

## MAIN STUDY - ROUND 7

## 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?

<b>PMFILLED</b>	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)]?

<b>PMREFILL</b>	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 <b>BOX PM1</b>
REFUSED .....	-7 <b>BOX PM1</b>
DON'T KNOW .....	-8 <b>BOX PM1</b>

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 &gt; 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?

<b>PMBOTTLE</b>	YES .....	1	<b>BOX PM1B-1</b>
	NO .....	2	<b>BOX PM2</b>
	NO, BUT R CAN ANSWER QUESTIONS .....	3	<b>BOX PM1B-1</b>
	REFUSED .....	-7	<b>BOX PM2</b>
	DON'T KNOW .....	-8	<b>BOX PM2</b>

PMINTROC. INTERVIEWER: COMPLETE PM9 – PM 16 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?

<b>PMFORM</b>	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)
<b>PMFORMOS</b>	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)?

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

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 <b>BOX PM2</b> . IF PM9 = 1 AND PM11 = -8, GO TO PM12. IF PM9 = 1 AND PM11 = -8, GO TO <b>BOX PM2</b> .
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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: .....	<b>BOX PM2</b>
WEEKS .....	2	NUMBER OF WEEKS: .....	<b>BOX PM2</b>
TAKE UNTIL GONE .....	3	<b>BOX PM2</b>	<b>TAKENUM</b>
TAKE AS NEEDED .....	4	<b>BOX PM2</b>	<b>TAKEUNIT</b>
TAKE EVERY DAY .....	5	<b>BOX PM2</b>	
DON'T KNOW .....	-8	<b>BOX PM2</b>	

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): _____
<b>AMTUNIT</b>	GRAMS (gm).....	2	<b>AMTNUM</b>
	MILLILITERS.....	3	
	MILLIEQUIVALENTS (meg).....	4	
	MILLIGRAMS (mg).....	5	
	MICROGRAMS (mcg) .....	6	
<b>AMTUNOS</b>	OTHER (SPECIFY) .....	91	
	COMPOUND/MORE THAN ONE		
	MEDICINE COMBINED .....	96	
	DON'T KNOW .....	-8	<b>BOX PM2</b>

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 <b>BOX ST1</b> .
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