

MAIN STUDY - ROUND 25  
 COMMUNITY COMPONENT  
 AC. PROVIDER PROBES/ACCESS TO CARE

|              |  |
|--------------|--|
| BOX<br>AC1AA | IF SP DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX HS1A</b> . |
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THIS SECTION IS FOR SUPPLEMENTAL SAMPLE SPs AND SPs WHO DID NOT REPORT CURRENT ROUND ER, OP, AND/OR MP VISITS.

|             |   |
|-------------|---|
| BOX<br>AC1A | <p>a. SUPPLEMENTAL SAMPLE SPs GO TO ACINTRO. OTHERWISE, GO TO b.</p> <p>b. IF AC3-AC6 ALREADY ASKED THIS ROUND FOR CURRENT ROUND ER VISIT, GO TO <b>BOX AC1C</b>.<br/>                 IF SP HAD ER VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD ER VISIT IN ANY OF THE 2 PREVIOUS ROUNDS AND AC3-AC6 NOT ASKED THIS ROUND, GO TO AC3-AC6.</p> <p>IF SP DID NOT HAVE ANY ER VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO <b>BOX AC1C</b>.</p> |
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ACINTRO. The next questions are about different medical services (you/SP) may have used since (REF. DATE).

[PRESS ENTER TO CONTINUE.]

AC1. Since (REF. DATE), did (you/SP) go to a hospital emergency room for medical care?

**ERVISIT**

|                  |          |
|------------------|----------|
| YES .....        | 1 (AC2)  |
| NO .....         | 2 (AC8)  |
| REFUSED .....    | -7 (AC8) |
| DON'T KNOW ..... | -8 (AC8) |

AC2. Think about the most recent time (you/SP) went to a hospital emergency room. What condition or problem caused (you/SP) to go to the emergency room?

**CONDTION**  
**CONDAC2**

AC3. [I have a few more questions about visits that (you/SP) had in the past.  
[Think about the most recent time (you/SP) went to a hospital emergency room.] Did (you/SP) have an appointment for (that visit?)/[(your/his/her) most recent visit to the emergency room?]

**ERAPPT** YES ..... 1 (AC5)  
NO ..... 2 (AC4)  
REFUSED ..... -7 (AC4)  
DON'T KNOW ..... -8 (AC4)

AC4. Did a doctor or other medical person working for a doctor tell (you/SP) that (you/he/she) should go to the emergency room for that visit?

**ERDRTEL** YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

AC5. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital emergency room take altogether?

**ERVLUNT** HOURS ONLY ..... 1 (a)  
MINUTES ONLY ..... 2 (b)  
HOURS AND MINUTES ..... 3 (a & b)  
REFUSED ..... -7 (AC6)  
DON'T KNOW ..... -8 (AC6)

**ERVLHRS** a. NUMBER OF HOURS \_\_\_\_\_  
**ERVLMIN** b. NUMBER OF MINUTES \_\_\_\_\_

AC6. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

**ERVWUNT** DID NOT HAVE TO WAIT ..... 0 **BOX AC1B**  
HOURS ONLY ..... 1 (a)  
MINUTES ONLY ..... 2 (b)  
HOURS AND MINUTES ..... 3 (a & b)  
REFUSED ..... -7 **BOX AC1B**  
DON'T KNOW ..... -8 **BOX AC1B**

**ERVWHRS** a. NUMBER OF HOURS \_\_\_\_\_  
**ERVWMIN** b. NUMBER OF MINUTES \_\_\_\_\_

|             |  |
|-------------|--|
| BOX<br>AC1B | IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO AC7. OTHERWISE, GO TO<br><b>BOX AC1C.</b> |
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AC7. (Were you/Was SP) admitted to the hospital from the emergency room?

**ERADMT** YES ..... 1  
 NO ..... 2  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

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|-------------|--|
| BOX<br>AC1C | <p>a. SUPPLEMENTAL SAMPLE SPS GO TO AC8. OTHERWISE, GO TO b.</p> <p>b. IF AC9-AC16 ALREADY ASKED THIS ROUND FOR CURRENT ROUND OP VISIT, GO TO <b>BOX AC1E</b>.</p> <p>IF SP HAD OP VISIT ADDED BEFORE MP THROUGH CTRL/I OR IF SP HAD OP VISIT IN ANY OF THE 2 PREVIOUS ROUNDS AND AC9, AC12-AC16 NOT ASKED THIS ROUND, GO TO AC9, AC12-AC16.</p> <p>IF SP DID NOT HAVE ANY OP VISITS IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO <b>BOX AC1E</b>.</p> |
|-------------|--|

AC8. Since (REF. DATE), did (you/SP) go to a hospital clinic or outpatient department?  
 [DO NOT INCLUDE HOSPITAL INPATIENT STAYS.]

**OPDVISIT** YES ..... 1 (AC9)  
 NO ..... 2 (AC17)  
 REFUSED ..... -7 (AC17)  
 DON'T KNOW ..... -8 (AC17)

AC9. [I have a few more questions about visits that (you/SP) had in the past.]  
 Think about the most recent time (you/SP) went to a hospital clinic or outpatient department. What was the reason (you/SP) went to the hospital clinic or outpatient department?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

**OPDMCOND** MEDICAL CONDITION NAMED ..... 1  
**OPDTESTS** TESTS ..... 2  
**OPDFOLUP** FOLLOW-UP ..... 3  
**OPDCHKUP** CHECKUP ..... 4  
**OPDRFRL** REFERRAL ..... 5  
**OPDSURGY** SURGERY ..... 6  
**OPDPSHOT** OTHER (SPECIFY) ..... 91  
**OPDTSHOT** REFUSED ..... -7  
**OPDPMED** DON'T KNOW ..... -8  
**OPDOTHER**  
**OPDOTHOS**

|             |   |
|-------------|---|
| BOX<br>AC1D | <p>IF SUPP. SAMPLE AND AC9 = 1 OR/AND 6, GO TO AC11. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC10. IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC12.</p> |
|-------------|---|

AC10. Was that for a specific condition?

|                 |                  |           |
|-----------------|------------------|-----------|
| <b>OPDSCOND</b> | YES .....        | 1 (AC11)  |
|                 | NO .....         | 2 (AC12)  |
|                 | REFUSED .....    | -7 (AC12) |
|                 | DON'T KNOW ..... | -8 (AC12) |

AC11. What (was the) condition (required the surgery?)  
[ENTER ALL CONDITIONS.]

**CONDTION**  
**CONDAC11**

AC12. Did (you/SP) have an appointment for this visit to the hospital clinic or outpatient department, or did (you/he/she) just walk in?

|                |                   |           |
|----------------|-------------------|-----------|
| <b>OPDAPPT</b> | APPOINTMENT ..... | 1 (AC13)  |
|                | WALKED IN .....   | 2 (AC15)  |
|                | REFUSED .....     | -7 (AC15) |
|                | DON'T KNOW .....  | -8 (AC15) |

AC13. Did someone at the hospital clinic or outpatient department tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

|                 |   |           |
|-----------------|---|-----------|
| <b>OPDDRTEL</b> | TOLD TO COME BACK DURING<br>EARLIER VISIT ..... | 1 (AC15)  |
|                 | CALLED FOR AN APPOINTMENT .....                 | 2 (AC14)  |
|                 | REFUSED .....                                   | -7 (AC15) |
|                 | DON'T KNOW .....                                | -8 (AC15) |

AC14. How long did (you/SP) have to wait for the appointment -- about how many days, weeks, or months?

|                 |                            |           |
|-----------------|----------------------------|-----------|
| <b>OPDAWUNT</b> | DID NOT HAVE TO WAIT ..... | 0 (AC15)  |
|                 | DAYS .....                 | 1 (a)     |
|                 | WEEKS .....                | 2 (b)     |
|                 | MONTHS .....               | 3 (c)     |
|                 | REFUSED .....              | -7 (AC15) |
|                 | DON'T KNOW .....           | -8 (AC15) |

|                 |                           |
|-----------------|---------------------------|
| <b>OPDAWDAY</b> | a. NUMBER OF DAYS _____   |
| <b>OPDAWWKS</b> | b. NUMBER OF WEEKS _____  |
| <b>OPDAWMOS</b> | c. NUMBER OF MONTHS _____ |

AC15. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the hospital clinic or outpatient department take altogether?

- OPDVLUNT**
- HOURS ONLY ..... 1 (a)
  - MINUTES ONLY ..... 2 (b)
  - HOURS AND MINUTES ..... 3 (a & b)
  - REFUSED ..... -7 (AC16)
  - DON'T KNOW ..... -8 (AC16)

- OPDVLHRS** a. NUMBER OF HOURS \_\_\_\_\_  
**OPDVLMIN** b. NUMBER OF MINUTES \_\_\_\_\_

AC16. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

- OPD VWUNT**
- DID NOT HAVE TO WAIT ..... 0 **BOX AC1E**
  - HOURS ONLY ..... 1 (a)
  - MINUTES ONLY ..... 2 (b)
  - HOURS AND MINUTES ..... 3 (a & b)
  - REFUSED ..... -7 **BOX AC1E**
  - DON'T KNOW ..... -8 **BOX AC1E**

- OPD VWHRS** a. NUMBER OF HOURS \_\_\_\_\_  
**OPD VWMIN** b. NUMBER OF MINUTES \_\_\_\_\_

|             |  |
|-------------|--|
| BOX<br>AC1E | <p>a. SUPPLEMENTAL SAMPLE SPs GO TO AC17. OTHERWISE, GO TO b.</p> <p><u>*FOR THE FOLLOWING, "MOST RECENT MP VISIT" IS DEFINED AS AN MP VISIT WHERE MP6a=2 OR MISSING AND PROVIDER ROSTER SPECIALTY (PROVSPEC)=2 (MD).</u></p> <p>b. IF AC20-AC36 ALREADY ASKED THIS ROUND FOR CURRENT ROUND MP VISIT, GO TO <b>BOX OM1A</b>.</p> <p>IF SP HAD MP VISIT IN ANY OF THE 2 PREVIOUS ROUNDS <u>AND</u> AC20, AC21, AC24-AC36 NOT ASKED THIS ROUND, GO TO AC20, AC21, AC24-AC36.</p> <p>IF SP DID NOT HAVE ANY MP VISITS* IN CURRENT OR 2 PREVIOUS ROUNDS, GO TO BOX AC1G.</p> |
|-------------|--|

AC17. (Have you/Has SP) ever been a resident or patient in a nursing home or similar place?

- NHRESEVR**
- YES ..... 1 (AC18)
  - NO ..... 2 (AC19)
  - REFUSED ..... -7 (AC19)
  - DON'T KNOW ..... -8 (AC19)

AC18. When (were you/was SP) last a resident or patient in a nursing home or similar place?

**NHLRESMM** MM ( ) YY ( )  
**NHLRESYY**

AC19. Next, I want to ask about (your/SP's) visits to doctors since (REF. DATE). (Have you/has SP) seen a medical doctor since (REF. DATE)?

**MDVISIT** YES ..... 1 (AC20)  
 NO ..... 2 **BOX AC1G**  
 REFUSED ..... -7 **BOX AC1G**  
 DON'T KNOW ..... -8 **BOX AC1G**

AC20. [I have a few more questions about visits that (you/SP) had in the past.]  
 Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital.  
 What was the doctor's specialty?

**MDSPCLTY**  
**MDSPCLOS**

AC21. What was the reason (you/SP) saw the doctor?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

**MDMCOND** MEDICAL CONDITION NAMED ..... 1  
**MDTESTS** TESTS ..... 2  
**MDFOLUP** FOLLOW-UP ..... 3  
**MDCHKUP** CHECKUP ..... 4  
**MDRFRL** REFERRAL ..... 5  
**MDSURGY** SURGERY ..... 6  
**MDPSHOT** OTHER (SPECIFY) ..... 91  
**MDTSHOT** REFUSED ..... -7  
**MDPMED** DON'T KNOW ..... -8  
**MDOTHER**  
**MDOTHOS**

|             |   |
|-------------|---|
| BOX<br>AC1F | IF SUPP. SAMPLE AND AC21 = 1 AND/OR 6, GO TO AC23. OTHERWISE, IF SP IN THE SUPPLEMENTAL SAMPLE, GO TO AC22; IF SP NOT IN THE SUPPLEMENTAL SAMPLE, GO TO AC24. |
|-------------|---|

AC22. Was that for a specific condition?

**MDSCOND** YES ..... 1 (AC23)  
 NO ..... 2 (AC24)  
 REFUSED ..... -7 (AC24)  
 DON'T KNOW ..... -8 (AC24)

AC23. What (was the) condition (required the surgery)?  
 [ENTER ALL CONDITIONS.]  
**CONDTION**  
**CONDAC23**

AC24. Did (you/SP) have an appointment for this visit with the doctor, or did (you/he/she) just walk in?

|               |                   |           |
|---------------|-------------------|-----------|
| <b>MDAPPT</b> | APPOINTMENT ..... | 1 (AC25)  |
|               | WALKED IN .....   | 2 (AC27)  |
|               | REFUSED .....     | -7 (AC27) |
|               | DON'T KNOW .....  | -8 (AC27) |

AC25. Did someone in the doctor's office tell (you/SP) when to come back during an earlier visit, or did (you/SP) call for an appointment?

|                |   |           |
|----------------|---|-----------|
| <b>MDDRTEL</b> | TOLD TO COME BACK DURING<br>EARLIER VISIT ..... | 1 (AC27)  |
|                | CALLED FOR AN APPOINTMENT .....                 | 2 (AC26)  |
|                | REFUSED .....                                   | -7 (AC27) |
|                | DON'T KNOW .....                                | -8 (AC27) |

AC26. How long did (you/SP) have to wait for the appointment with the medical doctor -- about how many days, weeks, or months?

|                |                            |           |
|----------------|----------------------------|-----------|
| <b>MDAWUNT</b> | DID NOT HAVE TO WAIT ..... | 0 (AC27)  |
|                | DAYS .....                 | 1 (a)     |
|                | WEEKS .....                | 2 (b)     |
|                | MONTHS .....               | 3 (c)     |
|                | REFUSED .....              | -7 (AC27) |
|                | DON'T KNOW .....           | -8 (AC27) |

|                |                           |
|----------------|---------------------------|
| <b>MDAWDAY</b> | a. NUMBER OF DAYS _____   |
| <b>MDAWWKS</b> | b. NUMBER OF WEEKS _____  |
| <b>MDAWMOS</b> | c. NUMBER OF MONTHS _____ |

AC27. From the time (you/SP) arrived until the time (you/he/she) left, about how long did the visit to the medical doctor take altogether?

|                |                         |           |
|----------------|-------------------------|-----------|
| <b>MDVLUNT</b> | HOURS ONLY .....        | 1 (a)     |
|                | MINUTES ONLY .....      | 2 (b)     |
|                | HOURS AND MINUTES ..... | 3 (a & b) |
|                | REFUSED .....           | -7 (AC28) |
|                | DON'T KNOW .....        | -8 (AC28) |

|                |                            |
|----------------|----------------------------|
| <b>MDVLHRS</b> | a. NUMBER OF HOURS _____   |
| <b>MDVLMIN</b> | b. NUMBER OF MINUTES _____ |

AC28. How much of that time was spent waiting before (you/SP) saw a doctor or some other medical person?

- MDVWUNT**
- DID NOT HAVE TO WAIT ..... 0 **BOX AC1FF**
  - HOURS ONLY ..... 1 (a)
  - MINUTES ONLY ..... 2 (b)
  - HOURS AND MINUTES ..... 3 (a & b)
  - REFUSED ..... -7 **BOX AC1FF**
  - DON'T KNOW ..... -8 **BOX AC1FF**

- MDVWHR** a. NUMBER OF HOURS \_\_\_\_\_  
**MDVWMIN** b. NUMBER OF MINUTES \_\_\_\_\_  
 GO TO **BOX AC1FF**

|              |  |
|--------------|--|
| BOX<br>AC1FF | IF AC25=1, GO TO <b>BOX AC1G</b> . Otherwise, go to AC28a. |
|--------------|--|

AC28a. Was the doctor that (you/SP) saw (your/his/her) first choice?

- MDVCHOIC**
- YES ..... 1 **BOX AC1G**
  - NO ..... 2 (AC28b)
  - REFUSED ..... -7 (**BOX AC1G**)
  - DON'T KNOW ..... -8 (**BOX AC1G**)

AC28b. Why didn't (you/SP) see the doctor that was (your/her/his) first choice?  
 [RECORD VERBATIM. PRESS ENTER TO LEAVE SCREEN.]

\_\_\_\_\_ **MDVCHVB1**  
 \_\_\_\_\_ **MDVCHVB2**  
 \_\_\_\_\_ **MDVCHVB3**

AC29-AC31: MOVED TO SECTION HS.

AC32 OMITTED.

|             |   |
|-------------|---|
| BOX<br>AC1G | IF SP IN MEDICARE MANAGED CARE PLAN, GO TO AC33.<br>OTHERWISE, GO TO <b>BOX AC3</b> . |
|-------------|---|

AC33. The following questions are about medical services 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 care provider within (CURRENT MEDICARE MANAGED CARE PLAN NAME) that (you/SP) thought were necessary?

- MHREFDIF** YES ..... 1 (AC34a)
- NO ..... 2 (AC36)
- N/A, HAVEN'T TRIED TO OBTAIN REFERRAL ..... 3 (AC36)
- REFUSED ..... -7 (AC36)
- DON'T KNOW ..... -8 (AC36)

Question AC34 omitted in Round 22.

AC34a. What kind of specialist or medical provider was this?

DISPLAY SPECIALTY CODE LIST SHOWN IN ATTACHMENT AC2.

**MHSPCLTY**  
**MHSPCLOS**

AC35. What kind of difficulty did (you/SP) have?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

- MHNOAUTH** PLAN WOULDN'T AUTHORIZE SERVICE ..... 1
- MHWAITLG** THE WAIT FOR APPOINTMENT WAS TOO LONG ..... 2
- MHNOCONV** PROVIDER'S LOCATION WAS NOT CONVENIENT ..... 3
- MHNOREFR** DOCTOR/PLAN WOULDN'T GIVE SP REFERRAL TO SEE PROVIDER SP WANTED TO SEE ..... 4
- MHNOLIKE** SP DIDN'T LIKE/NOT CONFIDENT IN PROVIDER PLAN REFERRED SP TO ..... 5
- MHBADHRS** PROVIDER'S OFFICE HOURS WERE NOT CONVENIENT ..... 6
- MHOTHER** OTHER (SPECIFY) \_\_\_\_\_ 91
- MHOTHOS** REFUSED ..... -7
- DON'T KNOW ..... -8

AC36. Has (CURRENT MEDICARE MANAGED CARE PLAN NAME) ever refused to pay for emergency treatment that (you/SP) felt was necessary?

- MHREFPAY** YES ..... 1
- NO ..... 2
- N/A, HAVEN'T NEEDED EMERGENCY TREATMENT ..... 3
- REFUSED ..... -7
- DON'T KNOW ..... -8

|            |                         |
|------------|-------------------------|
| BOX<br>AC3 | GO TO <b>BOX HS1A</b> . |
|------------|-------------------------|

ATTACHMENT AC1  
(QUESTION AC20)

MD SPECIALTY CODE LIST

1. ALLERGY/IMMUNOLOGY
2. ANESTHESIOLOGY
3. CARDIOLOGY (HEART)
5. DERMATOLOGY (SKIN)
6. EMERGENCY ROOM PHYSICIAN
7. ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)
8. FAMILY PRACTICE
9. GASTROENTEROLOGY
10. GENERAL PRACTICE
11. GENERAL SURGERY
12. GERIATRICS (ELDERLY)
13. GYNECOLOGY – OBSTETRICS
14. HEMATOLOGY (BLOOD)
15. HOSPITAL RESIDENCE
16. INTERNAL MEDICINE (INTERNIST)
17. NEPHROLOGY (KIDNEYS)
18. NEUROLOGY
19. NUCLEAR MEDICINE
20. ONCOLOGY (TUMORS, CANCER)
21. OPHTHALMOLOGY (EYES)
22. ORTHOPEDICS
24. OSTEOPATHY (DO)
25. OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)
26. PATHOLOGY
27. PHYS MED/REHAB
28. PLASTIC SURGERY
29. PROCTOLOGY
30. PSYCHIATRY/PSYCHIATRIST
31. PULMONARY (LUNGS)
32. RADIOLOGY
33. RHEUMATOLOGY (ARTHRITIS)
34. THORACIC SURGERY (CHEST)
35. UROLOGY
91. OTHER DR SPECIALTY (SPECIFY)

ATTACHMENT AC2  
(QUESTION AC34a)

MD SPECIALTY CODE LIST

MD PROVIDERS

1. ALLERGY/IMMUNOLOGY
3. CARDIOLOGY (HEART)
5. DERMATOLOGY (SKIN)
7. ENDOCRINOLOGY/METABOLISM (DIABETES, THYROID)
9. GASTROENTEROLOGY
11. GENERAL SURGERY
12. GERIATRICS (ELDERLY)
13. GYNECOLOGY – OBSTETRICS
14. HEMATOLOGY (BLOOD)
16. INTERNAL MEDICINE (INTERNIST)
17. NEPHROLOGY (KIDNEYS)
18. NEUROLOGY
20. ONCOLOGY (TUMORS, CANCER)
21. OPHTHALMOLOGY (EYES)
22. ORTHOPEDICS
24. OSTEOPATHY (DO)
25. OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)
26. PATHOLOGY
27. PHYS MED/REHAB
28. PLASTIC SURGERY
29. PROCTOLOGY
30. PSYCHIATRY/PSYCHIATRIST
31. PULMONARY (LUNGS)
33. RHEUMATOLOGY (ARTHRITIS)
35. UROLOGY

NON-MD PROVIDERS

36. AUDIOLOGIST
37. CHIROPRACTOR
38. DENTIST
39. OPTOMETRIST
40. PHYSICAL THERAPIST
41. PSYCHOLOGIST
  
91. OTHER DR SPECIALTY (SPECIFY)