Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			DRUG COVERAGE QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=1 SEASON=SUMMER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer ater IAQ.		
	BOX RX1	routing	BESIDES MEDICARE, IF TRICARE IS THE ONLY "CURRENT" PLAN, GO TO SC8C - MCAMTPAY ELSE IF THE RESPONDENT IS A PROXY, GO TO RX1 - PDXHIDEC. ELSE GO TO RXPD2 - PDEASY.		
PDXHIDEC	RX1	yes/no	Do you help (SP) make decisions regarding [his/her] health insurance coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) RXPD2 - PDEASY (02) SC8C - MCAMTPAY (-8) SC8C - MCAMTPAY (-9) MCAMTPAY
PDEASY	RXPD2	code 1	SHOW CARD RX1 Now I have a few questions regarding the Medicare Prescription Drug benefit. Overall, how easy or difficult do you think the Medicare Prescription Drug benefit is to understand? Would you say it is very easy to understand, somewhat easy, somewhat difficult, or very difficult to understand? [READ IF NECESSARY: These questions are intended to measure the general understanding of the Medicare Prescription Drug Benefit, regardless of whether or not you have a plan that provides the benefit (such as through an MPDP or MA plan).]	(01) VERY EASY (02) SOMEWHAT EASY (03) SOMEWHAT DIFFICULT (04) VERY DIFFICULT (-8) Don't Know (-9) Refused	RXPD3 - PDKNOW
PDKNOW	RXPD3	code1	SHOW CARD RX2 How much do you think you know about the Medicare Prescription Drug benefit? 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? [READ IF NECESSARY: These questions are intended to measure the general understanding of the Medicare Prescription Drug Benefit, regardless of whether or not you have a plan that provides the benefit (such as through an MPDP or MA plan).]	(01) JUST ABOUT EVERYTHING YOU NEED TO KNOW (02) MOST OF WHAT YOU NEED TO KNOW (03) SOME OF WHAT YOU NEED TO KNOW (04) A LITTLE OF WHAT YOU NEED TO KNOW (05) ALMOST NONE OF WHAT YOU NEED TO KNOW (-8) Don't Know (-9) Refused	BOX RXPD2
	BOX RXPD2	routing	IF SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN, GO TO BOX RXPD3A. ELSE IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE, GO TO RXPD9 - PDCONSDR. ELSE IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO RXPD8A - PDCOMPPL. ELSE GO TO RXPD20 - PDEXAPLY.		
PDCOMPPL	RXPD8A	yes/no	[You/(SP)] currently [have/has] drug coverage through [READ PLAN(S) LISTED ABOVE]. 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? [EXPLAIN IF NECESSARY: A Medicare Prescription Drug plan adds drug coverage to Original Medicare.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX RXPD3

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PDCONSDR	RXPD9	yes/no	([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.) Did [you/(SP), or someone for (SP),] consider enrolling [her/him] in a separate Medicare Prescription Drug plan for (CURRENT YEAR)? [EXPLAIN IF NECESSARY: A separate Medicare Prescription Drug plan is typically used together with medical benefits from Original Medicare.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX RXPD3
	BOX RXPD3	routing	IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO BOX RX2. ELSE GO TO RXPD10 - PDMABENS.		
PDMABENS	RXPD10	yes/no	Did [you/(SP), or someone for (SP),] compare the (CURRENT YEAR) drug coverage offered by [your/his/her] (CURRENT MEDICARE MANAGED CARE PLAN) plan with any other Medicare Advantage plans in [your/his/her] area?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX 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. ELSE GO TO RXPD11 - PDEVROLL.		
PDEVROLL	RXPD11	yes/no	Some people were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled", I mean that the beneficiary was assiged to a plan by Medicare, as opposed to selecting a plan on his or her own. [Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) RXPD12 - PDAUTENR (02) RXPD15 - PDCOMPRE (-8) RXPD15 - PDCOMPRE (-9) RXPD15 - PDCOMPRE
PDAUTENR	RXPD12	yes/no	[Were you/Was (SP)] automatically enrolled in [your/his/her] current Medicare Prescription Drug plan - that is, [your/his/her] (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan? ([EXPLAIN IF NECESSARY: Some people with Medicare were automatically enrolled in a Medicare Prescription Drug plan. By "automatically enrolled," I mean that the beneficiary was assigned to a plan by Medicare as opposed to selecting a plan on his or her own.])	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD14 - PDSWITCH
PDSWITCH	RXPD14	code 1	Before today, did you know that people who are automatically enrolled by Medicare in a Medicare Prescription Drug plan can switch plans at any time without a penalty?	(01) YES DID KNOW (02) NO DID NOT KNOW (-8) Don't Know (-9) Refused	RXPD15 - PDCOMPRE
PDCOMPRE	RXPD15	yes/no	Did [you/(SP), or someone for (SP),] compare (CURRENT YEAR) drug coverage offered by [your/(SP's) (CURRENT MEDICARE PRESCRIPTION DRUG PLAN) plan with any other Medicare Prescription Drug plans?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX RXPD4
	BOX RXPD4	routing	IF (RXPD12 - PDAUTENR = 1/Yes) OR (RXPD15 - PDCOMPRE = 2/No, DK, OR RF), GO TO BOX RX2. ELSE GO TO RXPD18 - PDOPTPRE.		
PDOPTPRE	RXPD18	list	The next questions are about different things [you or (SP)/you] may have thought about when considering [your/(SP's)] options for (CURRENT YEAR) drug coverage. At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… the cost of the plan's monthly premium?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTDUC

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PDOPTDUC	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… the plan's deductible?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTFOR
PDOPTFOR	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… the plan's list of covered medicines, or formulary?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTVEN
PDOPTVEN	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… the convenience of the pharmacies that the plan allows [you(SP)] to use?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTREC
PDOPTREC	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… someone's recommendation of the plan?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTPAY
PDOPTPAY	RXPD18	list	(At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], did you consider [for (SP)]… the dollar amount [you/(SP)] would pay for prescribed medicines [you use/he uses/she uses]?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX RXPD4A
	BOX RXPD4A	routing	IF RESPONDENT ANSWERED "YES" TO MORE THAN ONE QUESTION AT RXPD18, GO TO RXPD18A - PDOPMOST. ELSE GO TO RXPD18B - PDRECLIS.		
PDOPMOST	RXPD18A	code 1	Which of these was the most important consideration when [you or (SP)]/you] thought about [your/(SP's)] options for (CURRENT YEAR) prescription drug coverage? [READ ITEMS BELOW IF NECESSARY.]	(01) THE COST OF THE PLANS MONTHLY PREMIUM (02) THE PLAN'S DEDUCTIBLE (03) THE PLAN'S LIST OF MEDICINES OR FORMULARY (04) CONVENIENCE OF THE PHARMACIES THAT THE PLAN ALLOWS (SP) TO USE (05) SOMEONE'S RECOMMENDATION OF THE PLAN (06) THE GAP IN COVERAGE OR DONUT HOLE (07) THE DOLLAR AMOUNT (SP) WOULD PAY FOR PRESCRIBED MEDICINES (-8) Don't Know (-9) Refused	RXPD18B - PDRECLIS
PDRECLIS	RXPD18B	yes/no	As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help". [Are you/Is (SP)] receiving this type of help to pay for [your/his/her] (CURRENT YEAR) Medicare prescription drug coverage? [EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) BOX RX2 (02) RXPD20 - PDEXAPLY (-8) RXPD20 - PDEXAPLY (-9) RXPD20 - PDEXAPLY
PDEXAPLY	RXPD20	yes/no	Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) RXPD21 - PDEXACCP (02) BOX RX2 (-8) BOX RX2 (-9) BOX RX2

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PDEXACCP	RXPD21	code 1	Was [your/(SP's)] application for extra help accepted or denied?	(01) ACCEPTED (02) DENIED (03) STILL PENDING/NO DECISION YET (-8) Don't Know (-9) Refused	BOX RX2
	BOX RX2	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE) OR (IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE), GO TO RXINTRO - RXINTRO. ELSE GO TO RX19 - PDNTENR.		
RXINTRO	RXINTRO	no entry	I have a few questions regarding the prescribed drug coverage that [you now receive/(SP) now receives] through [(CURRENT MEDICARE MANAGED CARE PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)].	(01) CONTINUE (-7) Empty	BOX RX3
	BOX RX3	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE), GO TO RXPD23A - PDSATSFY. ELSE GO TO RX2 - PDCONFID.		
PDSATSFY	RXPD23A	code 1	SHOW CARD RX3 At the time that [you/(SP)] decided to have (CURRENT YEAR) drug coverage through ([CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)], how satisfied were you with the information that you had to make that decision?	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (-8) Don't Know (-9) Refused	RX2 - PDCONFID
PDCONFID	RX2	code 1	SHOW CARD RX4 How confident are you that [you now have/(SP) now has] the drug coverage that best meets [your/his/her] needs? Would you say you are…	(01) Extremely confident, (02) Very confident, (03) Moderately confident, (04) Slightly confident, or (05) Not confident? (-8) Don't Know (-9) Refused	RX3 - RXUSEPLN
RXUSEPLN	RX3	yes/no	[Have you/Has (SP)] used [your/his/her] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage when purchasing medicines since January 1 of this year?	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) RX4 - RXCOSTLY (02) RX18 - PDNOUSE (-8) RX18 - PDNOUSE (-9) RX18 - PDNOUSE
RXCOSTLY	RX4	code 1	Compared to last year, is the cost of the monthly premium for [your/(SP's)] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same?	(01) MORE THAN LAST YEAR (02) LESS THAN LAST YEAR (03) THE SAME AS LAST YEAR (04) NO DRUG COVERAGE PREMIUM LAST YEAR (-8) Don't Know (-9) Refused	RX5 - RXAMNTLY
RXAMNTLY	RX5	code 1	Are the amounts that [you pay/(SP) pays] for medicines at the pharmacy using [your/his/her] [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage more, less, or the same compared to what [you/he/she] paid last year?	(01) MORE THAN LAST YEAR (02) LESS THAN LAST YEAR (03) THE SAME AS LAST YEAR (04) NO COST FOR RX LAST YEAR (-8) Don't Know (-9) Refused	RX7 - PDNOCVG
PDNOCVG	RX7	yes/no	Are there any prescribed medicines that [you regularly take/(SP) regularly takes] that are not covered by (your/his/her) (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RX8 - RXCHGMED
RXCHGMED	RX8	yes/no	[Have you/Has (SP)] had to change any of [your/his/her] prescribed medicines from a brand name to a generic medicine because of [your/his/her] (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RX9 - RXSWTCH

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
RXSWTCH	RX9	yes/no	[Have you/Has (SP)] had to switch to a different medication because a drug [you/he/she] needed was not available through [your/his/her] (CURRENT YEAR) [(CURRENT MEDICARE MANAGED CARE PLAN) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RX16 - RXPARTIC
RXPARTIC	RX16	code 1	Does the [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] drug plan network include the pharmacy that [you generally prefer/(SP) generally prefers] to use?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RX17 - PDRXRATE
PDRXRATE	RX17	code 1	SHOW CARD RX3 Overall, how satisfied are you with [your/(SP's)] drug plan through [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)]?	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (-8) Don't Know (-9) Refused	SC8C - MCAMTPAY
PDNOUSE	RX18	code all	Why [haven't you/hasn't (SP)] used [your/his/her] [(CURRENT MEDICARE MANAGED CARE PLAN)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT PRIVATE PLAN NAMES WITH RX)] coverage in (CURRENT YEAR)? CHECK ALL THAT APPLY.	(01) HAVE NOT PURCHASED MEDICINE (02) DON'T HAVE CARD OR OTHER ENROLLMENT VERIFICATION/NOT ABLE DUE TO PLAN PROBLEM (03) PHARMACY WOULDN'T GIVE MEDICINE (04) COST OF RX TOO HIGH/EXPENSIVE (05) DRUG(S) NEEDED NOT COVERED BY PLAN (91) OTHER (-8) Don't Know (-9) Refused	(01) SC8C - MCAMTPAY (02) SC8C - MCAMTPAY (03) SC8C - MCAMTPAY (04) SC8C - MCAMTPAY (05) SC8C - MCAMTPAY (91) RX18 - PDNOOTHOS (-8) SC8C - MCAMTPAY (-9) SC8C - MCAMTPAY
PDNOOTHOS	RX18	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	SC8C - MCAMTPAY
PDNTENR	RX19	code all	You said that [you are/(SP) is] not enrolled in a Medicare Prescription Drug plan. What is the reason [you are/he is/she is] not enrolled in such a plan? CHECK ALL THAT APPLY.	(01) HAVE RX COVERAGE THROUGH A NON-PDP PLAN/SOURCE (02) DON'T TAKE ENOUGH PRESCRIPTIONS TO NEED IT (03) PLANS DON'T COVER PRESCRIPTIONS SP TAKES (04) DON'T KNOW HOW TO ENROLL (05) DON'T KNOW ENOUGH ABOUT PLANS (06) TOO EXPENSIVE OR CAN'T AFFORD (07) TOO CONFUSING OR TOO COMPLICATED (08) TOO MANY PLANS TO CHOOSE FROM OR CAN'T DECIDE ON ONE PLAN (09) WON'T BENEFIT OR WON'T SAVE MONEY (10) HAD A PDP, DIDN'T LIKE IT OR WASN'T USEFUL (11) SP BUYS MEDICINE OUTSIDE OF THE U.S. (91) OTHER REASON (-8) Don't Know (-9) Refused	(01) SC8C - MCAMTPAY (02) SC8C - MCAMTPAY (03) SC8C - MCAMTPAY (04) SC8C - MCAMTPAY (05) SC8C - MCAMTPAY (06) SC8C - MCAMTPAY (07) SC8C - MCAMTPAY (08) SC8C - MCAMTPAY (09) SC8C - MCAMTPAY (10) SC8C - MCAMTPAY (11) SC8C - MCAMTPAY (91) RX19 - PDNTOTHOS (-8) SC8C - MCAMTPAY (-9) SC8C - MCAMTPAY
PDNTOTHOS	RX19	verbatim text	OTHER REASON (SPECIFY)	(01) [Continuous answer.]	SC8C - MCAMTPAY
MCAMTPAY	SC8C	code 1	We are interested in how you feel about [your /(SP)'s] access to prescription drugs during (CURRENT YEAR). SHOW CARD RX3 [Please tell me how satisfied you have been with . . .] The amount [you have/(SP) has] to pay for [your/(SP's)] prescribed medicines.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	BOX SC1A
	BOX SC1A	routing	IF (SP HAD PRESCRIPTION DRUG COVERAGE ANYTIME IN THE CURRENT ROUND (MCDRXCOV=1/Yes or TRICOV=1/Yes or PUBCOV=1/Yes or PRIVSERV=1/Yes or MHMOCVR=1/Yes OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN (PLANTYPE = 7) OR there is a PLAN on PLRO where PLANEFLG=1 and PLRORND=current round & (COVTIME=1/WholeTime or 2/Part of the Time or CURRCOV=1/Yes) ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST. ELSE GO TO SC20-GENERRX.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MCDRGLST	SC8D	code 1	SHOW CARD RX3 [Please tell me how satisfied you have been with . . .] [Your/(SP's)] prescription drug plan's formulary or the list of drugs covered by the plan. [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8E - MCFNDPCY
MCFNDPCY	SC8E	code 1	SHOW CARD RX3 [Please tell me how satisfied you have been with . . .] The ease of finding a pharmacy which accepts your prescription drug plan. [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides drug coverage.]	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8F - MCRECPLN
MCRECPLN	SC8F	code 1	Would [you/(SP)] recommend [your/his/her] prescription drug plan to other people like [you/him/her]? [EXPLAIN IF NECESSARY: By prescription drug plan, we mean any health insurance plan that provides your drug coverage.]	(01) YES (02) NO (03) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC20 - GENERRX
GENERRX	SC20	list	SHOW CARD RX5 Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never… asked for generics instead of brand name drugs?	(01) OFTEN (02) SOMETIMES (03) NEVER (04) AUTOMATICALLY RECEIVES GENERICS (-8) Don't Know (-9) Refused	SC20 - MAILRX
MAILRX	SC20	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] purchased prescription drugs through the mail or on the Internet?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC20 - DOSESRX
DOSESRX	SC20	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] taken smaller doses than prescribed of a medicine to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC20 - SKIPRX
SKIPRX	SC20	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.Have you/has (SP)] often, sometimes, or never…] skipped doses to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC20 - DELAYRX
DELAYRX	SC20	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] delayed getting a prescription filled because the medicine cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC21 - SAMPLERX
SAMPLERX	SC21	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] asked for or received free samples from (your/his/her) doctor or health professional?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC21 - COMPARRX

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
COMPARRX	SC21	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] compared prices or shopped around for the best price?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC21 - NOFILLRX
NOFILLRX	SC21	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] decided not to fill a prescription because it cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC21 - SPENTLRX
SPENTLRX	SC21	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] spent less money on food, heat, or other basic needs so that (you/he/she) would have money for medicine?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC22 - CHAINRX
CHAINRX	SC22	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things.Have you/has (SP)] often, sometimes, or never…] purchased prescription drugs from a large retail chain, like Wal-Mart or Target, because of its discount plan?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC22 - STOPRX
STOPRX	SC22	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. Have you/has (SP)] often, sometimes, or never…] talked with (your/his/her) doctor or other health professional about stopping a medicine to save money or substituting a medicine with one that is less expensive?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC22 - CREDRX
CREDRX	SC22	list	SHOW CARD RX5 [Please tell me how often during (CURRENT YEAR) [you have /(SP) has] done any of the following things. [Have you/has (SP)] often, sometimes, or never…] used a credit card so that (you/he/she) could pay for prescription drugs over time?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC23 - NOINSRX
NOINSRX	SC23	code 1	SHOW CARD RX5 Some pharmacies offer discounted prices for some generic prescription drugs that are lower than a typical insurance copayment. For example, the discounted price may be $4 to fill a one-month prescription. Please tell me how often during (CURRENT YEAR) [you have /(SP) has] purchased discounted prescription drugs, without using any drug insurance, in order to reduce (your/his/her) own spending on drugs?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	BOX RXEND
	BOX RXEND	routing	GO TO DVH		