Dental Utilization (DUQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
DUINT	DUINTRO	no entry	The next questions are about any medical care [you/(SP)] may have had between (REFERENCE DATE/UTILDATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD). (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.	
DUPROBE	DU1	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], 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
PROVIDER_DU	DU2	roster	Who did [you/(SP)] see? SELECT OR ADD ONLY ONE PROVIDER.	[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] … (01-N) LIST ALL PROVIDERS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02.
PROVNAME	DU2B	verbatim text	ENTER THE NAME OF THE PROVIDER AND THE BILLING GROUP OR PRACTICE NAME BELOW. [PROVIDER LOOKUP CALLED FROM THIS SCREEN] NAME:	
GRPNAME	DU2B	verbatim text	GROUP:	
PROVSPEC	DU2C	code one	What kind of dental provider is [PROVNAME]?	(01) GENERAL DENTIST (35) DENTAL HYGIENIST (36) DENTAL TECHNICIAN (37) DENTAL/ORAL SURGEON (38) ORTHODONTIST (39) ENDODONTIST (40) PERIDONTIST (41) PROSTHODONTIST (09) OTHER (-8) DON'T KNOW (-9) REFUSED
PROVSPECOTH	DU2C	code one	What kind of dental provider is [PROVNAME]?	(01) DENTIST/DENTAL PROVIDER (DO NOT DISPLAY) (02) MEDICAL DOCTOR
PROVSPOS	DU2D	verbatim text	OTHER MEDICAL PROVIDER (SPECIFY)	(01) [Continuous answer.]

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
	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	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
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
EVENT_DU	DU6	roster	When did [you/(SP)] see (PROVIDER NAME)? Please tell me all the dates [since (REFERENCE DATE/(UTILDATE))/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]. ENTER ALL DATES. [IF THE RESPONDENT SAW THE SAME PROVIDER TWICE ON THE SAME DAY, ENTER THE DATE ONLY ONCE.] IF R HAD 5 OR MORE VISITS TO THIS PROVIDER DURING THIS REFERENCE PERIOD, SELECT "REPEAT VISITS" AND LEAVE THE DAY FIELD BLANK. ENTER EACH MONTH SEPARATELY.	(01) continuous answer (-8) Don't Know (-9) Refused MM: DD: YYYY: REPEAT VISIT: YES/NO # OF VISITS
DUADD	DU6B	chose one	HAVE ALL DATES BEEN ENTERED? [DISPLAY ALL EVENTS ASSOCIATED WITH THIS PROVIDER]	(01) ADD ANOTHER (02) ALL DONE
NAVIGATOR	DU6_IN	instance navigator	YOU HAVE ENTERED DATES FOR THE FOLLOWING EVENTS. SELECT AN EVENT TO DISCUSS WITH SP OR PRESS [PREVIOUS] TO GO BACK AND ADD MORE EVENTS. [DISPLAY ALL EVENTS ADDED AT DU6] [EVENT DATE, PROVIDER]	(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED (N) EVENT N (N+1) CONTINUE INTERVIEW

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
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 |
| EVOSTEXT | DU7A | verbatim text | OTHER PROCEDURE OR REASON DURING VISIT (SPECIFY) | (01) [CONTINUOUS ANSWER] |
| 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 |
| 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 |
| | 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 |

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
MEDICINE_DU MEDLIST	DU11	roster	Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)	(01) continuous answer [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]
MED	DU11		[DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] Please tell me the names of these medicines. ENTER ALL MEDICINES. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)	
PMEDNAME	DU11	verbatim	NAME:	
PMSTRUNI	DU11	verbatim	STRENGTH:	
ADDP	DU11B	roster	MEDICATIONS FILLED DURING THIS VISIT [DISPLAY ALL MEDICINES ADDED AT DU11-MED]	(01) ADD ANOTHER (02) ALL DONE
	BOX DU4	routing	GO TO DU6_IN - NAVIGATOR. [LOOP THROUGH ALL DETAILED QUESTIONS FOR EACH EVENT BEFORE CONTINUING TO DU14]	
DUMORE	DU14	yes/no	[Since (REFERENCE DATE/UTILDATE)/Between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)], 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
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

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Variable Name	MR Screen Name	Question type	Question text/description	Code list
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
DVNDRSOS	DU16A	verbatim text	WHAT OTHER REASON (SPECIFY)	(01) continuous answer
	BOX DU6	routing	GO TO NEXT SECTION	