Drug Coverage Questionnaire (RXQ)

Variable Name	MR Screen Name	Question type	Question text/description	Code list
			RXQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=1 SEASON=SUMMER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer ater IAQ.	
	BOX RX1	routing	BESIDES MEDICARE, IF TRICARE IS THE ONLY "CURRENT" PLAN, GO TO SC8C - MCAMTPAY ELSE IF THE RESPONDENT IS A PROXY, GO TO RX1 - PDXHIDEC. ELSE GO TO RXPD2 - PDEASY.	
PDXHIDEC	RX1	yes/no	Do you help (SP) make decisions regarding [his/her] health insurance coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDEASY	RXPD2	code 1	SHOW CARD RX1 Now I have a few questions regarding the Medicare Prescription Drug benefit. Overall, how easy or difficult do you think the Medicare Prescription Drug benefit is to understand? Would you say it is very easy to understand, somewhat easy, somewhat difficult, or very difficult to understand?	(01) VERY EASY (02) SOMEWHAT EASY (03) SOMEWHAT DIFFICULT (04) VERY DIFFICULT (-8) Don't Know (-9) Refused
PDKNOW	RXPD3	code1	SHOW CARD RX2 How much do you think you know about the Medicare Prescription Drug benefit? Do you know just about everything you need to know, most of what you need to know, some of what you need to know, a little of what you need to know, or almost none of what you need to know about the Medicare Prescription Drug benefit?	(01) JUST ABOUT EVERYTHING YOU NEED TO KNOW (02) MOST OF WHAT YOU NEED TO KNOW (03) SOME OF WHAT YOU NEED TO KNOW (04) A LITTLE OF WHAT YOU NEED TO KNOW (05) ALMOST NONE OF WHAT YOU NEED TO KNOW (-8) Don't Know (-9) Refused
	BOX RXPD2	routing	IF SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN, GO TO BOX RXPD3A. ELSE IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE, GO TO RXPD9 - PDCONSDR. ELSE IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO RXPD8A - PDCOMPPL. ELSE GO TO RXPD20 - PDEXAPLY.	

PDCOMPPL	RXPD8A	yes/no	[You/(SP)] currently [have/has] drug coverage through [READ PLAN(S) LISTED ABOVE]. Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [READ PLAN(S) LISTED ABOVE] with any Medicare Prescription Drug plans? [EXPLAIN IF NECESSARY: A Medicare Prescription Drug plan adds drug coverage to Original Medicare.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDCONSDR	RXPD9	yes/no	([You/(SP)] currently [have/has] drug coverage through (CURRENT MEDICARE MANAGED CARE PLAN). Medicare calls this type of plan a Medicare Advantage plan. Medicare also offers separate plans that provide only drug coverage.) Did [you/(SP), or someone for (SP),] consider enrolling [her/him] in a separate Medicare Prescription Drug plan for (CURRENT YEAR)? [EXPLAIN IF NECESSARY: A separate Medicare Prescription Drug plan is typically used together with medical benefits from Original Medicare.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX RXPD3	routing	IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO BOX RX2. ELSE GO TO RXPD10 - PDMABENS.	
PDMABENS	RXPD10	yes/no	Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [your/his/her] (CURRENT MEDICARE MANAGED CARE PLAN) plan with any other Medicare Advantage plans in [your/his/her] area?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX RXPD3A	routing	IF SP HAS REPORTED BEING AUTOMATICALLY ENROLLED IN A MEDICARE PRESCRIPTION DRUG PLAN IN ANY PREVIOUS ROUND, GO TO RXPD12 - PDAUTENR. ELSE GO TO RXPD11 - PDEVROLL.	
PDEVROLL	RXPD11	yes/no	Some people were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled", I mean that the beneficiary was assiged to a plan by Medicare, as opposed to selecting a plan on his or her own. [Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDAUTENR	RXPD12	yes/no	[Were you/Was (SP)] automatically enrolled in [your/his/her] current Medicare Prescription Drug plan - that is, [your/his/her] (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan? ([EXPLAIN IF NECESSARY: Some people with Medicare were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled," I mean that the beneficiary was assigned to a plan by Medicare as opposed to selecting a plan on his or her own.])	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDSWITCH	RXPD14	code 1	Before today, did you know that people who are automatically enrolled by Medicare in a Medicare Prescription Drug plan can switch plans at any time without a penalty?	(01) YES DID KNOW (02) NO DID NOT KNOW (-8) Don't Know (-9) Refused
PDCOMPRE	RXPD15	yes/no	Did [you/(SP), or someone for (SP),] compare (CURRENT YEAR) drug coverage offered by [your/(SP's) (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan with any other Medicare Prescription Drug plans?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX RXPD4	routing	IF (RXPD12 - PDAUTENR = 1/Yes) OR (RXPD15 - PDCOMPRE = 2/No, DK, OR RF), GO TO BOX RX2. ELSE GO TO RXPD18 - PDOPTPRE.	

PDOPTPRE	RXPD18	list	The next questions are about different things [you or (SP)/you] may have thought about when considering [your/(SP's)] options for (CURRENT YEAR) drug coverage. At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… the cost of the plan's monthly premium?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDOPTDUC	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]…) the plan's deductible?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDOPTFOR	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]…) the plan's list of covered medicines, or formulary?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDOPTVEN	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]…) the convenience of the pharmacies that the plan allows [you(SP)] to use?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDOPTREC	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]…) someone's recommendation of the plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDOPTGAP	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]…) the gap in coverage or "donut hole"? [EXPLAIN IF NECESSARY: The coverage gap, or "donut 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
PDOPTPAY	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]…) the dollar amount [you/(SP)] would pay for prescribed medicines [you use/he uses/she uses]?	(01) YES (02) NO (-8) Don't Know (-9) Refused
	BOX RXPD4A	routing	IF RESPONDENT ANSWERED "YES" TO MORE THAN ONE QUESTION AT RXPD18, GO TO RXPD18A - PDOPMOST. ELSE GO TO RXPD18B - PDRECLIS.	

PDOPMOST	RXPD18A	code 1	Which of these was the most important consideration when [you or (SP)]/you] thought about [your/(SP's)] options for (CURRENT YEAR) prescription drug coverage? [READ ITEMS BELOW IF NECESSARY.]	(01) THE COST OF THE PLANS MONTHLY PREMIUM (02) THE PLAN'S DEDUCTIBLE (03) THE PLAN'S LIST OF MEDICINES OR FORMULARY (04) CONVENIENCE OF THE PHARMACIES THAT THE PLAN ALLOWS (SP) TO USE (05) SOMEONE'S RECOMMENDATION OF THE PLAN (06) THE GAP IN COVERAGE OR DONUT HOLE (07) THE DOLLAR AMOUNT (SP) WOULD PAY FOR PRESCRIBED MEDICINES (-8) Don't Know (-9) Refused
PDRECLIS	RXPD18B	yes/no	As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help". [Are you/Is (SP)] receiving this type of help to pay for [your/his/her] (CURRENT YEAR) Medicare prescription drug coverage? [EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDEXAPLY	RXPD20	yes/no	Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused
PDEXACCP	RXPD21	code 1	Was [your/(SP's)] application for extra help accepted or denied?	(01) ACCEPTED (02) DENIED (03) STILL PENDING/NO DECISION YET (-8) Don't Know (-9) Refused
	BOX RX2	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE) OR (IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE), GO TO RXINTRO - RXINTRO. ELSE GO TO RX19 - PDNTENR.	
RXINTRO	RXINTRO	no entry	I have a few questions regarding the prescribed drug coverage that [you now receive/(SP) now receives] through [(CURRENT MEDICARE MANAGED CARE PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)].	(01) CONTINUE (-7) Empty
	BOX RX3	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE), GO TO RXPD23A - PDSATSFY. ELSE GO TO RX2 - PDCONFID.	

PDSATSFY	RXPD23A	code 1	SHOW CARD RX3 At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through ([CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], how satisfied were you with the information that you had to make that decision?	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (-8) Don't Know (-9) Refused
PDCONFID	RX2	code 1	SHOW CARD RX4 How confident are you that [you now have/(SP) now has] the drug coverage that best meets [your/his/her] needs? Would you say you are…	(01) Extremely confident, (02) Very confident, (03) Moderately confident, (04) Slightly confident, or (05) Not confident? (-8) Don't Know (-9) Refused
RXUSEPLN	RX3	yes/no	[Have you/Has (SP)] used [your/his/her] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage when purchasing medicines since January 1 of this year?	(01) YES (02) NO (-8) Don't Know (-9) Refused
RXCOSTLY	RX4	code 1	Compared to last year, is the cost of the monthly premium for [your/(SP's)] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same?	(01) MORE THAN LAST YEAR (02) LESS THAN LAST YEAR (03) THE SAME AS LAST YEAR (04) NO DRUG COVERAGE PREMIUM LAST YEAR (-8) Don't Know (-9) Refused
RXAMNTLY	RX5	code 1	Are the amounts that [you pay/(SP) pays] for medicines at the pharmacy using [your/his/her] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same compared to what [you/he/she] paid last year?	(01) MORE THAN LAST YEAR (02) LESS THAN LAST YEAR (03) THE SAME AS LAST YEAR (04) NO COST FOR RX LAST YEAR (-8) Don't Know (-9) Refused
PDNOCVG	RX7	yes/no	Are there any prescribed medicines that [you regularly take/(SP) regularly takes] that are not covered by (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused
RXCHGMED	RX8	yes/no	[Have you/Has (SP)] had to change any of [your/his/her] prescribed medicines from a brand name to a generic medicine because of [your/his/her] (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused
RXSWTCH	RX9	yes/no	[Have you/Has (SP)] had to switch to a different medication because a drug [you/he/she] needed was not available through [your/his/her] (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused
RXPARTIC	RX16	code 1	Does the [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] drug plan network include the pharmacy that [you generally prefer/(SP) generally prefers] to use?	(01) YES (02) NO (-8) Don't Know (-9) Refused

PDRXRATE	RX17	code 1	SHOW CARD RX3 Overall, how satisfied are you with [your/(SP's)] drug plan through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)]?	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (-8) Don't Know (-9) Refused
PDNOUSE	RX18	code all	Why [haven't you/hasn't (SP)] used [your/his/her] [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage in (CURRENT YEAR)? CHECK ALL THAT APPLY.	(01) HAVE NOT PURCHASED MEDICINE (02) DON'T HAVE CARD OR OTHER ENROLLMENT VERIFICATION/NOT ABLE DUE TO PLAN PROBLEM (03) PHARMACY WOULDN'T GIVE MEDICINE (04) COST OF RX TOO HIGH/EXPENSIVE (05) DRUG(S) NEEDED NOT COVERED BY PLAN (91) OTHER (-8) Don't Know (-9) Refused
PDNOOTHOS	RX18	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]

PDNTENR	RX19	code all	You said that [you are/(SP) is] not enrolled in a Medicare Prescription Drug plan. What is the reason [you are/he is/she is] not enrolled in such a plan? CHECK ALL THAT APPLY.	(01) HAVE RX COVERAGE THROUGH A NON-PDP PLAN/SOURCE (02) DON'T TAKE ENOUGH PRESCRIPTIONS TO NEED IT (03) PLANS DON'T COVER PRESCRIPTIONS SP TAKES (04) DON'T KNOW HOW TO ENROLL (05) DON'T KNOW ENOUGH ABOUT PLANS (06) TOO EXPENSIVE OR CAN'T AFFORD (07) TOO CONFUSING OR TOO COMPLICATED (08) TOO MANY PLANS TO CHOOSE FROM OR CAN'T DECIDE ON ONE PLAN (09) WON'T BENEFIT OR WON'T SAVE MONEY (10) HAD A PDP, DIDN'T LIKE IT OR WASN'T USEFUL (11) SP BUYS MEDICINE OUTSIDE OF THE U.S. (91) OTHER REASON (-8) Don't Know (-9) Refused
PDNTOTHOS	RX19	verbatim text	OTHER REASON (SPECIFY)	(01) [Continuous answer.]
MCAMTPAY	SC8C	code 1	We are interested in how you feel about [your /(SP)'s] access to prescription drugs during (CURRENT YEAR)]. SHOW CARD RX3 [Please tell me how satisfied you have been with . . .] The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused

DHEVHEAR	SC8G	code one	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 "donut 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 "donut hole" that is part of most Medicare drug plans?	(01) YES (02) NO (-8) Don't Know (-9) Refused
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]? [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	SC8O	code 1	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
	BOX SC1A	routing	IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND (MCDRXCOV=1/Yes or TRIRXCOV=1/Yes or PUBRXCOV=1/Yes or PRVRXCOV=1/Yes or MHMORX=1/Yes)) OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN (PLANTYPE = 7) ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST. ELSE GO TO SC20-GENERRX.	
MCDRGLST	SC8D	code 1	SHOW CARD RX3 [Please tell me how satisfied you have been with . . .] [Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the 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

MCFNDPCY	SC8E	code 1	SHOW CARD RX3 [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
MCRECPLN	SC8F	code 1	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
GENERRX	SC20	list	SHOW CARD RX5 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 (04) AUTOMATICALLY RECEIVES GENERICS (-8) Don't Know (-9) Refused
MAILRX	SC20	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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 professional?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused

COMPARRX	SC21	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	list	SHOW CARD RX5 [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	code 1	SHOW CARD RX5 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. 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?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused
	BOX RXEND	routing	IF INTTYPE in(C001, C002, C004, C005, C006, C010)-GO TO END.	