

MCBS MAIN STUDY - ROUND 28, FALL 2000

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.)

[PRESS ENTER TO CONTINUE.]

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?
 [PM2_4_6] [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?
 [PM2_4_6] [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 drugstore 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?
[PM2_4_6] [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 PM18.</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)

TO ADD A MEDICINE, PRESS CTRL/A.
TO LEAVE SCREEN, PRESS ESC.

BOX PM1A	<p>IF ALL MEDICINES=0 AT PM6a, GO TO PM17.</p> <p>IF SP HAS USED V.A. FACILITIES (HI36=1), CYCLE THROUGH PM6a1 FOR EVERY MEDICINE WITH PM6a>0 OR = MISSING. THEN GO TO BOX PM1AA FOR EACH MEDICINE WITH PM6a>0 OR = MISSING.</p> <p>IF SP HAS NOT USED V.A. FACILITIES (HI36=2 OR MISSING), GO TO BOX PM1AA FOR EACH MEDICINE WITH PM6a>0 OR = MISSING.</p>
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PM6a1. Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?

PMSATVA YES 1
NO 2

BOX PM1AA	<p>IF MANAGED CARE PLAN (MEDICARE, MEDICAID, OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, CYCLE THROUGH PM6b FOR EVERY MEDICINE WITH PM6a>0 OR = MISSING. THEN GO TO PMINTROB FOR EACH MEDICINE WITH PM6a>0 OR =MISSING.</p> <p>IF NO MANAGED CARE PLAN (MEDICARE, MEDICAID, OR PRIVATE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO PMINTROB FOR EACH MEDICINE WITH PM6a>0 OR =MISSING.</p>
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PM6b. Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [MANAGED CARE PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [MANAGED CARE PLAN NAME(S) LISTED BELOW]?

[PROBE: This could include obtaining the purchases at a managed care plan pharmacy; at a pharmacy that honors (your/SP's) plan card; or through a mail order service that the managed care plan referred (you/SP) to.]

[DISPLAY ALL MANAGED CARE PLAN NAMES HERE]

PMSATHMO YES 1
 NO 2

BOX PM1A OMITTED.

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)].

[PRESS ENTER TO CONTINUE.]

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 **BOX PM1B-1**
 NO 2 **BOX PM2**
 NO, BUT R CAN ANSWER QUESTIONS 3 **BOX PM1B-1**
 REFUSED -7 **BOX PM2**
 DON'T KNOW -8 **BOX PM2**

BOX PM1B-1	<p>IF THE PREVIOUS ROUND GETNUM (PM6a) >= 1 OR REF OR DK AND PREVIOUS ROUND PMFORM OR PMFORM ADDED IN PMS (PM9) NOT EQUAL TO -1 OR DK FOR THE (FIRST/NEXT) MEDICINE ON PM ROSTER, GO TO PM8a.</p> <p>OTHERWISE: IF PM8 = 3, GO TO PM9. IF PM8 ≠ 3, GO TO PMINTROC.</p>
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PM8a. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT AND FORM IS SAME AS PREVIOUS INTERVIEW.] At the time of the last interview, (you/SP) purchased (FIRST/NEXT MEDICINE) in the form of (PREVIOUS ROUND PM9). Is this medicine in the same form?

SAMEFORM

YES	1	BOX PM1B-2
NO	2	BOX PM1B-2A
REFUSED	-7	BOX PM1B-2A
DON'T KNOW	-8	BOX PM1B-2A

BOX PM1B-2	IF IN PREVIOUS ROUND ANY PM10 VARIABLE = DK, GO TO PM10. IF INTTYPE=4 AND CURRENT ROUND = 28 AND ROUND 26 PM9 = 2, 3, 4, 5, 6, 7, 8, 9, 11, 12 OR 91, GO TO PM10. OTHERWISE, GO TO PM9a.
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BOX PM1B-2A	IF PM8 = 3, GO TO PM9. IF PM8 ≠ 3, GO TO PMINTROC.
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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.

[PRESS ENTER TO CONTINUE.]

PM9. IN WHAT FORM IS THE MEDICINE?

PMFORM

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

PM9a. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW.] At the time of the last interview, the strength of [each pill/each patch/each suppository/the (PREVIOUS ROUND PM9)] was (PREVIOUS ROUND PM10). Is this medicine in the same strength?

SAMESTRN YES 1 **BOX PM1B-3**
 NO 2 (PM10)
 REFUSED -7 (PM10)
 DON'T KNOW -8 (PM10)

BOX PM1B-3	IF PREVIOUS ROUND PM9 = 1, 5 OR 10, GO TO PM11. IF IN PREVIOUS ROUND ANY PM16 VARIABLE = DK, GO TO PM16. OTHERWISE, GO TO PM15a.
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PM10. (1ST MEDICINE IN COMPOUND:)
 (2ND MEDICINE IN COMPOUND:)
 WHAT IS THE STRENGTH?
 WHAT IS THE STRENGTH OF [EACH PILL/EACH PATCH/(THE PM9 MEDICINE FORM)]?

STRNUNIT MICROGRAMS (mcg) 1 (NUMBER OF (TYPE OF UNITS):)
 MILLIGRAMS (mg) 2 (PERCENT (%):)
 GRAINS (gr) 3 **STRNNUM**
 MILLIEQUIVALENTS (meq) 4
 GRAMS (g, gm) 5 **COMPFLAG**
STRNPER PERCENT (%) 6 **STRNPER2**
 OTHER (SPECIFY) 91 **STRNUNI2**
 COMPOUND/MORE THAN ONE **STRNUNO2**
STRNUNOS MEDICINE COMBINED 96 **STRNNUM2**
 DON'T KNOW -8 **BOX PM1B-4**

BOX PM1B-4	IF PM9 = 1, 5, OR 10, GO TO PM11. OTHERWISE, GO TO PM16.
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PM11. HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED?

..... **BOX PM1C**
TABNUM NUMBER
 DON'T KNOW -8 **BOX PM1C**

BOX PM1C	IF PM9 = 10, GO TO BOX PM2 . IF PM9 = 1 OR 5 AND PM11 = DK, GO TO PM12. IF PM9 = 1 OR 5 AND PM11 ≠ DK, GO TO BOX PM2 .
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PM12. HOW MANY (PILLS/SUPPOSITORIES) ARE TO BE TAKEN IN A DAY?

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

PM13. How many (pills/suppositories) (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
TAKEUNIT	TAKE UNTIL GONE	3	BOX PM2	TAKENUM
	TAKE AS NEEDED	4	BOX PM2	
	TAKE EVERY DAY	5	BOX PM2	
	DON'T KNOW	-8	BOX PM2	

PM15 OMITTED IN ROUND 27

PM15a. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT AND AMOUNT IS SAME AS PREVIOUS INTERVIEW.] At the time of the last interview, the amount of the (PREVIOUS ROUND PM9) was (PREVIOUS ROUND PM16). Is this medicine in the same amount?

SAMEAMNT	YES	1	BOX PM2
	NO	2	(PM16)
	REFUSED	-7	(PM16)
	DON'T KNOW	-8	(PM16)

PM16. HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]

AMTUNIT	OUNCES (oz)	1	NUMBER OF (TYPE OF UNITS): _____
	GRAMS (g, gm)	2	AMTNUM
	MILLILITERS (ml, cc)	3	
	MILLIEQUIVALENTS (meq)	4	
	MILLIGRAMS (mg)	5	
	MICROGRAMS (mcg)	6	
AMTUNOS	OTHER (SPECIFY) _____	91	
	DON'T KNOW	-8	BOX PM2

BOX PM2	<p>IF MORE MEDICINES ON MEDICINE ROSTER WITH NUMBER OF PURCHASES > 0, RETURN TO PMINTROB FOR NEXT MEDICINE.</p> <p>IF COMING FROM PMS, RETURN TO PMSINTRB.</p> <p>IF COMING FROM ST, GO TO BOX ST49.</p> <p>OTHERWISE, GO TO PM17.</p>
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PM17. (MEDICINE NAME AND CONDITION)
(MEDICINE NAME AND CONDITION)
[NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE
NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED
ABOVE.]
ARE THERE ANY (MORE) MEDICINES THAT YOU HAVE NOT ENTERED?

TEMP YES 1 (PM6)
NO 2 (PM18)

PM18. THIS IS THE LAST SCREEN IN THIS SECTION WHERE YOU CAN BACKUP.
[NOBACKUP]
IF YOU WANT TO CORRECT ANYTHING, PRESS CTRL/B.

OTHERWISE, PRESS ENTER TO CONTINUE.

BOX PM3	GO TO BOX ST1A .
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