

Medicare Current Beneficiary Survey

Section Specifications for SCQ

SATISFACTION WITH CARE

ROUND 70

Created on 4/22/2015

SC1

Code 1

QUESTION TEXT

SHOW CARD SC1

We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/
since (SURVEY REFERENCE MONTH AND YEAR)] 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 past year/since (SURVEY REFERENCE DATE)].

FIELD 1: MCQUALTY

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|---------------|
| 1 | VERY SATISFIED | SC2 - MCAVAIL |
| 2 | SATISFIED | SC2 - MCAVAIL |
| 3 | DISSATISFIED | SC2 - MCAVAIL |
| 4 | VERY DISSATISFIED | SC2 - MCAVAIL |
| 5 | NOT APPLICABLE | SC2 - MCAVAIL |
| | Don't Know | SC2 - MCAVAIL |
| | Refused | SC2 - MCAVAIL |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCQUALTY | 1 |

SC2

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The availability of health care at night and on weekends.

FIELD 1: MCAVAIL

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|--------------|
| 1 | VERY SATISFIED | SC3 - MCEASE |
| 2 | SATISFIED | SC3 - MCEASE |
| 3 | DISSATISFIED | SC3 - MCEASE |
| 4 | VERY DISSATISFIED | SC3 - MCEASE |
| 5 | NOT APPLICABLE | SC3 - MCEASE |
| | Don't Know | SC3 - MCEASE |
| | Refused | SC3 - MCEASE |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCAVAIL | 1 |

SC3

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The ease and convenience of getting to a doctor from where [you/(SP)] (live/lives).

FIELD 1: MCEASE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|---------------|
| 1 | VERY SATISFIED | SC4 - MCCOSTS |
| 2 | SATISFIED | SC4 - MCCOSTS |
| 3 | DISSATISFIED | SC4 - MCCOSTS |
| 4 | VERY DISSATISFIED | SC4 - MCCOSTS |
| 5 | NOT APPLICABLE | SC4 - MCCOSTS |
| | Don't Know | SC4 - MCCOSTS |
| | Refused | SC4 - MCCOSTS |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCEASE | 1 |

SC4

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The out-of-pocket costs [you/(SP)] paid for health care.

FIELD 1: MCCOSTS

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|--------------|
| 1 | VERY SATISFIED | SC5 - MCINFO |
| 2 | SATISFIED | SC5 - MCINFO |
| 3 | DISSATISFIED | SC5 - MCINFO |
| 4 | VERY DISSATISFIED | SC5 - MCINFO |
| 5 | NOT APPLICABLE | SC5 - MCINFO |
| | Don't Know | SC5 - MCINFO |
| | Refused | SC5 - MCINFO |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCCOSTS | 1 |

SC5

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The information given to [you/you or (SP)] about what was wrong with [you/(SP)].

FIELD 1: MCINFO

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|---------------|
| 1 | VERY SATISFIED | SC6 - MCFOLUP |
| 2 | SATISFIED | SC6 - MCFOLUP |
| 3 | DISSATISFIED | SC6 - MCFOLUP |
| 4 | VERY DISSATISFIED | SC6 - MCFOLUP |
| 5 | NOT APPLICABLE | SC6 - MCFOLUP |
| | Don't Know | SC6 - MCFOLUP |
| | Refused | SC6 - MCFOLUP |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCINFO | 1 |

SC6

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The follow-up care [you/(SP)] received after an initial treatment or operation.

FIELD 1: MCFOLUP

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|----------------|
| 1 | VERY SATISFIED | SC7 - MCCONCRN |
| 2 | SATISFIED | SC7 - MCCONCRN |
| 3 | DISSATISFIED | SC7 - MCCONCRN |
| 4 | VERY DISSATISFIED | SC7 - MCCONCRN |
| 5 | NOT APPLICABLE | SC7 - MCCONCRN |
| | Don't Know | SC7 - MCCONCRN |
| | Refused | SC7 - MCCONCRN |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCFOLUP | 1 |

SC7

Code 1

QUESTION TEXT

SHOW CARD SC1

[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.

FIELD 1: MCCONCRN

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|----------------|
| 1 | VERY SATISFIED | SC8 - MCSAMLOC |
| 2 | SATISFIED | SC8 - MCSAMLOC |
| 3 | DISSATISFIED | SC8 - MCSAMLOC |
| 4 | VERY DISSATISFIED | SC8 - MCSAMLOC |
| 5 | NOT APPLICABLE | SC8 - MCSAMLOC |
| | Don't Know | SC8 - MCSAMLOC |
| | Refused | SC8 - MCSAMLOC |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCCONCRN | 1 |

SC8

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

Getting all [your/(SP's)] health care needs taken care of at the same location.

FIELD 1: MCSAMLOC

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|-----------------|
| 1 | VERY SATISFIED | SC8A - MCSPECAR |
| 2 | SATISFIED | SC8A - MCSPECAR |
| 3 | DISSATISFIED | SC8A - MCSPECAR |
| 4 | VERY DISSATISFIED | SC8A - MCSPECAR |
| 5 | NOT APPLICABLE | SC8A - MCSPECAR |
| | Don't Know | SC8A - MCSPECAR |
| | Refused | SC8A - MCSPECAR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCSAMLOC | 1 |

SC8A

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.

FIELD 1: MCSPECAR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|-----------------|
| 1 | VERY SATISFIED | SC8B - MCTELANS |
| 2 | SATISFIED | SC8B - MCTELANS |
| 3 | DISSATISFIED | SC8B - MCTELANS |
| 4 | VERY DISSATISFIED | SC8B - MCTELANS |
| 5 | NOT APPLICABLE | SC8B - MCTELANS |
| | Don't Know | SC8B - MCTELANS |
| | Refused | SC8B - MCTELANS |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCSPECAR | 1 |

SC8B

Code 1

QUESTION TEXT

SHOW CARD SC1

[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.

FIELD 1: MCTELANS

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|-----------------|
| 1 | VERY SATISFIED | SC8C - MCAMTPAY |
| 2 | SATISFIED | SC8C - MCAMTPAY |
| 3 | DISSATISFIED | SC8C - MCAMTPAY |
| 4 | VERY DISSATISFIED | SC8C - MCAMTPAY |
| 5 | NOT APPLICABLE | SC8C - MCAMTPAY |
| | Don't Know | SC8C - MCAMTPAY |
| | Refused | SC8C - MCAMTPAY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCTELANS | 1 |

SC8C

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.

FIELD 1: MCAMTPAY

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|----------|
| 1 | VERY SATISFIED | BOX SC1A |
| 2 | SATISFIED | BOX SC1A |
| 3 | DISSATISFIED | BOX SC1A |
| 4 | VERY DISSATISFIED | BOX SC1A |
| 5 | NOT APPLICABLE | BOX SC1A |
| | Don't Know | BOX SC1A |
| | Refused | BOX SC1A |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCAMTPAY | 1 |

BOX SC1A

BOX INSTRUCTIONS

IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND) OR
(SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME IN THE
CURRENT ROUND), GO TO SC8D - MCDRGLST.

ELSE GO TO SC9 - MDISSFY.

SC8D

Code 1

QUESTION TEXT

SHOW CARD SC1

[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.

[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]

FIELD 1: MCDRGLST

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|-----------------|
| 1 | VERY SATISFIED | SC8E - MCFNDPCY |
| 2 | SATISFIED | SC8E - MCFNDPCY |
| 3 | DISSATISFIED | SC8E - MCFNDPCY |
| 4 | VERY DISSATISFIED | SC8E - MCFNDPCY |
| 5 | NOT APPLICABLE | SC8E - MCFNDPCY |
| | Don't Know | SC8E - MCFNDPCY |
| | Refused | SC8E - MCFNDPCY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCDRGLST | 1 |

SC8E

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The ease of finding a pharmacy which accepts your prescription drug plan.

[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]

FIELD 1: MCFNDPCY

FIELD 1 ROUTING

| Value | Label | Route |
|-------|-------------------|-----------------|
| 1 | VERY SATISFIED | SC8F - MCRECPLN |
| 2 | SATISFIED | SC8F - MCRECPLN |
| 3 | DISSATISFIED | SC8F - MCRECPLN |
| 4 | VERY DISSATISFIED | SC8F - MCRECPLN |
| 5 | NOT APPLICABLE | SC8F - MCRECPLN |
| | Don't Know | SC8F - MCRECPLN |
| | Refused | SC8F - MCRECPLN |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCFNDPCY | 1 |

SC8F

Code 1

QUESTION TEXT

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

[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]

FIELD 1: MCRECPLN

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------|-----------------|
| 1 | YES | SC8G - DHEVHEAR |
| 2 | NO | SC8G - DHEVHEAR |
| 3 | NOT APPLICABLE | SC8G - DHEVHEAR |
| | Don't Know | SC8G - DHEVHEAR |
| | Refused | SC8G - DHEVHEAR |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCRECPLN | 1 |

SC8G

Yes/No

QUESTION TEXT

[[You receive/(SP) receives] (your/his/her) prescription drug coverage through a (Medicare Prescription Drug Plan/Medicare Advantage plan)./Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also called "Medicare Part D" plans.]

In many Medicare drug plans there is a coverage gap, sometimes called a "doughnut hole", during which there is a reduction in coverage and people have to pay a higher share of their drug costs

Before today, have you heard about the coverage gap or "doughnut hole" that is part of most Medicare drug plans?

FIELD 1: DHEVHEAR

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------|
| 1 | YES | BOX SC1AA |
| 2 | NO | BOX SC1AA |
| | Don't Know | BOX SC1AA |
| | Refused | BOX SC1AA |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHEVHEAR | 1 |

BOX SC1AA

BOX INSTRUCTIONS

IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8I - DHPLAN.

ELSE GO TO SC9 - MDISSFY

SC8I

Yes/No

QUESTION TEXT

Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or “doughnut hole”?

[EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage during which there is a reduction in coverage and people have to pay a higher share of their drug costs.]

FIELD 1: DHPLAN

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | SC8L - DHTHISYR |
| 2 | NO | SC9 - MDISSFY |
| | Don't Know | SC9 - MDISSFY |
| | Refused | SC9 - MDISSFY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHPLAN | 1 |

SC8L

Yes/No

QUESTION TEXT

[Have you/Has (SP)] reached the start of the coverage gap during [CURRENT YEAR]?

[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means (you have/he has/she has) reached a phase during which there is a reduction in coverage and (you/he/she) will have to pay a higher share of (your/his/her) drug costs.]

REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

FIELD 1: DHTHISYR**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|------------|----------------|
| 1 | YES | SC8M - DHSTART |
| 2 | NO | SC9 - MDISSFY |
| | Don't Know | SC9 - MDISSFY |
| | Refused | SC9 - MDISSFY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHTHISYR | 1 |

SC8M

Code 1

QUESTION TEXT

How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap?

FIELD 1: DHSTART

FIELD 1 ROUTING

| Value | Label | Route |
|-------|--|-----------------|
| 1 | SP OR SOMEONE FOR THE SP KEPT TRACK OF TOTAL MEDICINE SPENDING | SC8N - DHEND |
| 2 | INFORMATION PROVIDED BY THE PART D PLAN | SC8N - DHEND |
| 3 | INFORMATION PROVIDED BY THE PHARMACY | SC8N - DHEND |
| 91 | OTHER | SC8M - DHSTAROS |
| | Don't Know | SC8N - DHEND |
| | Refused | SC8N - DHEND |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHSTART | 1 |

FIELD 2: DHSTAROS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|--------------|
| 1 | [Continuous answer.] | SC8N - DHEND |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHSTAROS | 1 |

SC8N

Yes/No

QUESTION TEXT

[Have you/Has (SP)] reached the end of the coverage gap during [CURRENT YEAR]?

[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total cost of each prescription and (your/his/her) drug plan pays the remaining amount.]

REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

FIELD 1: DHEND

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | YES | SC8O - DHWORRY |
| 2 | NO | SC8O - DHWORRY |
| | Don't Know | SC9 - MDISSFY |
| | Refused | SC9 - MDISSFY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHEND | 1 |

SC80

Code 1

QUESTION TEXT

For [CURRENT YEAR], how worried (are/is/were/was) [you/(SP)] about (your/his/her) ability to pay for (your/his/her) medicines during the coverage gap?

Would you say that [you/(SP)] (are/is/were/was) very worried, somewhat worried, or not at all worried?

FIELD 1: DHWORRY

FIELD 1 ROUTING

| Value | Label | Route |
|-------|--------------------|---------------|
| 1 | VERY WORRIED | SC9 - MDISSFY |
| 2 | SOMEWHAT WORRIED | SC9 - MDISSFY |
| 3 | NOT AT ALL WORRIED | SC9 - MDISSFY |
| | Don't Know | SC9 - MDISSFY |
| | Refused | SC9 - MDISSFY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DHWORRY | 1 |

SC9

Verbatim Text

QUESTION TEXT

Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors, hospitals and pharmacies.

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

FIELD 1: MDISSFY

FIELD 1 ROUTING

| Value | Label | Route |
|-------|--|-----------------|
| 1 | RESPONDENT IS NOT DISSATISFIED WITH ANYTHING | SC10A - MCWORRY |
| 91 | RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW) | SC9 - MCDISVB |
| | Don't Know | SC10A - MCWORRY |
| | Refused | SC10A - MCWORRY |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCDISSFY | 1 |

FIELD 2: MCDISVB

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | SC10A - MCWORRY |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---|------------------------|
| NONE REPLACES CHESHIRE VARIABLES: ACCS.MCDISVB1 ACCS.MCDISVB2 ACCS.MCDISVB3 DATA EDITING CODING VARIABLES: ACCS.VCMCDIS1 ACCS.VCMCDIS2 ACCS.VCMCDIS3 ACCS.VCMCDIS4 | 1 |

SC10A

List

QUESTION TEXT

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

FIELD 1: MCWORRY

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

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | TRUE | SC10A - MCAVOID |
| 2 | FALSE | SC10A - MCAVOID |
| | Don't Know | SC10A - MCAVOID |
| | Refused | SC10A - MCAVOID |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCWORRY | 1 |

FIELD 2: MCAVOID

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

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | TRUE | SC10A - MCSICK |
| 2 | FALSE | SC10A - MCSICK |
| | Don't Know | SC10A - MCSICK |
| | Refused | SC10A - MCSICK |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCAVOID | 1 |

FIELD 3: MCSICK

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

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|-------------------|
| 1 | TRUE | SC10A - MCDR SOON |
| 2 | FALSE | SC10A - MCDR SOON |
| | Don't Know | SC10A - MCDR SOON |
| | Refused | SC10A - MCDR SOON |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCSICK | 1 |

FIELD 4: MCDR SOON

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

FIELD 4 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | TRUE | SC11 - MCDRNSEE |
| 2 | FALSE | SC11 - MCDRNSEE |
| | Don't Know | SC11 - MCDRNSEE |
| | Refused | SC11 - MCDRNSEE |

FIELD 4 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| ACCS.MCDRSOON | 1 |

SC11

Yes/No

QUESTION TEXT

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?

[INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.]

FIELD 1: MCDRNSEE

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|--------------------|
| 1 | YES | SC12AA - TEMPCOND1 |
| 2 | NO | SC15 - PMNOTGET |
| | Don't Know | SC15 - PMNOTGET |
| | Refused | SC15 - PMNOTGET |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCDRNSEE | 1 |

SC12AA

Text

QUESTION TEXT

What was the health problem or condition?

ENTER ALL CONDITIONS.

FIELD 1: TEMPCOND1

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|--------------------|
| 1 | [Continuous answer.] | SC12AA - TEMPCOND2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

FIELD 2: TEMPCOND2

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|--------------------|
| 1 | [Continuous answer.] | SC12AA - TEMPCOND3 |
| | Empty | SC12A - MCDRATMP |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

FIELD 3: TEMPCOND3**FIELD 3 ROUTING**

| Value | Label | Route |
|-------|----------------------|------------------|
| 1 | [Continuous answer.] | SC12A - MCDRATMP |
| | Empty | SC12A - MCDRATMP |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

SC12A

Yes/No

QUESTION TEXT

Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]?

(CONDITION 1 FROM SC12AA)

(CONDITION 2 FROM SC12AA)

(CONDITION 3 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)?]

FIELD 1: MCDRATMP

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|------------------|
| 1 | YES | SC13A - SCRCODES |
| 2 | NO | SC13A - SCRCODES |
| | Don't Know | SC13A - SCRCODES |
| | Refused | SC13A - SCRCODES |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MCDRATMP | 1 |

SC13A

Code All

QUESTION TEXT

SHOW CARD SC2

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

Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]?

(CONDITION 1 FROM SC12AA)

(CONDITION 2 FROM SC12AA)

(CONDITION 3 FROM SC12AA)

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: SCRCODES

FIELD 1 ROUTING

| Value | Label | Route |
|-------|---|----------|
| 1 | DIDN'T THINK THE PROBLEM WAS SERIOUS | BOX SC1B |
| 2 | THOUGHT IT WOULD COST TOO MUCH | BOX SC1B |
| 3 | TROUBLE FINDING/GETTING TO DOCTOR | BOX SC1B |
| 4 | TIME/SCHEDULE OR PERSONAL CONFLICTS | BOX SC1B |
| 5 | THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM | BOX SC1B |
| 6 | WAS AFRAID OF FINDING OUT WHAT WAS WRONG | BOX SC1B |
| 7 | DOCTOR WOULD NOT ACCEPT MY INSURANCE | BOX SC1B |

| Value | Label | Route |
|-------|--|-----------------|
| 91 | (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) | SC13A - SCROTOS |
| | Don't Know | SC15 - PMNOTGET |
| | Refused | SC15 - PMNOTGET |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---|-----------------|
| <p>NONE</p> <p>REPLACES THE FOLLOWING CHESHIRE VARIABLES:</p> <p>1=ACCS.SCRNSERS 2=ACCS.SCRCOST 3=ACCS.SCRTROUB 4=ACCS.SCRSCHED 5=ACCS.SCRDRCDM 6=ACCS.SCRFEAR 7=ACCS.SCRNACCP 91=ACCS.SCROTHR</p> | 12 |

FIELD 2: SCROTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|----------|
| 1 | [Continuous answer.] | BOX SC1B |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.SCROTOS | 1 |

BOX SC1B

BOX INSTRUCTIONS

IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN.

ELSE GO TO SC15 - PMNOTGET.

SC14A

Code 1

QUESTION TEXT

Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)?

[READ REASONS BELOW IF NECESSARY.]

(CONDITION 1 FROM SC12AA)

(CONDITION 2 FROM SC12AA)

(CONDITION 3 FROM SC12AA)

FIELD 1: SCRMAIN

FIELD 1 ROUTING

| Value | Label | Route |
|-------|---|-----------------|
| 1 | DIDN'T THINK THE PROBLEM WAS SERIOUS | SC15 - PMNOTGET |
| 2 | THOUGHT IT WOULD COST TOO MUCH | SC15 - PMNOTGET |
| 3 | TROUBLE FINDING/GETTING TO DOCTOR | SC15 - PMNOTGET |
| 4 | TIME/SCHEDULE OR PERSONAL CONFLICTS | SC15 - PMNOTGET |
| 5 | THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM | SC15 - PMNOTGET |
| 6 | WAS AFRAID OF FINDING OUT WHAT WAS WRONG | SC15 - PMNOTGET |
| 7 | DOCTOR WOULD NOT ACCEPT MY INSURANCE | SC15 - PMNOTGET |
| 91 | (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) | SC15 - PMNOTGET |
| | Don't Know | SC15 - PMNOTGET |
| | Refused | SC15 - PMNOTGET |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| ACCS.SCRMAIN | 1 |

SC15

Yes/No

QUESTION TEXT

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.

FIELD 1: PMNOTGET

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | YES | SC16 - TEMPMED1 |
| 2 | NO | SC20 - GENERRX |
| | Don't Know | SC20 - GENERRX |
| | Refused | SC20 - GENERRX |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.PMNOTGET | 1 |

SC16

Text

QUESTION TEXT

What were the names of those medicines?

ENTER ALL MEDICINES.

FIELD 1: TEMPMED1

FIELD 1 ROUTING

| Value | Label | Route |
|-------|----------------------|-----------------|
| 1 | [Continuous answer.] | SC16 - TEMPMED2 |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

FIELD 2: TEMPMED2

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | SC16 - TEMPMED3 |
| | Empty | SC17INTR - SCINT2 |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

FIELD 3: TEMPMED3**FIELD 3 ROUTING**

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | SC16 - TEMPMED4 |
| | Empty | SC17INTR - SCINT2 |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

FIELD 4: TEMPMED4**FIELD 4 ROUTING**

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | SC16 - TEMPMED5 |
| | Empty | SC17INTR - SCINT2 |

FIELD 4 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

FIELD 5: TEMPMED5**FIELD 5 ROUTING**

| Value | Label | Route |
|-------|----------------------|-------------------|
| 1 | [Continuous answer.] | SC17INTR - SCINT2 |
| | Empty | SC17INTR - SCINT2 |

FIELD 5 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| TEMP | 1 |

SC17INTR

No Entry

QUESTION TEXT

SHOW CARD SC3

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

FIELD 1: SCINT2**FIELD 1 ROUTING**

| Value | Label | Route |
|-------|----------|------------------|
| 1 | CONTINUE | SC17A - SCPMCODS |
| | Empty | SC17A - SCPMCODS |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| TEMP | 1 |

SC17A

Code All

QUESTION TEXT

Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]?

[MEDICINE 1 FROM SC16]

[MEDICINE 2 FROM SC16]

[MEDICINE 3 FROM SC16]

[MEDICINE 4 FROM SC16]

[MEDICINE 5 FROM SC16]

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: SCPMCODS

FIELD 1 ROUTING

| Value | Label | Route |
|-------|---|---------|
| 1 | THOUGHT IT WOULD COST TOO MUCH | BOX SC2 |
| 2 | DIDN'T THINK MEDICINE WOULD HELP CONDITION | BOX SC2 |
| 3 | WAS AFRAID OF MEDICINE REATIONS/CONTRAINDICATIONS | BOX SC2 |
| 4 | DON'T LIKE TO TAKE MEDICINE | BOX SC2 |
| 5 | DIDN'T THINK MEDICINE WAS NECESSARY | BOX SC2 |
| 6 | NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY | BOX SC2 |
| 7 | TROUBLE OBTAINING MEDICINE | BOX SC2 |
| 8 | OBTAINED/USED SAMPLES | BOX SC2 |

| Value | Label | Route |
|-------|--|------------------|
| 9 | USED ANOTHER MEDICINE AS A SUBSTITUTION | BOX SC2 |
| 91 | (OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT) | SC17A - SCPMOTOS |
| | Don't Know | SC20 - GENERRX |
| | Refused | SC20 - GENERRX |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|--|-----------------|
| <p>NONE</p> <p>REPLACES THE FOLLOWING CHESHIRE VARIABLES:</p> <p>1=ACCS.SCPMCOST 2=ACCS.SCNOHELP 3=ACCS.SCPMREAC 4=ACCS.SCPMNLKE 5=ACCS.SCPMNCND 6=ACCS.SCPMNOCV 7=ACCS.SCPMTROB 8=ACCS.SCPMSMPL 9=ACCS.SCPMSUBS 91=ACCS.SCPMOTHR</p> | 12 |

FIELD 2: SCPMOTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

| Value | Label | Route |
|-------|----------------------|---------|
| 1 | [Continuous answer.] | BOX SC2 |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| ACCS.SCPMOTOS | 1 |

BOX SC2

BOX INSTRUCTIONS

IF SC17A - SCPMCODS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN.

ELSE GO TO SC20 - GENERRX.

SC18A

Code 1

QUESTION TEXT

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

[MEDICINE 1 FROM SC16]

[MEDICINE 2 FROM SC16]

[MEDICINE 3 FROM SC16]

[MEDICINE 4 FROM SC16]

[MEDICINE 5 FROM SC16]

FIELD 1: SCPMMAIN

FIELD 1 ROUTING

| Value | Label | Route |
|--------------|---|----------------|
| 1 | THOUGHT IT WOULD COST TOO MUCH | SC20 - GENERRX |
| 2 | DIDN'T THINK MEDICINE WOULD HELP CONDITION | SC20 - GENERRX |
| 3 | WAS AFRAID OF MEDICINE REATIONS/CONTRAINDICATIONS | SC20 - GENERRX |
| 4 | DON'T LIKE TO TAKE MEDICINE | SC20 - GENERRX |
| 5 | DIDN'T THINK MEDICINE WAS NECESSARY | SC20 - GENERRX |
| 6 | NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY | SC20 - GENERRX |
| 7 | TROUBLE OBTAINING MEDICINE | SC20 - GENERRX |
| 8 | OBTAINED/USED SAMPLES | SC20 - GENERRX |
| 9 | USED ANOTHER MEDICINE AS A SUBSTITUTION | SC20 - GENERRX |

| Value | Label | Route |
|-------|--|----------------|
| 91 | (OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT) | SC20 - GENERRX |
| | Don't Know | SC20 - GENERRX |
| | Refused | SC20 - GENERRX |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.SCPMMAIN | 1 |

SC20

List

QUESTION TEXT

SHOW CARD SC4

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...

FIELD 1: GENERRX

asked for generics instead of brand name drugs?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------------|
| 1 | OFTEN | SC20 - MAILRX |
| 2 | SOMETIMES | SC20 - MAILRX |
| 3 | NEVER | SC20 - MAILRX |
| | Don't Know | SC20 - MAILRX |
| | Refused | SC20 - MAILRX |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.GENERRX | 1 |

FIELD 2: MAILRX

Purchased prescription drugs through the mail or on the Internet?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | OFTEN | SC20 - DOSESRX |
| 2 | SOMETIMES | SC20 - DOSESRX |
| 3 | NEVER | SC20 - DOSESRX |
| | Don't Know | SC20 - DOSESRX |
| | Refused | SC20 - DOSESRX |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.MAILRX | 1 |

FIELD 3: DOSESRX

Taken smaller doses than prescribed of a medicine to make the medicine last longer?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|---------------|
| 1 | OFTEN | SC20 - SKIPRX |
| 2 | SOMETIMES | SC20 - SKIPRX |
| 3 | NEVER | SC20 - SKIPRX |
| | Don't Know | SC20 - SKIPRX |
| | Refused | SC20 - SKIPRX |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DOSESRX | 1 |

FIELD 4: SKIPRX

Skipped doses to make the medicine last longer?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | OFTEN | SC20 - DELAYRX |
| 2 | SOMETIMES | SC20 - DELAYRX |
| 3 | NEVER | SC20 - DELAYRX |
| | Don't Know | SC20 - DELAYRX |
| | Refused | SC20 - DELAYRX |

FIELD 4 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.SKIPRX | 1 |

FIELD 5: DELAYRX

Delayed getting a prescription filled because the medicine cost too much?

FIELD 5 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | OFTEN | SC21 - SAMPLERX |
| 2 | SOMETIMES | SC21 - SAMPLERX |
| 3 | NEVER | SC21 - SAMPLERX |
| | Don't Know | SC21 - SAMPLERX |
| | Refused | SC21 - SAMPLERX |

FIELD 5 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.DELAYRX | 1 |

SC21

List

QUESTION TEXT

SHOW CARD SC4

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...

FIELD 1: SAMPLERX

Asked for or received free samples from (your/his/her) doctor or health provider?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | OFTEN | SC21 - COMPARRX |
| 2 | SOMETIMES | SC21 - COMPARRX |
| 3 | NEVER | SC21 - COMPARRX |
| | Don't Know | SC21 - COMPARRX |
| | Refused | SC21 - COMPARRX |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.SAMPLERX | 1 |

FIELD 2: COMPARRX

Compared prices or shopped around for the best price?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | OFTEN | SC21 - NOFILLRX |
| 2 | SOMETIMES | SC21 - NOFILLRX |
| 3 | NEVER | SC21 - NOFILLRX |
| | Don't Know | SC21 - NOFILLRX |
| | Refused | SC21 - NOFILLRX |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.COMPARRX | 1 |

FIELD 3: NOFILLRX

Decided not to fill a prescription because it cost too much?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|-----------------|
| 1 | OFTEN | SC21 - SPENTLRX |
| 2 | SOMETIMES | SC21 - SPENTLRX |
| 3 | NEVER | SC21 - SPENTLRX |
| | Don't Know | SC21 - SPENTLRX |
| | Refused | SC21 - SPENTLRX |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.NOFILLRX | 1 |

FIELD 4: SPENTLRX

Spent less money on food, heat, or other basic needs so that (you/he/she) would have money for medicine?

FIELD 4 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | OFTEN | SC22 - CHAINRX |
| 2 | SOMETIMES | SC22 - CHAINRX |
| 3 | NEVER | SC22 - CHAINRX |
| | Don't Know | SC22 - CHAINRX |
| | Refused | SC22 - CHAINRX |

FIELD 4 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.SPENTLRX | 1 |

SC22

List

QUESTION TEXT

SHOW CARD SC4

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...

FIELD 1: CHAINRX

Purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan?

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|---------------|
| 1 | OFTEN | SC22 - STOPRX |
| 2 | SOMETIMES | SC22 - STOPRX |
| 3 | NEVER | SC22 - STOPRX |
| | Don't Know | SC22 - STOPRX |
| | Refused | SC22 - STOPRX |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.CHAINRX | 1 |

FIELD 2: STOPRX

Talked with (your/his/her) doctor about stopping a medicine to save money or substituting a medicine with one that is less expensive?

FIELD 2 ROUTING

| Value | Label | Route |
|-------|------------|---------------|
| 1 | OFTEN | SC22 - CREDRX |
| 2 | SOMETIMES | SC22 - CREDRX |
| 3 | NEVER | SC22 - CREDRX |
| | Don't Know | SC22 - CREDRX |
| | Refused | SC22 - CREDRX |

FIELD 2 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.STOPRX | 1 |

FIELD 3: CREDRX

Used a credit card so that (you/he/she) could pay for prescription drugs over time?

FIELD 3 ROUTING

| Value | Label | Route |
|-------|------------|----------------|
| 1 | OFTEN | SC23 - NOINSRX |
| 2 | SOMETIMES | SC23 - NOINSRX |
| 3 | NEVER | SC23 - NOINSRX |
| | Don't Know | SC23 - NOINSRX |
| | Refused | SC23 - NOINSRX |

FIELD 3 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|----------------------|------------------------|
| ACCS.CREDRX | 1 |

SC23

Code 1

QUESTION TEXT

SHOW CARD SC4

Some pharmacies offer discounted prices for some generic prescription drugs that are lower than a typical insurance copayment. For example, the discounted price may be \$4 to fill a one-month prescription.

Please tell me how often during (CURRENT YEAR) [you have /(SP) has] purchased discounted prescription drugs, without using any drug insurance, in order to reduce (your/his/her) own spending on drugs?

FIELD 1: NOINSRX

FIELD 1 ROUTING

| Value | Label | Route |
|-------|------------|-----------|
| 1 | OFTEN | BOX SCEND |
| 2 | SOMETIMES | BOX SCEND |
| 3 | NEVER | BOX SCEND |
| | Don't Know | BOX SCEND |
| | Refused | BOX SCEND |

FIELD 1 ATTRIBUTES

| Cheshire Name | Answers Allowed |
|---------------|-----------------|
| ACCS.NOINSRX | 1 |

BOX SCEND

BOX INSTRUCTIONS

GO TO NEXT SECTION