

MAIN STUDY - ROUND 19  
 COMMUNITY COMPONENT  
 SC. SATISFACTION WITH CARE

BOX SC1A	IF SP DECEASED OR INSTITUTIONALIZED, GO TO <b>BOX USA</b> .
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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. [SHOW CARD SC1.] Please tell me how satisfied you have been with the following:

SC1. The overall quality of the medical services (you have /SP has) received in the last year.

SHOW CARD SC1	<b>MCQUALTY</b>	VERY SATISFIED ..... 1 SATISFIED ..... 2 UNSATISFIED ..... 3 VERY UNSATISFIED ..... 4 NOT APPLICABLE ..... 5 REFUSED ..... -7 DON'T KNOW ..... -8
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SC2. The availability of medical services at night and on weekends.

SHOW CARD SC1	<b>MCAVAIL</b>	VERY SATISFIED ..... 1 SATISFIED ..... 2 UNSATISFIED ..... 3 VERY UNSATISFIED ..... 4 NOT APPLICABLE ..... 5 REFUSED ..... -7 DON'T KNOW ..... -8
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SC3. 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 UNSATISFIED ..... 3 VERY UNSATISFIED ..... 4 NOT APPLICABLE ..... 5 REFUSED ..... -7 DON'T KNOW ..... -8
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SC4. The out-of-pocket costs (you/SP) paid for medical services.

SHOW CARD SC1	<b>MCCOSTS</b>	VERY SATISFIED .....	1
		SATISFIED .....	2
		UNSATISFIED .....	3
		VERY UNSATISFIED .....	4
		NOT APPLICABLE .....	5
		REFUSED .....	-7
		DON'T KNOW .....	-8

SC5. The information given to (you/you or SP) about what was wrong with (you/SP).

SHOW CARD SC1	<b>MCINFO</b>	VERY SATISFIED .....	1
		SATISFIED .....	2
		UNSATISFIED .....	3
		VERY UNSATISFIED .....	4
		NOT APPLICABLE .....	5
		REFUSED .....	-7
		DON'T KNOW .....	-8

SC6. The follow-up care (you/SP) received after an initial treatment or operation.

SHOW CARD SC1	<b>MCFOLUP</b>	VERY SATISFIED .....	1
		SATISFIED .....	2
		UNSATISFIED .....	3
		VERY UNSATISFIED .....	4
		NOT APPLICABLE .....	5
		REFUSED .....	-7
		DON'T KNOW .....	-8

SC7. The concern of doctors for (your/SP's) overall health rather than just for an isolated symptom or disease.

SHOW CARD SC1	<b>MCCONCRN</b>	VERY SATISFIED .....	1
		SATISFIED .....	2
		UNSATISFIED .....	3
		VERY UNSATISFIED .....	4
		NOT APPLICABLE .....	5
		REFUSED .....	-7
		DON'T KNOW .....	-8

SC8. Getting all (your/SP's) medical care needs taken care of at the same location.

SHOW CARD SC1	<b>MCSAMLOC</b>	VERY SATISFIED .....	1
		SATISFIED .....	2
		UNSATISFIED .....	3
		VERY UNSATISFIED .....	4
		NOT APPLICABLE .....	5
		REFUSED .....	-7
		DON'T KNOW .....	-8

SC8a. The availability of care by specialists when (you feel/SP feels) (you/he/she) need(s) it.

SHOW CARD SC1
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- MCSPECAR**
- VERY SATISFIED ..... 1
  - SATISFIED ..... 2
  - UNSATISFIED ..... 3
  - VERY UNSATISFIED ..... 4
  - NOT APPLICABLE ..... 5
  - REFUSED ..... -7
  - DON'T KNOW ..... -8

SC8b. The ease of obtaining answers to questions over the telephone about (your/SP's) treatment or prescriptions.

SHOW CARD SC1
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- MCTELANS**
- VERY SATISFIED ..... 1
  - SATISFIED ..... 2
  - UNSATISFIED ..... 3
  - VERY UNSATISFIED ..... 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

<b>MCDISVB1</b>	_____	<b>VCMCDIS1</b>
<b>MCDISVB2</b>	_____	<b>VCMCDIS2</b>
<b>MCDISVB3</b>	_____	<b>VCMCDIS3</b>
		<b>VCMCDIS4</b>

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

<b>MCIMPVB1</b>	_____	<b>VCMCIMP1</b>
<b>MCIMPVB2</b>	_____	<b>VCMCIMP2</b>
<b>MCIMPVB3</b>	_____	<b>VCMCIMP3</b>
		<b>VCMCIMP4</b>

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.

SC10a. (You worry/SP worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement true or false?]

<b>MCWORRY</b>	TRUE .....	1
	FALSE .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

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

<b>MCAVOID</b>	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).

<b>MCSICK</b>	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.

<b>MCDRSOON</b>	TRUE .....	1
	FALSE .....	2
	REFUSED .....	-7
	DON'T KNOW .....	-8

SC11. During (DISPLAY CURRENT YEAR AS 19XX), 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?

<b>MCDRNSEE</b>	YES .....	1 (SC12)
	NO .....	2 (SC15)
	REFUSED .....	-7 (SC15)
	DON'T KNOW .....	-8 (SC15)

SC12. What was the health problem or condition?

**CONDTION**  
**CONDSC12**

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SC13. ASK SC13 AND SC14, IF APPLICABLE, ABOUT CONDITIONS REPORTED IN SC12.  
 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.]  
 Which of these reasons explains why (you/SP) did not see a doctor about the [READ CONDITIONS BELOW]?  
 PROBE: Any other reason?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]  
 PROGRAM: DISPLAY CONDITION(S) REPORTED IN SC12.

SHOW CARD SC2	<b>MCRNSERS</b>	DIDN'T THINK THE PROBLEM WAS SERIOUS .....	1 (SC14)
	<b>MRCRCOST</b>	THOUGHT IT WOULD COST TOO MUCH .....	2 (SC14)
	<b>MCRTIME</b>	DIDN'T HAVE TIME .....	3 (SC14)
	<b>MCRAPPT</b>	COULDN'T GET AN APPOINTMENT	
	<b>MCRAVAIL</b>	SOON ENOUGH .....	4 (SC14)
	<b>MCRWAY</b>	NO DOCTOR WAS AVAILABLE .....	5 (SC14)
	<b>MCRFAMLY</b>	DIDN'T HAVE A WAY TO GET TO THE DOCTOR ...	6 (SC14)
	<b>MCRDRCDM</b>	COULDN'T LEAVE OTHER FAMILY MEMBER .....	7 (SC14)
	<b>MCRFEAR</b>	THOUGHT DOCTOR COULDN'T DO MUCH	
	<b>MCRDRCHG</b>	ABOUT PROBLEM .....	8 (SC14)
	<b>MCRACCP</b>	WAS AFRAID OF FINDING OUT WHAT WAS WRONG .....	9 (SC14)
	<b>MCRDOCTR</b>	DOCTOR CHARGED MORE THAN MEDICARE	
	<b>MCRHOSP</b>	WOULD PAY .....	10 (SC14)
	<b>MCRNOCAR</b>	COULDN'T FIND A DOCTOR WHO WOULD	
	<b>MCRUNABL</b>	ACCEPT MEDICAID .....	11 (SC14)
	<b>MCROTHR</b>	OTHER (SPECIFY) _____	
<b>MCROTHOS</b>	_____	91 (SC14)	
	REFUSED .....	-7 (SC15)	
	DON'T KNOW .....	-8 (SC15)	

SC14. IF MORE THAN ONE REASON GIVEN IN SC13, ASK SC14. OTHERWISE, GO TO SC15.  
 Which of these was the main reason (you/SP) did not see a doctor about (this/these) condition(s) last year?  
 PROGRAM: ONLY DISPLAY CATEGORIES CODED IN SC13. DISPLAY CONDITION(S) REPORTED IN SC12.

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

SC15. During (DISPLAY CURRENT YEAR AS 19XX), 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.]

**PMNAME1** MEDICINE 1: \_\_\_\_\_  
**PMNAME2** MEDICINE 2: \_\_\_\_\_  
**PMNAME3** MEDICINE 3: \_\_\_\_\_  
**PMNAME4** MEDICINE 4: \_\_\_\_\_  
**PMNAME5** MEDICINE 5: \_\_\_\_\_

SC17. This card lists some reasons people have given for not having prescriptions filled or refilled. Which of these reasons explains why (you/SP) did not obtain the [READ MEDICINES BELOW]?  
 PROBE: Any other reason?  
 [CODE ALL THAT APPLY. PRESS CTRL/L TO LEAVE SCREEN.]

SHOW CARD SC3	<b>PMNOCOND</b>	DIDN'T THINK MEDICINE WAS NECESSARY FOR THE CONDITION .....	1	
	<b>PMCOST</b>	THOUGHT IT WOULD COST TOO MUCH .....	2	
	<b>PMNOCOV</b>	MEDICINE NOT COVERED BY INSURANCE OR MEDICAID .....	3	
	<b>PMNOTIME</b>	DIDN'T HAVE TIME .....	4	
	<b>PMNOSOON</b>	COULDN'T GET THE MEDICINE SOON ENOUGH ...	5	
	<b>PMPHARM</b>	NO PHARMACY CONVENIENT .....	6	
	<b>PMNOWAY</b>	DIDN'T HAVE A WAY TO GET MEDICINE .....	7	
	<b>PMNOHELP</b>	DIDN'T THINK MEDICINE WOULD HELP CONDITION .....	8	
	<b>PMREACT</b>	WAS AFRAID OF MEDICINE REACTIONS/ CONTRAINDICATIONS .....	9	
	<b>PMNONEED</b>	FELT BETTER, DIDN'T NEED MEDICINE .....	10	
	<b>PMNOLIKE</b>	DON'T LIKE TO TAKE MEDICINE .....	11	
		OTHER (SPECIFY) .....	91	
	<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 [DISPLAY CURRENT YEAR AS 19XX]?

SHOW CARD SC3
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**PMMAIN**

- |  |    |                  |
|--|----|------------------|
| DIDN'T THINK MEDICINE WAS NECESSARY<br>FOR THE CONDITION ..... | 1  |                  |
| THOUGHT IT WOULD COST TOO MUCH .....                           | 2  |                  |
| MEDICINE NOT COVERED BY INSURANCE OR<br>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<br>CONDITION .....            | 8  |                  |
| WAS AFRAID OF MEDICINE REACTIONS/<br>CONTRAINDICATIONS .....   | 9  |                  |
| FELT BETTER, DIDN'T NEED MEDICINE .....                        | 10 |                  |
| DON'T LIKE TO TAKE MEDICINE .....                              | 11 |                  |
| OTHER (SPECIFY) _____  | 91 |                  |
| REFUSED .....  | -7 | } <b>BOX USA</b> |
| DON'T KNOW .....   | -8 |                  |