

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|--|
| | | | <p>USUAL SOURCE OF CARE QUESTIONNAIRE SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007 SPALIVE=1 SEASON= WINTER SPPROXY=SP or PROXY Other: N/A</p> <p><u>PLACEMENT</u> Administer after KNQ.</p> | | |
| 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) DONT 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 | <p>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?</p> <p>IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where is this?</p> | (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) DONT 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) DONT 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 | <p>What is the complete name of the [place/managed care plan or HMO center/(US2 RESPONSE)] that [you go to/(SP) goes to]?</p> <p>[ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]</p> | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2]</p> (01) continuous answer (-8) Don't Know (-9) Refused <p>DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02</p> | 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) DONT KNOW (-9) REFUSED | (01) US5A - MDNAME (02) US7-INNOVATE (-8) US7-INNOVATE (-9) US7-INNOVATE |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| 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.] | [DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2] (01) continuous answer (-8) Don't Know (-9) Refused DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02 | MDSEX - US5B |
| MDSEX | US5B | code one | Is (US5A PROVIDER NAME) a male or female? | (01) MALE (02) FEMALE (-8) DONT KNOW (-9) REFUSED | US6A - PVSPEC |
| PVSPEC | US6A | code one | SHOW CARD US1 What is (US5A PROVIDER NAME)'s speciality? [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) (04) DERMATOLOGY (SKIN) (05) ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID) (06) FAMILY PRACTICE (07) GASTROENTEROLOGY (08) GENERAL PRACTICE (09) GENERAL SURGERY (10) GERIATRICS (ELDERLY) (11) GYNECOLOGY - OBSTETRICS (12) HEMATOLOGY (BLOOD) (13) HOSPITAL RESIDENCE (14) INTERNAL MEDICINE (INTERNIST) (15) NEPHROLOGY (KIDNEYS) (16) NEUROLOGY (17) NUCLEAR MEDICINE (18) ONCOLOGY (TUMORS, CANCER) (19) OPHTHALMOLOGY (EYES) (20) ORTHOPEDICS (21) OSTEOPATHY (DO) (22) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (23) PAIN MANAGEMENT SPECIALIST (24) PATHOLOGY (25) PHYS MED/REHAB (26) PHYSICIAN'S ASSISTANT (27) PLASTIC SURGERY (28) PODIATRIST (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (36) VASCULAR SURGEON/SPECIALIST (37) AUDIOLOGIST (38) CHIROPRACTOR (39) DENTIST (40) OPTOMETRIST (41) PHYSICAL THERAPIST (42) PSYCHOLOGIST (43) NURSE PRACTITIONER (91) OTHER DR SPECIALTY (-8) DONT KNOW (-9) REFUSED | (01)- (43) US7-INNOVATE (91) US6A - MDSPECOS (-8) US7-INNOVATE (-9) US7-INNOVATE |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| MDSPECOS | US6A | text | OTHER DR SPECIALTY (SPECIFY) [PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'), OTHERWISE SELECT 'OTHER DR SPECIALTY'.] | (01) CONTINUOUS ANSWER | US7-INNOVATE |
| 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 INITIATIVES ARE OR HAS NEVER HEARD OF INNOVATIVE HEALTH CARE INITIATIVES, SELECT 'DON'T KNOW'. | (01) YES (02) NO (-8) DONT 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) DONT 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) DONT 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) DONT 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, do [you/(SP)] do the best that [you/(SP)] can in English, or does no one help [you/(SP)] because [you have/(SP) has] no trouble communicating 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) NO ONE HELPS; NO TROUBLE COMMUNICATING IN ENGLISH (-8) DONT KNOW (-9) REFUSED | LEP6-LANGPROB |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|----------------|----------------|---------------|--|--|--|
| 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, [do you/does (SP)] do the best that [you/(SP)] can in English, or does no one help [you/(SP)] because [you have/(SP) has] no trouble communicating 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 (08) NO ONE HELPS; HAS NO TROUBLE COMMUNICATING IN ENGLISH (-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) DONT 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) DONT 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) DONT 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 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| 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 (-9) 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) DONT 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) DONT KNOW (-9) REFUSED | (01) PP1-REMINDAPPT (02) US27-USCKEVRY (-8) US27-USCKEVRY (-9) US27-USCKEVRY |
| 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) DONT KNOW (-9) REFUSED | (01) PP2- PREAPPT (02) PP2- PREAPPT (996) PP4-MISSAPPT (-8) PP2- PREAPPT (-9) PP2- PREAPPT |
| PREAPPT | PP2 | yes/no | Before [your/(SP)'s] most recent visit with [(US5A PROVIDER NAME)'s office/(US3A PROVIDER NAME)], did [you/he/she] get instructions telling [you/him/her] what to expect or how to prepare? | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | PP4-MISSAPPT |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| MISSAPPT | PP4 | code one | <p>SHOW CARD US4</p> <p>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}.</p> <p>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)]?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>(01) PP8-DOCHLTH (02) PP5- NEWAPPT (03) PP5-NEWAPPT (04) PP5- NEWAPPT (-8) PP8-DOCHLTH (-9) PP8-DOCHLTH</p> |
| NEWAPPT | PP5 | code one | <p>SHOW CARD US4</p> <p>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?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP8-DOCHLTH</p> |
| DOCHLTH | PP8 | code one | <p>SHOW CARD US4</p> <p>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?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP9- DOCEASY</p> |
| DOCEASY | PP9 | code one | <p>SHOW CARD US4</p> <p>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?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP10-DOCLSTN</p> |
| DOCLSTN | PP10 | code one | <p>SHOW CARD US4</p> <p>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)]?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP11-DOCRSPCT</p> |
| DOCRSPCT | PP11 | code one | <p>SHOW CARD US4</p> <p>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?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP12- ENUFTIME</p> |
| ENUFTIME | PP12 | code one | <p>SHOW CARD US4</p> <p>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)]?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP13- HLTHIDEA</p> |
| HLTHIDEA | PP13 | code one | <p>SHOW CARD US4</p> <p>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?</p> | <p>(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused</p> | <p>PP15-STHLTHGL</p> |
| STHLTHGL | PP15 | code one | <p>SHOW CARD US5</p> <p>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?</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) DONT KNOW (-9) REFUSED</p> | <p>(01) PP16- MTHLTHGL (02) PP16- MTHLTHGL (03) US27-USCKEVRY (-8) US27-USCKEVRY (-9) US27-USCKEVRY</p> |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| 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) DONT KNOW (-9) REFUSED | 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) DONT 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) DONT KNOW (-9) REFUSED | (01) PP22- TSTFLWUP (02) PP29-HLTHSRVC (-8) PP29-HLTHSRVC (-9) PP29-HLTHSRVC |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| 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) DONT 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) DONT 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) DONT 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. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|---|
| CARESPCL | US37A | yes/no | <p>SHOW CARD US1</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>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)]?</p> | <p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p> | <p>(01) US37B - DRINFRMD (02) PP50-HOSADMIT (-8) PP50-HOSADMIT (-9) PP50-HOSADMIT</p> |
| DRINFRMD | US37B | code one | <p>SHOW CARD US4</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> | US37C - REMINDDR |
| REMINDDR | US37C | code one | <p>SHOW CARD US4</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> | US37D - STPMSPCL |
| STPMSPCL | US37D | yes/no | <p>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)]?</p> | <p>(01) YES (02) NO (-8) DONT KNOW (-9) REFUSED</p> | <p>(01) US37E - TALKPMS (02) US37E1 - NAMESPCL (-8) US37E1 - NAMESPCL (-9) US37E1 - NAMESPCL</p> |
| TALKPMS | US37E | code one | <p>SHOW CARD US4</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> | US37E1 - NAMESPCL |
| NAMESPCL | US37E1 | verbatim text | <p>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)].</p> <p>First, what is the name of the specialist [you/(SP)] saw most often since (TODAY'S MONTH AND YEAR-12 MONTHS)?</p> <p>[ENCOURAGE THE RESPONDENT TO REFER TO A BILL, TELEPHONE DIRECTORY, APPOINTMENT CARD, ETC., FOR COMPLETE INFORMATION.]</p> | <p>[DISPLAY PROVIDER ROSTER AS RESPONSE OPTIONS: 1. [PROVIDER 1] 2. [PROVIDER 2]</p> <p>(01) continuous answer (-8) Don't Know (-9) Refused</p> <p>DISPLAY PROVIDER NAME, SPECIALITY, GROUP NAME FOR ALL PROVIDERS WHERE PROVNUM>02</p> | US37E2 - SEXSPCL |
| SEXSPCL | US37E2 | code one | <p>Is [(US37E1 PROVIDER NAME)/the specialist you saw most often since (TODAY'S MONTH AND YEAR-12 MONTHS)] a male or female?</p> | <p>(01) MALE (02) FEMALE (-8) DONT KNOW (-9) REFUSED</p> | US37F - KNOWSPCL |
| KNOWSPCL | US37F | code one | <p>SHOW CARD US5</p> <p>[IF NEEDED: This question is about the last twelve months, that is since (TODAY'S MONTH AND YEAR - 12 MONTHS).]</p> <p>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)].</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> | US37G - RPTINFO |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| RPTINFO | US37G | code one | <p>SHOW CARD US4</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> | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | KNOWRSLT |
| KNOWRSLT | PP49 | code one | <p>SHOW CARD US4</p> <p>The next questions ask about care [you/(SP)] received from the specialist [you/he/she] saw most often 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)].</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> | (01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused | PP50-HOSADMIT |
| HOSADMIT | PP50 | yes/no | <p>Since (TODAY'S MONTH AND YEAR-12 MONTHS), [were you/was (SP)] admitted to a hospital overnight or longer?</p> | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | (01) PP51- HOSFLWUP (02) PP58- MNGCARE (-8) PP58- MNGCARE (-9) PP58- MNGCARE |
| HOSFLWUP | PP51 | yes/no | <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> | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | PP52- HOSMED |
| HOSMED | PP52 | yes/no | <p>After [your/(SP)'s] most recent hospital stay, [were you/was (SP)] prescribed any medicines?</p> | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | (01) PP53- HOSFOLLOWUP (02) PP54- HOSINSTU (-8) PP54- HOSINSTU (-9) PP54- HOSINSTU |
| HOSFOLLOWUP | PP53 | yes/no | <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> | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | PP54- HOSINSTU |
| HOSINSTU | PP54 | yes/no | <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> | (01) YES (02) NO (-8) DONT KNOW (-9) REFUSED | (01) PP55- INSTUEASY (02) PP56- HOSINFO (-8) PP56- HOSINFO (-9) PP56- HOSINFO |
| INSTUEASY | PP55 | code one | <p>SHOW CARD US5</p> <p>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?]</p> | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DONT KNOW (-9) REFUSED | PP56- HOSINFO |
| HOSINFO | PP56 | code one | <p>SHOW CARD US5</p> <p>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?]</p> | (01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DONT KNOW (-9) REFUSED | PP58-MNGCARE |
| MNGCARE | PP58 | code one | <p>SHOW CARD US7</p> <p>People sometimes need to manage their medical care by making appointments with multiple providers, following their instructions, and taking medicines as prescribed.</p> <p>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)? [IN SITUATIONS WHERE A PROXY OR SOMONE ELSE MANAGES THE RESPONDENT'S MECIAL CARE FOR OR WITH THEM, ANSWER BASED ON THEIR EXPERIENCE.]</p> | (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 | PP58A-DOCCARE |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|--|
| 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) DONT 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) DONT 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) DONT 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) DONT 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 | 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 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 following questions based on 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) EHR6-COMPRD (-8) EHR6-COMPRD (-9) EHR6-COMPRD |
| 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? [IF SUPPORT STAFF (NURSES, MEDICAL ASSISTANTS) ENTER INFORMATION INTO THE ELECTRONIC HEALTH RECORD DURING THEIR VISIT, SELECT "YES" AT THIS QUESTION.] [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 | (01) EHR3-COMPSHW (02) EHR6-COMPRD (-8) EHR6-COMPRD (-9) EHR6-COMPRD |
| 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 (-8) Don't Know (-9) Refused | (01) EHR4-COMPINFO (02) EHR6-COMPRD (-8) EHR6-COMPRD (-9) EHR6-COMPRD |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| COMPINFO | 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) EHR6-COMPRD (-8) EHR6-COMPRD (-9) EHR6-COMPRD |
| 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 | EHR6-COMPRD |
| 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 EHR2 |
| | BOX EHR2 | routing | IF EHR2-COMPUSE=(01) YES, GO TO EHR9-COMPHLP, ELSE GO TO BOX USEND | | |
| COMPHLP | EHR9 | list | SHOW CARD US6 Now I am going to read some statements people have made about how their provider uses a computer. 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)'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/them] 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 | SHOW CARD US8 For the next statement, please tell me if it's much more than it should be, somewhat more than it should be, about what it should be, somewhat less than it should be, much less than it should be, or no opinion? 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: | (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 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| 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) DONT 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) DONT 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) DONT 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) DONT 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) DONT 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) DONT 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) DONT KNOW (-9) REFUSED | BOX USEND |
| | BOX USEND | routing | GO TO END. | | |