Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			DRUG COVERAGE QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C009, C010 SPAISTATUS=1/Alive and Not Institutionalized or 4/Deceased-Died in Institution SEASON=SUMMER SPPROXY=SP or PROXY Other: N/A PLACEMENT If ROUND^=71/72, administer after PAQ. If ROUND=71-72, administer after MBQ.		
	Box RX1	routing	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 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) BOX RXEND (-8) BOX RXEND (-9) BOX RXEND
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?	(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?	(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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	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	RXPD9 - PDCONSDR
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, GO TO RXPD12 - PDAUTENR. ELSE GO TO RXPD11 - PDEVROLL.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
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	Code List	Routing
PDOPTDUC	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 plan's deductible?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTFOR
PDOPTFOR	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 plan's list of covered medicines, or formulary?	(01) YES (02) NO (-8) Don't Know (-9) Refused	RXPD18 - PDOPTVEN
PDOPTVEN	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 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 - PDOPTGAP

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PDOPTGAP	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 gap in coverage or "donut hole"?	(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 PLANS DEDUCTIBLE (03) THE PLANS LIST OF MEDICINES OR FORMULARY (04) CONVENIENCE OF THE PHARMACIES THAT THE PLAN ALLOWS (SP) TO USE (05) SOMEONES 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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
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
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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
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
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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
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	BOX RXEND
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) BOX RXEND (02) BOX RXEND (03) BOX RXEND (04) BOX RXEND (05) BOX RXEND (91) RX18 - PDNOOTHOS (-8) BOX RXEND (-9) BOX RXEND
PDNOOTHOS	RX18	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX RXEND
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) BOX RXEND (02) BOX RXEND (03) BOX RXEND (04) BOX RXEND (05) BOX RXEND (06) BOX RXEND (07) BOX RXEND (08) BOX RXEND (09) BOX RXEND (10) BOX RXEND (11) BOX RXEND (91) RX19 - PDNTOTHOS (-8) BOX RXEND (-9) BOX RXEND

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PDNTOTHOS	RX19	verbatim text	OTHER REASON (SPECIFY)	(01) [Continuous answer.]	BOX RXEND
	BOX RXEND	routing	If INTTYPE in(C001, C004, C005, C006, C010) or (INTTYPE in(C009) and SPAISTATUS=3/Deceased-Died in Community) go to CLQ. If INTTYPE in(C002), go to AVQ. If INTTYPE in(C009) and SPAISTATUS^=3/Deceased-Died in Community, go to EXQ.		