

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	SC80 - DHWORRY
2	NO	SC80 - 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 - MCDRSOON
2	FALSE	SC10A - MCDRSOON
	Don't Know	SC10A - MCDRSOON
	Refused	SC10A - MCDRSOON

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCSICK	1

FIELD 4: MCDRSOON

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
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=ACCS.SCRNSERS 2=ACCS.SCRCOST 3=ACCS.SCRTROUB 4=ACCS.SCRSCHED 5=ACCS.SCRDRCDM 6=ACCS.SCRFEAR 7=ACCS.SCRNACCP 91=ACCS.SCROTHR	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
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 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	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 - DOESRX
2	SOMETIMES	SC20 - DOESRX
3	NEVER	SC20 - DOESRX
	Don't Know	SC20 - DOESRX
	Refused	SC20 - DOESRX

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MAILRX	1

FIELD 3: DOESRX

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