

Current PDP Survey/Question Wording	Proposed PDP Survey/Question Wording	Current English Language Survey Question Number	Proposed English Language Survey Question Number	Proposed Spanish Language Survey Question Number	Comments
		Item count=49	Item Count=43	Item Count=43	
<b>YOUR FORMER PRESCRIPTION DRUG PLAN</b>	<b>YOUR FORMER PRESCRIPTION DRUG PLAN</b>	HEADER	HEADER	HEADER	No change to wording.
Our records show that you used to belong to this prescription durg plan: [PLACEHOLDER] but that you no longer belong to that plan. Is that correct? <input type="radio"/> Yes, I left the prescription drug plan printed above <input type="radio"/> No, I left a different prescription drug plan <input type="radio"/> No, I did not switch plans or leave ANY prescription drug plan recently	Our records show that you used to belong to this prescription durg plan: [PLACEHOLDER] but that you no longer belong to that plan. Is that correct? <input type="radio"/> Yes, I left the prescription drug plan printed above <input type="radio"/> No, I left a different prescription drug plan <input type="radio"/> No, I did not switch plans or leave ANY prescription drug plan recently	1	1	1	No change to wording.
Did you <u>have to</u> switch plans or drop your former Medicare prescription drug plan for any of the following reasons? <input type="radio"/> I moved outside of the area where the plan was available <input type="radio"/> I was dropped by the plan <input type="radio"/> The plan was cancelled or discontinued in my area <input type="radio"/> The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union) <input type="radio"/> None of the above	Did you <u>have to</u> switch plans or drop your former Medicare prescription drug plan for any of the following reasons? <input type="radio"/> I moved outside of the area where the plan was available <input type="radio"/> I was dropped by the plan <input type="radio"/> The plan was cancelled or discontinued in my area <input type="radio"/> The plan was changed or discontinued by the organization that provides my insurance (such as a former employer or a union) <input type="radio"/> None of the above	2	2	2	No change to wording.
<b>GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN</b>	<b>GETTING INFORMATION OR HELP FROM YOUR FORMER PRESCRIPTION DRUG PLAN</b>	HEADER	DROPPED	DROPPED	Header has been dropped because items have been dropped.

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As you answer the questions in this survey, please think only of your <u>former</u> prescription drug plan (whose name is printed on the cover of this survey).	As you answer the questions in this survey, please think only of your <u>former</u> prescription drug plan (whose name is printed on the cover of this survey).	Q3 preamble	Q3 preamble	Q3 preamble	No change to wording.
Did you ever try to get information or help from your former plan's customer service? Yes/No	Item has been dropped	3	DROPPED	DROPPED	Item dropped to reduce respondent burden and to streamline survey.
How often did your former plan's customer service give you the information or help you needed? oNever oSometimes oUsually oAlways oI did not try to get information or help from my former plan's customer service	Item has been dropped	4	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and to streamline survey.
<b>GETTING THE PRESCRIPTION MEDICINES YOU NEEDED FROM YOUR FORMER PRESCRIPTION DRUG PLAN</b>	<b>Dropped</b>	HEADER	DROPPED	DROPPED	Heading has been dropped to reduce respondent burden and streamline survey.

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How often was it easy to use your former plan to get the medicines your doctor prescribed? oNever oSometimes oUsually oAlways o I did not use my former plan to get any prescription medicines.	How often was it easy to use your former plan to get the medicines your doctor prescribed? oNever oSometimes oUsually oAlways o I did not use my former plan to get any prescription medicines.	5	3	3	No change to wording.
Did you ever use your former plan to fill a prescription at a pharmacy? Yes/No	Item has been dropped	6	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and to streamline survey.
How often was it easy to use your former plan to fill a prescription at a pharmacy? oNever oSometimes oUsually oAlways o I did not have to use my former plan to fill a prescription at a pharmacy	Item has been dropped	7	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and to streamline survey.
Did you ever use your former plan to fill any prescriptions by mail? Yes/No	Item has been dropped	8	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and to streamline survey.

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How often was it easy to use your former plan to fill prescriptions by mail? oNever oSometimes oUsually oAlways o I did not use my former plan to fill a prescription by mail	Item has been dropped	9	DROPPED	DROPPED	Item has been dropped to reduce respondent burden and to streamline survey.
Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your former plan?	Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your former plan?	10	4	4	No change to wording.
<b>REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN</b>	<b>REASONS YOU LEFT YOUR FORMER PRESCRIPTION DRUG PLAN</b>	HEADER	HEADER	HEADER	No change to wording.
The next questions are about reasons you may have had for switching or dropping your former prescription drug plan.	The next questions are about reasons you may have had for switching or dropping your former prescription drug plan.	Q11 preamble	Q5 preamble	Q5 preamble	No change to wording.
Did you leave your former plan because someone else signed you up for the plan without your permission? Yes/No	Did you leave your former plan because someone else signed you up for the plan without your permission? Yes/No	11	5	5	No change to wording.

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<p>Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription (copayment) went up?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not have to pay for my prescription medicines</p>	<p>Did you leave your former plan because the dollar amount you had to pay each time you filled or refilled a prescription (copayment) went up?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not have to pay for my prescription medicines</p>	12	6	6	No change to wording.
<p>Did you leave your former plan because you found a plan with a lower copayment for prescription drugs? Yes/No</p>	<p>Did you leave your former plan because you found a plan with a lower copayment for prescription drugs? Yes/No</p>	13	7	7	No change to wording.
<p>Some people have to pay their prescription drug plan a <u>monthly</u> premium (fee) out of their own pocket for prescription drug coverage.</p> <p>Did you leave your former plan because this <u>monthly</u> premium went up?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not have to pay my former plan a monthly premium out of my own pocket</p>	<p>Some people have to pay their prescription drug plan a <u>monthly</u> premium (fee) out of their own pocket for prescription drug coverage.</p> <p>Did you leave your former plan because this <u>monthly</u> premium went up?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> I did not have to pay my former plan a monthly premium out of my own pocket</p>	14	8	8	No change to wording.

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Did you leave your plan because you found a plan with a lower monthly premium? o Yes o No o I did not have to pay my former plan a monthly premium out of my own pocket	Did you leave your plan because you found a plan with a lower monthly premium? o Yes o No o I did not have to pay my former plan a monthly premium out of my own pocket	15	9	9	No change to wording.
Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No	Prescription drug plans have a list of the prescription medicines they will cover. Did you leave your former plan because they changed the list of prescription medicines they cover? Yes/No	16	10	10	No change to wording.
Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan? Yes/No	Did you leave your former plan because a change in your personal finances meant you could no longer afford the plan? Yes/No	17	11	11	No change to wording.
Did you leave your former plan because it turned out to be more expensive than you expected? Yes/No	Did you leave your former plan because it turned out to be more expensive than you expected? Yes/No	18	12	12	No change to wording.
Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No	Did you leave your former plan because the plan refused to pay for a medicine your doctor prescribed? Yes/No	19	13	13	No change to wording.
Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No	Did you leave your former plan because you had problems getting the medicines your doctor prescribed? Yes/No	20	14	14	No change to wording.

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Did you leave your former plan because it was difficult to get brand name medicines? o Yes o No o I did not try to get brand name medicines through my former plan	Did you leave your former plan because it was difficult to get brand name medicines? o Yes o No o I did not try to get brand name medicines through my former plan	21	15	15	No change to wording.
Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No	Did you leave your former plan because you were frustrated by the plan's approval process for medicines your doctor prescribed? Yes/No	22	16	16	No change to wording.
Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No	Did you leave your former plan because you did not know whom to contact when you had a problem filling or refilling a prescription? Yes/No	23	17	17	No change to wording.
Did you leave your former plan because it was hard to get information from the plan about which prescription medicines were covered or how much a specific medicine would cost? Yes/No	Did you leave your former plan because it was hard to get information from the plan about which prescription medicines were covered or how much a specific medicine would cost? Yes/No	24	18	18	No change to wording.
Did you leave your former plan because you were unhappy with how the plan handled a question or complaint? Yes/No	Did you leave your former plan because you were unhappy with how the plan handled a question or complaint? Yes/No	25	19	19	No change to wording.
Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No	Did you leave your former plan because you could not get the information or help you needed from the plan? Yes/No	26	20	20	No change to wording.

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Did you leave your former plan because their customer service staff did not treat you with courtesy and respect? Yes/No	Did you leave your former plan because their customer service staff did not treat you with courtesy and respect? Yes/No	27	21	21	No change to wording.
Every year Medicare evaluates all prescription drug plans and gives them a star rating.	Every year Medicare evaluates all prescription drug plans and gives them a star rating.	Q29 preamble	Q22 preamble	Q22 preamble	No change to wording.
Did you leave your former plan because it got a low Medicare star rating? Yes/No	Did you leave your former plan because it got a low Medicare star rating? Yes/No	28	22	22	No change in wording.
Did you leave your former plan because you found another plan with a higher Medicare star rating? Yes/No	Did you leave your former plan because you found another plan with a higher Medicare star rating? Yes/No	29	23	23	No change in wording.
<b>OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN</b>	<b>OTHER REASONS FOR LEAVING YOUR FORMER PRESCRIPTION DRUG PLAN</b>	HEADER	HEADER	HEADER	No change in wording.
Did you leave your former plan because a <u>family member or friend</u> told you about a better plan? Yes/No	Did you leave your former plan because a <u>family member or friend</u> told you about a better plan? Yes/No	30	24	24	No change to wording.



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Did you leave your former plan because an insurance agent or broker told you about a better plan? Yes/No	Did you leave your former plan because an insurance agent or broker told you about a better plan? Yes/No	31	25	25	No change to wording.
Did you leave your former plan because you saw a commercial or advertisement for a health plan you thought you would like better? Yes/No	Did you leave your former plan because you saw a commercial or advertisement for a health plan you thought you would like better? Yes/No	32	26	26	No change to wording.
Did you leave your former plan because you found another plan that better met your prescription needs? Yes/No	Did you leave your former plan because you found another plan that better met your prescription needs? Yes/No	33	27	27	No change to wording.
Did you leave your former plan because you take very few prescription medicines and don't need a prescription drug plan? Yes/No	Did you leave your former plan because you take very few prescription medicines and don't need a prescription drug plan? Yes/No	34	28	28	No change in wording.
<b>ABOUT YOU</b>	<b>ABOUT YOU</b>	HEADER	HEADER	HEADER	No change in wording.
In general, how would you rate your overall health? oExcellent oVery good oGood oFair oPoor	In general, how would you rate your overall health? oExcellent oVery good oGood oFair oPoor	35	29	29	No change in wording.

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In general, how would you rate your overall <u>mental or emotional</u> health? oExcellent oVery good oGood oFair oPoor	In general, how would you rate your overall <u>mental or emotional</u> health? oExcellent oVery good oGood oFair oPoor	36	30	30	No change to wording.
In the past 12 months, how many different prescription medicines did you take? oNone o1 to 2 medicines o3 to 5 medicines o6 or more medicines	In the past 12 months, how many different prescription medicines did you take? oNone o1 to 2 medicines o3 to 5 medicines o6 or more medicines	37	31	31	No change to wording.
In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? Yes/No -- If No, go to Question 40	In the past 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? Yes/No -- If No, go to Question 34	38	32	32	No change to wording.
Is this a condition or problem that has lasted for at least 3 months? Yes/No	Is this a condition or problem that has lasted for at least 3 months? Yes/No	39	33	33	No change to wording.
Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If No, go to question 42	Do you <u>now</u> need or take medicine prescribed by a doctor? Yes/No -- If No, go to question 36	40	34	34	No change to wording.

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Is this medicine to treat a condition that has lasted for at least 3 months? Yes/No	Is this medicine to treat a condition that has lasted for at least 3 months? Yes/No	41	35	35	No change to wording.
Has a doctor <u>ever</u> told you that you have any of the following conditions? o A heart attack o Angina or coronary heart disease o High blood pressure or hypertension o Cancer, other than skin cancer o Emphysema, asthma or COPD (chronic obstructive pulmonary disease) o Any kind of diabetes or high blood sugar	Has a doctor <u>ever</u> told you that you have any of the following conditions? o A heart attack o Angina or coronary heart disease o High blood pressure or hypertension o Cancer, other than skin cancer o Emphysema, asthma or COPD (chronic obstructive pulmonary disease) o Any kind of diabetes or high blood sugar	42	36	36	No change to wording.
What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	What is the highest grade or level of school that you have completed? o 8th grade or less o Some high school, but did not graduate o High school graduate or GED o Some college or 2-year degree o 4-year college graduate o More than 4-year college degree	43	37	37	No change in wording.
Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	Are you of Hispanic or Latino origin or descent? o Yes, Hispanic or Latino o No, not Hispanic or Latino	44	38	38	No change in wording.
What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White	What is your race? Please mark one or more. o American Indian or Alaska Native o Asian o Black or African-American o Native Hawaiian or other Pacific Islander o White	45	39	39	No change to wording.

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What language do you <u>mainly</u> speak at home? <input type="radio"/> Chinese <input type="radio"/> English <input type="radio"/> Russian <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Some other language (please print)	What language do you <u>mainly</u> speak at home? <input type="radio"/> Chinese <input type="radio"/> English <input type="radio"/> Russian <input type="radio"/> Spanish <input type="radio"/> Vietnamese <input type="radio"/> Some other language (please print)	46	40	40	No change in wording.
Did someone help you complete this survey? Yes/No -- If No, go to Question 49	Did someone help you complete this survey? Yes/No -- If No, go to Question 43	47	41	41	No change in wording.
How did that person help you? Please mark one or more. <input type="radio"/> Read the questions to me <input type="radio"/> Wrote down the answers I gave <input type="radio"/> Answered the questions for me <input type="radio"/> Translated the questions into my language <input type="radio"/> Helped in some other way (please print) _____	How did that person help you? Please mark one or more. <input type="radio"/> Read the questions to me <input type="radio"/> Wrote down the answers I gave <input type="radio"/> Answered the questions for me <input type="radio"/> Translated the questions into my language <input type="radio"/> Helped in some other way (please print) _____	48	42	42	No change to wording.
May we contact you again if we have any questions about your survey responses or the health care services you received? Yes/No	May we contact you again if we have any questions about your survey responses or the health care services you received? Yes/No	49	43	43	No change to wording.