Health and Retirement Study:

2005 Prescription Drug Study

Conducted by:

The Survey Research Center
The University of Michigan

Sponsored by:

The National Institute on Aging
Centers for Medicare and Medicaid Services

**NAME:_____{**Merge Rs first name in this field}

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 a check (√) 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 (➔) 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 A: Access to Prescription Medicines

A1. Have you used prescription drugs in the past year? (**p1a1**)

☐$_1$ Yes

☐$_5$ No ➔ **Go to Section D on Page 8**

A2. Who does most of the shopping for the prescription drugs that you take? (**Check one.**) (**p1a2**)

☐$_1$ I do most of the shopping myself.

☐$_2$ My spouse does most of the shopping.

☐$_3$ My child or other family member does most of the shopping.

☐$_4$ A nurse or other paid helper does most of the shopping.

☐$_5$ Other (please specify:_____(**p1a2oth)**_____).

A3. How many different prescription drugs did you use in the last month?

__(**p1a3**)___ # of prescription drugs

A4. Of those prescription drugs, how many are ones you take on a regular basis (for example every day or every week)?

__(**p1a4**)___ # of prescription drugs

A5. How much do you typically spend of your own money for a month supply of your regular drugs?

$__(**p1a5**)___

A6. In a typical month, how many different pharmacies do you get prescription drugs from (including mail order)?

__(**p1a6**)___ # of pharmacies

A7. Where do you typically get your prescription medicines? **(Check all that apply.)**

☐ 1 Big drugstore chain pharmacy such as Walgreens or Osco (**p1a7a**)

☐ 2 Pharmacy inside a grocery store or supermarket (**p1a7b**)

☐ 3 Pharmacy inside a chain department store such as Target, Kmart or Wal-Mart (**p1a7c**)

☐ 4 Independent pharmacy (pharmacy that is locally owned) (**p1a7d**)

☐ 5 Veterans' Administration pharmacy (**p1a7e**)

☐ 6 Pharmacy inside a medical clinic or hospital (**p1a7f**)

☐ 7 By mail order (**p1a7g**)

☐ 8 Over the internet (**p1a7h**)

☐ D Free samples from physician (**p1a7i**)

☐ 10 Other (please specify: ____(**p1a7othM1, p1a7othM2**)_____). (**p1a7j**)

A8. How often do you purchase prescription drugs from a supplier in another country such as Canada or Mexico? (**Check one.**) (**p1a8**)

☐ 1 Never

☐ 2 Rarely

☐ 3 Often

A9. In addition to your prescription medications, which of the following types of medicines do you regularly use that you buy without a doctor's prescription? (**Check all that apply.**)

☐ 1 Pain relievers (**p1a9a**)

☐ 2 Antacids or other stomach medicines (**p1a9b**)

☐ 3 Allergy or cold medicine (**p1a9c**)

☐ 4 Sleep aids (**p1a9d**)

☐ 5 Herbal medications (**p1a9e**)

☐ 9 I do not regularly use any of these medications (**p1a9f**)

End of Section A.

Section B: Coverage and Cost of Prescriptions

B1. Which of these best describes how you pay for prescriptions at the pharmacy you use most often? (**Check one.**) (**p1b1**)

☐$_1$ I pay some of the price and insurance pays the rest. ➔ **Go to Question B2**

☐$_2$ I get a small discount off of full price with a discount card and pay the rest myself. ➔ **Go to Question B5**

☐$_3$ I pay full price for all medications out of my own pocket, with no insurance. ➔ **Go to Section C on Page 7**

☐$_4$ I don't pay anything. ➔ **Go to Question B4**

☐$_5$ Other ➔ **Go to Question B5**

B2. If you checked "I pay some of the price and insurance pays the rest" in Question B1, do you generally pay a fixed dollar amount for each type of prescription or a percentage of the price? (**Check one.**) (**p1b2**)

☐$_1$ Fixed dollar amount ➔ **Go to Question B3**

☐$_2$ Percentage of the price ➔ **Go to Question B4**

☐$_D$ Don't Know ➔ **Go to Question B5**

B3. If you checked "fixed dollar amount" in question B2, how much do you pay for each prescription?

$_(**p1b3a**)_ for generic prescriptions

$_(**p1b3b**)_ for preferred brand name prescriptions

$_(**p1b3c**)_ for non-preferred brand name prescriptions

$_(**p1b3d**)_ for other (please specify: _____(**p1b3oth**)_____)

☐$_D$ Don't Know ➔ **Go to Question B5**

B4. If you checked "Percentage of the price" in Question B2, what percentage do you pay for each prescription?

__(**p1b4a**)___% for generic prescriptions

__(**p1b4b**)___% for preferred brand name prescriptions

__(**p1b4c**)___% for non-preferred brand name prescriptions

__(**p1b4d**)___% for other (please specify: _____(**p1b4oth**)_____)

☐$_D$ Don't Know

B5. Does your prescription drug coverage have an annual deductible, that is, an amount you have to pay yourself each year before the insurance will start to help pay? (**Check one.**) (**p1b5**)

☐$_1$ Yes

☐$_5$ No ➔ **Go to Question B7**

☐$_D$ Don't Know ➔ **Go to Question B7**

B6. If yes, how much is your deductible?

$__(**p1b6**)___ Deductible per year

B7. Some prescription drug insurance plans restrict the number, type or dollar amount of prescriptions they will pay for. Check any of the following types of restrictions that your plan has. (**Check all that apply.**)

☐$_1$ My plan won't pay at all for some types of drugs. (**p1b7a**)

☐$_2$ My plan makes me pay more for some types of drugs. (**p1b7b**)

☐$_3$ My plan only pays for a certain number of prescriptions per month. (**p1b7c**)

☐$_4$ My plan only pays up to a certain amount of money each month. (**p1b7d**)

☐$_5$ My plan only pays up to a certain amount of money each year. (**p1b7e**)

☐$_6$ Other restriction. (**p1b7f**)

☐$_7$ My plan has no restrictions. (**p1b7g**)

☐$_D$ Don't Know

B8. What is the source of your prescription drug insurance? (**If you have more than one source of prescription drug coverage check all that apply.**)

☐$_1$ My employer, a family member's employer, or a former employer (**p1b8a**)

☐$_2$ I purchased it directly from an insurance company. (**p1b8b**)

☐$_3$ Medicaid (**p1b8c**)

☐$_4$ Veterans Administration (**p1b8d**)

☐$_5$ A Medicare HMO or Medicare + Choice Plan (**p1b8e**)

☐$_6$ State Pharmacy Assistance Program (**p1b8f**)

☐$_7$ Other (please specify: _____(**p1b8othM1, p1b8othM2**)_____). (**p1b8g**)

☐$_D$ Don't Know

B9. What is the name of your most important prescription drug insurance plan?

_____(**p1b9**)_____

☐$_D$ Don't Know

B10. Overall, how satisfied are you with your current prescription drug coverage? (**Check one.**) (**p1b10**)

☐$_1$ Very satisfied

☐$_2$ Somewhat satisfied

☐$_3$ Somewhat dissatisfied

☐$_4$ Very dissatisfied

B11. Over the last year, would you say your prescription drug coverage has: (**Check one.**) (**p1b11**)

☐$_1$ Gotten better

☐$_2$ Stayed the same

☐$_3$ Gotten worse

B12. Please tell us anything else about your prescription drug insurance that you think is important that we have not asked about.

_____

_____

_____

_____

_____

End of Section B.

Section C: Use of Prescription Medications

C1. The next set of questions is about problems you may have had because of the cost of prescription medications.(**Check one answer for each line.**)

	Never	1 or 2 times	3 or 4 times	More than 4 times
a. In the past year, how often did you not fill a new prescription because of the cost? (**p1c1a**)	☐0	☐1	☐2	☐3
b. In the past year, how often did you stop taking a prescription medication because of the cost? (**p1c1b**)	☐0	☐1	☐2	☐3
c. In the past year, how often did you skip doses of a prescription medication in order to save money? (**p1c1c**)	☐0	☐1	☐2	☐3

C2. In the past year, have you had any side effects, unwanted reactions, or other health problems from medications you were taking? (**Check one.**) (**p1c2**)

☐1 Yes

☐5 No ➔ **Go to Section D on Page 8**

☐D Not sure ➔ **Go to Section D on Page 8**

C3. Thinking about the MOST SEVERE of the reactions you experienced in the past year, what did you do in response? (**Check one answer for each line.**)

	Yes	No
a. Did you cut down or stop taking the drug on your own? (**p1c3a**)	☐1	☐5
b. Did you talk to a doctor about this reaction? (**p1c3b**)	☐1	☐5
c. Did you visit a doctor's office or emergency room mostly because of this reaction? (**p1c3c**)	☐1	☐5
d. Did your doctor ask you to cut down or stop taking the medication because of this reaction? (**p1c3d**)	☐1	☐5
e. Did you take another medication or treatment to treat this reaction? (**p1c3e**)	☐1	☐5
f. Were you admitted to a hospital overnight mostly because of this reaction? (**p1c3f**)	☐1	☐5

End of Section C.

Section D: Medicare

D1. How much if anything, have you seen, read, or heard about the Medicare prescription drug benefit available starting in 2006? (**Check one.**) (**p1d1**)

☐$_1$ A lot

☐$_2$Some

☐$_3$Only a little

☐$_4$Nothing ➔ **Go to Question D4**

☐$_D$ Don't know

D2. Have you read or heard about the Medicare prescription drug benefit from any of the following sources? (**Check all that apply.**)

☐$_1$ Television ads (**p1d2a**)

☐$_2$Television news or talk shows (**p1d2b**)

☐$_3$Radio (**p1d2c**)

☐$_4$Newspapers or magazines (**p1d2d**)

☐$_5$Your doctor or other health care provider (**p1d2e**)

☐$_6$Friends (**p1d2f**)

☐$_7$Family (**p1d2g**)

☐$_8$ Other (please specify:_____ (**p1d2othM1- p1d2othM7**)_____). (**p1d2h**)

D3. Have you received anything in the mail about the Medicare prescription drug benefit from any of the following sources? (**Check all that apply.**)

☐$_1$ Medicare (**p1d3a**)

☐$_2$ Social Security (**p1d3b**)

☐$_3$ Your current prescription drug insurance provider (**p1d3c**)

☐$_4$ Medicaid (**p1d3d**)

☐$_5$ AARP (**p1d3e**)

☐$_6$ Other (please specify:_____ (**p1d3othM1, p1d3othM2**)_____). (**p1d3f**)

D4. How much would you say you know about the Medicare prescription drug benefits available starting in 2006? (**Check one.**) (**p1d4**)

☐ 1 A great deal

☐ 2 A fair amount

☐ 3 Just some

☐ 4 Very little

☐ 5 Nothing

☐ D Don't know

D5. Based on what you know right now, how favorable is your opinion of the Medicare prescription drug benefit staring in 2006? (**Check one.**) (**p1d5**)

☐ 1 Very favorable

☐ 2 Somewhat favorable

☐ 3 No strong opinion

☐ 4 Somewhat unfavorable

☐ 5 Very unfavorable

☐ D Don't know

D6. Thinking about this prescription drug coverage that will be offered to people on Medicare in 2006, how likely would you be to enroll in the prescription drug benefit offered through Medicare? (**Check one.**) (**p1d6**)

☐ 1 Very likely

☐ 2 Somewhat likely

☐ 3 Not too likely

☐ 4 Not at all likely

☐ 8 I have already enrolled

☐ D Don't know

D7. How much, if anything, have you seen, read, or heard about getting extra help paying for drugs when the Medicare prescription drug benefit becomes available starting in 2006? (**Check one.**) (**p1d7**)

☐ 1 A lot

☐ 2 Some

☐ 3 Only a little

☐ 4 Nothing

☐ D Don't know

D8. Have you received a letter from the Social Security Administration explaining how to apply for extra help paying for prescription drugs? (**Check one.**) (**p1d8**)

☐$_1$ Yes

☐$_5$ No

☐$_D$ Don't know

D9. Do you intend to apply to Social Security for extra help paying for prescription drugs? (**Check one.**) (**p1d9**)

☐$_1$ Yes

☐$_5$ No

☐$_8$ I have already applied

☐$_D$ Don't know

D10. Have you received a letter from your current prescription drug insurance provider telling you how your plan compares with the new Medicare prescription drug benefit? **(Check one**.) (**p1d10**)

☐$_1$ Yes ➔ **Go to Question D11**

☐$_5$ No ➔ **Go to Question D12**

☐$_8$ I don't have drug coverage ➔ **Go to Question D13**

☐$_D$ Don't know ➔ **Go to Question D12**

D11. What did that letter tell you about how your current plan compares? (**Check one.**) (**p1d11**)

☐$_1$ My current prescription drug plan is better than the new Medicare coverage.

☐$_2$ My current prescription drug plan is about the same as the new Medicare coverage.

☐$_3$ My current prescription drug plan is not as good as the new Medicare coverage.

☐$_4$ I am supposed to switch over to the new Medicare coverage.

☐$_D$ Don't know

D12. If you currently get your drug coverage through a current or former employer or union, which of the following do you think will most likely happen with your employer/union coverage when the Medicare prescription drug benefit becomes available in 2006? (**Check one.**) (**p1d12**)

☐1 The employer or union will significantly cut back your level of coverage

☐2 The employer or union will drop your coverage

☐3 The employer or union will maintain the same level of coverage

☐4 All three options above are equally likely

☐5 I do not get my coverage through an employer/union

D13. How helpful do you think the new Medicare prescription drug benefit will be for the following people? (**Check one answer for each line.**)

	Very helpful	Somewhat helpful	Not very helpful	Not at all helpful	Don't know
a. People with low incomes. (**p1d13a**)	☐1	☐2	☐3	☐4	☐D
b. People with very high prescription drug costs. (**p1d13b**)	☐1	☐2	☐3	☐4	☐D
c. People with low prescription drug costs. (**p1d13c**)	☐1	☐2	☐3	☐4	☐D
d. People with no insurance for drugs. (**p1d13d**)	☐1	☐2	☐3	☐4	☐D
e. People with good insurance coverage for drugs. (**p1d13e**)	☐1	☐2	☐3	☐4	☐D
f. A typical person with Medicare. (**p1d13f**)	☐1	☐2	☐3	☐4	☐D

D14. When it comes to making changes in your Medicare coverage, how much do you agree or disagree with the following statements? (**Check 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. (**p1d14a**)	☐1	☐2	☐3	☐4	☐5	☐D
b. When it comes to making decisions about my health insurance coverage, I prefer to have someone knowledgeable decide for me. (**p1d14b**)	☐1	☐2	☐3	☐4	☐5	☐D
c. I prefer to have lots of information about each option. (**p1d14c**)	☐1	☐2	☐3	☐4	☐5	☐D
d. I prefer to choose a plan without help from anyone. (**p1d14d**)	☐1	☐2	☐3	☐4	☐5	☐D
e. Choosing a Medicare plan is a task I would rather avoid. (**p1d14e**)	☐1	☐2	☐3	☐4	☐5	☐D
f. I often feel overwhelmed because there is too much information about each plan to take in. (**p1d14f**)	☐1	☐2	☐3	☐4	☐5	☐D

	Agree strongly	Agree somewhat	Neither Agree nor Disagree	Disagree somewhat	Disagree strongly	Don't know
g. I have difficulty understanding the information about Medicare coverage options (**p1d14g**)	☐1	☐2	☐3	☐4	☐5	☐D
h. Whenever I make a choice about Medicare, I worry it will be the wrong one. (**p1d14h**)	☐1	☐2	☐3	☐4	☐5	☐D
i. I am confused about the changes in Medicare. (**p1d14i**)	☐1	☐2	☐3	☐4	☐5	☐D
j. I am upset about the changes to Medicare. (**p1d14j**)	☐1	☐2	☐3	☐4	☐5	☐D

D15. Who do you trust or count on to help you make choices about health insurance? (**Check all that apply.**) (**p1d15**)

☐1 Spouse

☐2 Children

☐3 Other family members

☐4 Friends

☐5 Doctor

☐6 Nurse or other health care provider

☐7 Financial advisor

☐8 Other (please specify:_____(**p1d15othM1, p1d15othM2**)_____).

☐9 No one

End of Section D.

Section E. Medicines

To really understand the impact of prescription medications on the health and economic security of Americans like you, it is important to know something about the specific medications that people actually take. This section asks you to provide some information about each of the different medications you take. Please list all the medications prescribed, including those you only take occasionally, for the person whose first name is printed on the front cover of this questionnaire. Do not include any medications prescribed for someone else. There are ten pages provided for up to ten medications. If you take fewer than ten, fill out pages for the ones you take and then go on to Section G on page 26. If you take more than ten, fill out all the pages for the ten medications you consider most important and then please give just the names of the other medications in Section F on page 25.

The first part of the page for each medication asks for some information that should be printed right on the label of the pill bottle or other container. An example of a medication label and how to fill out the top part of the medication page is shown below.

Prescription Label Example

VAMC Ann Arbor, MI 48104-2300
506 (DD/) Ph: 866-316-9350
RX#4599773 Sept. 6, 2005 Fill 1 of 1
John Doe 60-4596
Take one capsule by mouth as directed in
morning and at bedtime
Discard after Sept. 6,2006 Mfr_____
Qty: 60 CAP Kroll, Phil MD
Phenytoin NA (Dilantin) 100MG SA CAP

Medication Form Example:

E1. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: Phenytoin NA (Dilantin) 100 mg SA CAP_____

b. Date the prescription was filled: Sept. 6, 2005_____

c. Dosage instructions: Take one capsule by mouth as directed in the morning and at bedtime

Medication #1:

E1. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____(**p1e1a**)_____

b. Date the prescription was filled: _____(**p1e1b**)_____

c. Dosage instructions: _____(**p1e1c**)_____

E2. About how long have you been taking this medication? __(**p1e2)**_____

E3. How much did you pay the last time you filled this prescription? $ **__(p1e3)__**

E4. What insurance card or drug discount card did you use when you purchased this prescription? _____

E5. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

(**p1e5a-p1e5d**)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E6. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**). (**p1e6**)

☐1 Yes

☐5 No ➔ **Go to Question E8**

☐D Don't Know ➔ **Go to Question E8**

E7. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**) (**p1e7a - p1e7d**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #2:

E8. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E9. About how long have you been taking this medication? _____

E10. How much did you pay the last time you filled this prescription? $ _____

E11. What insurance card or drug discount card did you use when you purchased this prescription? _____

E12. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E13. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E15**

☐D Don't Know ➔ **Go to Question E15**

E14. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #3:

E15. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E16. About how long have you been taking this medication? _____

E17. How much did you pay the last time you filled this prescription? $ _____

E18. What insurance card or drug discount card did you use when you purchased this prescription? _____

E19. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E20. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E22**

☐D Don't Know ➔ **Go to Question E22**

E21. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #4:

E22. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E23. About how long have you been taking this medication? _____

E24. How much did you pay the last time you filled this prescription? $ _____

E25. What insurance card or drug discount card did you use when you purchased this prescription? _____

E26. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E27. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E29**

☐D Don't Know ➔ **Go to Question E29**

E28. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #5:

E29. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E30. About how long have you been taking this medication? _____

E31. How much did you pay the last time you filled this prescription? $ _____

E32. What insurance card or drug discount card did you use when you purchased this prescription? _____

E33. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E34. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E36**

☐D Don't Know ➔ **Go to Question E36**

E35. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #6:

E36. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E37. About how long have you been taking this medication? _____

E38. How much did you pay the last time you filled this prescription? $ _____

E39. What insurance card or drug discount card did you use when you purchased this prescription? _____

E40. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E41. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E43**

☐D Don't Know ➔ **Go to Question E43**

E42. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #7:

E43. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E44. About how long have you been taking this medication? _____

E45. How much did you pay the last time you filled this prescription? $ _____

E46. What insurance card or drug discount card did you use when you purchased this prescription? _____

E47. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E48. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E50**

☐D Don't Know ➔ **Go to Question E50**

E49. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #8:

E50. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E51. About how long have you been taking this medication? _____

E52. How much did you pay the last time you filled this prescription? $ _____

E53. What insurance card or drug discount card did you use when you purchased this prescription? _____

E54. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E55. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E57**

☐D Don't Know ➔ **Go to Question E57**

E56. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #9:

E57. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E58. About how long have you been taking this medication? _____

E59. How much did you pay the last time you filled this prescription? $ _____

E60. What insurance card or drug discount card did you use when you purchased this prescription? _____

E61. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E62. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Question E64**

☐D Don't Know ➔ **Go to Question E64**

E63. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #10:

E64. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____

b. Date the prescription was filled: _____

c. Dosage instructions: _____

E65. About how long have you been taking this medication? _____

E66. How much did you pay the last time you filled this prescription? $ _____

E67. What insurance card or drug discount card did you use when you purchased this prescription? _____

E68. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

(**p1m10e5a-p1m10e5d**)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐D
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐D
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐D
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐D

E69. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**).

☐1 Yes

☐5 No ➔ **Go to Section F on Page 25**

☐D Don't Know ➔ **Go to Section F on Page 25**

E70. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #1:

E71. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____(**p1m01e1a**)_____

b. Date the prescription was filled: _____(**p1m01e1b**)_____

c. Dosage instructions: _____(**p1m01e1c**)_____

E72. About how long have you been taking this medication? __(**p1m01e2)**_____

E73. How much did you pay the last time you filled this prescription? $ **__(p1m01e3)**__

E74. What insurance card or drug discount card did you use when you purchased this prescription? _____(**p1m01e4)**_____

E75. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

(**p1m01e5a-p1m01e5d**)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐9
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐9
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐9
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐9

E76. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**). (**p1m01e6**)

☐1 Yes

☐5 No ➔ **Go to Question E8**

☐9 Don't Know ➔ **Go to Question E8**

E77. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**) (**p1m01e5a - p1m01e5d**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3
c. Away from home	☐1	☐2	☐3
d. Forget	☐1	☐2	☐3

Medication #1:

E78. Please write down some information from the label on the prescription bottle:

a. Name and dose of the medication: _____(**p1m01e1a**)_____

b. Date the prescription was filled: _____(**p1m01e1b**)_____

c. Dosage instructions: _____(**p1m01e1c**)_____

E79. About how long have you been taking this medication? __(**p1m01e2)**_____

E80. How much did you pay the last time you filled this prescription? $ **__(p1m01e3)**__

E81. What insurance card or drug discount card did you use when you purchased this prescription? _____(**p1m01e4)**_____

E82. Please indicate how strongly you agree or disagree with the following statements about the medication you listed above. (**Check one answer for each line.)**

(**p1m01e5a-p1m01e5d**)	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Don't Know
a. This medication is very important for my health.	☐1	☐2	☐3	☐4	☐5	☐9
b. It often gives me unpleasant side effects.	☐1	☐2	☐3	☐4	☐5	☐9
c. It is too expensive.	☐1	☐2	☐3	☐4	☐5	☐9
d. It is the best one available for what it does.	☐1	☐2	☐3	☐4	☐5	☐9

E83. In the last year, have you ever missed a scheduled dose of this medication or delayed or not filled a prescription for it? (**Check one**). (**p1m01e6**)

☐1 Yes

☐5 No ➔ **Go to Question E8**

☐9 Don't Know ➔ **Go to Question E8**

E84. How important were the following reasons for missing a dose or not filling a prescription when that happened? (**Check one answer for each line.**) (**p1m01e5a - p1m01e5d**)

	Not at all Important	Somewhat Important	Very Important
a. Cost	☐1	☐2	☐3
b. Unpleasant side effects	☐1	☐2	☐3

c. Away from home	☐ 1	☐ 2	☐ 3
d. Forget	☐ 1	☐ 2	☐ 3

End of Section E.

Section F: Other Prescription Medications

If you take only ten or fewer medications, please Go to Section G on page 26.

F1. Please list any other prescription medications that you take (do not include any medications you told us about before in Section E).

a._____

b._____

c._____

d._____

e._____

f. _____

g._____

h._____

i. _____

j. _____

End of Section F.

Section G: Over-the-Counter Medications

G1. Please list any medications that you take regularly or often as needed without a doctor's prescription (do not include any medications you told us about before in Section E). Examples could be things like aspirin or antacids or allergy medicine, or herbal medications.

a._____

b._____

c._____

d._____

e._____

f. _____

g._____

h._____

i. _____

j. _____

End of Section G.

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? (**Check one.**)

(**p1h1**)

☐$_1$ Yes, the questions were answered by the person to whom the questionnaire was addressed.

☐$_2$ The questions were answered by that person's spouse or partner.

☐$_3$ The questions were answered by that person's son or daughter.

☐$_4$ The questions were answered by someone else: Please say if you are a relative, a friend, a care provider, or what:_____ (**p1h1oth**)_____.

H2. Approximately, how long did it take you to complete this questionnaire?

__(**p1h2**)__ # of minutes

H3. Please add any comments that you wish in the space below:

Thank you for your participation in this important survey!