MCBS MAIN STUDY - ROUND 46 – FALL SUPPLEMENT 2006

COMMUNITY COMPONENT

SC. SATISFACTION WITH CARE

BOX SC1A	IF SP DECEASED OR INSTITUTIONALIZED, GO TO ***BOX USA***. OTHERWISE, GO TO SC1.

SC1.   We're interested in how you feel about the health care (you have/SP has) received [over the <u>past year</u>/ since (PREV. SUPPL. RD. INT. DATE)] from doctors and hospitals. Please tell me how satisfied you have been with the following:

The overall quality of the health care (you have /SP has) received [over the <u>past year</u>/since (PREV. SUPPL. RD. INT. DATE)].

SHOW CARD SC1	**MCQUALTY**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC2.   [Please tell me how satisfied you have been with . . .] The availability of health care at night and on weekends.

SHOW CARD SC1	**MCAVAIL**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC3.   [Please tell me how satisfied you have been with . . .] The ease and convenience of getting to a doctor from where (you live/SP lives).

SHOW CARD SC1	**MCEASE**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

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SC4.   [Please tell me how satisfied you have been with . . .] The out-of-pocket costs (you/SP) paid for health care.

SHOW CARD SC1	**MCCOSTS**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC5.   [Please tell me how satisfied you have been with . . .] The information given to (you/you or SP) about what was wrong with (you/SP).

SHOW CARD SC1	**MCINFO**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC6.   [Please tell me how satisfied you have been with . . .] The follow-up care (you/SP) received after an initial treatment or operation.

SHOW CARD SC1	**MCFOLUP**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC7.   [Please tell me how satisfied you have been with . . .] The concern of doctors for (your/SP's) overall health rather than just for an isolated symptom or disease.

SHOW CARD SC1	**MCCONCRN**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

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SC8.   [Please tell me how satisfied you have been with . . .] Getting all (your/SP's) health care needs taken care of at the same location.

SHOW CARD SC1	**MCSAMLOC**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC8a.   [Please tell me how satisfied you have been with . . .] The availability of care by specialists when (you feel/SP feels) (you need/he needs/she needs) it.

SHOW CARD SC1	**MCSPECAR**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC8b.   [Please tell me how satisfied you have been with . . .] The ease of obtaining answers to questions over the telephone about (your/SP's) treatment or prescriptions.

SHOW CARD SC1	**MCTELANS**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC8c.   [Please tell me how satisfied you have been with . . .] The amount (you have/SP has) to pay for (your/SPs) prescribed medicines.

SHOW CARD SC1	**MCAMTPAY**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

BOX SC4	IF SP HAS CURRENT ROUND PRESCRIPTION DRUG COVERAGE (HI10d = 1 or HIT4 = 1 or HI16a = 1 or HI22f1a = 1 or HI31a = 1 or HIMC6 = 1), OR SP COVERED BY MEDICARE PRESCRIPTION DRUG PLAN, GO TO SC8d. OTHERWISE, GO TO SC9.

SC8d.   [Please tell me how satisfied you have been with . . .] (Your/SP's) prescription drug plan's formulary or the list of drugs covered by the plan.

SHOW CARD SC1	**MCDRGLST**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC8e.   [Please tell me how satisfied you have been with . . .] The ease of finding a pharmacy which accepts your prescription drug plan.

SHOW CARD SC1	**MCFNDPCY**	VERY SATISFIED	1
		SATISFIED	2
		DISSATISFIED	3
		VERY DISSATISFIED	4
		NOT APPLICABLE	5
		REFUSED	-7
		DON'T KNOW	-8

SC8f.   Would (you/SP) recommend (your/his/her) prescription drug plan to other people like (you/him/her)?

MCRECPLN	YES	1
	NO	2
	NOT APPLICABLE	3
	REFUSED	-7
	DON'T KNOW	-8

SC9.   What things, if anything, about the health care services (you receive/SP receives) are you dissatisfied with?
         MCDISSFY

         NOT DISSATISFIED WITH ANYTHING... 1

         RECORD ALL OTHER RESPONSES VERBATIM BELOW: 91

MCDISVB1   _____   **VCMCDIS1**

MCDISVB2   _____   **VCMCDIS2**

MCDISVB3   _____   **VCMCDIS3**

                                                                                              VCMCDIS4

SC10 OMITTED IN ROUND 43.

SC10a.   Please tell me whether each of the following statements is true or false.

           (You worry/SP worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement
           true or false?]

           MCWORRY   TRUE...   1
                                              FALSE...   2
                                              REFUSED .... -7
                                              DON'T KNOW .... -8

SC10b.   (You/SP) will do just about anything to avoid going to the doctor.

           MCAVOID   TRUE...   1
                                              FALSE...   2
                                              REFUSED .... -7
                                              DON'T KNOW .... -8

SC10c.   When (you are/SP is) sick, (you try/he tries/she tries) to keep it to (yourself/himself/herself).

           MCSICK   TRUE...   1
                                              FALSE...   2
                                              REFUSED .... -7
                                              DON'T KNOW .... -8

SC10d.   Usually, (you go/SP goes) to the doctor as soon as (you start/he starts/she starts) to feel bad.

           MCDRSOON   TRUE...   1
                                              FALSE...   2
                                              REFUSED .... -7
                                              DON'T KNOW .... -8

SC11.   During (CURRENT YEAR), did (you/SP) have any health problem or condition about which you think (you/he/she)
           should have seen a doctor or other medical person, but did not?

           MCDRNSEE   YES 1 (SC12aa)
                                               NO 2 (SC15)
                                               REFUSED .... -7 (SC15)
                                               DON'T KNOW .... -8 (SC15)

SC12 OMITTED IN ROUND 43.

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SC12aa. What was the health problem or condition?
[ENTER ALL CONDITIONS. PRESS ENTER IF THERE ARE NO MORE CONDITIONS.]

TEMP1   CONDITION 1: _____

TEMP2   CONDITION 2: _____

TEMP3   CONDITION 3: _____

SC12a. Did (you/SP) attempt to see a doctor about this [READ CONDITION(S) BELOW]?
(CONDITIONS FROM SC12aa)
[PROBE: By "attempt" I mean, did (you/SP) contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?]

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

SC13INTR OMITTED IN ROUND 46.

SC13a. This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition.

SHOW CARD SC2	**SCRNSERS**	DIDN'T THINK THE PROBLEM WAS SERIOUS	1	*BOX SC1B*
	SCRCOST	THOUGHT IT WOULD COST TOO MUCH	2	*BOX SC1B*
	SCRTROUB	TROUBLE FINDING/GETTING TO DOCTOR	3	*BOX SC1B*
	SCRSCHED	TIME/SCHEDULE OR PERSONAL CONFLICTS	4	*BOX SC1B*
	SCRDRCDM	THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM	5	*BOX SC1B*
	SCRFEAR	WAS AFRAID OF FINDING OUT WHAT WAS WRONG	6	*BOX SC1B*
	SCRNACCP	DOCTOR WOULD NOT ACCEPT MY INSURANCE	7	*BOX SC1B*
	SCROTHR	OTHER (SPECIFY) _____	91	*BOX SC1B*
	SCROTOS	REFUSED	-7	(SC15)
		DON'T KNOW	-8	(SC15)

SC13 OMITTED IN ROUND 46.

BOX SC1B	IF MORE THAN ONE REASON ENTERED IN SC13a, GO TO SC14a. OTHERWISE, GO TO SC15.

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SC14a.   Which of these was the main reason (you/SP) did not see a doctor about (this/these) condition(s) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.]
(CONDITIONS FROM SC12aa)

SCRMAIN

(DIDN'T THINK THE PROBLEM WAS SERIOUS .... 1)
(THOUGHT IT WOULD COST TOO MUCH .... 2)
(TROUBLE FINDING/GETTING TO DOCTOR .... 3)
(TIME/SCHEDULE OR PERSONAL CONFLICTS .... 4)
(THOUGHT DOCTOR COULDN'T DO MUCH
ABOUT PROBLEM .... 5)
(WAS AFRAID OF FINDING OUT WHAT WAS
WRONG .... 6)
(DOCTOR WOULD NOT ACCEPT MY INSURANCE .. 7)
(OTHER (SPECIFY) _____
_____ 91)
REFUSED .... -7
DON'T KNOW .... -8

SC14 OMITTED IN ROUND 46.

SC15.   During (CURRENT YEAR), were any medicines prescribed for (you/SP) that (you/he/she) did not get? Please include refills of earlier prescriptions as well as prescriptions that were written or phoned in by a doctor.

PMNOTGET

YES 1   (SC16)
NO 2   (SC20)
REFUSED .... -7   (SC20)
DON'T KNOW .... -8   (SC20)

SC16.   What were the names of those medicines?
[ENTER ALL MEDICINES. PRESS ENTER IF THERE ARE NO MORE MEDICINES.]

TEMP1   MEDICINE 1: _____

TEMP2   MEDICINE 2: _____

TEMP3   MEDICINE 3: _____

TEMP4   MEDICINE 4: _____

TEMP5   MEDICINE 5: _____

SC17INTR. This card lists some reasons people have given for not having prescriptions filled or refilled.
[PRESS ENTER TO CONTINUE.]

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SHOW
CARD
SC3
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SC17a. Which of these reasons explains why (you/SP) did not obtain the [READ MEDICINE(S) BELOW]?
(MEDICINE NAMES)
[PROBE: Any other reason?]
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD SC3	**SCPMCOST**	THOUGHT IT WOULD COST TOO MUCH.................	1	*BOX SC2*
	SCNOHELP	DIDN'T THINK MEDICINE WOULD HELP CONDITION	2	*BOX SC2*
	SCPMREAC	WAS AFRAID OF MEDICINE REACTIONS/ CONTRAINDICATIONS	3	*BOX SC2*
	SCPMNLKE	DON'T LIKE TO TAKE MEDICINE	4	*BOX SC2*
	SCPMNCND	DIDN'T THINK MEDICINE WAS NECESSARY	5	*BOX SC2*
	SCPMNOCV	NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY	6	*BOX SC2*
	SCPMTROB	TROUBLE OBTAINING MEDICINE	7	*BOX SC2*
	SCPMSMPL	OBTAINED/USED SAMPLES	8	*BOX SC2*
	SCPMSUBS	USED ANOTHER MEDICINE AS A SUBSTITUTION .	9	*BOX SC2*
	SCPMOTHR	OTHER (SPECIFY) _____	91	*BOX SC2*
	SCPMOTOS	REFUSED	-7	(SC20)
		DON'T KNOW	-8	(SC20)

SC17 OMITTED IN ROUND 46.

BOX SC2	IF MORE THAN ONE REASON ENTERED AT SC17a, GO TO SC18a. OTHERWISE, GO TO SC20.

SC18a. Which of these was the main reason (you/SP) did not obtain (this/these) medicine(s) during (CURRENT YEAR)?
[READ REASONS BELOW IF NECESSARY.]
(MEDICINE NAMES)

SCPMMAIN
(THOUGHT IT WOULD COST TOO MUCH................. 1)
(DIDN'T THINK MEDICINE WOULD HELP
    CONDITION .... 2)
(WAS AFRAID OF MEDICINE REACTIONS/
    CONTRAINDICATIONS .... 3)
(DON'T LIKE TO TAKE MEDICINE............................. 4)
(DIDN'T THINK MEDICINE WAS NECESSARY .... 5)
(NOT COVERED BY INSURANCE/NOT ON
    PLAN FORMULARY.. 6)
(TROUBLE OBTAINING MEDICINE .... 7)
(OBTAINED/USED SAMPLES .... 8)
(USED ANOTHER MEDICINE AS A SUBSTITUTION. 9)
(OTHER (SPECIFY) _____ 91)
(REFUSED .... -7)
(DON'T KNOW .... -8)

SC18 OMITTED IN ROUND 46.

SC19 OMITTED IN ROUND 46.

SC20.   Please tell me how often during (CURRENT YEAR) (you have/SP has) done any of the following things. (Have you/Has SP) often, sometimes, or never…

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┌──────────┐
│   SHOW   │
│   CARD   │
│   SC4    │
└──────────┘
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			OFTEN	SOMETIMES	NEVER
GENERRX	a.	asked for generics instead of brand name drugs? .	1	2	3
MAILRX	b.	purchased prescription drugs through the mail or on the internet?	1	2	3
DOSESRX	c.	taken smaller doses of a medicine to make the medicine last longer?	1	2	3
SKIPRX	d.	skipped doses to make the medicine last longer?..	1	2	3
DELAYRX	e.	delayed getting a prescription filled because the medicine cost too much?	1	2	3
SAMPLERX	f.	asked for or received free samples from (your/his/her) doctor or health provider?	1	2	3
COMPARRX	g.	compared prices or shopped around for the best price?	1	2	3
NOFILLRX	h.	decided not to fill a prescription because it cost too much?	1	2	3
NONUSRX	i.	purchased prescription drugs from outside of the United States?..	1	2	3
SPENTLRX	j.	spent less money on food, heat or other basic needs so that (you/he/she) would have money for medicine?...	1	2	3

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│   BOX    │  GO TO BOX USA.                              │
│   SC3    │                                              │
└──────────┴──────────────────────────────────────────────┘
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SC Addendum

Segments: ACCS

BOX SC4: "Covered by Medicare Prescription Drug Plan" includes the following

- there is a plan with PLANTYPE=7 and PLANDFLG 1 $\neq$ 1 and LOSEPLFG = -1 and a current round PLRO.