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Medicare Current Beneficiary Survey

Section Specifications for USQ R58 2010

USUAL SOURCE OF CARE

Created on 10/1/2010 4:26:31 PM

US1

Yes/No

QUESTION TEXT

Is there a particular medical person or a clinic [you/(SP)] usually (go/goes) to when (you are/he is/she is) sick or for advice about (your/his/her) health?

FIELD 1: PLACEPAR**FIELD 1 ROUTING**

Value	Label	Route
1	YES	US2 - PLACEKND
2	NO	US39 - NUSNOTSK
	Don't Know	BOX US4
	Refused	BOX US4

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PLACEPAR	1

US2

Code 1

QUESTION TEXT

What kind of place [do you/does (SP)] usually go to when (you are/he is/she is) sick or for advice about (your/his/her) health -- is that a managed care plan or HMO center, a clinic, a doctor'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?

FIELD 1: PLACEKND**FIELD 1 ROUTING**

Value	Label	Route
1	DOCTOR'S OFFICE OR GROUP PRACTICE	BOX USB
2	MEDICAL CLINIC	BOX USB
3	MANAGED CARE PLAN CENTER/HMO	US3A - CLNAME
4	NEIGHBORHOOD/FAMILY HEALTH CENTER	US3A - CLNAME
5	FREESTANDING SURGICAL CENTER	US3A - CLNAME
6	RURAL HEALTH CLINIC	US3A - CLNAME
7	COMPANY CLINIC	US3A - CLNAME
8	OTHER CLINIC	US3A - CLNAME
9	WALK-IN URGENT CENTER	US3A - CLNAME
10	DOCTOR COMES TO SP'S HOME	US5A - MDNAME
11	HOSPITAL EMERGENCY ROOM	US3A - CLNAME
12	HOSPITAL OUTPATIENT DEPARTMENT/CLINIC	US3A - CLNAME
13	VA FACILITY	US3A - CLNAME

Value	Label	Route
14	MentalHealthCtr	US3A - CLNAME
91	OTHER	US2 - PLACEOS
	Don't Know	US3A - CLNAME
	Refused	US3A - CLNAME

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PLACEKND	1

FIELD 2: PLACEOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US3A - CLNAME

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PLACEOS	1

BOX USB

BOX INSTRUCTIONS

IF SP WAS COVERED BY A MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO US2A - PLACEMCP.

ELSE IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME.

ELSE GO TO US3A - CLNAME.

US2A

Yes/No

QUESTION TEXT

Is this (doctor/medical clinic) associated with (your/his/her) [READ MANAGED CARE PLAN NAME(S) BELOW] plan?

FIELD 1: PLACEMCP**FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX USC
2	NO	BOX USC
	Don't Know	BOX USC
	Refused	BOX USC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PLACEMCP	1

OTHER PROGRAMMING INSTRUCTIONS**REPORT DISPLAY**

Display all managed care plans SP was covered by anytime during the current round.
 Display managed care plan name(s) below question text.
 Display plans in the following order: Medicare Managed Care plans, Medicaid Managed Care plans, and Private Managed Care plans. If there is more than one plan for any specific plan type, display in order of entry.

Column 1, header = "MANAGED CARE PLANS".

Column 1, display= If Medicaid Managed Care Plan, display "Medicaid Managed Care Plan".
 Else display health insurance plan name "(PLAN NAME) Managed Care Plan".

BOX USC

BOX INSTRUCTIONS

IF US2 - PLACEKND = 1/DoctorsOffice, GO TO US5A - MDNAME.

ELSE GO TO US3A - CLNAME.

US3A

Text

QUESTION TEXT

What is the complete name of the [place/managed care plan or HMO center/(US2 RESPONSE)] that [you/(SP)] (go to/goes to)?

FIELD 1: CLNAME**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US4 - USUALDOC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.CLNAME	1

US4

Yes/No

QUESTION TEXT

Is there a particular doctor [you/(SP)] (usually see/usually sees) at this [place/managed care plan or HMO center/(US2 RESPONSE)] ?

FIELD 1: USUALDOC**FIELD 1 ROUTING**

Value	Label	Route
1	YES	US5A - MDNAME
2	NO	BOX US1
	Don't Know	US7 - USHOUSCL
	Refused	US7 - USHOUSCL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USUALDOC	1

US5A

Text

QUESTION TEXT

What is the complete name of that doctor?

FIELD 1: MDNAME**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US6A - MDSPEC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDNAME	1

US6A

Code 1

QUESTION TEXT

What is (US5A PROVIDER NAME'S) specialty?

FIELD 1: MDSPEC**FIELD 1 ROUTING**

Value	Label	Route
1	ALLERGY/IMMUNOLOGY	BOX US1
2	ANESTHESIOLOGY	BOX US1
3	CARDIOLOGY (HEART)	BOX US1
5	DERMATOLOGY (SKIN)	BOX US1
6	EMERGENCY ROOM PHYSICIAN	DO NOT DISPLAY.
7	ENDOCRINOLOGY/ METABOLISM (DIABETES, THYROID)	BOX US1
8	FAMILY PRACTICE	BOX US1
9	GASTROENTEROLOGY	BOX US1
10	GENERAL PRACTICE	BOX US1
11	GENERAL SURGERY	BOX US1
12	GERIATRICS (ELDERLY)	BOX US1
13	GYNECOLOGY - OBSTETRICS	BOX US1
14	HEMATOLOGY (BLOOD)	BOX US1
15	HOSPITAL RESIDENCE	BOX US1
16	INTERNAL MEDICINE (INTERNIST)	BOX US1
17	NEPHROLOGY (KIDNEYS)	BOX US1
18	NEUROLOGY	BOX US1
19	NUCLEAR MEDICINE	BOX US1

Value	Label	Route
20	ONCOLOGY (TUMORS, CANCER)	BOX US1
21	OPHTHALMOLOGY (EYES)	BOX US1
22	ORTHOPEDICS	BOX US1
24	OSTEOPATHY (DO)	BOX US1
25	OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)	BOX US1
26	PATHOLOGY	BOX US1
27	PHYS MED/REHAB	BOX US1
28	PLASTIC SURGERY	BOX US1
29	PROCTOLOGY	BOX US1
30	PSYCHIATRY/PSYCHIATRIST	BOX US1
31	PULMONARY (LUNGS)	BOX US1
32	RADIOLOGY	BOX US1
33	RHEUMATOLOGY (ARTHRITIS)	BOX US1
34	THORACIC SURGERY (CHEST)	BOX US1
35	UROLOGY	BOX US1
91	OTHER DR SPECIALTY	US6A - MDSPECOS
	Don't Know	BOX US1
	Refused	BOX US1

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDSPEC	1

FIELD 2: MDSPECOS

OTHER DR SPECIALTY (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX US1

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MDSPECOS	1

BOX US1

BOX INSTRUCTIONS

IF US2 - PLACEKND = 10/AtHome, GO TO US15 - USHOWLNG.

ELSE GO TO US7 - USHOUSCL.

US7

Yes/No

QUESTION TEXT

Does [(US5A PROVIDER NAME)/a doctor from (US3A PROVIDER NAME)] make house calls?

FIELD 1: USHOUSCL**FIELD 1 ROUTING**

Value	Label	Route
1	YES	US8 - GETUSHOW
2	NO	US8 - GETUSHOW
	Don't Know	US8 - GETUSHOW
	Refused	US8 - GETUSHOW

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USHOUSCL	1

US8

Code 1

QUESTION TEXT

How [do you/does (SP)] usually get to [(US5A PROVIDER NAME)'S office/(US3A PROVIDER NAME)]?

[EXPLAIN IF NECESSARY: [Do you/Does (SP)] get there by walking, driving, being driven by someone else, by ambulance or other special vehicle for disabled people, by taxi, other public transportation, or some other way?]

FIELD 1: GETUSHOW**FIELD 1 ROUTING**

Value	Label	Route
1	WALKING	US9 - GETUSUNT
2	DRIVING	US9 - GETUSUNT
3	BEING DRIVEN	US9 - GETUSUNT
4	AMBULANCE OR OTHER SPECIAL VEHICLE	US9 - GETUSUNT
5	TAXI	US9 - GETUSUNT
6	OTHER PUBLIC TRANSPORTATION	US9 - GETUSUNT
7	DR. USUALLY COMES TO HOME	US15 - USHOWLNG
8	SeniorCitizenVan	DO NOT DISPLAY.
91	SOME OTHER WAY	US8 - GETUSOS
	Don't Know	US15 - USHOWLNG
	Refused	US15 - USHOWLNG

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.GETUSHOW	1

FIELD 2: GETUSOS

SOME OTHER WAY (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US9 - GETUSUNT

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.GETUSOS	1

US9

Quantity Unit Hybrid

QUESTION TEXT

About how long does it usually take for [you/(SP)] to get there?

FIELD 1: GETUSUNT

FIELD 1 ROUTING

Value	Label	Route
1	HOURS ONLY	US9 - GETUSHRS
2	MINUTES ONLY	US9 - GETUSMIN
3	HOURS AND MINUTES	US9 - GETUSHRS
	Don't Know	US10 - ACCOMPUS
	Refused	US10 - ACCOMPUS

FIELD 2: GETUSHRS

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	If US9 GETUSUNT=3/HoursAndMinutes go to US9 - GETUSMIN. Else go to US10 - ACCOMPUS.

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.GETUSHRS	1

FIELD 3: GETUSMIN**FIELD 3 ROUTING**

Value	Label	Route
1	[Continuous answer.]	US10 - ACCOMPUS

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.GETUSMIN	1

US10

Yes/No

QUESTION TEXT

[Do you/Does (SP)] usually have someone accompany (you/him/her) there?

FIELD 1: ACCOMPUS**FIELD 1 ROUTING**

Value	Label	Route
1	YES	US11 - PERSON_USUALGO
2	NO	US15 - USHOWLNG
	Don't Know	US15 - USHOWLNG
	Refused	US15 - USHOWLNG

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.ACCOMPUS	1

US11

Roster

QUESTION TEXT

Who usually goes with [you/(SP)]?

SELECT OR ADD ONLY ONE PERSON.

FIELD 1: PERSON_USUALGO

FIELD 1 ROUTING

Value	Label	Route
1	[Continuous answer.]	US11A1 - PERSWITH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

OTHER PROGRAMMING INSTRUCTIONS

ROSTER/GRID INSTRUCTIONS

Display all persons from Person Roster, except for SP. Do not display SP, ROST.ROSTNUM='01'. If proxy interview, display proxy on the first line. Display remaining persons in order of entry.

ROSTER/GRID DISPLAY

Column #	Header	Instructions
1	First Name	Display ROST.ROSTFNAM.
2	Last Name	Display ROST.ROSTLNAM.

Column #	Header	Instructions
3	Relationship to SP	Display relationship: If ROST.ROSTREL=91/OtherRelative or 92/OtherNon-Relative, display ROST.ROSTREOS. Else display ROST.ROSTREL relationship.

BACKGROUND VARIABLE ASSIGNMENTS

Set fields on HLPR:

HLPR Key = HLPR.HLPRBASE + HLPR.HLPRROST + HLPR.HLPRRND + HLPR.HLPRRESP

HLPR.HLPRROST = ROST.ROSTNUM of person selected.

HLPR.HLPRRND = current round.

HLPR.HLPRRESP = 01.

If Person added, see PERSON ROSTER POP-UP specifications for pop-up window programming instructions.

Variables populated in Person Roster:

ROST.ROSTNUM

ROST.ROSTRNDC

ROST.ROSTFNAM

ROST.ROSTLNAM

ROST.ROSTREL

ROST.ROSTREOS

Set reason for person added to roster. See instructions below.

If HLPR record does not exist where HLPR.HLPRRND = current round and HLPR.HLPRROST = ROST.ROSTNUM of person selected, create a current round HLPR.

The very first time a HLPR record is created for a person in the current round, the HLPR flags are set to a default value = 2/NotIndicated. See instructions below.

Always update this person's relationship on HLPR with this person's most current ROST.ROSTREL and ROST.ROSTREOS. See instructions below.

Set flag that this person was selected as this type of helper. See instructions below.

Variable Name	Assignment Instructions
ROSTREAS	If new person added to person roster, set ROST.ROSTREAS=9/AccompanierToSp.
HLP RTELE	If creating new HLPR, set HLPR.HLP RTELE=2/NotIndicated.
HLP RLHWK	If creating new HLPR, set HLPR.HLP RLHWK=2/NotIndicated.
HLP RHHWK	If creating new HLPR, set HLPR.HLP RHHWK=2/NotIndicated.
HLP RMEAL	If creating new HLPR, set HLPR.HLP RMEAL=2/NotIndicated.
HLP RSHOP	If creating new HLPR, set HLPR.HLP RSHOP=2/NotIndicated.
HLP RBILS	If creating new HLPR, set HLPR.HLP RBILS=2/NotIndicated.
HLP RBATH	If creating new HLPR, set HLPR.HLP RBATH=2/NotIndicated.
HLP RDRES	If creating new HLPR, set HLPR.HLP RDRES=2/NotIndicated.
HLP REAT	If creating new HLPR, set HLPR.HLP REAT=2/NotIndicated.
HLP RCHAR	If creating new HLPR, set HLPR.HLP RCHAR=2/NotIndicated.
HLP RWALK	If creating new HLPR, set HLPR.HLP RWALK=2/NotIndicated.
HLP RTOIL	If creating new HLPR, set HLPR.HLP RTOIL=2/NotIndicated.
HLP PREL	HLPR.HLP PREL=ROST.ROSTREL.
HLP PREOS	HLPR.HLP PREOS=ROST.ROSTREOS.
HLP RUSGO	HLPR.HLP RUSGO=1/Yes.

Variable Name	Assignment Instructions
USHLPRGO	ACCS.USHLPRGO=ROST.ROSTNUM of person selected at US11.

US11A1

Code 1

QUESTION TEXT

How often (are you/is that person) with [you/(SP)] while [you/(SP)] (see/sees) the doctor or other medical person? Would you say always, sometimes, or never?

FIELD 1: PERSWITH**FIELD 1 ROUTING**

Value	Label	Route
1	ALWAYS	US11AA - ACCREAS
2	SOMETIMES	US11AA - ACCREAS
3	NEVER	US11AA - ACCREAS
	Don't Know	US11AA - ACCREAS
	Refused	US11AA - ACCREAS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PERSWITH	1

US11AA

Code All

QUESTION TEXT

What are the reasons [you accompany (SP)/this person accompanies you/this person accompanies (SP)] there? What (do you/does this person) do?

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: ACCREAS**FIELD 1 ROUTING**

Value	Label	Route
1	WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/TAKES NOTES/REMEMBERS	US15 - USHOWLNG
2	GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR	US15 - USHOWLNG
3	EXPLAINS DOCTOR'S INSTRUCTIONS TO SP	US15 - USHOWLNG
4	ASKS QUESTIONS	US15 - USHOWLNG
5	TRANSLATES LANGUAGE	US15 - USHOWLNG
6	SCHEDULES APPOINTMENTS	US15 - USHOWLNG
7	NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT	US15 - USHOWLNG
8	TRANSPORTATION	US15 - USHOWLNG
9	SP NEEDS PHYSICAL ASSISTANCE	US15 - USHOWLNG
91	OTHER	US11AA - ACCOTHOS
	Don't Know	US15 - USHOWLNG

Value	Label	Route
	Refused	US15 - USHOWLNG

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE	9
REPLACES THE FOLLOWING CHESHIRE VARIABLES:	
1/TakesNotes=ACCS.ACCWRITE	
2/GivesInfo=ACCS.ACCEXPDR	
3/ExplainsInstructions=ACCS.ACCEXPSP	
4/AsksQuestions=ACCS.ACCASKQS	
5/TranslatesLanguage=ACCS.ACCTRANS	
6/SchedulesAppointments=ACCS.ACCAPPTS	
7/Nothing=ACCS.ACCMORAL	
8/Transportation=ACCS.ACCTRIVE	
9/NeedsPhysicalAssist=ACCS.ACCHHELP	
91/Other=ACCS.ACCOTHER	

FIELD 2: ACCOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US15 - USHOWLNG

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.ACCOTHOS	1

US15

Code 1

QUESTION TEXT

SHOW CARD US1

How long [have you/has (SP)] been [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)]?

FIELD 1: USHOWLNG**FIELD 1 ROUTING**

Value	Label	Route
1	LESS THAN 1 YEAR	US17 - PREVMEDC
2	1 YEAR TO LESS THAN 3 YEARS	BOX US2A
3	3 YEARS TO LESS THAN 5 YEARS	BOX US2A
4	5 YEARS TO LESS THAN 10 YEARS	BOX US2A
5	10 YEARS OR MORE	BOX US2A
	Don't Know	BOX US2A
	Refused	BOX US2A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USHOWLNG	1

US17

Yes/No

QUESTION TEXT

Before [you/(SP)] started [seeing (US5A PROVIDER NAME)/going to (US3A PROVIDER NAME)], had [you/(SP)] usually been going to some other place or seeing some other doctor for medical care?

FIELD 1: PREVMEDC**FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX US2A
2	NO	BOX US2A
	Don't Know	BOX US2A
	Refused	BOX US2A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PREVMEDC	1

BOX US2A

BOX INSTRUCTIONS

IF SP IS IN THE SUPPLEMENTAL SAMPLE, GO TO US27 - USCKEYRY.

ELSE GO TO BOX US4.

US27

List

QUESTION TEXT

SHOW CARD US2

Now I am going to read some statements people have made about their health care. Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.

FIELD 1: USCKEVRY

[[Your/(SP's)] doctor is/The doctors at (US3A PROVIDER NAME) are] very careful to check everything when examining (you/him/her).

FIELD 1 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US27 - USCOMPET
2	AGREE	US27 - USCOMPET
3	DISAGREE	US27 - USCOMPET
4	STRONGLY DISAGREE	US27 - USCOMPET
5	NOT APPLICABLE	US27 - USCOMPET
	Don't Know	US27 - USCOMPET
	Refused	US27 - USCOMPET

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USCKEVRY	1

FIELD 2: USCOMPET

[[Your/(SP's)] doctor is/The doctors at (US3A PROVIDER NAME) are] competent and well-trained.

FIELD 2 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US27 - USUNHIST
2	AGREE	US27 - USUNHIST
3	DISAGREE	US27 - USUNHIST
4	STRONGLY DISAGREE	US27 - USUNHIST
5	NOT APPLICABLE	US27 - USUNHIST
	Don't Know	US27 - USUNHIST
	Refused	US27 - USUNHIST

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USCOMPET	1

FIELD 3: USUNHIST

[[Your/(SP's)] doctor has/The doctors at (US3A PROVIDER NAME) have] a good understanding of (your/his/her) medical history.

FIELD 3 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US27 - USUNWRNG
2	AGREE	US27 - USUNWRNG
3	DISAGREE	US27 - USUNWRNG
4	STRONGLY DISAGREE	US27 - USUNWRNG
5	NOT APPLICABLE	US27 - USUNWRNG
	Don't Know	US27 - USUNWRNG
	Refused	US27 - USUNWRNG

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USUNHIST	1

FIELD 4: USUNWRNG

[[Your/(SP's)] doctor has/The doctors at (US3A PROVIDER NAME) have] a complete understanding of the things that are wrong with (you/him/her).

FIELD 4 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US27 - USHURRY
2	AGREE	US27 - USHURRY
3	DISAGREE	US27 - USHURRY
4	STRONGLY DISAGREE	US27 - USHURRY
5	NOT APPLICABLE	US27 - USHURRY
	Don't Know	US27 - USHURRY
	Refused	US27 - USHURRY

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USUNWRNG	1

FIELD 5: USHURRY

[[Your/(SP's)] doctor/The doctors at (US3A PROVIDER NAME)] often (seem/seems) to be in a hurry.

FIELD 5 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US32 - USEXPPRB
2	AGREE	US32 - USEXPPRB
3	DISAGREE	US32 - USEXPPRB
4	STRONGLY DISAGREE	US32 - USEXPPRB
5	NOT APPLICABLE	US32 - USEXPPRB
	Don't Know	US32 - USEXPPRB
	Refused	US32 - USEXPPRB

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USHURRY	1

US32

List

QUESTION TEXT

SHOW CARD US2

[Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME).]

FIELD 1: USEXPPRB

[[Your/(SP's)] doctor/The doctors at (US3A PROVIDER NAME)] often (does/do) not explain (your/his/her) medical problems to (you/him/her).

FIELD 1 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US32 - USDISCUS
2	AGREE	US32 - USDISCUS
3	DISAGREE	US32 - USDISCUS
4	STRONGLY DISAGREE	US32 - USDISCUS
5	NOT APPLICABLE	US32 - USDISCUS
	Don't Know	US32 - USDISCUS
	Refused	US32 - USDISCUS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USEXPPRB	1

FIELD 2: USDISCUS

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

FIELD 2 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US32 - USFAVOR
2	AGREE	US32 - USFAVOR
3	DISAGREE	US32 - USFAVOR
4	STRONGLY DISAGREE	US32 - USFAVOR
5	NOT APPLICABLE	US32 - USFAVOR
	Don't Know	US32 - USFAVOR
	Refused	US32 - USFAVOR

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USDISCUS	1

FIELD 3: USFAVOR

[[Your/(SP's)] doctor often acts/The doctors at (US3A PROVIDER NAME) often act] as though [(he/she) was/they were] doing [you/(SP)] a favor by talking to (you/him/her).

FIELD 3 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US32 - USTELALL
2	AGREE	US32 - USTELALL
3	DISAGREE	US32 - USTELALL
4	STRONGLY DISAGREE	US32 - USTELALL
5	NOT APPLICABLE	US32 - USTELALL
	Don't Know	US32 - USTELALL
	Refused	US32 - USTELALL

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USFAVOR	1

FIELD 4: USTELALL

[[Your/(SP's)] doctor tells/The doctors at (US3A PROVIDER NAME) tell] (you/him/her) all (you want/he wants/she wants) to know about (your/his/her) condition and treatment.

FIELD 4 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US32 - USANSQUX
2	AGREE	US32 - USANSQUX
3	DISAGREE	US32 - USANSQUX
4	STRONGLY DISAGREE	US32 - USANSQUX
5	NOT APPLICABLE	US32 - USANSQUX
	Don't Know	US32 - USANSQUX
	Refused	US32 - USANSQUX

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USTELALL	1

FIELD 5: USANSQUX

[[Your/(SP's)] doctor answers/The doctors at (US3A PROVIDER NAME) answer] all (your/his/her) questions.

FIELD 5 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US37 - USCONFID
2	AGREE	US37 - USCONFID
3	DISAGREE	US37 - USCONFID
4	STRONGLY DISAGREE	US37 - USCONFID
5	NOT APPLICABLE	US37 - USCONFID
	Don't Know	US37 - USCONFID
	Refused	US37 - USCONFID

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USANSQUX	1

US37

List

QUESTION TEXT

SHOW CARD US2

[Think about the care [you/(SP)] (receive/receives) from (US5A PROVIDER NAME/US3A PROVIDER NAME).]

FIELD 1: USCONFID

[You have/(SP) has] great confidence in [(your/his/her) doctor/the doctors at (US3A PROVIDER NAME)].

FIELD 1 ROUTING

Value	Label	Route
1	STRONGLY AGREE	US37 - USDEPEND
2	AGREE	US37 - USDEPEND
3	DISAGREE	US37 - USDEPEND
4	STRONGLY DISAGREE	US37 - USDEPEND
5	NOT APPLICABLE	US37 - USDEPEND
	Don't Know	US37 - USDEPEND
	Refused	US37 - USDEPEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USCONFID	1

FIELD 2: USDEPEND

[You/(SP)] (depend/depends) on [(your/his/her) doctor/the doctors at (US3A PROVIDER NAME)] in order to feel better both physically and emotionally.

FIELD 2 ROUTING

Value	Label	Route
1	STRONGLY AGREE	BOX US4
2	AGREE	BOX US4
3	DISAGREE	BOX US4
4	STRONGLY DISAGREE	BOX US4
5	NOT APPLICABLE	BOX US4
	Don't Know	BOX US4
	Refused	BOX US4

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USDEPEND	1

US39

List

QUESTION TEXT

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.

FIELD 1: NUSNOTSK

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?]

FIELD 1 ROUTING

Value	Label	Route
1	YES	US39 - NUSMOVIN
2	NO	US39 - NUSMOVIN
	Don't Know	US39 - NUSMOVIN
	Refused	US39 - NUSMOVIN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NUSNOTSK	1

FIELD 2: NUSMOVIN

[You/(SP)] recently moved into the area. [Is that a reason [you do/(SP) does] not have a usual source of health care?]

FIELD 2 ROUTING

Value	Label	Route
1	YES	US39 - NUSAVAIL
2	NO	US39 - NUSAVAIL

Value	Label	Route
	Don't Know	US39 - NUSAVAIL
	Refused	US39 - NUSAVAIL

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NUSMOVIN	1

FIELD 3: NUSAVAIL

[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?]

FIELD 3 ROUTING

Value	Label	Route
1	YES	US42 - USWHYNAV
2	NO	US43 - NUSDIFFP
	Don't Know	US43 - NUSDIFFP
	Refused	US43 - NUSDIFFP

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NUSAVAIL	1

US42

Code 1

QUESTION TEXT

Why is [your/(SP's)] usual source of health care no longer available?

FIELD 1: USWHYNAV**FIELD 1 ROUTING**

Value	Label	Route
1	PREVIOUS DOCTOR RETIRED	US43 - NUSDIFFP
2	PREVIOUS DOCTOR DIED	US43 - NUSDIFFP
3	PREVIOUS DOCTOR MOVED	US43 - NUSDIFFP
4	SP MOVED	US43 - NUSDIFFP
5	PREVIOUS DR/PLACE TOO FAR AWAY	US43 - NUSDIFFP
91	OTHER	US42 - USWHYNO1
	Don't Know	US43 - NUSDIFFP
	Refused	US43 - NUSDIFFP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USWHYNAV	1

FIELD 2: USWHYNO1

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	US43 - NUSDIFFP

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.USWHYNO1 REPLACES CHESHIRE VARIABLES: ACCS.USWHYNO1 ACCS.USWHYNO2 ACCS.USWHYNO3	1

US43

List

QUESTION TEXT

Thinking about other possible reasons that people have for not having a usual source of health, please tell me if this statement applies to [you/(SP)]:

FIELD 1: NUSDIFFP

[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?]

FIELD 1 ROUTING

Value	Label	Route
1	YES	US43 - NUSTOOFR
2	NO	US43 - NUSTOOFR
	Don't Know	US43 - NUSTOOFR
	Refused	US43 - NUSTOOFR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NUSDIFFP	1

FIELD 2: NUSTOOFR

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?]

FIELD 2 ROUTING

Value	Label	Route
1	YES	US43 - NUSTOOEX
2	NO	US43 - NUSTOOEX
	Don't Know	US43 - NUSTOOEX

Value	Label	Route
	Refused	US43 - NUSTOOEX

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NUSTOOFR	1

FIELD 3: NUSTOOEX

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

FIELD 3 ROUTING

Value	Label	Route
1	YES	BOX US4
2	NO	BOX US4
	Don't Know	BOX US4
	Refused	BOX US4

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NUSTOOEX	1

BOX US4

BOX INSTRUCTIONS

GO TO NEXT SECTION.