

MAIN STUDY - ROUND 19  
COMMUNITY COMPONENT  
MP. MEDICAL PROVIDER UTILIZATION AND EVENTS

BOX MP1A	IF EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO <b>BOX OM1A.</b>
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MP1. (Besides what you have already mentioned), [Since (REF. DATE), (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any medical doctors?

[INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

[SEE REFERENCE CARD FOR M.D. SPECIALTIES, IF NECESSARY.]

**MPPRMDOC**

YES .....	1 (MP2)
NO .....	2 (MP18)
REFUSED .....	-7 (MP18)
DON'T KNOW .....	-8 (MP18)

MP2. Who did (you/SP) see?  
[ENTER ONLY ONE PROVIDER.]

**PROVNAME**

BOX MP1	<p>a. SP HAS USED V.A. FACILITIES (HI36=1)..... 1 (b)</p> <p>SP HAS NOT USED V.A. (HI36=2 OR MISSING) ..... 2 <b>BOX MP2</b></p> <p>b. "V.A. FLAG" SET FOR THIS PROVIDER ..... 1 <b>BOX MP2</b></p> <p>"V.A. FLAG" NOT SET FOR THIS PROVIDER ..... 2 (MP3)</p>
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MP3. Is (DOCTOR) associated with a Department of Veterans Affairs, or V.A., facility?

**VAPLACE**

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

BOX MP2	<p>a. SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG=1 FOR ANY PLAN)..... 1 (b)</p> <p>SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO=2 OR MISSING FOR <u>ALL</u> PLANS) ..... 2 <b>BOX MP2A1</b></p> <p>b. "HMO FLAG" CODED YES FOR THIS PROVIDER ..... 1 <b>BOX MP2A1</b></p> <p>"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER ..... 2 (MP5)</p> <p>"HMO FLAG" NOT SET FOR THIS PROVIDER ..... 3 (MP4)</p>
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MP4. Is (DOCTOR) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

<b>HMOASSOC</b>	YES .....	1	<b>BOX MP2A1</b>
	NO .....	2	(MP5)
	REFUSED .....	-7	(MP5)
	DON'T KNOW .....	-8	(MP5)

MP5. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

<b>HMOREFER</b>	YES .....	1	<b>BOX MP2A1</b>
	NO .....	2	(MP5a)
	REFUSED .....	-7	<b>BOX MP2A1</b>
	DON'T KNOW .....	-8	<b>BOX MP2A1</b>

MP5a. What is the most important reason (you/SP) did not see a doctor associated with [READ PLAN NAMES BELOW] or a doctor that [READ PLAN NAMES BELOW] would refer (you/SP) to?

	HMO DOES NOT COVER THE SERVICE SP WANTED .....	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO ..	2
	HMO NOT CONVENIENTLY LOCATED FOR THE SP .....	3
	HMO PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE SP'S CONDITION/NEEDS .....	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL .....	5
<b>NOHMOAI</b>	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE HMO .....	6
	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE HMO .....	7
	HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY .....	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS ....	9
	HMO ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN HMO AT TIME OF EVENT .....	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER .....	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED .....	13
<b>NOHMOMOS</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX MP2A1	IF THIS VISIT ADDED THROUGH UTS, GO TO BOX MP2A. OTHERWISE, GO TO MP6.
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- MP6. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].  
[ENTER ALL DATES.]

**EVNTTYPE**  
**EVNTPROV**  
**EVBEGBMM**  
**EVBEGBDD**  
**EVBEGBYY**

BOX MP2A	GO TO MP6a IF THE MP VISIT DATE DOES NOT CONTAIN SHIFT/5 (%) AND: IS EQUAL TO THE ADMISSION OR DISCHARGE DATE OF AN IP VISIT, OR FALLS BETWEEN THE ADMISSION AND DISCHARGE DATES OF AN IP VISIT, OR SP IS STILL IN HOSPITAL, OR MP VISIT DATE AND IP VISIT DATES HAVE SAME MONTH, BUT MP AND/OR IP DAY OF WEEK = MISSING. OTHERWISE, CYCLE THROUGH MP7 - MP16 FOR EACH MP DATE REPORTED.
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- MP6a. You told me (you were/SP was) a patient in a hospital on (MP VISIT DATE). Was this visit with (PROVIDER) on (MP VISIT DATE) a visit to (you/SP) while in the hospital?

**MPIPSTAY** YES ..... 1 **BOX MP2B**  
 NO ..... 2 **BOX MP2C**  
 REFUSED ..... -7 **BOX MP2C**  
 DON'T KNOW ..... -8 **BOX MP2C**

BOX MP2B	CODE EVENT TYPE AS "SBD" EVENT. IF MORE DATES, GO TO <b>BOX MP2A</b> . OTHERWISE, GO TO <b>BOX MP6(b)</b> .
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BOX MP2C	IF EVENT ENTERED IN MP OR MP EVENT ENTERED IN ST/NS/CT/UTS AND PROVIDER'S SPECIALTY = 1,91, MISSING, 2, 12, 16, 17, 18, 20, 21, GO TO MP7. IF EVENT ENTERED IN ST/NS/CT/UTS AND ANY OTHER PROVIDER SPECIALTY TYPE, GO TO MP10.
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- MP7. Were any operations performed on (you/SP) during the visit on (FIRST/NEXT VISIT DATE)?  
[Operations include surgery and other surgical procedures like setting bones, stitching or removing growths, or any cutting of the skin.]

**ANYOPERS** YES ..... 1 (MP8)  
 NO ..... 2 (MP10)  
 REFUSED ..... -7 (MP10)  
 DON'T KNOW ..... -8 (MP10)

- MP8. What was the name of the operation or other surgical procedure?  
[ENTER ALL PROCEDURES. PRESS ENTER IF THERE ARE NO MORE PROCEDURES.]

**SURGPROC**                      OPERATION 1: .....  
    OPERATION 2: .....  
    OPERATION 3: .....

- MP9. What condition required the [READ SURGICAL PROCEDURES BELOW]?  
[ENTER ALL CONDITIONS.]

**CONDTION**

BOX MP3	GO TO <b>BOX MP2D</b> .
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- MP10. Was this visit to (PROVIDER) for any specific condition?

**SPECCOND**                      YES ..... 1 (MP11)  
    NO ..... 2 **BOX MP2D**  
    DON'T KNOW ..... -8 **BOX MP2D**

- MP11. What was the condition?  
[ENTER ALL CONDITIONS.]

**CONDTION**

BOX MP2D	IF THIS VISIT ADDED THROUGH MP1, MP18, MP26, MP34, MP42 OR MP50, GO TO MP12. IF THIS VISIT ADDED THROUGH UTS, CTRL/I, ST, OR NS, GO TO <b>BOX MP4</b> .
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- MP12. During this visit to (PROVIDER), were any medicines prescribed for (you/SP)?

**PRESMDCN**                      YES ..... 1 (MP13)  
    NO ..... 2 **BOX MP4**  
    REFUSED ..... -7 **BOX MP4**  
    DON'T KNOW ..... -8 **BOX MP4**

- MP13. Were any of the prescriptions filled?

**PRESFILL**                      YES ..... 1 (MP14)  
    NO ..... 2 **BOX MP4**  
    REFUSED ..... -7 **BOX MP4**  
    DON'T KNOW ..... -8 **BOX MP4**

- MP14. Please tell me the names of these medicines.  
[ENTER ALL MEDICINES.] [CHECK SPELLING.]  
**PMEDNAME**

BOX MP4	IF THE TOTAL NUMBER OF REMAINING VISITS TO THIS PROVIDER IS:	
	0.....	(GO TO <b>BOX MP6(b)</b> )
	1-4 .....	(RETURN TO <b>BOX MP2A</b> /MP7/MP10 FOR NEXT VISIT)
	5 OR MORE .....	( <b>BOX MP5</b> )

BOX MP5	IF MP7 CODED 1 FOR THIS VISIT, RETURN TO MP7/MP10 FOR NEXT VISIT.	
	IF MP 7 CODED -1, 2, -7 OR -8 AND MP10 = 1, GO TO MP15.	
	IF MP7 CODED -1, 2, -7 OR -8 AND MP10 = 2, -7 OR -8, GO TO MP7/MP10 FOR NEXT VISIT.	

- MP15. You told me that (you/SP) also went to (PROVIDER) on [READ DATES BELOW]. Were any of these visits made for the same condition as the one you've just told me about?

**SAMEREAS**

YES .....	1 (MP16)
NO .....	2 (MP7/MP10 FOR NEXT VISIT)
REFUSED .....	-7 (MP7/MP10 FOR NEXT VISIT)
DON'T KNOW .....	-8 (MP7/MP10 FOR NEXT VISIT)

- MP16. Which visits were the same? What were the dates? [ENTER ALL DATES.]  
**EVNTLINK**

BOX MP6	a.	FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO <b>BOX MP2A</b> /MP7/MP10 FOR NEXT UNFLAGGED VISIT.
	b.	IF THIS VISIT ADDED THROUGH MP1/MP18/MP26/MP34/MP42/MP50, GO TO MP17/MP25/MP33/MP41/MP49/MP56.
		IF THIS VISIT ADDED THROUGH UTS, GO TO UTSINTRC.
		IF THIS VISIT ADDED THROUGH CTRL/I OR ST, GO TO <b>BOX ST12</b> .
		IF THIS VISIT ADDED THROUGH NS, GO TO <b>BOX NS11</b> .

- MP17. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this doctor or any other medical doctor?

**TEMP**

YES .....	1 (MP2)
NO .....	2 <b>BOX MP6A</b>
REFUSED .....	-7 <b>BOX MP6A</b>
DON'T KNOW .....	-8 <b>BOX MP6A</b>

BOX MP6A	<p>IF THIS IS <u>NOT</u> A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, GO TO MP18.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT NO MP VISITS FOR THIS ROUND, GO TO MP18.</p> <p>IF THIS IS A ROUND WHERE SUPPLEMENTARY SECTION AC QUESTIONS ARE ASKED, BUT SP IS DECEASED OR INSTITUTIONALIZED, GO TO MP18.</p> <p>FOR THE FOLLOWING: MOST RECENT MP VISIT IS AN MP VISIT WHERE MP6A=2 OR MISSING <b>AND</b> PROVIDER ROSTER SPECIALTY (PROVSPEC)=2.</p> <p>GO TO AC20, AC21, AC24-AC28 FOR MOST RECENT MP VISIT.</p>
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AC20. Think about the most recent time (you/SP) saw a medical doctor somewhere other than at home or at a hospital.  
What is 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.]

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

AC22./AC23. OMITTED.

AC24. Did (you/SP) have an appointment for this visit with the medical 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 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	
	EARLIER VISIT .....	1 (AC27)
	CALLED FOR 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?

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

**MDAWDAY** a. NUMBER OF DAYS \_\_\_\_\_  
**MDAWWKS** b. NUMBER OF WEEKS \_\_\_\_\_  
**MDAWMOS** 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?

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

**MDVLHRS** a. NUMBER OF HOURS \_\_\_\_\_  
**MDVLMIN** 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 (MP18)  
 HOURS ONLY ..... 1 (a)  
 MINUTES ONLY ..... 2 (b)  
 HOURS AND MINUTES ..... 3 (a & b)  
 REFUSED ..... -7 (MP18)  
 DON'T KNOW ..... -8 (MP18)

**MDVWHRS** a. NUMBER OF HOURS \_\_\_\_\_  
**MDVWMIN** b. NUMBER OF MINUTES \_\_\_\_\_ (GO TO MP18)

MP18. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a health practitioner like any of the ones listed on this card? [Health practitioners include audiologist, optometrist, chiropractor, podiatrist (foot doctor), or any kind of health provider who is not a medical doctor.]  
 [INCLUDE ANY VISITS FOR TESTS/X-RAYS.]

SHOW CARD MP1
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**MPPRPRAC** YES ..... 1 (MP19)  
 NO ..... 2 (MP26)  
 REFUSED ..... -7 (MP26)  
 DON'T KNOW ..... -8 (MP26)

MP19. Who did (you/SP) see?  
[ENTER ONLY ONE PROVIDER.]  
**PROVNAME**

MP20. What kind of health practitioner is (PROVIDER)?  
**PROVSPEC**

BOX MP7	a.	SP HAS USED V.A. FACILITIES (HI36=1).....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING).....	2 <b>BOX MP8</b>
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 <b>BOX MP8</b>
		"V.A. FLAG" NOT SET FOR THIS PROVIDER .....	2 (MP21)

MP21. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?

**VAPLACE**

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

BOX MP8	a.	SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG=1 FOR ANY PLAN) .....	1 (b)
		SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) ....	2 (MP24)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER .....	1 (MP24)
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .....	2 (MP23)
		"HMO FLAG" NOT SET FOR THIS PROVIDER .....	3 (MP22)

MP22. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

**HMOASSOC**

YES .....	1 (MP24)
NO .....	2 (MP23)
REFUSED .....	-7 (MP23)
DON'T KNOW .....	-8 (MP23)

MP23. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

**HMOREFER**

YES .....	1 (MP24)
NO .....	2 (MP23a)
REFUSED .....	-7 (MP24)
DON'T KNOW .....	-8 (MP24)



MP23a. What is the most important reason (you/SP) did not see a health practitioner associated with [READ PLAN NAMES BELOW] or a health practitioner that [READ PLAN NAMES BELOW] would refer (you/SP) to?

- NOHMOMAI**
- HMO DOES NOT COVER THE SERVICE SP WANTED ..... 1
  - SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO .. 2
  - HMO NOT CONVENIENTLY LOCATED FOR THE SP ..... 3
  - HMO PROVIDERS NOT COMPETENT/QUALIFIED TO  
HANDLE SP'S CONDITION/NEEDS ..... 4
  - SP DIDN'T WANT TO GO THROUGH PRIMARY CARE  
PHYSICIAN TO GET REFERRAL ..... 5
  - SP WANTED TO GO TO A PROVIDER NOT AVAILABLE  
THROUGH THE HMO ..... 6
  - SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO  
THEIR ENROLLMENT IN THE HMO ..... 7
  - HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT  
WAS NECESSARY ..... 8
  - THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS .... 9
  - HMO ADMINISTRATIVE OBSTACLES FOR SP ..... 10
  - NOT IN HMO AT TIME OF EVENT ..... 11
  - SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN  
TO THE CLOSEST PROVIDER ..... 12
  - SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT  
CARE WAS NEEDED ..... 13
- NOHMOMOS**
- OTHER (SPECIFY) ..... 91
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

MP24. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].  
[ENTER ALL DATES.]

**EVBE GMM**

**EVBE GDD**

**EVBE GYY**

BOX MP9	<p>FOR EACH VISIT DATE REPORTED AT MP24: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, OR 28, THEN ASK MP10-MP16. OTHERWISE ASK MP7 - MP16 .</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP25.</p>
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MP25. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this practitioner or any other health practitioner?

- TEMP**
- YES ..... 1 (MP19)
  - NO ..... 2 (MP26)
  - REFUSED ..... -7 (MP26)
  - DON'T KNOW ..... -8 (MP26)

- MP26. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a mental health professional like any of the ones listed on this card? [Mental health professional includes psychiatrist, psychologist, and clinical social worker.]

SHOW CARD MP2	<b>MPPRMENT</b>	YES .....	1 (MP27)
		NO .....	2 (MP34)
		REFUSED .....	-7 (MP34)
		DON'T KNOW .....	-8 (MP34)

- MP27. Who did (you/SP) see?  
[ENTER ONLY ONE PROVIDER.]  
**PROVNAME**

- MP28. What kind of mental health professional is (PROVIDER)?  
**PROVSPEC**

BOX MP10	a.	SP HAS USED V.A. FACILITIES (HI36=1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .....	2 <b>BOX MP11</b>
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 <b>BOX MP11</b>
		"V.A. FLAG" NOT SET FOR THIS PROVIDER .....	2 (MP29)

- MP29. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?

<b>VAPLACE</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX MP11	a.	SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG=1 FOR ANY PLAN) .....	1 (b)
		SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG =2 OR MISSING FOR <u>ALL</u> PLANS) .....	2 (MP32)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER .....	1 (MP32)
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .....	2 (MP31)
		"HMO FLAG" NOT SET FOR THIS PROVIDER .....	3 (MP30)

- MP30. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

<b>HMOASSOC</b>	YES .....	1 (MP32)
	NO .....	2 (MP31)
	REFUSED .....	-7 (MP31)
	DON'T KNOW .....	-8 (MP31)

MP31. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

**HMOREFER** YES ..... 1 (MP32)  
 NO ..... 2 (MP31a)  
 REFUSED ..... -7 (MP32)  
 DON'T KNOW ..... -8 (MP32)

MP31a. What is the most important reason (you/SP) did not see a mental health professional associated with [READ PLAN NAMES BELOW] or a mental health professional that [READ PLAN NAMES BELOW] would refer (you/SP) to?

HMO DOES NOT COVER THE SERVICE SP WANTED ..... 1  
 SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO .. 2  
 HMO NOT CONVENIENTLY LOCATED FOR THE SP ..... 3  
 HMO PROVIDERS NOT COMPETENT/QUALIFIED TO  
 HANDLE SP'S CONDITION/NEEDS ..... 4  
 SP DIDN'T WANT TO GO THROUGH PRIMARY CARE  
 PHYSICIAN TO GET REFERRAL ..... 5  
 SP WANTED TO GO TO A PROVIDER NOT AVAILABLE  
**NOHMOMAI** THROUGH THE HMO ..... 6  
 SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO  
 THEIR ENROLLMENT IN THE HMO ..... 7  
 HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT  
 WAS NECESSARY ..... 8  
 THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS .... 9  
 HMO ADMINISTRATIVE OBSTACLES FOR SP ..... 10  
 NOT IN HMO AT TIME OF EVENT ..... 11  
 SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN  
 TO THE CLOSEST PROVIDER ..... 12  
 SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT  
 CARE WAS NEEDED ..... 13  
**NOHMOMOS** OTHER (SPECIFY) ..... 91  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

MP32. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].  
 [ENTER ALL DATES.]

**EVBE GMM**  
**EVBE GDD**  
**EVBE GYY**

BOX MP12	<p>FOR EACH VISIT DATE REPORTED AT MP32: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, OR 28, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16.</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP33.</p>
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MP33. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this professional or any other mental health professional?

<b>TEMP</b>	YES .....	1 (MP27)
	NO .....	2 (MP34)
	REFUSED .....	-7 (MP34)
	DON'T KNOW .....	-8 (MP34)

MP34. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] a therapist like any of the ones listed on this card? [Therapist includes physical therapist, speech therapist, intravenous (IV) therapist, occupational therapist, and respiratory therapist.]

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SHOW CARD MP3 </div>	<b>MPPRTH</b>	YES .....	1 (MP35)
		NO .....	2 (MP42)
		REFUSED .....	-7 (MP42)
		DON'T KNOW .....	-8 (MP42)

MP35. Who did (you/SP) see?  
[ENTER ONLY ONE PROVIDER.]  
**PROVNAME**

MP36. What kind of therapist is (PROVIDER)?  
**PROVSPEC**

BOX MP13		a. SP HAS USED V.A. FACILITIES (HI36=1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .....	2 <b>BOX MP14</b>
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 <b>BOX MP14</b>
	"V.A. FLAG" NOT SET FOR THIS PROVIDER .....	2 (MP37)	

MP37. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?

<b>VAPLACE</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX MP14	a.	SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG=1 FOR ANY PLAN) .....	1 (b)
		SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) .....	2 (MP40)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER .....	1 (MP40)
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .....	2 (MP39)
		"HMO FLAG" NOT SET FOR THIS PROVIDER .....	3 (MP38)

MP38. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

**HMOASSOC**

YES .....	1 (MP40)
NO .....	2 (MP39)
REFUSED .....	-7 (MP39)
DON'T KNOW .....	-8 (MP39)

MP39. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

**HMOREFER**

YES .....	1 (MP40)
NO .....	2 (MP39a)
REFUSED .....	-7 (MP40)
DON'T KNOW .....	-8 (MP40)

MP39a. What is the most important reason (you/SP) did not see a therapist associated with [READ PLAN NAMES BELOW] or a therapist that [READ PLAN NAMES BELOW] would refer (you/SP) to?

	HMO DOES NOT COVER THE SERVICE SP WANTED .....	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO ..	2
	HMO NOT CONVENIENTLY LOCATED FOR THE SP .....	3
	HMO PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE SP'S CONDITION/NEEDS .....	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL .....	5
	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE HMO .....	6
<b>NOHMOMAI</b>	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE HMO .....	7
	HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY .....	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS ....	9
	HMO ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN HMO AT TIME OF EVENT.....	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER .....	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED .....	13
<b>NOHMOMOS</b>	OTHER (SPECIFY) .....	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

- MP40. When did (you/SP) see (PROVIDER)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].  
[ENTER ALL DATES.]

**EVBE GMM**  
**EVBE GDD**  
**EVBE GYY**

BOX MP15	<p>FOR EACH VISIT DATE REPORTED AT MP40: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, OR 28, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16.</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP41.</p>
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- MP41. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this therapist or any other therapist?

<b>TEMP</b>	YES .....	1 (MP35)
	NO .....	2 (MP42)
	REFUSED .....	-7 (MP42)
	DON'T KNOW .....	-8 (MP42)

- MP42. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) seen/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) see] any other medical persons like the ones listed on this card? [Other medical persons include nurse, paramedic, and physician's assistant.]  
[INCLUDE ANY VISITS FOR TESTS/X-RAYS. DO NOT INCLUDE PARAMEDIC IF ONLY AMBULANCE SERVICES WERE PROVIDED.]

SHOW CARD MP4	<b>MPPRPERS</b>	YES .....	1 (MP43)
		NO .....	2 (MP50)
		REFUSED .....	-7 (MP50)
		DON'T KNOW .....	-8 (MP50)

- MP43. Who did (you/SP) see?  
[ENTER ONLY ONE PROVIDER.]  
**PROVNAME**

- MP44. What kind of medical person is (PROVIDER)?  
**PROVSPEC**  
**PROVSPOS**

BOX MP16	a.	SP HAS USED V.A. FACILITIES (HI36=1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .....	2 <b>BOX MP17</b>
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 <b>BOX MP17</b>
		"V.A. FLAG" NOT SET FOR THIS PROVIDER .....	2 (MP45)

MP45. Is (PROVIDER) associated with a Department of Veterans Affairs, or V.A., facility?

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

BOX MP17	a.	SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO ..... FLAG=1 FOR ANY PLAN .....	1 (b)
		SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) .....	2 (MP48)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER .....	1 (MP48)
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .....	2 (MP47)
		"HMO FLAG" NOT SET FOR THIS PROVIDER .....	3 (MP46)

MP46. Is (PROVIDER) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

**HMOASSOC** YES ..... 1 (MP48)  
 NO ..... 2 (MP47)  
 REFUSED ..... -7 (MP47)  
 DON'T KNOW ..... -8 (MP47)

MP47. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

**HMOREFER** YES ..... 1 (MP48)  
 NO ..... 2 (MP47a)  
 REFUSED ..... -7 (MP48)  
 DON'T KNOW ..... -8 (MP48)

MP47a. What is the most important reason (you/SP) did not see a medical person associated with [READ PLAN NAMES BELOW] or a medical person that [READ PLAN NAMES BELOW] would refer (you/SP) to?

- NOHMOMAI**
- HMO DOES NOT COVER THE SERVICE SP WANTED ..... 1
  - SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO .. 2
  - HMO NOT CONVENIENTLY LOCATED FOR THE SP ..... 3
  - HMO PROVIDERS NOT COMPETENT/QUALIFIED TO  
HANDLE SP'S CONDITION/NEEDS ..... 4
  - SP DIDN'T WANT TO GO THROUGH PRIMARY CARE  
PHYSICIAN TO GET REFERRAL ..... 5
  - SP WANTED TO GO TO A PROVIDER NOT AVAILABLE  
THROUGH THE HMO ..... 6
  - SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO  
THEIR ENROLLMENT IN THE HMO ..... 7
  - HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT  
WAS NECESSARY ..... 8
  - THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS .... 9
  - HMO ADMINISTRATIVE OBSTACLES FOR SP ..... 10
  - NOT IN HMO AT TIME OF EVENT ..... 11
  - SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN  
TO THE CLOSEST PROVIDER ..... 12
  - SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT  
CARE WAS NEEDED ..... 13
- NOHMOMOS**
- OTHER (SPECIFY) ..... 91
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

MP48. When did (you/SP) see (PROVIDER)? Please tell me all the dates since (REF. DATE)?  
[ENTER ALL DATES.]

**EVBE GMM**

**EVBE GDD**

**EVBE GYY**

BOX MP18	<p>FOR EACH VISIT DATE REPORTED AT MP48: IF PROVIDER'S SPECIALTY = 3, 4, 5, 6, 7, 8, 9, 10, 11, 13, 14, 15, 19, 22, 23, 24, 25, 26, 27, OR 28, THEN ASK MP10-MP16. OTHERWISE, ASK MP7 - MP16.</p> <p>FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER.</p> <p>IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT.</p> <p>OTHERWISE, GO TO MP49.</p>
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MP49. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this person or any other medical person?

- TEMP**
- YES ..... 1 (MP43)
  - NO ..... 2 (MP50)
  - REFUSED ..... -7 (MP50)
  - DON'T KNOW ..... -8 (MP50)



- MP50. (Besides what you have already mentioned,) [Since (REF. DATE) (have you/has SP) visited/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) visit] any other types of medical places like the ones listed on this card? [Other types of medical places include health clinic, neighborhood health center, rural health clinic, infirmary, mental health clinic, urgent care center, or any other place.]

SHOW CARD MP5	<b>MPPRPLAC</b>	YES .....	1 (MP51)
		NO .....	2 <b>BOX OM1A</b>
		REFUSED .....	-7 <b>BOX OM1A</b>
		DON'T KNOW .....	-8 <b>BOX OM1A</b>

- MP51. What is the name of the other medical place that (you/SP) visited during this time?  
[ENTER ONLY ONE PROVIDER.]

**PROVNAME**

BOX MP19	a.	SP HAS USED V.A. FACILITIES (HI36=1) .....	1 (b)
		SP HAS NOT USED V.A. (HI36=2 OR MISSING) .....	2 <b>BOX MP20</b>
	b.	"V.A. FLAG" SET FOR THIS PROVIDER .....	1 <b>BOX MP20</b>
		"V.A. FLAG" NOT SET FOR THIS PROVIDER .....	2 (MP52)

- MP52. Is (PLACE) associated with a Department of Veterans Affairs, or V.A., facility?

<b>VAPLACE</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

BOX MP20	a.	SP BELONGS TO AN HMO (HI25 OR MEDICARE HMO FLAG=1 FOR ANY PLAN) .....	1 (b)
		SP DOES NOT BELONG TO AN HMO (HI25 OR MEDICARE HMO FLAG=2 OR MISSING FOR <u>ALL</u> PLANS) .....	2 (MP55)
	b.	"HMO FLAG" CODED YES FOR THIS PROVIDER .....	1 (MP55)
		"HMO FLAG" CODED NO OR MISSING FOR THIS PROVIDER .....	2 (MP54)
		"HMO FLAG" NOT SET FOR THIS PROVIDER .....	3 (MP53)

- MP53. Is (PLACE) associated with (your/SP's) [READ HMO PLAN NAME(S) BELOW] HMO plan?

<b>HMOASSOC</b>	YES .....	1 (MP55)
	NO .....	2 (MP54)
	REFUSED .....	-7 (MP54)
	DON'T KNOW .....	-8 (MP54)

MP54. (Were you/Was SP) referred to (PROVIDER) by [READ HMO PLAN NAME(S) BELOW]?

<b>HMOREFER</b>	YES .....	1 (MP55)
	NO .....	2 (MP54a)
	REFUSED .....	-7 (MP55)
	DON'T KNOW .....	-8 (MP55)

MP54a. What is the most important reason (you/SP) did not go to a medical place associated with [READ PLAN NAMES BELOW] or a medical place that [READ PLAN NAMES BELOW] would refer (you/SP) to?

	HMO DOES NOT COVER THE SERVICE SP WANTED .....	1
	SP COULD NOT GET SERVICES QUICKLY ENOUGH AT THE HMO ..	2
	HMO NOT CONVENIENTLY LOCATED FOR THE SP .....	3
	HMO PROVIDERS NOT COMPETENT/QUALIFIED TO HANDLE SP'S CONDITION/NEEDS .....	4
	SP DIDN'T WANT TO GO THROUGH PRIMARY CARE PHYSICIAN TO GET REFERRAL .....	5
<b>NOHMOMAI</b>	SP WANTED TO GO TO A PROVIDER NOT AVAILABLE THROUGH THE HMO .....	6
	SP WANTED TO USE A PROVIDER THEY HAD PRIOR TO THEIR ENROLLMENT IN THE HMO .....	7
	HMO REFUSED TO PROVIDE THE CARE THE SP THOUGHT WAS NECESSARY .....	8
	THIS SERVICE WAS COVERED BY OTHER INSURANCE SP HAS ....	9
	HMO ADMINISTRATIVE OBSTACLES FOR SP .....	10
	NOT IN HMO AT TIME OF EVENT.....	11
	SP HAD A MEDICAL EMERGENCY AND WENT OR WAS TAKEN TO THE CLOSEST PROVIDER .....	12
	SP WAS OUTSIDE OF THE SERVICE AREA WHEN URGENT CARE WAS NEEDED .....	13
<b>NOHMOMOS</b>	OTHER (SPECIFY) _____	91
	REFUSED .....	-7
	DON'T KNOW .....	-8

MP55. When did (you/SP) visit (PLACE)? Please tell me all the dates [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)].  
[ENTER ALL DATES.]

**EVBE GMM**

**EVBE GDD**

**EVBE GYY**

BOX MP21	<p>ASK MP7 - MP16 FOR EACH VISIT DATE REPORTED AT MP55. FLAG DATE(S) OF IDENTICAL VISITS IN VISIT ROSTER. IF ANY REMAINING DATES, GO TO MP7/MP10 FOR NEXT UNFLAGGED VISIT. OTHERWISE, GO TO MP56.</p>
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MP56. [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (you/SP) have any other visits to this place or any other type of medical place?

**TEMP**

YES .....	1 (MP51)
NO .....	2 <b>BOX OM1A</b>
REFUSED .....	-7 <b>BOX OM1A</b>
DON'T KNOW .....	-8 <b>BOX OM1A</b>

MP1. MEDICAL PROVIDER UTILIZATION AND EVENTS

MEDICAL PROVIDER SPECIALTY CODE LIST

1. DENTIST/DENTAL PROVIDER
2. MEDICAL DOCTOR
3. AUDIOLOGIST
4. CHIROPRACTOR
5. CLINICAL SOCIAL WORKER
6. DIETITIAN-NUTRITIONIST
7. HEARING THERAPIST
8. HOME HEALTH/HEALTH AIDE
9. HOMEMAKER
10. HOSPICE WORKER
11. I.V. THERAPIST
12. NURSE (RN)
13. NURSE PRACTITIONER
14. NURSE'S AIDE
15. OCCUPATIONAL THERAPIST (OT)
16. OPTOMETRIST (OD)
17. OSTEOPATH (DO)
18. PARAMEDIC
19. PHYSICAL THERAPIST (PT)
20. PHYSICIAN'S ASSISTANT
21. PODIATRIST (FOOT DOCTOR)
22. PSYCHOLOGIST
23. RESPIRATORY THERAPIST
24. SOCIAL/CASE WORKER
25. SPEECH THERAPIST
26. THERAPIST (MENTAL HEALTH)
27. X-RAY TECHNICIAN
28. LICENSED PRACTICAL NURSE (LPN)
- 91 OTHER MEDICAL PROVIDER SPECIALTY (NON-MD) (SPECIFY)