

MCBS MAIN STUDY - ROUND 37, FALL 2003

COMMUNITY COMPONENT

PM. PRESCRIBED MEDICINE UTILIZATION

PMINTROA. [Now let's talk about prescribed medicines (you have/SP has) obtained since (PREVIOUS ROUND INTERVIEW DATE).]
 (While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]
 (Now I'd like to talk about prescribed medicines.)

[PRESS ENTER TO CONTINUE.]

PM1. [(Besides (that medicine/those medicines),/Since (REF. DATE),) (have you/has SP) had/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION), did (SP) have] any (other) prescriptions filled?

PMFILLED	YES	1 (PM2)
	NO	2 (PM3)
	REFUSED	-7 (PM3)
	DON'T KNOW	-8 (PM3)

PM2. What is the name of the medicine?

[PM2_4_6] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

PMEDNAME

PMROTYPE

PM3. People sometimes forget to mention refills of earlier prescriptions. (In addition to what you've told me about) Did (you/SP) have any prescriptions refilled [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

PMREFILL	YES	1 (PM4)
	NO	2 (PM5)
	REFUSED	-7 (PM5)
	DON'T KNOW	-8 (PM5)

PM4. What is the name of the medicine?

[PM2_4_6] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]

PMEDNAME

PM5. People sometimes forget to mention prescriptions that were phoned in by a doctor. (In addition to what you've told me about) Did (you/SP) get any medicine prescribed by a doctor in a telephone call to a drugstore or pharmacy [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

PMDRPHON	YES	1 (PM6)
	NO	2 BOX PM1
	REFUSED	-7 BOX PM1
	DON'T KNOW	-8 BOX PM1

PM6. What is the name of the medicine?
[PM2_4_6] [ENTER ALL MEDICINES.] [CHECK MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.]
PMEDNAME

BOX PM1	<p>IF ANY MEDICINES SELECTED OR ADDED AT UTILIZATION FOR THIS ROUND OR SELECTED OR ADDED THROUGH SECTION PMS, GO TO PM6a.</p> <p>OTHERWISE, GO TO PM18.</p>
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PM6a. How many times [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)/(PREVIOUS ROUND START DATE) and (PREVIOUS ROUND INTERVIEW DATE)] did (you/SP) obtain (medicine)?
[ENTER FOR EACH MEDICINE ON ROSTER.]
GETNUM

(MEDICINE NAME)	(NUMBER OF PURCHASES)
(MEDICINE NAME)	(NUMBER OF PURCHASES)
(MEDICINE NAME)	(NUMBER OF PURCHASES)

TO ADD A MEDICINE, PRESS CTRL/A.
TO LEAVE SCREEN, PRESS ESC.

BOX PM1A	<p>IF ALL MEDICINES=0 AT PM6a, GO TO PM17.</p> <p>IF SP HAS USED V.A. FACILITIES (HI36=1), CYCLE THROUGH PM6a1 FOR EVERY MEDICINE WITH PM6a>0 OR = MISSING. THEN GO TO BOX PM1AA FOR EACH MEDICINE WITH PM6a>0 OR = MISSING.</p> <p>IF SP HAS NOT USED V.A. FACILITIES (HI36=2 OR MISSING), GO TO BOX PM1AA FOR EACH MEDICINE WITH PM6a>0 OR = MISSING.</p>
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PM6a1. Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?

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

BOX PM1AA	<p>IF MANAGED CARE PLAN (MEDICARE, MEDICAID, OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, CYCLE THROUGH PM6b FOR EVERY MEDICINE WITH PM6a>0 OR = MISSING. THEN GO TO PMINTROB FOR EACH MEDICINE WITH PM6a>0 OR =MISSING.</p> <p>IF NO MANAGED CARE PLAN (MEDICARE, MEDICAID, OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO PMINTROB FOR EACH MEDICINE WITH PM6a>0 OR =MISSING.</p>
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PM6b. Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include obtaining the purchases at a managed care plan pharmacy; at a pharmacy that honors (your/SP's) plan card; or through a mail order service that the managed care plan referred (you/SP) to.]

[DISPLAY ALL MANAGED CARE PLAN NAMES HERE]

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

BOX PM1A OMITTED.

PMINTROB. [It would be very helpful for the following questions if we could look at the bottle(s), container(s), or bag(s) for the medicine(s) you've just told me about. ASK R TO GET BOTTLES.]
Now I need to ask you a few questions about the [(NAME OF (FIRST/NEXT) MEDICINE ON PM ROSTER)].

[PRESS ENTER TO CONTINUE.]

BOX PM1B	<p>IF THIS MEDICINE HAS A CONDITION LINKED TO IT FOR A PREVIOUS ROUND, GO TO PM8.</p> <p>IF NO CONDITION LINKED TO THIS MEDICINE FOR A PREVIOUS ROUND, GO TO PM7.</p>
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PM7. What condition was (MEDICINE) for?
[ENTER ALL CONDITIONS.]
CONDTION

PM8. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT.] Do you have the medicine bottle, container, or bag available?

PMBOTTLE	YES	1	BOX PM1B-1
	NO	2	BOX PM2
	NO, BUT R CAN ANSWER QUESTIONS	3	BOX PM1B-1
	REFUSED	-7	BOX PM2
	DON'T KNOW	-8	BOX PM2

BOX PM1B-1	<p>IF THE PREVIOUS ROUND GETNUM (PM6a) \geq 1 OR REF OR DK AND PREVIOUS ROUND PMFORM OR PMFORM ADDED IN PMS (PM9) NOT EQUAL TO -1 OR DK FOR THE (FIRST/NEXT) MEDICINE ON PM ROSTER, GO TO PM8a.</p> <p>OTHERWISE:</p> <p style="padding-left: 40px;">IF PM8 = 3, GO TO PM9.</p> <p style="padding-left: 40px;">IF PM8 \neq 3, GO TO PMINTROC.</p>
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PM8a. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT AND FORM IS SAME AS PREVIOUS INTERVIEW.] At the time of the last interview, (you/SP) purchased (FIRST/NEXT MEDICINE) in the form of (PREVIOUS ROUND PM9). Is this medicine in the same form?

SAMEFORM	YES	1	BOX PM1B-2
	NO	2	BOX PM1B-2A
	REFUSED	-7	BOX PM1B-2A
	DON'T KNOW	-8	BOX PM1B-2A

BOX PM1B-2	<p>IF IN PREVIOUS ROUND ANY PM10 VARIABLE = DK, GO TO PM10.</p> <p>OTHERWISE, GO TO PM9a.</p>
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BOX PM1B-2A	<p>IF PM8 = 3, GO TO PM9. IF PM8 \neq 3, GO TO PMINTROC.</p>
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PMINTROC. INTERVIEWER: COMPLETE PM9 -- PM16 USING INFORMATION FROM MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE CONTAINER FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER.

[PRESS ENTER TO CONTINUE.]

PM9. IN WHAT FORM IS THE MEDICINE?

PMFORM	PILLS (TABLET, CAPSULE).....	1 (PM10)
	LIQUID (TO BE TAKEN ORALLY)	2 (PM10)
	DROPS (EYE/EAR/NOSE).....	3 (PM10)
	OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL)	4 (PM10)
	SUPPOSITORIES	5 (PM10)
	AEROSOL/SPRAY, INHALANT	6 (PM10)
	SHAMPOO, SOAP	7 (PM10)
	INJECTION	8 (PM10)
	IV INJECTION	9 (PM10)
	PATCHES	10 (PM10)
	GEL OR JELLY (TOPICAL OR INTERNAL)..	11 (PM10)
	POWDER, GRANULES.....	12 (PM10)
	OTHER (SPECIFY)	91 (PM10)
PMFORMOS	DON'T KNOW	-8 (PM16)

PM9a. [CODE “YES” WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW.] At the time of the last interview, the strength of [each pill/each patch/each suppository/the (PREVIOUS ROUND PM9)] was [READ STRENGTH BELOW].

(PREVIOUS ROUND PM10)

[(SECOND PREVIOUS ROUND PM10)]

Is this medicine in the same strength?

SAMESTRN	YES	1 BOX PM1B-3
	NO	2 (PM10)
	REFUSED	-7 (PM10)
	DON'T KNOW	-8 (PM10)

BOX PM1B-3	IF PREVIOUS ROUND PM9 = 1, 5 OR 10, GO TO PM11. IF IN PREVIOUS ROUND ANY PM16 VARIABLE = DK, GO TO PM16. OTHERWISE, GO TO PM15a.
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PM10. (1ST MEDICINE IN COMPOUND:)
(2ND MEDICINE IN COMPOUND:)
WHAT IS THE STRENGTH?
WHAT IS THE STRENGTH OF [EACH PILL/EACH PATCH/(THE PM9 MEDICINE FORM)]?

STRNUNIT	MICROGRAMS (mcg, mc)	1	(NUMBER OF (TYPE OF UNIT):
	MILLIGRAMS (mg)	2	(PERCENT (%):
	GRAINS (gr)	3	STRNNUM
	MILLIEQUIVALENTS (meq)	4	
	GRAMS (g, gm)	5	COMPFLAG
STRNPER	PERCENT (%)	6	STRNPER2
	INTERNATIONAL UNITS (IU)	7	
	UNITS (U)	8	
	OTHER (SPECIFY)	91	STRNUNI2
	COMPOUND/MORE THAN ONE		STRNUNO2
STRNUNOS	MEDICINE COMBINED	96	STRNNUM2
	DON'T KNOW	-8	BOX PM1B-4

BOX PM1B-4	IF PM9 = 1, 5, OR 10, GO TO PM11. OTHERWISE, GO TO PM16.
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PM11. HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED?

TABNUM _____ **BOX PM1C**
NUMBER
DON'T KNOW -8 **BOX PM1C**

BOX PM1C	IF PM9 = 10, GO TO BOX PM2 . IF PM9 = 1 OR 5 AND PM11 = DK, GO TO PM12. IF PM9 = 1 OR 5 AND PM11 ≠ DK, GO TO BOX PM2 .
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PM12. HOW MANY (PILLS/SUPPOSITORIES) ARE TO BE TAKEN IN A DAY?

TABSADAY _____ (PM14)
NUMBER
LESS THAN WHOLE 95 (PM14)
TAKE AS NEEDED 96 (PM13)
DON'T KNOW -8 **BOX PM2**

PM13. How many (pills/suppositories) (do you/did you/does SP/did SP) usually take in a day?

TABTAKE _____
NUMBER
DON'T TAKE EVERY DAY 96 **BOX PM2**
DON'T KNOW -8

PM14. HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN?

TAKEUNIT	DAYS	1	NUMBER OF DAYS: _____	BOX PM2
	WEEKS	2	NUMBER OF WEEKS: _____	BOX PM2
	TAKE UNTIL GONE	3	BOX PM2	TAKENUM
	TAKE AS NEEDED	4	BOX PM2	
	TAKE EVERY DAY	5	BOX PM2	
	DON'T KNOW	-8	BOX PM2	

PM15 OMITTED IN ROUND 27

PM15a. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT AND AMOUNT IS SAME AS PREVIOUS INTERVIEW.] At the time of the last interview, the amount of the (PREVIOUS ROUND PM9) was (PREVIOUS ROUND PM16). Is this medicine in the same amount?

SAMEAMNT	YES	1	BOX PM2
	NO	2	(PM16)
	REFUSED	-7	(PM16)
	DON'T KNOW	-8	(PM16)

PM16. HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]

AMTUNIT	OUNCES (oz)	1	NUMBER OF (TYPE OF UNIT): _____
	GRAMS (g, gm)	2	AMTNUM
	MILLILITERS (ml, cc)	3	
	MILLIEQUIVALENTS (meq)	4	
	MILLIGRAMS (mg)	5	
AMTUNOS	MICROGRAMS (mcg)	6	
	OTHER (SPECIFY) _____	91	
	DON'T KNOW	-8	BOX PM2

BOX PM2	IF MORE MEDICINES ON MEDICINE ROSTER WITH NUMBER OF PURCHASES > 0, RETURN TO PMINTROB FOR NEXT MEDICINE. IF COMING FROM PMS, RETURN TO PMSINTRB. IF COMING FROM ST, GO TO BOX ST49 . OTHERWISE, GO TO PM17.
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PM17. (MEDICINE NAME AND CONDITION)
(MEDICINE NAME AND CONDITION)
[NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE
NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED
ABOVE.]
ARE THERE ANY (MORE) MEDICINES THAT YOU HAVE NOT ENTERED?

YES	1	(PM6)
NO	2	(PM18)

PM18. THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACKUP.
[NOBACKUP]

IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.

OTHERWISE, PRESS ENTER TO CONTINUE.

BOX PM3	GO TO BOX ST1A .
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