while [you are/(SP) is] 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	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	[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	[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	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	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
NUSDIFFP	US43	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
NUSTOOFR	US43	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	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