Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
			SCQ SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C003, C004, C005, C006 SPAISTATUS==1/Alive and Not Institutionalized or 4/Deceased-Died in Institution SEASON=FALL SPPROXY=SO or PROXY Other: N/A PLACEMENT Administer after HFQ.		
MCQUALTY	SC1	code 1	SHOW CARD SC1 We're interested in how you feel about the health care [you have/(SP) has] received [over the past year/ since (SURVEY REFERENCE MONTH AND YEAR)] from doctors and hospitals. Please tell me how satisfied you have been with the following: The overall quality of the health care [you have /(SP) has] received [over the past year/since (SURVEY REFERENCE DATE)].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC2 - MCAVAIL
MCAVAIL	SC2	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The availability of health care at night and on weekends.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC3 - MCEASE
MCEASE	SC3	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease and convenience of getting to a doctor from where [you/(SP)] [live/lives].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC4 - MCCOSTS
MCCOSTS	SC4	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The out-of-pocket costs [you/(SP)] paid for health care.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC5 - MCINFO

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MCINFO	SC5	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The information given to [you/you or (SP)] about what was wrong with [you/(SP)].	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC6 - MCFOLUP
MCFOLUP	SC6	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The follow-up care [you/(SP)] received after an initial treatment or operation.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC7 - MCCONCRN
MCCONCRN	SC7	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The concern of doctors for [your/(SP's)] overall health rather than just for an isolated symptom or disease.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8 - MCSAMLOC
MCSAMLOC	SC8	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] Getting all [your/(SP's)] health care needs taken care of at the same location.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8A - MCSPECAR
MCSPECAR	SC8A	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The availability of care by specialists when [you/(SP)] (feel/feels) (you/he/she) (need/needs) it.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8B - MCTELANS

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MCTELANS	SC8B	code 1	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease of obtaining answers to questions over the telephone about [your/(SP's)] treatment or prescriptions.	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused	SC8C - MCAMTPAY
MCAMTPAY	SC8C	code 1	SHOW CARD SC1 [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) OR (SP IS COVERED BY A MEDICARE PRESCRIPTION DRUG PLAN ANYTIME IN THE CURRENT ROUND), GO TO SC8D - MCDRGLST. ELSE GO TO SC9 - MDISSFY.		
MCDRGLST	SC8D	code 1	SHOW CARD SC1 [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 SC1 [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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
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	SC8G - DHEVHEAR
DHEVHEAR	SC8G	yes/no	[[You receive/(SP) receives] [your/his/her] prescription drug coverage through a[Medicare Prescription Drug Plan/Medicare Advantage plan./Some Medicare beneficiaries receive their prescription drug coverage through Medicare Prescription Drug plans, also called "Medicare Part D" plans.] In many Medicare drug plans there is a coverage gap, sometimes called a "doughnut hole", during which there is a reduction in coverage and people have to pay a higher share of their drug costs. Before today, have you heard about the coverage gap or "doughnut hole" that is part of most Medicare drug plans?	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX SC1AA
	BOX SC1AA	routing	IF (SP HAS A "CURRENT" MEDICARE PRESCRIPTION DRUG PLAN) OR (SP HAS A "CURRENT" MEDICARE ADVANTAGE PLAN THAT HAS RX COVERAGE), GO TO SC8I - DHPLAN. ELSE GO TO SC9 - MDISSFY.		
DHPLAN	SC8I	yes/no	Does [your/(SP's)] [(CURRENT MEDICARE PRESCRIPTION DRUG PLAN)/(CURRENT MEDICARE ADVANTAGE PLAN)] plan have a coverage gap, or "doughnut hole"? [EXPLAIN IF NECESSARY: The coverage gap, or "doughnut hole", is a phase in coverage during which there is a reduction in coverage and people have to pay a higher share of their drug costs.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC8L - DHTHISYR (02) SC9 - MDISSFY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
DHTHISYR	SC8L	yes/no	[Have you/Has (SP)] reached the start of the coverage gap during (CURRENT YEAR)? [EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the start of the coverage gap, it means [you have/he has/she has] reached a phase during which there is a reduction in coverage and [you/he/she] will have to pay a higher share of [your/his/her] drug costs.] REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC8M - DHSTART (02) SC9 - MDISSFY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY
DHSTART	SC8M	code 1	How did [you/(SP)] first find out that (you/he/she) reached the start of the coverage gap?	(01) SP OR SOMEONE FOR THE SP KEPT TRACK OF TOTAL MEDICINE SPENDING (02) INFORMATION PROVIDED BY THE PART D PLAN (03) INFORMATION PROVIDED BY THE PHARMACY (91) OTHER (-8) Don't Know (-9) Refused	(01) SC8N - DHEND (02) SC8N - DHEND (03) SC8N - DHEND (91) SC8M - DHSTAROS (-8) SC8N - DHEND (-9) SC8N - DHEND
DHSTAROS	SC8M	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	SC8N - DHEND
DHEND	SC8N	yes/no	[Have you/Has (SP)] reached the end of the coverage gap during [CURRENT YEAR]? [EXPLAIN IF NECESSARY: If [you have/(SP) has] reached the end of the coverage gap, it means (you have/he has/she has) reached a phase in coverage when [you pay/(he/she) pays] a small percentage of the total cost of each prescription and (your/his/her) drug plan pays the remaining amount.] REFER TO THE MOST RECENT MEDICARE PRESCRIPTION DRUG PLAN STATEMENT TO HELP THE RESPONDENT VERIFY THIS INFORMATION.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC8O - DHWORRY (02) SC8O - DHWORRY (-8) SC9 - MDISSFY (-9) SC9 - MDISSFY

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
DHWORRY	SC8O	code 1	For (CURRENT YEAR), how worried (are/is/were/was) [you/(SP)] about [your/his/her] ability to pay for [your/his/her] medicines during the coverage gap? Would you say that [you/(SP)] [are/is/were/was] very worried, somewhat worried, or not at all worried?	(01) VERY WORRIED (02) SOMEWHAT WORRIED (03) NOT AT ALL WORRIED (-8) Don't Know (-9) Refused	SC9 - MDISSFY
MDISSFY	SC9	verbatim text	Please think about all of the health care services [you/(SP)] [receive/receives], including services provided by doctors, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] [receive/receives] are you dissatisfied with?	(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM IN THE NEXT SCREEN) (-8) Don't Know (-9) Refused	(01) SC10A - MCWORRY (91) SC9 - MCDISVB (-8) SC10A - MCWORRY (-9) SC10A - MCWORRY
MCDISVB	SC9	verbatim text	Please think about all of the health care services [you/(SP)] (receive/receives), including services provided by doctors, hospitals and pharmacies. What things, if anything, about the health care services [you/(SP)] (receive/receives) are you dissatisfied with?	(01) [Continuous answer.]	SC10A - MCWORRY
MCWORRY	SC10A	list	Please tell me whether each of the following statements is true or false. [You/(SP)] (worry/worries) about (your/his/her) health more than other people (your/his/her) age. [Is this statement true or false?]	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCAVOID
MCAVOID	SC10A	list	Please tell me whether each of the following statements is true or false. [You/(SP)] will do just about anything to avoid going to the doctor.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCSICK
MCSICK	SC10A	list	Please tell me whether each of the following statements is true or false. When [you/(SP)] [are/is] sick, [you/he/she] [try/tries] to keep it to [yourself/himself/herself].	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC10A - MCDRSOON

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
MCDRSOON	SC10A	list	Please tell me whether each of the following statements is true or false. Usually, [you/(SP)] (go/goes) to the doctor as soon as (you/he/she) (start/starts) to feel bad.	(01) TRUE (02) FALSE (-8) Don't Know (-9) Refused	SC11 - MCDRNSEE
MCDRNSEE	SC11	yes/no	During (CURRENT YEAR), did [you/(SP)] have any health problem or condition about which you think [you/he/she] should have seen a doctor or other medical person, but did not? [INCLUDE ALL TYPES OF HEALTH PROBLEMS RANGING FROM MINOR TO SERIOUS ISSUES.]	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC12AA - TEMPCOND1 (02) SC15 - PMNOTGET (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET
TEMPCOND1	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.]	SC12AA - TEMPCOND2
TEMPCOND2	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty	(01) SC12AA - TEMPCOND3 (-7) SC12A - MCDRATMP
TEMPCOND3	SC12AA	text	What was the health problem or condition? ENTER ALL CONDITIONS.	(01) [Continuous answer.] (-7) Empty	SC12A - MCDRATMP
MCDRATMP	SC12A	yes/no	Did [you/(SP)] attempt to see a doctor about this [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: By "attempt" I mean, did [you/(SP)] contact a doctor's office or other medical place in order to set an appointment or talk to someone about the condition(s)?]	(01) YES (02) NO (-8) Don't Know (-9) Refused	SC13A - SCRCODES

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
SCRCODES	SC13A	code all	SHOW CARD SC2 This card lists some reasons people have given for not seeing a doctor or other medical person about a health problem or condition. Which of these reasons explains why [you/(SP)] did not see a doctor about the [READ CONDITION(S) BELOW]? (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA) [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	(01) BOX SC1B (02) BOX SC1B (03) BOX SC1B (04) BOX SC1B (05) BOX SC1B (06) BOX SC1B (07) BOX SC1B (91) SC13A - SCROTOS (-8) SC15 - PMNOTGET (-9) SC15 - PMNOTGET
SCROTOS	SC13A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX SC1B
	BOX SC1B	routing	IF SC13A - SCRCODES INCLUDES MORE THAN ONE RESPONSE, GO TO SC14A - SCRMAIN. ELSE GO TO SC15 - PMNOTGET.		
SCRMAIN	SC14A	code 1	Which of these was the main reason [you/(SP)] did not see a doctor about (this condition/these conditions) during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.] (CONDITION 1 FROM SC12AA) (CONDITION 2 FROM SC12AA) (CONDITION 3 FROM SC12AA)	(01) DIDN'T THINK THE PROBLEM WAS SERIOUS (02) THOUGHT IT WOULD COST TOO MUCH (03) TROUBLE FINDING/GETTING TO DOCTOR (04) TIME/SCHEDULE OR PERSONAL CONFLICTS (05) THOUGHT DOCTOR COULDN'T DO MUCH ABOUT PROBLEM (06) WAS AFRAID OF FINDING OUT WHAT WAS WRONG (07) DOCTOR WOULD NOT ACCEPT MY INSURANCE (91) (OTHER/SC13A - SCROTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	SC15 - PMNOTGET

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
PMNOTGET	SC15	yes/no	During (CURRENT YEAR), were any medicines prescribed for [you/(SP)] that [you/he/she] did not get? Please include refills of earlier prescriptions as well as prescriptions that were written or phoned in by a doctor.	(01) YES (02) NO (-8) Don't Know (-9) Refused	(01) SC16 - TEMPMED1 (02) SC20 - GENERRX (-8) SC20 - GENERRX (-9) SC20 - GENERRX
TEMPMED1	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.]	SC16 - TEMPMED2
TEMPMED2	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	(01) SC16 - TEMPMED3 (-7) SC17INTR - SCINT2
TEMPMED3	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	(01) SC16 - TEMPMED4 (-7) SC17INTR - SCINT2
TEMPMED4	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	(01) SC16 - TEMPMED5 (-7) SC17INTR - SCINT2
TEMPMED5	SC16	text	What were the names of those medicines? ENTER ALL MEDICINES.	(01) [Continuous answer.] (-7) Empty	SC17INTR - SCINT2
SCINT2	SC17INTR	no entry	SHOW CARD SC3 This card lists some reasons people have given for not having prescriptions filled or refilled.	(01) CONTINUE (-7) Empty	SC17A - SCPMCODS
SCPMCODS	SC17A	code all	Which of these reasons explains why [you/(SP)] did not obtain the [READ MEDICINE(S) BELOW]? [MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16] [PROBE: Any other reason?] CHECK ALL THAT APPLY.	(01) THOUGHT IT WOULD COST TOO MUCH (02) DIDN'T THINK MEDICINE WOULD HELP CONDITION (03) WAS AFRAID OF MEDICINE REACTIONS/CONTRAINDICATIONS (04) DON'T LIKE TO TAKE MEDICINE (05) DIDN'T THINK MEDICINE WAS NECESSARY (06) NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY (07) TROUBLE OBTAINING MEDICINE (08) OBTAINED/USED SAMPLES (09) USED ANOTHER MEDICINE AS A SUBSTITUTION (91) (OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	(01) BOX SC2 (02) BOX SC2 (03) BOX SC2 (04) BOX SC2 (05) BOX SC2 (06) BOX SC2 (07) BOX SC2 (08) BOX SC2 (09) BOX SC2 (91) SC17A - SCPMOTOS (-8) SC20 - GENERRX (-9) SC20 - GENERRX

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
SCPMOTOS	SC17A	verbatim text	OTHER (SPECIFY)	(01) [Continuous answer.]	BOX SC2
	BOX SC2	routing	IF SC17A - SCPMCODS INCLUDES MORE THAN ONE RESPONSE, GO TO SC18A - SCPMMAIN. ELSE GO TO SC20 - GENERRX.		
SCPMMAIN	SC18A	code 1	Which of these was the main reason [you/(SP)] did not obtain [this medicine/these medicines] during (CURRENT YEAR)? [READ REASONS BELOW IF NECESSARY.] [MEDICINE 1 FROM SC16] [MEDICINE 2 FROM SC16] [MEDICINE 3 FROM SC16] [MEDICINE 4 FROM SC16] [MEDICINE 5 FROM SC16]	(01) THOUGHT IT WOULD COST TOO MUCH (02) DIDN'T THINK MEDICINE WOULD HELP CONDITION (03) WAS AFRAID OF MEDICINE REACTIONS/CONTRAINDICATIONS (04) DON'T LIKE TO TAKE MEDICINE (05) DIDN'T THINK MEDICINE WAS NECESSARY (06) NOT COVERED BY INSURANCE/NOT ON PLAN FORMULARY (07) TROUBLE OBTAINING MEDICINE (08) OBTAINED/USED SAMPLES (09) USED ANOTHER MEDICINE AS A SUBSTITUTION (91) (OTHER/SC17A - SCPMOTOS OTHER SPECIFY TEXT) (-8) Don't Know (-9) Refused	SC20 - GENERRX
GENERRX	SC20	list	SHOW CARD SC4 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 (-8) Don't Know (-9) Refused	SC20 - MAILRX
MAILRX	SC20	list	SHOW CARD SC4 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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
DOSESRX	SC20	list	SHOW CARD SC4 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 SC4 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 SC4 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 SC4 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 provider?	(01) OFTEN (02) SOMETIMES (03) NEVER (-8) Don't Know (-9) Refused	SC21 - COMPARRX
COMPARRX	SC21	list	SHOW CARD SC4 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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
NOFILLRX	SC21	list	SHOW CARD SC4 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 SC4 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 SC4 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 SC4 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 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 SC4 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

Variable Name	MR Screen Name	Question Type	Question Text	Code List	Routing
NOINSRX	SC23	code 1	SHOW CARD SC4 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 SCEND
	BOX SCEND	routing	Go to USQ-PPIC.		