

Please return your completed questionnaire in the pre-addressed postage paid envelope. If you have any questions about the questionnaire, please feel free to call us at 1-800-759-7947.

**THANK YOU!**

Conducted by:  
The Survey Research Center  
The University of Michigan

Sponsored by:  
The National Institute on Aging  
Centers for Medicare and Medicaid Services



Place barcode label here

Name and ID#

## *Health and Retirement Study: 2007 Prescription Drug Study*

### HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Marking a box like this:

Writing a number in a box like this:

Sometimes you will find an instruction telling you which questions to answer next like this:

Yes

No → Go to Question

Please use a #2 pencil.

Erase unwanted marks completely.

PLEASE START THE QUESTIONNAIRE AT QUESTION  ON PAGE 1



## ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is *voluntary* and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

It is very important that the questions be answered by the person whose name is printed on the front cover of this questionnaire (or by someone who knows this person well enough to answer the questions for them, if the addressee is unable to complete the questionnaire alone).

Many questions can be answered by placing an (X) in the box (  ) in front of your response. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (  $\rightarrow$  ) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

If you have any questions about the questionnaire, please feel free to call us at 1-800-759-7947.

**THANK YOU!**

## Section H: Comments

**H1.** Were the questions in this questionnaire answered by the person to whom this questionnaire was addressed, or did someone else answer for that person? (Mark (X) ONE.) ~~MC GD~~

- Yes, the questions were answered by the person to whom the questionnaire was addressed.
- The questions were answered by that person's spouse or partner.
- The questions were answered by that person's son or daughter.
- The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what: \_\_\_\_\_ ~~GD~~ ~~GD~~

**H2.** Approximately, how long did it take you to complete this questionnaire? ~~MC GD~~

# of minutes

**H3.** Please add any comments that you wish in the space below: ~~MC GD~~

(All comments should be written inside of the box.)

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**Thank you for your participation in this important survey!**



































**D6.** How helpful do you think the new Medicare prescription drug benefit has been for the following people? (Mark (X) one answer for each line.)

	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Don't know
a. People with low incomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People with very high prescription drug costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People with low prescription drug costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People with no other insurance for drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. People with good other insurance coverage for drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A typical person with Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7.** When it comes to making changes in your Medicare coverage, how much do you agree or disagree with the following statements? (Mark (X) one answer for each line.)

	Agree strongly	Agree somewhat	Neither Agree nor Disagree	Disagree somewhat	Disagree strongly	Don't know
a. I am more likely to make a wrong choice if I have lots of different options to choose from.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When it comes to making decisions about my health insurance coverage, I prefer to have someone knowledgeable decide for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I prefer to have lots of information about each option.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I prefer to choose a plan without help from anyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7.** When it comes to making changes in your Medicare coverage, how much do you agree or disagree with the following statements? (Mark (X) one answer for each line.)

	Agree strongly	Agree somewhat	Neither Agree nor Disagree	Disagree somewhat	Disagree strongly	Don't know
e. Choosing a Medicare plan is a task I would rather avoid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I often feel overwhelmed because there is too much information about each plan to take in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I have difficulty understanding the information about Medicare coverage options.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Whenever I make a choice about Medicare, I worry it will be the wrong one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am confused about the changes in Medicare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am upset about the changes to Medicare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D8.** Who do you trust or count on to help you make choices about health insurance? (Mark (X) all that apply.)

- Spouse
- Children
- Other family members
- Friends
- Doctor
- Nurse or other health care provider
- Financial advisor
- Other (please specify : \_\_\_\_\_)
- No one