

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			USUAL SOURCE OF CARE QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C007 SPALIVE=1 SEASON= WINTER SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> 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/(SP) is] sick or for advice about [your/(SP)'s] 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 1-16 -OR 91-"Other, Specify") AND SP reported that they speak English well, not well, or not at all (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/(SP) is] sick or for advice about [your/(SP)'s] 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/COMMUNITY HEALTH CENTER (05) FREESTANDING SURGICAL CENTER (06) RURAL HEALTH CLINIC (07) RETAIL CLINICS (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) US5A--MDNAME PVTYPE - PVTYPE (02) US3A--CLNAME US4 - USUALDOC (03) US3A--CLNAME US4 - USUALDOC (04) US3A--CLNAME US4 - USUALDOC (05) US3A--CLNAME US4 - USUALDOC (06) US3A--CLNAME US4 - USUALDOC (07) US3A--CLNAME US4 - USUALDOC (08) US3A--CLNAME US4 - USUALDOC (09) US3A--CLNAME US4 - USUALDOC (10) US5A--MDNAME PVTYPE - PVTYPE (11) US3A--CLNAME US4 - USUALDOC (12) US3A--CLNAME US4 - USUALDOC (13) US3A--CLNAME US4 - USUALDOC (14) US3A--CLNAME US4 - USUALDOC (91) US2--PLACEOS US4 - USUALDOC (-8) US3A--CLNAME US4 - USUALDOC (-9) US3A--CLNAME US4 - USUALDOC
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/(SP)'s] [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.		

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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.]	[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	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 PVTYPE - PVTYPE (02) BOX USD (-8) BOX USD (-9) BOX USD
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) DON'T KNOW (-9) REFUSED	US6A--PVSPEC

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PVSPEC PVTYPE	US6A PVTYPE	code one	Is [your/(SP)'s] provider a physician or medical doctor (MD), doctor of osteopathy (DO), physician's assistant (PA), nurse practitioner, or some other health professional? SHOW CARD US1 What is (US6A PROVIDER NAME) specialty? [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) ALLERGY/IMMUNOLOGY PHYSICIAN/MEDICAL DOCTOR (MD) (02) ANESTHESIOLOGY DOCTOR OF OSTEOPATHY (DO) (03) CARDIOLOGY (HEART) PHYSICIAN'S ASSISTANT (PA) (04) DERMATOLOGY (SKIN) NURSE PRACTITIONER (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) DON'T KNOW (-9) REFUSED	(01)-(43) BOX USD (91) US6A – MDSPECOS (-8) BOX USD (-9) BOX USD BOX USD
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	BOX USD
	BOX USD	routing	IF (INTTYPE=7) AND (SAMPLE_PERSON.WHATLANG EQUALS 1-16 OR 91-"Other, Specify"), GO TO LEP1A-LANGPREF. ELSE GO TO BOX US1.		

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LANGPREF	LEP1A	select one	In general, in what language [do you/does (SP)] prefer to receive [your/(SP)'s] 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) BOX LEP2 (02) LEP2-LANGPRVD (03) LEP2-LANGPRVD (91) LEP4B-LANGPFOS LEP2-LANGPRVD (-8) LEP2-LANGPRVD (-9) LEP2-LANGPRVD
LANGPFOS	LEP1B	verbatim text	In general, in what language [do you/does (SP)] prefer to receive [your/(SP)'s] medical care?	(01) CONTINUOUS ANSWER	LEP2-LANGPRVD
LANGPRVD	LEP2	select one	[Does (US5A-PROVIDER-NAME) [your/(SP)'s] provider/Do the providers at (US3A-PROVIDER-NAME)-[your/(SP)'s] usual source of care] speak [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS [your/(SP)'s] preferred language]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) LEP3-LANGCOMM (02) LEP4-LANGSYMP (-8) LEP4-LANGSYMP (-9) LEP4-LANGSYMP BOX LEP2
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/(SP)'s] 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/(SP)'s] 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 SP reported that they speak English well, not well, or not at all (P_ENGWELL=1), GO TO LEP6-LANGPROB LEP6-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/(SP)'s] 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) NO ONE HELPS; NO TROUBLE COMMUNICATING IN ENGLISH (-8) DON'T KNOW (-9) REFUSED	LEP6-LANGPROB
LANGPROB	LEP6	select one	[Have you/Has (SP)] ever had a problem understanding a medical situation because it was not explained in [LANGUAGE SPOKEN AT HOME/LEP1B-LANGPFOS [your/(SP)'s] preferred language]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	LEP7-LANGHELP BOX US1

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LANGHELP	LEP7	select-all	SHOW-CARD-US3 Now think about all of [your/(SP)'s] medical providers other than [your/(SP)'s] 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/(SP)'s] 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-US4
	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 US9-GETUSUNT.		
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 (09) 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 (09) 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 to [[your/their] provider's office/[your/their] usual source of care]?	(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/(SP)] there?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) US11 - PERSON_USUALGO (02) PP1A-PROVYR (-8) PP1A-PROVYR (-9) PP1A-PROVYR

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PERSON_USUALGO- USPERGO	US11	code one roster	Who usually goes with [you/(SP)]? SELECT OR ADD ONLY ONE PERSON [PROBE: Is that person a spouse, a child, an other family member, a friend, a home health aide or home care worker, a homemaker or house cleaner, or some other 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) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (91) OTHER (-8) Don't Know (-9) Refused	(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 REASACC - REASACC
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 (56) PARTNER (58) CHILD (59) GRANDCHILD (60) PARENT (61) SIBLING (91) OTHER (-8) Don't Know (-9) Refused	(01) DO NOT DISPLAY (02) US11AA-ACCREAS (56) US11AA-ACCREAS (58) US11AA-ACCREAS (59) US11AA-ACCREAS (60) US11AA-ACCREAS (61) 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

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ACGREAS REASACC	US11AA REASACC	code all	What are the reasons [you accompany (SP)]this person accompanies you/this person accompanies (SP) this person]? [PROBE: Any other reason?] CHECK ALL THAT APPLY. [COMMUNICATING WITH THE HEALTHCARE PROVIDER MAY INCLUDE WRITING NOTES, ASKING QUESTIONS, EXPLAINING MEDICAL CONDITIONS OR NEEDS, OR TRANSLATING LANGUAGE. PROVIDING LOGISTICAL SUPPORT MAY INCLUDE TRANSPORTATION, SCHEDULING APPOINTMENTS, PROVIDING PHYSICAL ASSISTANCE. PROVIDING EMOTIONAL SUPPORT MAY INCLUDE KEEPING THE SP COMPANY OR PROVIDING MORAL SUPPORT.]	(01) WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/TAKES NOTES/REMEMBERS COMMUNICATES WITH HEALTHCARE PROVIDER (02) GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR PROVIDES LOGISTICAL SUPPORT (03) EXPLAINS DOCTOR'S INSTRUCTIONS TO SP- PROVIDES EMOTIONAL SUPPORT (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 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) [your/their] provider/[your/their] usual source of care] in the last 12 months? [IF NEEDED: This question is referring to the care provider [you/(SP)] usually saw in the last 12 months.] INCLUDE TELEMEDICINE VISITS.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PP1-REMINDAPPT PP8-DOCHLTH (02) US27-USCKEVRY US37A-CARESPCL (-8) US27-USCKEVRY US37A-CARESPCL (-9) US27-USCKEVRY US37A-CARESPCL
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/(SP)] get a reminder from [(US5A PROVIDER NAME)'S office /(US3A PROVIDER NAME)] about the appointment? REMINDERS INCLUDE PHONE CALLS, TEXT MESSAGES, E-MAILS, AND MAILED CORRESPONDENCE.	(01) YES (02) NO (996) NOT APPLICABLE / R DID NOT HAVE APPOINTMENT (-8) DON'T 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/(SP)] get instructions telling [you/(SP)] what to expect or how to prepare? INSTRUCTIONS CAN INCLUDE ANYTHING THAT IS NEEDED OR PREPARED BEFORE THE APPOINTMENT, SUCH AS PREPARING OR ORGANIZING MEDICAL RECORDS, FASTING, ARRANGING TO HAVE SOMEONE ACCOMPANY MEDICAL VISIT, ETC.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PP4-MISSAPPT

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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/(SP)] 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 US1 Since [TODAY'S MONTH AND YEAR - 12 MONTHS], how often did [(US5A PROVIDER NAME) [your/(SP)'s] provider/the medical providers at (US3A PROVIDER NAME) [your/(SP)'s] usual source of care] ask about things in [your/(SP)'s] work or life at home that affect [your/(SP)'s their] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP9- DOCEASY
DOCEASY	PP9	code one	SHOW CARD US4 US1 Since [TODAY'S MONTH AND YEAR - 12 MONTHS], how often did [(US5A PROVIDER NAME) [your/(SP)'s] provider/the medical providers at (US3A PROVIDER NAME) [your/(SP)'s] usual source of care] 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 US1 Since [TODAY'S MONTH AND YEAR - 12 MONTHS], how often did [(US5A PROVIDER NAME) [your/(SP)'s] provider/the medical providers at (US3A PROVIDER NAME) [your/(SP)'s] usual source of care] listen carefully to [you/(SP)]?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP11-DOCRSPCT PP15-STHLTHGL
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

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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/(SP)'s] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP15-STHLTHGL
STHLTHGL	PP15	code one	SHOW CARD US5 US2 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [(US5A PROVIDER NAME) [your/(SP)'s] provider/the medical providers at (US3A PROVIDER NAME) [your/(SP)'s] usual source of care]] talk with [you/(SP)] about setting goals for [your/(SP) their] 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 US37A - CARESPCL
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/(SP)'s] 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	US27-USCKEVRY
USCKEVRY	US27	list	SHOW CARD US6 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/(SP)].	(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/(SP)].	(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	BOX-US4

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	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) OSUPTDAT (02) ORDRTEST (-8) ORDRTEST (-9) ORDRTEST
OSUPTDAT	PP18	grid	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) YES (02) NO (-8) Don't Know (-9) Refused	OSTALKCR
OSTALKCR	PP18	grid	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) YES (02) NO (-8) Don't Know (-9) Refused	OSKNWINF
OSKNWINF	PP1820	grid	Did these other staff seem to know the important information about [your/(SP)'s] medical history?	(01) YES (02) NO (-8) Don't Know (-9) Refused	PP21-ORDRTEST
ORDRTEST	PP21	yes/no	The next set of questions ask about the care [you/(SP)] received from [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)]. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] 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)] 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)] follow up to give [you/(SP)] those results?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	PP23-RQSTRSLT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RQSTRSLT	PP23	code-one	SHOW-CARD-US4 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [you/(SP)] have to request [your/(SP)'s] test results before [you/(SP)] 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/(SP)] take care of [your/(SP)'s] 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)] help [you/(SP)] get these services at home to take care of [your/(SP)'s] 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)] give [you/(SP)] instructions about how to take care of [your/(SP)'s] 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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)] talk with [you/(SP)] about how [you were/(SP)-was] supposed to take [your/(SP)'s] 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/(SP)'s] 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)] talk with [you/(SP)] about what to do if [you have/(SP)-has] a bad reaction to [your/(SP)'s] 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 US4 US3 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) [your/(SP)'s] provider/the doctors or other health professionals at (US3A-PROVIDER-NAME) [your/(SP)'s] usual source of care]]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) US37B - DRINFRMD (02) PP50-HOSADMIT (-8) PP50-HOSADMIT (-9) PP50-HOSADMIT
DRINFRMD	US37B	code one	SHOW CARD US4 US1 In general, how often [does (US5A-PROVIDER-NAME)-[your/(SP)'s] provider/do the doctors or other health professionals at (US3A-PROVIDER-NAME) [your/(SP)'s] usual source of care] 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 PP50-HOSADMIT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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/(SP)] 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.]	[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	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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/(SP)] 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/(SP) sees] [(US37E1-SPCLNAME)/this specialist], does [he/she/he or she] seem to know enough information about [your/(SP)'s] 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/(SP)] [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	KNOWRSLT
KNOWRSLT	PP49	code-one	SHOW-CARD-US4 The next questions ask about care [you/(SP)] received from the specialist [you/(SP)] 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)]. 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 PP56- HOSINFO (02) PP58- MNGCARE PP58A-DOCCARE (-8) PP58- MNGCARE PP58A-DOCCARE (-9) PP58- MNGCARE PP58A-DOCCARE
HOSFLWUP	PP51	yes/no	After [your/(SP)'s] most recent hospital stay, did [(US5A PROVIDER NAME)/the medical providers at (US3A PROVIDER NAME)] contact [you/(SP)] to see how [you were/(SP) 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-

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HOSFOLLOWUP	PP53	yes/no	After (your/(SP)'s)) most recent hospital stay, did ((US5A PROVIDER NAME)/the medical providers at (US3A- PROVIDER NAME)) contact [you/SP] to check if [you were/(SP) was] able to follow instructions about any medicines [you were/(SP) 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 (SP)) given instructions about caring for- [yourself/themself] 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 US2 After [your/(SP)'s] most recent hospital stay, did ((US5A PROVIDER NAME) [your/(SP)'s] provider/the medical providers at (US3A PROVIDER NAME) [your/(SP)'s] usual source of care] 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 PP58A-DOCCARE
-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/(SP)'s] medical care since (TODAY'S MONTH AND YEAR-12 MONTHS)? [IN SITUATIONS WHERE A PROXY OR SOMEONE ELSE MANAGES THE RESPONDENT'S MEDICAL CARE- FOR OR WITH THEM, ANSWER BASED ON THEIR EXPERIENCE.]	(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-
DOCCARE	PP58A	code one	Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] need help from [anyone in (US5A- PROVIDER NAME)'s [your/their] provider's office/the doctors or other health professionals at (US3A PROVIDER NAME) [your/their] usual source of care] to manage [your/(SP)'s their] 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
GETHELP	PP58B	code one	SHOW CARD US5 US2 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get the help [you/((SP) they] needed from [(US5A PROVIDER NAME)'s [your/their] provider's office/the doctors or other health professionals at ((US3A-PROVIDER NAME) [your/their] usual source of care] to manage [your/((SP)'s their] 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 US2 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 US2 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?] IF THE RESPONDENT WAS NOT TAKING ANY MEDICINES, PROBE IF THERE WAS ONE PROVIDER WHO KNEW THAT.	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED	BOX-US7 BOX USEND
	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
EMEDREG	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
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) their] health information during [your/(SP)'s] 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-COMPREG (02) EHR6-COMPRD (-8) EHR6-COMPRD (-9) EHR6-COMPRD
COMPREG	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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) 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 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 (01) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) US43--NUSDIFFP (02) US43--NUSDIFFP (03) US43--NUSDIFFP (04) US43--NUSDIFFP (05) US43--NUSDIFFP (01) 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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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 TLQ		