

Satisfaction with Care (SCQ)

Variable Name	MR Screen Name	Question text/description	Code list
MCQUALTY	SC1	<p>SHOW CARD SC1</p> <p>We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied or dissatisfied you have been with the following:</p> <p>The overall quality of the health care [you have /(SP) has] received [over the past year/since (TODAY'S DATE - 12 MONTHS)]. Have you been very satisfied, satisfied, dissatisfied, or very dissatisfied?</p>	<p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
MCAVAIL	SC2	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The availability of health care at night and on weekends.</p>	<p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
MCEASE	SC3	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The ease and convenience of getting to a doctor or other health professional from where [you/(SP)] [live/lives].</p>	<p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
MCCOSTS	SC4	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The out-of-pocket costs [you/(SP)] paid for health care.</p>	<p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
MCINFO	SC5	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The information given to [you/you or (SP)] about what was wrong with [you/(SP)].</p>	<p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
MCFOLUP	SC6	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied you have been with . . .]</p> <p>The follow-up care [you/(SP)] received after an initial treatment or operation.</p>	<p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>

MCCONCRN	SC7	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The concern of doctors or other health professionals for [your/(SP's)] overall health rather than just for an isolated symptom or disease.</p>	<p>(01) VERY SATISFIED</p> <p>(02) SATISFIED</p> <p>(03) DISSATISFIED</p> <p>(04) VERY DISSATISFIED</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
MCSAMLOC	SC8	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>Getting all [your/(SP's)] health care needs taken care of at the same location.</p>	<p>(01) VERY SATISFIED</p> <p>(02) SATISFIED</p> <p>(03) DISSATISFIED</p> <p>(04) VERY DISSATISFIED</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
MCSPECAR	SC8A	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.</p>	<p>(01) VERY SATISFIED</p> <p>(02) SATISFIED</p> <p>(03) DISSATISFIED</p> <p>(04) VERY DISSATISFIED</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
MCTELANS	SC8B	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions.</p>	<p>(01) VERY SATISFIED</p> <p>(02) SATISFIED</p> <p>(03) DISSATISFIED</p> <p>(04) VERY DISSATISFIED</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
MCAMTPAY	SC8C	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied or dissatisfied you have been with . . .]</p> <p>The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.</p>	<p>(01) VERY SATISFIED</p> <p>(02) SATISFIED</p> <p>(03) DISSATISFIED</p> <p>(04) VERY DISSATISFIED</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>
	BOX SC1A	<p>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.</p>	
MCDRGLST	SC8D	<p>SHOW CARD SC1</p> <p>[Please tell me how satisfied you have been with . . .]</p> <p>[Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan.</p> <p>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]</p>	<p>(01) VERY SATISFIED</p> <p>(02) SATISFIED</p> <p>(03) DISSATISFIED</p> <p>(04) VERY DISSATISFIED</p> <p>(05) NOT APPLICABLE</p> <p>(-8) Don't Know</p> <p>(-9) Refused</p>

MCFNDPCY	SC8E	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease of finding a pharmacy which accepts your prescription drug plan. [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
MCRECLN	SC8F	Would [you/(SP)] recommend [your/his/her] prescription drug plan to other people like [you/him/her]? [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]	(01) YES (02) NO (03) NOT APPLICABLE (-8) Don't Know (-9) Refused
DHEVHEAR	SC8G	[[You receive/(SP) receives] [your/his/her] prescription drug coverage through a [Medicare Prescription Drug Plan/Medicare Advantage plan./Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also called "Medicare Part D" plans.] 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?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX SC1AA	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8I - DHPLAN. ELSE GO TO SC9 - MDISSFY.	
DHPLAN	SC8I	Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or "doughnut hole"? [EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage during which there is a reduction in coverage and people have to pay a higher share of their drug costs.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
DHTHISYR	SC8L	[Have you/Has (SP)] reached the start of the coverage gap during (CURRENT YEAR)? [EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means [you have/he has/she has] reached a phase during which there is a reduction in coverage and [you/he/she] will 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.	(01) YES (02) NO (-8) Don't Know (-9) Refused
DHSTART	SC8M	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 (04) OTHER (-8) Don't Know (-9) Refused
DHSTAROS	SC8M	OTHER (SPECIFY)	(01) [Continuous answer.]
DHEND	SC8N	[Have you/Has (SP)] reached the end of the coverage gap during [CURRENT YEAR)? [EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total 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 VERIFY THIS INFORMATION.	(01) YES (02) NO (-8) Don't Know (-9) Refused

DHWORRY	SC80	For (CURRENT YEAR), how worried (are/is/were/was) [you/(SP)] about [your/his/her] ability to pay for [your/his/her] medicines during the coverage gap? Would you say that [you/(SP)] [are/is/were/was] very worried, somewhat worried, or not at all worried?	(01) VERY WORRIED (02) SOMEWHAT WORRIED (03) NOT AT ALL WORRIED (-8) Don't Know (-9) Refused
MDISSFY	SC9	Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors or other health professionals, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with?	(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM IN THE NEXT SCREEN) (-8) Don't Know (-9) Refused
MCDISVB	SC9	Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors or other health professionals, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with?	(01) [Continuous answer.]
MCWORRY	SC10A	Please tell me whether each of the following statements is true or false. [You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement true or false?]	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
MCAVOID	SC10A	[Please tell me whether each of the following statements is true or false.] [You/(SP)] will do just about anything to avoid going to the doctor.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
MCSICK	SC10A	[Please tell me whether each of the following statements is true or false.] When [you/(SP)] [are/is] sick, [you/he/she] [try/tries] to keep it to [yourself/himself/herself].	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
MCDRSOON	SC10A	[Please tell me whether each of the following statements is true or false.] Usually, [you/(SP)] (go/goes) to the doctor or other health professional as soon as (you/he/she) (start/starts) to feel bad.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused
MCDRNSEE	SC11	During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think [you/he/she] should have seen a doctor or other health professional, but did not? [INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
TEMPCOND1	SC12AA	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.]
TEMPCOND2	SC12AA	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty
TEMPCOND3	SC12AA	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty
MCDRATMP	SC12A	Did [you/(SP)] attempt to see a doctor or other health professional about this [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused

SCRCODES	SC13A	<p>SHOW CARD SC2 This card lists some reasons people have given for not seeing a doctor or other health professional about a health problem or condition.</p> <p>Which of these reasons explains why [you/(SP)] did not see a doctor or other health professional about the [READ CONDITION(S) BELOW]?</p> <p>(CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA)</p> <p>[PROBE: Any other reason?] CHECK ALL THAT APPLY.</p>	<p>(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (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</p>
SCROTOS	SC13A	OTHER (SPECIFY)	(01) [Continuous answer.]
	BOX SC1B	IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO SC15 - PMNOTGET.	
SCRMAIN	SC14A	<p>Which of these was the main reason [you/(SP)] did not see a doctor or other health professional about (this condition/these conditions) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.]</p> <p>(CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA)</p>	<p>(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (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</p>
PMNOTGET	SC15	<p>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.</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
TEMPMED1	SC16	<p>What were the names of those medicines? ENTER ALL MEDICINES.</p>	(01) [Continuous answer.]
TEMPMED2	SC16	<p>What were the names of those medicines? ENTER ALL MEDICINES.</p>	<p>(01) [Continuous answer.] (-7) Empty</p>
TEMPMED3	SC16	<p>What were the names of those medicines? ENTER ALL MEDICINES.</p>	<p>(01) [Continuous answer.] (-7) Empty</p>
TEMPMED4	SC16	<p>What were the names of those medicines? ENTER ALL MEDICINES.</p>	<p>(01) [Continuous answer.] (-7) Empty</p>
TEMPMED5	SC16	<p>What were the names of those medicines? ENTER ALL MEDICINES.</p>	<p>(01) [Continuous answer.] (-7) Empty</p>
SCINT2	SC17INTR	<p>SHOW CARD SC3 This card lists some reasons people have given for not having prescriptions filled or refilled.</p>	<p>(01) CONTINUE (-7) Empty</p>

SCPMCODS	SC17A	<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>	(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
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>	(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
GENERRX	SC20	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 generics instead of brand name drugs?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
MAILRX	SC20	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... purchased prescription drugs through the mail or on the Internet?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
DOSESRX	SC20	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... taken smaller doses than prescribed of a medicine to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused

SKIPRX	SC20	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... skipped doses to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
DELAYRX	SC20	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... delayed getting a prescription filled because the medicine cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
SAMPLERX	SC21	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 other health professional?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
COMPARRX	SC21	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... compared prices or shopped around for the best price?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
NOFILLRX	SC21	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... decided not to fill a prescription because it cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
SPENTLRX	SC21	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... spent less money on food, heat, or other basic needs so that (you/he/she) would have money for medicine?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
CHAINRX	SC22	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... purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
STOPRX	SC22	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... talked with (your/his/her) doctor or other health professional about stopping a medicine to save money or substituting a medicine with one that is less expensive?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
CREDRX	SC22	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... used a credit card so that (you/he/she) could pay for prescription drugs over time?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused

NOINSRX	SC23	<p>SHOW CARD SC4 Some pharmacies offer discounted prices for some generic prescription drugs that are lower than a typical insurance copayment. For example, the discounted price may be \$4 to fill a one-month prescription.</p> <p>Please tell me how often during (CURRENT YEAR) [you have /(SP) has] purchased discounted prescription drugs, without using any drug insurance, in order to reduce (your/his/her) own spending on drugs?</p>	<p>(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused</p>
	BOX PA1	IF IN4-SPPROXY=1/SP then go to PAINTRO- PAINTRO. ELSE GO TO BOX SCEND	
PAINTRO	PAINTRO	<p>Now I have some questions about how you make health care decisions. Answers to questions like these will help Medicare better understand how people use medical services.</p> <p>Please keep in mind that there are no right or wrong answers to these questions. Your opinions and experiences are important to us.</p>	<p>(01) CONTINUE (-7) Empty</p>
PACHGDRS	PA5	<p>SHOW CARD SC3 Please use this card to respond to the following statements.</p> <p>How likely are you to change doctors or other health professionals if you are dissatisfied with the way you and your doctor or other health professional communicate?</p>	<p>(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused</p>
PADISAGR	PA6	<p>SHOW CARD SC3 How likely are you to tell your doctor or other health professional when you disagree with him or her?</p>	<p>(01) VERY LIKELY (02) LIKELY (03) UNLIKELY (04) VERY UNLIKELY (-8) Don't Know (-9) Refused</p>
PARXINFO	PA10	<p>SHOW CARD SC4 These next questions are about practices sometimes associated with receiving medical care. Please tell me if you always, usually, sometimes, or never do the following:</p> <p>Do you always, usually, sometimes, or never read information about a new prescription, such as side effects and precautions?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused</p>
PADRQUEX	PA11	<p>SHOW CARD SC4 [Do you always, usually, sometimes, or never...]</p> <p>Bring with you to your doctor or other health professional visits a list of questions or concerns you want to cover?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused</p>
PAANSWR	PA12	<p>SHOW CARD SC4 [Do you always, usually, sometimes, or never...]</p> <p>Leave your doctor or other health professional's office feeling that all of your concerns or questions have been fully answered?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused</p>
PALISTRX	PA13	<p>SHOW CARD SC4 [Do you always, usually, sometimes, or never...]</p> <p>Take a list of all of your prescribed medicines to your doctor or other health professional visits?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>

PATRSLT	PA14	<p>SHOW CARD SC4 [Do you always, usually, sometimes, or never...]</p> <p>Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG for heart conditions?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused</p>
PAOPTION	PA15	<p>SHOW CARD SC4 [Do you always, usually, sometimes, or never...]</p> <p>Talk with your doctor or other health professional about your options if you need tests, follow-up care, or a referral for care by a medical specialist?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused</p>
PADVICE	PA21	<p>SHOW CARD SC4 [Do you always, usually, sometimes, or never...]</p> <p>I can Call my your doctor or other health professional's office to get medical advice when Iyou need it. Does that always, usually, sometimes, or never happen?</p>	<p>(01) ALWAYS (02) USUALLY (03) SOMETIMES (04) NEVER (-8) Don't Know (-9) Refused</p>