

Prescribed Medicine Utilization (PMQ)

| Variable Name | MR Screen Name | Question text/description | Code list |
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| 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 |

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| 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> |

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| | 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 |

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| | 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 |

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| 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 |

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| 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. | |

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| 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 |

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| 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> |