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Medicare Current Beneficiary Survey

Section Specifications for R60 RXQ

DRUG COVERAGE SUPPLEMENT

2011

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Box RX1

BOX INSTRUCTIONS

BESIDES MEDICARE, IF TRICARE IS THE ONLY "CURRENT" PLAN, GO TO BOX RXEND.

ELSE IF THE RESPONDENT IS A PROXY, GO TO RX1 - PDXHIDEC.

ELSE GO TO RXP2 - PDEASY.

RX1

Yes/No

QUESTION TEXT

Do you help (SP) make decisions regarding (his/her) health insurance coverage?

FIELD 1: PDXHIDEC**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXPD2 - PDEASY
2	NO	BOX RXEND
	Don't Know	BOX RXEND
	Refused	BOX RXEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
HRND.PDXHIDEC	1

RXP2

Code 1

QUESTION TEXT

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?

FIELD 1: PDEASY**FIELD 1 ROUTING**

Value	Label	Route
1	VERY EASY	RXP23 - PDKNOW
2	SOMEWHAT EASY	RXP23 - PDKNOW
3	SOMEWHAT DIFFICULT	RXP23 - PDKNOW
4	VERY DIFFICULT	RXP23 - PDKNOW
	Don't Know	RXP23 - PDKNOW
	Refused	RXP23 - PDKNOW

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDEASY	1

RXP3

Code 1

QUESTION TEXT

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?

FIELD 1: PDKNOW**FIELD 1 ROUTING**

Value	Label	Route
1	JUST ABOUT EVERYTHING YOU NEED TO KNOW	BOX RXP2
2	MOST OF WHAT YOU NEED TO KNOW	BOX RXP2
3	SOME OF WHAT YOU NEED TO KNOW	BOX RXP2
4	A LITTLE OF WHAT YOU NEED TO KNOW	BOX RXP2
5	ALMOST NONE OF WHAT YOU NEED TO KNOW	BOX RXP2
	Don't Know	BOX RXP2
	Refused	BOX RXP2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDKNOW	1

BOX RXP2

BOX INSTRUCTIONS

IF SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN, GO TO BOX RXP3A.

ELSE IF SP HAS A "CURRENT" MEDICARE MANAGED CARE PLAN THAT HAS RX COVERAGE, GO TO RXP9 - PDCONSDR.

ELSE IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO RXP8A - PDCOMPPL.

ELSE GO TO RXP20 - PDEXAPLY.

RXPD8A

Yes/No

QUESTION TEXT

[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.]

FIELD 1: PDCOMPPL

FIELD 1 ROUTING

Value	Label	Route
1	YES	RXPD9 - PDCONSDR
2	NO	RXPD9 - PDCONSDR
	Don't Know	RXPD9 - PDCONSDR
	Refused	RXPD9 - PDCONSDR

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDCOMPPL	1

OTHER PROGRAMMING INSTRUCTIONS

REPORT DISPLAY

Display report above question text.

Display all "current" private plans with RX coverage SP reported being covered by in the current round.

Report header: PRIVATE PLANS WITH RX COVERAGE

Report layout:

Column 1, header="Plan Name", display PLAN.PLNAME.

RXPDP9

Yes/No

QUESTION TEXT

([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.]

FIELD 1: PDCONSDR**FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RXPDP3
2	NO	BOX RXPDP3
	Don't Know	BOX RXPDP3
	Refused	BOX RXPDP3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDCONSDR	1

BOX RXP3

BOX INSTRUCTIONS

IF SP HAS A "CURRENT" PRIVATE PLAN THAT HAS RX COVERAGE, GO TO BOX RX2.

ELSE GO TO RXP10 - PDMABENS.

RXP10

Yes/No

QUESTION TEXT

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?

FIELD 1: PDMABENS**FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RXP10
2	NO	BOX RXP10
	Don't Know	BOX RXP10
	Refused	BOX RXP10

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDMABENS	1

BOX RXP3A

BOX INSTRUCTIONS

IF SP HAS REPORTED BEING AUTOMATICALLY ENROLLED IN A MEDICARE
PRESCRIPTION DRUG PLAN IN ANY PREVIOUS ROUND, GO TO RXP12 - PDAUTENR.

ELSE GO TO RXP11 - PDEVROLL.

RXP11

Yes/No

QUESTION TEXT

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 his or her own.

[Were you/Was (SP)] ever automatically enrolled in a Medicare Prescription Drug plan?

FIELD 1: PDEVROLL**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXP12 - PDAUTENR
2	NO	RXP15 - PDCOMPRE
	Don't Know	RXP15 - PDCOMPRE
	Refused	RXP15 - PDCOMPRE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDEVROLL	1

RXP12

Yes/No

QUESTION TEXT

[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.])

FIELD 1: PDAUTENR**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RXP14 - PDSWITCH
2	NO	RXP14 - PDSWITCH
	Don't Know	RXP14 - PDSWITCH
	Refused	RXP14 - PDSWITCH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDAUTENR	1

RXP14

Code 1

QUESTION TEXT

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?

FIELD 1: PDSWITCH**FIELD 1 ROUTING**

Value	Label	Route
1	YES DID KNOW	RXP15 - PDCOMP
2	NO DID NOT KNOW	RXP15 - PDCOMP
	Don't Know	RXP15 - PDCOMP
	Refused	RXP15 - PDCOMP

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDSWITCH	1

RXP15

Yes/No

QUESTION TEXT

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?

FIELD 1: PDCOMPRE**FIELD 1 ROUTING**

Value	Label	Route
1	YES	BOX RXP15
2	NO	BOX RXP15
	Don't Know	BOX RXP15
	Refused	BOX RXP15

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDCOMPRE	1

BOX RXP4

BOX INSTRUCTIONS

IF (RXP412 - PDAUTENR = 1/Yes) OR (RXP415 - PDCCOMPARE = 2/No, DK, OR RF), GO TO BOX RX2.

ELSE GO TO RXP418 - PDOPTPRE.

RXP18

List

QUESTION TEXT

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)]...

FIELD 1: PDOPTPRE

the cost of the plan's monthly premium?

FIELD 1 ROUTING

Value	Label	Route
1	YES	RXP18 - PDOPTDUC
2	NO	RXP18 - PDOPTDUC
	Don't Know	RXP18 - PDOPTDUC
	Refused	RXP18 - PDOPTDUC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDOPTPRE	1

FIELD 2: PDOPTDUC

the plan's deductible?

FIELD 2 ROUTING

Value	Label	Route
1	YES	RXP18 - PDOPTFOR

Value	Label	Route
2	NO	RXPDP18 - PDPPTFOR
	Don't Know	RXPDP18 - PDPPTFOR
	Refused	RXPDP18 - PDPPTFOR

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDPPTDUC	1

FIELD 3: PDPPTFOR

the plan's list of covered medicines, or formulary?

FIELD 3 ROUTING

Value	Label	Route
1	YES	RXPDP18 - PDPPTVEN
2	NO	RXPDP18 - PDPPTVEN
	Don't Know	RXPDP18 - PDPPTVEN
	Refused	RXPDP18 - PDPPTVEN

FIELD 3 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDPPTFOR	1

FIELD 4: PDPPTVEN

the convenience of the pharmacies that the plan allows [you(SP)] to use?

FIELD 4 ROUTING

Value	Label	Route
1	YES	RXP18 - PDOPTREC
2	NO	RXP18 - PDOPTREC
	Don't Know	RXP18 - PDOPTREC
	Refused	RXP18 - PDOPTREC

FIELD 4 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDOPTVEN	1

FIELD 5: PDOPTREC

someone's recommendation of the plan?

FIELD 5 ROUTING

Value	Label	Route
1	YES	RXP18 - PDOPTGAP
2	NO	RXP18 - PDOPTGAP
	Don't Know	RXP18 - PDOPTGAP
	Refused	RXP18 - PDOPTGAP

FIELD 5 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDOPTREC	1

FIELD 6: PDOPTGAP

the gap in coverage or "donut hole"?

FIELD 6 ROUTING

Value	Label	Route
1	YES	RXPDP18 - PDPDTPAY
2	NO	RXPDP18 - PDPDTPAY
	Don't Know	RXPDP18 - PDPDTPAY
	Refused	RXPDP18 - PDPDTPAY

FIELD 6 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDPDTPAY	1

FIELD 7: PDPDTPAY

the dollar amount [you/(SP)] would pay for prescribed medicines (you use/he uses/she uses)?

FIELD 7 ROUTING

Value	Label	Route
1	YES	BOX RXPDP4A
2	NO	BOX RXPDP4A
	Don't Know	BOX RXPDP4A
	Refused	BOX RXPDP4A

FIELD 7 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDPDTPAY	1

BOX RXP4A

BOX INSTRUCTIONS

IF RESPONDENT ANSWERED "YES" TO MORE THAN ONE QUESTION AT RXP4, GO TO RXP4A - PDOPMOST.

ELSE GO TO RXP4B - PDRECLIS.

RXP18A

Code 1

QUESTION TEXT

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.]

FIELD 1: PDOPMOST**FIELD 1 ROUTING**

Value	Label	Route
1	THE COST OF THE PLANS MONTHLY PREMIUM	RXP18B - PDRECLIS
2	THE PLANS DEDUCTIBLE	RXP18B - PDRECLIS
3	THE PLANS LIST OF MEDICINES OR FORMULARY	RXP18B - PDRECLIS
4	CONVENIENCE OF THE PHARMACIES THAT THE PLAN ALLOWS (SP) TO USE	RXP18B - PDRECLIS
5	SOMEONES RECOMMENDATION OF THE PLAN	RXP18B - PDRECLIS
6	THE GAP IN COVERAGE OR DONUT HOLE	RXP18B - PDRECLIS
7	THE DOLLAR AMOUNT (SP) WOULD PAY FOR PRESCRIBED MEDICINES	RXP18B - PDRECLIS
	Don't Know	RXP18B - PDRECLIS
	Refused	RXP18B - PDRECLIS

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDOPMOST	1

RXPD18B

Yes/No

QUESTION TEXT

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.]

FIELD 1: PDRECLIS

FIELD 1 ROUTING

Value	Label	Route
1	YES	BOX RX2
2	NO	RXPD20 - PDEXAPLY
	Don't Know	RXPD20 - PDEXAPLY
	Refused	RXPD20 - PDEXAPLY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDRECLIS	1

RXPD20

Yes/No

QUESTION TEXT

Did [you/(SP)] apply to the Social Security Administration for extra help with (CURRENT YEAR) drug coverage?

FIELD 1: PDEXAPLY

FIELD 1 ROUTING

Value	Label	Route
1	YES	RXPD21 - PDEXACCP
2	NO	BOX RX2
	Don't Know	BOX RX2
	Refused	BOX RX2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDEXAPLY	1

RXP21

Code 1

QUESTION TEXT

Was [your/(SP's)] application for extra help accepted or denied?

FIELD 1: PDEXACCP**FIELD 1 ROUTING**

Value	Label	Route
1	ACCEPTED	BOX RX2
2	DENIED	BOX RX2
3	STILL PENDING/NO DECISION YET	BOX RX2
	Don't Know	BOX RX2
	Refused	BOX RX2

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDEXACCP	1

BOX RX2

BOX INSTRUCTIONS

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

No Entry

QUESTION TEXT

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)].

FIELD 1: RXINTRO**FIELD 1 ROUTING**

Value	Label	Route
1	CONTINUE	BOX RX3
	Empty	BOX RX3

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
TEMP	1

BOX RX3

BOX INSTRUCTIONS

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.

ELSE GO TO RX2 - PDCONFID.

RXPD23A

Code 1

QUESTION TEXT

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?

FIELD 1: PDSATSFY

FIELD 1 ROUTING

Value	Label	Route
1	VERY SATISFIED	RX2 - PDCONFID
2	SATISFIED	RX2 - PDCONFID
3	DISSATISFIED	RX2 - PDCONFID
4	VERY DISSATISFIED	RX2 - PDCONFID
	Don't Know	RX2 - PDCONFID
	Refused	RX2 - PDCONFID

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDSATSFY	1

RX2

Code 1

QUESTION TEXT

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...

FIELD 1: PDCONFID**FIELD 1 ROUTING**

Value	Label	Route
1	Extremely confident,	RX3 - RXUSEPLN
2	Very confident,	RX3 - RXUSEPLN
3	Moderately confident,	RX3 - RXUSEPLN
4	Slightly confident, or	RX3 - RXUSEPLN
5	Not confident?	RX3 - RXUSEPLN
	Don't Know	RX3 - RXUSEPLN
	Refused	RX3 - RXUSEPLN

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDCONFID	1

RX3

Yes/No

QUESTION TEXT

[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?

FIELD 1: RXUSEPLN**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RX4 - RXCOSTLY
2	NO	RX18 - PDNOUSE
	Don't Know	RX18 - PDNOUSE
	Refused	RX18 - PDNOUSE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXUSEPLN	1

RX4

Code 1

QUESTION TEXT

Compared to last year, is the cost of the monthly premium for [your/(SP's)] drug coverage more, less, or the same?

FIELD 1: RXCOSTLY**FIELD 1 ROUTING**

Value	Label	Route
1	MORE THAN LAST YEAR	RX5 - RXAMNTLY
2	LESS THAN LAST YEAR	RX5 - RXAMNTLY
3	THE SAME AS LAST YEAR	RX5 - RXAMNTLY
4	NO DRUG COVERAGE PREMIUM LAST YEAR	RX5 - RXAMNTLY
	Don't Know	RX5 - RXAMNTLY
	Refused	RX5 - RXAMNTLY

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXCOSTLY	1

RX5

Code 1

QUESTION TEXT

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?

FIELD 1: RXAMNTLY**FIELD 1 ROUTING**

Value	Label	Route
1	MORE THAN LAST YEAR	RX7 - PDNOCVG
2	LESS THAN LAST YEAR	RX7 - PDNOCVG
3	THE SAME AS LAST YEAR	RX7 - PDNOCVG
4	NO COST FOR RX LAST YEAR	RX7 - PDNOCVG
	Don't Know	RX7 - PDNOCVG
	Refused	RX7 - PDNOCVG

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXAMNTLY	1

RX7

Yes/No

QUESTION TEXT

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?

FIELD 1: PDNOCVG**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RX8 - RXCHGMED
2	NO	RX8 - RXCHGMED
	Don't Know	RX8 - RXCHGMED
	Refused	RX8 - RXCHGMED

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDNOCVG	1

RX8

Yes/No

QUESTION TEXT

[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?

FIELD 1: RXCHGMED**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RX9 - RXSWTCH
2	NO	RX9 - RXSWTCH
	Don't Know	RX9 - RXSWTCH
	Refused	RX9 - RXSWTCH

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXCHGMED	1

RX9

Yes/No

QUESTION TEXT

[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?

FIELD 1: RXSWTCH**FIELD 1 ROUTING**

Value	Label	Route
1	YES	RX16 - RXPARTIC
2	NO	RX16 - RXPARTIC
	Don't Know	RX16 - RXPARTIC
	Refused	RX16 - RXPARTIC

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXSWTCH	1

RX16

Code 1

QUESTION TEXT

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?

FIELD 1: RXPARTIC

FIELD 1 ROUTING

Value	Label	Route
1	YES	RX17 - PDRXRATE
2	NO	RX17 - PDRXRATE
3	ONLY USES NETWORK MAIL ORDER PHARMACY	DO NOT DISPLAY. DATA EDITING ONLY.
	Don't Know	RX17 - PDRXRATE
	Refused	RX17 - PDRXRATE

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.RXPARTIC	1

RX17

Code 1

QUESTION TEXT

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)]?

FIELD 1: PDRXRATE

FIELD 1 ROUTING

Value	Label	Route
1	VERY SATISFIED	BOX RXEND
2	SATISFIED	BOX RXEND
3	DISSATISFIED	BOX RXEND
4	VERY DISSATISFIED	BOX RXEND
	Don't Know	BOX RXEND
	Refused	BOX RXEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDRXRATE	1

RX18

Code All

QUESTION TEXT

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.

FIELD 1: PDNOUSE**FIELD 1 ROUTING**

Value	Label	Route
1	HAVE NOT PURCHASED MEDICINE	BOX RXEND
2	DON'T HAVE CARD OR OTHER ENROLLMENT VERIFICATION/NOT ABLE DUE TO PLAN PROBLEM	BOX RXEND
3	PHARMACY WOULDN'T GIVE MEDICINE	BOX RXEND
4	COST OF RX TOO HIGH/EXPENSIVE	BOX RXEND
5	DRUG(S) NEEDED NOT COVERED BY PLAN	BOX RXEND
91	OTHER	RX18 - PDNOOTHOS
	Don't Know	BOX RXEND
	Refused	BOX RXEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=PDRX.PDNO PCHS 2=PDRX.PDNO CARD 3=PDRX.PDNO MEDC 4=PDRX.PDNO EXPS 5=PDRX.PDNO COVD 91=PDRX.PDNO OTHR	6

FIELD 2: PDNOOTHOS

OTHER (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX RXEND

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDNOOS	1

RX19

Code All

QUESTION TEXT

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.

FIELD 1: PDNTENR**FIELD 1 ROUTING**

Value	Label	Route
1	HAVE RX COVERAGE THROUGH A NON-PDP PLAN/SOURCE	BOX RXEND
2	DON'T TAKE ENOUGH PRESCRIPTIONS TO NEED IT	BOX RXEND
3	PLANS DON'T COVER PRESCRIPTIONS SP TAKES	BOX RXEND
4	DON'T KNOW HOW TO ENROLL	BOX RXEND
5	DON'T KNOW ENOUGH ABOUT PLANS	BOX RXEND
6	TOO EXPENSIVE OR CAN'T AFFORD	BOX RXEND
7	TOO CONFUSING OR TOO COMPLICATED	BOX RXEND
8	TOO MANY PLANS TO CHOOSE FROM OR CAN'T DECIDE ON ONE PLAN	BOX RXEND
9	WON'T BENEFIT OR WON'T SAVE MONEY	BOX RXEND
10	HAD A PDP, DIDN'T LIKE IT OR WASN'T USEFUL	BOX RXEND
11	SP BUYS MEDICINE OUTSIDE OF THE U.S.	BOX RXEND

Value	Label	Route
91	OTHER REASON	RX19 - PDNTOTHOS
	Don't Know	BOX RXEND
	Refused	BOX RXEND

FIELD 1 ATTRIBUTES

Cheshire Name	Answers Allowed
NONE REPLACES THE FOLLOWING CHESHIRE VARIABLES: 1=PDRX.PDNTRXCV 2=PDRX.PDNTPRES 3=PDRX.PDNTCOVR 4=PDRX.PDNTENRL 5=PDRX.PDNTPLAN 6=PDRX.PDNTEXPS 7=PDRX.PDNTCONF 8=PDRX.PDNTMANY 9=PDRX.PDNTBEFT 10=PDRX.PDNTPDP 11=PDRX.PDNTINTL 91=PDRX.PDNTOTHR	12

FIELD 2: PDNTOTHOS

OTHER REASON (SPECIFY)

FIELD 2 ROUTING

Value	Label	Route
1	[Continuous answer.]	BOX RXEND

FIELD 2 ATTRIBUTES

Cheshire Name	Answers Allowed
PDRX.PDNTOS	1

BOX RXEND

BOX INSTRUCTIONS

GO TO NEXT SECTION