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Medicare Current Beneficiary Survey

Section Specifications for SCQ R58 2010

SATISFACTION WITH CARE

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SC1

Code 1

QUESTION TEXT

SHOW CARD SC1

We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/
since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied you have been with the following:

The overall quality of the health care [you have /(SP) has] received [over the past year/since (SURVEY REFERENCE DATE)].

FIELD 1: MCQUALTY**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC2 - MCAVAIL
2	SATISFIED	SC2 - MCAVAIL
3	DISSATISFIED	SC2 - MCAVAIL
4	VERY DISSATISFIED	SC2 - MCAVAIL
5	NOT APPLICABLE	SC2 - MCAVAIL
	Don't Know	SC2 - MCAVAIL
	Refused	SC2 - MCAVAIL

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCQUALTY	1

SC2

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The availability of health care at night and on weekends.

FIELD 1: MCAVAIL**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC3 - MCEASE
2	SATISFIED	SC3 - MCEASE
3	DISSATISFIED	SC3 - MCEASE
4	VERY DISSATISFIED	SC3 - MCEASE
5	NOT APPLICABLE	SC3 - MCEASE
	Don't Know	SC3 - MCEASE
	Refused	SC3 - MCEASE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCAVAIL	1

SC3

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The ease and convenience of getting to a doctor from where [you/(SP)] (live/lives).

FIELD 1: MCEASE**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC4 - MCCOSTS
2	SATISFIED	SC4 - MCCOSTS
3	DISSATISFIED	SC4 - MCCOSTS
4	VERY DISSATISFIED	SC4 - MCCOSTS
5	NOT APPLICABLE	SC4 - MCCOSTS
	Don't Know	SC4 - MCCOSTS
	Refused	SC4 - MCCOSTS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCEASE	1

SC4

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The out-of-pocket costs [you/(SP)] paid for health care.

FIELD 1: MCCOSTS**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC5 - MCINFO
2	SATISFIED	SC5 - MCINFO
3	DISSATISFIED	SC5 - MCINFO
4	VERY DISSATISFIED	SC5 - MCINFO
5	NOT APPLICABLE	SC5 - MCINFO
	Don't Know	SC5 - MCINFO
	Refused	SC5 - MCINFO

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCCOSTS	1

SC5

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The information given to [you/you or (SP)] about what was wrong with [you/(SP)].

FIELD 1: MCINFO**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC6 - MCFOLUP
2	SATISFIED	SC6 - MCFOLUP
3	DISSATISFIED	SC6 - MCFOLUP
4	VERY DISSATISFIED	SC6 - MCFOLUP
5	NOT APPLICABLE	SC6 - MCFOLUP
	Don't Know	SC6 - MCFOLUP
	Refused	SC6 - MCFOLUP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCINFO	1

SC6

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The follow-up care [you/(SP)] received after an initial treatment or operation.

FIELD 1: MCFOLUP**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC7 - MCCONCRN
2	SATISFIED	SC7 - MCCONCRN
3	DISSATISFIED	SC7 - MCCONCRN
4	VERY DISSATISFIED	SC7 - MCCONCRN
5	NOT APPLICABLE	SC7 - MCCONCRN
	Don't Know	SC7 - MCCONCRN
	Refused	SC7 - MCCONCRN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCFOLUP	1

SC7

Code 1

QUESTION TEXT

SHOW CARD SC1

[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.

FIELD 1: MCCONCRN**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC8 - MCSAMLOC
2	SATISFIED	SC8 - MCSAMLOC
3	DISSATISFIED	SC8 - MCSAMLOC
4	VERY DISSATISFIED	SC8 - MCSAMLOC
5	NOT APPLICABLE	SC8 - MCSAMLOC
	Don't Know	SC8 - MCSAMLOC
	Refused	SC8 - MCSAMLOC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCCONCRN	1

SC8

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

Getting all [your/(SP's)] health care needs taken care of at the same location.

FIELD 1: MCSAMLOC**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC8A - MCSPECAR
2	SATISFIED	SC8A - MCSPECAR
3	DISSATISFIED	SC8A - MCSPECAR
4	VERY DISSATISFIED	SC8A - MCSPECAR
5	NOT APPLICABLE	SC8A - MCSPECAR
	Don't Know	SC8A - MCSPECAR
	Refused	SC8A - MCSPECAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCSAMLOC	1

SC8A

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.

FIELD 1: MCSPECAR**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC8B - MCTELANS
2	SATISFIED	SC8B - MCTELANS
3	DISSATISFIED	SC8B - MCTELANS
4	VERY DISSATISFIED	SC8B - MCTELANS
5	NOT APPLICABLE	SC8B - MCTELANS
	Don't Know	SC8B - MCTELANS
	Refused	SC8B - MCTELANS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCSPECAR	1

SC8B

Code 1

QUESTION TEXT

SHOW CARD SC1

[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.

FIELD 1: MCTELANS**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC8C - MCAMTPAY
2	SATISFIED	SC8C - MCAMTPAY
3	DISSATISFIED	SC8C - MCAMTPAY
4	VERY DISSATISFIED	SC8C - MCAMTPAY
5	NOT APPLICABLE	SC8C - MCAMTPAY
	Don't Know	SC8C - MCAMTPAY
	Refused	SC8C - MCAMTPAY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCTELANS	1

SC8C

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.

FIELD 1: MCAMTPAY**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	BOX SC1A
2	SATISFIED	BOX SC1A
3	DISSATISFIED	BOX SC1A
4	VERY DISSATISFIED	BOX SC1A
5	NOT APPLICABLE	BOX SC1A
	Don't Know	BOX SC1A
	Refused	BOX SC1A

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCAMTPAY	1

BOX SC1A

BOX INSTRUCTIONS

IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND) OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST.

ELSE GO TO SC9 - MDISSFY.

SC8D

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

[Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan.

[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]

FIELD 1: MCDRGLST**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC8E - MCFNDPCY
2	SATISFIED	SC8E - MCFNDPCY
3	DISSATISFIED	SC8E - MCFNDPCY
4	VERY DISSATISFIED	SC8E - MCFNDPCY
5	NOT APPLICABLE	SC8E - MCFNDPCY
	Don't Know	SC8E - MCFNDPCY
	Refused	SC8E - MCFNDPCY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCDRGLST	1

SC8E

Code 1

QUESTION TEXT

SHOW CARD SC1

[Please tell me how satisfied you have been with . . .]

The ease of finding a pharmacy which accepts your prescription drug plan.

[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]

FIELD 1: MCFNDPCY**FIELD 1 ROUTING**

Value	Label	Route
1	VERY SATISFIED	SC8F - MCRECPLN
2	SATISFIED	SC8F - MCRECPLN
3	DISSATISFIED	SC8F - MCRECPLN
4	VERY DISSATISFIED	SC8F - MCRECPLN
5	NOT APPLICABLE	SC8F - MCRECPLN
	Don't Know	SC8F - MCRECPLN
	Refused	SC8F - MCRECPLN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCFNDPCY	1

SC8F

Code 1

QUESTION TEXT

Would [you/(SP)] recommend (your/his/her) prescription drug plan to other people like (you/him/her)?

[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]

FIELD 1: MCRECPLN**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC8G - DHEVHEAR
2	NO	SC8G - DHEVHEAR
3	NOT APPLICABLE	SC8G - DHEVHEAR
	Don't Know	SC8G - DHEVHEAR
	Refused	SC8G - DHEVHEAR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCRECPLN	1

SC8G

Yes/No

QUESTION TEXT

[[You receive/(SP) receives] (your/his/her) prescription drug coverage through a (Medicare Prescription Drug Plan/Medicare Advantage plan)./Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also called "Medicare Part D" plans.]

In many Medicare drug plans there is a coverage gap, sometimes called a "doughnut hole", after the initial coverage period. Depending on the plan, beneficiaries may pay up to 100 percent of the costs for their drugs out of their own pockets when they are in the coverage gap.

Before today, have you heard about the coverage gap or "doughnut hole" that is part of most Medicare drug plans?

FIELD 1: DHEVHEAR

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX SC1AA
2	NO	BOX SC1AA
	Don't Know	BOX SC1AA
	Refused	BOX SC1AA

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHEVHEAR	1

BOX SC1AA

BOX INSTRUCTIONS

IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8H - DHAUTOEN.

ELSE GO TO SC9 - MDISSFY.

SC8H

Yes/No

QUESTION TEXT

As you may know, there are Federal and state programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a “low-income subsidy” or “extra help”.

[Are you/Is (SP)] receiving this type of help to pay for (your/his/her) Medicare prescription drug coverage?

[EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan’s monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]

FIELD 1: DHAUTOEN**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC9 - MDISSFY
2	NO	SC8I - DHPLAN
	Don't Know	SC9 - MDISSFY
	Refused	SC9 - MDISSFY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHAUTOEN	1

SC8I

Yes/No

QUESTION TEXT

Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or "doughnut hole"?

[EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage when (your/his/her) plan will either stop paying for all prescription drugs or it will offer only limited coverage.]

FIELD 1: DHPLAN**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC8J - DHSTOPPY
2	NO	SC9 - MDISSFY
	Don't Know	SC9 - MDISSFY
	Refused	SC9 - MDISSFY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHPLAN	1

SC8J

Code 1

QUESTION TEXT

Once [you reach/(SP) reaches] the coverage gap, does (your/his/her) [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan stop paying for all prescription drugs or does (your/his/her) plan offer some type of coverage for prescription drug costs?

REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

FIELD 1: DHSTOPPY**FIELD 1 ROUTING**

Value	Label	Route
1	PLAN STOPS PAYING FOR ALL DRUGS	SC8L - DHTHISYR
2	PLAN OFFERS SOME COVERAGE	SC8K - DHCOVER
	Don't Know	SC8L - DHTHISYR
	Refused	SC8L - DHTHISYR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHSTOPPY	1

SC8K

Code 1

QUESTION TEXT

What type of coverage does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan offer once [you reach/(SP) reaches] the start of the coverage gap?

Does it cover generic drugs only, brand-name and generic drugs, or does it provide some other type of coverage?

REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

FIELD 1: DHCOVER**FIELD 1 ROUTING**

Value	Label	Route
1	GENERIC ONLY	SC8L - DHTHISYR
2	GENERIC AND BRANDS	SC8L - DHTHISYR
91	OTHER	SC8K - DHCOVROS
	Don't Know	SC8L - DHTHISYR
	Refused	SC8L - DHTHISYR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHCOVER	1

FIELD 2: DHCOVROS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	SC8L - DHTHISYR

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHCOVROS	1

SC8L

Yes/No

QUESTION TEXT

[Have you/Has (SP)] reached the start of the coverage gap during [CURRENT YEAR]?

[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when (your/his/her) plan will either stop paying for all prescription drugs or it will offer only limited coverage.]

REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

FIELD 1: DHTHISYR**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC8M - DHSTART
2	NO	SC9 - MDISSFY
	Don't Know	SC9 - MDISSFY
	Refused	SC9 - MDISSFY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHTHISYR	1

SC8M

Code 1

QUESTION TEXT

How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap?

FIELD 1: DHSTART**FIELD 1 ROUTING**

Value	Label	Route
1	SP OR SOMEONE FOR THE SP KEPT TRACK OF TOTAL MEDICINE SPENDING	SC8N - DHEND
2	INFORMATION PROVIDED BY THE PART D PLAN	SC8N - DHEND
3	INFORMATION PROVIDED BY THE PHARMACY	SC8N - DHEND
91	OTHER	SC8M - DHSTAROS
	Don't Know	SC8N - DHEND
	Refused	SC8N - DHEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHSTART	1

FIELD 2: DHSTAROS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	SC8N - DHEND

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHSTAROS	1

SC8N

Yes/No

QUESTION TEXT

[Have you/Has (SP)] reached the end of the coverage gap during [CURRENT YEAR]?

[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total cost of each prescription and (your/his/her) drug plan pays the remaining amount.]

REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.

FIELD 1: DHEND**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC8O - DHWORRY
2	NO	SC8O - DHWORRY
	Don't Know	SC9 - MDISSFY
	Refused	SC9 - MDISSFY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHEND	1

SC80

Code 1

QUESTION TEXT

For [CURRENT YEAR], how worried (are/is/were/was) [you/(SP)] about (your/his/her) ability to pay for (your/his/her) medicines during the coverage gap?

Would you say that [you/(SP)] (are/is/were/was) very worried, somewhat worried, or not at all worried?

FIELD 1: DHWORRY**FIELD 1 ROUTING**

Value	Label	Route
1	VERY WORRIED	SC9 - MDISSFY
2	SOMEWHAT WORRIED	SC9 - MDISSFY
3	NOT AT ALL WORRIED	SC9 - MDISSFY
	Don't Know	SC9 - MDISSFY
	Refused	SC9 - MDISSFY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DHWORRY	1

SC9

Verbatim Text

QUESTION TEXT

Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors, hospitals and pharmacies.

What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with?

RECORD VERBATIM.

FIELD 1: MDISSFY**FIELD 1 ROUTING**

Value	Label	Route
1	RESPONDENT IS NOT DISSATISFIED WITH ANYTHING	SC10A - MCWORRY
91	RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW)	SC9 - MCDISVB
	Don't Know	SC10A - MCWORRY
	Refused	SC10A - MCWORRY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCDISSFY	1

FIELD 2: MCDISVB**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC10A - MCWORRY

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: ACCS.MCDISVB1 ACCS.MCDISVB2 ACCS.MCDISVB3	1

SC10A

List

QUESTION TEXT

Please tell me whether each of the following statements is true or false.

FIELD 1: MCWORRY

[You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age.
[Is this statement true or false?]

FIELD 1 ROUTING

Value	Label	Route
1	TRUE	SC10A - MCAVOID
2	FALSE	SC10A - MCAVOID
	Don't Know	SC10A - MCAVOID
	Refused	SC10A - MCAVOID

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCWORRY	1

FIELD 2: MCAVOID

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

FIELD 2 ROUTING

Value	Label	Route
1	TRUE	SC10A - MCSICK
2	FALSE	SC10A - MCSICK
	Don't Know	SC10A - MCSICK
	Refused	SC10A - MCSICK

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCAVOID	1

FIELD 3: MCSICK

When [you/(SP)] (are/is) sick, (you/he/she) (try/tries) to keep it to (yourself/himself/herself).

FIELD 3 ROUTING

Value	Label	Route
1	TRUE	SC10A - MCDRSOON
2	FALSE	SC10A - MCDRSOON
	Don't Know	SC10A - MCDRSOON
	Refused	SC10A - MCDRSOON

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCSICK	1

FIELD 4: MCDRSOON

Usually, [you/(SP)] (go/goes) to the doctor as soon as (you/he/she) (start/starts) to feel bad.

FIELD 4 ROUTING

Value	Label	Route
1	TRUE	SC11 - MCDRNSEE
2	FALSE	SC11 - MCDRNSEE
	Don't Know	SC11 - MCDRNSEE
	Refused	SC11 - MCDRNSEE

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCDRsoon	1

SC11

Yes/No

QUESTION TEXT

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?

FIELD 1: MCDRNSEE**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC12AA - TEMPCOND1
2	NO	SC15 - PMNOTGET
	Don't Know	SC15 - PMNOTGET
	Refused	SC15 - PMNOTGET

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCDRNSEE	1

SC12AA

Text

QUESTION TEXT

What was the health problem or condition?

ENTER ALL CONDITIONS.

FIELD 1: TEMPCOND1**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC12AA - TEMPCOND2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

FIELD 2: TEMPCOND2**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC12AA - TEMPCOND3
	Empty	SC12A - MCDRATMP

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

FIELD 3: TEMPCOND3**FIELD 3 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC12A - MCDRATMP
	Empty	SC12A - MCDRATMP

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

SC12A

Yes/No

QUESTION TEXT

Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]?

(CONDITION 1 FROM SC12AA)

(CONDITION 2 FROM SC12AA)

(CONDITION 3 FROM SC12AA)

[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)?]

FIELD 1: MCDRATMP

FIELD 1 ROUTING

Value	Label	Route
1	YES	SC13A - SCRCODES
2	NO	SC13A - SCRCODES
	Don't Know	SC13A - SCRCODES
	Refused	SC13A - SCRCODES

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MCDRATMP	1

SC13A

Code All

QUESTION TEXT

SHOW CARD SC2

This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition.

Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]?

(CONDITION 1 FROM SC12AA)

(CONDITION 2 FROM SC12AA)

(CONDITION 3 FROM SC12AA)

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: SCRCODES**FIELD 1 ROUTING**

Value	Label	Route
1	DIDN'T THINK THE PROBLEM WAS SERIOUS	BOX SC1B
2	THOUGHT IT WOULD COST TOO MUCH	BOX SC1B
3	TROUBLE FINDING/GETTING TO DOCTOR	BOX SC1B
4	TIME/SCHEDULE OR PERSONAL CONFLICTS	BOX SC1B
5	THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM	BOX SC1B
6	WAS AFRAID OF FINDING OUT WHAT WAS WRONG	BOX SC1B

Value	Label	Route
7	DOCTOR WOULD NOT ACCEPT MY INSURANCE	BOX SC1B
91	(OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT)	SC13A - SCROTOS
	Don't Know	SC15 - PMNOTGET
	Refused	SC15 - PMNOTGET

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=ACCS.SCRNSERS 2=ACCS.SCRCOST 3=ACCS.SCRTROUB 4=ACCS.SCRSCHED 5=ACCS.SCRDRCDM 6=ACCS.SCRFEAR 7=ACCS.SCRNACCP 91=ACCS.SCROTHR	12

FIELD 2: SCROTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX SC1B

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SCROTOS	1

BOX SC1B

BOX INSTRUCTIONS

IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN.

ELSE GO TO SC15 - PMNOTGET.

SC14A

Code 1

QUESTION TEXT

Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)?

[READ REASONS BELOW IF NECESSARY.]

(CONDITION 1 FROM SC12AA)

(CONDITION 2 FROM SC12AA)

(CONDITION 3 FROM SC12AA)

FIELD 1: SCRMAIN**FIELD 1 ROUTING**

Value	Label	Route
1	DIDN'T THINK THE PROBLEM WAS SERIOUS	SC15 - PMNOTGET
2	THOUGHT IT WOULD COST TOO MUCH	SC15 - PMNOTGET
3	TROUBLE FINDING/GETTING TO DOCTOR	SC15 - PMNOTGET
4	TIME/SCHEDULE OR PERSONAL CONFLICTS	SC15 - PMNOTGET
5	THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM	SC15 - PMNOTGET
6	WAS AFRAID OF FINDING OUT WHAT WAS WRONG	SC15 - PMNOTGET
7	DOCTOR WOULD NOT ACCEPT MY INSURANCE	SC15 - PMNOTGET
91	(OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT)	SC15 - PMNOTGET
	Don't Know	SC15 - PMNOTGET
	Refused	SC15 - PMNOTGET

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SCRMAIN	1

SC15

Yes/No

QUESTION TEXT

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.

FIELD 1: PMNOTGET**FIELD 1 ROUTING**

Value	Label	Route
1	YES	SC16 - TEMPMED1
2	NO	SC20 - GENERRX
	Don't Know	SC20 - GENERRX
	Refused	SC20 - GENERRX

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.PMNOTGET	1

SC16

Text

QUESTION TEXT

What were the names of those medicines?

ENTER ALL MEDICINES.

FIELD 1: TEMPMED1**FIELD 1 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC16 - TEMPMED2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

FIELD 2: TEMPMED2**FIELD 2 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC16 - TEMPMED3
	Empty	SC17INTR - SCINT2

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

FIELD 3: TEMPMED3**FIELD 3 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC16 - TEMPMED4
	Empty	SC17INTR - SCINT2

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

FIELD 4: TEMPMED4**FIELD 4 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC16 - TEMPMED5
	Empty	SC17INTR - SCINT2

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

FIELD 5: TEMPMED5**FIELD 5 ROUTING**

Value	Label	Route
1	[Continuous answer.]	SC17INTR - SCINT2
	Empty	SC17INTR - SCINT2

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

SC17INTR

No Entry

QUESTION TEXT

SHOW CARD SC3

This card lists some reasons people have given for not having prescriptions filled or refilled.

FIELD 1: SCINT2**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	SC17A - SCPMCODS
	Empty	SC17A - SCPMCODS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

SC17A

Code All

QUESTION TEXT

Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]?

[MEDICINE 1 FROM SC16]

[MEDICINE 2 FROM SC16]

[MEDICINE 3 FROM SC16]

[MEDICINE 4 FROM SC16]

[MEDICINE 5 FROM SC16]

[PROBE: Any other reason?]

CHECK ALL THAT APPLY.

FIELD 1: SCPMCODS**FIELD 1 ROUTING**

Value	Label	Route
1	THOUGHT IT WOULD COST TOO MUCH	BOX SC2
2	DIDN'T THINK MEDICINE WOULD HELP CONDITION	BOX SC2
3	WAS AFRAID OF MEDICINE REATIONS/CONTRAINDICATIONS	BOX SC2
4	DON'T LIKE TO TAKE MEDICINE	BOX SC2
5	DIDN'T THINK MEDICINE WAS NECESSARY	BOX SC2
6	NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY	BOX SC2
7	TROUBLE OBTAINING MEDICINE	BOX SC2
8	OBTAINED/USED SAMPLES	BOX SC2

Value	Label	Route
9	USED ANOTHER MEDICINE AS A SUBSTITUTION	BOX SC2
91	(OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT)	SC17A - SCPMOTOS
	Don't Know	SC20 - GENERRX
	Refused	SC20 - GENERRX

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=ACCS.SCPMCOST 2=ACCS.SCNOHELP 3=ACCS.SCPMREAC 4=ACCS.SCPMNLKE 5=ACCS.SCPMNCND 6=ACCS.SCPMNOCV 7=ACCS.SCPMTROB 8=ACCS.SCPMSMPL 9=ACCS.SCPMSUBS 91=ACCS.SCPMOTHR	12

FIELD 2: SCPMOTOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX SC2

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SCPMOTOS	1

BOX SC2

BOX INSTRUCTIONS

IF SC17A - SCPMCODS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN.

ELSE GO TO SC20 - GENERRX.

SC18A

Code 1

QUESTION TEXT

Which of these was the main reason [you/(SP)] did not obtain (this medicine/these medicines) during (CURRENT YEAR)?

[READ REASONS BELOW IF NECESSARY.]

[MEDICINE 1 FROM SC16]

[MEDICINE 2 FROM SC16]

[MEDICINE 3 FROM SC16]

[MEDICINE 4 FROM SC16]

[MEDICINE 5 FROM SC16]

FIELD 1: SCPMMAIN**FIELD 1 ROUTING**

Value	Label	Route
1	THOUGHT IT WOULD COST TOO MUCH	SC20 - GENERRX
2	DIDN'T THINK MEDICINE WOULD HELP CONDITION	SC20 - GENERRX
3	WAS AFRAID OF MEDICINE REATIONS/CONTRAINDICATIONS	SC20 - GENERRX
4	DON'T LIKE TO TAKE MEDICINE	SC20 - GENERRX
5	DIDN'T THINK MEDICINE WAS NECESSARY	SC20 - GENERRX
6	NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY	SC20 - GENERRX
7	TROUBLE OBTAINING MEDICINE	SC20 - GENERRX
8	OBTAINED/USED SAMPLES	SC20 - GENERRX
9	USED ANOTHER MEDICINE AS A SUBSTITUTION	SC20 - GENERRX

Value	Label	Route
91	(OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT)	SC20 - GENERRX
	Don't Know	SC20 - GENERRX
	Refused	SC20 - GENERRX

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SCPMMAIN	1

SC20

List

QUESTION TEXT

SHOW CARD SC4

Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never...

FIELD 1: GENERRX

asked for generics instead of brand name drugs?

FIELD 1 ROUTING

Value	Label	Route
1	OFTEN	SC20 - MAILRX
2	SOMETIMES	SC20 - MAILRX
3	NEVER	SC20 - MAILRX
	Don't Know	SC20 - MAILRX
	Refused	SC20 - MAILRX

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.GENERRX	1

FIELD 2: MAILRX

purchased prescription drugs through the mail or on the Internet?

FIELD 2 ROUTING

Value	Label	Route
1	OFTEN	SC20 - DOESRX
2	SOMETIMES	SC20 - DOESRX

Value	Label	Route
3	NEVER	SC20 - DOSESRX
	Don't Know	SC20 - DOSESRX
	Refused	SC20 - DOSESRX

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.MAILRX	1

FIELD 3: DOSESRX

taken smaller doses than prescribed of a medicine to make the medicine last longer?

FIELD 3 ROUTING

Value	Label	Route
1	OFTEN	SC20 - SKIPRX
2	SOMETIMES	SC20 - SKIPRX
3	NEVER	SC20 - SKIPRX
	Don't Know	SC20 - SKIPRX
	Refused	SC20 - SKIPRX

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DOSESRX	1

FIELD 4: SKIPRX

skipped doses to make the medicine last longer?

FIELD 4 ROUTING

Value	Label	Route
1	OFTEN	SC20 - DELAYRX
2	SOMETIMES	SC20 - DELAYRX
3	NEVER	SC20 - DELAYRX
	Don't Know	SC20 - DELAYRX
	Refused	SC20 - DELAYRX

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SKIPRX	1

FIELD 5: DELAYRX

delayed getting a prescription filled because the medicine cost too much?

FIELD 5 ROUTING

Value	Label	Route
1	OFTEN	SC21 - SAMPLERX
2	SOMETIMES	SC21 - SAMPLERX
3	NEVER	SC21 - SAMPLERX
	Don't Know	SC21 - SAMPLERX
	Refused	SC21 - SAMPLERX

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.DELAYRX	1

SC21

List

QUESTION TEXT

SHOW CARD SC4

Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never...

FIELD 1: SAMPLERX

asked for or received free samples from (your/his/her) doctor or health provider?

FIELD 1 ROUTING

Value	Label	Route
1	OFTEN	SC21 - COMPARRX
2	SOMETIMES	SC21 - COMPARRX
3	NEVER	SC21 - COMPARRX
	Don't Know	SC21 - COMPARRX
	Refused	SC21 - COMPARRX

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SAMPLERX	1

FIELD 2: COMPARRX

compared prices or shopped around for the best price?

FIELD 2 ROUTING

Value	Label	Route
1	OFTEN	SC21 - NOFILLRX
2	SOMETIMES	SC21 - NOFILLRX

Value	Label	Route
3	NEVER	SC21 - NOFILLRX
	Don't Know	SC21 - NOFILLRX
	Refused	SC21 - NOFILLRX

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.COMPARRX	1

FIELD 3: NOFILLRX

decided not to fill a prescription because it cost too much?

FIELD 3 ROUTING

Value	Label	Route
1	OFTEN	SC21 - NONUSRX
2	SOMETIMES	SC21 - NONUSRX
3	NEVER	SC21 - NONUSRX
	Don't Know	SC21 - NONUSRX
	Refused	SC21 - NONUSRX

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NOFILLRX	1

FIELD 4: NONUSRX

purchased prescription drugs from outside of the United States?

FIELD 4 ROUTING

Value	Label	Route
1	OFTEN	SC21 - SPENTLRX
2	SOMETIMES	SC21 - SPENTLRX
3	NEVER	SC21 - SPENTLRX
	Don't Know	SC21 - SPENTLRX
	Refused	SC21 - SPENTLRX

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NONUSRX	1

FIELD 5: SPENTLRX

spent less money on food, heat, or other basic needs so that (you/he/she) would have money for medicine?

FIELD 5 ROUTING

Value	Label	Route
1	OFTEN	SC22 - BORROWRX
2	SOMETIMES	SC22 - BORROWRX
3	NEVER	SC22 - BORROWRX
	Don't Know	SC22 - BORROWRX
	Refused	SC22 - BORROWRX

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.SPENTLRX	1

SC22

List

QUESTION TEXT

SHOW CARD SC4

Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never...

FIELD 1: BORROWRX

borrowed money to pay for prescription drugs?

FIELD 1 ROUTING

Value	Label	Route
1	OFTEN	SC22 - CHAINRX
2	SOMETIMES	SC22 - CHAINRX
3	NEVER	SC22 - CHAINRX
	Don't Know	SC22 - CHAINRX
	Refused	SC22 - CHAINRX

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.BORROWRX	1

FIELD 2: CHAINRX

purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan?

FIELD 2 ROUTING

Value	Label	Route
1	OFTEN	SC22 - STOPRX

Value	Label	Route
2	SOMETIMES	SC22 - STOPRX
3	NEVER	SC22 - STOPRX
	Don't Know	SC22 - STOPRX
	Refused	SC22 - STOPRX

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.CHAINRX	1

FIELD 3: STOPRX

talked with (your/his/her) doctor about stopping a medicine to save money or substituting a medicine with one that is less expensive?

FIELD 3 ROUTING

Value	Label	Route
1	OFTEN	SC22 - CREDRX
2	SOMETIMES	SC22 - CREDRX
3	NEVER	SC22 - CREDRX
	Don't Know	SC22 - CREDRX
	Refused	SC22 - CREDRX

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.STOPRX	1

FIELD 4: CREDRX

used a credit card so that (you/he/she) could pay for prescription drugs over time?

FIELD 4 ROUTING

Value	Label	Route
1	OFTEN	SC23 - NOINSRX
2	SOMETIMES	SC23 - NOINSRX
3	NEVER	SC23 - NOINSRX
	Don't Know	SC23 - NOINSRX
	Refused	SC23 - NOINSRX

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.CREDRX	1

SC23

Code 1

QUESTION TEXT

SHOW CARD SC4

Some pharmacies offer discounted prices for some generic prescription drugs that are lower than a typical insurance copayment. For example, the discounted price may be \$4 to fill a one-month prescription.

Please tell me how often during (CURRENT YEAR) [you have /(SP) has] purchased discounted prescription drugs, without using any drug insurance, in order to reduce (your/his/her) own spending on drugs?

FIELD 1: NOINSRX**FIELD 1 ROUTING**

Value	Label	Route
1	OFTEN	BOX SCEND
2	SOMETIMES	BOX SCEND
3	NEVER	BOX SCEND
	Don't Know	BOX SCEND
	Refused	BOX SCEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
ACCS.NOINSRX	1

BOX SCEND

BOX INSTRUCTIONS

GO TO NEXT SECTION