

## Survey Item Crosswalk for PDP Questionnaires

Survey Section	Proposed Question	Existing Question
<b>Medicare Prescription Drug Plan Experiences</b>	1. Our records show that in 2014 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right?	1. Our records show that in 2011 your prescriptions were covered by the Medicare prescription drug plan named on the back page. Is that right?
	2. Please write below the name of the Medicare prescription drug plan you had in 2014 and complete the rest of the survey based on the experiences you had with that plan. (Please print)	2. Please write below the name of the Medicare prescription drug plan you had in 2011 and complete the rest of the survey based on the experiences you had with that plan. (Please print)
	3. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?	3. In the last 6 months, did you try to get information or help about prescription drugs from your prescription drug plan's customer service?
	4. 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?	4. 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?
	5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?	5. In the last 6 months, how often did your prescription drug plan's customer service staff treat you with courtesy and respect when you tried to get information or help about prescription drugs?
	6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?	6. In the last 6 months, did you try to get information from your prescription drug plan about which prescription medicines were covered?
	7. 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?	7. 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?
	8. 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?	8. 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?
	9. 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?	9. 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?
	10. In the last 6 months, how many different prescription medicines did you fill or have refilled?	10. In the last 6 months, how many different prescription medicines did you fill or have refilled?
	11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?	11. In the last 6 months, did a doctor prescribe a medicine for you that your prescription drug plan did not cover?
	12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?	12. When this happened, did you contact your prescription drug plan to ask them to cover the medicine your doctor prescribed?

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	<p>13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...</p> <p>13a. Tell you that you can file an appeal  13b. Offer to send you forms that you need in order to file an appeal  13c. Suggest how to resolve your complaint  13d. Listen to your complaint but did not help to resolve it  13e. Discourage you from taking action  13f. Do none of the above  13g. All my prescribed medicines were covered</p>	<p>13. When you contacted your prescription drug plan about the decision not to cover a prescription medicine did they...</p> <p>13a. Tell you that you can file an appeal  13b. Offer to send you forms that you need in order to file an appeal  13c. Suggest how to resolve your complaint  13d. Listen to your complaint but did not help to resolve it  13e. Discourage you from taking action  13f. Do none of the above  13g. All my prescribed medicines were covered</p>
	<p>14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?</p>	<p>14. Thinking about the complaint process, regardless of whether you agree or disagree with the final outcome, how satisfied are you with how your plan handled your complaint?</p>
	<p>15. How long did it take for your plan to settle your complaint?</p>	<p>15. How long did it take for your plan to settle your complaint?</p>
	<p>16. Was your complaint or problem settled to your satisfaction?</p>	<p>16. Was your complaint or problem settled to your satisfaction?</p>
	<p>17. In the last 6 months, did anyone from a doctor's office, pharmacy or your prescription drug plan contact you:</p> <p>17a. To make sure you filled or refilled a prescription?  17b. To make sure you were taking medications as directed?</p>	<p>No comparable question</p>
	<p>18. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p>	<p>17. In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?</p>
	<p>19. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p>	<p>18. In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?</p>
	<p>20. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p>	<p>19. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?</p>
	<p>21. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p>	<p>20. In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?</p>
	<p>22. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p>	<p>21. In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail?</p>
	<p>23. 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?</p>	<p>22. 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?</p>

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	24. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?	23. Would you recommend your prescription drug plan for coverage of prescription drugs to other people like yourself?
	25. In general, how would you rate your overall health?	24. In general, how would you rate your overall health?
<b>About You</b>	26. In general, how would you rate your overall mental or emotional health?	25. In general, how would you rate your overall mental health?
	27. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?	26. In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem?
	28. Is this a condition or problem that has lasted for at least 3 months?	27. Is this a condition or problem that has lasted for at least 3 months?
	29. Do you now need or take any medicine prescribed by a doctor for any condition?	28. Do you now need or take medicine prescribed by a doctor?
	30. Is this to treat a condition that has lasted for at least 3 months?	29. Is this to treat a condition that has lasted for at least 3 months?
	31. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?	30. In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?
	32. In the last 6 months, did you receive any mail order medicines that you did not request?	No comparable question
	33. Has a doctor ever told you that you had any of the following conditions?  33a. A heart attack? 33b. Angina or coronary heart disease? NO SUCH RESPONSE OPTION 33c. Hypertension or high blood pressure? 33d. Cancer, other than skin cancer? 33e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? 33f. Any kind of diabetes or high blood sugar?	31. Has a doctor ever told you that you had any of the following conditions?  31a. A heart attack? 31b. Angina or coronary heart disease? 31c. A stroke NO SUCH RESPONSE OPTION 31d. Cancer, other than skin cancer? 31e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)? 31f. Any kind of diabetes or high blood sugar?
	34. Have you had a flu shot since July 1, 2014?	32. Have you had a flu shot since September 1, 2011?
	35. 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 a flu shot. It is also called the pneumococcal vaccine.	33. 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 a flu shot. It is also called the pneumococcal vaccine.
	36. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	34. Do you now smoke cigarettes or use tobacco every day, some days, or not at all?
	37. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?	35. In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider?
	No comparable question.	36. What is your age?
	No comparable question.	37. Are you male or female?
	38. What is the highest grade or level of school that you have completed?	38. What is the highest grade or level of school that you have completed?
	39. Are you of Hispanic or Latino origin or descent?	39. Are you of Hispanic or Latino origin or descent?
	40. What is your race? Please mark one or more.	40. What is your race? Please mark one or more
	41. How many people live in your household now, including yourself?	No comparable question

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	42. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?	44. The Medicare Program is trying to learn more about the health care or services provided to people with Medicare. May Medicare contact you again about the health care services that you received?
	43. Did someone help you complete this survey?	41. Did someone help you complete this survey?
	44. How did that person help you? Please mark one or more.  44a. Read the questions to me 44b. Wrote down the answers I gave 44c. Answered the questions for me 44d. Translated the questions into my language 44e. Helped in some other way	42. How did that person help you? Please mark one or more.  42a. Read the questions to me 42b. Wrote down the answers I gave 42c. Answered the questions for me 42d. Translated the questions into my language 42e. Helped in some other way
	No comparable question	43. Do you live alone?