

MCBS MAIN STUDY - ROUND 40 – FALL SUPPLEMENT 2004

COMMUNITY COMPONENT

SC. SATISFACTION WITH CARE

BOX SC1A	IF SP DECEASED OR INSTITUTIONALIZED, GO TO BOX USA .
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SC1. We're interested in how you feel about the medical services (you have/SP has) received [over the past year/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 medical services (you have /SP has) received [over the past year/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 medical services 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

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

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

- SC8. [Please tell me how satisfied you have been with . . .] Getting all (your/SP's) medical 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

- SC9. What things about the medical 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. What things about the medical services (you receive/SP receives) need to be improved?

MCIMPROV

NOTHING NEEDS TO BE IMPROVED 1

RECORD ALL OTHER RESPONSES VERBATIM BELOW: 91

MCIMPVB1

VCMCIMP1**MCIMPVB2**

VCMCIMP2**MCIMPVB3**

VCMCIMP3**VCMCIMP4**

SC10a. Next I'm going to read you a few statements about health and medical care. 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 (SC12)

NO 2 (SC15)

REFUSED -7 (SC15)

DON'T KNOW -8 (SC15)

SC12. What was the health problem or condition?
[ENTER ALL CONDITIONS.]

CONDITION
CONDSC12

SC12a. Did you attempt to see a doctor about this [READ CONDITION(S) BELOW]?
(CONDITIONS FROM SC12)

[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. This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition.
[PRESS ENTER TO CONTINUE.]

SHOW CARD SC2

SC13. Which of these reasons explains why (you/SP) did not see a doctor about the [READ CONDITION(S) BELOW]?
(CONDITIONS FROM SC12)
[PROBE: Any other reason?]
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD SC2

MCRNSERS	DIDN'T THINK THE PROBLEM WAS SERIOUS	1	BOX SC1B
MCR COST	THOUGHT IT WOULD COST TOO MUCH	2	BOX SC1B
MCR TIME	DIDN'T HAVE TIME	3	BOX SC1B
MCR APPT	COULDN'T GET AN APPOINTMENT		
MCR AVAIL	SOON ENOUGH	4	BOX SC1B
MCR WAY	NO DOCTOR WAS AVAILABLE	5	BOX SC1B
MCR FAMILY	DIDN'T HAVE A WAY TO GET TO THE DOCTOR ...	6	BOX SC1B
MCR DRCDM	COULDN'T LEAVE OTHER FAMILY MEMBER	7	BOX SC1B
MCR FEAR	THOUGHT DOCTOR COULDN'T DO MUCH		
MCR DRCHG	ABOUT PROBLEM	8	BOX SC1B
MCR ACCPT	WAS AFRAID OF FINDING OUT WHAT WAS		
	WRONG	9	BOX SC1B
MCR DOCTR	DOCTOR CHARGED MORE THAN MEDICARE		
MCR HOSP	WOULD PAY	10	BOX SC1B
MCR NOCAR	COULDN'T FIND A DOCTOR WHO WOULD		
MCR UNABL	ACCEPT MEDICAID	11	BOX SC1B
MCR OTHR	OTHER (SPECIFY) _____		
MCR OTHOS	_____	91	BOX SC1B
	REFUSED	-7	(SC15)
	DON'T KNOW	-8	(SC15)

BOX SC1B	IF MORE THAN ONE REASON ENTERED IN SC13, GO TO SC14. OTHERWISE, GO TO SC15.
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SC14. 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 SC12)

MCRMAIN

(DIDN'T THINK THE PROBLEM WAS SERIOUS	1)
(THOUGHT IT WOULD COST TOO MUCH	2)
(DIDN'T HAVE TIME	3)
(COULDN'T GET AN APPOINTMENT SOON ENOUGH	4)
(NO DOCTOR WAS AVAILABLE	5)
(DIDN'T HAVE A WAY TO GET TO THE DOCTOR ..	6)
(COULDN'T LEAVE OTHER FAMILY MEMBER	7)
(THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM	8)
(WAS AFRAID OF FINDING OUT WHAT WAS WRONG	9)
(DOCTOR CHARGED MORE THAN MEDICARE WOULD PAY	10)
(COULDN'T FIND A DOCTOR WHO WOULD ACCEPT MEDICAID	11)
([OTHER SPECIFY]	91)

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.]

PMNAME1 MEDICINE 1: _____

PMNAME2 MEDICINE 2: _____

PMNAME3 MEDICINE 3: _____

PMNAME4 MEDICINE 4: _____

PMNAME5 MEDICINE 5: _____

SC17INTR. This card lists some reasons people have given for not having prescriptions filled or refilled.

[PRESS ENTER TO CONTINUE.]

SHOW CARD SC3

SC17. 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

PMNOCOND	DIDN'T THINK MEDICINE WAS NECESSARY FOR THE CONDITION	1	BOX SC2
PMCOST	THOUGHT IT WOULD COST TOO MUCH	2	BOX SC2
PMNOCOV	MEDICINE NOT COVERED BY INSURANCE OR MEDICAID	3	BOX SC2
PMNOTIME	DIDN'T HAVE TIME	4	BOX SC2
PMNOSOON	COULDN'T GET THE MEDICINE SOON ENOUGH ...	5	BOX SC2
PMPHARM	NO PHARMACY CONVENIENT	6	BOX SC2
PMNOWAY	DIDN'T HAVE A WAY TO GET MEDICINE	7	BOX SC2
PMNOHELP	DIDN'T THINK MEDICINE WOULD HELP CONDITION	8	BOX SC2
PMREACT	WAS AFRAID OF MEDICINE REACTIONS/ CONTRAINDICATIONS	9	BOX SC2
PMNONEED	FELT BETTER, DIDN'T NEED MEDICINE	10	BOX SC2
PMNOLIKE	DON'T LIKE TO TAKE MEDICINE	11	BOX SC2
	OTHER (SPECIFY)	91	BOX SC2
PMOTHER	REFUSED	-7	(SC20)
PMOTHOS	DON'T KNOW	-8	(SC19)

BOX SC2	IF MORE THAN ONE REASON ENTERED AT SC17, GO TO SC18. OTHERWISE, GO TO SC19.
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- SC18. 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)

PMMAIN	(DIDN'T THINK MEDICINE WAS NECESSARY FOR THE CONDITION	1)
	(THOUGHT IT WOULD COST TOO MUCH	2)
	(MEDICINE NOT COVERED BY INSURANCE OR MEDICAID	3)
	(DIDN'T HAVE TIME	4)
	(COULDN'T GET THE MEDICINE SOON ENOUGH..	5)
	(NO PHARMACY CONVENIENT	6)
	(DIDN'T HAVE A WAY TO GET MEDICINE	7)
	(DIDN'T THINK MEDICINE WOULD HELP CONDITION	8)
	(WAS AFRAID OF MEDICINE REACTIONS/ CONTRAINDICATIONS	9)
	(FELT BETTER, DIDN'T NEED MEDICINE	10)
	(DON'T LIKE TO TAKE MEDICINE	11)
	([OTHER SPECIFY]	91)
	REFUSED	-7
	DON'T KNOW	-8

- SC19. During (CURRENT YEAR), how many times did (you/SP) decide not to fill or refill a prescription because it was too expensive?

NOTFILL	NONE	1
	1 TIME	2
	2 TIMES	3
	3-4 TIMES	4
	5-9 TIMES	5
	10 OR MORE TIMES	6
	REFUSED	-7
	DON'T KNOW	-8

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...

SHOW CARD SC4

		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
SAMPLERX	e. asked for or received free samples from (your/his/her) doctor or health provider?	1	2	3
COMPARRX	f. compared prices or shopped around for the best price?.....	1	2	3
NONUSRX	g. purchased prescription drugs from outside of the United States?.....	1	2	3
SPENTLRX	h. spent less money on food, heat or other basic needs so that (you/he/she) would have money for medicine?.....	1	2	3

BOX SC3	GO TO BOX USA .
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SC Addendum

Segments: ACCS
COND