

Prescribed Medicine Utilization (PMQ)

Variable Name	MR Screen Name	Question text/description	Code list
PMINTA	PMINTROA	[Now let's talk about prescribed medicines [you have/(SP) has] obtained since (REFERENCE DATE/UTILDATE).] [While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]] [Now I'd like to talk about prescribed medicines.]	
PMFILLED	PM1	[Besides that medicine, /Besides those medicines,] [(Since/since) (REFERENCE DATE/UTILDATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)] [have you had/has (SP) had/did (SP) have] any (other) prescriptions filled? [COUNT A MEDICINE AS "FILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (03) INDICATED YES BY DATAPREP DO NOT DISPLAY.DATA EDITING ONLY. (-8) DON'T KNOW (-9) REFUSED
	BOX PMA1	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM1A - PM1PMMEDS. ELSE GO TO PM2 - MEDICINE_PM1.	
PM1PMMEDS	PM1A	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
MEDICINE_PM1	PM2	What is the name of the medicine? SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] Please tell me the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)	(01) CONTINUOUS ANSWER [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]
PMEDNAME	PM2	What is the name of the medicine? SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [PRESCRIPTION MEDICINE LOOKUP CALLED FROM THIS SCREEN]	
PMSTRUNI	PM2	STRENGTH:	
MEDID	PM2	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]	
ADDP	PM2B	[DISPLAY MEDICINE ROSTER]	(01) ADD ANOTHER (02) ALL DONE

PMREFILL	PM3	<p>People sometimes forget to mention refills of earlier prescriptions. (In addition to what you've told me about, did/Did) [you/(SP)] have any prescriptions refilled [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?</p> <p>[COUNT A MEDICINE AS "REFILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
	BOX PMA2	<p>IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM3A - PM2PMMEDS. ELSE GO TO PM4 - MEDICINE_PM2.</p>	
PM2PMMEDS	PM3A	<p>It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.]</p> <p>[IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.</p>	
MEDICINE_PM2	PM4	<p>[AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"]</p> <p>Please tell me all the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.</p> <p>[DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)</p>	<p>(01) CONTINUOUS ANSWER</p> <p>[DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]</p>
PMEDNAME	PM4	<p>What is the name of the medicine? SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.</p> <p>[PRESCRIPTION MEDICINE LOOKUP CALLED FROM THIS SCREEN]</p>	
PMSTRUNI	PM4	<p>STRENGTH:</p>	
MEDID	PM4	<p>[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]</p>	
ADDP	PM4B	<p>[DISPLAY MEDICINE ROSTER]</p>	<p>(01) ADD ANOTHER (02) ALL DONE</p>
PMDRPHON	PM5	<p>People sometimes forget to mention prescriptions that were phoned in by a doctor. (In addition to what you've told me about, did/Did) [you/(SP)] get any medicine prescribed by a doctor or other health professional in a telephone call to a drugstore or pharmacy [since (REFERENCE DATE/UTILDATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTILD)]?</p> <p>[INLCUDE ALL PRESCRIBED MEDICINES REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]</p>	<p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>

	BOX PMA3	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM5A - PM3PMMEDS. ELSE GO TO PM6 - MEDICINE_PM3.	
PM3PMMEDS	PM5A	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.	
MEDICINE_PM3	PM6	[AT TOP OF SCREEN DISPLAY LINK TO PRESCRIBED MEDICINE LOOKUP WITH LABEL "Search Medicine"] Please tell me the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [DISPLAY ROSTER WITH ALL MEDICINES FROM PRIOR ROUNDS (WHERE EVENT.EVNTTYPE='PM' AND EVNTDFLG^=1)] DISPLAY MEDICINE NAME (EVENT.PMEDNAME) AND STRENGTH (EVENT.PRMSTRUNI)	(01) CONTINUOUS ANSWER [DISPLAY MEDICINE ROSTER AS RESPONSE OPTIONS: 1. [MEDICINE 1] 2. [MEDICINE 2] ... N. [MEDICINE N] N+1. ADD ANOTHER [DISPLAY MEDICINE NAME AND STRENGTH FOR EACH. IF NO EXISTING MEDICINES DISPLAY "NO MEDICINES LISTED"]
PMEDNAME	PM6	What is the name of the medicine? SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. [PRESCRIPTION MEDICINE LOOKUP CALLED FROM THIS SCREEN]	
PMSTRUNI	PM6	STRENGTH:	
MEDID	PM6	[THIS VARIABLE STORES THE UNIQUE IDENTIFIER FOR PRESCRIBED MEDICINES ADDED THROUGH THE LOOKUP. IT IS HIDDEN ON SCREEN.]	
ADDP	PM6AA	[DISPLAY MEDICINE ROSTER]	(01) ADD ANOTHER (02) ALL DONE
	BOX PM1	IF SP REPORTED AT LEAST ONE PRESCRIPTION MEDICINE IN THE CURRENT ROUND UTILIZATION THAT DOES NOT HAVE NUMBER OF PURCHASES ENTERED, GO TO PM6A - GETNUM. ELSE GO TO PM17 - PMMORE.	
GETNUM	PM6A	How many times [since (REFERENCE DATE/UTILDATE)) between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION/ENDUTIL)] did [(you/(SP)) obtain (MEDICINE NAME)]? IF ALL MEDICINES ARE NOT LISTED, USE "PREVIOUS PAGE" AND ADD THE MEDICINE TO THE ROSTER. REFER TO STATEMENTS OR RECEIPTS, IF AVAILABLE. [IF THE MEDICINE WAS ENTERED IN ERROR AND WAS NOT OBTAINED IN THE CURRENT ROUND, CHECK "ENTERED IN ERROR" AND LEAVE THE BOX BLANK WHERE YOU ENTER THE NUMBER OF REFILLS.]	(01) continuous answer (996) EVENT ENTERED IN ERROR (-8) Don't Know (-9) Refused
	BOX PM1A	IF AT LEAST ONE PRESCRIPTION MEDICINE DISPLAYED AT PM6A HAS NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF, GO TO PM6A_IN - NAVIGATOR. ELSE GO TO PM17 - PMMORE.	
NAVIGATOR	PM6A_IN		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED

	BOX PM1A-1	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PM6A1 - PMSATVA. ELSE GO TO BOX PM1AA.	
PMSATVA	PM6A1	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX PM1AA	IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PM6B - PMSATHMO. ELSE GO TO PMINTROB - PMINTB.	
PMSATHMO	PM6B	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
PMINTB	PMINTROB	[ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.] [Now] I need to ask you a few [more] questions about the (MEDICINE NAME).	
	BOX PM1B	GO TO PM8 - PMBOTTLE.	
PMBOTTLE	PM8	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT. Do you have the medicine bottle, container, or bag available? IF R DOES NOT HAVE BOTTLE, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.	(01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) DON'T KNOW (-9) REFUSED
	BOX PM1B-1	IF (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND FORM WAS ASKED AND DID NOT EQUAL DK) AND (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND STRENGTH WAS ASKED AND DID NOT EQUAL DK) AND ((SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND NUMBER WAS ASKED AND DID NOT EQUAL DK) OR (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND AMOUNT WAS ASKED AND DID NOT EQUAL DK)), GO TO PM8AA - SAMEFSAM. IF SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND FORM WAS ASKED AND DID NOT EQUAL DK, GO TO PM8A - SAMEFORM. ELSE GO TO BOX PM1B-2A.	
SAMEFSAM	PM8AA	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE THE SAME AS IN THE PREVIOUS INTERVIEW. At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). The strength of [each pill/each suppository/each patch/the (STRENGTH MEDICINE FORM)] was [READ STRENGTH BELOW]. (STRENGTH 1) (STRENGTH 2) [The amount of the (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT)./The number of (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND NUMBER).] Is this medicine in the same strength, form and amount? CODE "NO" UNLESS STRENGTH, FORM AND AMOUNT EXACTLY MATCH PREVIOUS ROUND.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED

SAMEFORM	PM8A	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM IS SAME AS PREVIOUS INTERVIEW. (I would like to record what is different about this medicine.) At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). Is this medicine in the same form?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
	BOX PM1B-2	IF SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND STRENGTH WAS ASKED AND DID NOT EQUAL DK, GO TO PM9A - SAMESTRN. ELSE GO TO PM10 - STRNUNIT.	
	BOX PM1B-2A	IF PM8 - PMBOTTLE=1/Yes, GO TO PMINTROC - PMINTC. ELSE GO TO PM9 - PMFORM.	
	PMINTROC	COMPLETE PM9 -- PM16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER.	
PMFORM	PM9	IN WHAT FORM IS THE MEDICINE? [IF THE CONTAINER INDICATES "PADS", SELECT THE CATEGORY FOR "PATCHES'.]	(01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know
PMFORMOS	PM9	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
SAMESTRN	PM9A	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the strength of [each pill/each suppository/each patch/the (MEDICINE FORM)] was [READ STRENGTH BELOW]. (STRENGTH 1) (STRENGTH 2) Is this medicine in the same strength?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
STRNUNIT	PM10	WHAT IS THE STRENGTH OF [EACH PILL/EACH SUPPOSITORY/EACH PATCH/THE (MEDICINE FORM)]? IF COMPOUND MEDICINE: ENTER STRENGTH OF 1ST MEDICINE, THEN CHECK THE BOX BELOW.	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED DO NOT DISPLAY. (-8) Don't Know
STRNUNOS	PM10	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER

STRNNUM	PM10		(01) CONTINUOUS ANSWER
STRNPER	PM10		(01) CONTINUOUS ANSWER
STRNUNIT96	PM10	ENTER THE NAME OF THE 2ND MEDICINE IN THE COMPOUND IN THE BOX BELOW	(01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) EMPTY
	BOX PM1B-3	IF PM10 - STRNUNIT96 = 1/Compound, GO TO PM10B - STRNUNI2. ELSE GO TO BOX PM1B-4.	
STRNUNI2	PM10B	WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND?	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED DO NOT DISPLAY. (-8) Don't Know
STRNUNO2	PM10B	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
STRNNUM2	PM10B		(01) CONTINUOUS ANSWER
STRNPER2	PM10B	PERCENT?	(01) CONTINUOUS ANSWER
	BOX PM1B-4	IF PM9A - SAMESTRN = 1/Yes AND SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND AMOUNT WAS ASKED AND DID NOT EQUAL DK, GO TO PM15A - SAMEAMNT. ELSE IF THE PRESCRIPTION MEDICINE FORM IS PILLS, SUPPOSITORIES OR PATCHES, GO TO PM11 - TABNUM. ELSE GO TO PM16 - AMTUNIT.	
TABNUM	PM11	HOW MANY [PILLS/SUPPOSITORIES/PATCHES] WERE IN THE CONTAINER WHEN IT WAS OBTAINED?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW
	BOX PM1C	IF PRESCRIPTION MEDICINE FORM IS PILLS OR SUPPOSITORIES AND PM11 - TABNUM = DK, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM2.	
TABSADAY	PM12	HOW MANY [PILLS/SUPPOSITORIES] ARE TO BE TAKEN IN A DAY?	(01) CONTINUOUS ANSWER
TABSADAY95	PM12		(01) LESS THAN WHOLE (02) TAKE AS NEEDED (-7) Empty
	BOX PM1D	IF PM12 - TABSADAY = DK, GO TO BOX PM2. ELSE IF PM12 - TABSADAY95 = 2/TakeAsNeeded, GO TO PM13 - TABTAKE. ELSE GO TO PM14 - TAKEUNIT.	
TABTAKE	PM13	How many (pills/suppositories) (do/did/does) [you/(SP)] usually take in a day?	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW
TABTAKE96	PM13		(01) DON'T TAKE EVERY DAY (-7) EMPTY
	BOX PM1E	IF PM13 - TABTAKE96 = 1/DontTakeEveryDay, GO TO BOX PM2. ELSE GO TO PM14 - TAKEUNIT.	

TAKEUNIT	PM14	HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN? [IF THE BOTTLE SAYS TO TAKE A CERTAIN DOSE OF THE MEDICINE DAILY WITHOUT GIVING A TIME FRAME (E.G., "TAKE 2 PILLS DAILY"), SELECT "TAKE EVERY DAY".]	(01) DAYS (02) WEEKS (03) TAKE UNTIL GONE (04) TAKE AS NEEDED (05) TAKE EVERY DAY (-8) DON'T KNOW
TAKENUM	PM14		(01) CONTINUOUS ANSWER
SAMEAMNT	PM15A	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND AMOUNT IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the amount of the (PREVIOUS ROUND MEDICINE FORM) was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same amount?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED
AMTUNIT	PM16	HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]	(01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) DON'T KNOW
AMTUNOS	PM16	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER
AMTNUM	PM16		(01) CONTINUOUS ANSWER
	BOX PM2	GO TO PM6A_IN - NAVIGATOR.	
	BOX PM3A	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST43. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS43. ELSE GO TO PM17 - PMMORE.	
PMMORE	PM17	((NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.)) [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE/UTILDATE) that we haven't talked about?]	(01) YES (02) NO
	BOX PM4	IF SPALIVE=1 (ALIVE) AND SEASON=FALL GO TO SC15-PMNOTGET. ELSE GO TO BOX PMEND.	
PMNOTGET	SC15	During (CURRENT YEAR) were any medicines prescribed for [you/(SP)] that [you/he/she] did not get? Please include refills of earlier prescriptions as well as prescriptions that were written or phoned in by a doctor or other health professional.	(01) YES (02) NO (-8) Don't Know (-9) Refused
TEMPMED1	SC16	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.]
TEMPMED2	SC16	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty
TEMPMED3	SC16	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty
TEMPMED4	SC16	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty
TEMPMED5	SC16	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty

SCPMCODS	SC17A	<p>SHOW CARD PM1 This card lists some reasons people have given for not having prescriptions filled or refilled.</p> <p>Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]?</p> <p>[MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16]</p> <p>[PROBE: Any other reason?] CHECK ALL THAT APPLY.</p>	<p>(01) THOUGHT IT WOULD COST TOO MUCH (02) DIDN'T THINK MEDICINE WOULD HELP CONDITION (03) WAS AFRAID OF MEDICINE REACTIONS/CONTRAINDICATIONS (04) DON'T LIKE TO TAKE MEDICINE (05) DIDN'T THINK MEDICINE WAS NECESSARY (06) NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY (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 (-9) Refused</p>
SCPMOTOS	SC17A	OTHER (SPECIFY)	(01) [Continuous answer.]
	BOX SC2	IF SC17A - SCPMCODS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN. ELSE GO TO SC20 - GENERRX.	
SCPMMAIN	SC18A	<p>Which of these was the main reason [you/(SP)] did not obtain [this medicine/these medicines] during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.]</p> <p>[MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16]</p>	<p>(01) THOUGHT IT WOULD COST TOO MUCH (02) DIDN'T THINK MEDICINE WOULD HELP CONDITION (03) WAS AFRAID OF MEDICINE REACTIONS/CONTRAINDICATIONS (04) DON'T LIKE TO TAKE MEDICINE (05) DIDN'T THINK MEDICINE WAS NECESSARY (06) NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY (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 (-9) Refused</p>