Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			PMS SPECIFICATIONS CRITERIA INTTYPE=C001, C004, C009 SPAISTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: R reported PM events in the previous round PLACEMENT Administer after OMQ.		
	BOX PMS1	routing	IF SP REPORTED PRESCRIPTION MEDICINE PURCHASES IN THE PREVIOUS ROUND, GO TO PMSINTRA - PMSINTA. ELSE GO TO BOX PMS12.		
PMSINTA	PMSINTRA	no entry	During the last interview, we recorded the names of medicines that [you/(SP)] had obtained between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). You may want to refer to the medicine names to help you recall any medicines that [you/(SP)] may have obtained since that time, including any refills of these medicines. PRESS F12 AND SHOW THE PRESCRIPTION MEDICINE SUMMARY TO THE RESPONDENT ON YOUR SCREEN		PMSINTRB - PMSUPDATE
PMSUPDATE	PMSINTRB	code one	REFER TO SUMMARY PAGE FOR PRESCRIBED MEDICINES TO REVIEW PREVIOUS ROUND UTILIZATION. CODE WITHOUT ASKING:	(01) NO CHANGES APPEAR TO BE NECESSARY (02) NEED TO ADD A MEDICINE NAME (03) NEED TO CORRECT A MEDICINE NAME (04) NEED TO DROP A MEDICINE	(01) BOX PMS12 (02) PMS2 - MEDICINE_PMSADD (03) PMS3 - MEDICINE_PMSEDIT (04) PMS4 - MEDICINE_PMSDELETE
MEDICINE_PMSADD	PMS2	roster	What is the name of the medicine that needs to be added? ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.	(01) continuous answer	PMS6A - GETNUM

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MEDICINE_PMSEDIT	PMS3	roster	EDIT ALL MEDICINES AT THIS ROSTER. What is the name of the medicine that needs to be edited?	(01) continuous answer	PMSINTRB - PMSUPDATE
MEDICINE_PMSDELETE	PMS4	roster	What is the name of the medicine that needs to be deleted? SELECT ALL MEDICINES FOR DELETION AT THIS ROSTER.	(01) continuous answer	PMSINTRB - PMSUPDATE
GETNUM	PMS6A	grid	IF ALL MEDICINES ARE NOT LISTED, USE "PREVIOUS PAGE" AND ADD THE MEDICINE TO THE ROSTER. REFER TO STATEMENTS OR RECEIPTS, IF AVAILABLE. How many times between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [you/(SP)] obtain (READ MEDICINE NAME(S) BELOW)? [COUNT A MEDICINE AS OBTAINED REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT THE PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) continuous answer (-8) Don't Know (-9) Refused	BOX PMS3
	BOX PMS3	routing	IF AT LEAST ONE PRESCRIPTION MEDICINE DISPLAYED AT PMS6A HAS NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF IN THE PREVIOUS ROUND, GO TO PMS6A_IN - NAVIGATOR. ELSE GO TO PMSINTRB - PMSUPDATE.		
NAVIGATOR	PMS6A_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) BOX PMS4 (02) PMSINTRB - PMSUPDATE
	BOX PMS4	routing	IF SP USED V.A. FACILITIES IN THE PREVIOUS ROUND, GO TO PMS6A1 - PMSATVA. ELSE GO TO BOX PMS6.		
PMSATVA	PMS6A1	yes/no	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) through the Department of Veterans Affairs or V.A.?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX PMS6

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX PMS6	routing	IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR PRIVATE MANAGED CARE PLAN ANYTIME DURING THE PREVIOUS ROUND, GO TO PMS6B - PMSATHMO. ELSE GO TO PMSINTB1 - PMSINTB.		
PMSATHMO	PMS6B	yes/no	Did [you/(SP)] obtain (this purchase/any of these purchases) of (MEDICINE NAME) at [READ MANAGED CARE PLAN NAME(S) BELOW] or through a service or discount offered through [READ MANAGED CARE PLAN NAME(S) BELOW]? [PROBE: This could include obtaining the purchases at a plan pharmacy; at a pharmacy that honors [your/(SP's)] plan card; or through a mail order service that the managed care plan referred [you/(SP)] to.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	PMSINTB1 - PMSINTB
PMSINTB	PMSINTB1	no entry	[ASK R TO GET BOTTLES AND/OR STATEMENTS IF YOU HAVE NOT ALREADY DONE SO.] Now I need to ask you a few questions about the (MEDICINE NAME).		BOX PMS8
	BOX PMS8	routing	GO TO PMS8 - PMBOTTLE.		
PMBOTTLE	PMS8	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT. Do you have the medicine bottle, container, or bag available? IF R DOES NOT HAVE BOTTLE, PROBE TO DETERMINE IF R CAN ANSWER QUESTIONS ABOUT THE FORM, STRENGTH, AND QUANTITY OF THE MEDICINE.	(01) YES (02) NO (03) NO BUT R CAN ANSWER QUESTIONS (-8) Don't Know (-9) Refused	(01) PMSINTRC - PMSINTC (02) BOX PMS11 (03) PMS9 - PMFORM (-8) BOX PMS11 (-9) BOX PMS11
PMSINTC	PMSINTRC	no entry	COMPLETE PMS9 -- PMS16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER.		PMS9 - PMFORM

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PMFORM	PMS9	code one	IN WHAT FORM WAS THE MEDICINE? [IF THE CONTAINER INDICATES "PADS", SELECT THE CATEGORY FOR "PATCHES".]	(01) PILLS (TABLETS, CAPSULES) (02) LIQUID (TO BE TAKEN ORALLY) (03) DROPS (EYE/EAR/NOSE) (04) OINTMENT, CREAM, LOTION (TOPICAL OR INTERNAL) (05) SUPPOSITORIES (06) AEROSOL/SPRAY, INHALANT, SOLUTIONS, DISKUS (07) SHAMPOO, SOAP (08) INJECTION (09) IV INJECTION (10) PATCHES (11) GEL OR JELLY (TOPICAL OR INTERNAL) (12) POWDER, GRANULES (91) OTHER (-8) Don't Know	(01) PMS10 - STRNUNIT (02) PMS10 - STRNUNIT (03) PMS10 - STRNUNIT (04) PMS10 - STRNUNIT (05) PMS10 - STRNUNIT (06) PMS10 - STRNUNIT (07) PMS10 - STRNUNIT (08) PMS10 - STRNUNIT (09) PMS10 - STRNUNIT (10) PMS10 - STRNUNIT (11) PMS10 - STRNUNIT (12) PMS10 - STRNUNIT (91) PMS9 - PMFORMOS (-8) BOX PMS9
PMFORMOS	PMS9	verbatim text	OTHER (SPECIFY)	(01) continuous answer	PMS10 - STRNUNIT
STRNUNIT	PMS10	code one	WHAT WAS THE STRENGTH OF [EACH PILL/EACH PATCH/EACH SUPPOSITORY/THE (MEDICINE FORM)]? IF COMPOUND MEDICINE: ENTER STRENGTH OF 1ST MEDICINE, THEN CHECK THE BOX BELOW.	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-8) Don't Know	(01) PMS10 - STRNNUM (02) PMS10 - STRNNUM (03) PMS10 - STRNNUM (04) PMS10 - STRNNUM (05) PMS10 - STRNNUM (06) PMS10 - STRNPER (07) PMS10 - STRNNUM (08) PMS10 - STRNNUM (91) PMS10 - STRNUNOS (96) PMS10 - STRNUNIT96 (-8) PMS10 - STRNUNIT96
STRNUNOS	PMS10	verbatim text	OTHER (SPECIFY)	(01) continuous answer	PMS10 - STRNNUM
STRNNUM	PMS10	numeric		(01) continuous answer (-8) Don't Know	PMS10 - STRNUNIT96

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
STRNPER	PMS10	verbatim text		(01) continuous answer (-8) Don't Know	PMS10 - STRNUNIT96
STRNUNIT96	PMS10	verbatim text		(01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) Empty	BOX PMS8A
	BOX PMS8A	routing	IF PMS10 - STRNUNIT96 = 1/Compound, GO TO PMS10B - STRNUNI2. ELSE GO TO BOX PMS9.		
STRNUNI2	PMS10B	code one	WHAT WAS THE STRENGTH OF THE 2ND MEDICINE IN THE COMPOUND?	(01) MICROGRAMS (mcg, mc) (02) MILLIGRAMS (mg) (03) GRAINS (gr) (04) MILLIEQUIVALENTS (meq) (05) GRAMS (g, gm) (06) PERCENT (%) (07) INTERNATIONAL UNITS (IU) (08) UNITS (U) (91) OTHER (96) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-8) Don't Know	(01) PMS10B - STRNNUM2 (02) PMS10B - STRNNUM2 (03) PMS10B - STRNNUM2 (04) PMS10B - STRNNUM2 (05) PMS10B - STRNNUM2 (06) PMS10B - STRNPER2 (07) PMS10B - STRNNUM2 (08) PMS10B - STRNNUM2 (91) PMS10B - STRNUNO2 (96) DO NOT DISPLAY. (-8) BOX PMS9
STRNUNO2	PMS10B	verbatim text	OTHER (SPECIFY)	(01) continuous answer	PM10B - STRNNUM2
STRNNUM2	PMS10B	numeric		(01) continuous answer (-8) Don't Know	BOX PMS9
STRNPER2	PMS10B	verbatim text		(01) continuous answer (-8) Don't Know	BOX PMS9
	BOX PMS9	routing	IF THE PRESCRIPTION MEDICINE FORM IS PILLS, SUPPOSITORIES OR PATCHES IN THE PREVIOUS ROUND, GO TO PMS11 - TABNUM. ELSE GO TO PMS16 - AMTUNIT.		
TABNUM	PMS11	numeric	HOW MANY (PILLS/SUPPOSITORIES/PATCHES) WERE IN THE CONTAINER WHEN IT WAS OBTAINED?	(01) continuous answer (-8) Don't Know (-9) Refused	BOX PMS10

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX PMS10	routing	IF PRESCRIPTION MEDICINE FORM IS PILLS OR SUPPOSITORIES IN THE PREVIOUS ROUND AND PMS11 - TABNUM=DK, GO TO PMS12 - TABSADAY. ELSE GO TO BOX PMS11.		
TABSADAY	PMS12	numeric	HOW MANY (PILLS/SUPPOSITORIES) WERE TO BE TAKEN IN A DAY?	(01) continuous answer (-7) Empty (-8) Don't Know	PMS12 - TABSADAY95
TABSADAY95	PMS12	code one		(01) LESS THAN WHOLE (02) TAKE AS NEEDED (-7) Empty	BOX PMS10A
	BOX PMS10A	routing	IF PMS12 - TABSADAY = DK, GO TO BOX PMS11. ELSE IF PMS12 - TABSADAY95 = 2/TakeAsNeeded, GO TO PMS13 - TABTAKE. ELSE GO TO PMS14 - TAKEUNIT.		
TABTAKE	PMS13	numeric	How many (pills/suppositories) did [you/(SP)] usually take in a day?	(01) continuous answer (-8) Don't Know (-9) Refused	PMS13 - TABTAKE96
TABTAKE96	PMS13	code one		(01) DON'T TAKE EVERY DAY (-7) Empty	BOX PMS10B
	BOX PMS10B	routing	IF PMS13 - TABTAKE96 = 1/DontTakeEveryDay, GO TO BOX PMS11. ELSE GO TO PMS14 - TAKEUNIT.		
TAKEUNIT	PMS14	code one	HOW MANY DAYS OR WEEKS WAS THE MEDICINE TO BE TAKEN? [IF THE BOTTLE SAYS TO TAKE A CERTAIN DOSE OF THE MEDICINE DAILY WITHOUT GIVING A TIME FRAME (E.G., "TAKE 2 PILLS DAILY"), SELECT "TAKE EVERY DAY".]	(01) DAYS (02) WEEKS (03) TAKE UNTIL GONE (04) TAKE AS NEEDED (05) TAKE EVERY DAY (-8) Don't Know (-9) Refused	
TAKENUM	PMS14	numeric		(01) continuous answer	BOX PMS11

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
AMTUNIT	PMS16	code one	HOW MUCH MEDICINE WAS IN THE CONTAINER WHEN IT WAS OBTAINED? [PLEASE ENTER THE AMOUNT IN THE CONTAINER, NOT THE STRENGTH OF THE MEDICINE.]	(01) OUNCES (oz) (02) GRAMS (g, gm) (03) MILLILITERS (ml, cc) (04) MILLIEQUIVALENTS (meq) (05) MILLIGRAMS (mg) (06) MICROGRAMS (mcg) (07) PUFFS, DOSES, BLISTERS (91) OTHER (-8) Don't Know	(01) PMS16 - AMTNUM (02) PMS16 - AMTNUM (03) PMS16 - AMTNUM (04) PMS16 - AMTNUM (05) PMS16 - AMTNUM (06) PMS16 - AMTNUM (07) PMS16 - AMTNUM (91) PMS16 - AMTUNOS (-8) BOX PMS11
AMTUNOS	PMS16	verbatim text		(01) continuous answer	PMS16 - AMTNUM
AMTNUM	PMS16	numeric		(01) continuous answer (-8) Don't Know	BOX PMS11
	BOX PMS11	routing	GO TO PMS6A_IN - NAVIGATOR.		
	BOX PMS12	routing	Go to PMQ.		