

2011 PDP Survey (April)	2011 PDP Survey Revised
<p>1. Our records show that in 2010 your Medicare prescription drugs were covered by the plan named on the back cover. Is that right? Yes If Yes, Go to Question 3 No</p>	<p>1. Our records show that in 2010 your Medicare prescription drug were covered by the plan named on the back cover. Is that right? Yes If Yes, Go to Question 3 No</p>
<p>2. Please write below the name of the Medicare prescription drug plan you had in 2010 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>	<p>2. Please write below the name of the Medicare prescription drug plan you had in 2010 and complete the rest of the survey based on the experiences you had with that plan. (Please print)</p>
<p>3. Customer service is information you get from staff about what is covered and how to use the plan. In the last 6 months, did you try to get information or help from your prescription drug plan's customer service about prescription drugs? Yes No If No, Go to Question 5</p>	<p>3. Customer service is information you get from staff about what is covered and how to use the plan. In the last 6 months, did you try to get information or help from your prescription drug plan's customer service about prescription drugs? Yes No If No, Go to Question 5</p>
<p>5. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Never Sometimes Usually Always</p>	<p>5. In the last 6 months, how often did your prescription drug plan's customer service give you the information or help you needed about prescription drugs? Never Sometimes Usually Always</p>
<p>6. In the last 6 months, how often did your prescription drug plan's customer service treat you with courtesy and respect when you tried to get information or help about prescription drugs? Never Sometimes Usually Always I did not try to get information or help from my prescription drug plan's customer service in the last 6 months.</p>	<p>6. In the last 6 months, how often did your prescription drug plan's customer service treat you with courtesy and respect when you tried to get information or help about prescription drugs? Never Sometimes Usually Always I did not try to get information or help from my prescription drug plan's customer service in the last 6 months.</p>
<p>7. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were</p>	<p>7. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?</p>

<p>covered? Yes No → If No, Go to Question 9</p>	<p>Yes No → If No, Go to Question 9</p>
<p>8. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Never Sometimes Usually Always I did not try to get information or help from my prescription drug plan's customer service in the last 6 months</p>	<p>8. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about which prescription medicines were covered? Never Sometimes Usually Always I did not try to get information or help from my prescription drug plan's customer service in the last 6 months.</p>
<p>9. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? Yes No → If No, Go to Question 11</p>	<p>9. In the last 6 months, did you try to get information from your prescription drug plan about how much you would have to pay for your prescription medicines? Yes No → If No, Go to Question 11</p>
<p>10. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Never Sometimes Usually Always I did not try to get information or help from my prescription drug plan's customer service in the last 6 months.</p>	<p>10. In the last 6 months, how often did your prescription drug plan's customer service give you all the information you needed about how much you would have to pay for your prescription medicine? Never Sometimes Usually Always I did not try to get information or help from my prescription drug plan's customer service in the last 6 months.</p>
<p>11. In the last 6 months, how many different prescription medicines did you fill or have refilled? None 1 to 2 medicines 3 to 5 medicines 6 or more medicines</p>	<p>11. In the last 6 months, how many different prescription medicines did you fill or have refilled? None 1 to 2 medicines 3 to 5 medicines 6 or more medicines</p>
<p>12. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? Yes No → If No, Go to Question 16</p>	<p>12. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover? Yes No → If No, Go to Question 16</p>

<p>13. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? Yes No → If No, Go to Question 16 All my prescribed medicines were covered.</p>	<p>13. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed? Yes No → If No, Go to Question 16 All my prescribed medicines were covered.</p>
<p>14. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they ... Please mark one or more. Tell you that you can file an appeal Offer to send you forms that you need to file an appeal Suggest how to resolve your complaint Listen to your complaint but did not help to resolve it Discourage you from taking action Do none of the above All my prescribed medicines were covered</p>	<p>14. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they ... Please mark one or more. Tell you that you can file an appeal Offer to send you forms that you need to file an appeal Suggest how to resolve your complaint Listen to your complaint but did not help to resolve it Discourage you from taking action Do none of the above All my prescribed medicines were covered</p>
<p>15. In the last 6 months, how often was it easy to use you prescription drug plan to get the medicines your doctor prescribed? Never Sometimes Usually Always I did not use my prescription drug plan to get any medicines in the last 6 months.</p>	<p>15. In the last 6 months, how often was it easy to use you prescription drug plan to get the medicines your doctor prescribed? Never Sometimes Usually Always I did not use my prescription drug plan to get any medicines in the last 6 months.</p>
<p>16. In the last 6 months, did you ever use you prescription drug plan to fill a prescription at your local pharmacy? Yes No → If No, Go to Question 18</p>	<p>16. In the last 6 months, did you ever use you prescription drug plan to fill a prescription at your local pharmacy? Yes No → If No, Go to Question 18</p>
<p>17. In the last 6 months, how often was it easy to use you prescription drug plan to fill a prescription at your local pharmacy? Never Sometimes Usually Always I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months.</p>	<p>17. In the last 6 months, how often was it easy to use you prescription drug plan to fill a prescription at your local pharmacy? Never Sometimes Usually Always I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months.</p>
<p>18. In the last 6 months, did you ever use you</p>	<p>18. In the last 6 months, did you ever use you</p>

<p>prescription drug plan to fill any prescription by mail? Yes No → If No, Go to Question 20</p>	<p>prescription drug plan to fill any prescription by mail? Yes No → If No, Go to Question 20 I am not sure if my drug plan offers prescriptions by mail.</p>
<p>19. In the last 6 months, how often was it easy to use you prescription drug plan to fill a prescription by mail? Never Sometimes Usually Always I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months.</p>	<p>19. In the last 6 months, how often was it easy to use you prescription drug plan to fill a prescription by mail? Never Sometimes Usually Always I did not use my prescription drug plan to fill a prescription at my local pharmacy in the last 6 months. I am not sure if my drug plan offers prescriptions by mail.</p>
<p>20. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan? 0 Worst health plan possible 1 2 3 4 5 6 7 8 9 10 Best health plan possible</p>	<p>20. Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan? 0 Worst health plan possible 1 2 3 4 5 6 7 8 9 10 Best health plan possible</p>
<p>21. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Definitely yes Somewhat yes Somewhat no Definitely no</p>	<p>21. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself? Definitely yes Somewhat yes Somewhat no Definitely no</p>
<p>About You</p>	<p>About You</p>
<p>22. In general, how would you rate your overall health? Excellent Very good Good Fair Poor</p>	<p>22. In general, how would you rate your overall health? Excellent Very good Good Fair Poor</p>

<p>23. In general, how would you rate your overall <u>mental</u> health?</p> <p>Excellent Very good Good Fair Poor</p>	<p>23. In general, how would you rate your overall <u>mental</u> health?</p> <p>Excellent Very good Good Fair Poor</p>
<p>24. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p>Yes No → If No, Go to Question 26</p>	<p>24. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?</p> <p>Yes No → If No, Go to Question 26</p>
<p>25. Is this a condition or problem that has lasted for at least 3 months?</p> <p>Yes No</p>	<p>25. Is this a condition or problem that has lasted for at least 3 months?</p> <p>Yes No</p>
<p>26. Do you now need or take medicine prescribed by a doctor?</p> <p>Yes No → If No, Go to Question 51</p>	<p>26. Do you now need or take medicine prescribed by a doctor?</p> <p>Yes No → If No, Go to Question 70</p>
<p>27. Is this to treat a condition that has lasted for at least 3 months?</p> <p>Yes No</p>	<p>27. Is this to treat a condition that has lasted for at least 3 months?</p> <p>Yes No</p>
<p>28. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>Yes No My doctor did not prescribe any medicines for me in the last 6 months</p>	<p>28. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?</p> <p>Yes No My doctor did not prescribe any medicines for me in the last 6 months</p>
<p>29. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? b. Angina or coronary heart disease? c. A stroke? d. Cancer, <u>other than skin cancer</u>? e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? f. Any kind of diabetes or high blood sugar?</p>	<p>29. Has a doctor <u>ever</u> told you that you had any of the following conditions?</p> <p>a. A heart attack? b. Angina or coronary heart disease? c. A stroke? d. Cancer, <u>other than skin cancer</u>? e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? f. Any kind of diabetes or high blood sugar?</p>
<p>30. Did you get a flu shot since September 1,</p>	<p>30. Have you had a flu shot since September</p>

<p>2010? Yes No Don't know</p>	<p>1, 2010? Yes No Don't know</p>
<p>31. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. Yes No Don't know</p>	<p>31. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. Yes No Don't know</p>
<p>32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? Every day Some days Not at all → If No, Go to Question 34 Don't know → If Don't know, Go to Question 34</p>	<p>32. Do you now smoke cigarettes or use tobacco every day, some days, or not at all? Every day Some days Not at all → If No, Go to Question 34 Don't know → If Don't know, Go to Question 34</p>
<p>33. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Never Sometimes Usually Always I had no visits in the last 6 months.</p>	<p>33. In the last 6 months, how often were you <u>advised to quit</u> smoking or using tobacco by a doctor or other health provider? Never Sometimes Usually Always I had no visits in the last 6 months.</p>
<p>34. What is your age? 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 69 70 to 74 75 to 79 80 to 84 85 or older</p>	<p>34. What is your age? 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 to 69 70 to 74 75 to 79 80 to 84 85 or older</p>
<p>35. Are you male or female? Male Female</p>	<p>35. Are you male or female? Male Female</p>
<p>36. What is the highest grade or level of school</p>	<p>36. What is the highest grade or level of</p>

<p>that you have completed? 8th grade or less Some high school, but did not graduate High school graduate or GED Some college or 2-year degree 4-year college graduate More than 4-year college degree</p>	<p>school that you have completed? 8th grade or less Some high school, but did not graduate High school graduate or GED Some college or 2-year degree 4-year college graduate More than 4-year college degree</p>
<p>37. Are you of Hispanic or Latino origin or descent? Yes, Hispanic or Latino No, not Hispanic or Latino</p>	<p>37. Are you of Hispanic or Latino origin or descent? Yes, Hispanic or Latino No, not Hispanic or Latino</p>
<p>38. What is your race? Please mark one or more. White Black or African-American Asian Native Hawaiian or other Pacific Islander American Indian or Alaska Native</p>	<p>38. What is your race? Please mark one or more. White Black or African-American Asian Native Hawaiian or other Pacific Islander American Indian or Alaska Native</p>
<p>39. Did someone help you complete this survey? Yes No → If No, Go to Question 41</p>	<p>39. Did someone help you complete this survey? Yes No → If No, Go to Question 41</p>
<p>40. How did that person help you? Please mark one or more. Read the questions to me Wrote down the answers I gave Answered the questions for me Translated the questions into my language Helped in some other way</p>	<p>40. How did that person help you? Please mark one or more. Read the questions to me Wrote down the answers I gave Answered the questions for me Translated the questions into my language Helped in some other way</p>
<p>41. Do you live alone? Yes, I live alone No, I live with others</p>	<p>41. Do you live alone? Yes, I live alone No, I live with others</p>
<p>22. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received? Yes No</p>	<p>42. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May we contact you again about the health care services that you received? Yes No</p>