

# Medicare Advantage and Prescription Drug Plan (MA & PDP) CAHPS<sup>®</sup> Survey

## 2025 Medicare Advantage Prescription Drug Survey CATI Script

[PROGRAMMING SPECIFICATIONS:

- NEVER DISPLAY “88 [NOT APPLICABLE]” ON INTERVIEWER SCREEN
- NEVER DISPLAY “M [MISSING]” ON INTERVIEWER SCREEN
- NEVER DISPLAY “[GO TO]” INSTRUCTIONS OR ANY OTHER PROGRAM LOGIC ON INTERVIEWER SCREEN]

<INTRO1-OUT IS FOR OUTBOUND CALLS. THE PURPOSE OF THE INTRO1-OUT SCREEN IS TO PROTECT THE PRIVACY OF THE ENROLLEE. THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE IS SPEAKING WITH THE SAMPLED RESPONDENT. AT NO POINT DOES THE INTERVIEWER MENTION WHAT HEALTH PLAN THE SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE ENROLLEE. IN ADDITION, NO MESSAGES ARE TO BE LEFT ON AN ANSWERING MACHINE OR VOICE MAIL.>

[INTRO1-OUT]

Hello, may I please speak to [SAMPLED ENROLLEE'S NAME]?

- |                               |   |                          |
|-------------------------------|---|--------------------------|
| 1 YES                         | → | [GO TO INTRO 2-OUT]      |
| 2 NO, NOT AVAILABLE RIGHT NOW | → | [SET CALLBACK]           |
| 3 NO [REFUSAL]                | → | [GO TO TERMINATE SCREEN] |

<MENTALLY/PHYSICALLY INCAPABLE → [GO TO INTRO3]

IF IT BECOMES CLEAR THAT THE ENROLLEE CANNOT COMPLETE THE TELEPHONE INTERVIEW HIMSELF/HERSELF (FOR EXAMPLE, IF HE/SHE IS HARD OF HEARING, HAS A SPEECH IMPEDIMENT, OR IS TOO ILL OR FRAIL TO DO THE INTERVIEW), OR REQUIRES ASSISTANCE IN COMPLETING THE INTERVIEW, ONLY THE ENROLLEE CAN GIVE PERMISSION FOR A PROXY TO COMPLETE THE SURVEY. [GO TO INTRO3]>

<IF ASKED WHO IS CALLING:>

<IF NOT SPEAKING TO THE RESPONDENT>

This is [INTERVIEWER NAME] calling from [SURVEY VENDOR NAME]. I'd like to speak to [ENROLLEE'S NAME] about a study about health care.

<IF SPEAKING TO THE RESPONDENT [GO TO INTRO2-OUT]>

<INTRO1-IN IS FOR INBOUND CALLS. AS WITH INTRO1-OUT, THE PURPOSE OF THE INTRO1-IN SCREEN IS TO PROTECT THE PRIVACY OF THE ENROLLEE. THE INTERVIEWER DOES NOT PROVIDE DETAILS ABOUT THE SURVEY UNTIL HE IS SPEAKING WITH THE SAMPLED RESPONDENT. AT NO POINT DOES THE INTERVIEWER MENTION WHAT HEALTH PLAN THE SAMPLED RESPONDENT IS A MEMBER OF TO ANYONE OTHER THAN THE ENROLLEE.>

[INTRO1-IN]

Hello, am I speaking to [SAMPLED ENROLLEE'S NAME]?

- |   |                             |   |                          |
|---|-----------------------------|---|--------------------------|
| 1 | YES                         | ➔ | [GO TO INTRO 2-IN]       |
| 2 | NO, NOT AVAILABLE RIGHT NOW | ➔ | [SET CALLBACK]           |
| 3 | NO [REFUSAL]                | ➔ | [GO TO TERMINATE SCREEN] |

[INTRO2-OUT]

Hello, this is [INTERVIEWER NAME] calling on behalf of [PLAN NAME] and Medicare. This is not a sales call. I'm calling because [PLAN NAME] is asking plan members like you to give feedback on the quality of care they provide. The information you share will help [PLAN NAME] and Medicare improve the care they provide. You may have received a letter in the mail or an email telling you about this study.

Your participation is voluntary and completely confidential. We really appreciate your feedback. My questions take about 15 minutes [OR VENDOR SPECIFY]. Why don't we try a few questions now? This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[INTRO2-IN]

My name is [INTERVIEWER NAME] and [PLAN NAME] is asking plan members like you to give feedback on the quality of care they provide. You may have received a letter in the mail or an email telling you about this study.

Your participation is voluntary and completely confidential. We really appreciate your feedback. My questions take about 15 minutes [OR VENDOR SPECIFY]. Why don't we try a few questions now? This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

<AFTER INTRO2-OUT and INTRO2-IN

[GO TO Q1] OR

(READ OPTIONAL QUESTION) OR

IF SPEAKING TO THE ENROLLEE AND IT APPEARS THE ENROLLEE MAY NEED HELP [GO TO INTRO3 – Request for Proxy]>

(OPTIONAL QUESTION)

Do you have any questions about this study that I can answer for you at this time?

- 1 YES → <REFER TO FAQs>
- 2 NO → [GO TO Q1]
- 3 NO, DOESN'T WANT TO PARTICIPATE [REFUSAL] → [GO TO TERMINATE SCREEN]

[INTRO3

Request for Proxy]

If you need help in completing this interview or if you feel you are unable to complete the interview by yourself, you can have a family member or close friend help you or do the interview for you. This person needs to be someone who knows you very well and would be able to answer health related questions accurately on your behalf. <THE INTERVIEWER MUST OBTAIN THE ENROLLEE'S PERMISSION TO HAVE A PROXY RESPONDENT ASSIST HIM/HER IN THE CATI INTERVIEW. IF THE INTERVIEWER IS UNABLE TO SPEAK TO THE ENROLLEE DIRECTLY IN ORDER TO OBTAIN PERMISSION AND IDENTIFY A PROXY RESPONDENT, DO NOT PROCEED WITH THE INTERVIEW.> [GO TO INTRO3 Q1]

[INTRO3 Q1]

Is there someone who could help you do the interview or who could do the interview for you?

- 1 YES → [GO TO INTRO3 Q2]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q2]

May we have your permission to conduct the telephone interview with this person on your behalf?

- 1 YES → [GO TO INTRO3 Q3] OR [GO TO PROXY INTRO 1]
- 2 NO → <THANK THE RESPONDENT AND TERMINATE THE INTERVIEW>

[INTRO3 Q3] Is this person available to talk to us now?

- 1 YES → [GO TO PROXY\_INTRO 1]
- 2 NO → <COLLECT NAME AND TELEPHONE NUMBER OF PROXY AND SET A CALLBACK, OR IF NO PROXY EXISTS, [GO TO Q\_END]. IF ENROLLEE RESIDES IN AN INSTITUTION CODE AS INSTITUTIONALIZED; OTHERWISE CODE AS MENTALLY/PHYSICALLY INCAPABLE>

[PROXY\_INTRO 1]

Hello, this is [INTERVIEWER NAME] calling on behalf of [PLAN NAME] and Medicare. This is not a sales call. I'm calling because [ENROLLEE NAME] was selected to give feedback on the quality of care [PLAN NAME] provides. [ENROLLEE NAME] has given permission for you to answer the study questions on his/her behalf.

[ENROLLEE NAME]'s participation in this survey is voluntary and completely confidential. The interview will take about 15 minutes [OR VENDOR SPECIFY] to complete. This call may be monitored or recorded for quality improvement purposes. <NOTE: THE NUMBER OF MINUTES WILL DEPEND ON WHETHER SUPPLEMENTAL QUESTIONS ARE INTEGRATED WITH MA & PDP CAHPS SURVEY SPECIFIC QUESTIONS.>

[PROXY\_INTRO 2]

As you answer the study questions, please remember that you are answering the questions for [him/her] and that all questions refer to [his/her] experiences with [his/her] health and prescription drug plan. Please do not answer based on your own care.

[INTERVIEWER: → GO TO Q1]

## CALL BACK TO RESUME A SURVEY

### RESUME1

Hello, may I please speak to ENROLLEE NAME]?

(IF NEEDED:) I'm calling on behalf of the Centers for Medicare & Medicaid Services to finish an interview with ENROLLEE NAME].

- |   |               |                          |
|---|---------------|--------------------------|
| 1 | YES           | [GO TO RESUME2]          |
| 2 | NO, CALL BACK | [SET CALLBACK]           |
| 3 | REFUSAL       | [GO TO TERMINATE SCREEN] |

### RESUME2

This is [INTERVIEWER NAME] calling on behalf of [PLAN NAME] and Medicare. I would like to confirm that I am speaking with [ENROLLEE NAME]? I am calling to finish the interview about the health care and services you receive. [RESUME SURVEY WHERE PREVIOUSLY LEFT OFF].

### MONITOR

Before we begin I need to tell you that this call may be monitored or recorded for quality improvement purposes.

<START INTERVIEW>

Q1 Our records show that in 2024 your health services were covered by the plan named [PLAN NAME].

Is that right?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES [GO TO Q3]

2 NO [GO TO Q2]

98 <DON'T KNOW> [GO TO Q2]

99 <REFUSED> [GO TO Q2]

M [MISSING]

Q2 What is the name of the health plan you had in 2024? Please complete the rest of the survey based on the experiences you had with that plan.

<ENTER PLAN NAME> \_\_\_\_\_

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q2 IS ASSIGNED ANSWER "98 – DON'T KNOW" OR "99 – REFUSED" THE INTRO TEXT BEFORE Q3 SHOULD READ:
- Now I am going to ask you questions about your health care in the last 6 months. Please answer the questions thinking about the plan you were enrolled in during 2024, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.
- FOR ALL OTHERS, INTRO TEXT BEFORE Q3 SHOULD READ:  
Now I am going to ask you questions about your health care in the last 6 months, and the times you got care from a clinic, emergency room, or doctor's office. Please include health care you got in person, by phone or by video call.]

Q3 In the last 6 months, did you have an illness, injury, or condition that needed care right away?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q5]

98 <DON'T KNOW> [GO TO Q5]

99 <REFUSED> [GO TO Q5]

M [MISSING]

Q4 In the last 6 months, when you needed care right away, how often did you get care as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q5 In the last 6 months, did you make any in-person, phone, or video appointments for a check-up or routine care?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q7]

98 <DON'T KNOW> [GO TO Q7]  
99 <REFUSED> [GO TO Q7]  
M [MISSING]

Q6 In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q7 In the last 6 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video? Would you say...

- 0 None
- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q8 Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6 months?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST HEALTH CARE POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST HEALTH CARE POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q9 In the last 6 months, how often was it easy to get the care, tests or treatment you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]



Now I'd like to ask you about your personal doctor.

Q10 A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

(PROBE IF NEEDED: "IS THERE ONE DOCTOR YOU USUALLY CONTACT IF YOU ARE SICK, HURT, NEED A CHECK-UP OR WANT ADVICE?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q26]
  
- 98 <DON'T KNOW> [GO TO Q26]
- 99 <REFUSED> [GO TO Q26]
- M [MISSING]

Q11 In the last 6 months, how many times did you have an in-person, phone, or video visit with your personal doctor about your health? Would you say...

- 0 None [GO TO Q26]
- 1 1 time
- 2 2
- 3 3
- 4 4
- 5 5 to 9
- 6 10 or more times
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW> [GO TO Q26]
- 99 <REFUSED> [GO TO Q26]
- M [MISSING]

Q12 In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Q13 In the last 6 months, how often did your personal doctor listen carefully to you?

Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q14 In the last 6 months, how often did your personal doctor show respect for what you had to say? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q15 In the last 6 months, how often did your personal doctor spend enough time with you?

Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q16 Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PERSONAL DOCTOR POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST PERSONAL DOCTOR POSSIBLE

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q17 In the last 6 months, when you talked with your personal doctor during a scheduled appointment, how often did he or she have your medical records or other information about your care? Would you say...

1 Never,

2 Sometimes,

3 Usually, or

4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q18 In the last 6 months, did your personal doctor order a blood test, x-ray or other test for you?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q21]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q21]

99 <REFUSED> [GO TO Q21]

M [MISSING]

Q19 In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q20 In the last 6 months, when your personal doctor ordered a blood test, x-ray or other test for you, how often did you get those results as soon as you needed them? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q21 In the last 6 months, did you take any prescription medicine?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q23]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q23]

99 <REFUSED> [GO TO Q23]

M [MISSING]

Q22 In the last 6 months, how often did you and your personal doctor talk about all the prescription medicines you were taking? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q23 In the last 6 months, did you get care from more than one kind of health care provider or use more than one kind of health care service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q26]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q26]

99 <REFUSED> [GO TO Q26]

M [MISSING]

Q24 In the last 6 months, did you need help from anyone in your personal doctor's office to manage your care among these different providers and services?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q26]

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q26]

99 <REFUSED> [GO TO Q26]

M [MISSING]

Q25 In the last 6 months, did you get the help you needed from your personal doctor's office to manage your care among these different providers and services? Would you say...

1 Yes, definitely,

2 Yes, somewhat, or

3 No

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about getting health care from specialists. Please include the care you got in person, by phone, or by video.

Q26 Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. Is your personal doctor a specialist?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF THE RESPONSE TO Q26 IS "1 – YES" THE FOLLOWING TEXT SHOULD BE DISPLAYED BEFORE Q27:

Please include your personal doctor as you answer these questions about specialists.]

Q27 In the last 6 months, did you make any appointments with a specialist?  
(PROBE IF NEEDED: "A SPECIALIST SPECIALIZES IN ONE AREA OF HEALTH CARE. DO YOU CONSIDER THAT DOCTOR TO BE A SPECIALIST?")

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q32]

98 <DON'T KNOW> [GO TO Q32]

99 <REFUSED> [GO TO Q32]

M [MISSING]

Q28 In the last 6 months, how often did you get an appointment with a specialist as soon as you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q29 How many specialists have you talked to in the last 6 months?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 NONE [GO TO Q32]

1 1 SPECIALIST

2 2

3 3

4 4

5 5 OR MORE SPECIALISTS

88 [NOT APPLICABLE]

98 <DON'T KNOW> [GO TO Q32]

99 <REFUSED> [GO TO Q32]

M [MISSING]

Q30 We want to know your rating of the specialist you talked to most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST SPECIALIST POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST SPECIALIST POSSIBLE

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

[PROGRAMMING SPECIFICATIONS:

- IF Q10 IS ASSIGNED ANSWER “2 - NO” Q31 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q32. CODE Q31 AS “88 - NOT APPLICABLE”
- IF Q11 IS ASSIGNED ANSWER “0 - NONE” Q31 SHOULD BE SKIPPED. THE NEXT APPROPRIATE ITEM IS THE INTRO TEXT ABOVE Q32. CODE Q31 AS “88 - NOT APPLICABLE”]

Q31 In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from specialists? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 7 My personal doctor is a specialist [FILE SPECIFICATION CODE 7]
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]

Now I am going to ask some questions about your health plan.

Q32 In the last 6 months, did you get information or help from your health plan's customer service?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q35]
  
- 98 <DON'T KNOW> [GO TO Q35]
- 99 <REFUSED> [GO TO Q35]
- M [MISSING]

Q33 In the last 6 months, how often did your health plan's customer service give you the information or help you needed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always
  
- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- 99 <REFUSED>
- M [MISSING]



Q34 In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q35 In the last 6 months, did your health plan give you any forms to fill out?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q37]
- 98 <DON'T KNOW> [GO TO Q37]
- 99 <REFUSED> [GO TO Q37]
- M [MISSING]

Q36 In the last 6 months, how often were the forms from your health plan easy to fill out?  
Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]  
98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q37 Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST HEALTH PLAN POSSIBLE

1

2

3

4

5

6

7

8

9

10 - BEST HEALTH PLAN POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q38 A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)? Would you say...

1 Yes,

2 No,

3 I am not sure,

4 I do not have a co-pay,

5 I do not have a health condition, or

6 I was offered a lower co-pay for another reason

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q39 Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)? Would you say...

1 Yes,

2 No,

3 I am not sure,

4 I do not have a health condition, or

5 I was offered extra benefits for another reason

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now we would like to ask you some questions about the prescription drug coverage you get through your prescription drug plan.

Q40 In the last 6 months, did anyone from a doctor's office, pharmacy, or your prescription drug plan contact you...

a. To make sure you filled or refilled a prescription?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A DOCTOR'S OFFICE, PHARMACY, OR YOUR PRESCRIPTION DRUG PLAN CONTACT YOU...)

b. To make sure you were taking medicine as directed?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q41 In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually,
- 4 Always, or
- 5 I did not use my prescription drug plan to get any medicines in the last 6 months

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q42 In the last 6 months, did you ever use your prescription drug plan to fill a prescription at your local pharmacy?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO [GO TO Q44]

98 <DON'T KNOW> [GO TO Q44]  
99 <REFUSED> [GO TO Q44]  
M [MISSING]

Q43 In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q44 In the last 6 months, did you ever use your prescription drug plan to fill a prescription by mail?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO [GO TO Q46]

98 <DON'T KNOW> [GO TO Q46]

99 <REFUSED> [GO TO Q46]

M [MISSING]

Q45 In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription by mail? Would you say...

- 1 Never,
- 2 Sometimes,
- 3 Usually, or
- 4 Always

88 [NOT APPLICABLE]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q46 Using any number from 0 to 10, where 0 is the worst prescription drug plan possible and 10 is the best prescription drug plan possible, what number would you use to rate your prescription drug plan?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

0 - WORST PRESCRIPTION DRUG PLAN POSSIBLE

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

10 - BEST PRESCRIPTION DRUG PLAN POSSIBLE

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Now I am going to ask some questions about you.

Q47 In general, how would you rate your overall health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q48 In general, how would you rate your overall mental or emotional health? Would you say it is...

- 1 Excellent,
- 2 Very good,
- 3 Good,
- 4 Fair, or
- 5 Poor

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q49 What language do you mainly speak at home? Would you say...

- 1 English,
- 2 Spanish,
- 3 Chinese,
- 4 Korean,
- 5 Tagalog,
- 6 Vietnamese, or
- 7 Some other language? [PROGRAMMING SPECIFICATION: IF Q49 IS ASSIGNED ANSWER "7 – SOME OTHER LANGUAGE" INTERVIEWER MUST ENTER NAME OF OTHER LANGUAGE.]

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q50 In the last 6 months, did you spend one or more nights in a hospital?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q51 In the last 6 months, did you delay or not fill a prescription because you felt you could not afford it?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

3 MY DOCTOR DID NOT PRESCRIBE ANY MEDICINES FOR ME IN THE LAST 6 MONTHS

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q52 In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you?

a. A health condition?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF...)

b. A disability?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY...)

c. Because of your age?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF...)

d. Your culture or religion?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF...)

e. Your language or accent?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF...)

f. Your race or ethnicity?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]



(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF...)

g. Your sex (male or female)?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: IN THE LAST 6 MONTHS, DID ANYONE FROM A CLINIC, EMERGENCY ROOM, OR DOCTOR'S OFFICE WHERE YOU GOT CARE TREAT YOU IN AN UNFAIR OR INSENSITIVE WAY BECAUSE OF...)

h. Your income?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q53 Has a doctor ever told you that you had any of the following conditions?

a. A heart attack?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

b. Angina or coronary heart disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

c. Hypertension or high blood pressure?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

d. Cancer, other than skin cancer?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

e. Emphysema, asthma or COPD (READ THE FOLLOWING ONLY IF NECESSARY)  
also called chronic obstructive pulmonary disease?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

(READ ONLY IF NECESSARY: HAS A DOCTOR EVER TOLD YOU THAT YOU HAD...)

f. Any kind of diabetes or high blood sugar?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q54 Do you have serious difficulty walking or climbing stairs?

(READ RESPONSE OPTIONS ONLY IF NECESSARY)

1 YES

2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q55 Do you have difficulty dressing or bathing?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q56 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q57 Have you had a flu shot since July 1, 2024?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

Q58 Have you ever had one or more pneumonia shots? (READ THE FOLLOWING ONLY IF NECESSARY) Two shots are usually given in a person's lifetime and these are different from a flu shot. It is also called the pneumococcal vaccine.  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO
- 3 DON'T KNOW

99 <REFUSED>  
M [MISSING]

Q59 What is the highest grade or level of school that you have completed? Would you say...

- 1 8th grade or less,
- 2 Some high school, but did not graduate,
- 3 High school graduate or GED,
- 4 Some college or 2-year degree,
- 5 4-year college graduate, or
- 6 More than 4-year college degree

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q60 Are you of Hispanic or Latino origin or descent?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES, HISPANIC OR LATINO
- 2 NO, NOT HISPANIC OR LATINO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

Q61 When I read the following, please tell me if the category describes your race. I am required to read all five categories. Please answer yes or no to each of the categories. Are you...

<PLEASE NOTE THAT RESPONDENTS MAY CHOOSE MORE THAN ONE RACE>

a. American Indian or Alaska Native?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

b. Are you Asian?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

c. Are you Black or African American?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

d. Are you Native Hawaiian or other Pacific Islander?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

e. Are you White?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q62 How many people live in your household now, including yourself? Would you say...

- 1 1 person
- 2 2 to 3 people, or
- 3 4 or more people

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q63 Do you ever use the internet at home?  
(READ RESPONSE OPTIONS ONLY IF NECESSARY)

- 1 YES
- 2 NO

98 <DON'T KNOW>  
99 <REFUSED>  
M [MISSING]

Q64 May the Medicare Program follow up with you to learn more about your health care, or to invite you to a group discussion or interview on topics related to health care?

Would you say...

- 1 Yes, or
- 2 No

98 <DON'T KNOW>

99 <REFUSED>

M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER>

Q65 <DID SOMEONE HELP THE ENROLLEE COMPLETE THE SURVEY?>

1 YES

2 NO [GO TO END]

98 <DON'T KNOW>

M [MISSING]

<THIS QUESTION TO BE COMPLETED BY THE INTERVIEWER. PLEASE MARK ONE OR MORE.>

Q66 <HOW DID THAT PERSON HELP THE ENROLLEE COMPLETE THE SURVEY?>

[PROGRAMMING SPECIFICATIONS: THE CATI SYSTEM SHOULD BE PROGRAMMED TO ALLOW THE INTERVIEWER TO SELECT MULTIPLE RESPONSES.]

<READ THE QUESTIONS TO THE ENROLLEE>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<RELAYED THE ANSWERS THE ENROLLEE GAVE TO THE INTERVIEWER>

1 YES

2 NO

88 [NOT APPLICABLE]

98 <DON'T KNOW>

M [MISSING]

<ANSWERED THE QUESTIONS FOR THE ENROLLEE>

- 1 YES
- 2 NO

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- M [MISSING]

<TRANSLATED THE QUESTIONS INTO THE ENROLLEE'S LANGUAGE>

- 1 YES
- 2 NO

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- M [MISSING]

<HELPED IN SOME OTHER WAY>

- 1 YES
- 2 NO

- 88 [NOT APPLICABLE]
- 98 <DON'T KNOW>
- M [MISSING]

[END] Those are all the questions I have. Thank you for taking part in this important interview.