Patient Activation (PAQ)

| Patient Activation Variable Name | MR Screen Name | Question type | Question text/description | Code list |
|-----------------------------------|----------------|---------------|--|---------------------------|
| Variable Ivallie | BOX PA1 | routing | GO TO PAINTRO - PAINTRO. | Code list |
| DAINTRO | PAINTRO | | Now I have some questions about how you make health care decisions. Answers to questions like these will | (01) CONTINUE |
| PAINTRO | PAINTRO | no entry | · | 1 |
| | | | help Medicare better understand how people use medical services. | (-7) Empty |
| | | | | |
| | | | Please keep in mind that there are no right or wrong answers to these questions. Your opinions and | |
| | | | experiences are important to us. | |
| PANECESS | PA1 | code 1 | SHOW CARD PA1 | (01) VERY CONFIDENT |
| | | | Please tell me how confident you are that you can identify when it is necessary for you to get medical care. | (02) CONFIDENT |
| | | | | (03) SOMEWHAT CONFIDENT |
| | | | | (04) NOT AT ALL CONFIDENT |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| PASIDEFX | PA2 | code 1 | SHOW CARD PA1 | (01) VERY CONFIDENT |
| | | | [How confident are you that you can] | (02) CONFIDENT |
| | | | | (03) SOMEWHAT CONFIDENT |
| | | | Identify when you are having side effects from your medications? | (04) NOT AT ALL CONFIDENT |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| PAINSTRC | PA3 | code 1 | SHOW CARD PA1 | (01) VERY CONFIDENT |
| | | | Doctors often give instructions about how you should care for yourself at home, like changing a bandage, | (02) CONFIDENT |
| | | | taking medicines on schedule, or applying ice packs. How confident are you that you can follow instructions | (03) SOMEWHAT CONFIDENT |
| | | | to care for yourself at home? | (04) NOT AT ALL CONFIDENT |
| | | | to care for yoursen at nome: | (-8) Don't Know |
| | | | | (-9) Refused |
| PAMEDREC | PA4 | code 1 | SHOW CARD PA1 | (01) VERY CONFIDENT |
| PAIVILDINEC | I A4 | code 1 | Doctors also often give instructions about changing your habits or lifestyle, such as changing your diet, | (02) CONFIDENT |
| | | | stopping smoking, or getting regular exercise. How confident are you that you can follow this kind of | (03) SOMEWHAT CONFIDENT |
| | | | instruction, to change your habits or lifestyle? | 1 |
| | | | instruction, to change your habits of inestyle? | (04) NOT AT ALL CONFIDENT |
| | | | | (-8) Don't Know |
| DACHEDDE | DAE | | CHOW CARD DAG | (-9) Refused |
| PACHGDRS | PA5 | code 1 | SHOW CARD PA2 | (01) VERY LIKELY |
| | | | Please use this card to respond to the following statements. | (02) LIKELY |
| | | | | (03) UNLIKELY |
| | | | How likely are you to change doctors if you are dissatisfied with the way you and your doctor communicate? | (04) VERY UNLIKELY |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| PADISAGR | PA6 | code 1 | SHOW CARD PA2 | (01) VERY LIKELY |
| | | | How likely are you to tell your doctor when you disagree with him or her? | (02) LIKELY |
| | | | | (03) UNLIKELY |
| | | | | (04) VERY UNLIKELY |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| PAHCONDS | PA9 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | These next questions are about practices sometimes associated with receiving medical care. Please tell me if | (02) USUALLY |
| | | | you always, usually, sometimes, or never do the following: | (03) SOMETIMES |
| | | | | (04) NEVER |
| | | | Do you always, usually, sometimes, or never read about health conditions in newspapers, magazines, or on | (-8) Don't Know |
| | | | the Internet? | (-9) Refused |
| | | | pare internet. | () nerasea |

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| PARXINFO | PA10 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | [Do you always, usually, sometimes, or never] | (02) USUALLY |
| | | | | (03) SOMETIMES |
| | | | Read information about a new prescription, such as side effects and precautions? | (04) NEVER |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| PADRQUEX | PA11 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| , nongozn | 17,422 | 0000 1 | [Do you always, usually, sometimes, or never] | (02) USUALLY |
| | | | [50 you arrays, asaany, sometimes, or never] | (03) SOMETIMES |
| | | | Bring with you to your doctor visits a list of questions or concerns you want to cover? | (04) NEVER |
| | | | bring with you to your doctor visits a list of questions of concerns you want to cover: | (-8) Don't Know |
| | | | | (-9) Refused |
| PAANSWR | PA12 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| PAANSVIN | PAIZ | code 1 | | I' ' |
| | | | [Do you always, usually, sometimes, or never] | (02) USUALLY |
| | | | | (03) SOMETIMES |
| | | | Leave your doctor's office feeling that all of your concerns or questions have been fully answered? | (04) NEVER |
| | | | | (-8) Don't Know |
| | 2.40 | | | (-9) Refused |
| PALISTRX | PA13 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | [Do you always, usually, sometimes, or never] | (02) USUALLY |
| | | | | (03) SOMETIMES |
| | | | Take a list of all of your prescribed medicines to your doctor visits? | (04) NEVER |
| | | | | (05) NOT APPLICABLE |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| PATRSLT | PA14 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | [Do you always, usually, sometimes, or never] | (02) USUALLY |
| | | | | (03) SOMETIMES |
| | | | Make sure you understand the results of any medical test or procedure such as an x-ray, blood test, or EKG | (04) NEVER |
| | | | for heart conditions? | (-8) Don't Know |
| | | | | (-9) Refused |
| PAOPTION | PA15 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | [Do you always, usually, sometimes, or never] | (02) USUALLY |
| | | | | (03) SOMETIMES |
| | | | Talk with your doctor or other medical person about your options if you need tests, follow-up care, or a | (04) NEVER |
| | | | referral for care by a medical specialist? | (-8) Don't Know |
| | | | | (-9) Refused |
| PADRLISN | PA16 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | Now I am going to read some statements that may describe your relationship with your doctor. Please tell | (02) USUALLY |
| | | | me if the following statements always, usually, sometimes, or never happen. | (03) SOMETIMES |
| | | | | (04) NEVER |
| | | | My doctor listens to what I have to say about my symptoms and concerns. [Does that always, usually, | (-8) Don't Know |
| | | | sometimes, or never happen?] | (-9) Refused |
| PADREXPL | PA20 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | 1.7.25 | | My doctor explains things to me in terms that I can easily understand. Does that always, usually, sometimes, | T' ' |
| | | | or never happen? | (03) SOMETIMES |
| | | | or never nappens | (04) NEVER |
| | | | | (-8) Don't Know |
| | | | | 1 |
| | | | | (-9) Refused |

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| PADVICE | PA21 | code 1 | SHOW CARD PA3 | (01) ALWAYS |
| | | | I can call my doctor's office to get medical advice when I need it. Does that always, usually, sometimes, or | (02) USUALLY |
| | | | never happen? | (03) SOMETIMES |
| | | | | (04) NEVER |
| | | | | (-8) Don't Know |
| | | | | (-9) Refused |
| | BOX PA2 | routing | GO TO NEXT SECTION | |