

MCBS MAIN STUDY - ROUND 49 – FALL SUPPLEMENT 2007  
 COMMUNITY COMPONENT  
 SC. SATISFACTION WITH CARE

BOX SC1A	IF SP DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX USA</b> . OTHERWISE, GO TO SC1.
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SC1. We're interested in how you feel about the health care (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 health care (you have /SP has) received [over the past year/since (PREV. SUPPL. RD. INT. DATE)].

SHOW CARD SC1	<b>MCQUALTY</b>	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	<b>MCAVAIL</b>	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	<b>MCEASE</b>	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 health care.

SHOW CARD SC1	<b>MCCOSTS</b>	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	<b>MCINFO</b>	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	<b>MCFOLUP</b>	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	<b>MCCONCRN</b>	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) health care needs taken care of at the same location.

SHOW CARD SC1
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- 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
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- 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
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- 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
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- 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.
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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.  
 [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]

SHOW CARD SC1	<b>MCDRGLST</b>	VERY SATISFIED ..... 1 SATISFIED ..... 2 DISSATISFIED ..... 3 VERY DISSATISFIED ..... 4 NOT APPLICABLE ..... 5 REFUSED ..... -7 DON'T KNOW ..... -8
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SC8e. [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 your drug coverage.]

SHOW CARD SC1	<b>MCFNDPCY</b>	VERY SATISFIED ..... 1 SATISFIED ..... 2 DISSATISFIED ..... 3 VERY DISSATISFIED ..... 4 NOT APPLICABLE ..... 5 REFUSED ..... -7 DON'T KNOW ..... -8
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SC8f. 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.]

<b>MCRECPLN</b>	YES ..... 1 NO ..... 2 NOT APPLICABLE ..... 3 REFUSED ..... -7 DON'T KNOW ..... -8
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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

<b>MCDISVB1</b>	_____	<b>VCMCDIS1</b>
<b>MCDISVB2</b>	_____	<b>VCMCDIS2</b>
<b>MCDISVB3</b>	_____	<b>VCMCDIS3</b>
		<b>VCMCDIS4</b>

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?]

<b>MCWORRY</b>	TRUE.....	1
	FALSE .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

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

<b>MCAVOID</b>	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).

<b>MCSICK</b>	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.

<b>MCDRSOON</b>	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.

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	<b>SCRNSERS</b>	DIDN'T THINK THE PROBLEM WAS SERIOUS .....	1	<b>BOX SC1B</b>
	<b>SCR COST</b>	THOUGHT IT WOULD COST TOO MUCH.....	2	<b>BOX SC1B</b>
	<b>SCR TROUB</b>	TROUBLE FINDING/GETTING TO DOCTOR.....	3	<b>BOX SC1B</b>
	<b>SCR SCHED</b>	TIME/SCHEDULE OR PERSONAL CONFLICTS .....	4	<b>BOX SC1B</b>
	<b>SCR DRCDM</b>	THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM.....	5	<b>BOX SC1B</b>
	<b>SCR FEAR</b>	WAS AFRAID OF FINDING OUT WHAT WAS WRONG .....	6	<b>BOX SC1B</b>
	<b>SCR NACCP</b>	DOCTOR WOULD NOT ACCEPT MY INSURANCE ..	7	<b>BOX SC1B</b>
	<b>SCR OTHR</b>	OTHER (SPECIFY) _____	91	<b>BOX SC1B</b>
	<b>SCR OTOS</b>	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)

<b>SCR MAIN</b>	(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.

<b>PMNOTGET</b>	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.]

SHOW  
 CARD  
 SC3

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



		OFTEN	SOMETIMES	NEVER
<b>GENERRX</b>	a. asked for generics instead of brand name drugs? .	1	2	3
<b>MAILRX</b>	b. purchased prescription drugs through the mail or on the internet?.....	1	2	3
<b>DOSESRX</b>	c. taken smaller doses of a medicine to make the medicine last longer? .....	1	2	3
<b>SKIPRX</b>	d. skipped doses to make the medicine last longer?..	1	2	3
<b>DELAYRX</b>	e. delayed getting a prescription filled because the medicine cost too much? .....	1	2	3
<b>SAMPLERX</b>	f. asked for or received free samples from (your/his/her) doctor or health provider? .....	1	2	3
<b>COMPARRX</b>	g. compared prices or shopped around for the best price? .....	1	2	3
<b>NOFILLRX</b>	h. decided not to fill a prescription because it cost too much? .....	1	2	3
<b>NONUSRX</b>	i. purchased prescription drugs from outside of the United States?.....	1	2	3
<b>SPENTLRX</b>	j. 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 <b>BOX USA</b> .
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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 ≠ 1 and LOSEPLFG = -1 and a current round PLRO.