Variable Name	MR Screen Name	Question type	Question text/description	Code List	Routing
			USUAL SOURCE OF CARE QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007 SPALIVE=1 SEASON= WINTER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after KNQ.		
PLACEPAR	US1	yes/no	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	(01) US2 - PLACEKND (02) BOX USA (-8) BOX USA (-9) BOX USA
	BOX USA	routing	IF (INTTYPE=7) AND SP ever reported speaking a language other than English in the home (SAMPLE_PERSON.WHATLANG EQUALS 1-"SPANISH", 2-"FRENCH", 3-"GERMAN", OR 91-"Other, Specify") AND P_ENGWELL=1, GO TO LEP6-LANGPROB. ELSE GO TO US39 – NUSNOTSK.		
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 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	(01) BOX USB (02) BOX USB (03) US3A - CLNAME (04) US3A - CLNAME (05) US3A - CLNAME (06) US3A - CLNAME (07) US3A - CLNAME (08) US3A - CLNAME (09) US3A - CLNAME (10) US5A - MDNAME (11) US3A - CLNAME (12) US3A - CLNAME (13) US3A - CLNAME (14) US3A - CLNAME (91) US2 - PLACEOS (-8) US3A - CLNAME (-9) US3A - CLNAME
PLACEOS	US2	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	US3A - CLNAME
	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

	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	US4 - USUALDOC
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	(01) US5A - MDNAME (02) ~~BOX USD~~ US7-INNOVATE (-8) US8 - GETUSHOW (-9) US8 - GETUSHOW
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
MDSEX	US5B	code one	Is (US5A PROVIDER NAME) a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED	US6A - MDSPEC

MDSPEC	US6A	code one	SHOW CARD US1 What is (US5A PROVIDER NAME)'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) (26) PATHOLOGY (27) PHYS MED/REHAB (36) PHYSICIAN'S ASSISTANT (28) PLASTIC SURGERY (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (91) OTHER DR SPECIALTY (-8) DON'T KNOW (-9) REFUSED	(01)-(05) ~~BOX USD~~ US7-INNOVATE (07)-(36) ~~BOX USD~~ US7-INNOVATE (91) US6A - MDSPECOS (-8) ~~BOX USD~~ US7-INNOVATE (-9)~~BOX USD~~ US7-INNOVATE
MDSPECOS	US6A	text	OTHER DR SPECIALTY (SPECIFY) [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) CONTINUOUS ANSWER	BOX USD

INNOVATE	US7	yes/no	Many health care providers are beginning to participate in innovative health care initiatives, programs, and payment models. Is (US5A PROVIDER NAME)/(US3A PROVIDER NAME) associated with an innovative health care initiative such as an accountable care organization or a patient centered medical home? IF NEEDED: Innovative health care initiatives are programs that test ways to improve the delivery of health care, improve the quality of health care, lower health care costs, and reduce health disparities. IF THE RESPONDENT DOESN'T KNOW WHAT INNOVATIVE HEALTH CARE INITATIVES ARE OR HAS NEVER HEARD OF INNOVATIVE HEALTH CARE INITIATIVES, SELECT 'DON'T KNOW'.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX USD
	BOX USD	routing	IF (INTTYPE=7) AND (SAMPLE_PERSON.WHATLANG EQUALS 1-"SPANISH", 2-"FRENCH", 3-"GERMAN", OR 91-"Other, Specify"), GO TO LEP1A-LANGPREF. ELSE, GO TO BOX US1.		
LANGPREF	LEP1A	select one	In general, in what language [do you/does (SP)] prefer to receive [your/his/her] medical care?	(01) English (02) [LANGUAGE SPOKEN AT HOME], or (03) Both English and [LANGUAGE SPOKEN AT HOME] equally (91) OTHER (-8) Don't Know (-9) Refused	(01) LEP4-LANGSYMP (02) LEP2-LANGPRVD (03) LEP2-LANGPRVD (91) LEP1B-LANGPFOS (-8) LEP2-LANGPRVD (-9) LEP2-LANGPRVD
LANGPFOS	LEP1B	verbatim text	In general, in what language [do you/does (SP)] prefer to receive [your/his/her] medical care?	(01) CONTINUOUS ANSWER	LEP2-LANGPRVD
LANGPRVD	LEP2	select one	[Does (US5A PROVIDER NAME)/Do the providers at (US3A PROVIDER NAME)] speak [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) LEP3-LANGCOMM (02) LEP4-LANGSYMP (-8) LEP4-LANGSYMP (-9) LEP4-LANGSYMP
LANGCOMM	LEP3	select one	SHOW CARD US2 How well can [you/(SP)] and [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] communicate in [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS] about [your/his/her] 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
	BOX LEP1	routing	IF P_ENGWELL=1, GO TO LEP6-LANGPROB. ELSE GO TO BOX US1.		

LANGSYMP	LEP4	select one	SHOW CARD US2 Without the aid of a translator, language assistant, or interpreter, how well can [you/(SP)] and [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] communicate in English about [your/his/her] 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
	BOX LEP2	routing	IF P_ENGWELL=1, GO TO LEP5-LANGASST. ELSE GO TO BOX US1.		
LANGASST	LEP5	select all	SHOW CARD US3 Who helps [you/(SP)] communicate with [(US5A PROVIDER NAME)/the providers at (US3A PROVIDER NAME)] – a professional interpreter, a staff person at [your/his/her] provider's office, a family member, a friend, or do [you/(SP)] do the best that [you/(SP)] 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	LEP6-LANGPROB
LANGPROB	LEP6	select one	Have [you/(SP)] ever had a problem understanding a medical situation because it was not explained in [LANGAUGE SPOKEN AT HOME/LEP1B-LANGPFOS]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	LEP7-LANGHELP
LANGHELP	LEP7	select all	SHOW CARD US3 Now think about all of [your/(SP)'s] medical providers other than [your/his/her] usual provider. Who helps [you/(SP)] communicate with medical providers who do not speak [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS]– a professional interpreter, a staff person at [your/his/her] provider's office, a family member, a friend, or do [you/(SP)] do the best that [you/(SP)] 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
	BOX US1	routing	IF US1 - PLACEPAR = NO, DK, or RF, GO TO US39 - NUSNOTSK. ELSE IF US2 - PLACEKND = 10/AtHome, GO TO PP1A-PROVYR. ELSE GO TO US8 - GETUSHOW.		
GETUSHOW	US8	code one	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 (91) SOME OTHER WAY (-8) DON'T KNOW (-9) REFUSED	(01) US9 - GETUSUNT (02) US9 - GETUSUNT (03) US9 - GETUSUNT (04) US9 - GETUSUNT (05) US9 - GETUSUNT (06) US9 - GETUSUNT (07) PP1A-PROVYR (91) US8 - GETUSOS (-8) PP1A-PROVYR (-9) PP1A-PROVYR
GETUSOS	US8	verbatim text	SOME OTHER WAY (SPECIFY)	(01) continuous answer	US9 - GETUSUNT

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	(01) US9 - GETUSHRS (02) US9 - GETUSMIN (03) US9 - GETUSHRS (-8) US10 - ACCOMPUS (-9) US10 - ACCOMPUS
GETUSHRS	US9	numeric	HOURS:	(01) CONTINUOUS ANSWER	If US9 GETUSUNT=3/HoursAndMinutes go to US9 - GETUSMIN. Else go to US10 - ACCOMPUS.
GETUSMIN	US9	numeric	MINUTES:	(01) CONTINUOUS ANSWER	US10 - ACCOMPUS
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	(01) US11 - PERSON_USUALGO (02) PP1A-PROVYR (-8) PP1A-PROVYR (-9) PP1A-PROVYR
PERSON_USUALGO	US11	roster	Who usually goes with [you/(SP)]? SELECT OR ADD ONLY ONE PERSON	DISPLAY PERSON ROSTER AS RESPONSE OPTIONS: 1. [PERSON 1] 2. [PERSON 2] … (01-N) LIST ALL PERSONS AS RESPONSE OPTIONS (N+1) ADD ANOTHER DISPLAY: 1 First Name Display ROST.ROSTFNAM. 2 Last Name Display ROST.ROSTLNAM. 3 Relationship to SP Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.	(01-N) US11AA-ACCREAS (N+1) US11_NEW-ROSTFNAM IF EXISTING PERSON SELECTED, GO TO US11AA-ACCREAS. ELSE IF "ADD ANOTHER" SELECTED, GO TO US11_NEW-ROSTFNAM
ROSTFNAM	US11_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	US11_NEW - ROSTLNAM
ROSTLNAM	US11_NEW	text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER	US11_NEW - ROSTREL

ROSTREL	US11_NEW	code one	[What is the name of the person and relationship to (SP)?]	(02) SPOUSE (03) SON (04) DAUGHTER (05) BROTHER (06) SISTER (07) FATHER (08) MOTHER (09) SON-IN-LAW (10) DAUGHTER-IN-LAW (11) GRANDSON (12) GRANDDAUGHTER (13) NEPHEW (14) NIECE (51) FRIEND/NEIGHBOR (52) BOARDER (53) NURSE/NURSE'S AIDE (54) LEGAL/FINANCIAL OFFICER (55) GUARDIAN (56) PARTNER (57) ROOMMATE (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) US11AA-ACCREAS (03) US11AA-ACCREAS (04) US11AA-ACCREAS (05) US11AA-ACCREAS (06) US11AA-ACCREAS (07) US11AA-ACCREAS (08) US11AA-ACCREAS (09) US11AA-ACCREAS (10) US11AA-ACCREAS (11) US11AA-ACCREAS (12) US11AA-ACCREAS (13) US11AA-ACCREAS (14) US11AA-ACCREAS (50) DO NOT DISPLAY (51) US11AA-ACCREAS (52) US11AA-ACCREAS (53) US11AA-ACCREAS (54) US11AA-ACCREAS (55) US11AA-ACCREAS (56) US11AA-ACCREAS (57) US11AA-ACCREAS (91) US11_NEW - ROSTREOS (-8) US11AA-ACCREAS
ROSTREOS	US11_NEW	verbatim text	[What is the name of the person and relationship to (SP)?]	(01) CONTINUOUS ANSWER (-8) Don't Know (-9) Refused	US11AA-ACCREAS
ACCREAS	US11AA	code all	What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies 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	(01) PP1A-PROVYR (02) PP1A-PROVYR (03) PP1A-PROVYR (04) PP1A-PROVYR (05) PP1A-PROVYR (06) PP1A-PROVYR (07) PP1A-PROVYR (08)PP1A-PROVYR (09) PP1A-PROVYR (91) US11AA - ACCOTHOS (-8) PP1A-PROVYR (-9) PP1A-PROVYR
ACCOTHOS	US11AA	verbatim text	OTHER (SPECIFY)	(01) continuous answer	PP1A-PROVYR
PROVYR	PP1A	code one	[Have you/Has (SP)] seen [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)] in the last 12 months?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP1-REMINDAPPT (02) BOX US3 (-8) BOX US3 (-9) BOX US3
REMINDAPPT	PP1	yes/no	The next questions ask about the care [you/(SP)] received from [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]. 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?	(01) YES (02) NO (996) NOT APPLICABLE / R DID NOT HAVE APPOINTMENT (-8) DON'T KNOW (-9) REFUSED	PP2- PREPARE

PREPARE	PP2	yes/no	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?	(01) YES (02) NO (996) NOT APPLICABLE / R DID NOT HAVE APPOINTMENT (-8) DON'T KNOW (-9) REFUSED	PP4-MISSAPPT
MISSAPPT	PP4	code one	SHOW CARD US4 Now I'm going to read you questions about the medical providers [you have/SP has] seen in the last twelve months, that is since {TODAY'S MONTH AND YEAR - 12 MONTHS}. People have busy lives and miss appointments for many reasons. Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [you/(SP)] miss an appointment with [(US5A PROVIDER NAME)/(US3A PROVIDER NAME)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	(01) PP8-DOCHLTH (02) PP5- NEWAPPT (03) PP5-NEWAPPT (04) PP5- NEWAPPT (-8) PP8-DOCHLTH (-9) PP8-DOCHLTH
NEWAPPT	PP5	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP8-DOCHLTH
DOCHLTH	PP8	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP9- DOCEASY
DOCEASY	PP9	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP10-DOCLSTN
DOCLSTN	PP10	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] listen carefully to [you/(SP)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP11-DOCRSPCT

DOCRSPCT	PP11	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] show respect for what [you/(SP)] had to say?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP12- ENUFTIME
ENUFTIME	PP12	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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	PP13- HLTHIDEA
HLTHIDEA	PP13	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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	PP15-STHLTHGL
STHLTHGL	PP15	code one	SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 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	(01) PP16- MTHLTHGL (02) PP16- MTHLTHGL (03) US27-USCKEVRY (-8) US27-USCKEVRY (-9) US27-USCKEVRY
MTHLTHGL	PP16	code one	SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 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	BOX US3
	BOX US3	routing	GO TO US27-USCKEVRY.		
USCKEVRY	US27	list	SHOW CARD US6 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	US27-USUNWRNG
USUNWRNG	US27	list	SHOW CARD US6 [(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	BOX US4

	BOX US4	routing	IF PP1A-PROVYR= 01/YES, GO TO PP17 OTHRSTFF. ELSE GO TO BOX US5.		
OTHRSTFF	PP17	yes/no	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. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get any instructions about your health from any other staff [in (US5A PROVIDER NAME)'s office/ at (US3A PROVIDER NAME)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP18- OSUPTODT (02) PP21- ORDRTEST (-8) PP21- ORDRTEST (-9) PP21- ORDRTEST
OSUPTODT	PP18	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP19- OSTLKCR
OSTLKCR	PP19	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP20- OSNOINFO
OSNOINFO	PP20	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did these other staff seem to know the important information about [your/(SP)'s] medical history?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP21- ORDRTEST
ORDRTEST	PP21	yes/no	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. Since (TODAY'S MONTH AND YEAR-12 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)]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP22- TSTFLWUP (02) PP29-HLTHSRVC (-8) PP29-HLTHSRVC (-9) PP29-HLTHSRVC

TSTFLWUP	PP22	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP23-RQSTRSLT
RQSTRSLT	PP23	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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	PP24- RSLTEASY
RSLTEASY	PP24	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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	PP29-HLTHSRVC
HLTHSRVC	PP29	yes/no	Since (TODAY'S MONTH AND YEAR-12 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	(01) PP30- SRVCHELP (02) PP31- GIVEINST (-8) PP31- GIVEINST (-9) PP31- GIVEINST
SRVCHELP	PP30	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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	PP31- GIVEINST
GIVEINST	PP31	yes/no	Since (TODAY'S MONTH AND YEAR-12 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	PP35-ANYRX

ANYRX	PP35	yes/no	Since (TODAY'S MONTH AND YEAR-12 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	(01) PP36- TALKRX (02) BOX US5 (-8) BOX US5 (-9) BOX US5
TALKRX	PP36	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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	PP37- ASPRSCBD
ASPRSCBD	PP37	code one	SHOW CARD US4 There are many reasons why people may not always be able to take their medicines as prescribed. Since (TODAY'S MONTH AND YEAR-12 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	PP38-BADRCTN
BADRCTN	PP38	code one	SHOW CARD US4 Since (TODAY'S MONTH AND YEAR-12 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?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	BOX US5
	BOX US5	routing	GO TO US37A CARESPCL.		
CARESPCL	US37A	yes/no	SHOW CARD US1 Specialists are doctors or other health professionals who specialize in one area of health care. This card lists some examples of specialists. Since (TODAY'S MONTH AND YEAR-12 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	(01) US37B - DRINFRMD (02) US37I - NOTAVAIL (-8) US37I - NOTAVAIL (-9) US37I - NOTAVAIL
DRINFRMD	US37B	code one	SHOW CARD US4 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	US37C - REMINDDR

REMINDDR	US37C	code one	SHOW CARD US4 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	US37D - STPMSPCL
STPMSPCL	US37D	yes/no	Since (TODAY'S MONTH AND YEAR-12 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	(01) US37E - TALKPMS (02) US37E1 - NAMESPCL (-8) US37E1 - NAMESPCL (-9) US37E1 - NAMESPCL
TALKPMS	US37E	code one	SHOW CARD US4 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	US37E1 - NAMESPCL
NAMESPCL	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 12 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 since (TODAY'S MONTH AND YEAR-12 MONTHS)? [ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]	(01) continuous answer	US37E2 - SEXSPCL
SEXSPCL	US37E2	code one	Is [(US37E1 PROVIDER NAME)/the specialist you saw most often since (TODAY'S MONTH AND YEAR-12 MONTHS)] a male or female?	(01) MALE (02) FEMALE (-8) DON'T KNOW (-9) REFUSED	US37F - KNOWSPCL

KNOWSPCL	US37F	code one	SHOW CARD US5 [IF NEEDED: This question is about the last twelve months, that is since (TODAY'S MONTH AND YEAR - 12 MONTHS).] The next questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often in the last twelve months outside the [office of (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]. 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? [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	US37G - RPTINFO
RPTINFO	US37G	code one	SHOW CARD US4 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	BOX US6
	BOX US6	routing	IF PP1A-PROVYR= 01/YES, GO TO PP49-TESTRSLT. ELSE GO TO BOX US7.		
TESTRSLT	PP49	code one	SHOW CARD US4 The next questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often in the since (TODAY'S MONTH AND YEAR-12 MONTHS) outside the [office of (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME)]. 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?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP50-HOSADMIT
HOSADMIT	PP50	yes/no	Since (TODAY'S MONTH AND YEAR-12 MONTHS), [were you/was (SP)] admitted to a hospital overnight or longer?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP51- HOSFLWUP (02) PP58- MNGCARE (-8) PP58- MNGCARE (-9) PP58- MNGCARE
HOSFLWUP	PP51	yes/no	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?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PP52- HOSMED
HOSMED	PP52	yes/no	After [your/(SP)'S] most recent hospital stay, [were you/was (SP)] prescribed any medicines?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP53- HOSFOLLOWUP (02) PP54- HOSINSTU (-8) PP54- HOSINSTU (-9) PP54- HOSINSTU

HOSFOLLOWUP	PP53	yes/no	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?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PP54- HOSINSTU
HOSINSTU	PP54	yes/no	After (your/(SP)'s] most recent hospital stay, (were you/was he/was she] given instructions about caring for [yourself/himself/herself] at home?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP55- INSTUEASY (02) PP56- HOSINFO (-8) PP56- HOSINFO (-9) PP56- HOSINFO
INSTUEASY	PP55	code one	SHOW CARD US5 After [your/(SP)'s] most recent hospital stay, were the instructions [you were/(SP) was] given easy to understand? [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	PP56- HOSINFO
HOSINFO	PP56	code one	SHOW CARD US5 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	PP58-MNGCARE
MNGCARE	PP58	code one	SHOW CARD US7 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 since (TODAY'S MONTH AND YEAR-12 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	PP59- ONEDOC PP58A-DOCCARE

DOCCARE	PP58A	code one	Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] need help from [anyone in (US5A PROVIDER NAME)'s office/the doctors or other health professionals at (US3A PROVIDER NAME)] to manage [your/his/her] care among these different providers and services?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP58B-GETHELP (02) PP59-ONEDOC (-8) PP59-ONEDOC (-9) PP59-ONEDOC
GETHELP	PP58B	code one	SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get the help [you/he/she] needed from [(US5A PROVIDER NAME)'s office/the doctors or other health professionals at (US3A PROVIDER NAME)] to manage [your/his/her] care among these different providers and services?	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED	PP59-ONEDOC
ONEDOC	PP59	code one	SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 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	PP60- PRVNOMED
PRVNOMED	PP60	code one	SHOW CARD US5 Since (TODAY'S MONTH AND YEAR-12 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	BOX US7
	BOX US7	routing	GO TO US37I- NOTAVAIL		

NOTAVAIL	US37I	code one	Since (TODAY'S MONTH AND YEAR-12 MONTHS), 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	~~US37K - EMEDREC~~ BOX EHR1
	BOX EHR1	routing	IF US1-PLACEPAR=1, GO TO EHR2-COMPUSE, ELSE GO TO BOX USEND.		
COMPUSE	EHR2	yes/no	The next few questions will help us to understand how (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) use(s) a computer during [your/(SP)'s] office visit. Please answer the questions that follow based upon where [you go/(SP) goes] for medical care most of the time. [Does (US5A PROVIDER NAME)/Do the providers at (US3A PROVIDER NAME)] use a computer during [your/(SP)'s] office visit?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) US37K - EMEDREC (02) BOX EHR2 (-8) BOX EHR2 (-9) BOX HER
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/(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	~~BOX USEND~~ EHR3-COMPSHW

COMPSHW	EHR3	yes/no	Is the examination room set up so that (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) can easily show [you/(SP)] information on the computer screen?	(01) YES (02) NO	(01) EHR4-COMPHLTH (02) BOX EHR2 (-8) BOX EHR2 (-9) BOX EHR2
COMPHLTH	EHR4	yes/no	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] use the computer to show [you your/(SP) his/(SP) her] health information during [your/his/her] visit, such as trends in blood pressure reading, height, weight and body mass index, previous lab results, x-rays/images, immunizations or medications?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) EHR5-COMPREC (02) BOX EHR2 (-8) BOX EHR2 (-9) BOX EHR2
COMPREC	EHR5	yes/no	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] use the computer to show [you/(SP)] recommendations for preventive health screenings or other medical services?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX EHR2
	BOX EHR2	routing	IF US1-PLACEPAR=1, GO TO EHR6-COMPRD, ELSE GO TO BOX EHR3.		

COMPRD	EHR6	yes/no	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] read back to [you/(SP)] information that [you have/(SP) has] given during [your/(SP)'s] visit that is being put into [your/(SP)'s] medical record?	(01) YES (02) NO (-8) Don't Know (-9) Refused	EHR7-COMPINF
COMPINF	EHR7	yes/no	[Does (US5A PROVIDER NAME)/Do the doctors or other health professionals at (US3A PROVIDER NAME)] send [you/(SP)] health information electronically, such as information about [your/(SP)'s] medications, exercise plans, dietary advice, etc.?	(01) YES (02) NO (-8) Don't Know (-9) Refused	EHR8-COMPACC
COMPACC	EHR8	yes/no	[Does (US5A PROVIDER NAME)'s/Do the doctors or other health professionals at (US3A PROVIDER NAME)]'s office give [you/(SP)] access through [your/(SP)'s] own computer or smart phone to parts or all of [your/(SP)'s] electronic medical record (such as a list of [your/(SP)'s] medications, lab results, x-ray reports, office notes) through a "patient portal" or other electronic system?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX EHR3
	BOX EHR3	routing	IF EHR2-COMPUSE=(01) YES, GO TO EHR9-COMPHLP, ELSE GO TO BOX USEND		

COMPHLP	EHR9	list	SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit is helpful to [me/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	EHR9-COMPDIST
COMPDIST	EHR9	list	SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit distracts him/her from paying attention to [me/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	EHR9-COMPATT
COMPATT	EHR9	list	SHOW CARD US6 (US5A PROVIDER NAME)'s/The doctors or other health professionals at (US3A PROVIDER NAME) use of the computer during [my/(SP)'s] visit distracts [me/(SP)] from paying attention to the clinician.	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	EHR10-COMPTM
COMPTM	EHR10	code one	SHOWCARD US8 The amount of time during the visit that (US5A PROVIDER NAME)/the doctors or other health professionals at (US3A PROVIDER NAME) spend(s) on the computer seems: much more than it should be, somewhat more than it should be, about what it should be, somewhat less than it should be, or no opnion?	(01) Much more than it should be (02) Somewhat more than it should be (03) About what it should be (04) Somewhat less than it should be (05) Much less than it should be (06) No opinion	BOX USEND

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	US39 - NUSMOVIN
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	US39 - NUSAVAIL
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	(01) US42 - USWHYNAV (02) US43 - NUSDIFFP (-8) US43 - NUSDIFFP (-9) US43 - NUSDIFFP
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	(01) US43 - NUSDIFFP (02) US43 - NUSDIFFP (03) US43 - NUSDIFFP (04) US43 - NUSDIFFP (05) US43 - NUSDIFFP (91) US42 - USWHYNO1 (-8) US43 - NUSDIFFP (-9) US43 - NUSDIFFP
USWHYNO1	US42	verbatim text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	US43 - NUSDIFFP
NUSDIFFP	US43	list	Thinking about other possible reasons that people have for not having a usual source of health care, 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	US43 - NUSTOOFR
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	US43 - NUSTOOEX
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
	BOX USEND	routing	GO TO END.		