Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			PMQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C007, C009, C010 SPAISTATUS=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A PLACEMENT If INTTYPE in(C001, C004, C009), administer after PMS. If INTTYPE in(C002, C005, C006, C007, C010), administer after OMQ.		
PMINTA	PMINTROA	no entry	[Now let's talk about prescribed medicines [you have/(SP) has] obtained since (REFERENCE DATE).] [While talking about medical visits, you mentioned some medicine(s): [READ MEDICINE NAME(S) BELOW.]] [Now I'd like to talk about prescribed medicines.]		PM1 - PMFILL
PMFILLED	PM1	yes/no	[Besides that medicine, /Besides those medicines,] [(Since/since) (REFERENCE DATE)/(Between/between) (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] [have you had/has (SP) had/did (SP) have] any (other) prescriptions filled? [COUNT A MEDICINE AS "FILLED" 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) YES (02) NO (03) INDICATED YES BY DATAPREP DO NOT DISPLAY.DATA EDITING ONLY. (-8) DON'T KNOW (-9) REFUSED	(01) BOX PMA1 (02) PM3 - PMREFILL (03) DO NOT DISPLAY. DATA EDITING ONLY. (-8) PM3 - PMREFILL (-9) PM3 - PMREFILL
	BOX PMA1	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM1A - PM1PMMEDS. ELSE GO TO PM2 - MEDICINE_PM1.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PM1PMMEDS	PM1A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.		
MEDICINE_PM1	PM2	roster	What is the name of the medicine? SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.	(01) CONTINUOUS ANSWER	PM3 - PMREFILL
PMREFILL	PM3	yes/no	People sometimes forget to mention refills of earlier prescriptions. (In addition to what you've told me about, did/Did) [you/(SP)] have any prescriptions refilled [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? [COUNT A MEDICINE AS "REFILLED" REGARDLESS OF WHO OBTAINED IT FOR THE RESPONDENT, WHEN IT WAS OBTAINED, WHETHER OR NOT PRESCRIPTION COST ANYTHING, AND WHETHER OR NOT THE RESPONDENT ACTUALLY TOOK THE MEDICINE.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PMA2 (02) PM5 - PMDRPHON (-8) PM5 - PMDRPHON (-9) PM5 - PMDRPHON
	BOX PMA2	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM3A - PM2PMMEDS. ELSE GO TO PM4 - MEDICINE_PM2.		
PM2PMMEDS	PM3A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.		PM4 - MEDICINE_PM2

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MEDICINE_PM2	PM4	roster	Please tell me all the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING.	(01) CONTINUOUS ANSWER	PM5 - PMDRPHON
PMDRPHON	PM5	yes/no	People sometimes forget to mention prescriptions that were phoned in by a doctor. (In addition to what you've told me about, did/Did) [you/(SP)] get any medicine prescribed by a doctor in a telephone call to a drugstore or pharmacy [since (REFERENCE DATE)/between (REFERENCE DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)]? [INLCUDE ALL PRESCRIBED MEDICINES 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) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PMA3 (02) BOX PM1 (-8) BOX PM1 (-9) BOX PM1
	BOX PMA3	routing	IF THE PROBE FOR PRESCRIPTION MEDICINE BOTTLES HAS NOT BEEN ASKED IN THE CURRENT ROUND, GO TO PM5A - PM3PMMEDS. ELSE GO TO PM6 - MEDICINE_PM3.		
PM3PMMEDS	PM5A	no entry	It would be helpful if I could look at any medicine bottle(s), container(s), or bag(s) that you have so that I can spell the medicine name correctly and enter the strength of the medicine. [Also, please take out [your/(SP's)] (MEDICARE PRESCRIPTION DRUG PLAN NAME) medicine statements, which should have that same information on them.] [IF RESPONDENT HAS BOTTLE, ASK:] I'll need that same information for all of the medicines [you/(SP)] obtained since the last interview, if you'd like to get those bottles, too.		PM6 - MEDICINE_PM3
MEDICINE_PM3	PM6	roster	Please tell me the names of these medicines. SELECT OR ADD ALL MEDICINES AT THIS ROSTER. CHECK STATEMENT OR MEDICINE BOTTLE FOR SPELLING. INCLUDE STRENGTH WITH NAME.	(01) CONTINUOUS ANSWER	BOX PM1
	BOX PM1	routing			

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
GETNUM	PM6A	grid	IF SP REPORTED AT LEAST ONE PRESCRIPTION MEDICINE IN THE CURRENT ROUND UTILIZATION THAT DOES NOT HAVE NUMBER OF PURCHASES ENTERED, GO TO PM6A - GETNUM. ELSE GO TO PM17 - PMMORE.	(01) CONTINUOUS ANSWER (-8) DON'T KNOW (-9) REFUSED	BOX PM1A
	BOX PM1A	routing	IF AT LEAST ONE PRESCRIPTION MEDICINE DISPLAYED AT PM6A HAS NUMBER OF PURCHASES > 0 OR EQUAL TO DK OR RF, GO TO RXNOFILL ELSE GO TO PM17 - PMMORE.		
RXNOFILL	PM6AB	list	SHOW CARD PM1 Please think about the medicines you have obtained since (REFERENCE DATE), including [READ MEDICINE NAME(S) BELOW.] Since (REFERENCE DATE), how often did [you/(SP)] do any of the following things for these medicines. Did [you/(SP)] often, sometimes, or never… decide not to fill or refill a prescription because the medicine cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	PM6AB - RXDELAY
RXDELAY	PM6AB	list	delay getting a prescription filled or refilled because the medicine cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	PM6AB - RXSKIP
RXSKIP	PM6AB	list	skip doses to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	PM6AB - RXDOSE
RXDOSE	PM6AB	list	take smaller doses to make the medicine last longer?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	PM6A_IN - NAVIGATOR
NAVIGATOR	PM6A_IN	instance navigator		(01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED	(01) BOX PM1A-1 (02) BOX PM3A

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX PM1A-1	routing	IF (SP REPORTED RECEIVING HEALTH CARE SERVICES THROUGH V.A. IN THE CURRENT ROUND OR ANY PREVIOUS ROUND), GO TO PM6A1 - PMSATVA. ELSE GO TO BOX PM1AA.		
PMSATVA	PM6A1	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 PM1AA
	BOX PM1AA	routing	IF SP COVERED BY A MEDICARE MANAGED CARE PLAN OR A PRIVATE MANAGED CARE PLAN ANYTIME DURING THE CURRENT ROUND, GO TO PM6B - PMSATHMO. ELSE GO TO PMINTROB - PMINTB.		
PMSATHMO	PM6B	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	PMINTROB - PMINTB
PMINTB	PMINTROB	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 [more] questions about the (MEDICINE NAME).		
	BOX PM1B		GO TO PM8 - PMBOTTLE.		
PMBOTTLE	PM8	code one	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) BOX PM1B-1 (02) BOX PM2 (03) BOX PM1B-1 (-8) BOX PM2 (-9) BOX PM2

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX PM1B-1	routing	IF (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND FORM WAS ASKED AND DID NOT EQUAL DK) AND (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND STRENGTH WAS ASKED AND DID NOT EQUAL DK) AND ((SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND NUMBER WAS ASKED AND DID NOT EQUAL DK) OR (SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND AMOUNT WAS ASKED AND DID NOT EQUAL DK)), GO TO PM8AA - SAMEFSAM. IF SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND FORM WAS ASKED AND DID NOT EQUAL DK, GO TO PM8A - SAMEFORM. ELSE GO TO BOX PM1B-2A.		
SAMEFSAM	PM8AA	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM, STRENGTH AND AMOUNT ARE THE SAME AS IN THE PREVIOUS INTERVIEW. At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). The strength of [each pill/each suppository/each patch/the (STRENGTH MEDICINE FORM)] was [READ STRENGTH BELOW]. (STRENGTH 1) (STRENGTH 2) [The amount of the (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND MEDICINE AMOUNT)./The number of (MEDICINE FORM) in the container when it was obtained was (PREVIOUS ROUND NUMBER).] Is this medicine in the same strength, form and amount? CODE "NO" UNLESS STRENGTH, FORM AND AMOUNT EXACTLY MATCH PREVIOUS ROUND.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PM2 (02) PM8A - SAMEFORM (-8) PM8A - SAMEFORM (-9) PM8A - SAMEFORM

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
SAMEFORM	PM8A	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND FORM IS SAME AS PREVIOUS INTERVIEW. (I would like to record what is different about this medicine.) At the time of the last interview, [you/(SP)] purchased (MEDICINE NAME) in the form of (MEDICINE FORM). Is this medicine in the same form?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PM1B-2 (02) BOX PM1B-2A (-8) BOX PM1B-2A (-9) BOX PM1B-2A
	BOX PM1B-2	routing	IF SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND STRENGTH WAS ASKED AND DID NOT EQUAL DK, GO TO PM9A - SAMESTRN. ELSE GO TO PM10 - STRNUNIT.		
	BOX PM1B-2A	routing	IF PM8 - PMBOTTLE=1/Yes, GO TO PMINTROC - PMINTC. ELSE GO TO PM9 - PMFORM.		
	PMINTROC	no entry	COMPLETE PM9 -- PM16 USING INFORMATION FROM STATEMENT, RECEIPT, MEDICINE BOTTLE OR CONTAINER. IF THERE IS MORE THAN ONE FOR THE SAME MEDICINE, USE THE MOST RECENT CONTAINER.		PM9 - PMFORM
PMFORM	PM9	code one	IN WHAT FORM IS 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) PM10 - STRNUNIT (02) PM10 - STRNUNIT (03) PM10 - STRNUNIT (04) PM10 - STRNUNIT (05) PM10 - STRNUNIT (06) PM10 - STRNUNIT (07) PM10 - STRNUNIT (08) PM10 - STRNUNIT (09) PM10 - STRNUNIT (10) PM10 - STRNUNIT (11) PM10 - STRNUNIT (12) PM10 - STRNUNIT (91) PM9 - PMFORMOS (-8) BOX PM1B-4
PMFORMOS	PM9	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PM10 - STRNUNIT

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
SAMESTRN	PM9A	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND STRENGTH IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the strength of [each pill/each suppository/each patch/the (MEDICINE FORM)] was [READ STRENGTH BELOW]. (STRENGTH 1) (STRENGTH 2) Is this medicine in the same strength?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PM1B-4 (02) PM10 - STRNUNIT (-8) PM10 - STRNUNIT (-9) PM10 - STRNUNIT
STRNUNIT	PM10	quantity unit	WHAT IS THE STRENGTH OF [EACH PILL/EACH SUPPOSITORY/EACH PATCH/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 DO NOT DISPLAY. (-8) Don't Know	(01) PM10 - STRNNUM (02)) PM10 - STRNNUM (03) PM10 - STRNNUM (04) PM10 - STRNNUM (05) PM10 - STRNNUM (06) PM10 - STRNPER (07) PM10 - STRNNUM (08) PM10 - STRNNUM (91) PM10 - STRNNUNOS (96) DO NOT DISPLAY. (-8) PM10 - STRNUNIT96
STRNUNOS	PM10	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PM10 - STRNNUM
STRNNUM	PM10	numeric		(01) CONTINUOUS ANSWER	PM10 - STRNUNIT96
STRNPER	PM10	numeric		(01) CONTINUOUS ANSWER	PM10 - STRNUNIT96
STRNUNIT96	PM10			(01) COMPOUND/MORE THAN ONE MEDICINE COMBINED (-7) EMPTY	BOX PM1B-3
	BOX PM1B-3	routing	IF PM10 - STRNUNIT96 = 1/Compound, GO TO PM10B - STRNUNI2. ELSE GO TO BOX PM1B-4.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
STRNUNI2	PM10B	quantity unit	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 DO NOT DISPLAY. (-8) Don't Know	(01) PM10B - STRNNUM2 (02)) PM10B - STRNNUM2 (03) PM10B - STRNNUM2 (04) PM10B - STRNNUM2 (05) PM10B - STRNNUM2 (06) PM10B - STRNPER2 (07) PM10B - STRNNUM2 (08) PM10B - STRNNUM2 (91) PM10B - STRNUNO2 (96) DO NOT DISPLAY. (-8) BOX PM1B-4
STRNUNO2	PM10B	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PM10B - STRNNUM2
STRNNUM2	PM10B	numeric		(01) CONTINUOUS ANSWER	BOX PM1B-4
STRNPER2	PM10B	numeric	PERCENT?	(01) CONTINUOUS ANSWER	BOX PM1B-4
	BOX PM1B-4	routing	IF PM9A - SAMESTRN = 1/Yes AND SP REPORTED THE PRESCRIPTION MEDICINE IN THE PREVIOUS ROUND AND THE PREVIOUS ROUND AMOUNT WAS ASKED AND DID NOT EQUAL DK, GO TO PM15A - SAMEAMNT. ELSE IF THE PRESCRIPTION MEDICINE FORM IS PILLS, SUPPOSITORIES OR PATCHES, GO TO PM11 - TABNUM. ELSE GO TO PM16 - AMTUNIT.		
TABNUM	PM11	numeric	HOW MANY [PILLS/SUPPOSITORIES/PATCHES] WERE IN THE CONTAINER WHEN IT WAS OBTAINED?	(01) CONTINUOUS ANSWER (-8) DON'T KNOW	BOX PM1C
	BOX PM1C	routing	IF PRESCRIPTION MEDICINE FORM IS PILLS OR SUPPOSITORIES AND PM11 - TABNUM = DK, GO TO PM12 - TABSADAY. ELSE GO TO BOX PM2.		
TABSADAY	PM12	numeric	HOW MANY [PILLS/SUPPOSITORIES] ARE TO BE TAKEN IN A DAY?	(01) CONTINUOUS ANSWER	PM12 - TABSADAY95
TABSADAY95	PM12	code one		(01) LESS THAN WHOLE (02) TAKE AS NEEDED (-7) Empty	BOX PM1D

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX PM1D	routing	IF PM12 - TABSADAY = DK, GO TO BOX PM2. ELSE IF PM12 - TABSADAY95 = 2/TakeAsNeeded, GO TO PM13 - TABTAKE. ELSE GO TO PM14 - TAKEUNIT.		
TABTAKE	PM13	numeric	How many (pills/suppositories) (do/did/does) [you/(SP)] usually take in a day?	(01) CONTINUOUS ANSWER (-7) EMPTY (-8) DON'T KNOW	PM13 - TABTAKE96
TABTAKE96	PM13	code one		(01) DON'T TAKE EVERY DAY (-7) EMPTY	BOX PM1E
	BOX PM1E	routing	IF PM13 - TABTAKE96 = 1/DontTakeEveryDay, GO TO BOX PM2. ELSE GO TO PM14 - TAKEUNIT.		
TAKEUNIT	PM14	quantity unit	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	(01) PM14 - TAKENUM (02) PM14 - TAKENUM (03) BOX PM2 (04) BOX PM2 (05) BOX PM2 (-8) BOX PM2
TAKENUM	PM14	numeric		(01) CONTINUOUS ANSWER	BOX PM2
SAMEAMNT	PM15A	yes/no	CODE "YES" WITHOUT ASKING IF STATEMENT, RECEIPT, BOTTLE OR BAG IS PRESENT AND AMOUNT IS SAME AS PREVIOUS INTERVIEW. At the time of the last interview, the amount of the (PREVIOUS ROUND MEDICINE FORM) was (PREVIOUS ROUND MEDICINE AMOUNT). Is this medicine in the same amount?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) BOX PM2 (02) PM16 - AMTUNIT (-8) PM16 - AMTUNIT (-9) PM16 - AMTUNIT
AMTUNIT	PM16	quantity unit	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) PM16 - AMTNUM (02) PM16 - AMTNUM (03) PM16 - AMTNUM (04) PM16 - AMTNUM (05) PM16 - AMTNUM (06) PM16 - AMTNUM (07) PM16 - AMTNUM (91) PM16 - AMTUNOS (-8) BOX PM2

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
AMTUNOS	PM16	text	OTHER (SPECIFY)	(01) CONTINUOUS ANSWER	PM16 - AMTNUM
AMTNUM	PM16	numeric		(01) CONTINUOUS ANSWER	BOX PM2
	BOX PM2	routing	GO TO BOX PM3.		
NOFILLED	PM16A1	code one	SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] decide not to fill or refill (MEDICINE) because it cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	PM16A - DELAYFIL
DELAYFIL	PM16A	code one	SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] delay filling or refilling a prescription for (MEDICINE NAME) because it cost too much?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED	PM16B - SKIPDOSE
SKIPDOSE	PM16B	code one	SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] skip doses of (MEDICINE NAME) to make the medicine last longer? [IF THE RESPONSE IS "NEVER", PROBE: Do you mean that [you/(SP)] never skipped doses of the medicine to make it last longer, or that (you/he/she) never took the medicine at all?]	(01) OFTEN (02) SOMETIMES (03) NEVER (04) NEVER TOOK THE MEDICINE AT ALL (-8) DON'T KNOW (-9) REFUSED	(01) PM16C - CUTDOSE (02) PM16C - CUTDOSE (03) PM16C - CUTDOSE (04) BOX PM3 (-8) PM16C - CUTDOSE (-9) PM16C - CUTDOSE
CUTDOSE	PM16C	code one	SHOW CARD PM1 Since (REFERENCE DATE), how often did [you/(SP)] take smaller doses of (MEDICINE NAME) to make the medicine last longer? [IF THE RESPONSE IS "NEVER", PROBE: Do you mean that [you/(SP)] never took smaller doses of the medicine to make it last longer, or that (you/he/she) never took the medicine at all?]	(01) OFTEN (02) SOMETIMES (03) NEVER (04) NEVER TOOK THE MEDICINE AT ALL (-8) DON'T KNOW (-9) REFUSED	BOX PM3
	BOX PM3	routing	GO TO PM6A_IN - NAVIGATOR.		

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
	BOX PM3A	routing	IF CURRENTLY ADMINISTERING ST, GO TO BOX ST43. ELSE IF CURRENTLY ADMINISTERING NS, GO TO BOX NS43. ELSE GO TO PM17 - PMMORE.		
PMMORE	PM17	yes/no	([NO MEDICINES HAVE BEEN REPORTED FOR (SP) FOR THE CURRENT REFERENCE PERIOD/THE NAMES OF ALL MEDICINES REPORTED FOR THE CURRENT REFERENCE PERIOD ARE DISPLAYED BELOW.]) [REVIEW THE INFORMATION BELOW WITH THE RESPONDENT. ASK, OR CODE AS APPROPRIATE IF R ALREADY INDICATED: Are there any (more) medicines since (REFERENCE DATE) that we haven't talked about?]	(01) YES (02) NO	(01) PM6 - MEDICINE_PM3 (02) BOX PMEND
	BOX PMEND	routing	Go to STQ.		