

MAIN STUDY - ROUND 4

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.)

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?
[ENTER ALL MEDICINES.] [CHECK SPELLING.]

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?
[ENTER ALL MEDICINES.] [CHECK SPELLING.]

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 drug store 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?
[ENTER ALL MEDICINES.] [CHECK SPELLING.]

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 ST1.</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)

BOX PM1A	<p>IF ALL MEDICINES = 0 FOR NUMBER OF PURCHASES, GO TO ST1.</p> <p>OTHERWISE, GO TO PMINTROB FOR EACH MEDICINE WITH NUMBER OF PURCHASES > 0 OR = MISSING.</p>
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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)].

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.]
CONDITION

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

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

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.

PM9. IN WHAT FORM IS THE MEDICINE?

PMFORM	PILLS (TABLET, CAPSULE)	1	(PM10)
	LIQUID (TO BE TAKEN ORALLY)	2	(PM16)
	DROPS (EYE/EAR/NOSE)	3	(PM16)
	TOPICAL OINTMENT (CREAM, LOTION)	4	(PM16)
	SUPPOSITORIES	5	(PM15)
	AEROSOL/SPRAY, INHALANT	6	(PM16)
	SHAMPOO, SOAP	7	(PM16)
	INJECTION	8	(PM16)
	IV INJECTION	9	(PM16)
	PATCHES	10	(PM10)
	TOPICAL GEL/JELLY	11	(PM16)
	POWDER	12	(PM16)
	OTHER (SPECIFY)	91	(PM16)
PMFORMOS	DON'T KNOW	-8	(PM16)

PM10. (1ST MEDICINE IN COMPOUND:)
(2ND MEDICINE IN COMPOUND:)
(WHAT IS THE STRENGTH?)
WHAT IS THE STRENGTH OF EACH (PILL/PATCH)?

MICROGRAMS (mcg)	1	STRNUNIT
MILLIGRAMS (mg)	2	NUMBER OF (TYPE OF UNITS): _____
GRAINS (gr)	3	STRNNUM
MILLIEQUIVALENTS (meg)	4	STRNUNOS
GRAMS (gm)	5	COMPFLAG
OTHER (SPECIFY)	91	STRNUNI2
COMPOUND/MORE THAN ONE		STRNUNO2
MEDICINE COMBINED	96	STRNNUM2
DON'T KNOW	-8	(PM11)

PM11. HOW MANY PILLS/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 AND PM11 = -8, GO TO PM12. IF PM9 = 1 AND PM11 = -8, GO TO BOX PM2 .
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PM12. HOW MANY PILLS ARE TO BE TAKEN IN A DAY?

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

PM13. How many pills (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?

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	TAKEUNIT
TAKE EVERY DAY	5	BOX PM2	
DON'T KNOW	-8	BOX PM2	

PM15. HOW MANY SUPPOSITORIES WERE IN THE CONTAINER WHEN IT WAS OBTAINED?
 IF 99 OR MORE, ENTER 99.

SUPPNUM _____ **BOX PM2**
NUMBER
 DON'T KNOW -8 **BOX PM2**

PM16. (1ST MEDICINE IN COMPOUND:)
(2ND MEDICINE IN COMPOUND:)
WHAT IS THE AMOUNT OF THE MEDICINE?

OUNCES (oz)	1	NUMBER OF (TYPE OF UNITS):	
GRAMS (gm).....	2		AMTNUM
MILLILITERS.....	3		AMTUNIT
MILLIEQUIVALENTS (meg).....	4		AMTUNOS
MILLIGRAMS (mg).....	5		AMTUNOS2
MICROGRAMS (mcg)	6		AMTNUM2
OTHER (SPECIFY)	91		
COMPOUND/MORE THAN ONE			
MEDICINE COMBINED	96		COMPFLAG
DON'T KNOW	-8	BOX PM2	AMTUNIT2

BOX PM2	IF MORE MEDICINES ON MEDICINE ROSTER WITH NUMBER OF PURCHASES > 0, RETURN TO PMINTROB FOR NEXT MEDICINE. RETURN TO PMSINTRB IF COMING FROM PMS. OTHERWISE, GO TO BOX ST1 .
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