

Current PDP Survey Item Number and Text	Proposed PDP Survey Item Number and Text/English	Proposed PDP Survey Item Number and Text/Spanish	Comments
<b>Item count=65</b>	<b>Item Count=54</b>		
<p>1. Our records show that you used to belong to [PLAN NAME], but no longer belong to that plan. Is that right?</p> <p><input type="checkbox"/> Yes → If Yes, go to Question 2</p> <p><input type="checkbox"/> I left or was dropped by a plan but it was not [PLAN NAME] → Go to Question 2</p> <p><input type="checkbox"/> No, I did not belong to [PLAN NAME]</p> <p><input type="checkbox"/> No, I still belong to [PLAN NAME]</p> <p>If you answered No to Question 1, please stop and return the survey. You DO NOT have to complete the survey.</p>	<p>1. Our records show that you used to belong to [MARKETING] (Contract Number [PREV_PLAN]) but no longer belong to that plan. Is that right?</p> <p>RESPONSES: Yes, I changed or switched prescription drug plans; I changed or switched prescription drug plans but my <u>former</u> plan was not [PLAN NAME]; No, I did <u>not</u> change, switch or drop prescription drug plans recently</p>	<p>1. Our records show that you used to belong to [MARKETING] (Contract Number [PREV_PLAN]) but no longer belong to that plan. Is that right?</p> <p>RESPONSES: Yes, I changed or switched prescription drug plans; I changed or switched prescription drug plans but my <u>former</u> plan was not [PLAN NAME]; No, I did <u>not</u> change, switch or drop prescription drug plans recently</p>	Revised response options.
<p>2. Did you have to leave or switch [PLAN NAME] for any of the following reasons?</p> <p><input type="checkbox"/> I moved outside of the area where the plan was available</p> <p><input type="checkbox"/> I was dropped by the plan</p> <p><input type="checkbox"/> The plan was cancelled or discontinued in my area</p> <p><input type="checkbox"/> The plan was changed by the organization that provides my insurance (such as an employer or a union)</p> <p>PLEASE READ: If you checked any of the reasons above, please stop and return the survey. You DO NOT have to complete the survey.</p> <p><input type="checkbox"/> None of the above → If you did not choose any of the reasons in Question 2 please continue to Question 3</p>	<p>2. Did you have to change, switch or drop your prescription drug plan for any of the following reasons?</p> <p><input type="checkbox"/> I moved outside of the area where the plan was available</p> <p><input type="checkbox"/> I was dropped by the plan</p> <p><input type="checkbox"/> The plan was cancelled or discontinued in my area</p> <p><input type="checkbox"/> The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union)</p> <p><input type="checkbox"/> None of the above → Continue survey, go to Question 3</p>	<p>2. Did you have to change, switch or drop your prescription drug plan for any of the following reasons?</p> <p><input type="checkbox"/> I moved outside of the area where the plan was available</p> <p><input type="checkbox"/> I was dropped by the plan</p> <p><input type="checkbox"/> The plan was cancelled or discontinued in my area</p> <p><input type="checkbox"/> The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union)</p> <p><input type="checkbox"/> None of the above → Continue survey, go to Question 3</p>	Revised intro and added response option to make item easier to navigate and to screen out those who did not disenroll voluntarily.

<p>(Preamble) These questions ask about your experience with your former prescription plan. As you answer the rest of the questions in this survey, please think only of your former plan.</p>	<p>(Q3 Preamble) As you answer the questions in this survey, please think only of your <u>former</u> health plan.</p>	<p>(Q3 Preamble) As you answer the questions in this survey, please think only of your <u>former</u> health plan.</p>	<p>Revised preamble.</p>
<p>3. Customer service is information you get from staff about what is covered and how to use the plan. Did you ever try to get information or help from [PLAN NAME]'s customer service?  <input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #5</p>	<p>3. Did you ever try to get information or help from your former plan's customer service?  Yes/No</p>	<p>3. Did you ever try to get information or help from your former plan's customer service?  Yes/No</p>	<p>Deleted first sentence to make item easier to understand.</p>
<p>4. How often did the plan's customer service give you the information or help you needed?  <input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not try to get information or help from the plan's customer service</p>	<p>4. How often did your former plan's customer service give you the information or help you needed?  Never/Sometimes/Usually/Always/  I did not try to get information or help from my former health plan's customer service</p>	<p>4. How often did your former plan's customer service give you the information or help you needed?  Never/Sometimes/Usually/Always/  I did not try to get information or help from my former health plan's customer service</p>	<p>Changed "the plan's customer service" to "your former plan's customer service."</p>
<p>5. Did you ever try to get information from the plan about which prescription medicines were covered?  <input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #7</p>	<p>5. Did you ever try to get information from your former plan about which prescription medicines were covered? Yes/No</p>	<p>5. Did you ever try to get information from your former plan about which prescription medicines were covered? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>6. How often did the plan give you all the information you needed about which prescription medicines were covered?  <input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not try to get information about which prescription medicines were covered</p>	<p>6. How often did your former plan give you all the information you needed about which prescription medicines were covered?  Never/Sometimes/Usually/Always/  I did not try to get information from my former plan about which prescription medicines were covered</p>	<p>6. How often did your former plan give you all the information you needed about which prescription medicines were covered?  Never/Sometimes/Usually/Always/  I did not try to get information from my former plan about which prescription medicines were covered</p>	<p>Changed "the plan" to "your former plan."</p>

<p>7. Did you ever try to get information from the plan about how much you would have to pay for a prescription medicine?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #9</p>	<p>7. Did you ever try to get information from your former plan about how much you would have to pay for a prescription medicine? Yes/No</p>	<p>7. Did you ever try to get information from your former plan about how much you would have to pay for a prescription medicine? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>8. How often did the plan give you all the information you needed about how much you would have to pay for a prescription medicine?</p> <p><input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not try to get information about how much I would have to pay for a prescription medicine</p>	<p>8. How often did your former plan give you information about how much you would have to pay for a prescription medicine?  RESPONSES:  Never/Sometimes/Usually/Always/  I did not try to get information from my former plan about how much I would have to pay for a prescription medicine</p>	<p>8. How often did your former plan give you information about how much you would have to pay for a prescription medicine?  RESPONSES:  Never/Sometimes/Usually/Always/  I did not try to get information from my former plan about how much I would have to pay for a prescription medicine</p>	<p>Changed "the plan" to "your former plan."</p>
<p>9. Did you ever need written information from the plan in a language other than English?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #11</p>	<p>N/A</p>	<p>9. Did you ever need written information from the plan in Spanish?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #11</p>	<p>Simplified question, now for Spanish version only. Removed from English version.</p>
<p>10. How often did the plan give you written information in a language other than English?</p> <p><input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not need written information in a language other than English</p>	<p>N/A</p>	<p>10. How often did the plan give you written information in Spanish?</p> <p><input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not need written information in a language other than English</p>	<p>Simplified question, now for Spanish version only. Removed from English version.</p>
<p>11. Did a doctor ever prescribe a medicine for you that the plan did not cover?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No</p>	<p>9. Did a doctor ever prescribe a medicine for you that your former plan did not cover? Yes/No</p>	<p>11. Did a doctor ever prescribe a medicine for you that your former plan did not cover? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>

<p>12. How often was it easy to use the plan to get the medicines your doctor prescribed?</p> <p><input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not use the plan to get any prescription medicines</p>	<p>10. How often was it easy to use your former plan to get the medicines your doctor prescribed?  Never/Sometimes/Usually/Always/  I did not use my former plan to get any prescription medicines</p>	<p>12. How often was it easy to use your former plan to get the medicines your doctor prescribed?  Never/Sometimes/Usually/Always/  I did not use my former plan to get any prescription medicines</p>	<p>Changed "the plan" to "your former plan."</p>
<p>13. Did you ever use the plan to fill a prescription at a local pharmacy?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #17</p>	<p>11. Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No</p>	<p>13. Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>14. How often was it easy to use the plan to fill a prescription at a local pharmacy?</p> <p><input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not use the plan to fill a prescription at a local pharmacy</p>	<p>12. How often was it easy to use your former plan to fill a prescription at a pharmacy?  RESPONSES:  Never/Sometimes/Usually/Always/  I did not have to use my former plan to fill a prescription at a pharmacy</p>	<p>14. How often was it easy to use your former plan to fill a prescription at a pharmacy?  RESPONSES:  Never/Sometimes/Usually/Always/  I did not have to use my former plan to fill a prescription at a pharmacy</p>	<p>Changed "the plan" to "your former plan" and removed reference to "local."</p>
<p>15. Did you ever use the plan to fill any prescriptions by mail?</p> <p><input type="checkbox"/>Yes  <input type="checkbox"/>No → If No, go to #19</p>	<p>13. Did you ever use your former plan to fill any prescriptions by mail? Yes/No</p>	<p>15. Did you ever use your former plan to fill any prescriptions by mail? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>16. How often was it easy to use the plan to fill prescriptions by mail?</p> <p><input type="checkbox"/>Never  <input type="checkbox"/>Sometimes  <input type="checkbox"/>Usually  <input type="checkbox"/>Always  <input type="checkbox"/>I did not use the plan to fill a prescription by mail</p>	<p>14. How often was it easy to use your former plan to fill prescriptions by mail?  Never/Sometimes/Usually/Always/  I did not use my former plan to fill a prescription by mail</p>	<p>16. How often was it easy to use your former plan to fill prescriptions by mail?  Never/Sometimes/Usually/Always/  I did not use my former plan to fill a prescription by mail</p>	<p>Changed "the plan" to "your former plan."</p>

<p>17. 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 the plan?</p> <p><input type="checkbox"/>0 Worst prescription drug plan possible</p> <p><input type="checkbox"/>1</p> <p><input type="checkbox"/>2</p> <p><input type="checkbox"/>3</p> <p><input type="checkbox"/>4</p> <p><input type="checkbox"/>5</p> <p><input type="checkbox"/>6</p> <p><input type="checkbox"/>7</p> <p><input type="checkbox"/>8</p> <p><input type="checkbox"/>9</p> <p><input type="checkbox"/>10 Best prescription drug plan possible</p>	<p>15. 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 <u>former</u> plan?</p>	<p>17. 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 <u>former</u> plan?</p>	<p>Changed "the plan" to "your former plan."</p>
<p>(Preamble) People leave, drop, or switch prescription drug plans for different reasons. These questions are about reasons you may have had for switching, leaving, or dropping [PLAN NAME].</p>	<p>(Q16 Preamble)The next questions are about reasons you may have had for changing, switching or dropping your former prescription drug plan.</p>	<p>(Q18 Preamble)The next questions are about reasons you may have had for changing, switching or dropping your former prescription drug plan.</p>	<p>Deleted the first sentence; revised second sentence.</p>
<p>18. Did you leave the plan because you found out that someone had signed you up for the plan without your permission?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	<p>16. Did you leave your former plan because you found out that someone had signed you up for the plan without your permission?</p> <p>Yes/No</p>	<p>18. Did you leave your former plan because you found out that someone had signed you up for the plan without your permission?</p> <p>Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>19. Did you leave the plan because you were accidentally taken off the plan (or because of some other paperwork or clerical error)?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	<p>17. Did you leave your former plan because you were taken off the plan by mistake? Yes/No</p>	<p>19. Did you leave your former plan because you were taken off the plan by mistake? Yes/No</p>	<p>Simplified question and changed "the plan" to "your former plan."</p>

<p>20. Some Medicare beneficiaries have to pay their prescription drug plan a monthly fee out of their own pocket for coverage for prescription medicines.</p> <p>Did you leave the plan because the monthly fee that the plan charges to provide coverage for prescription medicines went up?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>18. Some people have to pay their prescription drug plan a <u>monthly</u> fee (called a premium) out of their own pocket for prescription drug coverage.</p> <p>Did you leave your former plan because this <u>monthly</u> fee went up?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>I did not have to pay my former plan a monthly fee out of my own pocket</p>	<p>21. Some people have to pay their prescription drug plan a <u>monthly</u> fee (called a premium) out of their own pocket for prescription drug coverage.</p> <p>Did you leave your former plan because this <u>monthly</u> fee went up?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>I did not have to pay my former plan a monthly fee out of my own pocket</p>	<p>Shortened question and changed "the plan" to "your former plan."</p>
<p>21. Did you leave the plan because you stopped paying the monthly fee for coverage for prescription medicines?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No → If No, go to #23</p>	<p>N/A</p>	<p>N/A</p>	<p>Removed question.</p>
<p>22. Why did you stop paying the plan's monthly fee?</p> <p><input type="checkbox"/>I stopped paying the monthly fee because I could not afford it <input type="checkbox"/>I stopped paying the monthly fee because I was unhappy with the plan <input type="checkbox"/>I stopped paying the monthly fee for some other reason</p>	<p>N/A</p>	<p>N/A</p>	<p>Removed question.</p>
<p>23. Prescription drug plans have a list of the prescription medicines that the plan will cover. Did you leave the plan because they changed the list of prescription medicines they cover?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>20. Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No</p>	<p>22. Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No</p>	<p>Changed "the plan will cover" to "they will cover."</p>

<p>24. Did you leave the plan because the dollar amount you had to pay each time you filled or refilled a prescription went up?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>18. Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription went up?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>I did not have to pay for my prescription medicines</p>	<p>20. Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription went up?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>I did not have to pay for my prescription medicines</p>	<p>Changed "the plan" to "your former plan."</p>
<p>25. Did you leave the plan because you found a prescription drug plan that costs less?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>21. Did you leave your former plan because you found a prescription drug plan that costs less? Yes/No</p>	<p>23. Did you leave your former plan because you found a prescription drug plan that costs less? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>26. Did you leave the plan because a change in your personal finances meant you could no longer afford the plan?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>22. Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan? Yes/No</p>	<p>24. Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>27. Did you leave the plan because the plan refused to pay for a medicine your doctor prescribed?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>23. Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No</p>	<p>25. Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>28. Did you leave the plan because you had problems getting the medicines your doctor prescribed?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>24. Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No</p>	<p>26. Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>29. Did you leave the plan because it was difficult to get brand name medicines?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>25. Did you leave your former plan because it was difficult to get brand name medicines?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>I did not try to get brand name medicines through my former plan</p>	<p>27. Did you leave your former plan because it was difficult to get brand name medicines?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No <input type="checkbox"/>I did not try to get brand name medicines through my former plan</p>	<p>Changed "the plan" to "your former plan."</p>

<p>30. Did you leave the plan because you were frustrated by the plan's approval process for medicines your doctor prescribed that were not on the plan's list of medicines that the plan covers?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>26. Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No</p>	<p>28. Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>31. Did you leave the plan because you did not know whom to contact when you had a problem filling or refilling a prescription?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>27. Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No</p>	<p>29. Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>32. Did you leave the plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>28. Did you leave your former plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? Yes/No</p>	<p>30. Did you leave your former plan because it was hard to get information from the plan -- like which prescription medicines were covered or how much a specific medicine would cost? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>33. Did you leave the plan because you were unhappy with how the plan handled a question or complaint?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>29. Did you leave your former plan because you were unhappy with how the plan handled a question or complaint?</p>	<p>31. Did you leave your former plan because you were unhappy with how the plan handled a question or complaint?</p>	<p>Changed "the plan" to "your former plan."</p>
<p>34. Did you leave the plan because you could not get the information or help you needed from the plan?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>30. Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No</p>	<p>32. Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>35. Did you leave the plan because their customer service staff did not treat you with courtesy and respect?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>31. Did you leave your former plan because their customer service staff did not treat you with courtesy and respect? Yes/No</p>	<p>33. Did you leave your former plan because their customer service staff did not treat you with courtesy and respect? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>



<p>(Intro) Every year Medicare evaluates all Medicare prescription drug plans and gives each plan a quality rating. The ratings are referred to as the Medicare star or plan ratings. The ratings provide Medicare beneficiaries information on the quality of services a plan provides.</p>	<p>32. Every year Medicare evaluates all prescription drug plans and gives them a star rating that gives information on prescription drug plan quality. Have you ever seen the Medicare Star Rating for any health plan? Yes/No</p>	<p>34. Every year Medicare evaluates all prescription drug plans and gives them a star rating that gives information on prescription drug plan quality. Have you ever seen the Medicare Star Rating for any health plan? Yes/No</p>	<p>Added new question.</p>
<p>36. Did you leave the plan because it got a low Medicare Star Rating? Yes/no</p>	<p>33. Did you leave your former plan because it got a low star rating? Yes/No</p>	<p>35. Did you leave your former plan because it got a low star rating? Yes/No</p>	<p>Added new question (above); made this a separate question.</p>
<p>37. Did you leave the plan because you found another plan with a higher Medicare Star Rating? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>34. Did you leave your former plan because you found another plan with a higher star rating? Yes/No</p>	<p>36. Did you leave your former plan because you found another plan with a higher star rating? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>38. In the past year, did you think about the Medicare Star or Plan ratings when making a decision about enrolling in a health plan? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>35. In the past year, did you consider Medicare Star Ratings when trying to choose a plan? Yes/No</p>	<p>37. In the past year, did you consider Medicare Star Ratings when trying to choose a plan? Yes/No</p>	<p>Revised question for clarity.</p>
<p>39. Did you leave the plan because a family member or friend told you that another prescription drug plan was a better plan? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>36. Did you leave your former plan because a <u>family member or friend</u> told you about a better plan? Yes/No</p>	<p>38. Did you leave your former plan because a <u>family member or friend</u> told you about a better plan? Yes/No</p>	<p>Changed "the plan" to "former plan;" underlined "family member or friend."</p>
<p>40. Did you leave the plan because you saw a commercial or advertisement for a prescription drug plan you thought you would like better? <input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>37. Did you leave your former plan because you saw a commercial or advertisement for a health plan you thought you would like better? Yes/No</p>	<p>39. Did you leave your former plan because you saw a commercial or advertisement for a health plan you thought you would like better? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>

<p>41. Did you leave the plan because you found another plan that better met your prescription needs?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>38. Did you leave your former plan because you found another plan that better met your prescription needs? Yes/No</p>	<p>40. Did you leave your former plan because you found another plan that better met your prescription needs? Yes/No</p>	<p>Changed "the plan" to "your former plan."</p>
<p>43. What was the one most important reason you left [PLAN NAME]? (Check one)</p> <p><input type="checkbox"/>Financial or cost reasons  <input type="checkbox"/>Problems getting prescription drugs through the plan  <input type="checkbox"/>Problems getting information from the plan about prescription drugs  <input type="checkbox"/>Switched to another plan that offers better benefits or coverage  <input type="checkbox"/>Another reason. Please specify:  _____  _____</p>	<p>N/A</p>	<p>N/A</p>	<p>Removed question.</p>
<p><b>(Header) YOUR EXPERIENCE WITH INSURANCE AGENTS, BROKERS, OR PLAN REPRESENTATIVES</b></p>	<p>N/A</p>	<p>N/A</p>	<p>Removed item.</p>
<p>44. Different kinds of people sell health insurance. Insurance may be sold by independent insurance agents or brokers who don't work for the health plan OR by plan representatives who work directly for the plan. Did an insurance agent, broker, or plan representative ever call you without your asking them to, to tell you about insurance for health care or prescription medicines?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	<p>N/A</p>	<p>N/A</p>	<p>Removed question.</p>

<p>45. Did an insurance agent, broker, or plan representative ever visit your home without your asking them to, to tell you about insurance for health care or prescription medicines?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	N/A	N/A	Removed question.
<p>46. Did you decide to leave [PLAN NAME] because of information you got from an insurance agent, broker, or plan representative?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No</p>	N/A	N/A	Removed question.
<p>47. Did an insurance agent, broker, or plan representative give you any information that was <u>not</u> correct?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No → If No, go to #58</p>	N/A	N/A	Removed question.
<p>What kind of information was not correct? Please check all that apply.</p> <p><input type="checkbox"/>What the plan covered  <input type="checkbox"/>What the plan would cost you  <input type="checkbox"/>Which doctors belong to the plan  <input type="checkbox"/>Which pharmacies are covered by the plan  <input type="checkbox"/>Which hospitals are covered by the plan  <input type="checkbox"/>Some other information  (please print)</p> <p>_____</p> <p>_____</p>	N/A	N/A	Removed question.

<p>50. In general, how would you rate your overall mental health?</p> <p><input type="checkbox"/>Excellent</p> <p><input type="checkbox"/>Very good</p> <p><input type="checkbox"/>Good</p> <p><input type="checkbox"/>Fair</p> <p><input type="checkbox"/>Poor</p>	<p>41. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p><input type="checkbox"/>Excellent</p> <p><input type="checkbox"/>Very good</p> <p><input type="checkbox"/>Good</p> <p><input type="checkbox"/>Fair</p> <p><input type="checkbox"/>Poor</p>	<p>43. In general, how would you rate your overall <u>mental or emotional</u> health?</p> <p><input type="checkbox"/>Excellent</p> <p><input type="checkbox"/>Very good</p> <p><input type="checkbox"/>Good</p> <p><input type="checkbox"/>Fair</p> <p><input type="checkbox"/>Poor</p>	<p>Underlined "mental or emotional."</p>
<p>51. In the last 12 months, how many different prescription medicines did you fill? (Don't count the same prescriptions twice)</p> <p><input type="checkbox"/>None</p> <p><input type="checkbox"/>1 to 2 medicines</p> <p><input type="checkbox"/>3 to 5 medicines</p> <p><input type="checkbox"/>6 or more medicines</p>	<p>42. In the past 12 months, how many different prescription medicines did you take?</p>	<p>44. In the past 12 months, how many different prescription medicines did you take?</p>	<p>Revised question.</p>
<p>53. Is this a condition or problem that has lasted for at least 3 months?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	<p>43. 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>45. 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>Revised for consistency across surveys. Also changed question order.</p>
<p>52. 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><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No → If No, go to #63</p>	<p>44. Is this a condition or problem that has lasted at least 3 months?</p>	<p>46. Is this a condition or problem that has lasted at least 3 months?</p>	<p>Revised for consistency across surveys. Also changed question order.</p>
<p>54. Do you now need or take medicine prescribed by a doctor?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No → If No, go to #65</p>	<p>45. Do you <u>now</u> need or take any medicine prescribed by a doctor for any condition?</p>	<p>47. Do you <u>now</u> need or take any medicine prescribed by a doctor for any condition?</p>	<p>Revised question for clarity.</p>
<p>55. Is this to treat a condition that has lasted for at least 3 months?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	<p>46. Is this medicine to treat a condition that has lasted for at least 3 months?</p>	<p>48. Is this medicine to treat a condition that has lasted for at least 3 months?</p>	<p>Revised question for clarity.</p>

<p>56. Has a doctor ever told you that you had any of the following conditions?</p> <p>a. A heart attack?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>b. Angina or coronary heart disease?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>c. Hypertension or high blood pressure?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>d. Cancer, other than skin cancer?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>e. Emphysema, asthma or COPD (chronic obstructive pulmonary disease)?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p> <p>f. Any kind of diabetes or high blood sugar?  <input type="checkbox"/>Yes  <input type="checkbox"/>No</p>	<p>47. Has a doctor <u>ever</u> told you that you have any of the following conditions?</p> <p><input type="checkbox"/>A heart attack  <input type="checkbox"/>Angina or coronary heart disease  <input type="checkbox"/>High blood pressure or hypertension  <input type="checkbox"/>Cancer, other than skin cancer  <input type="checkbox"/>Emphysema, asthma or COPD (chronic obstructive pulmonary disease)  <input type="checkbox"/>Any kind of diabetes or high blood sugar</p>	<p>49. Has a doctor <u>ever</u> told you that you have any of the following conditions?</p> <p><input type="checkbox"/>A heart attack  <input type="checkbox"/>Angina or coronary heart disease  <input type="checkbox"/>High blood pressure or hypertension  <input type="checkbox"/>Cancer, other than skin cancer  <input type="checkbox"/>Emphysema, asthma or COPD (chronic obstructive pulmonary disease)  <input type="checkbox"/>Any kind of diabetes or high blood sugar</p>	<p>Revised question and response option #3.</p>
<p>66. What is your age?</p> <p><input type="checkbox"/>18 to 24  <input type="checkbox"/>25 to 34  <input type="checkbox"/>35 to 44  <input type="checkbox"/>45 to 54  <input type="checkbox"/>55 to 64  <input type="checkbox"/>65 to 74  <input type="checkbox"/>75 to 79  <input type="checkbox"/>80 to 84  <input type="checkbox"/>85 or older</p>	<p>N/A</p>	<p>N/A</p>	<p>Removed question.</p>
<p>58. Are you male or female?</p> <p><input type="checkbox"/>Male  <input type="checkbox"/>Female</p>	<p>N/A</p>	<p>N/A</p>	<p>Removed question.</p>

<p>64. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/>Read the questions to me</p> <p><input type="checkbox"/>Entered the answers I gave</p> <p><input type="checkbox"/>Answered the questions for me</p> <p><input type="checkbox"/>Translated the questions into my language</p> <p><input type="checkbox"/>Helped in some other way (please print)</p> <p>_____</p>	<p>53. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/>Read the questions to me</p> <p><input type="checkbox"/>Wrote down the answers I gave</p> <p><input type="checkbox"/>Answered the questions for me</p> <p><input type="checkbox"/>Translated the questions into my language</p> <p><input type="checkbox"/>Helped in some other way (please print)</p> <p>_____</p>	<p>55. How did that person help you? Please mark one or more.</p> <p><input type="checkbox"/>Read the questions to me</p> <p><input type="checkbox"/>Wrote down the answers I gave</p> <p><input type="checkbox"/>Answered the questions for me</p> <p><input type="checkbox"/>Translated the questions into my language</p> <p><input type="checkbox"/>Helped in some other way (please print)</p> <p>_____</p>	<p>Revised question for clarity.</p>
<p>65 .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?</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	<p>54. May we contact you again if we have questions about your survey responses or if we have other questions about the health care services that you received?</p>	<p>56. May we contact you again if we have questions about your survey responses or if we have other questions about the health care services that you received?</p>	<p>Deleted first sentence; revised second sentence.</p>