Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			CARE COORDINATION QUESTIONNAIRE SPECIFICATIONS (FORMERLY THE USUAL SOURCE OF CARE QUESTIONNAIRE) CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007 SPALIVE=1 SEASON= WINTER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after KNQ.		
PLACEPAR	US1	yes/no	Is there a particular doctor or other health professional, or a clinic [you/(SP)] usually [go/goes] to when [you are/(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 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) PVTYPE - PVTYPE (02) US4 - USUALDOC (03) US4 - USUALDOC (04) US4 - USUALDOC (05) US4 - USUALDOC (06) US4 - USUALDOC (07) US4 - USUALDOC (08) US4 - USUALDOC (09) US4 - USUALDOC (10) PVTYPE - PVTYPE (11) US4 - USUALDOC (12) US4 - USUALDOC (13) US4 - USUALDOC (14) US4 - USUALDOC (91) US4 - USUALDOC (-8) US4 - USUALDOC (-9) 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) PVTYPE - PVTYPE (02) BOX USD (-8) BOX USD (-9) BOX USD
PVTYPE	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?	(01) PHYSICIAN/MEDICAL DOCTOR (MD) (02) DOCTOR OF OSTEOPATHY (DO) (03) PHYSICIAN'S ASSISTANT (PA) (04) NURSE PRACTITIONER (91) OTHER (-8) DON'T KNOW (-9) REFUSED	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.		
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) LEP2-LANGPRVD (-8) LEP2-LANGPRVD (-9) LEP2-LANGPRVD

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
LANGPRVD	LEP2	select one	[Does [your/(SP)'s] provider/Do the providers at [your/(SP)'s] usual source of care] speak [LANGUAGE SPOKEN AT HOME/[your/(SP)'s] preferred language]?	(01) YES (02) NO (-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. ELSE GO TO BOX US1.		
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/ [your/(SP)'s] preferred language]?	(01) YES (02) NO (-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 US9-GETUSUNT.		
GETUSUNT	US9	code one	About how long does it usually take for [you/(SP)] to get 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 - USPERGO (02) PP1A-PROVYR (-8) PP1A-PROVYR (-9) PP1A-PROVYR
USPERGO	US11	code one	Who usually goes with [you/(SP)]? [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 someone else?]	(01) SPOUSE (02) CHILD (03) OTHER FAMILY MEMBER (04) FRIEND (05) HOME HEALTH AIDE/HOME CARE WORKER (06) HOMEMAKER/HOUSE CLEANER (91) OTHER (-8) Don't Know (-9) Refused	REASACC - REASACC
REASACC	REASACC	code all	What are the reasons [this person accompanies you/this person accompanies (SP)]? [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) COMMUNICATES WITH HEALTHCARE PROVIDER (02) PROVIDES LOGISTICAL SUPPORT (03) PROVIDES EMOTIONAL SUPPORT (91) OTHER (-8) DON'T KNOW (-9) REFUSED	PP1A-PROVYR
PROVYR	PP1A	code one	[Have you/Has (SP)] seen [[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) ~~PP8-DOCHLTH~~ PROVWAIT (02) ~~US37A-CARESPC~~ SPECIALS (-8) ~~US37A-CARESPC~~ SPECIALS (-9) ~~US37A-CARESPCL~~ SPECIALS

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PROVWAIT	PROVWAIT	code one	SHOW CARD CC1 Thinking about visits in the past 12 months, what was the longest [you/(SP)] had to wait between the time [you/(SP)] made an appointment with [your/their] provider/[your/their] usual source of care] and the date [you were/(SP) was] actually seen? [IF NEEDED: This question refers to the time between [you/(SP)] scheduling the appointment and seeing the provider.] IF THE RESPONDENT MADE THEIR NEXT APPOINTMENT AT A PREVIOUS APPOINTMENT, SELECT "STANDING APPOINTMENT/PREVISOULY SCHEDULED."	(01) LESS THAN A MONTH (02) 1- 2 MONTHS (03) 3 MONTHS OR MORE (04) ONLY HAD STANDING APPOINTMENTS/PREVIOUSLY SCHEDULED (-8) DON'T KNOW (-9) REFUSED	PROVNEW
PROVNEW	PROVNEW	code one	Had [you/(SP)] ever visited this provider before (TODAY'S MONTH AND YEAR-12 MONTHS)? [IF NEEDED: Was this a new provider in the past 12 months?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	DOCHLTH
DOCHLTH	PP8	code one	SHOW CARD ~~US1~~ CC2 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care] ask about things in [your/(SP)'s] work or life at home that affect [your/their] health?	(01) NEVER (02) SOMETIMES (03) USUALLY (04) ALWAYS (-8) Don't Know (-9) Refused	PP9- DOCEASY
DOCEASY	PP9	code one	SHOW CARD ~~US1~~ CC2 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [[your/(SP)'s] provider/the medical providers at [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 ~~US1~~ CC2 Since (TODAY'S MONTH AND YEAR-12 MONTHS), how often did [[your/(SP)'s] provider/the medical providers at [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	PP15-STHLTHGL
STHLTHGL	PP15	code one	SHOW CARD ~~US2~~ CC3 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [[your/(SP)'s] provider/the medical providers at [your/(SP)'s] usual source of care]] talk with [you/(SP)] about setting goals for [your/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	~~US37A - CARESPCL~~ SPECIALS
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	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

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
NUSTOOFR	US43	list	The places where [you/(SP)] can receive health care are too far away. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	US43 - NUSTOOEX
NUSTOOEX	US43	list	The cost of health care is too expensive. [Is that a reason [you do/(SP) does] not have a usual source of health care?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	~~BOX USEND~~ SPECIALS
~~CARESPCL~~ SPECIALS	US37A	yes/no	SHOW CARD ~~US3~~ CC4 Specialists are doctors or other health professionals who specialize in one area of health care. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] receive care from any specialists ~~[outside the office of~~ other than [[your/(SP)'s] provider/the doctors or other health professionals at [your/(SP)'s] usual source of care]]? DO NOT INCLUDE HOME HEALTH AIDES OR HOSPITAL STAYS. INCLUDE TELEMEDICINE VISITS.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) ~~US37B - DRINFRMD~~ SPCLTYP (02) PP50-HOSADMIT (-8) PP50-HOSADMIT (-9) PP50-HOSADMIT
SPCLTYP	SPCLTYP	code all	SHOW CARD CC5 What kind of specialist or medical person was this? [SELECT ALL THAT APPLY] [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'.] [IF R INDICATES PRIMARY CARE, PROBE FOR GENERAL PRACTICE OR FAMILY PRACTICE.]	(01) ALLERGY/IMMUNOLOGY (02) CARDIOLOGY (HEART) (03) DERMATOLOGY (SKIN) (04) ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID) (05) FAMILY PRACTICE OR GENERAL PRACTICE (06) GASTROENTEROLOGY (07) SURGERY (GENERAL, PLASTIC, THORACIC, VASCULAR) (08) GERIATRICS (ELDERLY) (09) GYNECOLOGY - OBSTETRICS (10) HEMATOLOGY (BLOOD) (11) INTERNAL MEDICINE (INTERNIST) (12) NEPHROLOGY (KIDNEYS) (13) NEUROLOGY (14) NUCLEAR MEDICINE (15) MENTAL HEALTH SPECIALIST (PSYCHIATRIST OR PSYCHOLOGIST) (16) ONCOLOGY (TUMORS, CANCER) (17) OPHTHALMOLOGY (EYES) (18) ORTHOPEDICS (19) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (20) PAIN MANAGEMENT SPECIALIST (21) PATHOLOGY (22) PHYS MED/REHAB (PM&R) (23) PODIATRIST (24) PROCTOLOGY (25) PULMONARY (LUNGS) (26) RADIOLOGY (27) RHEUMATOLOGY (ARTHRITIS) (28) UROLOGY (29) AUDIOLOGIST (30) CHIROPRACTOR (31) OPTOMETRIST (32) PHYSICAL THERAPIST (PT) (91) OTHER DR SPECIALTY (-8) DON'T KNOW (-9) REFUSED	(01)-(32) REFRLDIF (91) SPCLTYPOS (-8) REFRLDIF (-9) REFRLDIFF
SPCLTYPOS	SPCLTYPOS	text	OTHER (SPECIFY)	(01) continuous answer	REFRLDIF
~~MHREFDIF~~ REFRLDIF	~~AC35~~ REFRLDIF	code one	~~The following questions are about health care that [you/(SP)] received through (CURRENT MEDICARE MANAGED CARE PLAN NAME).~~ ~~While a member of (CURRENT MEDICARE MANAGED CARE PLAN NAME),~~ [Have you/has (SP)] had difficulty in obtaining ~~referrals for the~~ services of a specialist or other medical person ~~within (CURRENT MEDICARE MANAGED CARE PLAN NAME)~~ that [you/(SP)] thought were necessary? ~~[IF NECESSARY, SAY: 'The referral must have been for services provided by a specialist or medical provider who is associated with your Medicare Managed Care plan, not a specialist or medical provider who is "outside" of the plan.']~~	(01) YES (02) NO ~~(03) N/A, HAVEN'T TRIED TO OBTAIN REFERRAL~~ (-8) DON'T KNOW (-9) REFUSED	(01) ~~AC34A - MHDIFCLT~~ REFDFTYP (02) ~~AC36 - SPCLWAIT~~ SPCLTIME (03) ~~AC36 - SPCLWAIT~~ SPCLTIME (-8) ~~AC36 - SPCLWAIT~~ SPCLTIME (-9) ~~AC36 - SPCLWAIT~~ SPCLTIME

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~MHDIFCLT~~ REFDFTYP	~~AC35~~ REFDFTYP	code all	What kind of difficulty did [you/(SP)] have? [PROBE: Any other difficulty?] CHECK ALL THAT APPLY.	(01) PLAN WOULDN'T AUTHORIZE SERVICE (02) THE WAIT FOR APPOINTMENT WAS TOO LONG (03) PROVIDER'S LOCATION WAS NOT CONVENIENT (04) DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE (05) REFERRAL PROCESSING ISSUES (ADMINISTRATIVE OR PAPERWORK PROBLEMS) (06) DOCTOR REFERRED TO IS NOT ACCEPTING NEW PATIENTS ~~(05) SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO~~ ~~(06) PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT~~ (91) OTHER (-8) DON'T KNOW (-9) REFUSED	~~(01) AC36 - SPCLWAIT~~ ~~(02) AC36 - SPCLWAIT~~ ~~(03) AC36 - SPCLWAIT~~ ~~(04) AC36 - SPCLWAIT~~ ~~(05) AC36 - SPCLWAIT~~ ~~(06) AC36 - SPCLWAIT~~ (01) -(06) SPCLTIME (91) ~~AC35 - MHOTHOS~~ REFDFOS (-8) ~~AC36 - SPCLWAIT~~ SPCLTIME (-9) ~~AC36 - SPCLWAIT~~ SPCLTIME
~~MHOTHOS~~ REFDFOS	~~AC35~~ REFDFTYP	verbatim text	OTHER (SPECIFY)	(01) continuous answer	~~SCPLWAIT~~ SPCLTIME
SPCLTIME	SPCLTIME	code one	SHOW CARD CC1 Thinking about visits in the past 12 months, what was the longest [you/(SP)] usually had to wait between the time [you/(SP)] made an appointment with a specialist and the date [you were/(SP) was] actually seen? [IF NEEDED: This question refers to the time between [you/(SP)] scheduling the appointment and seeing the provider.] IF THE RESPONDENT MADE THEIR NEXT APPOINTMENT AT A PREVIOUS APPOINTMENT, SELECT "STANDING APPOINTMENT/PREVISOULY SCHEDULED."	(01) LESS THAN A MONTH (02) 1-2 MONTHS (03) 3 MONTHS OR MORE (04) ONLY HAD STANDING APPOINTMENTS/PREVIOUSLY SCHEDULED (-8) DON'T KNOW (-9) REFUSED	SPCLNEW
SPCLNEW	SPCLNEW	code one	Had [you/(SP)] ever visited this specialist before (TODAY'S MONTH AND YEAR-12 MONTHS)? [IF NEEDED: Was this a new provider in the past 12 months?]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX CC1
	BOX CC1	routing	IF US1 - PLACEPAR = 1 AND SPECIALS=1, GO TO UPTODATE. ELSE GO TO HOSADMIT.		
~~DRINFRMD~~ UPTODATE	US37B	code one	SHOW CARD ~~US1~~ CC2 In general, how often [does [your/(SP)'s] provider/do the doctors or other health professionals at [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	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) ~~PP56- HOSINFO~~ HOSMEDHX (02) ~~PP58A-DOCCARE~~ ERVISIT (-8) ~~PP58A-DOCCARE~~ ERVISIT (-9) ~~PP58A-DOCCARE~~ ERVISIT
HOSMEDHX	HOSMEDHX	code one	SHOW CARD CC3 Did [your/(SP)'s] providers during your most recent hospital stay know important information about your 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	ERVISIT
ERVISIT	AC1	yes/no	Since [TODAY'S MONTH YEAR-12 MONTHS], did [you/(SP)] go to a hospital emergency room? DO NOT INCLUDE URGENT CARE VISITS AT THIS ITEM.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) ~~AC6A - EWAITUNT~~ ERREASON (02) ~~BOX AC1C~~ URGVISIT (-8) ~~BOX AC1C~~ URGVISIT (-9) ~~BOX AC1C~~ URGVISIT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
ERREASON	ERREASON	code all	What was the reason [you/(SP)] went to the emergency room? IF SP WENT TO THE EMERGENCY ROOM MULTIPLE TIMES FOR MULTIPLE REASONS, SELECT ALL THAT APPLY.	(01) AN ACCIDENT OR INJURY (02) A NEW HEALTH PROBLEM (03) AN ONGOING HEALTH CONDITION OR CONCERN (04) PRESCRIPTION REFILL (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) - (04) EWAITUNT (91) ERRESNOS (-8) EWAITUNT (-9) EWAITUNT
ERRESNOS	ERRESNOS	text	OTHER (SPECIFY)		EWAITUNT
EWAITUNT	AC6A	code one	Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DON'T KNOW (-9) REFUSED	(00) ~~BOX AC1C~~ URGVISIT (01) AC6A - EWAITHRS (02) AC6A - EWAITMIN (03) AC6A - EWAITHRS (-8) ~~BOX AC1C~~ URGVISIT (-9) ~~BOX AC1C~~ URGVISIT
EWAITHRS	AC6A	numeric	Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer	If AC6A - EWAITUNT = 3/HoursAndMinutes, go to AC6A - EWAITMIN. Else go to ~~BOX AC1C~~ URGVISIT
EWAITMIN	AC6A	numeric	Think about the most recent time [you/(SP)] went to the hospital emergency room. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer	~~BOX AC1C~~ URGVISIT
URGVISIT	URGVISIT	yes/no	Since [TODAY'S MONTH YEAR-12 MONTHS], did [you/(SP)] go to an urgent care clinic? [IF NEEDED: Urgent care clinics provide medical attention for illnesses or injuries that need prompt treatment but are not life-threatening. These clinics can treat issues like minor infections, sprains, small cuts, rashes, or fevers.] DO NOT INCLUDE EMERGENCY ROOM VISITS AT THIS ITEM. INCLUDE TELEMEDICINE VISITS.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) URGREAS (02) BOX CC2 (-8) BOX CC2 (-9) BOX CC2
URGREAS	URGREAS	code all	What was the reason [you/(SP)] went to the urgent care clinic? IF SP WENT TO URGENT CARE MULTIPLE TIMES FOR MULTIPLE REASONS, SELECT ALL THAT APPLY.	(01) AN ACCIDENT OR INJURY (02) A NEW HEALTH PROBLEM (03) AN ONGOING HEALTH CONDITION OR CONCERN (04) PRESCRIPTION REFILL (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01)- (04) AC6A- UWAITUNT (91) URRSNOS (-8) AC6A- UWAITUNT (-9) AC6A- UWAITUNT
URRSNOS	URRSNOS	text	OTHER (SPECIFY)		AC6A- UWAITUNT
UWAITUNT	UWAITUNT	code one	Think about the most recent time [you/(SP)] went to the urgent care clinic. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(00) DID NOT HAVE TO WAIT (01) HOURS ONLY (02) MINUTES ONLY (03) HOURS AND MINUTES (-8) DON'T KNOW (-9) REFUSED	(00) BOX US3 (01) AC6A - UWAITHRS (02) AC6A - UWAITMIN (03) AC6A - UWAITHRS (-8) BOX CC2 (-9) BOX CC2
UWAITHRS	UWAITHRS	numeric	Think about the most recent time [you/(SP)] went to the urgent care clinic. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer	If AC6A - UWAITUNT = 3/HoursAndMinutes, go to AC6A - UWAITMIN. Else go to BOX CC2.
UWAITMIN	UWAITMIN	numeric	Think about the most recent time [you/(SP)] went to the urgent care clinic. How long did [you/(SP)] have to wait during [your/(SP)'s] visit before [you/(SP)] saw a doctor or some other medical person? Please include the time spent in the waiting room and exam room.	(01) continuous answer	
	BOX CC2	routing	IF US1- PLACEPAR=1 AND (SPECIALS=1 or ERVIST=1 or URGVISIT=1), GO TO NEEDHELP. ELSE GO TO BOX CC3.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~DOCCARE~~ NEEDHELP	PP58A	code one	People sometimes need to manage their medical care by making appointments with multiple providers, following their instructions, and taking medicines as prescribed. Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] need help from [anyone in [your/their] provider's office/the doctors or other health professionals at [your/their] usual source of care] to manage [your/their] care among these different providers and services?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) ~~PP58B-GETHELP~~ HELPRCVD (02) ~~PP59-ONEDOC~~ ONEPROV (-8) ~~PP59-ONEDOC~~ ONEPROV (-9) ~~PP59-ONEDOC~~ ONEPROV
~~GETHELP~~ HELPRCVD	PP58B	code one	SHOW CARD ~~US2~~ CC3 Since (TODAY'S MONTH AND YEAR-12 MONTHS), did [you/(SP)] get the help [you/ they] needed from [[your/their] provider's office/the doctors or other health professionals at [your/their] usual source of care] to manage [your/their] care among these different providers and services?	(01) YES, DEFINITELY (02) YES, SOMEWHAT (03) NO (-8) DON'T KNOW (-9) REFUSED	~~PP59-ONEDOC~~ ONEPROV
~~ONEDOC~~ ONEPROV	PP59	code one	SHOW CARD ~~US2~~ CC3 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~~ DOCNOMED
~~PRVNOMED~~ DOCNOMED	PP60	code one	SHOW CARD ~~US2~~ CC3 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 USEND~~ BOX CC3
	BOX CC3	routing	IF US1- PLACEPAR=1, GO TO PHYTR- PHY_TRI1. ELSE GO TO MEDTR-MED_TR1.		
PHY_TR1	PHYTR	list	The next questions are about how much you trust [your/(SP)'s] doctor or health professional. For each statement, please tell us if you strongly agree, agree, are neutral, disagree, or strongly disagree. Sometimes [your/(SP)'s] doctor or health professional cares more about what is easy for them than about [your/(SP)'s] medical needs. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	PHY_TR2
PHY_TR2	PHYTR	list	[Your/(SP)'s] doctor or health professional is thorough and careful. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	PHY_TR3
PHY_TR3	PHYTR	list	You trust [your/(SP)'s] doctor or health professional to choose the best medical treatments for [you/(SP)]. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	PHY_TR4
PHY_TR4	PHYTR	list	[Your/(SP)'s] doctor or health professional is honest and tells you about all the different treatment options for [your/(SP)'s] condition. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	PHY_TR5

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHY_TR5	PHYTR	list	Overall, you trust [your/(SP)'s] doctor or health professional. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	MED_TR1
MED_TR1	MEDTR	list	The next questions are about how much you trust doctors and healthcare workers in general. For each statement, please tell us if you strongly agree, agree, are neutral, disagree, or strongly disagree. Sometimes doctors and health professionals care more about what is easy for them than about their patients' medical needs. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	MED_TR2
MED_TR2	MEDTR	list	Doctors and health professionals are thorough and careful. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	MED_TR3
MED_TR3	MEDTR	list	You trust doctors and health professionals to choose the best medical treatments. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	MED_TR4
MED_TR4	MEDTR	list	A doctor or health professional would never mislead you about anything. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	MED_TR5
MED_TR5	MEDTR	list	Overall, you trust doctors and health professionals. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	CMS_TR1
CMS_TR1	CMSTR	list	The next questions are about how much you trust [Medicare/[your/(SP)'s] Medicare Advantage insurance company]. For each statement, please tell us if you strongly agree, agree, are neutral, disagree, or strongly disagree. [Medicare/[Your/(SP)'s] Medicare Advantage insurance company] cares more about saving money than about getting [you/(SP)] the treatment [you/they] need. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	CMS_TR2
CMS_TR2	CMSTR	list	You feel like you need to double check everything [Medicare/[your/(SP)'s] Medicare Advantage insurance company] company does. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	CMS_TR3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CMS_TR3	CMSTR	list	You believe [Medicare/[your/(SP)'s] Medicare Advantage insurance company] will pay for everything it is supposed to, even really expensive treatments. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	CMS_TR4
CMS_TR4	CMSTR	list	If you have a question, you believe [Medicare/[your/(SP)'s] Medicare Advantage insurance company] will give you a straight answer. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	CMS_TR5
CMS_TR5	CMSTR	list	Overall, you trust [Medicare/[your/(SP)'s] Medicare Advantage insurance company]. [PROBE IF NECESSARY: Would you say you strongly agree, agree, are neutral, disagree, or strongly disagree?]	(01) STRONGLY AGREE (02) AGREE (03) NEUTRAL (04) DISAGREE (05) STRONGLY DISAGREE (-8) DON'T KNOW (-9) REFUSED	PREAUTH
PREAUTH	PREAUTH	yes/no	The next questions are about [your/(SP)'s] experiences with prior authorization. Prior authorization means that your healthcare provider requests approval from your insurer before you receive a treatment, service, or prescription medicine. In the past 12 months, did [your/(SP)'s] insurer require prior authorization before [you/(SP)] could get a treatment, service, or medicine that [your/(SP)'s] doctor recommended for [you/them]? [IF NEEDED: Sometimes your insurance company needs you or your doctor to share information about your medical care ahead of time to make sure a treatment, service, or medicine will be covered. This is referred to as "prior authorization"]	(01) Yes (02) No (-8) DON'T KNOW (-9) REFUSED	(01) AUTHTYPE (02) BOX CCEND (-8) BOX CCEND (-9) BOX CCEND
AUTHTYPE	AUTHTYPE	code all	Was this prior authorization for... A drug administered in a hospital, doctor's office, or clinic? A prescription drug from a pharmacy? A visit to a health care provider? A treatment, procedure, or surgery? Imaging services? Durable medical equipment? Medical transport? Dental services? Or some other treatment or service? SELECT ALL THAT APPLY.	(01) A DRUG ADMINISTERED IN A HOSPITAL, DOCTOR'S OFFICE, OR CLINIC (02) A PRESCRIPTION DRUG FROM A PHARMACY (03) A VISIT TO A HEALTH CARE PROVIDER (04) A TREATMENT, PROCEDURE, OR SURGERY (05) IMAGING SERVICES (06) DURABLE MEDICAL EQUIPMENT (07) MEDICAL TRANSPORT (08) DENTAL SERVICES (91) OTHER (-8) DON'T KNOW (-9) REFUSED	(01) - (08) BOX PA2 (91) AUTHTYPEO (-8) BOX PA2 (-9) BOX PA2
AUTHTYPEO	AUTHTYPEO	verbatim text	What was this other treatment or service?		BOX PA2
	BOX PA2	routing	IF AUTHTYPE=1/A DRUG ADMINISTERED IN A HOSPITAL, DOCTOR'S OFFICE, OR CLINIC, GO TO DRUGSKIP, ELSE GO TO BOX PA3.		
DRUGSKIP	DRUGSKIP	yes/no	In the past 12 months, did [you/(SP)] go without any drug administered in a hospital, doctor's office, or clinic because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	DRUGDELY
DRUGDELY	DRUGDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] getting any drug administered in a hospital, doctor's office, or clinic?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	DRUGPAY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DRUGPAY	DRUGPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for a drug administered in a hospital, doctor's office, or clinic in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a drug administered in a hospital, doctor's office, or clinic, ...Deny at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic? IF SP RECEIVED A DIFFERENT DRUG ADMINISTERED IN A HOSPITAL, DOCTOR'S OFFICE, OR CLINIC THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a drug administered in a hospital, doctor's office, or clinic"	(01) Insurance APPROVED all prior authorizations for a drug administered in a hospital, doctor's office, or clinic (02) Insurance DENIED at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic (03) SP still waiting to resolve at least one prior authorization for a drug administered in a hospital, doctor's office, or clinic (-8) DON'T KNOW (-9) REFUSED	DRUGSUBST
DRUGSUBST	DRUGSUBST		In the past year, did the prior authorization process cause [you/(SP)] to get a different drug administered in a hospital, doctor's office, or clinic from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PA3
	BOX PA3	routing	IF AUTHTYPE=2/A PRESCRIPTION DRUG FROM A PHARMACY, GO TO PHARSKIP, ELSE GO TO BOX PA4.		
PHARSKIP	PHARSKIP	yes/no	In the past 12 months, did [you/(SP)] go without a prescription drug from a pharmacy because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	PHARDELY
PHARDELY	PHARDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] getting a prescription drug from a pharmacy ?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PHARPAY
PHARPAY	PHARPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for a prescription drug from a pharmacy in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a prescription drug from a pharmacy, ...Deny at least one prior authorization for a prescription drug from a pharmacy, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a prescription drug from a pharmacy? IF SP RECEIVED A DIFFERENT PRESCRIPTION DRUG FROM A PHARMACY THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a prescription drug from a pharmacy" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a prescription drug from a pharmacy" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a prescription drug from a pharmacy"	(01) Insurance APPROVED all prior authorizations for a prescription drug from a pharmacy (02) Insurance DENIED at least one prior authorization for a prescription drug from a pharmacy (03) SP still waiting to resolve at least one prior authorization for a prescription drug from a pharmacy (-8) DON'T KNOW (-9) REFUSED	PHARSUBST

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PHARSUBST	PHARSUBST	code one	In the past year, did the prior authorization process cause [you/(SP)] to get a different prescription drug from a pharmacy from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PA4
	BOX PA4	routing	IF AUTHTYPE=3/A VISIT TO A HEALTH CARE PROVIDER, GO TO VISSKIP, ELSE GO TO BOX 5.		
VISSKIP	VISSKIP	yes/no	In the past 12 months, did [you/(SP)] go without a visit to a health care provider because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	VISDELY
VISDELY	VISDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] going to a visit with a health care provider?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	VISPAY
VISPAY	VISPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for a visit to a health care provider in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a visit to a health care provider, ...Deny at least one prior authorization for a visit to a health care provider, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a visit to a health care provider? IF SP RECEIVED A DIFFERENT VISITS TO A HEALTH CARE PROVIDER THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a visit to a health care provider" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a visit to a health care provider" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a visit to a health care provider"	(01) Insurance APPROVED all prior authorizations for a visit to a health care provider (02) Insurance DENIED at least one prior authorization for a visit to a health care provider (03) SP still waiting to resolve at least one prior authorization for a visit to a health care provider (-8) DON'T KNOW (-9) REFUSED	VISSUBST
VISSUBST	VISSUBST	code one	In the past 12 months, did the prior authorization process cause [you/(SP)] to visit a different health care provider from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PA5
	BOX PA5	routing	IF AUTHTYPE=4/A TREATMENT, PROCEDURE, OR SURGERY, GO TO TRESKIP, ELSE GO TO BOX PA6.		
TRESKIP	TRESKIP	yes/no	In the past 12 months, did [you/(SP)] go without any treatment, procedure, or surgery because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	TREDELY
TREDELY	TREDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] getting any treatment, procedure, or surgery?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	TREPAY

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TREPAY	TREPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for a treatment, procedure, or surgery in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for a treatment, procedure, or surgery, ...Deny at least one prior authorization for a treatment, procedure, or surgery, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for a treatment, procedure, or surgery? IF SP RECEIVED A DIFFERENT TREATMENT, PROCEDURE, OR SURGERY THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for a treatment, procedure, or surgery" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for a treatment, procedure, or surgery" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for a treatment, procedure, or surgery"	(01) Insurance APPROVED all prior authorizations for a treatment, procedure, or surgery (02) Insurance DENIED at least one prior authorization for a treatment, procedure, or surgery (03) SP still waiting to resolve at least one prior authorization for a treatment, procedure, or surgery (-8) DON'T KNOW (-9) REFUSED	TRESUBST
TRESUBST	TRESUBST	code one	In the past 12 months, did the prior authorization process cause [you/(SP)] to get a different treatment, procedure, or surgery from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PA6
	BOX PA6	routing	IF AUTHTYPE=5/IMAGING SERVICES, GO TO IMSKIP, ELSE GO TO BOX PA7.		
IMSKIP	IMSKIP	yes/no	In the past 12 months, did [you/(SP)] go without any imaging services because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	IMDELY
IMDELY	IMDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] getting any imaging services?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IMPAY
IMPAY	IMPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for imaging services in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for imaging services, ...Deny at least one prior authorization for imaging services, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for imaging services? IF SP RECEIVED A DIFFERENT IMAGING SERVICE THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for imaging services" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for imaging services" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for imaging services"	(01) Insurance APPROVED all prior authorizations for imaging services (02) Insurance DENIED at least one prior authorization for imaging services (03) SP still waiting to resolve at least one prior authorization for imaging services (-8) DON'T KNOW (-9) REFUSED	IMSUBST
IMSUBST	IMSUBST	code one	In the past 12 months, did the prior authorization process cause [you/(SP)] to get different imaging services from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PA7
	BOX PA7	routing	IF AUTHTYPE=6/DURABLE MEDICAL EQUIPMENT, GO TO DURSKIP, ELSE GO TO BOX PA8.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DURSKIP	DURSKIP	yes/no	In the past 12 months, did [you/(SP)] go without any durable medical equipment because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	DURDELY
DURDELY	DURDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] getting any durable medical equipment?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	DURPAY
DURPAY	DURPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for durable medical equipment in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for durable medical equipment, ...Deny at least one prior authorization for durable medical equipment, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for durable medical equipment? IF SP RECEIVED DIFFERENT DURABLE MEDICAL EQUIPMENT THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for durable medical equipment" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for durable medical equipment" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for durable medical equipment"	(01) Insurance APPROVED all prior authorizations for durable medical equipment (02) Insurance DENIED at least one prior authorization for durable medical equipment (03) SP still waiting to resolve at least one prior authorization for durable medical equipment (-8) DON'T KNOW (-9) REFUSED	DURSUBST
DURSUBST	DURSUBST	code one	In the past 12 months, did the prior authorization process cause [you/(SP)] to get different durable medical equipment from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX PA8
	BOX PA8	routing	IF AUTHTYPE=7/MEDICAL TRANSPORT, GO TO TRANSKIP, ELSE GO TO EOB.		
TRANSKIP	TRANSKIP	yes/no	In the past 12 months, did [you/(SP)] go without any medical transport because of the prior authorization process?	(01) YES (02) NO (03) STILL WAITING ON APPROVAL (-8) DON'T KNOW (-9) REFUSED	TRANDELY
TRANDELY	TRANDELY	yes/no	In the past 12 months, did the prior authorization delay [you/(SP)] getting any medical transport?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	TRANPAY
TRANPAY	TRANPAY	code one	What was the outcome of [your/(SP)'s] prior authorization(s) for medical transport in the past 12 months? Did [your/(SP)'s] insurer... ...Approve all prior authorizations for medical transport, ...Deny at least one prior authorization for medical transport, ...or, [are you/is (SP)] still waiting to resolve at least one prior authorization for medical transport? IF SP RECEIVED A DIFFERENT MEDICAL TRANSPORT THAN WHAT WAS REQUESTED, SELECT "Insurance DENIED at least one prior authorization for medical transport" IF PRIOR AUTHORIZATION HAS NOT RESOLVED YET, SELECT "Waiting to resolve at least one prior authorization for medical transport" IF SP WAS LATER REIMBURSED FOR A CLAIM, SELECT "Insurance APPROVED all prior authorizations for medical transport"	(01) Insurance APPROVED all prior authorizations for medical transport (02) Insurance DENIED at least one prior authorization for medical transport (03) SP still waiting to resolve at least one prior authorization for medical transport (-8) DON'T KNOW (-9) REFUSED	TRANSUBST

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
TRANSUBST	TRANSUBST	code one	In the past 12 months, did the prior authorization process cause [you/(SP)] to get different medical transport from what [your/(SP)'s] doctor originally recommended?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX CCEND
	BOX CCEND	routing	GO TO TLQ.		

Note: Variables shown in purple indicate items migrated from the Access to Care Questionnaire. Variables shown in green identify new items or revisions introduced in the Care Coordination Questionnaire for Winter 2027. Variables shown in black represent existing items retained from the Usual Source of Care Questionnaire.