Satisfaction with Care (SCQ)  Variable Name	MR Screen Name	Question type	Question text/description	Code list
MCQUALTY	SC1	code 1	SHOW CARD SC1	(01) VERY SATISFIED
•			We're interested in how you feel about the health care [you have/(SP) has] received [over the past	(02) SATISFIED
			year/since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how	(03) DISSATISFIED
			satisfied you have been with the following:	(04) VERY DISSATISFIED
			satisfied for horse seen man the removing.	(05) NOT APPLICABLE
			The overall quality of the health care [you have /(SP) has] received [over the past year/since (SURVEY	(-8) Don't Know
			REFERENCE DATE)].	(-9) Refused
MCAVAIL	SC2	code 1	SHOW CARD SC1	(01) VERY SATISFIED
	302	0000 1	[Please tell me how satisfied you have been with]	(02) SATISFIED
			[Fredse tell me now satisfied you have seen with 111]	(03) DISSATISFIED
			The availability of health care at night and on weekends.	(04) VERY DISSATISFIED
			The availability of fleater at highe and on weekenas.	(05) NOT APPLICABLE
				(-8) Don't Know
				(-9) Refused
MCEASE	SC3	code 1	SHOW CARD SC1	(01) VERY SATISFIED
IVICEASE	3C3	code 1	[Please tell me how satisfied you have been with]	(02) SATISFIED
			[Please tell me now satisfied you have been with]	1, ,
			The case and convenience of patting to a dector from whom [vow/(CD)] [live/lives]	(03) DISSATISFIED
			The ease and convenience of getting to a doctor from where [you/(SP)] [live/lives].	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
NACOCETS.	504		SURVIVO DE COL	(-9) Refused
MCCOSTS	SC4	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The out-of-pocket costs [you/(SP)] paid for health care.	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
				(-9) Refused
MCINFO	SC5	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The information given to [you/you or (SP)] about what was wrong with [you/(SP)].	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
				(-9) Refused
MCFOLUP	SC6	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The follow-up care [you/(SP)] received after an initial treatment or operation.	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
		<u></u>		(-9) Refused
MCCONCRN	SC7	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The concern of doctors for [your/(SP's)] overall health rather than just for an isolated symptom or disease.	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
		1		(-9) Refused

Satisfaction with Care (SCQ)  Variable Name	MR Screen Name	Question type	Question text/description	Code list
MCSAMLOC	SC8	code 1	SHOW CARD SC1	(01) VERY SATISFIED
		00461	[Please tell me how satisfied you have been with]	(02) SATISFIED
			[Flease tell me now satisfied you have been with]	(03) DISSATISFIED
			Getting all [your/(SP's)] health care needs taken care of at the same location.	(04) VERY DISSATISFIED
			details all [your/(31-3)] health care needs taken care of at the same location.	(05) NOT APPLICABLE
				(-8) Don't Know
				(-9) Refused
MCSPECAR	SC8A	code 1	SHOW CARD SC1	(01) VERY SATISFIED
IVICSPECAN	JCOA	code 1	[Please tell me how satisfied you have been with]	(02) SATISFIED
			[Flease tell file flow satisfied you have been with]	
			The qualibrility of care by an explicte when [vev/(CD)] (feel/feele) (vev/he/che) (need/neede) it	(03) DISSATISFIED
			The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
		<b>.</b>		(-9) Refused
MCTELANS	SC8B	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or	(04) VERY DISSATISFIED
			prescriptions.	(05) NOT APPLICABLE
				(-8) Don't Know
				(-9) Refused
MCAMTPAY	SC8C	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
				(-8) Don't Know
				(-9) Refused
	BOX SC1A	routing	IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND) OR (SP IS COVERED BY A	
			MEDICARE PRESCRIPTION DRUG PLAN ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST.	
			ELSE GO TO SC9 - MDISSFY.	
MCDRGLST	SC8D	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			[Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan.	(04) VERY DISSATISFIED
				(05) NOT APPLICABLE
			[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug	(-8) Don't Know
			coverage.]	(-9) Refused
MCFNDPCY	SC8E	code 1	SHOW CARD SC1	(01) VERY SATISFIED
			[Please tell me how satisfied you have been with]	(02) SATISFIED
				(03) DISSATISFIED
			The ease of finding a pharmacy which accepts your prescription drug plan.	(04) VERY DISSATISFIED
			a seed of Graph and Artificial Property (Charles)	(05) NOT APPLICABLE
			[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug	(-8) Don't Know
			coverage.]	(-9) Refused
MCRECPLN	SC8F	code 1	Would [you/(SP)] recommend [your/his/her] prescription drug plan to other people like [you/him/her]?	(01) YES
	13001		1. 2 a. a. [1 a. a. [1 a.	(02) NO
			[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your	(03) NOT APPLICABLE
			drug coverage.]	(-8) Don't Know
			Turug coverage.j	(-9) Refused
			I.	תב-ן neiuseu

Satisfaction with Care (SCQ)					
Variable Name	MR Screen Name	Question type	Question text/description	Code list	
DHEVHEAR	SC8G	yes/no	[[You receive/(SP) receives] [your/his/her] prescription drug coverage through a[Medicare Prescription	(01) YES	
			Drug Plan/Medicare Advantage plan./Some Medicare beneficiaries receive their prescription drug coverage	(02) NO	
			through Medicare Prescription Drug plans, also called "Medicare Part D" plans.]	(-8) Don't Know	
				(-9) Refused	
			In many Medicare drug plans there is a coverage gap, sometimes called a "doughnut hole", during which		
			there is a reduction in coverage and people have to pay a higher share of their drug costs.		
			Before today, have you heard about the coverage gap or "doughnut hole" that is part of most Medicare		
			drug plans?		
	BOX SC1AA	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE		
	BOX 3CIAA	Touting	ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8I - DHPLAN.		
			ELSE GO TO SC9 - MDISSFY.		
DHPLAN	SC8I	vos/no	Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE	(01) YES	
DHPLAN	3001	yes/no		1	
			PLAN)] plan have a coverage gap, or "doughnut hole"?	(02) NO	
				(-8) Don't Know	
			[EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage during which there	(-9) Refused	
			is a reduction in coverage and people have to pay a higher share of their drug costs.]		
DHTHISYR	SC8L	yes/no	[Have you/Has (SP)] reached the start of the coverage gap during (CURRENT YEAR)?	(01) YES	
				(02) NO	
			[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means [you	(-8) Don't Know	
			have/he has/she has] reached a phase during which there is a reduction in coverage and [you/he/she] will	(-9) Refused	
			have to pay a higher share of [your/his/her] drug costs.]		
			REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT		
			VERIFY THIS INFORMATION.		
DHSTART	SC8M	code 1	How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap?	(01) SP OR SOMEONE FOR THE SP KEPT TRACK OF	
				TOTAL MEDICINE SPENDING	
				(02) INFORMATION PROVIDED BY THE PART D PLAN	
				(03) INFORMATION PROVIDED BY THE PHARMACY	
				(91)OTHER	
				(-8) Don't Know	
				(-9) Refused	
DHSTAROS	SC8M	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	
DHEND	SC8N	yes/no	[Have you/Has (SP)] reached the end of the coverage gap during [CURRENT YEAR]?	(01) YES	
STIENS	Scott	y C 3/ 110	[Trave you/Tras (St.)] reactica the cita of the coverage gap daring [content 12/11]:	(02) NO	
			[EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he	1	
				1	
			has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total	(-9) Refused	
			cost of each prescription and (your/his/her) drug plan pays the remaining amount.]		
			REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT		
DUNACORDY	5000	and a	VERIFY THIS INFORMATION.	(04) VEDVINORDIES	
DHWORRY	SC8O	code 1	For (CURRENT YEAR), how worried (are/is/were/was) [you/(SP)] about [your/his/her] ability to pay for	(01) VERY WORRIED	
			[your/his/her] medicines during the coverage gap?	(02) SOMEWHAT WORRIED	
				(03) NOT AT ALL WORRIED	
			Would you say that [you/(SP)] [are/is/were/was] very worried, somewhat worried, or not at all worried?	(-8) Don't Know	
				(-9) Refused	
MDISSFY	SC9	verbatim text	Please think about all of the health care services [you/(SP)] [receive/receives], including services provided	(01) RESPONDENT IS NOT DISSATISFIED WITH	
			by doctors, hospitals and pharmacies.	ANYTHING	
				(91) RESPONDENT IS DISSATISFIED (RECORD	
			What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied	VERBATIM IN THE NEXT SCREEN)	
			with?	(-8) Don't Know	
				(-9) Refused	
MCDISVB	SC9	verbatim text	Please think about all of the health care services [you/(SP)] (receive/receives), including services provided	(01) [Continuous answer.]	
			by doctors, hospitals and pharmacies.	_	
			What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied		
			with?		
		1	Inches	ļ.	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
MCWORRY	SC10A	list	Please tell me whether each of the following statements is true or false.	(01) TRUE
				(02) FALSE
			[You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age.	(-8) Don't Know
			[Is this statement true or false?]	(-9) Refused
MCAVOID	SC10A	list	Please tell me whether each of the following statements is true or false.	(01) TRUE
			· ·	(02) FALSE
			[You/(SP)] will do just about anything to avoid going to the doctor.	(-8) Don't Know
				(-9) Refused
MCSICK	SC10A	list	Please tell me whether each of the following statements is true or false.	(01) TRUE
			The same termine through the second transfer and transfer and the second transfer and the second transfer and transfer	(02) FALSE
			When [you/(SP)] [are/is] sick, [you/he/she] [try/tries] to keep it to [yourself/himself/herself].	(-8) Don't Know
			when [you/(3)] [are/13] sick, [you/he/she] [try/thes] to keep it to [yoursen/himsen/hersen].	(-9) Refused
MCDRSOON	SC10A	lict	Please tell me whether each of the following statements is true or false.	(01) TRUE
IVICDR300N	SCIOA	list	riedse tell lile whether each of the following statements is true of false.	(02) FALSE
			Hereally, [very/CDN] (see (see a) to the deptor of coordinate (see a) (start (starts) to feel bad	1
			Usually, [you/(SP)] (go/goes) to the doctor as soon as (you/he/she) (start/starts) to feel bad.	(-8) Don't Know
140001455	5011	,	D : (CUDDENT VEAD) 1:11 //CD31   1   11   11   12   1   1   1   1   1	(-9) Refused
MCDRNSEE	SC11	yes/no	During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think	(01) YES
			[you/he/she] should have seen a doctor or other medical person, but did not?	(02) NO
			[INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.]	(-8) Don't Know
				(-9) Refused
TEMPCOND1	SC12AA	text	What was the health problem or condition?	(01) [Continuous answer.]
			ENTER ALL CONDITIONS.	
TEMPCOND2	SC12AA	text	What was the health problem or condition?	(01) [Continuous answer.]
			ENTER ALL CONDITIONS.	(-7) Empty
TEMPCOND3	SC12AA	text	What was the health problem or condition?	(01) [Continuous answer.]
			ENTER ALL CONDITIONS.	(-7) Empty
MCDRATMP	SC12A	yes/no	Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]?	(01) YES
				(02) NO
			(CONDITION 1 FROM SC12AA)	(-8) Don't Know
			(CONDITION 2 FROM SC12AA)	(-9) Refused
			(CONDITION 3 FROM SC12AA)	
			[PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to se	t
			an appointment or talk to someone about the condition(s)?]	
SCRCODES	SC13A	code all	SHOW CARD SC2	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS
			This card lists some reasons people have given for not seeing a doctor or other medical person about a	(02) THOUGHT IT WOULD COST TOO MUCH
			health problem or condition.	(03) TROUBLE FINDING/GETTING TO DOCTOR
				(04) TIME/SCHEDULE OR PERSONAL CONFLICTS
			Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S)	(05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT
			BELOW]?	PROBLEM
				(06) WAS AFRAID OF FINDING OUT WHAT WAS
			(CONDITION 1 FROM SC12AA)	WRONG
			(CONDITION 2 FROM SC12AA)	(07) DOCTOR WOULD NOT ACCEPT MY INSURANCE
			(CONDITION 2 FROM SC12AA)	(91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT)
			(CONDITION 3 I NOW SCIZAA)	
			[DDODE: Any other reason2]	(-8) Don't Know
			[PROBE: Any other reason?]	(-9) Refused
SONOTOS	00101	1	CHECK ALL THAT APPLY.	(04) [0 1:
SCROTOS	SC13A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]
	BOX SC1B	routing	IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN.	
			ELSE GO TO SC15 - PMNOTGET.	

Variable Name	MR Screen Name	Question type	Question text/description	Code list
SCRMAIN	SC14A	code 1	Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions)	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS
			during (CURRENT YEAR)?	(02) THOUGHT IT WOULD COST TOO MUCH
			[READ REASONS BELOW IF NECESSARY.]	(03) TROUBLE FINDING/GETTING TO DOCTOR
				(04) TIME/SCHEDULE OR PERSONAL CONFLICTS
			(CONDITION 1 FROM SC12AA)	(05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT
			(CONDITION 2 FROM SC12AA)	PROBLEM
			(CONDITION 3 FROM SC12AA)	(06) WAS AFRAID OF FINDING OUT WHAT WAS
				WRONG
				(07) DOCTOR WOULD NOT ACCEPT MY INSURANCE
				(91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT)
				(-8) Don't Know
				(-9) Refused
				(-5) Netuseu
PMNOTGET	SC15	yes/no	During (CURRENT YEAR), were any medicines prescribed for [you/(SP)] that [you/he/she] did not get?	(01) YES
ĺ			Please include refills of earlier prescriptions as well as prescriptions that were written or phoned in by a	(02) NO
			doctor.	(-8) Don't Know
				(-9) Refused
TEMPMED1	SC16	text	What were the names of those medicines?	(01) [Continuous answer.]
			ENTER ALL MEDICINES.	
TEMPMED2	SC16	text	What were the names of those medicines?	(01) [Continuous answer.]
			ENTER ALL MEDICINES.	(-7) Empty
TEMPMED3	SC16	text	What were the names of those medicines?	(01) [Continuous answer.]
			ENTER ALL MEDICINES.	(-7) Empty
TEMPMED4	SC16	text	What were the names of those medicines?	(01) [Continuous answer.]
			ENTER ALL MEDICINES.	(-7) Empty
TEMPMED5	SC16	text	What were the names of those medicines?	(01) [Continuous answer.]
			ENTER ALL MEDICINES.	(-7) Empty
SCINT2	SC17INTR	no entry	SHOW CARD SC3	(01) CONTINUE
			This card lists some reasons people have given for not having prescriptions filled or refilled.	(-7) Empty
SCPMCODS	SC17A	code all	Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]?	(01) THOUGHT IT WOULD COST TOO MUCH
				(02) DIDN'T THINK MEDICINE WOULD HELP
			[MEDICINE 1 FROM SC16]	CONDITION
			[MEDICINE 2 FROM SC16]	(03) WAS AFRAID OF MEDICINE
			[MEDICINE 3 FROM SC16]	REACTIONS/CONTRAINDICATIONS
			[MEDICINE 4 FROM SC16]	(04) DON'T LIKE TO TAKE MEDICINE
			[MEDICINE 5 FROM SC16]	(05) DIDN'T THINK MEDICINE WAS NECESSARY
				(06) NOT COVERED BY INSURANCE/NOT ON PLAN
			[PROBE: Any other reason?]	FORMULARY
			CHECK ALL THAT APPLY.	(07) TROUBLE OBTAINING MEDICINE
			CHECK ALL THAT AIT ET.	(08) OBTAINED/USED SAMPLES
				(09) USED ANOTHER MEDICINE AS A SUBSTITUTION
				(91) (OTHER/SC17A - SCPMOTOS OTHER SPECIFY
				TEXT)
				1 '
				(-8) Don't Know
SCPMOTOS	SC17A	verbatim text	OTHER (SPECIFY)	(-9) Refused (01) [Continuous answer.]
JCI IVIOTOJ	BOX SC2		IF SC17A - SCPMCODS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN.	[(01) [CONTINUOUS BIISWEI.]
	BUA 3CZ	routing	·	
		1	ELSE GO TO SC20 - GENERRX.	Ì

Satisfaction with Care (SCQ)  Variable Name	MR Screen Name	Question type	Question text/description	Code list
SCPMMAIN	SC18A	code 1	Which of these was the main reason [you/(SP)] did not obtain [this medicine/these medicines] during	(01) THOUGHT IT WOULD COST TOO MUCH
			(CURRENT YEAR)?	(02) DIDN'T THINK MEDICINE WOULD HELP
			[READ REASONS BELOW IF NECESSARY.]	CONDITION
				(03) WAS AFRAID OF MEDICINE
			[MEDICINE 1 FROM SC16]	REACTIONS/CONTRAINDICATIONS
			[MEDICINE 2 FROM SC16]	(04) DON'T LIKE TO TAKE MEDICINE
			[MEDICINE 3 FROM SC16]	(05) DIDN'T THINK MEDICINE WAS NECESSARY
			[MEDICINE 4 FROM SC16]	(06) NOT COVERED BY INSURANCE/NOT ON PLAN
			[MEDICINE 5 FROM SC16]	FORMULARY
			[MEDICINE 5 THOM SOLO]	(07) TROUBLE OBTAINING MEDICINE
				(08) OBTAINED/USED SAMPLES
				(09) USED ANOTHER MEDICINE AS A SUBSTITUTION
				(91) (OTHER/SC17A - SCPMOTOS OTHER SPECIFY
				TEXT)
				,
				(-8) Don't Know
CENEDRY	CC20	l:-+	CHOW CARD CC4	(-9) Refused
GENERRX	SC20	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER
				(-8) Don't Know
			asked for generics instead of brand name drugs?	(-9) Refused
MAILRX	SC20	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER
				(-8) Don't Know
			purchased prescription drugs through the mail or on the Internet?	(-9) Refused
DOSESRX	SC20	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER
				(-8) Don't Know
			taken smaller doses than prescribed of a medicine to make the medicine last longer?	(-9) Refused
SKIPRX	SC20	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER
				(-8) Don't Know
			skipped doses to make the medicine last longer?	(-9) Refused
DELAYRX	SC20	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER
				(-8) Don't Know
			delayed getting a prescription filled because the medicine cost too much?	(-9) Refused
SAMPLERX	SC21	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER
				(-8) Don't Know
			asked for or received free samples from (your/his/her) doctor or health provider?	(-9) Refused
COMPARRX	SC21	list	SHOW CARD SC4	(01) OFTEN
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES
				(-8) Don't Know
			compared prices or shopped around for the best price?	$\Gamma$ '
			SHOW CARD SC4 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never  asked for or received free samples from (your/his/her) doctor or health provider?  SHOW CARD SC4	(02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused (01) OFTEN (02) SOMETIMES (03) NEVER

Satisfaction with Care (SCQ)					
Variable Name	MR Screen Name	Question type	Question text/description	Code list	
NOFILLRX	SC21	list	SHOW CARD SC4	(01) OFTEN	
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES	
1			[Have you/has (SP)] often, sometimes, or never	(03) NEVER	
				(-8) Don't Know	
			decided not to fill a prescription because it cost too much?	(-9) Refused	
SPENTLRX	SC21	list	SHOW CARD SC4	(01) OFTEN	
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES	
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER	
				(-8) Don't Know	
			spent less money on food, heat, or other basic needs so that (you/he/she) would have money for	(-9) Refused	
			medicine?		
CHAINRX	SC22	list	SHOW CARD SC4	(01) OFTEN	
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES	
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER	
				(-8) Don't Know	
			purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount	(-9) Refused	
			plan?		
STOPRX	SC22	list	SHOW CARD SC4	(01) OFTEN	
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES	
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER	
				(-8) Don't Know	
			talked with (your/his/her) doctor about stopping a medicine to save money or substituting a medicine with	(-9) Refused	
			one that is less expensive?		
CREDRX	SC22	list	SHOW CARD SC4	(01) OFTEN	
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.	(02) SOMETIMES	
			[Have you/has (SP)] often, sometimes, or never	(03) NEVER	
				(-8) Don't Know	
			used a credit card so that (you/he/she) could pay for prescription drugs over time?	(-9) Refused	
NOINSRX	SC23	code 1	SHOW CARD SC4	(01) OFTEN	
			Some pharmacies offer discounted prices for some generic prescription drugs that are lower than a typical	(02) SOMETIMES	
			insurance copayment. For example, the discounted price may be \$4 to fill a one-month prescription.	(03) NEVER	
				(-8) Don't Know	
			Please tell me how often during (CURRENT YEAR) [you have /(SP) has] purchased discounted prescription	(-9) Refused	
			drugs, without using any drug insurance, in order to reduce (your/his/her) own spending on drugs?		
	BOX SCEND	routing	GO TO NEXT SECTION		
	DOV 2CTIVD	routing	100 TO NEAT SECTION		