

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Code List                                                                                                                                                                                                                                         | Routing                                                                             |
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|               |                |               | <p><b>DRUG COVERAGE QUESTIONNAIRE SPECIFICATIONS</b></p> <p><u>CRITERIA</u><br/>INTTYPE=C001, C002, C004, C005, C006, C010<br/>SPALIVE=1<br/>SEASON=SUMMER<br/>SPPROXY=SP or PROXY<br/>Other: N/A</p> <p><u>PLACEMENT</u><br/>Administer ater DBQ.</p>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                   |                                                                                     |
|               | BOX RX1        | routing       | BESIDES MEDICARE, IF TRICARE IS THE ONLY "CURRENT" PLAN, GO TO SC8C - MCAMTPAY<br>ELSE IF THE RESPONDENT IS A PROXY, GO TO RX1 - PDXHIDEC.<br>ELSE GO TO RXP2 - PDEASY.                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                   |                                                                                     |
| PDXHIDEC      | RX1            | yes/no        | Do you help (SP) make decisions regarding (SP's) health insurance coverage?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                            | (01) RXP2 - PDEASY<br>(02) SC8C - MCAMTPAY<br>(-8) SC8C - MCAMTPAY<br>(-9) MCAMTPAY |
| PDEASY        | RXP2           | code one      | <p>SHOW CARD RX1<br/>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<br>(02) SOMEWHAT EASY<br>(03) SOMEWHAT DIFFICULT<br>(04) VERY DIFFICULT<br>(-8) Don't Know<br>(-9) Refused                                                                                                                         | RXP3 - PDKNOW                                                                       |
| PDKNOW        | RXP3           | code1         | <p>SHOW CARD RX2<br/>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<br>(02) MOST OF WHAT YOU NEED TO KNOW<br>(03) SOME OF WHAT YOU NEED TO KNOW<br>(04) A LITTLE OF WHAT YOU NEED TO KNOW<br>(05) ALMOST NONE OF WHAT YOU NEED TO KNOW<br>(-8) Don't Know<br>(-9) Refused | BOX RXP2                                                                            |
|               | BOX RXP2       | routing       | IF SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN, GO TO BOX RXP3A.<br>ELSE IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE, GO TO RXP9 - PDCONSDR.<br>ELSE IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO RXP8A - PDCOMPPL.<br>ELSE GO TO BOX RX2.                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                   |                                                                                     |

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| PDCOMPPL      | RXPD8A         | 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<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                       | BOX RXPD3                                                                                      |
| PDCONSDR      | RXPD9          | 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 (SP) 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<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                       | BOX RXPD3                                                                                      |
|               | BOX RXPD3      | routing       | IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO BOX RX2.<br>ELSE GO TO RXPD10 - PDMABENS.                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                              |                                                                                                |
| PDMABENS      | RXPD10         | yes/no        | <p>Did [you/(SP)], or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [your/(SP's)] (CURRENT MEDICARE MANAGED CARE PLAN) plan with any other Medicare Advantage plans in [your/(SP's)] area?</p>                                                                                                                                                                                                                                                                                                        | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                       | BOX RXPD4                                                                                      |
|               | BOX RXPD3A     | routing       | IF SP HAS REPORTED BEING AUTOMATICALLY ENROLLED IN A MEDICARE PRESCRIPTION DRUG PLAN IN ANY PREVIOUS ROUND (P_PDEVROLL=1), GO TO RXPD12 - PDAUTENR.<br>ELSE GO TO RXPD11 - PDEVROLL.                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                                                                |
| PDEVROLL      | RXPD11         | yes/no        | <p>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 their own.</p> <p>[Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan?</p>                                                                                                                                                                                                    | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                       | (01) RXPD12 - PDAUTENR<br>(02) RXPD15 - PDCOMP<br>(-8) RXPD15 - PDCOMP<br>(-9) RXPD15 - PDCOMP |
| PDAUTENR      | RXPD12         | yes/no        | <p>[Were you/Was (SP)] automatically enrolled in [your/(SP's)] current Medicare Prescription Drug plan - that is, [your/(SP's)] (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan?</p> <p>[[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 their own.]]</p>                                                                      | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                       | RXPD14 - PDSWITCH                                                                              |
| PDSWITCH      | RXPD14         | code one      | <p>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?</p>                                                                                                                                                                                                                                                                                                                                                  | (01) YES DID KNOW<br>(02) NO DID NOT KNOW<br>(-8) Don't Know<br>(-9) Refused | RXPD15 - PDCOMP                                                                                |

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| 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<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | BOX RXP4       |
|               | BOX RXP4       | routing       | IF (RXP12 - PDAUTENR = 1/Yes) OR (RXP15 - PDCOMP = 2/No, DK, OR RF), GO TO BOX RX2.<br>ELSE GO TO RXP18 - PDOPTR.                                                                                                                                                                                                                                                                                                       |                                                        |                |
| PDOPTR        | 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.<br><br>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)]...<br><br>the cost of the plan's monthly premium? | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | RXP18 - PDOPTR |
| PDOPTR        | 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)]...)<br><br>the plan's deductible?                                                                                                                                                                                       | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | RXP18 - PDOPTR |
| PDOPTR        | 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)]...)<br><br>the plan's list of covered medicines, or formulary?                                                                                                                                                          | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | RXP18 - PDOPTR |
| PDOPTR        | 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)]...)<br><br>the convenience of the pharmacies that the plan allows [you(SP)] to use?                                                                                                                                     | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | RXP18 - PDOPTR |
| PDOPTR        | 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)]...)<br><br>someone's recommendation of the plan?                                                                                                                                                                        | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | RXP18 - PDOPTR |
| PDOPTR        | 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)]...)<br><br>the dollar amount [you/(SP)] would pay for prescribed medicines [you use/(SP) uses]?                                                                                                                         | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused | BOX RXP4A      |

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|               | BOX RXP4A      | routing       | IF RESPONDENT ANSWERED "YES" TO MORE THAN ONE QUESTION AT RXP18, GO TO RXP18A - PDOPMOST.<br>ELSE GO TO BOX RX2.                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |
| PDOPMOST      | RXP18A         | code one      | 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?<br><br>[READ ITEMS BELOW IF NECESSARY.]                                                               | (01) THE COST OF THE PLANS MONTHLY PREMIUM<br>(02) THE PLAN'S DEDUCTIBLE<br>(03) THE PLAN'S LIST OF MEDICINES OR FORMULARY<br>(04) CONVENIENCE OF THE PHARMACIES THAT THE PLAN ALLOWS (SP) TO USE<br>(05) SOMEONE'S RECOMMENDATION OF THE PLAN<br>(07) THE DOLLAR AMOUNT (SP) WOULD PAY FOR PRESCRIBED MEDICINES<br>(-8) Don't Know<br>(-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.<br>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<br>(-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 RXP23A - PDSATSFY.<br>ELSE GO TO RX2 - PDCONFID.                                                                             |                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |
| PDSATSFY      | RXP23A         | code one      | SHOW CARD RX3<br>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<br>(02) SATISFIED<br>(03) DISSATISFIED<br>(04) VERY DISSATISFIED<br>(05) NOT APPLICABLE<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                      | RX2 - PDCONFID                                                                           |
| PDCONFID      | RX2            | code one      | SHOW CARD RX4<br>How confident are you that [you now have/(SP) now has] the drug coverage that best meets [your/(SP's)] needs?<br>Would you say you are...                                                                                                          | (01) Extremely confident,<br>(02) Very confident,<br>(03) Moderately confident,<br>(04) Slightly confident, or<br>(05) Not confident?<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                            | RX3 - RXUSEPLN                                                                           |
| RXUSEPLN      | RX3            | yes/no        | [Have you/Has (SP)] used [your/(SP's)] [(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<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                              | (01) RX4 - RXCOSTLY<br>(02) RX18 - PDNOUSE<br>(-8) RX18 - PDNOUSE<br>(-9) RX18 - PDNOUSE |

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| RXCOSTLY      | RX4            | code one      | 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<br>(02) LESS THAN LAST YEAR<br>(03) THE SAME AS LAST YEAR<br>(04) NO DRUG COVERAGE PREMIUM LAST YEAR<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                       | RX5 - RXAMNTLY                                                                                                                                                                                |
| RXAMNTLY      | RX5            | code one      | Are the amounts that [you pay/(SP) pays] for medicines at the pharmacy using [your/(SP's)] [(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/(SP)] paid last year? | (01) MORE THAN LAST YEAR<br>(02) LESS THAN LAST YEAR<br>(03) THE SAME AS LAST YEAR<br>(04) NO COST FOR RX LAST YEAR<br>(-8) Don't Know<br>(-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/(SP's)) (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?                        | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                 | RX8 - RXCHGMED                                                                                                                                                                                |
| RXCHGMED      | RX8            | yes/no        | [Have you/Has (SP)] had to change any of [your/(SP's)] prescribed medicines from a brand name to a generic medicine because of [your/(SP's)] (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?   | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                 | RX9 - RXSWTCH                                                                                                                                                                                 |
| RXSWTCH       | RX9            | yes/no        | [Have you/Has (SP)] had to switch to a different medication because a drug [you/(SP)] needed was not available through [your/(SP's)] (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?           | (01) YES<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                 | RX16 - RXPARTIC                                                                                                                                                                               |
| RXPARTIC      | RX16           | code one      | 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<br>(02) NO<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                 | RX17 - PDRXRATE                                                                                                                                                                               |
| PDRXRATE      | RX17           | code one      | SHOW CARD RX3<br>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<br>(02) SATISFIED<br>(03) DISSATISFIED<br>(04) VERY DISSATISFIED<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                | SC8C - MCAMTPAY                                                                                                                                                                               |
| PDNOUSE       | RX18           | code all      | Why [haven't you/hasn't (SP)] used [your/(SP's)] [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage in (CURRENT YEAR)?<br>CHECK ALL THAT APPLY.                                                                        | (01) HAVE NOT PURCHASED MEDICINE<br>(02) DON'T HAVE CARD OR OTHER ENROLLMENT VERIFICATION/NOT ABLE DUE TO PLAN PROBLEM<br>(03) PHARMACY WOULDN'T GIVE MEDICINE<br>(04) COST OF RX TOO HIGH/EXPENSIVE<br>(05) DRUG(S) NEEDED NOT COVERED BY PLAN<br>(06) OBTAIN RX THROUGH VA COVERAGE<br>(91) OTHER<br>(-8) Don't Know<br>(-9) Refused | (01) SC8C - MCAMTPAY<br>(02) SC8C - MCAMTPAY<br>(03) SC8C - MCAMTPAY<br>(04) SC8C - MCAMTPAY<br>(05) SC8C - MCAMTPAY<br>(91) RX18 - PDNOOTHOS<br>(-8) SC8C - MCAMTPAY<br>(-9) SC8C - MCAMTPAY |

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| 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/(SP) is] not enrolled in such a plan?<br>CHECK ALL THAT APPLY.                                                                                                                                                                                                                                                                      | (01) HAVE RX COVERAGE THROUGH A NON-PDP PLAN/SOURCE<br>(02) DON'T TAKE ENOUGH PRESCRIPTIONS TO NEED IT<br>(03) PLANS DON'T COVER PRESCRIPTIONS SP TAKES<br>(04) DON'T KNOW HOW TO ENROLL<br>(05) DON'T KNOW ENOUGH ABOUT PLANS<br>(06) TOO EXPENSIVE OR CAN'T AFFORD<br>(07) TOO CONFUSING OR TOO COMPLICATED<br>(08) TOO MANY PLANS TO CHOOSE FROM OR CAN'T DECIDE ON ONE PLAN<br>(09) WON'T BENEFIT OR WON'T SAVE MONEY<br>(10) HAD A PDP, DIDN'T LIKE IT OR WASN'T USEFUL<br>(11) SP BUYS MEDICINE OUTSIDE OF THE U.S.<br>(91) OTHER REASON<br>(-8) Don't Know<br>(-9) Refused | (01) SC8C - MCAMTPAY<br>(02) SC8C - MCAMTPAY<br>(03) SC8C - MCAMTPAY<br>(04) SC8C - MCAMTPAY<br>(05) SC8C - MCAMTPAY<br>(06) SC8C - MCAMTPAY<br>(07) SC8C - MCAMTPAY<br>(08) SC8C - MCAMTPAY<br>(09) SC8C - MCAMTPAY<br>(10) SC8C - MCAMTPAY<br>(11) SC8C - MCAMTPAY<br>(91) RX19 - PDNTOTHOS<br>(-8) SC8C - MCAMTPAY<br>(-9) SC8C - MCAMTPAY |
| PDNTOTHOS     | RX19           | verbatim text | OTHER REASON (SPECIFY)                                                                                                                                                                                                                                                                                                                                                                                                                             | (01) [Continuous answer.]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SC8C - MCAMTPAY                                                                                                                                                                                                                                                                                                                               |
| MCAMTPAY      | SC8C           | code one      | SHOW CARD RX3<br><br>We are interested in how you feel about [your/(SP)'s] access to prescription drugs during (CURRENT YEAR)].<br><br>[Please tell me how satisfied you have been with . . .]<br><br>The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.                                                                                                                                                                | (01) VERY SATISFIED<br>(02) SATISFIED<br>(03) DISSATISFIED<br>(04) VERY DISSATISFIED<br>(05) NOT APPLICABLE<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                                                                                                                                                                    | BOX SC1A                                                                                                                                                                                                                                                                                                                                      |
|               | 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 RXCOVER=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.<br>ELSE GO TO SC20-GENERRX. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                               |
| MCDRGLST      | SC8D           | code one      | SHOW CARD RX3<br><br>[Please tell me how satisfied you have been with . . .]<br><br>[Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan.<br><br>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]                                                                                                                                            | (01) VERY SATISFIED<br>(02) SATISFIED<br>(03) DISSATISFIED<br>(04) VERY DISSATISFIED<br>(05) NOT APPLICABLE<br>(-8) Don't Know<br>(-9) Refused                                                                                                                                                                                                                                                                                                                                                                                                                                    | SC8E - MCFNDPCY                                                                                                                                                                                                                                                                                                                               |

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| MCFNDPCY      | SC8E           | code one      | SHOW CARD RX3<br><br>[Please tell me how satisfied you have been with . . .]<br><br>The ease of finding a pharmacy which accepts [your/(SP)] prescription drug plan.<br><br>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.] | (01) VERY SATISFIED<br>(02) SATISFIED<br>(03) DISSATISFIED<br>(04) VERY DISSATISFIED<br>(05) NOT APPLICABLE<br>(-8) Don't Know<br>(-9) Refused | SC8F - MCRECPLN |
| MCRECPLN      | SC8F           | code one      | Would [you/(SP)] recommend [your/(SP's)] prescription drug plan to other people like [you/(SP)]?<br><br>[EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]                                                                | (01) YES<br>(02) NO<br>(03) NOT APPLICABLE<br>(-8) Don't Know<br>(-9) Refused                                                                  | SC20 - GENERRX  |
| GENERRX       | SC20           | list          | SHOW CARD RX5<br><br>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...<br><br>asked for generics instead of brand name drugs?                                                            | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(04) AUTOMATICALLY RECEIVES GENERICS<br>(-8) Don't Know<br>(-9) Refused                          | SC20 - MAILRX   |
| MAILRX        | SC20           | list          | SHOW CARD RX5<br><br>[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... ]<br><br>purchased prescription drugs through the mail or on the Internet?                                       | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused                                                                  | SC20 - DOSESRX  |
| DOSESRX       | SC20           | list          | SHOW CARD RX5<br><br>[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... ]<br><br>taken smaller doses than prescribed of a medicine to make the medicine last longer?                     | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused                                                                  | SC20 - SKIPRX   |
| SKIPRX        | SC20           | list          | SHOW CARD RX5<br><br>[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...]<br><br>skipped doses to make the medicine last longer?                                                         | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused                                                                  | SC20 - DELAYRX  |
| DELAYRX       | SC20           | list          | SHOW CARD RX5<br>[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...]<br><br>delayed getting a prescription filled because the medicine cost too much?                                   | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused                                                                  | SC21 - SAMPLERX |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                           | Code List                                                                     | Routing         |
|---------------|----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|
| SAMPLERX      | SAMPLERX       | code one      | SHOW CARD RX5<br>[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...]<br><br>asked for or received free samples from (your/(SP's)) doctor or health professional?                                                                              | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC21 - COMPARRX |
| COMPARRX      | COMPARRX       | code one      | SHOW CARD RX5<br>[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...]<br><br>compared prices or shopped around for the best price?                                                                                                             | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC21 - NOFILLRX |
| NOFILLRX      | NOFILLRX       | code one      | SHOW CARD RX5<br>[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...]<br><br>decided not to fill a prescription because it cost too much?                                                                                                      | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC21 - SPENTLRX |
| SPENTLRX      | SPENTLRX       | code one      | SHOW CARD RX5<br>[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...]<br><br>spent less money on food, heat, or other basic needs so that [you/(SP)] would have money for medicine?                                                            | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC22 - CHAINRX  |
| CHAINRX       | CHAINRX        | code one      | SHOW CARD RX5<br>[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...]<br><br>purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan?                                                    | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC22 - STOPRX   |
| STOPRX        | STOPRX         | code one      | SHOW CARD RX5<br>[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...]<br><br>talked with (your/(SP's)) doctor or other health professional about stopping a medicine to save money or substituting a medicine with one that is less expensive? | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC22 - CREDRX   |
| CREDRX        | CREDRX         | code one      | SHOW CARD RX5<br>[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...]<br><br>used a credit card so that (you/(SP)) could pay for prescription drugs over time?                                                                                 | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | SC23 - NOINSRX  |

| Variable Name | MR Screen Name | Question Type | Question Text/Description                                                                                                                                                                                                                                                                                                                                                                                                                              | Code List                                                                     | Routing   |
|---------------|----------------|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------|
| NOINSRX       | NOINSRX        | code one      | <p>SHOW CARD RX5</p> <p>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.</p> <p>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/(SP's)) own spending on drugs?</p> | (01) OFTEN<br>(02) SOMETIMES<br>(03) NEVER<br>(-8) Don't Know<br>(-9) Refused | BOX RXEND |
|               | BOX RXEND      | routing       | GO TO DVH                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |           |