Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			SATISFACTION WITH CARE QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY until BOX ~~PA1~~ SC2 Other: N/A PLACEMENT Administer after NAQ.		
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~~ SC7-MCCONCRN
~~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~~

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
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
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/(SP)] [need/needs] it.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8B - MCANSWER
MCANSWER	SC8B	code 1	SHOW CARD SC1 [Please tell me how satisfied or dissatisfied you have been with . . .] The ease of obtaining answers to questions 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	MDISSFY	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) BOX SC1 (91) SC9 - MCDISVB (-8) BOX SC1 (-9) BOX SC1
MCDISVB	MCDISVB	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	BOX SC1
	BOX SC1		If INTTYPE in (C003), GO TO SCWORRY. ELSE, GO TO BOX SCEND.		
~~MCWORRY~~ SCWORRY	SC10A	list	Please tell me whether each of the following statements is true or false. [You/(SP)] [worry/worries] about [your/(SP)'s] health more than other people [your/(SP)'s] age. [Is this statement true or false?]	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	~~SC10A - MCAVOID~~ SC10A - SCDRSOON

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~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/(SP)] [try/tries] to keep it to [yourself/themselves].~~	~~(01) TRUE~~ ~~(02) FALSE~~ ~~(-8) Don't Know~~ ~~(-9) Refused~~	~~SC10A - MCDRSOON~~
~~MCDRSOON~~ SCDRSOON	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/(SP)] [start/starts] to feel bad.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	BOX ~~PA1~~ SC2
	BOX ~~PA1~~ SC2		IF IN4-SPPROXY=1/SP then go to ~~PAINTRO~~ ~~PAINTRO~~ SCINTRO. ELSE GO TO BOX SCEND		
~~PAINTRO~~ SCINTRO	~~PAINTRO~~ SCINTRO	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	~~PA3~~ ~~PAINSTRC~~ SCINSTRC
~~PAINSTRC~~ SCINSTRC	~~PA3~~ SCINSTRC	code 1	SHOW CARD SC2 Doctors often give instructions about how you should care for yourself at home, like changing a bandage, taking medicines on schedule, or applying ice packs. How confident are you that you can follow instructions to care for yourself at home?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused	~~PA4~~ ~~PAMEDREC~~ SCMEDREC
~~PAMEDREC~~ SCMEDREC	~~PA4~~ SCMEDREC	code 1	SHOW CARD SC2 Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, stopping smoking, or getting regular exercise. How confident are you that you can follow this kind of instruction, to change your habits or lifestyle?	(01) VERY CONFIDENT (02) CONFIDENT (03) SOMEWHAT CONFIDENT (04) NOT AT ALL CONFIDENT (-8) Don't Know (-9) Refused	~~PA5~~ ~~PACHGDRS~~ SCCHGDRS
~~PACHGDRS~~ SCCHGDRS	~~PA5~~ SCCHGDRS	code 1	SHOW CARD SC3 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? [Would you say very likely, likely, unlikely, or very unlikely?]	(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused	~~PA6~~ ~~PADISAGR~~ SCDISAGR

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~PADISAGR~~ SCDISAGR	~~PA6~~ SCDISAGR	code 1	SHOW CARD SC3 How likely are you to tell your doctor or other health professional when you disagree with them?	(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused	~~PA10-PARXINFO~~ SCRXINFO
~~PARXINFO~~ SCRXINFO	~~PA10~~ SCRXINFO	code 1	SHOW CARD SC4 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~~ SCDRQUEX
~~PADRQUEX~~ SCDRQUEX	~~PA11~~ SCDRQUEX	code 1	SHOW CARD SC4 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~~ SCANSWR
~~PAANSWR~~ SCANSWR	~~PA12~~ SCANSWR	code 1	SHOW CARD SC4 [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~~ SCLISTRX
~~PALISTRX~~ SCLISTRX	~~PA13~~ SCLISTRX	code 1	SHOW CARD SC4 [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~~ SCTRSLT
~~PATRSLT~~ SCTRSLT	~~PA14~~ SCTRSLT	code 1	SHOW CARD SC4 [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~~ SCOPTION
~~PAOPTION~~ SCOPTION	~~PA15~~ SCOPTION	code 1	SHOW CARD SC4 [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~~ SCADVICE

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
~~PADVICE~~ SCADVICE	~~PA21~~ SCDVICE	code 1	SHOW CARD SC4 [Do you always, usually, sometimes, or never...] Contact 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	GO TO CMQ.		