## MAIN STUDY - ROUND 1

## COMMUNITY COMPONENT

## US. USUAL SOURCE OF CARE

| US1. | Is there a particular medical person or clinic (you/SP) usually (go/goes) to when (you are/he is/she is) sick or for advice about (your/his/her) health? |  |   |  |  |  |  |
|------|--|--|---|--|--|--|--|
|      | PLACEPAR   | YES  NO  DON'T KNOW  | 2 (US39)  |  |  |  |  |
| US2. |  | SP) usually go to when (you are/he is/she is) sick or for a regular family doctor, a hospital or some other pl | · · · · · · · · · · · · · · · · · · ·   |  |  |  |  |
|      | IF CLINIC, ASK: Was it a hospit IF SOME OTHER PLACE, ASK:  | al outpatient clinic or some other kind of clinic? Where was this?   |   |  |  |  |  |
|      | PLACEKND   | DOCTOR'S OFFICE OR GROUP PRACTICE  DOCTOR'S CLINIC   | 2 (US3) 3 (US3) 4 (US3) 5 (US3) 6 (US3) 7 (US3) 8 (US3) 9 (US3) 10 (US5) 11 (US3) |  |  |  |  |
| US3. | What is the complete name of th [RECORD ON PROVIDER ROST   | e (RESPONSE IN US2/place) that (you go to/SP go<br>[ER.]   | pes to)?  |  |  |  |  |
|      | NAME OF FACILITY:  |  |   |  |  |  |  |
| US4. | Is there a particular doctor (you  | usually see/SP usually sees) at this [(RESPONSE II   | N US2/place)]?  |  |  |  |  |
|      | USUALDOC   | YES  |   |  |  |  |  |

| US5.  |  | mplete name of the<br>PROVIDER ROST |  | or?   |        |                                      |  |
|-------|--|-------------------------------------|--|---|--------|--------------------------------------|--|
|       | D  | OCTOR'S NAME:                       |  |   |        |                                      |  |
| US6.  | •  | DOCTOR'S) specia<br>CIALTY CODE LIS | -  | DW "DON'T KNOW" AND "REFUS  | SED."  |                                      |  |
|       | BOX<br>US1   |                                     | •  | COMES TO SP HOME)   | ,      | , II                                 |  |
| US7.  | Does [(US5 DO  | CTOR)/a doctor fro                  | ım (US3  | 3 PLACE)] make house calls?   |        |                                      |  |
|       | USHOUSCL   |                                     |  |   |        |                                      |  |
| US8.  | How (do you/does SP) usually get to [(US5 DOCTOR'S) office/(US3 PLACE)]? |                                     |  |   |        |                                      |  |
|       |  | -                                   | -  | nere by walking, driving, being driv<br>, by taxi, other public transportat | -      | -                                    |  |
|       | GETUSHOW   |                                     | Driving<br>Being<br>Ambul<br>Taxi<br>Other<br>DR. US | ogdriven  |        | JS9)<br>JS9)<br>JS9)<br>JS9)<br>JS9) |  |
| US9.  | About how lo   | ng does it usually                  | take fo  | or (you/SP) to get there?   |        |                                      |  |
|       | MINUTES ONL<br>HOURS AND M<br>REFUSED                                    | YMINUTES                            | . 2<br>. 3<br>7                                      | NUMBER OF HOURS<br>NUMBER OF MINUTES<br>GETUSUNT<br>GETUSHRS<br>GETUSMIN    |        |                                      |  |
| US10. | (Do you/Does   | s SP) usually have                  | some   | one accompany (you/him/her)   | there? |                                      |  |
|       | ACCOMPUS   |                                     |  |   | ,      | •                                    |  |

US11. Who usually goes with (you/SP)?

DISPLAY PERSON ROSTER. RECORD OR SELECT PERSON FROM ROSTER. RECORD RELATIONSHIP IF NOT ALREADY DETERMINED.

US12. When Medicare pays for all or part of (your/SP's) bill from [(US5 DOCTOR)/(US3 PLACE)], who do they send the check to? Does Medicare send the check directly to [(US5 DOCTOR)/(US3 PLACE)] or does the check go to (you/SP)? **USMCCHEK** 

| To SP                                     | 1  | (US13) |
|---|----|--------|
| To Doctor                                 | 2  | (US13) |
| SP DOES NOT RECEIVE MEDICARE BENEFITS FOR |    |        |
| DOCTORS' SERVICES                         | 3  | (US15) |
| DON'T KNOW                                | -8 | (US13) |

US13. After a person on Medicare meets the deductible of \$100 for the year, Medicare pays 80% of approved charges and the individual is responsible for the remaining 20%. If the doctor charges more than the amount Medicare approves, the individual may be responsible for the difference. (Have you/Has SP) ever paid (US5 DOCTOR/US3 PLACE) more than the amount Medicare approves?

| PAIDMORE | YES                    | 1  | (US14) |
|----------|------------------------|----|--------|
|          | NO                     | 2  | (US15) |
|          | NOT SURE OR DON'T KNOW | -8 | (US15) |

US14. (Have you/Has SP) ever tried to find a doctor who accepts Medicare's approved charges as full payment for his or her services instead of going to (US5 DOCTOR/US3 PLACE)?

| USFINDMC | YES        | 1  |
|----------|------------|----|
|          | NO         | 2  |
|          | DON'T KNOW | -8 |

US15. How long (have you/has SP) been [seeing (US5 DOCTOR)/going to (US3 PLACE)]?

| USHOWLNG | Less than 1 year              | 1  | (US17)  |
|----------|-------------------------------|----|---------|
|          | 1 year to less than 3 years   | 2  | BOX US2 |
|          | 3 years to less than 5 years  | 3  | BOX US2 |
|          | 5 years to less than 10 years | 4  | BOX US2 |
|          | 10 years or more              | 5  | BOX US2 |
|          | REFUSED                       | -7 | BOX US2 |
|          | DON'T KNOW                    | -8 | (US16)  |

US16. Would you say it's been less than a year or a year or more?

| USONEYY | LESS THAN 1 YEAR | 1  | (US17)  |
|---------|------------------|----|---------|
|         | 1 YEAR OR MORE   | 2  | BOX US2 |
|         | DON'T KNOW       | -8 | BOX US2 |

US17.

| some other place or seeing some other doctor for medical care? |             |  |  |  |   |   |
|--|-------------|--|--|--|---|---|
|  | PREVMEDO    | C  | NO   |  |   | JS2   |
| US18.  | (Do you/Do  | es SP) still see th  | at other doctor or   | go to that other p   | place?  |   |
|  | PREVSTIL    |  | NO   |  |   | )   |
| US19.  | Why (don't  | you/doesn't SP) s  | ee that previous o   | doctor or go to tha  | t previous place anymor                             | e?  |
|  | PREVNOG     | PREVIOUS DE<br>PREVIOUS DE<br>SP MOVED<br>PREVIOUS DE<br>PREVIOUS DE<br>APPROVED AE<br>DISSATISFIE | OCTOR DIED<br>OCTOR MOVED<br><br>R/PLACE TOO F.<br>OCTOR OR PLACE<br>MOUNT, THAT I | AR AWAY OR NO<br>CE CHARGED MO<br>S, DID NOT TAKE<br>JS DR/PLACE | OT CONVENIENT<br>DRE THAN MEDICARE-<br>E ASSIGNMENT | 2 (US21) 3 (US21) 4 (US21) 5 (US21) 6 (US21) 7 (US20) |
| US20.  | Why (were   | you/was SP) diss   | atisfied with (your  | /his/her) previous   | doctor or place? REC                                | ORD VERBATIM  |
|  | _           |  |  |  | PREVSAT1 PREVSAT2 PREVSAT3                          |   |
| US21.  |             |  |  | ason (you/SP) wer<br>RECORD VERE                                 | nt to (US5 DOCTOR/US3<br>BATIM.                     | 3 PLACE) instead                                      |
|  | PREVREAS    | DOCTOR OR PLA  | ACE RECOMMENI  | DED BY FRIEND OF   | RSONR FAMILY MEMBER                                 | • •   |
| US22.  | (Were you/\ | Was SP) referred   | to (US5 DOCTOF   | R/US3 PLACE) by  | another doctor or medic                             | al person?  |
|  | REFERDOO    |  | NO   |  | 2   |   |

Before (you/SP) started [seeing (U5 DOCTOR)/going to (U3 PLACE)], had (you/SP) usually been going to

| 3. | Did friends or family members recommend (US5 DOCTOR/US3 PLACE)? |  |  |  |  |  |
|----|---|--|--|--|--|--|
|    | RECOMDOC  | YES  |  |  |  |  |
| 4. |   | US5 DOCTOR/US3 PLACE), did (you/SP) know whether (US5 DOCTOR/Us charge more than the amount Medicare approves? |  |  |  |  |
|    | USCHGMOR  | YES  |  |  |  |  |
|    |   | OR HI22 = 1 FOR ANY PRIVATE HEALTH INSURANCE PLAN, GO 5. OTHERWISE, GO TO US27.                                |  |  |  |  |
| 5. | insurance claims? US Yes No SOMETIMES                           | 3 PLACE) take care of the paper work and send in (your/SP's) private he SPAPWRK                                |  |  |  |  |
| 6. | When (your/SP's) health in                                      | nsurance claims are submitted, does the insurance company send checks  |  |  |  |  |
|    | (you/SP), orsometimes (US5 DC) sometimes you/(                  | 3 PLACE)   |  |  |  |  |

Now I am going to read some statements people have made about their medical care. Think about the care (you receive/SP receives) from (US5 DOCTOR/US3 PLACE). [SHOW CARD US.] For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree. [PRESS ENTER TO CONTINUE.]

US27. [(Your/SP's) doctor is/The doctors at (US3 PLACE) are] very careful to check everything when examining (you/him/her).

| SHOW<br>CARD<br>US | USCKEVRY | STRONGLY AGREE  AGREE  DISAGREE | 2 |
|--------------------|----------|---------------------------------|---|
|                    | •        | STRONGLY DISAGREE               |   |
|                    |          | NOT APPLICABLE                  | 5 |

US28. [(Your/SP's) doctor is/The doctors at (US3 PLACE) are] competent and well-trained.

| SHOW<br>CARD<br>US | USCOMPET | AGREE DISAGREESTRONGLY DISAGREE | 2             |
|--------------------|----------|---------------------------------|---------------|
|                    |          | NOT APPLICABLE                  |               |
|                    | CARD     | SHOW<br>CARD                    | CARD DISAGREE |

US29. [(Your/SP's) doctor has/The doctors at (US3 PLACE) have] a good understanding of (your/her/his) medical history.

|      | USUNHIST | STRONGLY AGREE    | 1 |
|------|----------|-------------------|---|
|      |          | AGREE             | 2 |
| SHOW |          | DISAGREE          | 3 |
| CARD |          | STRONGLY DISAGREE | 4 |
| US   |          | NOT APPLICABLE    | 5 |
|      |          |                   |   |

US30. [(Your/SP's) doctor has/The doctors at (US3 PLACE) have] a complete understanding of the things that are wrong with (you/him/her).

|      | USUNWRNG | STRONGLY AGREE    | 1 |
|------|----------|-------------------|---|
| SHOW |          | AGREE             | 2 |
| CARD |          | DISAGREE          | 3 |
| US   |          | STRONGLY DISAGREE | 4 |
|      |          | NOT APPLICABLE    | 5 |
|      |          |                   |   |

| US31. [(Your/SP's) doctor/The doctors at (US3 PLACE)] often seem(s) to be in a l | າurry. |
|--|--------|
|--|--------|

| SHOW<br>CARD<br>US | USHURRY | STRONGLY AGREE AGREE DISAGREE   | 2      |
|--------------------|---------|---------------------------------|--------|
|                    | I       | STRONGLY DISAGREENOT APPLICABLE | 4<br>5 |

US32. [(Your/SP's) doctor/The doctors at (US3 PLACE)] often (does/do) not explain (your/his/her) medical problems to (you/him/her).

| SHOW<br>CARD<br>US | USEXPPRB | STRONGLY AGREEAGREEDISAGREE     | 2 |
|--------------------|----------|---------------------------------|---|
|                    | I        | STRONGLY DISAGREENOT APPLICABLE | • |

US33. (You/SP) often (have/has) health problems that should be discussed but are not.

|   | SHOW<br>CARD<br>US | USDISCUS | STRONGLY AGREE AGREE DISAGREE   | 1<br>2<br>3 |
|---|--------------------|----------|---------------------------------|-------------|
| L |                    | Ц        | STRONGLY DISAGREENOT APPLICABLE | 4<br>5      |

US34. [(Your/SP's) doctor/The doctors at (US3 PLACE)] often act(s) as though (he/she was/they were) doing (you/SP) a favor by talking to (you/her/him).

| SHOW<br>CARD<br>US | USFAVOR | STRONGLY AGREE AGREE DISAGREE | 1<br>2<br>3 |
|--------------------|---------|-------------------------------|-------------|
|                    | _       | STRONGLY DISAGREE             | 4           |
|                    |         | NOT APPLICABLE                | 5           |

US35. [(Your/SP's) doctor/The doctors at (US3 PLACE)] tell(s) (you/him/her) all (you/she/he) want(s) to know about (your/his/her) condition and treatment.

| SHOW<br>CARD<br>US | USTELALL | STRONGLY AGREE AGREE DISAGREE     | 2      |
|--------------------|----------|-----------------------------------|--------|
|                    | •        | STRONGLY DISAGREE  NOT APPLICABLE | 4<br>5 |

US37.

US38.

please

US39.

US40.

US41.

have a usual source of medical care?]

YES ...... 1 (US42) **NUSAVAIL** 

NO ...... 2 (US43)

| US36. | [(Your/SP's) doctor/The doctors    | -4 (LICO DI AOE)   | / - \         | // //- ! - \ 4!           |
|-------|------------------------------------|--------------------|---------------|---------------------------|
| 11536 | II YOUR/SP ST GOCTOR/ I DE GOCTORS | at IIIS 3 PLACE II | angwerigialii | VALIF/NEF/NIST ALIESTIANS |
|       |                                    |                    |               |                           |

|                              |                       | PLACE)] answer(s) all (your/her/hi   | , |                    |
|------------------------------|-----------------------|--|---|--------------------|
| SHOW USAN                    | ISQUX STRON           | IGLY AGREE   | 1                                       |                    |
| CARD                         | AGREE                 |  | 2                                       |                    |
| US                           | DISAGI                | REE  | 3                                       |                    |
|                              | STRON                 | IGLY DISAGREE  | 4                                       |                    |
|                              | NOT AF                | PPLICABLE  | 5                                       |                    |
| /ou have/SP has) gr          | eat confidence in [(y | our/his/her) doctor/the doctors at   | US3 PLACE)].                            |                    |
| SHOW USCO                    | <b>DNFID</b> STRON    | IGLY AGREE   | 1                                       |                    |
| CARD                         | AGREE                 |  | 2                                       |                    |
| US                           | DISAG                 | REE  | 3                                       |                    |
|                              | STRON                 | IGLY DISAGREE  | 4                                       |                    |
|                              | NOT AF                | PPLICABLE  | 5                                       |                    |
| motionally.                  |                       |  |   |                    |
|                              |                       | IGLY AGREE   |   |                    |
| CARD                         | _                     | :  |   |                    |
| US                           | DISAGI                | REE  | 3                                       |                    |
|                              |                       | IGLY DISAGREE  |   |                    |
|                              | NOT A                 | PPLICABLE  | 5                                       |                    |
| ne whether or not it         | s a reason (you do/   | ole have given for <u>not</u> having a usua<br>SP does) not have a usual place t<br>e of medical care because (you/SP<br>al source of medical care?] | or medical care                         | э.                 |
| 'ES<br>)                     |                       | NUSNOTSK   |   |                    |
| You/SP) recently mo<br>are?] | oved into the area.   | [Is that a reason (you do/SP does  | ) not have a us                         | sual source of med |
| :S                           |                       | NUSMOVIN   |   |                    |
| )                            | 2                     |  |   |                    |
|                              |                       |  |   |                    |

| US42. | Why is (your/SP's) | usual source of medical | care no longer available? |
|-------|--------------------|-------------------------|---------------------------|
|-------|--------------------|-------------------------|---------------------------|

| PREVIOUS DOCTOR RETIRED        | 1  | USWHYNAV |
|--------------------------------|----|----------|
| PREVIOUS DOCTOR DIED           | 2  |          |
| PREVIOUS DOCTOR MOVED          | 3  |          |
| SP MOVED                       | 4  |          |
| PREVIOUS DR/PLACE TOO FAR AWAY | 5  |          |
| OTHER (SPECIFY)                | 91 |          |
| USWHYNO1 USWHYNO2 USWHYNO3     |    |          |

US43. Thinking about other possible reasons that people have for <u>not</u> having a usual source of medical 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 medical care?]

| YES | <br>1 | NUSDIFFF |
|-----|-------|----------|
| NO  | <br>2 |          |

US44. The places where (you/SP) can receive medical care are too far away. [Is that a reason (you do/SP does) not have a usual source of medical care?]

| YES | 1 | NUSTOOFR |
|-----|---|----------|
| NO  | 2 |          |

US45. The cost of medical care is too expensive. [Is that a reason (you do/SP does) not have a usual source of medical care?]

| YES | 1 | NUSTOOEX |
|-----|---|----------|
| NO  | 2 |          |