

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|----------------|
| | | | SATISFACTION WITH CARE QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY until BOX PA1 Other: N/A <u>PLACEMENT</u> Administer after NAQ. NOTE: In R79 the PAQ was incorporated into the SCQ. Until BOX PA1 the section is administered if the R is SP or Proxy. At BOX PA1, the routing only asks the PAQ questions if the R is SP. | | |
| MCQUALTY | SC1 | code 1 | SHOW CARD SC1 We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/since (TODAY'S DATE - 12 MONTHS, MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied or dissatisfied you have been with the following: The overall quality of the health care [you have /(SP) has] received [over the past year/since (TODAY'S DATE - 12 MONTHS)]. Have you been very satisfied, satisfied, dissatisfied, or very dissatisfied? | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC2 - MCAVAIL |
| MCAVAIL | SC2 | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The availability of health care at night and on weekends. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC3 - MCEASE |
| MCEASE | SC3 | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The ease and convenience of getting to a doctor or other health professional from where [you/(SP)] [live/lives]. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC4 - MCCOSTS |
| MCCOSTS | SC4 | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The out-of-pocket costs [you/(SP)] paid for health care. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC5 - MCINFO |
| MCINFO | SC5 | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The information given to [you/you or (SP)] about what was wrong with [you/(SP)]. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC7-MCCONCRN |
| MCCONCRN | SC7 | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The concern of doctors or other health professionals for [your/(SP's)] overall health rather than just for an isolated symptom or disease. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC8 - MCSAMLOC |

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| MCSAMLOC | SC8 | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] Getting all [your/(SP's)] health care needs taken care of at the same location. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC8A - MCSPECAR |
| MCSPECAR | SC8A | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC8B - MCTELANS |
| MCTELANS | SC8B | code 1 | SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions. | (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | SC9-MDISSFY |
| MDISSFY | SC9 | verbatim text | Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors or other health professionals, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with? | (01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM IN THE NEXT SCREEN) (-8) Don't Know (-9) Refused | (01) SC10A - MCWORRY (91) SC9 - MCDISVB (-8) SC10A - MCWORRY (-9) SC10A - MCWORRY |
| MCDISVB | SC9 | verbatim text | Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors or other health professionals, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with? | (01) [Continuous answer.] | SC10A - MCWORRY |
| MCWORRY | SC10A | list | Please tell me whether each of the following statements is true or false. [You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement true or false?] | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | SC10A - MCAVOID |
| MCAVOID | SC10A | list | [Please tell me whether each of the following statements is true or false.] [You/(SP)] will do just about anything to avoid going to the doctor. | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | SC10A - MCSICK |
| MCSICK | SC10A | list | [Please tell me whether each of the following statements is true or false.] When [you/(SP)] [are/is] sick, [you/he/she] [try/tries] to keep it to [yourself/himself/herself]. | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | SC10A - MCDRsoon |
| MCDRsoon | SC10A | list | [Please tell me whether each of the following statements is true or false.] Usually, [you/(SP)] (go/goes) to the doctor or other health professional as soon as (you/he/she) (start/starts) to feel bad. | (01) TRUE (02) FALSE (-8) Don't Know (-9) Refused | BOX PA1 |
| | BOX PA1 | | IF IN4-SPPROXY=1/SP then go to PAINTRO- PAINTRO. ELSE GO TO BOX SCEND | | |
| PAINTRO | PAINTRO | no entry | Now I have some questions about how you make health care decisions. Answers to questions like these will help Medicare better understand how people use medical services. Please keep in mind that there are no right or wrong answers to these questions. Your opinions and experiences are important to us. | (01) CONTINUE (-7) Empty | PA5-PACHGDRS |

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| PACHGDRS | PA5 | code 1 | SHOW CARD SC2 Please use this card to respond to the following statements. How likely are you to change doctors or other health professionals if you are dissatisfied with the way you and your doctor or other health professional communicate? | (01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused | PA6-PADISAGR |
| PADISAGR | PA6 | code 1 | SHOW CARD SC2 How likely are you to tell your doctor or other health professional when you disagree with him or her? | (01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused | PA10-PARXINFO |
| PARXINFO | PA10 | code 1 | SHOW CARD SC3 These next questions are about practices sometimes associated with receiving medical care. Please tell me if you always, usually, sometimes, or never do the following: Do you always, usually, sometimes, or never read information about a new prescription, such as side effects and precautions? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | PA11-PADRQUEX |
| PADRQUEX | PA11 | code 1 | SHOW CARD SC3 Do you always, usually, sometimes, or never... Bring with you to your doctor or other health professional visits a list of questions or concerns you want to cover? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | PA12-PAANSWR |
| PAANSWR | PA12 | code 1 | SHOW CARD SC3 [Do you always, usually, sometimes, or never...] Leave your doctor or other health professional's office feeling that all of your concerns or questions have been fully answered? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | PA13-PALISTRX |
| PALISTRX | PA13 | code 1 | SHOW CARD SC3 [Do you always, usually, sometimes, or never...] Take a list of all of your prescribed medicines to your doctor or other health professional visits? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (05) NOT APPLICABLE (-8) Don't Know (-9) Refused | PA14-PATRSLT |
| PATRSLT | PA14 | code 1 | SHOW CARD SC3 [Do you always, usually, sometimes, or never...] Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | PA15-PAOPTION |
| PAOPTION | PA15 | code 1 | SHOW CARD SC3 [Do you always, usually, sometimes, or never...] Talk with your doctor or other health professional about your options if you need tests, follow-up care, or a referral for care by a medical specialist? | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | PA21-PADVICE |
| PADVICE | PA21 | code 1 | SHOW CARD SC3 [Do you always, usually, sometimes, or never...] Call your doctor or other health professional's office to get medical advice when you need it. | (01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused | BOX SCEND |
| | BOX SCEND | routing | IF INTTYPE in(C001, C002, C004, C005, C006), GO TO END. IF INTTYPE in(C003), GO TO DIQ. | | |