

AAMC Consumer Survey of Health Care Access Codebook, Waves 1-20

| Variable | Code | Value |
|-----------------------------|---------|--|
| SEX | 1 | Male |
| | 2 | Female |
| | 3 | Intersex (<i>added in W17</i>) |
| AGE_GROUP | 1 | 18-24 |
| | 2 | 25-34 |
| | 3 | 35-44 |
| | 4 | 45-54 |
| | 5 | 55-64 |
| | 6 | 65 and above |
| GENDER_IDENT1-GENDER_IDENT5 | 0 | Not checked |
| | 1 | Checked |
| GENDER_IDENT_OTH | | |
| MARITAL_W1 | 1 | Domestic Partnership / Common Law |
| | 2 | Married |
| | 3 | Separated/Divorced/Widowed |
| | 4 | Single (Never married) |
| MARITAL | 1 | Single, never married |
| | 2 | Married/living together |
| | 3 | Widowed |
| | 4 | Divorced |
| | 5 | Separated |
| EMPLOY1 | 1 | Employed full-time by someone else working in your home |
| | 2 | Employed full-time (self-employed/owner) |
| | 3 | Employed full-time by someone else working outside your home |
| | 4 | Employed part-time |
| | 5 | Employed part-time (self-employed/owner) |
| | 6 | Not currently employed (retired, homemaker, between jobs) |
| | 7 | Other |
| | 8 | Self-employed working in your home |
| | 9 | Self-employed working outside your home |
| | 10 | Student |
| 99 | Refused | |
| EMPLOY2 | 1 | Employed full time |
| | 2 | Employed part time |
| | 3 | Home maker |
| | 4 | Unemployed |
| | 5 | Student |
| | 6 | Retired |
| EDUCATION_W1 | 1 | Elementary School |
| | 2 | Middle School/Junior High School |
| | 3 | High School |
| | 4 | Some College/University |
| | 5 | Graduated 2-year College |
| | 6 | Graduated 4-year College/University |
| | 7 | Graduate School |
| | 8 | Postgraduate |

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| Variable | Code | Value |
|-----------|------|-----------------------|
| | 9 | Prefer not to say |
| | 99 | Refused |
| EDUCATION | 1 | Less than high school |
| | 2 | Some high school |
| | 3 | High school graduate |
| | 4 | Some college |
| | 5 | College graduate |
| | 6 | Post graduate |
| | 7 | Prefer not to answer |
| INCOME | 1 | Under \$25,000 |
| | 2 | \$25,000 - 49,999 |
| | 3 | \$50,000 - 74,999 |
| | 4 | \$75,000 – 99,999 |
| | 5 | \$100,000 – 124,999 |
| | 6 | \$125,000 – 149,999 |
| | 7 | \$150,000 and over |
| | 8 | Do not know |
| STATE | 1 | Alabama |
| | 2 | Alaska |
| | 3 | Arizona |
| | 4 | Arkansas |
| | 5 | California |
| | 6 | Colorado |
| | 7 | Connecticut |
| | 8 | Delaware |
| | 9 | District of Columbia |
| | 10 | Florida |
| | 11 | Georgia |
| | 12 | Hawaii |
| | 13 | Iowa |
| | 14 | Idaho |
| | 15 | Illinois |
| | 16 | Indiana |
| | 17 | Kansas |
| | 18 | Kentucky |
| | 19 | Louisiana |
| | 20 | Maine |
| | 21 | Maryland |
| | 22 | Massachusetts |
| | 23 | Michigan |
| | 24 | Minnesota |
| | 25 | Mississippi |
| | 26 | Missouri |
| | 27 | Montana |
| | 28 | Nebraska |
| | 29 | Nevada |
| | 30 | New Hampshire |
| | 31 | New Jersey |
| | 32 | New Mexico |
| | 33 | New York |
| | 34 | North Carolina |

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| Variable | Code | Value |
|---------------|------|---|
| | 35 | North Dakota |
| | 36 | Ohio |
| | 37 | Oklahoma |
| | 38 | Oregon |
| | 39 | Pennsylvania |
| | 40 | Rhode Island |
| | 41 | South Carolina |
| | 42 | South Dakota |
| | 43 | Tennessee |
| | 44 | Texas |
| | 45 | Utah |
| | 46 | Vermont |
| | 47 | Virginia |
| | 48 | Washington |
| | 49 | West Virginia |
| | 50 | Wisconsin |
| | 51 | Wyoming |
| REGION | 1 | Northeast: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania |
| | 2 | Midwest: Indiana, Illinois, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota |
| | 3 | South: Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Arkansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas |
| | 4 | West: Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming, Alaska, California, Hawaii, Oregon, Washington |
| RESIDE | 1 | Urban |
| | 2 | Suburban |
| | 3 | Rural |
| RACE_W1 | 1 | Asian |
| | 2 | Black or African-American |
| | 3 | Don't know/prefer not to answer |
| | 4 | Multi-Racial |
| | 5 | Native American or Alaska Native |
| | 6 | Native Hawaiian or Other Pacific Islander |
| | 7 | Other Ethnicity |
| | 8 | White |
| ETH_W1 | 1 | Hispanic/Latino |
| | 2 | Other |
| | 3 | Prefer Not to Answer |
| | 99 | Refused |
| RACE_NAT_AMER | 0 | Not checked |
| | 1 | Checked |
| RACE_ASIAN | 0 | Not checked |
| | 1 | Checked |
| RACE_BLACK | 0 | Not checked |
| | 1 | Checked |

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| Variable | Code | Value | |
|----------------|------------|--|--------------------------|
| RACE_HISPAN | 0 | Not checked | |
| | 1 | Checked | |
| RACE_PAC_IS | 0 | Not checked | |
| | 1 | Checked | |
| RACE_WHITE | 0 | Not checked | |
| | 1 | Checked | |
| RACE_OTHER | 0 | Not checked | |
| | 1 | Checked | |
| RACE_REFUSE | 0 | Not checked | |
| | 1 | Checked | |
| RACE_GROUP | 1 | American Indian or Alaska Native | |
| | 2 | Asian | |
| | 3 | Black or African American | |
| | 5 | Native Hawaiian or other Pacific Islander | |
| | 6 | White | |
| | 7 | Other | |
| | 9 | Hispanic (alone or in combination with any race) | |
| | 10 | More than one race, non-Hispanic | |
| | 11 | Prefer not to say | |
| | SEX_ORIENT | 1 | Heterosexual or straight |
| | | 2 | Gay or lesbian |
| 3 | | Bisexual | |
| 4 | | Other [PLEASE SPECIFY:] | |
| LANG_PREF | 1 | English | |
| | 2 | Spanish | |
| | 3 | Other [PLEASE SPECIFY:] | |
| EVER_MILITARY | 1 | Yes | |
| | 2 | No | |
| EVER_MILITARY2 | 1 | Never served in the military | |
| | 2 | Only on active duty for training in the Reserves or National Guard | |
| | 3 | Now on active duty | |
| | 4 | On active duty in past, but not now | |
| YEARS_MIL | 1 | Less than 2 years | |
| | 2 | 2 years or more | |
| EVER_COMBAT | 1 | Yes | |
| | 2 | No | |
| | 3 | Don't know / Not sure | |
| PTSD | 1 | Yes | |
| | 2 | No | |
| | 3 | Don't know / Not sure | |

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| Variable | Code | Value |
|---------------|---|--|
| TBI | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Not sure |
| EVER_ASK_MIL | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Do not recall |
| EVER_ASK_MIL2 | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Do not recall |
| HEALTH_INS | 1 | Private insurance (such as through your employer, union or a health insurance marketplace or exchange) |
| | 2 | Medicare only (Medicare is for people 65 and older, or people with certain disabilities) |
| | 3 | Medicare + supplementary insurance (sometimes called 'Medigap' insurance) |
| | 4 | Medicaid, or any kind of government-assistance plan for those with low incomes or a disability |
| | 5 | Other public (such as TRICARE) <i>(added in W3)</i> |
| | 5 | TRICARE or other military health care <i>(new wording in W4 and after)</i> |
| | 6 | Did not have insurance |
| | 7 | Don't know |
| | 8 | VA (Veterans Administration) <i>(added in W4)</i> |
| | 9 | Indian Health Service <i>(added in W4)</i> |
| | 10 | Covered by a parent's insurance <i>(added in W7)</i> |
| 11 | Medicare + Medicaid (Using both) <i>(added in W7)</i> | |
| UNINS_EVER | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| PRE_HI_1 | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| PRE_HI_2 | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Don't recall |
| NEED_CARE | 1 | Yes - only once |
| | 2 | Yes - more than once |
| | 3 | No <i>(Persons who did not need care are excluded)</i> |
| TIMES_NEED | 1 | Only one time |
| | 2 | Two to four times |
| | 3 | More than four times |
| | 4 | Don't recall/Don't know |
| ABLE_GET_CARE | 1 | Always able to get it |
| | 2 | Only able to get it some of the time (could not always get it) |
| | 3 | Never able to get it |

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|-----------------|------|--|
| UNABLE_WHY | 1 | Could not find a provider that accepts my insurance |
| | 2 | Could not find a provider that would see me regardless of insurance |
| | 3 | Could not afford the co-pay, deductible or out of pocket expenses |
| | 4 | Could not get an appointment soon enough |
| | 5 | Could not get to the provider's office (transportation problems) |
| | 6 | Other reason [PLEASE SPECIFY:] |
| DELAY_CARE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| NO_PRESCRIP | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| SKIP_TEST | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| UNABLE_PAY | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| ACA_HI_REQUIRE | 1 | Yes, aware |
| | 2 | No, not aware |
| ACA_HI_AWARE | 1 | Yes, aware |
| | 2 | No, not aware |
| ACA_MCAID_AWARE | 1 | Yes, aware |
| | 2 | No, not aware |
| ACA_AGE26_AWARE | 1 | Yes, aware |
| | 2 | No, not aware |
| HI_EXCHG | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| HI_CHANGE | 1 | Yes |
| | 2 | No |
| | 3 | Not sure/Don't know |
| HI_NOW | 1 | Private insurance (such as through your employer, union or a health insurance marketplace or exchange) |
| | 2 | Medicare only (Medicare is for people 65 and older, or people with certain disabilities) |
| | 3 | Medicare + supplementary insurance (sometimes called 'Medigap' insurance) |
| | 4 | Medicaid, or any kind of government-assistance plan for those with low incomes or a disability |
| | 5 | TRICARE or other military health care |
| | 6 | Did not have insurance |
| | 7 | Don't know |
| | 8 | VA (Veterans Administration) |

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| Variable | Code | Value |
|---------------|------|---|
| | 9 | Indian Health Service |
| | 10 | Covered by a parent's insurance |
| | 11 | Medicare + Medicaid (Using both) |
| HI_NOW_EXCHG | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| NOW_SEEK | 1 | Yes |
| | 2 | No |
| | 3 | Not sure |
| UNINS_TIME | 1 | Three months or less |
| | 2 | Four to 11 months |
| | 3 | One to two years |
| | 4 | More than two years |
| | 5 | Have never had health insurance |
| | 6 | Don't know |
| UNINS_REASON | 1 | Job loss/Job change/Retirement from job by self, spouse or parent |
| | 2 | Divorced or widowed |
| | 3 | Could not afford it |
| | 4 | Did not need it |
| | 5 | Denied coverage due to pre-existing condition |
| | 6 | Employer stopped offering insurance |
| | 7 | No longer eligible for government or state insurance |
| | 8 | Forgot to renew insurance |
| | 9 | Turned 26 years of age and no longer eligible to be on a parent's insurance |
| | 10 | Other [PLEASE SPECIFY] |
| EVER_EXCHG | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| EXCHG_WHY | 1 | Could not find type of coverage I need |
| | 2 | Could not find a plan I can afford |
| | 3 | Could not find a plan that is better than the one I already have |
| | 4 | Process for applying was too difficult |
| | 5 | Other [PLEASE SPECIFY] |
| EXCHG_HOW | 1 | Online |
| | 2 | By phone |
| | 3 | By paper |
| | 4 | Don't know/Do not recall |
| EXCHG_BEFORE | 1 | Some other type of insurance |
| | 2 | Uninsured |
| | 3 | Kept the same type of insurance |
| HI_AFFORDABLE | 1 | Don't know |
| | 2 | Strongly disagree |
| | 3 | Disagree |
| | 4 | Neither agree nor disagree |
| | 5 | Agree |

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| Variable | Code | Value |
|------------------|------|--|
| | 6 | Strongly agree |
| USUALCARE1 | 1 | Yes |
| | 2 | No |
| | 3 | More than one place |
| | 4 | Don't know |
| USUAL_TYPE | 1 | Physician or other health care provider's office |
| | 2 | Community health center (change in other) clinic |
| | 3 | Retail clinic (typically located in a drug or grocery store) |
| | 4 | Urgent care center |
| | 5 | Hospital emergency room |
| | 6 | Hospital outpatient clinic |
| | 7 | Other kind of place [PLEASE SPECIFY:] |
| | 8 | Don't know |
| USUALCARE2 | 1 | Yes |
| | 2 | No |
| | 4 | Don't know |
| USUAL_OFFICE | 0 | Not checked |
| | 1 | Checked |
| USUAL_CHC | 0 | Not checked |
| | 1 | Checked |
| USUAL_RETAIL | 0 | Not checked |
| | 1 | Checked |
| USUAL_URGENT | 0 | Not checked |
| | 1 | Checked |
| USUAL_ED | 0 | Not checked |
| | 1 | Checked |
| USUAL_HOPD | 0 | Not checked |
| | 1 | Checked |
| USUAL_OTHER | 0 | Not checked |
| | 1 | Checked |
| USUAL_DK | 0 | Not checked |
| | 1 | Checked |
| USUAL_TREAT_PHYS | 0 | Not checked |
| | 1 | Checked |
| USUAL_TREAT_PA | 0 | Not checked |
| | 1 | Checked |
| USUAL_TREAT_NP | 0 | Not checked |
| | 1 | Checked |
| USUAL_TREAT_OTH | 0 | Not checked |

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| Variable | Code | Value |
|-------------------|------|--|
| USUAL_TREAT_DK | 1 | Checked |
| | 0 | Not checked |
| USUAL_COORD1 | 1 | Checked |
| | 1 | They coordinate their jobs very well. - Strongly disagree |
| | 2 | They coordinate their jobs very well. - Disagree |
| | 3 | They coordinate their jobs very well. - Neither agree nor disagree |
| | 4 | They coordinate their jobs very well. - Agree |
| | 5 | They coordinate their jobs very well. - Strongly agree |
| USUAL_COORD2 | 1 | They all give me the same information and advice. - Strongly disagree |
| | 2 | They all give me the same information and advice. - Disagree |
| | 3 | They all give me the same information and advice. - Neither agree nor disagree |
| | 4 | They all give me the same information and advice. - Agree |
| | 5 | They all give me the same information and advice. - Strongly agree |
| USUAL_COORD3 | 1 | They all know my medical history. - Strongly disagree |
| | 2 | They all know my medical history. - Disagree |
| | 3 | They all know my medical history. - Neither agree nor disagree |
| | 4 | They all know my medical history. - Agree |
| | 5 | They all know my medical history. - Strongly agree |
| USUAL_COORD4 | 1 | They share an agreed upon plan of treatment. - Strongly disagree |
| | 2 | They share an agreed upon plan of treatment. - Disagree |
| | 3 | They share an agreed upon plan of treatment. - Neither agree nor disagree |
| | 4 | They share an agreed upon plan of treatment. - Agree |
| | 5 | They share an agreed upon plan of treatment. - Strongly agree |
| USUAL_WHYNOT | 1 | Seldom or never get sick |
| | 2 | Recently moved into area |
| | 3 | Don't know where to go for care |
| | 4 | Usual source of medical care in this area is no longer available |
| | 5 | Like to go to different places for different health care needs |
| | 6 | Just changed insurance plans |
| | 7 | Treat myself |
| | 8 | Cost of medical care |
| | 9 | Other reason (Please Specify) |
| | 10 | Don't know |
| LANG_BARRIER | 1 | Frequently |
| | 2 | Rarely |
| | 3 | Never (in the past 12 months) |
| | 4 | Not applicable |
| | 5 | Don't know |
| | 6 | Refused |
| LANG_BARRIER_FEEL | 1 | You were not being understood |
| | 2 | You could not understand what someone else was saying |
| | 3 | Both of the above |
| LANG_HEALTH | 1 | English |
| | 2 | Spanish |

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| Variable | Code | Value |
|----------------|------|---|
| | 3 | Other [PLEASE SPECIFY:] |
| KNOW_PA_NP | 1 | Yes |
| | 2 | No |
| UNABLE_PROV | 1 | A general physician, physician assistant (PA) or nurse practitioner (NP) who treats a variety of illnesses (general prac |
| | 2 | A specialist physician, physician assistant (PA) or nurse practitioner (NP) who concentrates on a particular medical dis |
| | 3 | Other (Please Specify) |
| | 4 | Don't know |
| UNABLE_LOC | 1 | Physician or other health care provider's office |
| | 2 | Community health center clinic |
| | 3 | Retail clinic (typically located in a drug or grocery store) |
| | 4 | Urgent care center |
| | 5 | Overnight stay at a hospital |
| | 6 | Outpatient visit at a hospital |
| | 7 | Hospital emergency room - for an emergency |
| | 8 | Hospital emergency room - because there was no other place to go |
| | 9 | Other kind of place, (please specify) |
| | 10 | Don't know |
| UNABLE_FIRST | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| | 4 | Not applicable |
| UNABLE_CHOICE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| UNABLE_HOURS | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| UNABLE_LONG | 1 | Less than 6 months |
| | 2 | 6 months to a year |
| | 3 | 1 to 2 years |
| | 4 | 3 or more years |
| | 5 | Don't recall/Not sure |
| RECENT_PROV_W1 | 1 | A general doctor, PA or NP who treats a variety of illnesses (general practice, family medicine, or internal medicine - this is sometimes referred to as a primary care provider) |
| | 2 | A medical doctor, PA or NP who specializes in a particular medical disease or problem (like a cardiologist who focuses just on the heart and circulatory system) |
| | 3 | Other (Please Specify) |
| | 4 | Don't know |
| RECENT_PROV | 1 | A general physician, physician assistant (PA) or nurse practitioner (NP) who treats a variety of illnesses (general practice) |

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| Variable | Code | Value |
|------------------|------|--|
| | 2 | A specialist physician, physician assistant (PA) or nurse practitioner (NP) who concentrates on a particular medical disease |
| | 3 | Other (Please Specify) |
| | 4 | Don't know |
| | | |
| RECENT_LOC_W1 | 1 | Doctor's office |
| | 2 | Overnight stay at a hospital |
| | 3 | Outpatient visit at a hospital |
| | 4 | Hospital emergency room - for an emergency |
| | 5 | Hospital emergency room - because there was no other place to go |
| | 6 | Other kind of place (Please specify) |
| | 7 | Don't know |
| RECENT_LOC | 1 | Physician or other health care provider's office |
| | 2 | Community health center clinic |
| | 3 | Retail clinic (typically located in a drug or grocery store) |
| | 4 | Urgent care center |
| | 5 | Overnight stay at a hospital |
| | 6 | Outpatient visit at a hospital |
| | 7 | Hospital emergency room - for an emergency |
| | 8 | Hospital emergency room - because there was no other place to go |
| | 9 | Other kind of place (Please specify) |
| | 10 | Don't know |
| RECENT_FIRST | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| | 4 | Not applicable |
| RECENT_CHOICE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| RECENT_HOURS | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| RECENT_LONG | 1 | Less than 6 months |
| | 2 | 6 months to a year |
| | 3 | 1 to 2 years |
| | 4 | 3 or more years |
| | 5 | Don't recall/Not sure |
| RECENT_KNOW_PAY | 1 | Yes |
| | 2 | No |
| | 3 | Do not recall |
| RECENT_REFER | 1 | Yes |
| | 2 | No |
| RECENT_PROV_COST | 1 | Yes |
| | 2 | No |
| | 3 | Do not recall |

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| Variable | Code | Value |
|-------------------|------|--|
| DECIDE_COST | 1 | How much I will have to pay out-of-pocket |
| | 2 | How much my insurance will have to pay |
| | 3 | Both how much I will have to pay out-of-pocket and how much my insurance will have to pay. |
| | 4 | Cost does not inform my decision |
| RECENT_SATISF | 1 | Very Satisfied |
| | 2 | Somewhat Satisfied |
| | 3 | Neither satisfied nor dissatisfied |
| | 4 | Somewhat Dissatisfied |
| | 5 | Very Dissatisfied |
| | 6 | Don't know |
| RECENT_REC | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not sure |
| RECENT_WAIT | 1 | Same day |
| | 2 | days |
| | 3 | Don't know |
| | 4 | Other/Not applicable (no appointment, emergency room visit only, etc.) [please specify] |
| RECENT_WAIT_DAYS | | # Days-entered by respondent. If respondent answered RECENT_WAIT=1 for item above, then RECENT_WAIT_DAYS has been set to 0 |
| RECENT_APPT | 1 | By phone |
| | 2 | Time set during last appointment |
| | 3 | Standing appointment |
| | 4 | Walk-in |
| | 5 | Other, please specify: |
| | 6 | Online |
| RECENT_NEED | 1 | Same day |
| | 2 | Two or three days |
| | 3 | More than three days |
| | 4 | No preference (not time sensitive) |
| | 5 | Other/Not applicable (standing appointment, etc.) |
| RECENT_NEED2 | 1 | Same day |
| | 4 | No preference (not time sensitive) |
| | 5 | Other/Not applicable (standing appointment, etc.) |
| | 6 | <none> persons who respond to this enter RECENT_NEED2_DAYS |
| RECENT_NEED2_DAYS | | # Days-entered by respondent. If respondent answered RECENT_NEED2=1 for item above, then RECENT_NEED2_DAYS has been set to 0 |
| TRAVEL_TIME | 1 | Less than 30 minutes |
| | 2 | 30 to 60 minutes |
| | 3 | More than an hour |
| | 4 | Not applicable (transported in ambulance, etc.) |
| | 5 | Don't recall/Don't know |
| TRAVEL_FROM | 1 | Home or place of residence |

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| Variable | Code | Value |
|---------------|------|---|
| PROV_CLOSE | 2 | Place of work |
| | 3 | Other, please specify |
| PROV_CLOSE | 1 | Home or place of residence |
| | 2 | Place of work |
| | 3 | Don't know |
| | 4 | Not applicable |
| TM_MAKE_APPT | 1 | Use email or a Web site to make an appointment at a health provider's office? - Yes |
| | 2 | Use email or a Web site to make an appointment at a health provider's office? - No |
| | 3 | Use email or a Web site to make an appointment at a health provider's office? - Don't recall/Not sure |
| TM_MED_QSTN | 1 | Email a health provider's office with a medical question? - Yes |
| | 2 | Email a health provider's office with a medical question? - No |
| | 3 | Email a health provider's office with a medical question? - Don't recall/Not sure |
| TM_REVIEW_LAB | 1 | Look at your laboratory or other test results on a Web site? - Yes |
| | 2 | Look at your laboratory or other test results on a Web site? - No |
| | 3 | Look at your laboratory or other test results on a Web site? - Don't recall/Not sure |
| TM_PROV_PHONE | 1 | Talk with a health provider on the telephone? - Yes |
| | 2 | Talk with a health provider on the telephone? - No |
| | 3 | Talk with a health provider on the telephone? - Don't recall/Not sure |
| TM_PROV_VIDEO | 1 | Talk with a health provider by video (e.g., Skype or FaceTime)? - Yes |
| | 2 | Talk with a health provider by video (e.g., Skype or FaceTime)? - No |
| | 3 | Talk with a health provider by video (e.g., Skype or FaceTime)? - Don't recall/Not sure |
| TM_PROV_CHAT | 1 | Live text 'chat' with a health provider on a Web site? - Yes |
| | 2 | Live text 'chat' with a health provider on a Web site? - No |
| | 3 | Live text 'chat' with a health provider on a Web site? - Don't recall/Not sure |
| TM_PROV_TEXT | 1 | Text message with a health provider on your mobile phone? - Yes |
| | 2 | Text message with a health provider on your mobile phone? - No |
| | 3 | Text message with a health provider on your mobile phone? - Don't recall/Not sure |
| TM_PROV_APP | 1 | Communicated with a health provider via an app on your mobile device. - Yes |
| | 2 | Communicated with a health provider via an app on your mobile device. - No |
| | 3 | Communicated with a health provider via an app on your mobile device. - Don't recall/Not sure |
| TM_PREF | 1 | In person |
| | 2 | Via electronic means |
| | 3 | No preference |
| TM_LAB | 1 | Lab test results - Would be willing to discuss by video |
| | 2 | Lab test results - Only want to discuss it in person |

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| Variable | Code | Value |
|------------------|------|--|
| TM_NEW_MED | 3 | Lab test results - Not certain |
| | 1 | Follow up after starting a new medication - Would be willing to discuss by video |
| | 2 | Follow up after starting a new medication - Only want to discuss it in person |
| TM_DEPRESS | 3 | Follow up after starting a new medication - Not certain |
| | 1 | Depression - Would be willing to discuss by video |
| | 2 | Depression - Only want to discuss it in person |
| TM_DIZZY | 3 | Depression - Not certain |
| | 1 | Dizziness - Would be willing to discuss by video |
| | 2 | Dizziness - Only want to discuss it in person |
| TM_FEVER | 3 | Dizziness - Not certain |
| | 1 | Fever, cough - Would be willing to discuss by video |
| | 2 | Fever, cough - Only want to discuss it in person |
| TM_PREF2 | 3 | Fever, cough - Not certain |
| | 1 | Strongly prefer to talk with provider in person |
| | 2 | Somewhat prefer to talk with provider in person |
| | 3 | No preference |
| | 4 | Somewhat prefer to talk by video |
| TM_VIDEO_WHAT | 5 | Strongly prefer to talk by video |
| | 1 | Unscheduled discussion |
| | 2 | Scheduled appointment |
| RECENT_PROV_YN | 3 | Some other reason [PLEASE SPECIFY:] |
| | 1 | Yes |
| | 2 | No |
| RECENT_PROV_TYPE | 3 | Don't know |
| | 1 | Physician |
| | 2 | Physician assistant (PA) or nurse practitioner (NP) |
| | 3 | Someone else [PLEASE SPECIFY] |
| RECENT_TYPE_KNOW | 4 | Don't know |
| | 1 | I am not certain which type of provider it was |
| | 2 | It was a physician assistant (PA) |
| | 3 | It was a nurse practitioner (NP) |
| PROV_TYPE_PHYS | 0 | Not checked |
| | 1 | Checked |
| PROV_TYPE_PA | 0 | Not checked |
| | 1 | Checked |
| PROV_TYPE_NP | 0 | Not checked |
| | 1 | Checked |
| PROV_TYPE_OTHER | 0 | Not checked |
| | 1 | Checked |

AAMC Consumer Survey of Health Care Access Codebook, Waves 1-20

| Variable | Code | Value |
|----------------|------|--|
| PROV_TYPE_DK | 0 | Not checked |
| | 1 | Checked |
| RECENT_COORD1 | 1 | They coordinated their jobs very well. - Strongly disagree |
| | 2 | They coordinated their jobs very well. - Disagree |
| | 3 | They coordinated their jobs very well. - Neither agree nor disagree |
| | 4 | They coordinated their jobs very well. - Agree |
| | 5 | They coordinated their jobs very well. - Strongly agree |
| RECENT_COORD2 | 1 | They all gave me the same information and advice. - Strongly disagree |
| | 2 | They all gave me the same information and advice. - Disagree |
| | 3 | They all gave me the same information and advice. - Neither agree nor disagree |
| | 4 | They all gave me the same information and advice. - Agree |
| | 5 | They all gave me the same information and advice. - Strongly agree |
| RECENT_COORD3 | 1 | They all know my medical history. - Strongly disagree |
| | 2 | They all know my medical history. - Disagree |
| | 3 | They all know my medical history. - Neither agree nor disagree |
| | 4 | They all know my medical history. - Agree |
| | 5 | They all know my medical history. - Strongly agree |
| RECENT_COORD4 | 1 | They share an agreed upon plan of treatment. - Strongly disagree |
| | 2 | They share an agreed upon plan of treatment. - Disagree |
| | 3 | They share an agreed upon plan of treatment. - Neither agree nor disagree |
| | 4 | They share an agreed upon plan of treatment. - Agree |
| | 5 | They share an agreed upon plan of treatment. - Strongly agree |
| EVER_PA_NP | 1 | Yes - within the past 12 months |
| | 2 | Yes - more than 12 months ago |
| | 3 | Never |
| | 4 | Don't know |
| SCENARIO1 | 1 | Strongly prefer to see a physician assistant (PA) or nurse practitioner (NP) |
| | 2 | Somewhat prefer to see a physician assistant (PA) or nurse practitioner (NP) |
| | 3 | No preference |
| | 4 | Somewhat prefer to see a physician |
| | 5 | Strongly prefer to see a physician |
| | 6 | Don't know |
| SCENARIO1_WILL | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| SCENARIO2 | 1 | To be seen by the physician assistant (PA) or nurse practitioner (NP) today |
| | 2 | To be seen by the physician tomorrow |
| | 3 | No preference |
| | 4 | Don't know |
| SCENARIO3 | 1 | To be seen by the physician assistant (PA) or nurse practitioner (NP) today |
| | 2 | To be seen by the physician tomorrow |
| | 3 | No preference |
| | 4 | Don't know |

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| Variable | Code | Value |
|-----------------|------|---|
| SCENARIO4 | 1 | To be seen by the physician assistant (PA) or nurse practitioner (NP) in 1 day |
| | 2 | To be seen by the physician in 3 days |
| | 3 | No preference |
| | 4 | Don't know |
| SCENARIO5 | 1 | To be seen by the physician assistant (PA) or nurse practitioner (NP) and pay \$10 |
| | 2 | To be seen by the physician and pay \$20 |
| | 3 | No preference |
| | 4 | Don't know |
| SCENARIO6 | 1 | To be seen by the physician assistant (PA) or nurse practitioner (NP) and pay \$10 |
| | 2 | To be seen by the physician and pay \$10 |
| | 3 | No preference |
| | 4 | Don't know |
| SCENARIO7 | 1 | Strongly prefer to see the specialist myself |
| | 2 | Somewhat prefer to see the specialist myself |
| | 3 | No preference |
| | 4 | Somewhat prefer to have the primary care provider consult with the specialist on my behalf |
| | 5 | Strongly prefer to have the primary care provider consult with the specialist on my behalf |
| | 6 | Don't know |
| SCENARIO7_WAIT | 1 | Strongly prefer to wait 1 to 2 months to see the specialist myself |
| | 2 | Somewhat prefer to wait 1 to 2 months to see the specialist myself |
| | 3 | No preference |
| | 4 | Somewhat prefer to have the primary care provider consult with the specialist on my behalf to get input within 1 week |
| | 5 | Strongly prefer to have the primary care provider consult with the specialist on my behalf to get input within 1 week |
| | 6 | Don't know |
| SCENARIO7_COST | 1 | Strongly prefer to see the specialist myself, with a \$20 co-pay |
| | 2 | Somewhat prefer to see the specialist myself, with a \$20 co-pay |
| | 3 | No preference |
| | 4 | Somewhat prefer to have the primary care provider consult with the specialist on my behalf, with a \$10 co-pay |
| | 5 | Strongly prefer to have the primary care provider consult with the specialist on my behalf, with a \$10 co-pay |
| | 6 | Don't know |
| SCENARIO7_COST2 | 1 | Strongly prefer to see the specialist myself, with a \$50 co-pay |
| | 2 | Somewhat prefer to see the specialist myself, with a \$50 co-pay |
| | 3 | No preference |
| | 4 | Somewhat prefer to have the primary care provider consult with the specialist on my behalf, with a \$10 co-pay |
| | 5 | Strongly prefer to have the primary care provider consult with the specialist on my behalf, with a \$10 co-pay |
| | 6 | Don't know |

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| Variable | Code | Value |
|-------------------|------|--|
| CARE_CHOICE | 1 | Strongly agree |
| | 2 | Agree |
| | 3 | Neither agree nor disagree |
| | 4 | Disagree |
| | 5 | Strongly disagree |
| | 6 | Don't know |
| HEALTH_STATUS | 1 | Excellent |
| | 2 | Very Good |
| | 3 | Good |
| | 4 | Fair |
| | 5 | Poor |
| CHRONIC_ARTHRITIS | 1 | Arthritis - Yes |
| | 2 | Arthritis - No |
| | 3 | Arthritis - Don't know |
| CHRONIC_CANCER | 1 | Cancer or a malignancy of any kind - Yes |
| | 2 | Cancer or a malignancy of any kind - No |
| | 3 | Cancer or a malignancy of any kind - Don't know |
| CHRONIC_CHOLEST | 1 | Cholesterol disorder, such as high cholesterol - Yes |
| | 2 | Cholesterol disorder, such as high cholesterol - No |
| | 3 | Cholesterol disorder, such as high cholesterol - Don't know |
| CHRONIC_DEPRESS | 1 | Depression - Yes |
| | 2 | Depression - No |
| | 3 | Depression - Don't know |
| CHRONIC_DIABETES | 1 | Diabetes, or sugar diabetes - Yes |
| | 2 | Diabetes, or sugar diabetes - No |
| | 3 | Diabetes, or sugar diabetes - Don't know |
| CHRONIC_HEART | 1 | Heart disease, heart attack, angina, coronary artery disease - Yes |
| | 2 | Heart disease, heart attack, angina, coronary artery disease - No |
| | 3 | Heart disease, heart attack, angina, coronary artery disease - Don't know |
| CHRONIC_OBESITY | 1 | Obesity - Yes |
| | 2 | Obesity - No |
| | 3 | Obesity - Don't know |
| CHRONIC_HTN | 1 | Hypertension, also called high blood pressure - Yes |
| | 2 | Hypertension, also called high blood pressure - No |
| | 3 | Hypertension, also called high blood pressure - Don't know |
| CHRONIC_ORTHO | 1 | Orthopedic, such as an ongoing back, knee, hip, or major joint problem - Yes |
| | 2 | Orthopedic, such as an ongoing back, knee, hip, or major joint problem - No |
| | 3 | Orthopedic, such as an ongoing back, knee, hip, or major joint problem - Don't know |
| CHRONIC_RESP | 1 | Respiratory or chronic lung disease, such as asthma, chronic bronchitis, or COPD - Yes |

AAMC Consumer Survey of Health Care Access Codebook, Waves 1-20

| Variable | Code | Value |
|--------------|------|--|
| CHRONIC_PREF | 2 | Respiratory or chronic lung disease, such as asthma, chronic bronchitis, or COPD - No |
| | 3 | Respiratory or chronic lung disease, such as asthma, chronic bronchitis, or COPD - Don't know |
| | 1 | Strongly prefer a physician assistant (PA) or nurse practitioner (NP) |
| | 2 | Somewhat prefer a physician assistant (PA) or nurse practitioner (NP) |
| | 3 | No preference |
| | 4 | Somewhat prefer a physician |
| HEART_PCP | 5 | Strongly prefer a physician |
| | 6 | Don't know |
| | 1 | Primary care provider - This provider has had an ongoing role in my heart disease care |
| HEART_CARD | 2 | Primary care provider - I have only seen this provider one time for my heart disease (one-time consultation, procedure, |
| | 3 | Primary care provider - I have never seen this type of provider for my heart disease |
| | 1 | Cardiologist - This provider has had an ongoing role in my heart disease care |
| HEART_NUTR | 2 | Cardiologist - I have only seen this provider one time for my heart disease (one-time consultation, procedure, or treatm |
| | 3 | Cardiologist - I have never seen this type of provider for my heart disease |
| | 1 | Nutritionist/registered dietitian - This provider has had an ongoing role in my heart disease care |
| HEART_EX | 2 | Nutritionist/registered dietitian - I have only seen this provider one time for my heart disease (one-time consultation, |
| | 3 | Nutritionist/registered dietitian - I have never seen this type of provider for my heart disease |
| | 1 | Exercise therapist - This provider has had an ongoing role in my heart disease care |
| HEART_OTH | 2 | Exercise therapist - I have only seen this provider one time for my heart disease (one-time consultation, procedure, or |
| | 3 | Exercise therapist - I have never seen this type of provider for my heart disease |
| | 1 | Other [PLEASE SPECIFY] - This provider has had an ongoing role in my heart disease care |
| HEART_MORE1 | 2 | Other [PLEASE SPECIFY] - I have only seen this provider one time for my heart disease (one-time consultation, procedure, |
| | 3 | Other [PLEASE SPECIFY] - I have never seen this type of provider for my heart disease |
| | 1 | Primary care provider - Much less |
| | 2 | Primary care provider - Somewhat less |
| | 3 | Primary care provider - Fine as is |
| HEART_MORE2 | 4 | Primary care provider - Somewhat more |
| | 5 | Primary care provider - Much more |
| | 1 | Cardiologist - Much less |
| | 2 | Cardiologist - Somewhat less |
| | 3 | Cardiologist - Fine as is |

AAMC Consumer Survey of Health Care Access Codebook, Waves 1-20

| Variable | Code | Value |
|-------------|------|---|
| HEART_MORE3 | 4 | Cardiologist - Somewhat more |
| | 5 | Cardiologist - Much more |
| | 1 | Nutritionist/registered dietitian - Much less |
| | 2 | Nutritionist/registered dietitian - Somewhat less |
| | 3 | Nutritionist/registered dietitian - Fine as is |
| HEART_MORE4 | 4 | Nutritionist/registered dietitian - Somewhat more |
| | 5 | Nutritionist/registered dietitian - Much more |
| | 1 | Exercise therapist - Much less |
| | 2 | Exercise therapist - Somewhat less |
| | 3 | Exercise therapist - Fine as is |
| HEART_MORE5 | 4 | Exercise therapist - Somewhat more |
| | 5 | Exercise therapist - Much more |
| | 1 | Other [PLEASE SPECIFY] - Much less |
| | 2 | Other [PLEASE SPECIFY] - Somewhat less |
| | 3 | Other [PLEASE SPECIFY] - Fine as is |
| DIAB_PCP | 4 | Other [PLEASE SPECIFY] - Somewhat more |
| | 5 | Other [PLEASE SPECIFY] - Much more |
| | 1 | Primary care provider - This provider has had an ongoing role in my diabetes care |
| DIAB_ENDO | 2 | Primary care provider - I have only seen this provider one time for my diabetes (one-time consultation, procedure, or tr |
| | 3 | Primary care provider - I have never seen this type of provider for my diabetes |
| | 1 | Endocrinologist - This provider has had an ongoing role in my diabetes care |
| DIAB_NUTR | 2 | Endocrinologist - I have only seen this provider one time for my diabetes (one-time consultation, procedure, or treatment |
| | 3 | Endocrinologist - I have never seen this type of provider for my diabetes |
| | 1 | Nutritionist/registered dietitian - This provider has had an ongoing role in my diabetes care |
| DIAB_ED | 2 | Nutritionist/registered dietitian - I have only seen this provider one time for my diabetes (one-time consultation, proc |
| | 3 | Nutritionist/registered dietitian - I have never seen this type of provider for my diabetes |
| | 1 | Certified diabetes educator - This provider has had an ongoing role in my diabetes care |
| DIAB_OTH | 2 | Certified diabetes educator - I have only seen this provider one time for my diabetes (one-time consultation, procedure, |
| | 3 | Certified diabetes educator - I have never seen this type of provider for my diabetes |
| | 1 | Other [PLEASE SPECIFY] - This provider has had an ongoing role in my diabetes care |
| | 2 | Other [PLEASE SPECIFY] - I have only seen this provider one time for my diabetes (one-time consultation, procedure, or t |

AAMC Consumer Survey of Health Care Access Codebook, Waves 1-20

| Variable | Code | Value |
|--------------|------|--|
| | 3 | Other [PLEASE SPECIFY] - I have never seen this type of provider for my diabetes |
| DIAB_MORE1 | 1 | Primary care provider - Much less |
| | 2 | Primary care provider - Somewhat less |
| | 3 | Primary care provider - Fine as is |
| | 4 | Primary care provider - Somewhat more |
| | 5 | Primary care provider - Much more |
| DIAB_MORE2 | 1 | Endocrinologist - Much less |
| | 2 | Endocrinologist - Somewhat less |
| | 3 | Endocrinologist - Fine as is |
| | 4 | Endocrinologist - Somewhat more |
| | 5 | Endocrinologist - Much more |
| DIAB_MORE3 | 1 | Nutritionist/registered dietitian - Much less |
| | 2 | Nutritionist/registered dietitian - Somewhat less |
| | 3 | Nutritionist/registered dietitian - Fine as is |
| | 4 | Nutritionist/registered dietitian - Somewhat more |
| | 5 | Nutritionist/registered dietitian - Much more |
| DIAB_MORE4 | 1 | Certified diabetes educator - Much less |
| | 2 | Certified diabetes educator - Somewhat less |
| | 3 | Certified diabetes educator - Fine as is |
| | 4 | Certified diabetes educator - Somewhat more |
| | 5 | Certified diabetes educator - Much more |
| DIAB_MORE5 | 1 | Other [PLEASE SPECIFY] - Much less |
| | 2 | Other [PLEASE SPECIFY] - Somewhat less |
| | 3 | Other [PLEASE SPECIFY] - Fine as is |
| | 4 | Other [PLEASE SPECIFY] - Somewhat more |
| | 5 | Other [PLEASE SPECIFY] - Much more |
| LIMIT_ALL | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| LIMIT_PHYS | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| LIMIT_EMOT | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| PROV_EXPLAIN | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| PROV_ANS | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |

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| Variable | Code | Value |
|-------------------|------|---|
| PROV_TIME | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| UNFAIR_HI | 1 | The type of health insurance coverage you have, such as Medicaid, Medicare or none at all - Yes |
| | 2 | The type of health insurance coverage you have, such as Medicaid, Medicare or none at all - No |
| | 3 | The type of health insurance coverage you have, such as Medicaid, Medicare or none at all - Don't know/Not Sure |
| UNFAIR_SEX | 1 | Your sex or gender - Yes |
| | 2 | Your sex or gender - No |
| | 3 | Your sex or gender - Don't know/Not Sure |
| UNFAIR_AGE | 1 | Your age - Yes |
| | 2 | Your age - No |
| | 3 | Your age - Don't know/Not Sure |
| UNFAIR_RACE | 1 | Your race, ethnicity or nationality - Yes |
| | 2 | Your race, ethnicity or nationality - No |
| | 3 | Your race, ethnicity or nationality - Don't know/Not Sure |
| UNFAIR_LANG | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| UNFAIR_LANG | 1 | Language - Yes |
| | 2 | Language - No |
| | 3 | Language - Don't know/Not Sure |
| UNFAIR_CULTURE | 1 | Culture - Yes |
| | 2 | Culture - No |
| | 3 | Culture - Don't know/Not Sure |
| UNFAIR_RELIG | 1 | Religion - Yes |
| | 2 | Religion - No |
| | 3 | Religion - Don't know/Not Sure |
| UNFAIR_SEX_ORIENT | 1 | Sexual orientation - Yes |
| | 2 | Sexual orientation - No |
| | 3 | Sexual orientation - Don't know/Not Sure |
| UNFAIR_GEN_IDENT | 1 | Gender identity - Yes |
| | 2 | Gender identity - No |
| | 3 | Gender identity - Don't know/Not Sure |
| UNFAIR_DIS | 1 | Disability - Yes |
| | 2 | Disability - No |
| | 3 | Disability - Don't know/Not Sure |
| PROV_SAME | 1 | Yes |
| | 2 | No |

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| Variable | Code | Value |
|---------------|------|--|
| | 3 | Don't know |
| RESPECT | 1 | Yes |
| | 2 | No |
| | 3 | Not certain |
| NEED_MBH_CARE | 1 | Yes - only once |
| | 2 | Yes - more than once |
| | 3 | No |
| MBH_TIMES | 1 | Two to four times |
| | 2 | More than four times |
| | 3 | Don't recall/Don't know |
| MBH_ABLE | 1 | Always able to get it |
| | 2 | Only able to get it some of the time (could not always get it) |
| | 3 | Never able to get it |
| MBH_HI | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| MBH_HI2 | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| MBH_PREF | 1 | General practitioner or family doctor |
| | 2 | Other medical doctor like a cardiologist, gynecologist, urologist |
| | 3 | Psychologist (PhD) |
| | 4 | Psychiatrist (MD/DO) |
| | 5 | Social Worker |
| | 6 | Counselor |
| | 7 | Other mental health professional, like a mental health nurse |
| | 8 | A nurse, occupational therapist, or other health professional |
| | 9 | A family member |
| | 10 | A friend |
| | 11 | A religious or spiritual advisor like a minister, priest, or rabbi |
| | 12 | Another healer, like an herbalist, chiropractor, acupuncturist, or massage therapist |
| | 13 | Other [PLEASE SPECIFY:] |
| | 14 | Don't know |
| MBH_EVER_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Not sure |
| MBH_STATUS | 1 | Excellent |
| | 2 | Very Good |
| | 3 | Good |
| | 4 | Fair |
| | 5 | Poor |

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| Variable | Code | Value |
|-----------------|------|--|
| MBH_UNABLE_TYPE | 1 | Treatment or therapy |
| | 2 | Medication management |
| | 3 | Treatment or therapy and medication management |
| | 4 | Other [PLEASE SPECIFY:] |
| MBH_UNABLE_WHY | 1 | Could not find a provider that accepts my insurance |
| | 2 | Could not find a provider that would see me regardless of insurance |
| | 3 | Could not afford |
| | 4 | Could not get an appointment soon enough |
| | 5 | Could not get to the provider's office (transportation problems) |
| | 6 | Concerned that getting behavioral or mental health care might cause my neighbors or community to have a negative opinion |
| | 7 | Concerned that getting behavioral or mental health care might have a negative effect on my job |
| | 8 | Other reason [PLEASE SPECIFY:] |
| MBH_LOC | 1 | An outpatient mental health clinic or center |
| | 2 | The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic |
| | 3 | An outpatient medical clinic |
| | 4 | A medical doctor's office that was not part of a clinic |
| | 5 | A partial day hospital or day treatment program |
| | 6 | Inpatient hospital or treatment program |
| | 7 | Online video or text chat or telephone visit |
| | 8 | Some other place [PLEASE SPECIFY:] |
| MBH_PROV | 1 | General practitioner or family doctor |
| | 2 | Other medical doctor like a cardiologist, gynecologist, urologist |
| | 3 | Psychologist (PhD) |
| | 4 | Psychiatrist (MD/DO) |
| | 5 | Social Worker |
| | 6 | Counselor |
| | 7 | Other mental health professional, like a mental health nurse |
| | 8 | A nurse, occupational therapist, or other health professional |
| | 9 | A religious or spiritual advisor like a minister, priest, or rabbi |
| | 10 | Another healer, like an herbalist, chiropractor, acupuncturist, or massage therapist |
| | 11 | Other [PLEASE SPECIFY:] |
| | 12 | Don't know/not sure |
| MBH_REASON | 1 | Treatment or therapy |
| | 2 | Medication management |
| | 3 | Treatment or therapy and medication management |
| | 4 | Other [PLEASE SPECIFY:] |
| MBH_SATIS | 1 | Very satisfied |
| | 2 | Somewhat satisfied |
| | 3 | Neither satisfied nor dissatisfied |
| | 4 | Somewhat dissatisfied |
| | 5 | Very dissatisfied |
| | 6 | Don't know |
| MBH_RECC | 1 | Yes |
| | 2 | No |

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| Variable | Code | Value |
|-----------------|------|--|
| | 3 | Don't know/Not sure |
| MBH_WAIT | 1 | Same day |
| | 2 | # DAYS |
| | 3 | Don't know |
| | 4 | Other/Not applicable (no appointment, emergency room visit only, etc.) [PLEASE SPECIFY:] |
| MBH_NEED | 1 | Same day |
| | 2 | # DAYS |
| | 3 | No preference (not time sensitive) |
| | 4 | Other/Not applicable (standing appointment, etc.) |
| MBH_TRAVEL | 1 | Less than 30 minutes |
| | 2 | 30 to 60 minutes |
| | 3 | More than an hour |
| | 4 | Not applicable (transported in ambulance, etc.) |
| | 5 | Don't recall/Don't know |
| MBH_PROV_EXP | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| MBH_PROV_QSTNS | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| MBH_PROV_TIME | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| MBH_UNFAIR_HI | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_UNFAIR_SEX | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_UNFAIR_AGE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_UNFAIR_RACE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_UNFAIR_LANG | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_UNFAIR_CULT | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |

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| Variable | Code | Value |
|----------------------|------|--|
| MBH_UNFAIR_RELIG | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_UNFAIR_SEXORIENT | 1 | Yes |
| | 2 | No |
| | 3 | Don't know/Not Sure |
| MBH_MAT | 1 | Yes |
| | 2 | No |
| | 3 | Not certain |
| MBH_MAT_PROV | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| DENT_NEED1 | 1 | Yes - only once |
| | 2 | Yes - more than once |
| | 3 | No |
| DENT_WHY | 1 | Went in on own for check-up, examination, or cleaning |
| | 2 | Was called in by the dentist for check-up, examination, or cleaning |
| | 3 | Something was wrong, bothering, or hurting |
| | 4 | Went for treatment of a condition that dentist discovered at earlier check-up or examination |
| | 5 | Other |
| DENT_UNABLE1 | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| DENT_UNABLE_WHY | 1 | Could not find a provider that accepts my insurance |
| | 2 | Could not find a provider that would see me regardless of insurance |
| | 3 | Could not afford |
| | 4 | Could not get an appointment soon enough |
| | 5 | Could not get to the provider's office (transportation problems) |
| | 6 | Afraid or do not like dentists |
| | 7 | Other reason [PLEASE SPECIFY:] |
| DENT_INS | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| DENT_USUAL | 1 | Yes |
| | 2 | No |
| | 3 | Don't know |
| DENT_HEALTH | 1 | Excellent |
| | 2 | Very Good |
| | 3 | Good |

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| Variable | Code | Value |
|---------------|------|---|
| | 4 | Fair |
| | 5 | Poor |
| TM_PREF_EXIST | 1 | In person visit |
| | 2 | Live visit via video |
| | 3 | Phone call |
| | 4 | Through a website (e.g.: patient portal) |
| | 5 | Text message or mobile phone-based application - 'chat' feature |
| TM_PREF_NEW | 1 | In person visit |
| | 2 | Live visit via video |
| | 3 | Phone call |
| | 4 | Through a website (e.g.: patient portal) |
| | 5 | Text message or mobile phone-based application - 'chat' feature |
| SD_HOUSE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_TRANSPORT | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_SUPPORT | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_IPV | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_EDUC | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_SAFETY | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_OCCUPATION | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_FINANCE | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_FOOD | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_HOUSE_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |

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| Variable | Code | Value |
|-------------------|------|----------------------------|
| SD_TRANSPORT_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_SUPPORT_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_IPV_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_EDUC_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_SAFETY_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_OCCUPATION_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_FINANCE_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_FOOD_ASK | 1 | Yes |
| | 2 | No |
| | 3 | Don't know / Do not recall |
| SD_REFERRAL | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know |
| HS_FIRE_ALARM | 1 | Checked |
| | 0 | Not Checked |
| HS_CARBON_ALARM | 1 | Checked |
| | 0 | Not Checked |
| HS_FIRE_EXTING | 1 | Checked |
| | 0 | Not Checked |
| HS_INJURY_FIREARM | 1 | Checked |
| | 0 | Not Checked |
| HS_INJURY_SHARP | 1 | Checked |
| | 0 | Not Checked |
| HS_POISON_CLEAN | 1 | Checked |
| | 0 | Not Checked |

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| Variable | Code | Value |
|----------------------|------|-------------|
| HS_POISON_MED | 1 | Checked |
| | 0 | Not Checked |
| HS_POISON_CONTAMIN | 1 | Checked |
| | 0 | Not Checked |
| HS_EMERG_PLAN | 1 | Checked |
| | 0 | Not Checked |
| HS_EMERG_KIT | 1 | Checked |
| | 0 | Not Checked |
| HS_OTHER | 1 | Checked |
| | 0 | Not Checked |
| HS_NONE | 1 | Checked |
| | 0 | Not Checked |
| HS_FIRE_ALARM_E | 1 | Checked |
| | 0 | Not Checked |
| HS_CARBON_ALARM_E | 1 | Checked |
| | 0 | Not Checked |
| HS_FIRE_EXTING_E | 1 | Checked |
| | 0 | Not Checked |
| HS_INJURY_FIREARM_E | 1 | Checked |
| | 0 | Not Checked |
| HS_INJURY_SHARP_E | 1 | Checked |
| | 0 | Not Checked |
| HS_POISON_CLEAN_E | 1 | Checked |
| | 0 | Not Checked |
| HS_POISON_MED_E | 1 | Checked |
| | 0 | Not Checked |
| HS_POISON_CONTAMIN_E | 1 | Checked |
| | 0 | Not Checked |
| HS_EMERG_PLAN_E | 1 | Checked |
| | 0 | Not Checked |
| HS_EMERG_KIT_E | 1 | Checked |
| | 0 | Not Checked |
| HS_OTHER_E | 1 | Checked |
| | 0 | Not Checked |
| HS_NONE_E | 1 | Checked |
| | 0 | Not Checked |

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| Variable | Code | Value |
|---|------|--|
| COVID_STAY_ABLE | 1 | All the time. I was able to stay at home all the time |
| | 2 | Most of the time. I only left my home to buy food and other essentials, for essential travel, or for other essential activities (including seeking medical care) |
| | 3 | Some of the time. I reduced my time in public spaces, social gatherings, or at work |
| | 4 | None of the time. I continued doing everything I normally did before coronavirus |
| | 5 | Not applicable. I was not asked to stay at home where I live. |
| COVID_STAY_UNABLE1 - COVID_STAY_UNABLE7 | 0 | Not Checked |
| | 1 | Checked |
| COVID_STAY_UNABLE6_O | | |
| COVID_CONCERN1 - COVID_CONCERN8 | 1 | Very concerned |
| | 2 | Moderately concerned |
| | 3 | Somewhat concerned |
| | 4 | Slightly concerned |
| | 5 | Not concerned at all |
| COVID_NEED_CARE | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/Don't remember |
| COVID_UNABLE_CARE1 - COVID_UNABLE_CARE3 | 0 | Not Checked |
| | 1 | Checked |
| COVID_UNABLE_CARE3_O | | |
| COVID_UNABLE_WHY1 - COVID_UNABLE_WHY10 | 0 | Not Checked |
| | 1 | Checked |
| COVID_UNABLE_WHY9_O | | |
| COVID_AFFORD1 -- COVID_AFFORD5 | 0 | Not Checked |
| | 1 | Checked |
| COVID_AFFORD3_O | | |
| COVID_PRES_UNABLE | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/Don't Remember |
| COVID_PRES_WHY1-- COVID_PRES_WHY8 | 0 | Not Checked |
| | 1 | Checked |
| COVID_PRES_WHY7_O | | |
| COVID_PRES_AFF1-COVID_PRES_AFF5 | 0 | Not Checked |
| | 1 | Checked |
| COVID_PRES_AFF3_O | | |
| COVID_DENT_UNABLE | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/Don't remember |
| COVID_UNABLE_DENT1 - COVID_UNABLE_DENT3 | 0 | Not Checked |
| | 1 | Checked |

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| Variable | Code | Value |
|--|------|---|
| COVID_UNABLE_DENT3_O | | |
| COVID_MENT_UNABLE | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/Don't remember |
| COVID_UNABLE_MENT1 - COVID_UNABLE_MENT3 | 0 | Not Checked |
| COVID_UNABLE_MENT3_O | 1 | Checked |
| COVID_TEST | 1 | Yes – I got tested and I had COVID-19 |
| | 2 | Yes – I got tested but I did not have COVID-19 |
| | 3 | No – I did not get tested, but was concerned I had COVID-19 |
| | 4 | No - I did not get tested and was not concerned I had COVID-19 |
| | 5 | Don't Know/Don't recall |
| COVID_DELAY | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/don't remember |
| COVID_DELAY_WHY1- COVID_DELAY_WHY11 | 0 | Not Checked |
| COVID_DELAY_WHY10_O | 1 | Checked |
| COVID_TELE1-COVID_TELE8 | 1 | Yes – because of COVID-19 |
| | 2 | No – some other reason |
| COVID_TELE1_TYPE1-COVID_TELE1_TYPE8 | 0 | Not Checked |
| | 1 | Checked |
| COVID_TELE2_TYPE1- COVID_TELE2_TYPE8 | 0 | Not Checked |
| | 1 | Checked |
| COVID_TELE3_TYPE1- COVID_TELE3_TYPE8 | 0 | Not Checked |
| | 1 | Checked |
| COVID_TELE4_TYPE1- COVID_TELE4_TYPE8 | 0 | Not Checked |
| | 1 | Checked |
| MPH_NEED_CARE1-MPH_NEED_CARE5 | 0 | Not Checked |
| | 1 | Checked |
| MPH_ABLE1 - MPH_ABLE4 | 1 | Always able to get |
| | 2 | Sometimes able to get |
| | 3 | Never able to get |
| MPH_UNABLE_WHY | 1 | Could not find a provider that accepts my insurance |
| | 2 | Could not find a provider that would see me regardless of insurance |
| | 3 | Could not afford |
| | 4 | Could not get an appointment soon enough |
| | 5 | Could not get to the provider's office (transportation problems) |
| | 6 | Other reason [PLEASE SPECIFY:] |
| MPH_UNABLE_WHY_O | | |

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| Variable | Code | Value |
|-------------------------------|------|---|
| MPH_EVENT1-MPH_EVENT4 | 0 | Not Checked |
| | 1 | checked |
| MPH_LIVE_BIR | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/Don't remember |
| MPH_PREG_WHEN | | Year of pregnancy-entered by respondent. Values range from 1921- 2020 |
| MPH_PRENAT | 1 | Yes |
| | 2 | No |
| | 3 | Don't Recall |
| MPH_PRE_WHEN | 1 | First Trimester (first three months of pregnancy) |
| | 2 | Second Trimester (second three months of pregnancy) |
| | 3 | Third Trimester (third and final three months of pregnancy) |
| MPH_PROV_TYPE | 1 | Physician |
| | 2 | Nurse Practitioner |
| | 3 | Physician Assistant (PA) |
| | 4 | Midwife |
| | 5 | Doula |
| | 6 | Other [PLEASE SPECIFY:] |
| | 7 | Don't know/Don't remember |
| MPH_PROV_TYPE_O | | |
| MPH_TYPE_PLACE | 1 | At a doctor's office |
| | 2 | Community Health Center/clinic |
| | 3 | At a family planning clinic (e.g., Planned Parenthood) |
| | 4 | In your home |
| | 5 | At a hospital |
| | 6 | Some other place [PLEASE SPECIFY:] |
| | 7 | Don't know/Don't remember |
| MPH_TYPE_PLACE_O | | |
| MPH_PRE_WHY1 - MPH_PRE_WHY9 | 0 | Not Checked |
| | 1 | checked |
| MPH_PRE_WHY9_O | | |
| MPH_MORBIDITY1-MPH_MORBIDITY8 | 0 | Not Checked |
| | 1 | checked |
| MPH_MORBIDITY7_O | | |
| MPH_RESPECT | 1 | Yes |
| | 2 | No |
| | 3 | Don't Know/Don't Remember |
| MPH_ABUSE1-MPH_ABUSE6 | 0 | Not Checked |
| | 1 | Checked |
| MPH_ABUSE5_O | | |
| MPH_ABORT | 1 | I went to a healthcare provider to have an abortion |
| | 2 | I was prescribed a pill for home, and had the abortion there |

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| Variable | Code | Value |
|-----------------------------|------|-------------------------|
| MPH_AB_TRAV | 3 | None of the above |
| | 1 | Yes |
| | 2 | No |
| | 3 | Don't recall/don't know |
| MPH_AB_CHAL1- MPH_AB_CHAL11 | 0 | Not Checked |
| | 1 | Checked |
| MPH_AB_CHAL11_O | | |
| MPH_COVID1-MPH_COVID10 | 0 | Not Checked |
| | 1 | Checked |
| MPH_COVID9_O | | |