

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|--------------------|----------------|--------------------|---|--|---|
| | | | <p>PRESCRIBED MEDICINE SUMMARY SPECIFICATIONS</p> <p><u>CRITERIA</u> INTTYPE=C001, C004, C009 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: R reported PM events in the previous round</p> <p><u>PLACEMENT</u> Administer after OMQ.</p> | | |
| | BOX PMS1 | routing | IF SP REPORTED PRESCRIPTION MEDICINE PURCHASES IN THE PREVIOUS ROUND, GO TO PMSINTRA - PMSINTA. ELSE GO TO BOX PMS12. | | |
| PMSINTA | PMSINTRA | no entry | During the last interview, we recorded the names of medicines that [you/(SP)] had obtained between (SUMMUTIL) and (REFERENCE DATE). You may want to refer to the medicine names to help you recall any medicines that [you/(SP)] may have obtained since that time, including any refills of these medicines. PRESS F12 AND SHOW THE PRESCRIPTION MEDICINE SUMMARY TO THE RESPONDENT ON YOUR SCREEN | | PMSINTRB - PMSUPDATE |
| PMSUPDATE | PMSINTRB | code one | REFER TO SUMMARY PAGE FOR PRESCRIBED MEDICINES TO REVIEW PREVIOUS ROUND UTILIZATION. CODE WITHOUT ASKING: | (01) NO CHANGES APPEAR TO BE NECESSARY (02) NEED TO ADD A MEDICINE NAME (03) NEED TO CORRECT A MEDICINE NAME (04) NEED TO DROP A MEDICINE | (01) BOX PMS12 (02) PMS2 - MEDICINE_PMSADD (03) PMS3 - MEDICINE_PMSEDIT (04) PMS4 - MEDICINE_PMSDELETE |
| MEDICINE_PMSADD | PMS2 | roster | What is the name of the medicine that needs to be added? ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. | (01) continuous answer | PMS6A - GETNUM |
| MEDICINE_PMSEDIT | PMS3 | roster | EDIT ALL MEDICINES AT THIS ROSTER. What is the name of the medicine that needs to be edited? | (01) continuous answer | PMSINTRB - PMSUPDATE |
| MEDICINE_PMSDELETE | PMS4 | roster | What is the name of the medicine that needs to be deleted? SELECT ALL MEDICINES FOR DELETION AT THIS ROSTER. | (01) continuous answer | PMSINTRB - PMSUPDATE |
| GETNUM | PMS6A | grid | How many times between (SUMMUTIL) and (REFERENCE DATE) did [you/(SP)] obtain (READ MEDICINE NAME(S) BELOW)? IF ALL MEDICINES ARE NOT LISTED, USE "PREVIOUS PAGE" AND ADD THE MEDICINE TO THE ROSTER. REFER TO STATEMENTS OR RECEIPTS, IF AVAILABLE. [COUNT A MEDICINE AS OBTAINED 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.] [[IF THE MEDICINE WAS ENTERED IN ERROR, 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 PMS3 |
| | BOX PMS3 | routing | IF AT LEAST ONE PRESCRIPTION MEDICINE DISPLAYED AT PMS6A HAS NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF IN THE PREVIOUS ROUND, GO TO PMS6A_IN - NAVIGATOR. ELSE GO TO PMSINTRB - PMSUPDATE. | | |
| NAVIGATOR | PMS6A_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | (01) BOX PMS4 (02) PMSINTRB - PMSUPDATE |
| | BOX PMS4 | routing | IF SP USED V.A. FACILITIES IN THE PREVIOUS ROUND, GO TO PMS6A1 - PMSATVA. ELSE GO TO BOX PMS6. | | |
| PMSATVA | PMS6A1 | yes/no | 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 PMS6 |
| | BOX PMS6 | routing | IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE PREVIOUS ROUND, GO TO PMS6B - PMSATHMO. ELSE GO TO PMSINTB1 - PMSINTB. | | |

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| PMSATHMO | PMS6B | yes/no | 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 | PMSINTB1 - PMSINTB |
| PMSINTB | PMSINTB1 | no entry | [ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.] Now I need to ask you a few questions about the (MEDICINE NAME). | | BOX PMS8 |
| | BOX PMS8 | routing | GO TO PMS8 - PMBOTTLE. | | |
| PMBOTTLE | PMS8 | yes/no | 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 | (01) PMSINTRC - PMSINTC (02) BOX PMS11 (03) PMS9 - PMFORM (-8) BOX PMS11 (-9) BOX PMS11 |
| PMSINTC | PMSINTRC | no entry | COMPLETE PMS9 -- PMS16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER. | | PMS9 - PMFORM |
| PMFORM | PMS9 | code one | IN WHAT FORM WAS 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 | (01) PMS10 - STRNUNIT (02) PMS10 - STRNUNIT (03) PMS10 - STRNUNIT (04) PMS10 - STRNUNIT (05) PMS10 - STRNUNIT (06) PMS10 - STRNUNIT (07) PMS10 - STRNUNIT (08) PMS10 - STRNUNIT (09) PMS10 - STRNUNIT (10) PMS10 - STRNUNIT (11) PMS10 - STRNUNIT (12) PMS10 - STRNUNIT (91) PMS9 - PMFORMOS (-8) BOX PMS9 |
| PMFORMOS | PMS9 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | PMS10 - STRNUNIT |
| STRNUNIT | PMS10 | code one | WHAT WAS THE STRENGTH OF [EACH PILL/EACH PATCH/EACH SUPPOSITORY/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 (-8) Don't Know | (01) PMS10 - STRNNUM (02) PMS10 - STRNNUM (03) PMS10 - STRNNUM (04) PMS10 - STRNNUM (05) PMS10 - STRNNUM (06) PMS10 - STRNPER (07) PMS10 - STRNNUM (08) PMS10 - STRNNUM (91) PMS10 - STRNUNOS (96) PMS10 - STRNUNIT96 (-8) PMS10 - STRNUNIT96 |
| STRNUNOS | PMS10 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | PMS10 - STRNNUM |
| STRNNUM | PMS10 | numeric | | (01) continuous answer (-8) Don't Know | PMS10 - STRNUNIT96 |
| STRNPER | PMS10 | verbatim text | | (01) continuous answer (-8) Don't Know | PMS10 - STRNUNIT96 |
| STRNUNIT96 | PMS10 | verbatim text | | (01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) Empty | BOX PMS8A |
| | BOX PMS8A | routing | IF PMS10 - STRNUNIT96 = 1/Compound, GO TO PMS10B - STRNUNI2. ELSE GO TO BOX PMS9. | | |

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| STRNUNI2 | PMS10B | code one | 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 (-8) Don't Know | (01) PMS10B - STRNNUM2 (02) PMS10B - STRNNUM2 (03) PMS10B - STRNNUM2 (04) PMS10B - STRNNUM2 (05) PMS10B - STRNNUM2 (06) PMS10B - STRNPER2 (07) PMS10B - STRNNUM2 (08) PMS10B - STRNNUM2 (91) PMS10B - STRNUNO2 (96) DO NOT DISPLAY. (-8) BOX PMS9 |
| STRNUNO2 | PMS10B | verbatim text | OTHER (SPECIFY) | (01) continuous answer | PM10B - STRNNUM2 |
| STRNNUM2 | PMS10B | numeric | | (01) continuous answer (-8) Don't Know | BOX PMS9 |
| STRNPER2 | PMS10B | verbatim text | | (01) continuous answer (-8) Don't Know | BOX PMS9 |
| | BOX PMS9 | routing | IF THE PRESCRIPTION MEDICINE FORM IS PILLS, SUPPOSITORIES OR PATCHES IN THE PREVIOUS ROUND, GO TO PMS11 - TABNUM. ELSE GO TO PMS16 - AMTUNIT. | | |
| TABNUM | PMS11 | numeric | HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED? | (01) continuous answer (-8) Don't Know (-9) Refused | BOX PMS10 |
| | BOX PMS10 | routing | IF PRESCRIPTION MEDICINE FORM IS PILLS OR SUPPOSITORIES IN THE PREVIOUS ROUND AND PMS11 - TABNUM=DK, GO TO PMS12 - TABSADAY. ELSE GO TO BOX PMS11. | | |
| TABSADAY | PMS12 | numeric | HOW MANY (PILLS/SUPPOSITORIES) WERE TO BE TAKEN IN A DAY? | (01) continuous answer (-7) Empty (-8) Don't Know | PMS12 - TABSADAY95 |
| TABSADAY95 | PMS12 | code one | | (01) LESS THAN WHOLE (02) TAKE AS NEEDED (-7) Empty | BOX PMS10A |
| | BOX PMS10A | routing | IF PMS12 - TABSADAY = DK, GO TO BOX PMS11. ELSE IF PMS12 - TABSADAY95 = 2/TakeAsNeeded, GO TO PMS13 - TABTAKE. ELSE GO TO PMS14 - TAKEUNIT. | | |
| TABTAKE | PMS13 | numeric | How many (pills/suppositories) did [you/(SP)] usually take in a day? | (01) continuous answer (-8) Don't Know (-9) Refused | PMS13 - TABTAKE96 |
| TABTAKE96 | PMS13 | code one | | (01) DON'T TAKE EVERY DAY (-7) Empty | BOX PMS10B |
| | BOX PMS10B | routing | IF PMS13 - TABTAKE96 = 1/DontTakeEveryDay, GO TO BOX PMS11. ELSE GO TO PMS14 - TAKEUNIT. | | |
| TAKEUNIT | PMS14 | code one | 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 (-9) Refused | |
| TAKENUM | PMS14 | numeric | | (01) continuous answer | BOX PMS11 |
| AMTUNIT | PMS16 | code one | 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 | (01) PMS16 - AMTNUM (02) PMS16 - AMTNUM (03) PMS16 - AMTNUM (04) PMS16 - AMTNUM (05) PMS16 - AMTNUM (06) PMS16 - AMTNUM (07) PMS16 - AMTNUM (91) PMS16 - AMTUNOS (-8) BOX PMS11 |
| AMTUNOS | PMS16 | verbatim text | | (01) continuous answer | PMS16 - AMTNUM |

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| AMTNUM | PMS16 | numeric | | (01) continuous answer (-8) Don't Know | BOX PMS11 |
| | BOX PMS11 | routing | GO TO PMS6A_IN - NAVIGATOR. | | |
| | BOX PMS12 | routing | GO TO PMQ. | | |