

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| | | | <p>DRUG COVERAGE QUESTIONNAIRE SPECIFICATIONS</p> <p>CRITERIA INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=1 SEASON=SUMMER SPPROXY=SP or PROXY Other: N/A</p> <p>PLACEMENT Administer ater IAQ.</p> | | |
| | 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 RXP2 - 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 | (01) RXP2 - PDEASY (02) SC8C - MCAMTPAY (-8) SC8C - MCAMTPAY (-9) MCAMTPAY |
| PDEASY | RXP2 | code 1 | <p>SHOW CARD RX1 Now I have a few questions regarding the Medicare Prescription Drug benefit.</p> <p>Overall, how easy or difficult do you think the Medicare Prescription Drug benefit is to understand?</p> <p>Would you say it is very easy to understand, somewhat easy, somewhat difficult, or very difficult to understand?</p> <p>[READ IF NECESSARY: These questions are intended to measure the general understanding of the Medicare Prescription Drug Benefit, <u>regardless</u> of whether or not you have a plan that provides the benefit (such as through an MPDP or MA plan).]</p> | (01) VERY EASY (02) SOMEWHAT EASY (03) SOMEWHAT DIFFICULT (04) VERY DIFFICULT (-8) Don't Know (-9) Refused | RXP3 - PDKNOW |
| PDKNOW | RXP3 | code1 | <p>SHOW CARD RX2 How much do you think you know about the Medicare Prescription Drug benefit?</p> <p>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?</p> <p>[READ IF NECESSARY: These questions are intended to measure the general understanding of the Medicare Prescription Drug Benefit, <u>regardless</u> of whether or not you have a plan that provides the benefit (such as through an MPDP or MA plan).]</p> | (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 RXP2 |
| | BOX RXP2 | routing | IF SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN, GO TO BOX RXP3A. ELSE IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE, GO TO RXP9 - PDCONSDR. ELSE IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO RXP8A - PDCOMPPL. ELSE GO TO RXP2 - PDEASY BOX RX2. | | |
| PDCOMPPL | RXP8A | yes/no | <p>[You/(SP)] currently [have/has] drug coverage through [READ PLAN(S) LISTED ABOVE].</p> <p>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?</p> <p>[EXPLAIN IF NECESSARY: A Medicare Prescription Drug plan adds drug coverage to Original Medicare.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX RXP3 |
| PDCONSDR | RXP9 | yes/no | <p>([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.)</p> <p>Did [you/(SP), or someone for (SP),] consider enrolling [her/him] in a separate Medicare Prescription Drug plan for (CURRENT YEAR)?</p> <p>[EXPLAIN IF NECESSARY: A separate Medicare Prescription Drug plan is typically used together with medical benefits from Original Medicare.]</p> | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX RXP3 |
| | BOX RXP3 | routing | IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO BOX RX2. ELSE GO TO RXP10 - PDMABENS. | | |
| PDMABENS | RXP10 | 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 RXP4 |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|--|--|
| | BOX RXP3A | routing | IF SP HAS REPORTED BEING AUTOMATICALLY ENROLLED IN A MEDICARE PRESCRIPTION DRUG PLAN IN ANY PREVIOUS ROUND (P_PDEVROLL=1), GO TO RXP12 - PDAUTENR. ELSE GO TO RXP11 - PDEVROLL. | | |
| PDEVROLL | RXP11 | yes/no | Some people 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. [Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) RXP12 - PDAUTENR (02) RXP15 - PDCOMP (-8) RXP15 - PDCOMP (-9) RXP15 - PDCOMP |
| PDAUTENR | RXP12 | 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 | RXP14 - PDSWITCH |
| PDSWITCH | RXP14 | 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 | RXP15 - PDCOMP |
| PDCOMP | RXP15 | 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 RXP4 |
| | BOX RXP4 | routing | IF (RXP12 - PDAUTENR = 1/Yes) OR (RXP15 - PDCOMP = 2/No, DK, OR RF), GO TO BOX RX2. ELSE GO TO RXP18 - PDOPTPRE. | | |
| PDOPTPRE | RXP18 | 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 | RXP18 - PDOPTDUC |
| PDOPTDUC | RXP18 | 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 | RXP18 - PDOPTFOR |
| PDOPTFOR | RXP18 | 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 | RXP18 - PDOPTVEN |
| PDOPTVEN | RXP18 | 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 | RXP18 - PDOPTREC |
| PDOPTREC | RXP18 | 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 | RXP18 - PDOPTPAY |
| PDOPTPAY | RXP18 | 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 RXP4A |
| | BOX RXP4A | routing | IF RESPONDENT ANSWERED "YES" TO MORE THAN ONE QUESTION AT RXP18, GO TO RXP18A - PDOPMOST. ELSE GO TO RXP18B - PDRECLIS BOX RX2. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|--|---|--|
| 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 | RXPD18B—PDRECLIS BOX RX2 |
| 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 | (01) BOX RX2 (02) RXPD20—PDEXAPLY (-8) RXPD20—PDEXAPLY (-9) RXPD20—PDEXAPLY |
| 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 | (01) RXPD21—PDEXACCP (02) BOX RX2 (-8) BOX RX2 (-9) BOX RX2 |
| 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 |
| | 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 |
| | 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 | RX2 - PDCONFID |
| 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 | RX3 - RXUSEPLN |
| 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 | (01) RX4 - RXCOSTLY (02) RX18 - PDNOUSE (-8) RX18 - PDNOUSE (-9) RX18 - PDNOUSE |
| 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 | RX5 - RXAMNTLY |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| 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 | RX7 - PDNOCVG |
| 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 | RX8 - RXCHGMED |
| 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 | RX9 - RXSWTCH |
| 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 | RX16 - RXPARTIC |
| 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 | RX17 - PDRXRATE |
| 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 | SC8C - MCAMTPAY |
| 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 | (01) SC8C - MCAMTPAY (02) SC8C - MCAMTPAY (03) SC8C - MCAMTPAY (04) SC8C - MCAMTPAY (05) SC8C - MCAMTPAY (91) RX18 - PDNOOTHOS (-8) SC8C - MCAMTPAY (-9) SC8C - MCAMTPAY |
| PDNOOTHOS | RX18 | verbatim text | OTHER (SPECIFY) | (01) [Continuous answer.] | SC8C - MCAMTPAY |
| 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 | (01) SC8C - MCAMTPAY (02) SC8C - MCAMTPAY (03) SC8C - MCAMTPAY (04) SC8C - MCAMTPAY (05) SC8C - MCAMTPAY (06) SC8C - MCAMTPAY (07) SC8C - MCAMTPAY (08) SC8C - MCAMTPAY (09) SC8C - MCAMTPAY (10) SC8C - MCAMTPAY (11) SC8C - MCAMTPAY (91) RX19 - PDNTOTHOS (-8) SC8C - MCAMTPAY (-9) SC8C - MCAMTPAY |
| PDNTOTHOS | RX19 | verbatim text | OTHER REASON (SPECIFY) | (01) [Continuous answer.] | SC8C - MCAMTPAY |
| 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 | BOX SC1A |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|-----------------|
| | BOX SC1A | routing | IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND (MCDRXCOV=1/Yes or TRICOV=1/Yes or PUBCOV=1/Yes or PRIVSERV=1/Yes or MHMOCVR=1/Yes OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN (PLANTYPE = 7) OR there is a PLAN on PLRO where PLANEFLG=1 and PLRORND=current round & (COVTIME=1/WholeTime or 2/Part of the Time or CURRCOV=1/Yes) 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 | SC8E - MCFNDPCY |
| 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 | SC8F - MCRECPLN |
| 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 | SC20 - GENERRX |
| 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 | SC20 - MAILRX |
| 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 | SC20 - DOESERX |
| DOESERX | 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 | SC20 - SKIPRX |
| 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 | SC20 - DELAYRX |
| 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 | SC21 - SAMPLERX |
| 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 | SC21 - COMPARRX |
| 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 | SC21 - NOFILLRX |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|-----------------|
| 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 | SC21 - SPENTLRX |
| 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 | SC22 - CHAINRX |
| 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 | SC22 - STOPRX |
| 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 | SC22 - CREDRX |
| 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 | SC23 - NOINSRX |
| 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 |
| | BOX RXEND | routing | GO TO DVH | | |