

## MCBS MAIN STUDY - ROUND 28 – FALL SUPPLEMENT

## COMMUNITY COMPONENT

## SC. SATISFACTION WITH CARE

BOX SC1A	IF SP DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX USA</b> .
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SC1. We're interested in how you feel about the medical services (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 medical services (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 medical services 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 medical services.

SHOW
CARD
SC1

**MCCOSTS**

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

**MCINFO**

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

**MCFOLUP**

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

**MCCONCRN**

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) medical care needs taken care of at the same location.

SHOW
CARD
SC1

**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/he/she) need(s) it.

SHOW
CARD
SC1

**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

**MCTELANS**

VERY SATISFIED ..... 1  
 SATISFIED ..... 2  
 DISSATISFIED ..... 3  
 VERY DISSATISFIED ..... 4  
 NOT APPLICABLE ..... 5  
 REFUSED ..... -7  
 DON'T KNOW ..... -8

- SC9. What things about the medical services (you/SP) receive(s) are you dissatisfied with?

**MCDISSFY**

NOT DISSATISFIED WITH ANYTHING ..... 1

RECORD ALL OTHER RESPONSES VERBATIM BELOW: ..... 91

**MCDISVB1**

\_\_\_\_\_

**VCMCDIS1****MCDISVB2**

\_\_\_\_\_

**VCMCDIS2****MCDISVB3**

\_\_\_\_\_

**VCMCDIS3****VCMCDIS4**

SC10. What things about the medical services (you/SP) receive(s) need to be improved?

**MCIMPROV**

NOTHING NEEDS TO BE IMPROVED ..... 1

RECORD ALL OTHER RESPONSES VERBATIM BELOW: ..... 91

**MCIMPVB1**

\_\_\_\_\_

**VCMCIMP1****MCIMPVB2**

\_\_\_\_\_

**VCMCIMP2****MCIMPVB3**

\_\_\_\_\_

**VCMCIMP3****VCMCIMP4**

SC10a. Next I'm going to read you a few statements about health and medical care. 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?]

**MCWORRY**

TRUE ..... 1

FALSE ..... 2

REFUSED ..... -7

DON'T KNOW ..... -8

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

**MCAVOID**

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).

**MCSICK**

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.

**MCDRSOON**

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 (SC12)

NO ..... 2 (SC15)

REFUSED ..... -7 (SC15)

DON'T KNOW ..... -8 (SC15)

SC12. What was the health problem or condition?  
[ENTER ALL CONDITIONS.]

**CONDITION**  
**CONDSC12**

SC12a. Did you attempt to see a doctor about this [READ CONDITION(S) BELOW]?  
[CONDITION(S) FROM SC12]

[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)?]

<b>MCDRATMP</b>	YES .....	1
	NO .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

SC13INTR. This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition.  
[PRESS ENTER TO CONTINUE.]

SHOW CARD SC2
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SC13. Which of these reasons explains why (you/SP) did not see a doctor about the [READ CONDITION(S) BELOW]?  
PROBE: Any other reason?  
[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD SC2
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<b>MCRNSERS</b>	DIDN'T THINK THE PROBLEM WAS SERIOUS .....	1	<b>BOX SC1B</b>
<b>MRCRCOST</b>	THOUGHT IT WOULD COST TOO MUCH .....	2	<b>BOX SC1B</b>
<b>MCRTIME</b>	DIDN'T HAVE TIME .....	3	<b>BOX SC1B</b>
<b>MCRAPPT</b>	COULDN'T GET AN APPOINTMENT		
<b>M CRAVAIL</b>	SOON ENOUGH .....	4	<b>BOX SC1B</b>
<b>MCRWAY</b>	NO DOCTOR WAS AVAILABLE .....	5	<b>BOX SC1B</b>
<b>MCRFAMILY</b>	DIDN'T HAVE A WAY TO GET TO THE DOCTOR ...	6	<b>BOX SC1B</b>
<b>MCRDRCDM</b>	COULDN'T LEAVE OTHER FAMILY MEMBER .....	7	<b>BOX SC1B</b>
<b>MCRFEAR</b>	THOUGHT DOCTOR COULDN'T DO MUCH		
<b>MCRDRCHG</b>	ABOUT PROBLEM .....	8	<b>BOX SC1B</b>
<b>MCRACCPPT</b>	WAS AFRAID OF FINDING OUT WHAT WAS WRONG .....	9	<b>BOX SC1B</b>
<b>MCRDOCTR</b>	DOCTOR CHARGED MORE THAN MEDICARE		
<b>MCRHOSP</b>	WOULD PAY .....	10	<b>BOX SC1B</b>
<b>MCRNOCAR</b>	COULDN'T FIND A DOCTOR WHO WOULD		
<b>MCRUNABL</b>	ACCEPT MEDICAID .....	11	<b>BOX SC1B</b>
<b>MCROTHR</b>	OTHER (SPECIFY) _____		
<b>MCROTHOS</b>		91	<b>BOX SC1B</b>
	REFUSED .....	-7	(SC15)
	DON'T KNOW .....	-8	(SC15)

BOX SC1B	IF MORE THAN ONE REASON ENTERED IN SC13, GO TO SC14. OTHERWISE, GO TO SC15.
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SC14. Which of these was the main reason (you/SP) did not see a doctor about (this/these) condition(s) during (CURRENT YEAR)?

SHOW CARD SC2	<b>MCRMAIN</b> (DIDN'T THINK THE PROBLEM WAS SERIOUS ..... 1) (THOUGHT IT WOULD COST TOO MUCH ..... 2) (DIDN'T HAVE TIME ..... 3) (COULDN'T GET AN APPOINTMENT SOON ENOUGH ..... 4) (NO DOCTOR WAS AVAILABLE ..... 5) (DIDN'T HAVE A WAY TO GET TO THE DOCTOR ... 6) (COULDN'T LEAVE OTHER FAMILY MEMBER ..... 7) (THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM ..... 8) (WAS AFRAID OF FINDING OUT WHAT WAS WRONG ..... 9) (DOCTOR CHARGED MORE THAN MEDICARE WOULD PAY ..... 10) (COULDN'T FIND A DOCTOR WHO WOULD ACCEPT MEDICAID ..... 11) ([OTHER SPECIFY] ..... 91)
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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	} <b>BOX USA</b>
	REFUSED .....	-7	
	DON'T KNOW .....	-8	

SC16. What were the names of those medicines?  
[ENTER ALL MEDICINES. PRESS ENTER IF THERE ARE NO MORE MEDICINES.]

<b>PMNAME1</b>	MEDICINE 1: _____
<b>PMNAME2</b>	MEDICINE 2: _____
<b>PMNAME3</b>	MEDICINE 3: _____
<b>PMNAME4</b>	MEDICINE 4: _____
<b>PMNAME5</b>	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
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SC17. Which of these reasons explains why (you/SP) did not obtain the [READ MEDICINE(S) BELOW]?

PROBE: Any other reason?

[CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD SC3
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<b>PMNOCOND</b>	DIDN'T THINK MEDICINE WAS NECESSARY FOR THE CONDITION .....	1	<b>BOX SC2</b>
<b>PMCOST</b>	THOUGHT IT WOULD COST TOO MUCH .....	2	<b>BOX SC2</b>
<b>PMNOCOV</b>	MEDICINE NOT COVERED BY INSURANCE OR MEDICAID .....	3	<b>BOX SC2</b>
<b>PMNOTIME</b>	DIDN'T HAVE TIME .....	4	<b>BOX SC2</b>
<b>PMNOSOON</b>	COULDN'T GET THE MEDICINE SOON ENOUGH ...	5	<b>BOX SC2</b>
<b>PMPHARM</b>	NO PHARMACY CONVENIENT .....	6	<b>BOX SC2</b>
<b>PMNOWAY</b>	DIDN'T HAVE A WAY TO GET MEDICINE .....	7	<b>BOX SC2</b>
<b>PMNOHELP</b>	DIDN'T THINK MEDICINE WOULD HELP CONDITION .....	8	<b>BOX SC2</b>
<b>PMREACT</b>	WAS AFRAID OF MEDICINE REACTIONS/ CONTRAINDICATIONS .....	9	<b>BOX SC2</b>
<b>PMNONEED</b>	FELT BETTER, DIDN'T NEED MEDICINE .....	10	<b>BOX SC2</b>
<b>PMNOLIKE</b>	DON'T LIKE TO TAKE MEDICINE .....	11	<b>BOX SC2</b>
	OTHER (SPECIFY) _____	91	<b>BOX SC2</b>
<b>PMOTHER</b>	REFUSED _____	-7	} <b>BOX USA</b>
<b>PMOTHOS</b>	DON'T KNOW _____	-8	

BOX SC2	IF MORE THAN ONE REASON ENTERED AT SC17, GO TO SC18. OTHERWISE, GO TO <b>BOX USA</b> .
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SC18. Which of these was the main reason (you/SP) did not obtain (this/these) medicine(s) during (CURRENT YEAR)?

SHOW CARD SC3
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PMMAIN

- (DIDN'T THINK MEDICINE WAS NECESSARY  
FOR THE CONDITION ..... 1)
- (THOUGHT IT WOULD COST TOO MUCH ..... 2)
- (MEDICINE NOT COVERED BY INSURANCE OR  
MEDICAID ..... 3)
- (DIDN'T HAVE TIME ..... 4)
- (COULDN'T GET THE MEDICINE SOON ENOUGH.. 5)
- (NO PHARMACY CONVENIENT ..... 6)
- (DIDN'T HAVE A WAY TO GET MEDICINE ..... 7)
- (DIDN'T THINK MEDICINE WOULD HELP  
CONDITION ..... 8)
- (WAS AFRAID OF MEDICINE REACTIONS/  
CONTRAINDICATIONS ..... 9)
- (FELT BETTER, DIDN'T NEED MEDICINE ..... 10)
- (DON'T LIKE TO TAKE MEDICINE ..... 11)
- ([OTHER SPECIFY] ..... 91)
- REFUSED ..... -7
- DON'T KNOW ..... -8

BOX SC3	GO TO <b>BOX USA</b> .
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