

SHARElife - Healthcare Module: Cognitive Pretest

Neuert, Cornelia; Otto, Wanda; Landrock, Uta; Adams, Franziska; Disch, Katharina; Gebhardt, Stefanie; Menold, Natalja

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SHARElife – Healthcare Module

Cognitive Pretest
September 2015

*Cornelia Neuert, Wanda Otto, Uta Landrock,
Franziska Adams, Katharina Disch,
Stefanie Gebhardt & Natalja Menold*

GESIS-Projektbericht 2015|06

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*Cornelia Neuert, Wanda Otto, Uta Landrock, Franziska
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Natalja Menold*

GESIS-Projektberichte

GESIS – Leibniz-Institut für Sozialwissenschaften
Survey Design and Methodology
Postfach 12 21 55
68072 Mannheim

Telefon: (0621) 1246 - 227 /- 225 /- 228

Telefax: (0621) 1246 - 100

E-Mail: uta.landrock@gesis.org / cornelia.neuert@gesis.org / wanda.otto@gesis.org

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1 Aims of the Pretest

The Survey of Health, Ageing and Retirement in Europe (SHARE) is a multidisciplinary and cross-national panel database of microdata on health, socio-economic status as well as social and family networks of approximately 110,000 individuals (more than 220,000 interviews) from 20 European countries (+Israel), aged 50 or older.

In preparation of the Healthcare module for the seventh wave for the German substudy of the Survey of Health, Ageing and Retirement in Europe (SHARE), some questions were tested in a cognitive pretest with the methodological aim to seek potential improvements.

For that purpose, the GESIS Pretest lab was assigned the task to conduct a cognitive pretest by Dr. Annette Scherpenzeel.

2 Sample

Number of cognitive interviews: 10

Selection of target population: Quota Sampling

Quotas: The selection of the target population was based on age (50 years and older), education ('Fachhochschulreife/'Abitur'; no 'Abitur') and gender quota.

Education	Sex		Total
	Female	Male	
Less than Abitur	4	2	6
Fachhochschulreife/ Abitur	1	3	4
Total	5	5	10

Key characteristics of the respondents:

Respondent No.	Sex	Year of birth	Education*
01	female	1944	B
02	female	1952	B
03	female	1950	B
04	female	1950	C
05	female	1935	B
06	male	1948	B
07	male	1945	C
08	male	1952	G
09	male	1936	G
10	male	1964	G

- * Codes:
- A Left school without any degree
(Von der Schule abgegangen ohne Hauptschulabschluss/ Volksschulabschluss)
 - B Certificate after 9 years of school/ Certificate of Lower Secondary Education
(Hauptschulabschluss (Volksschulabschluss))
 - C Certificate after 10 years of school/ General Certificate of Higher Secondary Education (Realschulabschluss (Mittlere Reife))
 - D Polytechnic school of the former German Democratic Republic with a certificate after the 8th or 9th grade
(Polytechnische Oberschule der DDR mit Abschluss der 8. oder 9. Klasse)
 - E Polytechnic school of the former German Democratic Republic with a certificate after the 10th grade
(Polytechnische Oberschule der DDR mit Abschluss der 10. Klasse)
 - F Advanced technical college entrance qualification (subject-specific)
(Fachhochschulreife, Abschluss einer Fachoberschule)
 - G Advanced general qualification for university entrance
(Allgemeine oder fachgebundene Hochschulreife/ Abitur)

3 Methods

Field time:	22 July to 31 July 2015
Number of Cognitive Interviewers:	4
Procedure:	Cognitive Interviews
Cognitive techniques:	General Probing, Specific Probing, Emergent Probing.
Incentive for respondents:	20 Euros
Language of questions and interviews:	German

4 Results

Tested question:

1. Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil es Sie zu viel gekostet hätte?

[Have you ever needed a medical treatment or to see a doctor but you did not because the costs were too high?]

Frequency distribution (N=10)

	Frequency
Yes	5
No	5

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

Five out of the ten respondents stated that they did have a situation where they needed to see a doctor or undergo a treatment but did not because it would have cost too much (respondents 01, 03, 05, 09 and 10). The remaining five respondents answered this question with a 'No' (respondents 02, 04, 06, 07 and 08).

Probing questions were used with the intention to identify what kind of treatments and types of costs the respondents had in mind. A further aim was to find out at which level of expenses the respondents abandoned a medical consultation because 'it would have cost you too much.' As a result, the respondents who had ever needed to see a doctor or undergo a treatment but did not because they could not afford it were asked about the reason for their answer. Furthermore, they were asked about the kind of treatment involved and how high the expenses for that treatment would have been.

One respondent (01) mentions a bone treatment where the cost was 60 Euros: *'I was supposed to have a certain bone test (...) and it would've cost 60 Euros, and I simply couldn't do it with my pension. As a result, I gave it up.'*¹ Respondent 01 renounced another treatment involving some infusions after an acute hearing loss, which was supposed to cost 250 to 300 Euros (*'I cannot afford it but, thank God, pills helped to heal it.'*)²

¹ *'Ich hätte einen Knochentest machen sollen (...) und der hätte 60 Euro kosten sollen und mit meiner Rente ging das einfach gar nicht. Da habe ich dann drauf verzichtet.'* (TP 01)

² *'Das kann ich mir nicht leisten, aber das ist Gott sei Dank mit Tabletten wieder zurückgegangen.'* (TP 01)

Respondent 03 was prescribed two pairs of insoles. The private costs were 39 Euros for each pair. The respondent bought only one pair: *'The doctor prescribed two pairs of insoles. And then I said, no, I cannot afford two pairs at this point. (...) Then, I only bought one pair.'*³

Respondent 05 did not see a doctor for several orthopaedic treatments (costs: 300 Euros) because not enough money was available. Respondent 09 gave up a prostate treatment (costs: 24 Euros) because the treatment did not seem necessary. Respondent 10 did not see a doctor for a preventive medical check-up related to an eye cataract, which was supposed to cost 20 Euros.

Respondents 09 and 10 rated the treatments they gave up and did not see a doctor as 'not very important'. Respondents 01, 03 and 05 considered those treatments as 'very important'.

Respondents 01, 09 and 10 explained that the treatments were not supposed to be paid from their health insurance. Respondents 03 and 05 claimed that certain additional private payments were too high.

All the respondents who answered 'No' in question 1 were asked if they 'had ever given up a visit to a doctor/ a treatment' or if they 'had been able to afford all treatments so far.' All the respondents said that treatments had always been affordable for them (respondents 02, 04, 06, 07 and 08).

Respondents 06, 07 and 08 explained that there were no treatments which are not paid from their health insurance. Only respondents 01 and 04 mentioned treatments which were not financially covered by their health insurance: For example, *'Having a blood test and having a blood sample taken'* (respondent 02)⁴ or *'Shots as part of cancer aftercare'* (respondent 08).⁵ Respondent 08 stated additionally that she had once opted for cheaper medical service due to high expenses (generic medication for blood pressure). This did not apply to the respondents 02, 04, 06 or 07.

Respondents 07 and 08 stated they had private health insurance and, therefore, did not (have to) give up any treatments or consultations.

In conclusion, all ten respondents were asked if they saw any difference between two wording versions, i.e. 'Have you ever given up a medical consultation or medical treatment because it would have cost you too much?' and 'Have you ever given up a medical consultation or medical treatment because you could not afford it?'⁶ Four respondents (01, 03, 05 and 10) did not mention any difference between the two wording versions whereas the remaining six respondents did notice a difference: respondents 02 and 04 said that 'being able to afford' referred to a subjective situation whereas 'costs were too high' concerned the price and, therefore, it was a neutral indication:

- *'Not being able to afford something, that's my case. The costs being too high refers to those who set the price.'*⁷ (respondent 02)
- *'Being able to afford something refers to my own financial situation. It does not necessarily refer to the objective price.'*⁸ (respondent 04)

³ *'Der Arzt hat mir zwei Paar Einlagen aufgeschrieben. Und da habe ich gesagt, nein, das kann ich nicht, zwei Paar auf einmal. (...) Ich habe dann nur ein Paar genommen.'* (TP 03)

⁴ *'Blutuntersuchungen und Blutentnahme.'* (TP 02)

⁵ *'Mistelspritzen für eine Krebsnachsorge.'* (TP 08)

⁶ *'Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil es Sie zu viel gekostet hätte?' und 'Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil Sie es sich nicht leisten konnten?'*

⁷ *'Sich nicht leisten können, das betrifft mich. Die Kosten zu hoch betrifft die anderen, die die Kosten stellen.'* (TP 02)

Respondents 06 and 07 claimed that one is still able to afford a treatment in spite of high costs:

- *'But if it costs too much but is essential for me, I want to afford it.'*⁹ (respondent 06)
- *'Someone must check and say, that costs too much but I wait to have the treatment whenever it becomes possible.' And someone else would say, I can afford it. Let's have the treatment right now.'*¹⁰ (respondent 07)

Respondents 08 and 09 refer to the difference between a situation when someone gives up a treatment not because they are not able to afford it but, rather, because the costs are not refunded (*'I am able to afford it but still don't do it because no one reimburses it.'* respondent 08)¹¹ A further reason is when a treatment is not considered essential (*'If I see an extra medical service as essential or sensible, then I am willing to pay a certain amount.'* respondent 09)¹²

Recommendations:

Question: In order to a situation where the respondents would only think of recent treatments, we recommend mentioning that the respondents should also consider situations from their youth, and not only from their adult lives.

Considering both tested wording versions, we recommend sticking with the original verbalisation 'because it would have cost you too much.' The alternative wording 'not being able to afford it' tends to be influenced by the thoughts of one's own financial situation whereas the version 'because it would have cost you too much' concentrates more strongly on the costs and price of the treatment itself.

Bitte denken Sie bei der Beantwortung der folgenden Fragen nicht nur an Ihr Erwachsenenleben, sondern auch an Ihre Kindheit und Jugend.

Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil es Sie zu viel gekostet hätte?

[When answering the following questions, please consider not only your adult life but also your childhood and youth. Have you ever needed to see a doctor but you did not because the costs were too high?]

Furthermore, we recommend that question 1 and 2 should explicitly state that the respondents should not include dentist appointments or dental treatments in their answers.

⁸ *'Sich leisten können, betrifft ja meine eigene finanzielle Situation. Das hat also nicht unbedingt etwas mit dem objektiven Preis zu tun.'* (TP 04)

⁹ *'Aber wenn es zu viel kostet und es ist für mich entscheidend, dann leiste ich mir das auch.'* (TP 06)

¹⁰ *'Der eine muss gucken und sagt, oh, das kostet mir zu viel und ich stelle die Behandlung mal zurück, wenn es möglich ist. Und der andere sagt naja, ich kann mir das leisten. Das machen wir gleich.'* (TP 07)

¹¹ *'Ich kann es mir zwar leisten, aber ich mache es nicht, weil ich es nicht bezahlt bekomme.'* (TP 08)

¹² *'Wenn ich eine zusätzliche ärztliche Leistung als sinnvoll oder notwendig erachte, dann bin ich bei einem entsprechenden Betrag durchaus gewillt es zu machen.'* (TP 09)

Tested question:

1a.) Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie auf einen Arztbesuch oder eine Behandlung verzichtet haben, weil es Sie zu viel gekostet hätte.

INT: Bitte alle zutreffenden Antworten kodieren.

[Please look at SHOWCARD 32. Please specify the periods in which you needed a medical treatment or to see a doctor but you did not because you could not afford it.]

INT: Please code all answers that apply.

Frequency distribution (N=5)

	Frequency
When I was younger than 15 years old.	-
When I was 16-25 years old.	-
When I was 26-40 years old.	1 (TP 10)
When I was 41-55 years old.	1 (TP 10)
When I was 56-65 years old.	1 (TP 03)
When I was 66-75 years old.	2 (TP 01, 05)
When I was older than 75.	1 (TP 09)

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

Question 1a was only answered by those respondents who said 'Yes' to question 1 (respondent 01, 03, 05, 09 and 10). Spontaneous comments show that two respondents first remembered the period of time in relation to the moment described in the question and then calculated how old they were:

- *'The other, it (...) was a year ago.'*¹³ (respondent 01)
- *'It was a year ago.'*¹⁴ (respondent 09)

Three respondents (respondents 01, 03 and 10) were 'very sure' that their statement of time was correct. Two respondents (respondents 05 and 09) were 'rather sure'.

Respondents 03 and 09 each gave up one treatment, respondents 01 and 10 each gave up two treatments whereas respondent 05 did not see a doctor five times (orthopaedic treatments).

¹³ *'Und das andere, das (...) war vor einem Jahr.'* (TP 01)

¹⁴ *'Das war vor einem Jahr.'* (TP 09)

Recommendations:

Question: In all questions asking about a time period (Questions 1a.), 2a.), 3a.), and 4a.), we recommend asking about all treatments and consultations to avoid a situation where the respondents only mention the period of time related to the most recent treatment/ consultation.

Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie auf einen Arztbesuch oder eine Behandlung verzichtet haben, weil es Sie zu viel gekostet hätte. Bitte versuchen Sie sich an alle Arztbesuche oder Behandlungen zu erinnern, auf die Sie aus Kostengründen verzichtet haben.

[Please look at SHOWCARD 32. Please specify the periods in which you needed a medical treatment or to see a doctor but you did not because you could not afford it. Please try to remember all doctor's visits and medical treatments you could not afford because of costs.]

The recommendations for question 1a.) should also be adopted for questions 2a.), 3a.), and 4a.).

Answer categories: The scale in the current version does not include the exact age of 15 years. Therefore we recommend changing the first answer category in "When I was younger than 16 years old."

The recommendations for question 1a.) should also be adopted for questions 2a.), 3a.), and 4a.).

Tested question:

2. Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil Sie zu lange auf einen Termin warten mussten?

[Have you ever needed a medical treatment or to see a doctor but you could not because you had to wait too long?]

Frequency distribution (N=10)

	Frequency
Yes	4
No	6

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

Four respondents (respondents 01, 02, 09 and 10) stated that they have ever needed to see a doctor but could not because they had to wait too long. The remaining six respondents answered the question with ‚No‘.

Further on, those six respondents were asked whether it was the case that the waiting period for an appointment had never been too long or whether the treatment had never been indispensable. Five respondents (respondents 03, 04, 06, 07 and 08) explained that for them the waiting period had never been too long. Respondent 04 additionally had never been in a position to give up a treatment. Therefore, he had never given up a consultation despite long waiting periods. Respondent 07 stated spontaneously that he understood ‚waiting too long‘ differently than the other respondents. He referred to the process of ‚waiting too long‘ as to the period of time spent in the waiting room until the patient is called to the doctor's surgery: ‚No. Even if that's the case, one has to take that into consideration. It happened to me at the ophthalmologist's. I had an appointment at 10 o'clock and had to wait for a long time. I cannot expect that my appointment will start at 10:02 a.m..‘ (respondent 07)¹⁵ Respondent 06 stated that he had never given up a treatment yet because ‚it had to be treated. In this case I cannot give it up.‘ (respondent 06)¹⁶ Also, respondent 04 explained that he had always gone to see a doctor as soon as he decided to do so. Long waiting times for a preventive medical check-up are acceptable for the respondent but if it is something urgent ‚...then I simply go to the doctor's practice and demand an appointment, putting a bit more pressure on them.‘¹⁷ (respondent 04)

¹⁵ ‚Nein. Und selbst wenn, das muss man einkalkulieren. Mir ist es auch schon passiert beim Augenarzt. Da hatte ich einen Termin um 10 Uhr und musste länger warten. Ich kann nicht darauf pochen, dass um 10:02 Uhr dann die Behandlung beginnt.‘ (TP 07)

¹⁶ ‚dann muss es ja behandelt werden. Da kann ich ja nicht verzichten.‘ (TP 06)

¹⁷ ‚... dann gehe ich einfach hin und mache ein bisschen Druck wegen eines Termins‘ (TP 04)

Those respondents who had never given up an appointment were additionally asked about the kinds of treatment where they generally plan an appointment a long time in advance. Three respondents (respondents 03, 05 and 07) mentioned appointments to see an *orthopaedist*. Appointments with the following doctors were named once: *cardiologist* (respondent 05), *general practitioner* (respondent 05), *dentist* (respondent 06) and an *ophthalmologist* (respondent 06). Respondent 04 said that in general he planned longer waiting times for preventive medical check-ups.

The four respondents who answered 'Yes' to question 2 were asked for a more detailed answer and to specify the kind of doctor they had in mind. From the explanation given by respondent 02 it is clear that he did not refer to any particular appointment but to his efforts to get a doctor's appointment in general. He mentioned skin screening as an example. If he had to wait more than two months for an appointment, he would give it up or try to find another doctor's office where an appointment could take place earlier. Here, he referred again only to preventive medical check-ups. Also, respondent 10 said that he gave up preventive medical check-ups (an ultrasound test of adipose tumours) after having to wait for more than two hours for this kind of procedure despite having an appointment. This medical check-up was supposed to be made every other year, according to the respondent's words. The respondent stated that he had never attempted to get this kind of appointment again because he did not want to spend as much time in the waiting room again. All in all, that particular treatment was assessed as unimportant for the respondent because he did not experience any acute symptoms or pain. Overall, preventive medical check-ups are given up because of the interaction of three factors: waiting time, relevance of the treatment and effort involved.

Respondents 01 and 09 reported appointments with an orthopaedist at this point. Both cases involved urgent treatment (*'I was in pain,'* respondent 09)¹⁸. Respondent 09 had had to wait for six weeks for treatment to alleviate his pain, which seemed too long for him. As a result, he *'searched for a different possibility'*¹⁹ (respondent 09) and went to a different doctor's office. Respondent 01 said that she had left an orthopaedist's office after a waiting period of four hours, although he had a set appointment. He arranged another appointment and had to wait another four weeks for it.

Considering the answers given by the respondents who answered the question with a 'Yes', it is clear that some of the respondents referred only to the waiting time in the waiting room itself, but others had the general waiting time for an appointment in mind.

In conclusion, the respondents would think of different issues when responding to this question. In addition, the responses show that there is a difference between waiting time for an appointment in the case of pressing pain and waiting periods for preventive medical check-ups: Respondent 10 told the interviewer after the probing question (*'And what if someone tells you that you have to wait four weeks for a treatment when you are making an appointment?'*)²⁰ that he was OK with longer waiting periods as long as it was not an urgent case of pain. Considering acute pain, only respondent 01 made a specific statement (eight days). As regards preventive medical check-ups, a waiting period is 'too long' in the following cases: fourteen days or longer for respondent 08, six weeks or longer for respondent 09 and eight weeks or longer for respondent 02.

The two respondents who have private health insurance also reported in this question that they had never given up an appointment or a treatment for a reason such as having to wait too long and said they always received appointments within a short period of time: *'There are patients of first and second class, and also more people who are mandatorily insured. I think this is not fair. I mean, it's*

¹⁸ *'Ich hatte Schmerzen.'*, TP 09

¹⁹ *'einen anderen Weg gesucht'* (TP 09)

²⁰ (*'Und wenn man Ihnen bei der Terminvereinbarung mitteilen würde, dass Sie vier Wochen warten müssten?'*)

nice that you get an appointment right when you enter the doctor's office when you have private insurance; and I've already experienced that myself. I wanted to make an appointment for an orthopaedist and was told that I could only get an appointment in three months. I didn't react and just stood there and then they asked me what kind of insurance I had. If you say 'private', they look into another book and, surprise, surprise, I had an appointment within the next two days.²¹
(respondent 07)

Recommendations:

Question: It is not clear in the question that the long waiting period is taken as the time between the moment of making an appointment and the actual appointment rather than the period one has to spend waiting in the waiting room until the appointment begins when one has an appointment for a fixed hour. Therefore, we recommend rephrasing the question as follows:

Haben Sie jemals auf einen Arztbesuch oder eine Behandlung verzichtet, weil die Wartezeit bis zum nächstmöglichen Termin beim Arzt zu lang war? Es geht hier nicht um die Wartezeit auf die Behandlung im Wartezimmer, sondern um die Terminvereinbarung für einen Arztbesuch.

[Have you ever needed a medical treatment or to see a doctor but did not because the waiting time for an available appointment was too long? This question refers not to the waiting time in the actual waiting room, but to the waiting time for a doctor's appointment.]

Furthermore, we recommend that question 1 and 2 should explicitly state that the respondents should not include dentist appointments or dental treatments in their answers.

²¹ *'Es gibt Patienten erster und zweiter Klasse, also vielmehr die Pflichtversicherten. Das finde ich nicht gerecht. Ich meine, es ist schön, dass wenn man als Privatpatient zum Arzt kommt und kriegt sofort einen Termin und ich habe das selbst schon erlebt. Ich wollte beim Orthopäden einen Termin machen und dann hieß es, erst in 3 Monaten und da habe ich nicht reagiert und bin stehen geblieben und dann wurde ich gefragt, wie sind Sie denn versichert. Wenn man dann sagt privat, dann kommt das andere Buch hervor und siehe da, innerhalb von zwei Tagen hatte ich einen Termin.'* (TP 07)

Tested question:

2a.) Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie auf einen Arztbesuch oder eine Behandlung verzichtet haben, weil Sie zu lange auf einen Termin warten mussten.

INT: Bitte alle zutreffenden Antworten kodieren.

[Please look at SHOWCARD 32. Please specify the periods in which you needed a medical treatment or to see a doctor but you did not because you had to wait too long.]

INT: Please code all answers that apply.

Frequency distribution (N=4)

	Frequency
When I was younger than 15 years old.	
When I was 16-25 years old.	1 (TP 10)
When I was 26-40 years old.	
When I was 41-55 years old.	1 (TP 02)
When I was 56-65 years old.	
When I was 66-75 years old.	1 (TP 01)
When I was older than 75.	1 (TP 09)

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

The question was asked to those four respondents who stated in question 2, that they had had a situation where they needed to give up a medical consultation or medical treatment because they had to wait too long (respondents 01, 02, 09, 10).

Here, two answers are illustrative. Respondent 01, who said that he was between 66 and 75 years old then, did not seem quite sure and reported four appointments in the last year. For him, the question did not clearly ask for all renounced appointments.

Respondent 02 chose the category '41-55 years'. When the interviewer asked some more questions, the respondent said that he was *'not quite sure, it could have been earlier'*²² Furthermore, he stated that the situation could have also happened recently, *'it's not related to any particular age but, rather, to my inner attitude'*²³. Much like before, in question 2, he understands that that question does

²² 'nicht sehr sicher sei, das hätte auch schon vorher sein können' (TP 02)

²³ 'das ist nicht altersmäßig, sondern das hat was mit meiner Einstellung zu tun' (TP 02)

not refer to actual appointments which he had given up but to his general inner attitude i.e. that he might give up preventive medical check-ups or try to find a different doctor when no appointment is possible within a short period of time.

Respondent 09 reported only one appointment which he had given up but had to think rather long about the specific time periods. Respondent 10 also only thought about the situation mentioned in question 2, when he had to wait for two hours in the waiting room despite having a fixed appointment, which resulted in giving up further preventive medical check-ups. When the interviewer asked the respondent how many appointments he had given up, the respondent answered '13' because *'it depends on what you count in. If I had taken the doctor seriously back then, every other year since 1988. About 26 years, every other year. But I had never asked to be checked for adipose tumours again'*²⁴ (respondent 10).

To find out if the respondents also considered dentist appointments, they were asked if they had also thought of dentist appointments in the preceding questions. Four respondents (respondents 01, 06, 08 and 10) admitted they had included dental appointments as well.

Recommendations:

Question: Question 2a.) did not seem to prompt the respondents to think about all appointments in their lives which they had had to give up and to classify them into the appropriate time category. We recommend rewording the question to make sure that the respondents do not only think of the most recent abandoned appointment or about one which they remember particularly well (also: compare the recommendation for question 1a.)

Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie auf einen Arztbesuch oder eine Behandlung verzichtet haben, weil die Wartezeit bis zum nächstmöglichen Termin beim Arzt zu lang war. Es geht hier nicht um die Wartezeit auf die Behandlung im Wartezimmer, sondern um die Terminvereinbarung für einen Arztbesuch. Bitte versuchen Sie wieder sich an alle Arztbesuche oder Behandlungen zu erinnern.

[Please look at SHOWCARD 32. Please specify the periods in which you needed a medical treatment or to see a doctor because the waiting time for an available appointment was too long. This question refers not to the waiting time in the actual waiting room, but to the waiting time for a doctor's appointment. Again, please try to remember all doctors visits and medical treatments.]

Answer categories: Again, the scale in the current version does not include the exact age of 15 years. Therefore we recommend changing the first answer category in "When I was younger than 16 years old."

²⁴ '13', denn 'da kommt es drauf an, wie man rechnet. Wenn ich den [Arzt] damals ernst genommen hätte, alle 2 Jahre seit 1988. Etwa 26 Jahre lang, alle 2 Jahre. Die Lipome habe ich aber nie wieder nachgucken lassen.' (TP 10)

Tested question:

3. Haben Sie jemals Zahnarztbesuche aufgeschoben, weil Sie sparen mussten?
 [Have you ever postponed a dentist's visit to help you keep your living costs down?]

Frequency distribution (N=10)

	Frequency
Yes	3
No	7

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

Seven out of ten respondents (respondents 02, 03, 04, 06, 07, 08 and 09) choose 'No' in this question. The remaining three respondents (respondents 01, 05 and 10) stated that they had had a situation where they postponed a dentist visit because they had to save money. Respondent 04 said that he had postponed a treatment a few times for about a month because the costs would have been refunded by his additional dental insurance at a later point in time: *'For tactical reasons,*²⁵. Consequently, respondent 04 did not postpone his treatments because he had to save money but because he wanted to make sure that the expenses would be refunded by his insurance. The treatments he mentioned included mainly dental prostheses, bridges, implants or tooth crowns: *'I had a tooth extracted and now my bridge is too small and I needed a new one but I cannot afford it because it's too expensive,*²⁶ (respondent 01). None of the respondents who answered this question with a 'Yes' considered their annual recommended preventive medical check-up but, instead, they thought of acute and urgent problems.

All the respondents who answered this question with a 'Yes' were also asked about the costs of treatments that they had in mind. Respondent 01 mentioned expenses between 300 and 400 Euros for a bridge for which there was no cheaper alternative. Respondent 05 mentioned costs of more than 1000 Euros for a dental prosthesis for which there was also no cheaper alternative. Respondent 10 talked about approximately 2000 Euros for a dental prosthesis. The last of those respondents said that an alternative material would have influenced the costs but he would not have the treatment anyway: *'(...) the only difference is in the material. No, if it cost 1500 Euros instead, I wouldn't have had that anyway.'*²⁷ (respondent 10)

In general, all the respondents who stated that they had had a situation that they postponed a dentist appointment because of costs only reported one treatment. Following some further questions from the

²⁵ *'Aus taktischen Gründen.'* (TP 04)

²⁶ *'Ich habe einen Zahn entfernt bekommen und jetzt ist meine Brücke zu klein und ich bräuchte eine neue, das kann ich mir aber nicht leisten, weil es zu teuer ist.'* (TP 01)

²⁷ *'[...] Das unterscheidet sich nur im Material. Nein, also wenn das stattdessen 1500 Euro gekostet hätte, hätte ich es auch nicht machen lassen.'* (TP 10)

interviewer, respondent 10 mentioned another treatment. Apart from the dental prosthesis he had already mentioned, he talked about a bridge replacement. However, he had never seriously considered that procedure because he had his wisdom teeth removed instead and that solved the problem.

Additionally, the respondents were asked if they had had additional dental insurance in order to find out if potential treatments were covered by such insurance.

- Three respondents (respondents 04, 06 and 08) had bought additional dental insurance which either covered the costs of a treatment or would probably cover them: *'I have never had to pay an additional private fee,'*²⁸ (respondent 08).
- Two respondents (respondents 01 and 02) had bought additional dental insurance which did not cover either specific or all treatments: *'It doesn't cover everything. It only refunds the part that I have to pay, the half,'*²⁹ (respondent 02).
- Five respondents (respondents 03, 05, 07, 09 and 10) do not have any additional dental insurance.

Consequently, respondent 01 postponed a dental treatment although he had additional dental insurance because the insurance did not cover the treatment either partly or at all. Respondent 04 postponed certain treatments despite having an additional dental insurance and did so for a strategic reason, i.e. because his insurance would cover the costs at a later time.

Those respondents (respondents 02, 03, 04, 06, 07, 08 and 09) who answered question 3 with a 'No' were asked if they had ever postponed a dental treatment due to a different reason. Only respondent 08 answered 'Yes' here and explained it as follows: *'Because I was not convinced that the suggestion made by my dentist was urgent,'*³⁰ (respondent 08). Respondent 04 was the only one to admit that he had decided to go for cheaper dental procedure because of financial reasons.

Respondent 10 suggested that it would have been easier to identify the time periods if the question contained a list of all treatments ever postponed. Question 3a.) could have been answered more easily with the aid of such a list.

Recommendations:

Question: In general, it can be concluded that the respondents actually think of acute and urgent treatments rather than only about the recommended annual preventive medical check-ups. However, the recalled time period was mostly related to one specific postponed treatment. In consequence, we recommend reformulating the question in order to emphasize that the respondents are supposed to think of all dental treatments they have ever postponed.

**Haben Sie jemals Zahnarztbesuche aufgeschoben, weil diese zu teuer waren?
Bitte versuchen Sie wieder sich an alle Zahnarztbesuche zu erinnern.**

[Have you ever postponed a dentist's visit because it was too expensive? Please try to remember all dentist visits.]

²⁸ 'Ich habe noch nie was draufbezahlen müssen.' (TP 08)

²⁹ 'Die deckt nicht alles ab. Die übernimmt von diesem Teil, den ich noch zahlen muss, die Hälfte.' (TP 02)

³⁰ 'Weil ich nicht überzeugt war, dass der Vorschlag des Zahnarztes so dringend war.' (TP 08)

Tested question:

3a.) Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie Zahnarztbesuche aufgeschoben haben, weil Sie sparen mussten.

INT: Bitte alle zutreffenden Antworten kodieren.

[Please look at SHOWCARD 32. Please specify the periods in which you postponed a dentist's visit to help you keep your living costs down.]

INT: Please code all answers that apply.

Frequency distribution (N=3)

	Frequency
When I was younger than 15 years old.	
When I was 16-25 years old.	
When I was 26-40 years old.	1 (TP 10)
When I was 41-55 years old.	1 (TP 10)
When I was 56-65 years old.	1 (TP 01)
When I was 66-75 years old.	2 (TP 01, 05)
When I was older than 75.	

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

This question was asked only to those respondents (01, 05, 10) who answered question 3 with a 'Yes'. Respondent 01 chose the category of 56-65 years: '*At the time when I got my tooth implant, I was 65,*³¹'. The respondent only mentioned the bridge procedure, which he had already mentioned in question 3, referring to it as a current treatment. Therefore, the treatment took place during the age bracket of 66-75 years. Respondent 10 chose two time periods, i.e. 26-40 years and 41-55 years. Respondent 05 talked about the time period of 66-75 years.

The respondents 05 and 10 claimed they were 'very sure' that they indicated the time periods correctly. Respondent 01 was 'rather sure' about that. Respondent 05 is 80 years old by now and still has not had the treatment which he had mentioned in the preceding question (tooth prosthesis). Therefore, the respondent should have additionally included the category 'older than 75 years'.

Respondent 01 said that she had postponed two dental procedures because the costs were too high. Respondent 05 mentioned 'several' treatments (all included under the umbrella of 'tooth prosthesis').

³¹ '*Bei dem Zahnimplantat da war ich 65.*' (TP 01)

Respondent 10 reported a treatment (tooth prostheses) and a replacement of bridges with implants. However, the latter treatment was never done because it turned out to be unnecessary following the extraction of the respondent's wisdom teeth.

Respondent 10 said he was really afraid of dentist appointments. Apart from postponing appointments for financial reasons, his fear was another reason why he would postpone dental treatments, including preventive medical check-ups.

Recommendations:

Question: Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie Zahnarztbesuche aufgeschoben haben, weil Sie sparen mussten. Bitte versuchen Sie sich an alle Zahnarztbesuche zu erinnern.
[Please look at SHOWCARD 32. Please specify the periods in which you postponed a dentist's visit to help you keep your living costs down. Please try to remember all dentist's visits.]

Answer Categories: Again, the scale in the current version does not include the exact age of 15 years. Therefore we recommend changing the first answer category in "When I was younger than 16 years old."

Tested question:

4. Haben Sie jemals Medikamente benötigt, die Sie sich aufgrund zu hoher Kosten nicht leisten konnten?

[Have you ever needed medication which you could not afford because of costs?]

Frequency distribution (N=10)

	Frequency
Yes	-
No	10

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

The aim of this question is to assess whether respondents ever failed to get medication because of the costs involved.

None of the respondents said that they had had a situation where they needed medication which they could not afford because of the cost involved. One respondent replied spontaneously that he did not need any medication at all, except headache pills. The other respondents said that if they need to take medication, it would be either prescribed by a doctor and, thus, covered by health insurance, or that the costs would be within a reasonable limit (e.g. TP 03: *'I have been prescribed all medications and the prices have been OK until now. For the stomach, the medicine always costs less than 10 Euros. That's still OK.'*³²).

To assess whether it is clear to the respondents that the question asks about not taking medication [Einnahme des Medikaments] because of costs, an alternative proposed question wording was presented to the respondents to see whether or not the different wording would affect their responses. The alternative wording reads as follows: 'Have you ever forgone taking any medication because you could not afford because of high cost?' ["Haben Sie jemals auf die Einnahme von Medikamenten verzichtet, weil Sie sich diese aufgrund zu hoher Kosten nicht leisten konnten?"].

When comparing the two different wording versions we see that the wording does not affect the responses (at least in the case of our respondents): all respondents answered both questions identically. A further probe for this question asked specifically: 'What is the difference between both question wording versions?' Answers to this probe show that most respondents (6 respondents) did not see any difference:

³² *'Ich habe alle verschrieben bekommen und das geht noch vom Preis. Für den Magen oder so, das ist ja immer unter zehn Euro. Das geht noch.'* (TP 03)

- 'The sense is the same. The core of the question remains the same, it asks whether I have forgone medication due to financial reasons.'³³ (respondent 03)
- 'The content is the same, except for using different wording'³⁴ (respondent 04)

Three respondents (07, 08 and 09) see a difference in the word 'needed' [benötigen], which is not used in the German translation of the second version. Their responses focus on whether the medication is needed but not affordable (original wording) or whether it is not taken but also not needed urgently.

Only one respondent (09) had the feeling that the second wording was more precise because it explicitly referred to taking the medication. However, that person also referred to 'needing' the medication: *'The wording of the second question takes 'taking the medication' into account while this aspect is missing in the first wording. The second question is more precise. [...] In case of doubt, the second one is more precise. The first question implies that if medication is needed, taking the medication is necessarily included. And this is clarified more precisely in question two. Question two talks about taking the medication. The other (original wording) focuses on the need for medication. This does not mean that I really take it. But this is all just (playing with) words.'*³⁵

In contrast, another respondent stated that the alternative wording was either redundant or somewhat unclear: *'The question is redundant. It sounds as: I purchased medication, but I have not taken them. For me, that means, I had had the medication but didn't take it and that doesn't make any sense. If a doctor says, you need to take [this drug] and I cannot pay for it, I can understand that.'* (10)³⁶

Recommendations:

Question: Although none of the respondents answered both questions differently, one should consider including a phrase referring to the actual taking of medication in order to avoid potential ambiguities. If the alternative wording is chosen, we recommend emphasizing, in the German translation, that the medication is (urgently) needed.

Haben Sie jemals auf die Einnahme von (dringend) benötigten Medikamenten verzichtet, weil Sie sich diese aufgrund zu hoher Kosten nicht leisten konnten?

[Have you ever forgone taking medication you needed (urgently) because you could not afford it due to the costs?]

³³ 'Der Sinn ist der gleiche. Der Kern der Frage ist für mich eigentlich der gleiche, ob ich aus finanziellen Gründen auf Medikamente verzichte.' (TP 03)

³⁴ 'Das ist der gleiche Hintergrund nur anders formuliert.' (TP 04)

³⁵ 'In der zweiten Frage wird die Einnahme noch mit berücksichtigt und in der ersten Frage fehlt das. Die zweite Frage ist präziser. [...] Die zweite ist im Zweifelsfall präziser. Die erste Frage impliziert, dass wenn man das Medikament benötigt, ist eigentlich zwangsweise auch die Einnahme mit dabei. Und das wird bei der zweiten Frage halt ein bisschen genauer präzisiert. Da ist dann von der Einnahme die Rede. Bei der anderen (Originalfrage) ist es die Notwendigkeit, das bedeutet aber noch nicht, dass ich es einnehme. Das ist aber auch Wortklauberei, ein bisschen.' (TP 09)

³⁶ 'Die ist eigentlich sinnlos. Die hört sich für mich an, wie: ich habe mir die Medikamente besorgt, aber ich habe sie nicht genommen. D.h. für mich, ich hätte die Medikamente gehabt, aber ich habe sie nicht eingenommen und das macht ja dann keinen Sinn. Wenn der Arzt sagt, sie brauchen das und ich kann es nicht bezahlen (Originalformulierung), das kann ich verstehen.' (TP 10)

Tested question:

4a.) Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie Medikamente benötigt haben, die Sie sich aufgrund zu hoher Kosten nicht leisten konnten.

INT: Bitte alle zutreffenden Antworten kodieren.

[Please look at SHOWCARD 32. Please specify the periods in which you needed medication which you could not afford because of costs.]

INT: Please code all answers that apply.

Frequency distribution (N=0)

	Frequency
When I was younger than 15 years old.	-
When I was 16-25 years old.	-
When I was 26-40 years old.	-
When I was 41-55 years old.	-
When I was 56-65 years old.	-
When I was 66-75 years old.	-
When I was older than 75.	-

Cognitive techniques:

General Probing, Specific Probing, Emergent Probing.

Findings:

According to the respondent's answers in question 4 nobody has forgone taking medication due to the costs. Therefore, question 4a) was not answered and we have no findings.

Recommendations:

Question: Equivalent to questions 1a.), 2a.), and 3a.):

Bitte sehen Sie sich Karte 32 an. Bitte nennen Sie die Zeiträume, in denen Sie Medikamente benötigt haben, die Sie sich aufgrund zu hoher Kosten nicht leisten konnten. Bitte versuchen Sie sich an alle Zeiträume zu erinnern, in denen Sie auf die Einnahme von Medikamenten verzichtet haben.

[Please look at SHOWCARD 32. Please specify the periods in which you needed medication which you could not afford because of high costs.]

Please try to remember all periods in which you have forgone your medication.]

Answer Categories: Again, the scale in the current version does not include the exact age of 15 years. Therefore we recommend changing the first answer category in "When I was younger than 16 years old."