

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			SATISFACTION WITH CARE QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C003, C004, C005, C006 SPALIVE=1 SEASON=FALL SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> Administer after NAQ.		
MCQUALTY	SC1	code 1	SHOW CARD SC1 We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied you have been with the following: The overall quality of the health care [you have /(SP) has] received [over the past year/since (TODAY'S DATE - 12 MONTHS)].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC2 - MCAVAIL
MCAVAIL	SC2	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The availability of health care at night and on weekends.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC3 - MCEASE
MCEASE	SC3	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease and convenience of getting to a doctor from where [you/(SP)] [live/lives].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC4 - MCCOSTS
MCCOSTS	SC4	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The out-of-pocket costs [you/(SP)] paid for health care.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC5 - MCINFO
MCINFO	SC5	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The information given to [you/you or (SP)] about what was wrong with [you/(SP)].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC6 - MCFOLUP
MCFOLUP	SC6	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The follow-up care [you/(SP)] received after an initial treatment or operation.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC7 - MCCONCRN
MCCONCRN	SC7	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The concern of doctors for [your/(SP's)] overall health rather than just for an isolated symptom or disease.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8 - MCSAMLOC

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MCSAMLOC	SC8	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] Getting all [your/(SP's)] health care needs taken care of at the same location.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8A - MCSPECAR
MCSPECAR	SC8A	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8B - MCTELANS
MCTELANS	SC8B	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8C - MCAMTPAY
MCAMTPAY	SC8C	code 1	SHOW CARD SC1 [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
	BOX SC1A	routing	IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND) OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST. ELSE GO TO SC9 - MDISSFY.		
MCDRGLST	SC8D	code 1	SHOW CARD SC1 [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 SC1 [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	SC8G - DHEVHEAR
DHEVHEAR	SC8G	yes/no	[[You receive/(SP) receives] [your/his/her] prescription drug coverage through a [Medicare Prescription Drug Plan/Medicare Advantage plan./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 "doughnut 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 "doughnut hole" that is part of most Medicare drug plans?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX SC1AA
	BOX SC1AA	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8I - DHPLAN. ELSE GO TO SC9 - MDISSFY.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
DHPLAN	SC8I	yes/no	Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or "doughnut hole"? [EXPLAIN IF NECESSARY: The coverage gap, or "doughnut 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	(01) SC8L - DHTHISYR (02) SC9 - MDISSFY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY
DHTHISYR	SC8L	yes/no	[Have you/Has (SP)] reached the start of the coverage gap during (CURRENT YEAR)? [EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means [you have/he has/she has] reached a phase during which there is a reduction in coverage and [you/he/she] will have to pay a higher share of [your/his/her] drug costs.] 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	(01) SC8M - DHSTART (02) SC9 - MDISSFY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY
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	(01) SC8N - DHEND (02) SC8N - DHEND (03) SC8N - DHEND (91) SC8M - DHSTAROS (-8) SC8N - DHEND (-9) SC8N - DHEND
DHSTAROS	SC8M	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	SC8N - DHEND
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	(01) SC8O - DHWORRY (02) SC8O - DHWORRY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY
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	SC9 - MDISSFY
MDISSFY	SC9	verbatim text	Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with?	(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM IN THE NEXT SCREEN) (-8) Don't Know (-9) Refused	(01) SC10A - MCWORRY (91) SC9 - MCDISVB (-8) SC10A - MCWORRY (-9) SC10A - MCWORRY
MCDISVB	SC9	verbatim text	Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with?	(01) [Continuous answer.]	SC10A - MCWORRY
MCWORRY	SC10A	list	Please tell me whether each of the following statements is true or false. [You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement true or false?]	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCAVOID
MCAVOID	SC10A	list	Please tell me whether each of the following statements is true or false. [You/(SP)] will do just about anything to avoid going to the doctor.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCSICK
MCSICK	SC10A	list	Please tell me whether each of the following statements is true or false. When [you/(SP)] [are/is] sick, [you/he/she] [try/tries] to keep it to [yourself/himself/herself].	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCDRsoon
MCDRsoon	SC10A	list	Please tell me whether each of the following statements is true or false. Usually, [you/(SP)] (go/goes) to the doctor as soon as (you/he/she) (start/starts) to feel bad.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC11 - MCDRNSEE
MCDRNSEE	SC11	yes/no	During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think [you/he/she] should have seen a doctor or other medical person, but did not? [INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC12AA - TEMPCOND1 (02) SC15 - PMNOTGET (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET

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TEMPCOND1	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.]	SC12AA - TEMPCOND2
TEMPCOND2	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty	(01) SC12AA - TEMPCOND3 (-7) SC12A - MCDRATMP
TEMPCOND3	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty	SC12A - MCDRATMP
MCDRATMP	SC12A	yes/no	Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	SC13A - SCRCODES
SCRCODES	SC13A	code all	SHOW CARD SC2 This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition. Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	(01) BOX SC1B (02) BOX SC1B (03) BOX SC1B (04) BOX SC1B (05) BOX SC1B (06) BOX SC1B (07) BOX SC1B (91) SC13A - SCROTOS (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET
SCROTOS	SC13A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX SC1B
	BOX SC1B	routing	IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO SC15 - PMNOTGET.		
SCRMAIN	SC14A	code 1	Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.] (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA)	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	SC15 - PMNOTGET
PMNOTGET	SC15	yes/no	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.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC16 - TEMPMED1 (02) SC20 - GENERRX (-8) SC20 - GENERRX (-9) SC20 - GENERRX
TEMPMED1	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.]	SC16 - TEMPMED2
TEMPMED2	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	(01) SC16 - TEMPMED3 (-7) SC17INTR - SCINT2
TEMPMED3	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	(01) SC16 - TEMPMED4 (-7) SC17INTR - SCINT2
TEMPMED4	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	(01) SC16 - TEMPMED5 (-7) SC17INTR - SCINT2
TEMPMED5	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	SC17INTR - SCINT2
SCINT2	SC17INTR	no entry	SHOW CARD SC3 This card lists some reasons people have given for not having prescriptions filled or refilled.	(01) CONTINUE (-7) Empty	SC17A - SCPMCODS

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SCPMCIDS	SC17A	code all	Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]? [MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16] [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(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	(01) BOX SC2 (02) BOX SC2 (03) BOX SC2 (04) BOX SC2 (05) BOX SC2 (06) BOX SC2 (07) BOX SC2 (08) BOX SC2 (09) BOX SC2 (91) SC17A - SCPMOTOS (-8) SC20 - GENERRX (-9) SC20 - GENERRX
SCPMOTOS	SC17A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX SC2
	BOX SC2	routing	IF SC17A - SCPMCIDS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN. ELSE GO TO SC20 - GENERRX.		
SCPMMAIN	SC18A	code 1	Which of these was the main reason [you/(SP)] did not obtain [this medicine/these medicines] during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.] [MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16]	(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	SC20 - GENERRX
GENERRX	SC20	list	SHOW CARD SC4 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 (-8) Don't Know (-9) Refused	SC20 - MAILRX
MAILRX	SC20	list	SHOW CARD SC4 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 - DOSESRX
DOSESRX	SC20	list	SHOW CARD SC4 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 SC4 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 SC4 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

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SAMPLERX	SC21	list	SHOW CARD SC4 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 provider?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC21 - COMPARRX
COMPARRX	SC21	list	SHOW CARD SC4 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
NOFILLRX	SC21	list	SHOW CARD SC4 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 SC4 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 SC4 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 SC4 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 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 SC4 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 SC4 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 SCEND
	BOX SCEND	routing	GO TO USQ.		