

MCBS MAIN STUDY -- ROUND 34, FALL 2002

COMMUNITY COMPONENT

DM. DISCOUNT/SAVINGS MEMBERSHIP

BOX DM1	<p>IF THIS IS SP'S EXIT INTERVIEW AND PREVIOUS INTERVIEW <u>NOT</u> SKIPPED, GO TO BOX UTS1A.</p> <p>IF THE SP HAD ANY DM DURING THE PREVIOUS ROUND (DMHAVE=1 IN PREVIOUS ROUND), GO TO DM1.</p> <p>IF THE SP DID NOT HAVE ANY DMs IN THE PREVIOUS ROUND (NO DMHAVE=1 IN PREVIOUS ROUND), GO TO DM2.</p>
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- DM1. During the last interview, we recorded that (you/SP) had (NAME OF DM), a discount or savings card or membership (that covered [READ SERVICES BELOW]). Did (you/SP) have the (NAME OF DM) discount or savings card or membership at any time [since (REF. DATE)/between (REF. DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]?

(DISPLAY DM4 RESPONSES)

[EXPLAIN IF NECESSARY: Such coverage offers participants savings on most services not covered by Medicare such as prescribed medicines, dental or vision care, or hearing aids. Generally, a discount is received when a membership or ID card is shown at a participating pharmacy or medical provider.]

D_DMEM	YES	1	BOX DM2
	NO	2	BOX DM3
	REFUSED	-7	BOX DM3
	DON'T KNOW	-8	BOX DM3

- DM2. (I'd like to ask about another type of health care coverage that some people have.)

At any time since (REF. DATE), did (you/SP) have (a/any other) health care discount or savings card or membership that offered discounts on prescription drug purchases or other health services(, besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW])? Do not include [discounts available through (your/SP's) (health insurance plan(s) or/Medicare managed care plan or)] store discounts that some stores offer specifically to seniors.

[EXPLAIN IF NECESSARY: A discount membership is not health insurance. Such coverage offers participants savings on most services not covered by Medicare such as prescribed medicines, dental or vision care, or hearing aids. Generally, a discount is received when a membership or ID card is shown at a participating pharmacy or medical provider.]

(DISPLAY NAMES OF DMs WITH DMHAVE=1 THIS ROUND)

D_DMEM	YES	1	(DM3)
	NO	2	BOX DM4
	REFUSED	-7	BOX DM4
	DON'T KNOW	-8	BOX DM4

- DM3. What is the name of the discount savings membership or coverage?
[ENTER ONLY ONE NAME.]

D_NAME1-5

NAME OF DISCOUNT/SAVINGS MEMBERSHIP

BOX DM2	<p>SET DMHAVE=1 FOR THIS DM.</p> <p>IF THIS IS A FALL "SUPPLEMENTAL" ROUND OR IF THIS DM REPORTED FOR THE FIRST TIME THIS ROUND IN DM OR IN A SOP ROSTER, GO TO DM4. OTHERWISE, GO TO BOX DM3.</p>
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- DM4. What types of services are covered by (your/SP's) (NAME OF DM) discount savings membership or coverage?
[CODE ALL THAT APPLY.] [PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD DM1	<p>D_DRUGS1-5 PRESCRIPTION DRUGS 1</p> <p>D_EYES1-5 OPTICAL/EYE CARE/VISION 2</p> <p>D_TEETH1-5 DENTAL/PERIODONTIA/DENTURES/ ORTHODONTIA 3</p> <p>D_EARS1-5 HEARING AIDS 4</p> <p>D_EQUIP1-5 HOME HEALTH EQUIPMENT/SUPPLIES 5</p> <p>D_VMINS1-5 NUTRITIONAL SUPPLEMENTS/VITAMINS .. 6</p> <p>D_CHIRO1-5 CHIROPRACTIC CARE 7</p> <p>D_OTHER1-5 OTHER (SPECIFY) _____ 91</p> <p>REFUSED -7</p> <p>DON'T KNOW -8</p>
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- DM5. (Is/Was) there a fee or charge for the membership or discount coverage card? This would include any enrollment fee or a premium amount to obtain the membership or card.

D_ENROL1-5	YES	1 (DM6)
	NO	2 BOX DM3
	REFUSED	-7 BOX DM3
	DON'T KNOW	-8 BOX DM3

- DM6. What is the fee or charge?

D_DMCOST	AMOUNT: _____
	PER YEAR 1
	QUARTERLY/EVERY 3 MONTHS 2
	BIMONTHLY/EVERY 2 MONTHS 3
	PER MONTH 4
	PER WEEK 5
	SEMI-ANNUALLY/2 TIMES PER YEAR 6
	SEMI-MONTHLY/2 TIMES PER MONTH 7
	ONE-TIME FEE/CHARGE 8
	OTHER (SPECIFY) _____ 91
	REFUSED -7
	DON'T KNOW -8

BOX DM3	<p>IF COMING FROM SOP ROSTER, GO TO BOX ST62c/BOX NS17c/BOX CPS8Bd/CPS20, AS APPROPRIATE.</p> <p>IF THIS DM WAS IN THE PREVIOUS ROUND, GO TO DM1 FOR THE NEXT DM WHERE DMHAVE=1 IN THE PREVIOUS ROUND. IF DM1 CYCLED THROUGH FOR ALL DMs FROM THE PREVIOUS ROUND, GO TO DM2.</p> <p>IF THIS DM WAS NOT IN THE PREVIOUS ROUND, GO TO DM7.</p>
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DM7. At any time since (REF. DATE), did (you/SP) have any other discount or savings card or membership besides [READ NAMES OF DISCOUNT MEMBERSHIPS BELOW]?

(DISPLAY NAMES OF DMs WITH DMHAVE=1 THIS ROUND)

YES	1 (DM3)
NO	2 BOX DM4
REFUSED	-7 BOX DM4
DON'T KNOW	-8 BOX DM4

BOX DM4	<p>IF SUPPLEMENTAL SAMPLE (INTTYPE=3), GO TO ACINTRO.</p> <p>IF CONTINUING SAMPLE AND UTILIZATION COLLECTED IN THE PREVIOUS ROUND (INTTYPE=1 OR 4 OR 9), GO TO BOX UTS1A.</p> <p>OTHERWISE, GO TO BOX DU1A.</p>
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