Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
			ACQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007 SPALIVE=1 SEASON= WINTER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after MPQ. NOTES: As part of Content Management Cycle 1, it was decided that ACQ would move from the Fall round to the Winter round. Therefore, ACQ was removed from R79 and will be fielded in R80.		
	BOX AC1AA	routing	IF INTTYPE=7 AND VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 AND (SP DID NOT HAVE ER VISIT IN CURRENT ROUND AND AC6A NOT ALREADY ASKED), GO TO ACINTRO - ACINT. ELSE IF (SP HAD AN ER VISIT IN THE CURRENT ROUND OR ANY OF THE 2 PREVIOUS ROUNDS) AND (AC6A NOT ALREADY ASKED), GO TO AC6A - EWAITUNT. ELSE GO TO BOX AC1C.		
ACINT	ACINTRO	no entry	The next questions are about health care services [you/(SP)] may have used since (REFERENCE DATE).		AC1 - ERVISIT
ERVISIT	AC1	yes/no	Since (REFERENCE DATE), did [you/(SP)] go to a hospital emergency room?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) AC6A - EWAITUNT (02) AC8 - OPDVISIT (-8) AC8 - OPDVISIT (-9) AC8 - OPDVISIT
EWAITUNT	AC6A	code one	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	(00) BOX AC1C. (01) AC6A - EWAITHRS (02) AC6A - EWAITMIN (03) AC6A - EWAITHRS (-8) BOX AC1C (-9) BOX AC1C
EWAITHRS	AC6A	numeric	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	If AC6A - EWAITUNT = 3/HoursAndMinutes, go to AC6A - EWAITMIN. Else go to BOX AC1C.
EWAITMIN	AC6A	numeric	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 AC1C
	BOX AC1C	routing	IF AC6A ASKED WHILE ADMINISTERING ER, GO TO BOX ER6. ELSE IF INTTYPE=7 AND VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 AND (SP DID NOT HAVE OP VISIT IN CURRENT ROUND AND AC16A NOT ALREADY ASKED), GO TO AC8 - OPDVISIT. 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	yes/no	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	(01) AC9 - OPDREAS (02) BOX AC1E (-8) BOX AC1E (-9) BOX AC1E

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
OPDREAS	AC9	code all	[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?] THE MOST RECENT VISIT CAN BE OUTSIDE OF THE REFERENCE PERIOD USED IN OTHER SECTIONS 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	(01) BOX AC1D (02) BOX AC1D (03) BOX AC1D (04) BOX AC1D (05) BOX AC1D (06) BOX AC1D (07) BOX AC1D (08) BOX AC1D (09) BOX AC1D (91) AC9 - OPDOTHOS (-8) BOX AC1D (-9) BOX AC1D
OPDOTHOS	AC9	verbatim text	OTHER (SPECIFY)	(01) continuous answer	BOX AC1D
	BOX AC1D	routing	IF (INTTYPE=7 AND VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 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 VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 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	yes/no	Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	AC12 - OPDAPPT
OPDAPPT	AC12	code one	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	(01) AC13 - OPDDRTEL (02) AC16A - OWAITUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT
OPDDRTEL	AC13	code one	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 (03) DOCTOR'S OFFICE CONTACTED SP TO SET UP APPOINTMENT (-8) Don't Know (-9) Refused	(01) AC14 - OPDAWUNT (02) AC14 - OPDAWUNT (03) AC14 - OPDAWUNT (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT
OPDAWUNT	AC14	code one	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months? WE ARE ASKING HOW MUCH TIME PASSED BETWEEN THE FIRST CONTACT FOR SETTING THE APPOINTMENT AND THE ACTUAL DATE OF THE APPOINTMENT	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused	(00) AC16A - OWAITUNT (01) AC14 - OPDAWDAY (02) AC14 - OPDAWWKS (03) AC14 - OPDAWMOS (-8) AC16A - OWAITUNT (-9) AC16A - OWAITUNT
OPDAWDAY	AC14	numeric	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer	AC16A - OWAITUNT
OPDAWWKS	AC14	numeric	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer	AC16A - OWAITUNT
OPDAWMOS	AC14	numeric	How long did [you/(SP)] have to wait for the appointment -- about how many days, weeks, or months?	(01) continuous answer	AC16A - OWAITUNT
OWAITUNT	AC16A	code one	[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	(00) BOX AC1E (01) AC16A - OWAITHRS (02) AC16A - OWAITMIN (03) AC16A - OWAITHRS (-8) BOX AC1E (-9) BOX AC1E

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
OWAITHRS	AC16A	numeric	[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	If AC16A - OWAITUNT = 3/HoursAndMinutes, go to AC16A - OWAITMIN. Else go to BOX AC1E.
OWAITMIN	AC16A	numeric	[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
	BOX AC1E	routing	IF AC9-AC16A ASKED WHILE ADMINISTERING OP, GO TO BOX OP7. ELSE IF INTTYPE=7 AND VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 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 (AC20-AC28A1 NOT ALREADY ASKED)), GO TO AC19-MDVISIT. 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.		
MDVISIT	AC19	yes/no	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	(01) AC20 - MDSPCLTY (02) BOX AC1G (-8) BOX AC1G (-9) BOX AC1G

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
MDSPCLTY	AC20	code one	SHOW CARD AC1 [I have a few more questions about visits that [you/(SP)] had in the past.] Think about the most recent time [you/(SP)] saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty? [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'.]	(01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (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) (36) PAIN MANAGEMENT SPECIALIST (26) PATHOLOGY (27) PHYS MED/REHAB (37) PHYSICIAN'S ASSISTANT (28) PLASTIC SURGERY (38) PODIATRIST (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (39) VASCULAR SURGEON/SPECIALIST (91) OTHER DR SPECIALTY (-8) Don't Know (-9) Refused	(01) AC21 - MDREAS (02) AC21 - MDREAS (03) AC21 - MDREAS (05) AC21 - MDREAS (07) AC21 - MDREAS (08) AC21 - MDREAS (09) AC21 - MDREAS (10) AC21 - MDREAS (11) AC21 - MDREAS (12) AC21 - MDREAS (13) AC21 - MDREAS (14) AC21 - MDREAS (15) AC21 - MDREAS (16) AC21 - MDREAS (17) AC21 - MDREAS (18) AC21 - MDREAS (19) AC21 - MDREAS (20) AC21 - MDREAS (21) AC21 - MDREAS (22) AC21 - MDREAS (24) AC21 - MDREAS (25) AC21 - MDREAS (36) AC21 - MDREAS (26) AC21 - MDREAS (27) AC21 - MDREAS (37) AC21 - MDREAS (28) AC21 - MDREAS (38) AC21 - MDREAS (29) AC21 - MDREAS (30) AC21 - MDREAS (31) AC21 - MDREAS (32) AC21 - MDREAS (33) AC21 - MDREAS (34) AC21 - MDREAS (35) AC21 - MDREAS (39) AC21 - MDREAS (91) AC20 - MDSPCLOS (-8) AC21 - MDREAS (-9) AC21 - MDREAS
MDSPCLOS	AC20	verbatim text	OTHER DR SPECIALTY (SPECIFY)	(01) continuous answer	AC21 - MDREAS
MDREAS	AC21	code all	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	(01) BOX AC1F (02) BOX AC1F (03) BOX AC1F (04) BOX AC1F (05) BOX AC1F (06) BOX AC1F (07) BOX AC1F (08) BOX AC1F (09) BOX AC1F (91) AC21 - MDOTHOS (-8) BOX AC1F (-9) BOX AC1F
MDREAS	AC21	verbatim text	OTHER (SPECIFY)	(01) continuous answer	BOX AC1F

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
	BOX AC1F	routing	IF (INTTYPE=7 AND VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 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 VIEW_MCBSCOMM_PRELOAD.NEWLY_ELIGIBLE NE 1 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	yes/no	Was that for a specific condition?	(01) YES (02) NO (-8) Don't Know (-9) Refused	AC24 - MDAPPT
MDAPPT	AC24	code one	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	(01) AC25 - MDDRTEL (02) AC28A1 - MWAITUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT
MDDRTEL	AC25	code one	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 (03) DOCTOR'S OFFICE CONTACTED SP TO SET UP APPOINTMENT (04) STANDING APPOINTMENT (-8) Don't Know (-9) Refused	(01) AC26 - MDAWUNT (02) AC26 - MDAWUNT (03) AC26 - MDAWUNT (04) AC28A1 - MWAITUNT (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT
MDAWUNT	AC26	code one	How long did [you/(SP)] have to wait for the appointment with the medical doctor -- about how many days, weeks, or months? WE ARE ASKING HOW MUCH TIME PASSED BETWEEN THE FIRST CONTACT FOR SETTING THE APPOINTMENT AND THE ACTUAL DATE OF THE APPOINTMENT	(00) DID NOT HAVE TO WAIT (01) DAYS (02) WEEKS (03) MONTHS (-8) Don't Know (-9) Refused	(00) AC28A1 - MWAITUNT (01) AC26 - MDAWDAY (02) AC26 - MDAWWKS (03) AC26 - MDAWMOS (-8) AC28A1 - MWAITUNT (-9) AC28A1 - MWAITUNT
MDAWDAY	AC26	numeric	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	AC28A1 - MWAITUNT
MDAWWKS	AC26	numeric	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	AC28A1 - MWAITUNT
MDAWMOS	AC26	numeric	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	AC28A1 - MWAITUNT
MWAITUNT	AC28A1	code one	[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	(00) BOX AC1G (01) AC28A1 - MWAITHRS (02) AC28A1 - MWAITMIN (03) AC28A1 - MWAITHRS (-8) BOX AC1G (-9) BOX AC1G
MWAITHRS	AC28A1	numeric	[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	If AC28A1 - MWAITUNT = 3/HoursAndMinutes, go to AC28A1 - MWAITMIN. Else go to BOX AC1G.
MWAITMIN	AC28A1	numeric	[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
	BOX AC1G	routing	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.		

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
MHREFDIF	AC33	code one	The following questions are about health care that [you/(SP)] received through (CURRENT MEDICARE MANAGED CARE PLAN NAME). 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.']	(01) YES (02) NO (03) N/A, HAVEN'T TRIED TO OBTAIN REFERRAL (-8) Don't Know (-9) Refused	(01) AC34A - MHSPCLTY (02) AC36 - MHREFPAY (03) AC36 - MHREFPAY (-8) AC36 - MHREFPAY (-9) AC36 - MHREFPAY
MHSPCLTY	AC34A	code one	SHOW CARD AC2 What kind of specialist or medical person was this? [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'.]	(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 (39) OPTOMETRIST (40) PHYSICAL THERAPIST (41) PSYCHOLOGIST (91) OTHER DR SPECIALTY (-8) Don't Know (-9) Refused	(01) AC35 - MHDIFCLT (03) AC35 - MHDIFCLT (05) AC35 - MHDIFCLT (07) AC35 - MHDIFCLT (09) AC35 - MHDIFCLT (11) AC35 - MHDIFCLT (12) AC35 - MHDIFCLT (13) AC35 - MHDIFCLT (14) AC35 - MHDIFCLT (16) AC35 - MHDIFCLT (17) AC35 - MHDIFCLT (18) AC35 - MHDIFCLT (20) AC35 - MHDIFCLT (21) AC35 - MHDIFCLT (22) AC35 - MHDIFCLT (24) AC35 - MHDIFCLT (25) AC35 - MHDIFCLT (26) AC35 - MHDIFCLT (27) AC35 - MHDIFCLT (28) AC35 - MHDIFCLT (29) AC35 - MHDIFCLT (30) AC35 - MHDIFCLT (31) AC35 - MHDIFCLT (33) AC35 - MHDIFCLT (35) AC35 - MHDIFCLT (36) AC35 - MHDIFCLT (37) AC35 - MHDIFCLT (38) AC35 - MHDIFCLT (39) AC35 - MHDIFCLT (40) AC35 - MHDIFCLT (41) AC35 - MHDIFCLT (91) AC34A - MHSPCLOS (-8) AC35 - MHDIFCLT (-9) AC35 - MHDIFCLT
MHSPCLOS	AC34A	verbatim text	OTHER (SPECIFY)	(01) continuous answer	AC35 - MHDIFCLT

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
MHDIFCLT	AC35	code all	What kind of difficulty did [you/(SP)] have? [PROBE: Any other difficulty?] CHECK ALL THAT APPLY.	(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	(01) AC36 - MHREFPAY (02) AC36 - MHREFPAY (03) AC36 - MHREFPAY (04) AC36 - MHREFPAY (05) AC36 - MHREFPAY (06) AC36 - MHREFPAY (91) AC35 - MHOTHOS (-8) AC36 - MHREFPAY (-9) AC36 - MHREFPAY
MHOTHOS	AC35	verbatim text	OTHER (SPECIFY)	(01) continuous answer	AC36 - MHREFPAY
MHREFPAY	AC36	code one	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.]	(01) YES (02) NO (03) N/A, HAVEN'T NEEDED EMERGENCY TREATMENT (-8) Don't Know (-9) Refused	BOX AC3
	BOX AC3	routing	IF 11TH ROUND INTERVIEW AND (INTTYPE IN C001) AND (MREFDATE) IS AFTER (JANUARY 1 (CURRENT YEAR)) GO TO STQ. ELSE GO TO PMQ.		