

MAIN STUDY - ROUND 19  
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)]?

<b>PMDRPHON</b>	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	IF ANY MEDICINES SELECTED OR ADDED AT UTILIZATION FOR THIS ROUND OR SELECTED OR ADDED THROUGH SECTION PMS, GO TO PM6a.  OTHERWISE, GO TO <b>BOX ST1A</b> .
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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 PM1AA	IF ALL MEDICINES = 0 AT PM6a, GO TO BOX ST1A. IF HMO (PRIVATE OR MEDICARE) 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. IF NO HMO (PRIVATE OR MEDICARE) WAS IN EFFECT AT ANY TIME DURING THE CURRENT ROUND, GO TO PMINTROB FOR EACH MEDICINE WITH PM6a>0 OR =MISSING.
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PM6b. Did (you/SP) obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [HMO PLAN NAME(S) LISTED BELOW] or through a service or discount offered through [HMO PLAN NAME(S) LISTED BELOW]?

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

[DISPLAY ALL HMO PLAN NAMES HERE]

<b>PMSATHMO</b>	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)].

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.]  
**CONDTION**

PM8. [CODE "YES" WITHOUT ASKING IF BOTTLE OR BAG IS PRESENT.] Do you have the medicine bottle, container, or bag available?

**PMBOTTLE**

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>

BOX PM1B-1	<p>IF PREVIOUS ROUND GETNUM (PM6a) = OR &gt; 1 OR -7 OR -8 AND PREVIOUS ROUND PMFORM OR PMFORM ADDED IN PMS (PM9) NOT EQUAL TO -1 OR -8 FOR THE (FIRST/NEXT) MEDICINE ON PM ROSTER, GO TO PM8a. OTHERWISE, GO TO PMINTROC.</p>
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PM8a. At the time of the last interview, (you/SP) purchased (FIRST/NEXT MEDICINE) in the form of (PREVIOUS INTERVIEW PM9). Is this medicine in the same form?

**SAMEFORM**

YES .....	1	<b>BOX PM1B-2</b>
NO .....	2	(PMINTROC)
REFUSED .....	-7	(PMINTROC)
DON'T KNOW .....	-8	(PMINTROC)

BOX PM1B-2	<p>IF PREVIOUS ROUND PM9 = 1 OR 10: AND MEDICINE NOT A COMPOUND, GO TO PM9a. AND MEDICINE IS A COMPOUND, GO TO PM10. AND PREVIOUS ROUND PM10 = -8, GO TO PM10.</p> <p>IF PREVIOUS ROUND PM9 = 2, 3, 4, 6, 7, 8, 9, 11, 12, 91: AND MEDICINE NOT A COMPOUND, GO TO PM15a. AND MEDICINE IS A COMPOUND, GO TO PM16. AND PREVIOUS ROUND PM16 = -8.</p> <p>IF PREVIOUS ROUND PM9 = 5, GO TO PM15.</p>
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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.

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)

PM9a. At the time of the last interview, the strength of each (pill/patch) was (PREVIOUS ROUND PM10). Is this medicine in the same strength?

<b>SAMESTRN</b>	YES .....	1 (PM11)
	NO .....	2 (PM10)
	REFUSED .....	-7 (PM10)
	DON'T KNOW .....	-8 (PM10)

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>STRNNUM</b>	NUMBER OF (TYPE OF UNITS): _____
	MILLIGRAMS (mg) .....	2		
	GRAINS (gr) .....	3		
	MILLIEQUIVALENTS (meq) .....	4		
	GRAMS (g, gm) .....	5		
	OTHER (SPECIFY) _____	91		
<b>STRNUNOS</b>	COMPOUND/MORE THAN ONE		<b>STRNUNO2</b>	
	MEDICINE COMBINED .....	96	<b>STRNNUM2</b>	
	DON'T KNOW .....	-8 (PM11)		

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?

<b>TAKEUNIT</b>	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>	
	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**

PM15a. 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. (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 (g, gm) .....	2	<b>AMTNUM</b>
	MILLILITERS (ml, cc) .....	3	
	MILLIEQUIVALENTS (meq) .....	4	
	MILLIGRAMS (mg) .....	5	
	MICROGRAMS (mcg) .....	6	
<b>AMTUNOS</b>	OTHER (SPECIFY) .....	91	
	COMPOUND/MORE THAN ONE		
	MEDICINE COMBINED .....	96	<b>COMPFLAG</b>
	DON'T KNOW .....	-8	<b>BOX PM2</b>
			<b>AMTUNIT2</b>
			<b>AMTUNOS2</b>
			<b>AMTNUM2</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 PM17.
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PM17. DO YOU HAVE ANY MEDICINES THAT YOU HAVE NOT ENTERED?

<b>TEMP</b>	YES .....	1 (PM6)
	NO .....	2 <b>BOX ST1A</b>