Country:	United States
Title:	NCPA Poll: Medication Adherence in America: A National Report Card
Survey Organization:	Langer Research Associates
Sponsor:	National Community Pharmacists Association (NCPA)
Field Dates:	February 20-March 10, 2013
Sample:	Adults 40 or older with ongoing, long-term medical conditions for which they have been prescribed one or more medications
Sample Size:	1,020
Sample Notes:	Sampling, data collection and tabulation were conducted by Social Science Research Solutions of Media, PA.
Interview method:	Telephone (both Landline and Cell)
Weight Location:	Columns 12-18 (xxx.xxxx) -- Varname: WEIGHT
No. of records per respondent:	1
Usage Notes:	

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Data Locations

Variable        Rec    Start    End    Format
caseid           1       1        8    F8.0
week             1       9       11    F3.0
weight           1      12       18    F7.4
state            1      19       20    A2
nielsen          1      21       21    A1
metro            1      22       22    F1.0
region           1      23       23    F1.0
division         1      24       24    F1.0
ownhome          1      25       25    F1.0
mstatus          1      26       26    F1.0
emply            1      27       28    F2.0
hhcomp           1      29       29    F1.0
adults           1      30       30    F1.0
adultm           1      31       31    F1.0
adultf           1      32       32    F1.0
kids1217         1      33       33    F1.0
kids611          1      34       34    F1.0
kids06           1      35       35    F1.0
di22a1           1      36       37    F2.0
di22a2           1      38       39    F2.0
di22a3           1      40       41    F2.0
di22a4           1      42       43    F2.0
di22a5           1      44       45    F2.0
di22b1           1      46       47    F2.0
di22b2           1      48       49    F2.0
di22b3           1      50       51    F2.0
di22b4           1      52       53    F2.0
di22b5           1      54       55    F2.0
di22c1           1      56       57    F2.0
di22c2           1      58       59    F2.0
di22c3           1      60       61    F2.0
di22c4           1      62       63    F2.0
di22c5           1      64       65    F2.0
parent           1      66       66    F1.0
age              1      67       68    F2.0
age2             1      69       69    F1.0
educ             1      70       70    F1.0
income           1      71       72    F2.0
race             1      73       74    F2.0
affilrot         1      75       75    F1.0
polaffil         1      76       76    F1.0
d3rot            1      77       77    F1.0
d3               1      78       78    F1.0
regvote          1      79       79    F1.0
othtel           1      80       80    F1.0
sex              1      81       81    F1.0
reli1            1      82       83    F2.0
ident            1      84       84    F1.0
l1               1      85       85    F1.0
l2a              1      86       86    F1.0
c1               1      87       87    F1.0
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c2           1      88      88    F1.0
c1a          1      89      89    F1.0
qnco1        1      90      90    F1.0
qnco3        1      91      92    F2.0
rxqna        1      93      93    F1.0
rxqn1        1      94      95    F2.0
rxqn2        1      96      96    F1.0
rxqn3        1      97      97    F1.0
rxqn4        1      98      98    F1.0
rxqn5        1      99      99    F1.0
pm6rot       1     100     100    F1.0
rxqn6        1     101     101    F1.0
rxqn7a       1     102     102    F1.0
rxqn7b       1     103     103    F1.0
rxqn7c       1     104     104    F1.0
rxqn7d       1     105     105    F1.0
rxqn7xa      1     106     106    F1.0
rxqn7xb      1     107     107    F1.0
rxqn7xc      1     108     108    F1.0
rxqn7xd      1     109     109    F1.0
rxqn8a       1     110     110    F1.0
rxqn8b       1     111     111    F1.0
rxqn8c       1     112     112    F1.0
rxqn8d       1     113     113    F1.0
rxqn8e       1     114     114    F1.0
rxqn8f       1     115     115    F1.0
rxqn9a       1     116     116    F1.0
rxqn9b       1     117     117    F1.0
rxqn9c       1     118     118    F1.0
rxqn9d       1     119     119    F1.0
rxqn9e       1     120     120    F1.0
rxqn10a      1     121     121    F1.0
rxqn10xa     1     122     122    F1.0
rxqn10b      1     123     123    F1.0
rxqn10xb     1     124     124    F1.0
rxqn10c      1     125     125    F1.0
rxqn10xc     1     126     126    F1.0
rxqn10d      1     127     127    F1.0
rxqn10xd     1     128     128    F1.0
rxqn11       1     129     129    F1.0
rxqn12a      1     130     130    F1.0
rxqn12b      1     131     131    F1.0
rxqn12c      1     132     132    F1.0
rxqn12d      1     133     133    F1.0
rxqn12e      1     134     134    F1.0
rxqn12h      1     135     135    F1.0
rxqn13       1     136     138    F3.0
rxqn14       1     139     139    F1.0
rxqn15       1     140     140    F1.0
rxqn16       1     141     141    F1.0
rxqn17       1     142     142    F1.0
rxqn18a      1     143     143    F1.0
rxqn18b      1     144     144    F1.0
rxqn19       1     145     145    F1.0
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rxqn20            1    146    146   F1.0
rxqn21a           1    147    147   F1.0
rxqn21b           1    148    148   F1.0
rxqn22            1    149    149   F1.0
rxqn23a           1    150    150   F1.0
rxqn23b           1    151    151   F1.0
rxqn23c           1    152    152   F1.0
rxqn24            1    153    153   F1.0
demh1             1    154    154   F1.0
demh2             1    155    155   F1.0
demh3             1    156    156   F1.0
rxqn26            1    157    157   F1.0
rxqn27            1    158    158   F1.0
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Codebook

Name (Position) Label

caseid (1) Case ID Number
     Measurement Level: Scale
     Column Width: 8  Alignment: Right
     Print Format: F8
     Write Format: F8

week (2) Week of interview
     Measurement Level: Nominal
     Column Width: 4  Alignment: Right
     Print Format: F3
     Write Format: F3

weight (3) Weight
     Measurement Level: Scale
     Column Width: 7  Alignment: Right
     Print Format: F7.4
     Write Format: F7.4

state (4) State
     Measurement Level: Nominal
     Column Width: 5  Alignment: Left
     Print Format: A2
     Write Format: A2

             Value   Label

             'AK'    ALASKA
             'AL'    ALABAMA
             'AR'    ARKANSAS
             'AZ'    ARIZONA
             'CA'    CALIFORNIA
             'CO'    COLORADO
             'CT'    CONNECTICUT
             'DC'    DISTRICT OF COLUMBIA
             'DE'    DELAWARE
             'FL'    FLORIDA
             'GA'    GEORGIA
             'HI'    HAWAII
             'IA'    IOWA
             'ID'    IDAHO
             'IL'    ILLINOIS
             'IN'    INDIANA
             'KS'    KANSAS
             'KY'    KENTUCKY
             'LA'    LOUISIANA
             'MA'    MASSACHUSETTS
             'MD'    MARYLAND
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          'ME'   MAINE
          'MI'   MICHIGAN
          'MN'   MINNESOTA
          'MO'   MISSOURI
          'MS'   MISSISSIPPI
          'MT'   MONTANA
          'NC'   NORTH CAROLINA
          'ND'   NORTH DAKOTA
          'NE'   NEBRASKA
          'NH'   NEW HAMPSHIRE
          'NJ'   NEW JERSEY
          'NM'   NEW MEXICO
          'NV'   NEVADA
          'NY'   NEW YORK
          'OH'   OHIO
          'OK'   OKLAHOMA
          'OR'   OREGON
          'PA'   PENNSYLVANIA
          'RI'   RHODE ISLAND
          'SC'   SOUTH CAROLINA
          'SD'   SOUTH DAKOTA
          'TN'   TENNESSEE
          'TX'   TEXAS
          'UT'   UTAH
          'VA'   VIRGINIA
          'VT'   VERMONT
          'WA'   WASHINGTON
          'WI'   WISCONSIN
          'WV'   WEST VIRGINIA
          'WY'   WYOMING

nielsen (5) Nielsen codes
     Measurement Level: Nominal
     Column Width: 7  Alignment: Left
     Print Format: A1
     Write Format: A1

          Value Label

          '1'   A
          '2'   B
          '3'   C
          '4'   D
```

```
metro (6) Metro status
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value     Label

              1       Center City (Metro)
              2       Center City County (Metro)
              3       Suburban (Metro)
              4       Non-Center City (Metro)
              5       Non-Metro

region (7) Census region
    Measurement Level: Ordinal
    Column Width: 6  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value     Label

              1       North East
              2       North Central
              3       South
              4       West

division (8) Census division
    Measurement Level: Ordinal
    Column Width: 8  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value     Label

              1       New England
              2       Mid Atlantic
              3       East North Central
              4       West North Central
              5       South Atlantic
              6       East South Central
              7       West South Central
              8       Mountain
              9       Pacific
```

ownhome (9) Z-1. Is your home owned or rented?
     Measurement Level: Ordinal
     Column Width: 7 Alignment: Right
     Print Format: F1
     Write Format: F1

            Value   Label

              1   Owned
              2   Rented
              8   Don't know
              9   Refused

mstatus (10) Z-2. Are you...?
     Measurement Level: Ordinal
     Column Width: 7 Alignment: Right
     Print Format: F1
     Write Format: F1

            Value   Label

              1   Single, that is never married
              2   Single, living with a partner
              3   Married
              4   Separated
              5   Widowed
              6   Divorced
              9   Refused

emply (11) Employment Status
     Measurement Level: Ordinal
     Column Width: 5 Alignment: Right
     Print Format: F2
     Write Format: F2

            Value   Label

              1   Full-time
              2   Part-time
              3   Retired
              4   Homemaker
              5   Student
              6   Temporarily unemployed
              7   Disabled/Handicapped
              8   Other not employed
              9   Refused

hhcomp (12)
        Z-6. Including yourself, how many people are there living in your
        household?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   One
              2   Two
              3   Three
              4   Four
              5   Five
              6   Six
              7   Seven
              8   Eight or more
              9   Refused

adults (13) Z-6a. How many of these are adults, 18 or older?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   One
              2   Two
              3   Three
              4   Four
              5   Five
              6   Six
              7   Seven
              8   Eight or more
              9   Refused

adultm (14) Z-6Aa. How many of these adults are male?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

               0   None
               1   One
               2   Two
               3   Three
               4   Four
               5   Five
               6   Six
               7   Seven
               8   Eight or more
               9   Refused

adultf (15) Z-6Ab. How many of these adults are female?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

               0   None
               1   One
               2   Two
               3   Three
               4   Four
               5   Five
               6   Six
               7   Seven
               8   Eight or more
               9   Refused

kids1217 (16) Z-6B. How many are children 12 to 17?
    Measurement Level: Ordinal
    Column Width: 8 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              0   None
              1   One
              2   Two
              3   Three
              4   Four
              5   Five
              6   Six
              7   Seven
              8   Eight or more
              9   Refused

kids611 (17) Z-6C. How many are children 6 to 11?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              0   None
              1   One
              2   Two
              3   Three
              4   Four
              5   Five
              6   Six
              7   Seven
              8   Eight or more
              9   Refused

```
kids06 (18) Z-6D. How many are children under 6?
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

                0      None
                1      One
                2      Two
                3      Three
                4      Four
                5      Five
                6      Six
                7      Seven
                8      Eight or more
                9      Refused


di22a1 (19) DI-22A. Enter age of first child age 12 - 17.
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F2
     Write Format: F2

             Value     Label

               12      12
               13      13
               14      14
               15      15
               16      16
               17      17
               98      Don't know
               99      Refused
```

di22a2 (20) DI-22A. Enter age of second child age 12 - 17.
     Measurement Level: Ordinal
     Column Width: 6 Alignment: Right
     Print Format: F2
     Write Format: F2

            Value   Label

              12   12
              13   13
              14   14
              15   15
              16   16
              17   17
              98   Don't know
              99   Refused

di22a3 (21) DI-22A. Enter age of third child age 12 - 17.
     Measurement Level: Ordinal
     Column Width: 6 Alignment: Right
     Print Format: F2
     Write Format: F2

            Value   Label

              12   12
              13   13
              14   14
              15   15
              16   16
              17   17
              98   Don't know
              99   Refused

di22a4 (22) DI-22A. Enter age of fourth child age 12 - 17.
     Measurement Level: Ordinal
     Column Width: 6 Alignment: Right
     Print Format: F2
     Write Format: F2

            Value   Label

              12   12
              13   13
              14   14
              15   15
              16   16
              17   17
              98   Don't know
              99   Refused

```
di22a5 (23) DI-22A. Enter age of fifth child age 12 - 17.
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F2
     Write Format: F2


             Value     Label

                12     12
                13     13
                14     14
                15     15
                16     16
                17     17
                98     Don't know
                99     Refused


di22b1 (24) DI-22B. Enter age of first child age 6 - 11.
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F2
     Write Format: F2


             Value     Label

                 6     6
                 7     7
                 8     8
                 9     9
                10     10
                11     11
                98     Don't know
                99     Refused


di22b2 (25) DI-22B. Enter age of second child age 6 - 11.
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F2
     Write Format: F2


             Value     Label

                 6     6
                 7     7
                 8     8
                 9     9
                10     10
                11     11
                98     Don't know
                99     Refused
```

di22b3 (26) DI-22B. Enter age of third child age 6 - 11.
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

              6   6
              7   7
              8   8
              9   9
             10   10
             11   11
             98   Don't know
             99   Refused

di22b4 (27) DI-22B. Enter age of fourth child age 6 - 11.
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

              6   6
              7   7
              8   8
              9   9
             10   10
             11   11
             98   Don't know
             99   Refused

di22b5 (28) DI-22B. Enter age of fifth child age 6 - 11.
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

              6   6
              7   7
              8   8
              9   9
             10   10
             11   11
             98   Don't know
             99   Refused

di22c1 (29) DI-22C. Enter age of first child under 6.
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

              0   Less than 1 year
              1   1
              2   2
              3   3
              4   4
              5   5
             98   Don't know
             99   Refused

di22c2 (30) DI-22C. Enter age of second child under 6.
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

              0   Less than 1 year
              1   1
              2   2
              3   3
              4   4
              5   5
             98   Don't know
             99   Refused

di22c3 (31) DI-22C. Enter age of third child under 6.
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

              0   Less than 1 year
              1   1
              2   2
              3   3
              4   4
              5   5
             98   Don't know
             99   Refused

```
di22c4 (32) DI-22C. Enter age of fourth child under 6.
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F2
     Write Format: F2

          Value     Label

              0     Less than 1 year
              1     1
              2     2
              3     3
              4     4
              5     5
             98     Don't know
             99     Refused

di22c5 (33) DI-22C. Enter age of fifth child under 6.
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F2
     Write Format: F2

          Value     Label

              0     Less than 1 year
              1     1
              2     2
              3     3
              4     4
              5     5
             98     Don't know
             99     Refused

parent (34)
        Z-6e Are you the parent or guardian of anyone under 18 in your
        household?
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F1
     Write Format: F1

          Value     Label

              1     Yes
              2     No
              8     Don't Know
              9     Refused
```

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age (35) Z-7. What is your age?
     Measurement Level: Ordinal
     Column Width: 3  Alignment: Right
     Print Format: F2
     Write Format: F2

               Value     Label

                  99     Refused

age2 (36) Z-7a.  Could you please tell me if you are...?
     Measurement Level: Ordinal
     Column Width: 4  Alignment: Right
     Print Format: F1
     Write Format: F1

               Value     Label

                   1     18-29
                   2     30-49
                   3     50-64
                   4     65+
                   9     Refused

educ (37) Z-8. What is the last grade of school you completed?
     Measurement Level: Ordinal
     Column Width: 4  Alignment: Right
     Print Format: F1
     Write Format: F1

               Value     Label

                   1     Less than high school graduate
                   2     High school graduate
                   3     Some college
                   4     Graduated college
                   5     Graduate school or more
                   6     Technical school/other
                   9     Refused
```

income (38)
        Z-9. Is your total annual household income from all sources, and before
        taxes...?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

               1   Less than $15,000
               2     $15,000 but less than $25,000
               3     $25,000 but less than $30,000
               4     $30,000 but less than $40,000
               5     $40,000 but less than $50,000
               6     $50,000 but less than $75,000
               7     $75,000 but less than $100,000
               8     $100,000 and over (Unspecified)
               9   Less than $50,000 (Unspecified)
              10     $50,000 but less than $100,000 (Unspecified)
              11   Over $100,000
              12     $100,000 to under $150,000
              13     $150,000 to under $200,000
              14     $200,000 to under $250,000
              15     $250,000 or more
              98   Don't know
              99   Refused

race (39) Race of Respondent
    Measurement Level: Ordinal
    Column Width: 4 Alignment: Right
    Print Format: F2
    Write Format: F2

            Value   Label

               1   White Non-Hispanic
               2   Black Non-Hispanic
               3   White Hispanic
               4   Black Hispanic
               5   Unspecified Hispanic
               6   Other Race
               7   Refused

```
affilrot (40) Affiliation rotate
     Measurement Level: Ordinal
     Column Width: 8  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

                 1     Male Republican/Democrat
                 2     Male Democrat/Republican
                 3     Female Republican/Democrat
                 4     Female Democrat/Republican

polaffil (41) Z-11a. Generally speaking, do you usually think of yourself as:
     Measurement Level: Ordinal
     Column Width: 8  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

                 0     Other
                 1     A Republican
                 2     A Democrat
                 3     An Independent
                 8     Don't know
                 9     Refused

d3rot (42) Rotation for D3.
     Measurement Level: Ordinal
     Column Width: 5  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

                 1     d3 1-5 asked
                 2     d3 5-1 asked
```

d3 (43) D3. Generally speaking, would you describe your political views as...?
     Measurement Level: Ordinal
     Column Width: 2 Alignment: Right
     Print Format: F1
     Write Format: F1

          Value   Label

            1   Very conservative
            2   Somewhat conservative
            3   Moderate
            4   Somewhat liberal
            5   Very liberal
            8   Don't know
            9   Refused

regvote (44) Z-11b. Are you registered to vote at your present address or not?
     Measurement Level: Ordinal
     Column Width: 7 Alignment: Right
     Print Format: F1
     Write Format: F1

          Value   Label

            1   Yes
            2   No
            8   Don't know
            9   Refused

othtel (45)
        Z-12. Besides the telephone number I reached you on, how many other
        telephone numbers, if any, does your household have?
     Measurement Level: Ordinal
     Column Width: 6 Alignment: Right
     Print Format: F1
     Write Format: F1

          Value   Label

            0   None
            1   One
            2   Two
            3   Three
            4   Four or more
            7   Cell phone household only
            9   Refused

```
sex (46) Enter Sex of Respondent
     Measurement Level: Ordinal
     Column Width: 3  Alignment: Right
     Print Format: F1
     Write Format: F1


             Value    Label


               1     Male
               2     Female


reli1 (47) RELIG  What is your present religion, if any?
     Measurement Level: Ordinal
     Column Width: 5  Alignment: Right
     Print Format: F2
     Write Format: F2


             Value    Label


               1     Baptist
               2     Catholic, Roman Catholic
               3     Christian/Non Denominational Christian
               4     Episcopalian
               5     Evangelical
               6     Jehovah's Witness
               7     Jewish/Judaism
               8     Lutheran
               9     Methodist/Wesleyan
              10     Mormon/Church of Jesus Christ of Latter-Day Saints
              11     Muslim/Islamic
              12     Orthodox (Eastern, Greek, Russian, Armenian, etc)
              13     Pentecostal
              14     Presbyterian
              15     Protestant
              16     Seventh-Day Adventist
              17     Church of Christ
              18     Reformed Church in America (Dutch, German, Scandinavians,...
              19     Unitarian/Universalist
              20     Buddist
              21     Hindu
              96     No religion/None
              97     Other
              98     Don't know
              99     Refused
```

```
ident (48) ident (Language and telephone type)
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value    Label

              1      Landline
              2      Cell Phone sample
              3      Hispanic in language
              4      Both cell phone and hispanic in language

l1 (49)
        L1. Now thinking about your telephone use ... Does anyone in your
        household, including yourself, have a working cell phone?
    Measurement Level: Ordinal
    Column Width: 2  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value    Label

              1      Yes, respondent or someone in household has cell phone
              2      No
              8      Don't know
              9      Refused

l2a (50)
        L2.  Of all the telephone calls that you and the other people in your
        household receive, are ...?
    Measurement Level: Ordinal
    Column Width: 3  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value    Label

              1      All or almost all calls received on a cell phone
              2      Some received on a cell phone and some on a regular home ...
              3      All or almost all calls received on a regular home phone
              8      Don't know
              9      Refused
```

```
c1 (51)
      C1. Now thinking about your telephone use, is there at least one
      telephone INSIDE your home that is currently working and is not a cell
      phone?
   Measurement Level: Ordinal
   Column Width: 2  Alignment: Right
   Print Format: F1
   Write Format: F1

           Value    Label

             1     Yes, has a home telephone
             2     No, no home telephone
             8     Don't know
             9     Refused

c2 (52)
      C2. Of all the telephone calls that you and the other people in your
      household receive, are ... ?
   Measurement Level: Ordinal
   Column Width: 2  Alignment: Right
   Print Format: F1
   Write Format: F1

           Value    Label

             1     All or almost all calls received on a cell phone
             2     Some received on a cell phone and some on a regular home ...
             3     All or almost all calls received on a regular home phone
             8     Don't know
             9     Refused

c1a (53)
      C1a.  How many different cell phone numbers do you personally answer
      calls on?
   Measurement Level: Ordinal
   Column Width: 3  Alignment: Right
   Print Format: F1
   Write Format: F1

           Value    Label

             8     Don't Know
             9     Refused
```

```
qnco1 (54)
      CO-1. Were you born in the United States, the island of Puerto Rico, or
      in another country?
   Measurement Level: Ordinal
   Column Width: 5  Alignment: Right
   Print Format: F1
   Write Format: F1


          Value     Label

            1     United States
            2     Puerto Rico
            3     Another Country
            8     Don't know
            9     Refused

qnco3 (55) CO-3. How many years have you lived in the United States?
   Measurement Level: Ordinal
   Column Width: 5  Alignment: Right
   Print Format: F2
   Write Format: F2


          Value     Label

           96     Less than a year
           98     Don't know
           99     Refused

rxqna (56)
      PM-A.  Do you personally have any ongoing, long-term medical conditions
      for which a doctor or other health care professional has prescribed one
      or more prescription medications, or not?
   Measurement Level: Ordinal
   Column Width: 5  Alignment: Right
   Print Format: F1
   Write Format: F1


          Value     Label

            1     Yes
            2     No
            8     Don't know
            9     Refused
```

```
rxqn1 (57)
      PM-1.  How many different ongoing medications are you currently
      prescribed to take?
   Measurement Level: Ordinal
   Column Width: 5  Alignment: Right
   Print Format: F2
   Write Format: F2


         Value    Label

           97    None
           98    Don't know
           99    Refused

rxqn2 (58)
      PM-2.  When did you first get a prescription to take medication on a
      regular basis - was it...?
   Measurement Level: Ordinal
   Column Width: 5  Alignment: Right
   Print Format: F1
   Write Format: F1


         Value    Label

            1    Within the past year
            2    1 to 2 years ago
            3    3 to 5 years ago
            4    6 to 10 years ago
            5    More than 10 years ago
            8    Don't know
            9    Refused

rxqn3 (59)
      PM-3.  Where do you get (your prescription medication/most of your
      prescription medications) Is it...?
   Measurement Level: Ordinal
   Column Width: 5  Alignment: Right
   Print Format: F1
   Write Format: F1


         Value    Label

            1    From a pharmacy
            2    By mail
            3    Or some other way
            4    Both equally/mix
            5    Have never filled a prescription
            8    Don't know
            9    Refused
```

```
rxqn4 (60)
      PM-4. (When you go to a pharmacy, what/What) type of pharmacy do you use
      to get (this medication/most of these medications)? Is it (A chain), (A
      grocery store), (A pharmacy in a retail store ), or (An independent
      neighborhood pharmacy)?
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1


            Value     Label

              1       A chain pharmacy
              2       A grocery store pharmacy
              3       A pharmacy in a retail store
              4       An independent neighborhood pharmacy
              5       Pharmacy in a military hospital or clinic
              6       Other pharmacy
              8       Don't know
              9       Refused

rxqn5 (61)
      PM-5. In most cases, (is/are) your ongoing prescription medication(s)
      refilled automatically, or do you mostly have to personally request
      refills?
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1


            Value     Label

              1       Refilled automatically
              2       Have to request refills
              3       Depends on the prescription
              5       Have never filled a prescription
              8       Don't know
              9       Refused

pm6rot (62) Rotation for PM-6
    Measurement Level: Ordinal
    Column Width: 6  Alignment: Right
    Print Format: F1
    Write Format: F1


            Value     Label

              1       1-2 asked
              2       2-1 asked
```

rxqn6 (63)
        PM-6. In the past 12 months, have you gotten a new prescription for an
        ongoing medical condition that you have NOT filled for one reason or
        another, or have you filled every new prescription you've received?
    Measurement Level: Ordinal
    Column Width: 5 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Not filled a new prescription for one reason or another
            2   Filled every new prescription that you received
            3   No new prescriptions received
            8   Don't know
            9   Refused

rxqn7a (64)
        PM-7a. In the past 12 months, have you ever...? not had a prescription
        refilled in time for one reason or another, or has that not happened?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Yes
            2   No
            8   Don't know
            9   Refused

rxqn7b (65)
        PM-7b. In the past 12 months, have you ever...? missed a dose of your
        prescription medication for one reason or another, or has that not
        happened?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Yes
            2   No
            3   Have never filled a prescription
            8   Don't know
            9   Refused

```
rxqn7c (66)
       PM-7c.  In the past 12 months, have you ever...? taken a lower dose of
       your prescription medication than you were supposed to for one reason or
       another, or has that not happened?
    Measurement Level: Ordinal
    Column Width: 6  Alignment: Right
    Print Format: F1
    Write Format: F1

           Value    Label

              1     Yes
              2     No
              3     Have never filled a prescription
              8     Don't know
              9     Refused

rxqn7d (67)
       PM-7d.  In the past 12 months, have you ever...? stopped taking a
       medication entirely without consulting a doctor for one reason or
       another, or has that not happened?
    Measurement Level: Ordinal
    Column Width: 6  Alignment: Right
    Print Format: F1
    Write Format: F1

           Value    Label

              1     Yes
              2     No
              3     Have never filled a prescription
              8     Don't know
              9     Refused

rxqn7xa (68)
       PM-7Xa. Would you say that's happened...? (not had a prescription
       refilled in time)
    Measurement Level: Ordinal
    Column Width: 7  Alignment: Right
    Print Format: F1
    Write Format: F1

           Value    Label

              1     Very frequently
              2     Somewhat frequently
              3     Occasionally
              4     Rarely
              8     Don't know
              9     Refused
```

```
rxqn7xb (69)
        PM-7Xb. Would you say that's happened...? (missed a dose of your
        prescription medication)
    Measurement Level: Ordinal
    Column Width: 7  Alignment: Right
    Print Format: F1
    Write Format: F1


            Value     Label

               1      Very frequently
               2      Somewhat frequently
               3      Occasionally
               4      Rarely
               8      Don't know
               9      Refused

rxqn7xc (70)
        PM-7Xc. Would you say that's happened...? (taken a lower dose of your
        prescription medication than you were supposed to)
    Measurement Level: Ordinal
    Column Width: 7  Alignment: Right
    Print Format: F1
    Write Format: F1


            Value     Label

               1      Very frequently
               2      Somewhat frequently
               3      Occasionally
               4      Rarely
               8      Don't know
               9      Refused

rxqn7xd (71)
        PM-7Xd. Would you say that's happened...? (stopped taking a medication
        entirely without consulting a doctor)
    Measurement Level: Ordinal
    Column Width: 7  Alignment: Right
    Print Format: F1
    Write Format: F1


            Value     Label

               1      Very frequently
               2      Somewhat frequently
               3      Occasionally
               4      Rarely
               8      Don't know
               9      Refused
```

rxqn8a (72)

      PM-8a For each, please tell me if this is or is not a major reason in your own case. Because you had side effects or were worried about having them

Measurement Level: Ordinal
Column Width: 6 Alignment: Right
Print Format: F1
Write Format: F1

Value	Label
1	A major reason
2	Not a major reason
8	Don't know
9	Refused

rxqn8b (73)

      PM-8b For each, please tell me if this is or is not a major reason in your own case. Because you didn't think you needed the medication

Measurement Level: Ordinal
Column Width: 6 Alignment: Right
Print Format: F1
Write Format: F1

Value	Label
1	A major reason
2	Not a major reason
8	Don't know
9	Refused

rxqn8c (74)

      PM-8c For each, please tell me if this is or is not a major reason in your own case. Because you were too busy or didn't have the time

Measurement Level: Ordinal
Column Width: 6 Alignment: Right
Print Format: F1
Write Format: F1

Value	Label
1	A major reason
2	Not a major reason
8	Don't know
9	Refused

rxqn8d (75)
        PM-8d For each, please tell me if this is or is not a major reason in
        your own case. Because you didn't know what it was for
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   A major reason
              2   Not a major reason
              8   Don't know
              9   Refused

rxqn8e (76)
        PM-8e For each, please tell me if this is or is not a major reason in
        your own case. Because you got confused about what to do
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   A major reason
              2   Not a major reason
              8   Don't know
              9   Refused

rxqn8f (77)
        PM-8f For each, please tell me if this is or is not a major reason in
        your own case. Because you were trying to save money
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   A major reason
              2   Not a major reason
              8   Don't know
              9   Refused

rxqn9a (78)
        PM-9a. Thinking about some other possible reasons people may not fill
        or take their medication as prescribed, how about...? Because you forgot
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   A major reason
            2   Not a major reason
            8   Don't know
            9   Refused

rxqn9b (79)
        PM-9b. Thinking about some other possible reasons people may not fill
        or take their medication as prescribed, how about...? Because you didn't
        like taking it
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   A major reason
            2   Not a major reason
            8   Don't know
            9   Refused

rxqn9c (80)
        PM-9c. Thinking about some other possible reasons people may not fill
        or take their medication as prescribed, how about...? Because you felt
        it was not working
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   A major reason
            2   Not a major reason
            8   Don't know
            9   Refused

rxqn9d (81)
        PM-9d. Thinking about some other possible reasons people may not fill
        or take their medication as prescribed, how about...? Because you ran
        out of the medication
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   A major reason
            2   Not a major reason
            8   Don't know
            9   Refused

rxqn9e (82)
        PM-9e. Thinking about some other possible reasons people may not fill
        or take their medication as prescribed, how about...? Because you were
        away from home and didn't have it with you
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   A major reason
            2   Not a major reason
            8   Don't know
            9   Refused

rxqn10a (83)
        PM-10a In the past 12 months, have you ever...? Taken more of a
        prescribed medication than you were supposed to for one reason or
        another, or has that not happened?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Yes, has happened
            2   No, has not happened
            3   Have never filled a prescription
            8   Don't know
            9   Refused

rxqn10xa (84)
        PM-10Xa Would you say that's happened...? (Taken more of a prescribed
        medication than you were supposed to)
    Measurement Level: Ordinal
    Column Width: 8 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Very frequently
              2   Somewhat frequently
              3   Occasionally
              4   Rarely
              8   Don't know
              9   Refused

rxqn10b (85)
        PM-10b In the past 12 months, have you ever...? Taken an old
        prescription medication for a different health problem without asking
        the doctor for one reason or another, or has that not happened?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Yes, has happened
              2   No, has not happened
              3   Have never filled a prescription
              8   Don't know
              9   Refused

rxqn10xb (86)
        PM-10Xb Would you say that's happened...? (Taken an old prescription
        medication for a different health problem without asking the doctor)
    Measurement Level: Ordinal
    Column Width: 8 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Very frequently
              2   Somewhat frequently
              3   Occasionally
              4   Rarely
              8   Don't know
              9   Refused

rxqn10c (87)

       PM-10c In the past 12 months, have you ever...? Taken someone else's
       prescription medication for one reason or another, or has that not
       happened?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

         Value   Label

           1   Yes, has happened
           2   No, has not happened
           8   Don't know
           9   Refused

rxqn10xc (88)

       PM-10Xc Would you say that's happened...? (Taken someone else's
       prescription medication)
    Measurement Level: Ordinal
    Column Width: 8 Alignment: Right
    Print Format: F1
    Write Format: F1

         Value   Label

           1   Very frequently
           2   Somewhat frequently
           3   Occasionally
           4   Rarely
           8   Don't know
           9   Refused

rxqn10d (89)

       PM-10d In the past 12 months, have you ever...? Forgotten whether or
       not you've taken a prescription medication for one reason or another, or
       has that not happened?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

         Value   Label

           1   Yes, has happened
           2   No, has not happened
           3   Have never filled a prescription
           8   Don't know
           9   Refused

rxqn10xd (90)
        PM-10Xd Would you say that's happened...? (Forgotten whether or not
        you've taken a prescription medication)
    Measurement Level: Ordinal
    Column Width: 8 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Very frequently
            2   Somewhat frequently
            3   Occasionally
            4   Rarely
            8   Don't know
            9   Refused

rxqn11 (91)
        PM-11. In general, would you say your overall health is excellent, very
        good, good, fair or poor?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Excellent
            2   Very good
            3   Good
            4   Fair
            5   Poor
            8   Don't know
            9   Refused

rxqn12a (92)
        PM-12a. Please tell me if you currently have any of the following health
        conditions as diagnosed by a doctor, or not....Diabetes or high blood
        sugar
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

            1   Yes
            2   No
            8   Don't know
            9   Refused

rxqn12b (93)
        PM-12b. Please tell me if you currently have any of the following health
        conditions as diagnosed by a doctor, or not....High blood pressure or
        hypertension
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Yes
              2   No
              8   Don't know
              9   Refused

rxqn12c (94)
        PM-12c. Please tell me if you currently have any of the following health
        conditions as diagnosed by a doctor, or not....Asthma, bronchitis,
        emphysema, or any other lung condition
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Yes
              2   No
              8   Don't know
              9   Refused

rxqn12d (95)
        PM-12d. Please tell me if you currently have any of the following health
        conditions as diagnosed by a doctor, or not....Heart disease, heart
        failure or any other heart problem
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Yes
              2   No
              8   Don't know
              9   Refused

rxqn12e (96)
        PM-12e. Please tell me if you currently have any of the following health
        conditions as diagnosed by a doctor, or not....High cholesterol
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Yes
              2   No
              8   Don't know
              9   Refused

rxqn12h (97)
        PM-12h. Please tell me if you currently have any of the following health
        conditions as diagnosed by a doctor, or not....Any other chronic health
        problem?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Yes
              2   No
              8   Don't know
              9   Refused

rxqn13 (98)
        PM-13. Overall, about how many times in the past 12 months have you seen
        a doctor, nurse or other health care provider?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F3
    Write Format: F3

            Value   Label

            998   Don't know
            999   Refused

rxqn14 (99)
      PM-14. Thinking about the place where you usually go for care, do you
      feel like it's a place where they know you pretty well, or not really?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

          Value   Label

            1   Yes, they know you pretty well
            2   No, not really
            8   Don't know
            9   Refused

rxqn15 (100)
      PM-15. How often do you see the same health care provider when you go in
      for a health care appointment - every time, most of the time, some of
      the time, rarely or never?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

          Value   Label

            1   Every time
            2   Most of the time
            3   Some of the time
            4   Rarely
            5   Never
            8   Don't know
            9   Refused

rxqn16 (101)
      PM-16. Thinking about where you get (most of) your prescription
      medication(s), do you feel like it's a place where they know you pretty
      well, or not really?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

          Value   Label

            1   Yes, they know you pretty well
            2   No, not really
            3   Have never filled a prescription
            8   Don't know
            9   Refused

rxqn17 (102)
        PM-17. When you go to the drug store for ongoing prescription
        medication, how often do you see the same pharmacist or pharmacy staff
_
        every time, most of the time, some of the time, rarely or never?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Every time
              2   Most of the time
              3   Some of the time
              4   Rarely
              5   Never
              8   Don't know
              9   Refused

rxqn18a (103)
        PM-18a. In general, how well do you think you understand...? Your health
        and any health problems you may have a great deal, somewhat, not so much
        or not at all?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   A great deal
              2   Somewhat
              3   Not so much
              4   Not at all
              8   Don't know
              9   Refused

```
rxqn18b (104)
        PM-18b. In general, how well do you think you understand...? How much
        and when you're supposed to take your prescription medication(s) a great
        deal, somewhat, not so much or not at all?
     Measurement Level: Ordinal
     Column Width: 7  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

               1      A great deal
               2      Somewhat
               3      Not so much
               4      Not at all
               5      Don't take any prescription medication
               8      Don't know
               9      Refused

rxqn19 (105)
        PM-19. How simple or complicated would you say it is to take your
        medication(2) exactly as prescribed?  Is it...?
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

               1      Very simple
               2      Somewhat simple
               3      Somewhat complicated
               4      Very complicated
               5      Don't take any ongoing prescription medication
               8      Don't know
               9      Refused
```

```
rxqn20 (106)
        PM-20. How important do you think it is to take your medication(s)
        exactly as prescribed?  Is it...?
     Measurement Level: Ordinal
     Column Width: 6  Alignment: Right
     Print Format: F1
     Write Format: F1

            Value    Label

              1      Extremely important
              2      Very important
              3      Somewhat important
              4      Not so important
              5      Not important at all
              6      Don't take any ongoing prescription medication
              8      Don't know
              9      Refused

rxqn21a (107)
        PM-21a. When you've been prescribed a new medication, how often has
        a...? Doctor or other health care provider spoken with you about how and
        when to take it - do they always do this, sometimes, occasionally,
        rarely, or never?
     Measurement Level: Ordinal
     Column Width: 7  Alignment: Right
     Print Format: F1
     Write Format: F1

            Value    Label

              1      Always do this
              2      Sometimes do this
              3      Occasionally do this
              4      Rarely do this
              5      Never do this
              6      Have never filled a prescription
              8      Don't know
              9      Refused
```

rxqn21b (108)

PM-21b. When you've been prescribed a new medication, how often has a...? Pharmacist or pharmacy staff member spoken with you about how and when to take it - do they always do this, sometimes, occasionally, rarely, or never?

Measurement Level: Ordinal
Column Width: 7 Alignment: Right
Print Format: F1
Write Format: F1

       Value   Label

         1   Always do this
         2   Sometimes do this
         3   Occasionally do this
         4   Rarely do this
         5   Never do this
         6   Have never filled a prescription
         8   Don't know
         9   Refused

rxqn22 (109)

PM-22. How much do you rely on someone else, such as a family member or caregiver, to remind you when to take your prescription medication(s) - a great deal, somewhat, not so much or not at all?

Measurement Level: Ordinal
Column Width: 6 Alignment: Right
Print Format: F1
Write Format: F1

       Value   Label

         1   A great deal
         2   Somewhat
         3   Not so much
         4   Not at all
         5   Don't take any ongoing prescription medication(s)
         8   Don't know
         9   Refused

```
rxqn23a (110)
        PM-23a. How much do you feel that your prescription medication(s)...
        medication(s) working for you - a great deal, somewhat, not so much or
        not at all?
     Measurement Level: Ordinal
     Column Width: 7  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

               1      A great deal
               2      Somewhat
               3      Not so much
               4      Not at all
               5      Depends on the medication
               6      Don't take any ongoing prescription medication
               8      Don't know
               9      Refused

rxqn23b (111)
        PM-23b. How much do you feel that your prescription medication(s)...
        medication(s) unpleasant side effects - a great deal, somewhat, not so
        much or not at all?
     Measurement Level: Ordinal
     Column Width: 7  Alignment: Right
     Print Format: F1
     Write Format: F1

             Value     Label

               1      A great deal
               2      Somewhat
               3      Not so much
               4      Not at all
               5      Depends on the medication
               6      Don't take any ongoing prescription medication
               8      Don't know
               9      Refused
```

rxqn23c (112)
        PM-23c. How much do you feel that your prescription medication(s)...
        will help you live a better or longer life - a great deal, somewhat, not
        so much or not at all?
    Measurement Level: Ordinal
    Column Width: 7 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   A great deal
              2   Somewhat
              3   Not so much
              4   Not at all
              5   Depends on the medication
              6   Don't take any ongoing prescription medication
              8   Don't know
              9   Refused

rxqn24 (113)
        PM-24. How concerned are you, if at all, about possible long-term
        consequences of taking prescription medication(s) on an ongoing basis -
        are you very concerned about this, somewhat concerned, not so concerned
        or not concerned at all?
    Measurement Level: Ordinal
    Column Width: 6 Alignment: Right
    Print Format: F1
    Write Format: F1

            Value   Label

              1   Very concerned
              2   Somewhat concerned
              3   Not so concerned
              4   Not concerned at all
              8   Don't know
              9   Refused

```
demh1 (114) HE-1. Do you have health insurance, or not?
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value     Label

                1     Yes
                2     No
                8     Don't know
                9     Refused

demh2 (115) HE-2. How do you obtain your health insurance? Is it...?
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value     Label

                1     Through your or your spouse's employer
                2     Directly from a health plan or insurance company
                3     Through public programs, such as Medicare or Medicaid
                4     Other
                8     Don't know
                9     Refused

demh3 (116)
        HE-3. Are you covered by Medicare, the main health insurance program for
        people 65 years old and older?
    Measurement Level: Ordinal
    Column Width: 5  Alignment: Right
    Print Format: F1
    Write Format: F1

            Value     Label

                1     Yes
                2     No
                8     Don't know
                9     Refused
```

```
rxqn26 (117)
      PM-26. Does your insurance help cover the cost of prescription
      medication(s), or not?
   Measurement Level: Ordinal
   Column Width: 6  Alignment: Right
   Print Format: F1
   Write Format: F1


           Value     Label

             1       Yes
             2       No
             8       Don't know
             9       Refused

rxqn27 (118)
      PM-27. How easy or difficult is it for you to afford the cost of your
      prescription medication(s) - very easy, somewhat easy, somewhat
      difficult or very difficult?
   Measurement Level: Ordinal
   Column Width: 6  Alignment: Right
   Print Format: F1
   Write Format: F1


           Value     Label

             1       Very easy
             2       Somewhat easy
             3       Somewhat difficult
             4       Very difficult
             8       Don't know
             9       Refused
```

Appendix B: Questionnaire and Topline Results

```
*= less than 0.5 percent
```

The next questions are about prescription medications you take on an ongoing, regular basis. They are not about any over-the-counter or herbal medicine you might take, or prescription medication you might be taking for a short-term problem. We are only interested in ongoing, long-term prescription medications.

1. How many different ongoing medications are you currently prescribed to take?

```
1-2   3-4   5+   No opinion   Mean   Median
32    33    35        *       4.37   3.00
```

2. When did you first get a prescription to take medication on a regular basis – was it 1 to 2 years ago, 3 to 5 years ago, 6 to 10 years ago, or more than 10 years ago ?

```
------- 2 yrs or less --------          -------- 6+ yrs --------      No
NET   Within past yr   1-2 yrs   3-5 yrs   NET   6-10 yrs   11+ yrs   opinion
10          4            6         23      67      25         42        *
```

3. Where do you get (your prescription medication/most of your prescription medications)? Is it (from a pharmacy), (by mail) or some other way?

```
-------- From a pharmacy -------
NET   Pharmacy   Pharmacy & mail   By mail   Other way   No opinion
75      73             2             20         5            *
```

4. (IF PHARMACY OR A COMBINATION OF PHARMACY AND MAIL) What type of pharmacy do you use to get (this medication/most of these medications)? Is it (a chain pharmacy), (a grocery store pharmacy), (a pharmacy in a retail store), or (an independent neighborhood pharmacy)?

```
                              Independent    Military   Other     No
Chain   Grocery   Retail   neighborhood   hosp (vol.)  (vol.)  opinion
 41       16        18         20              2          3       *
```

3/4 NET:

```
From a pharmacy/pharmacy and mail NET      75
 Chain/grocery/retail/military/other NET   60
  Chain pharmacy                           31
  Grocery store pharmacy                   12
  Retail store pharmacy                    14
  Pharmacy in a military hospital/clinic    1
  Other pharmacy                            2
 Independent neighborhood pharmacy         15
By mail                                    20
Some other way                              5
No opinion                                  *
```

5. In most cases, (is/are) your ongoing prescription medication(s) refilled automatically, or do you have to personally request refills?

Automatically	Upon request	Depends on the medication (vol.)	Never filled prescription (vol.)	No op.
31	65	4	*	*

6. In the past 12 months, have you (gotten a new prescription for an ongoing medical condition that you have NOT filled for one reason or another), or have you (filled every new prescription you've received)?

Not filled Rx	Filled Rx	No new Rx (vol.)	No opinion
20	72	8	1

7. In the past 12 months, have you ever [ITEM] for one reason or another, or has that not happened?

	Yes	No	No opinion
a. not had a prescription refilled in time	28	72	*
b. missed a dose of your prescription medication	57	42	1
c. taken a lower dose of your prescription medication than you were supposed to	22	78	*
d. stopped taking a medication entirely without consulting a doctor	14	86	*

6/7 NET:

Ever not filled or taken medication as prescribed	Always fill and take medication as prescribed	No new Rx (vol.)	No opinion
68	24	8	1

8. (IF HAS NOT TAKEN MEDICATION AS PRESCRIBED) Would you say that's happened very frequently, somewhat frequently, occasionally, or rarely?

	-- Frequently ---			--- Occas./rarely ---			No op.
	NET	Very	Smwt	NET	Occas.	Rarely	
a. not had a prescription refilled in time	23	8	14	77	27	50	*
b. missed a dose of your prescription medication	10	4	6	90	37	53	0
c. taken a lower dose of your prescription medication than you were supposed to	36	17	18	64	34	30	0
d. stopped taking a medication entirely without consulting a doctor	30	12	19	70	18	52	0

7a/8a NET:

--- Not had a prescription refilled in time ---

	-- Frequently ---			--- Occas./rarely ---			
NET	NET	Very	Smwt	NET	Occas.	Rarely	Not happened	No opinion
28	6	2	4	21	7	14	72	*

7b/8b NET:

-Missed a dose of your prescription medication-

	-- Frequently ---			--- Occas./rarely ---			
NET	NET	Very	Smwt	NET	Occas.	Rarely	Not happened	No opinion
57	6	2	4	51	21	30	42	1

```
7c/8c NET:

- Taken a lower dose than you were supposed to-
      -- Frequently ---   --- Occas./rarely ---
NET   NET   Very   Smwt   NET   Occas.   Rarely   Not happened   No opinion
22    8     4      4      14    7        7        78             *


7d/8d NET:

- Stopped a medication w/out consulting a doc -
      ---Frequently ---   --- Occas./rarely ---
NET   NET   Very   Smwt   NET   Occas.   Rarely   Not happened   No opinion
14    4     2      3      10    2        7        86             *
```

9. (IF HAS NOT FILLED A PRESCRIPTION OR NOT TAKEN MEDICATION AS PRESCRIBED) Now I'm going to list some reasons people may not fill or take their medication as prescribed. For each, please tell me if this is or is not a major reason in your own case. The first is [ITEM] – would you say this is or is not a major reason that you personally did not fill or take a medication as prescribed? What about [NEXT ITEM]?

	Major reason	Not a major reason	No opinion
a. Because you had side effects or were worried about having them	21	78	1
b. Because you didn't think you needed the medication	16	83	2
c. Because you were too busy or didn't have the time	17	82	1
d. Because you didn't know what it was for	6	94	1
e. Because you got confused about what to do	6	94	*
f. Because you were trying to save money	22	78	*

10. (IF HAS NOT FILLED A PRESCRIPTION OR NOT TAKEN MEDICATION AS PRESCRIBED) Thinking about some other possible reasons people may not fill or take their medication as prescribed, how about [ITEM] - would you say this is or is not a major reason you personally did not fill or take a medication as prescribed? What about [NEXT ITEM]?

a. (IF HAS NOT FILLED A PRESCRIPTION, NOT REFILLED A PRESCRIPTION IN TIME, MISSED A DOSE OR STOPPED WITHOUT CONSULTING A DOCTOR) Because you forgot

```
Major reason   Not a major reason   No opinion
   42                 58                 *
```

b. (IF HAS NOT REFILLED A PRESCRIPTION IN TIME, MISSED A DOSE, TAKEN A LOWER DOSE OR STOPPED WITHOUT CONSULTING A DOCTOR) Because you didn't like taking it

```
Major reason   Not a major reason   No opinion
   12                 87                 1
```

c. (IF HAS NOT REFILLED A PRESCRIPTION IN TIME OR STOPPED WITHOUT CONSULTING A DOCTOR) Because you felt it was not working

```
Major reason   Not a major reason   No opinion
   17                 82                 1
```

d. (IF MISSED A DOSE OR STOPPED WITHOUT CONSULTING A DOCTOR) Because you ran out of the medication

```
Major reason   Not a major reason   No opinion
```

33

```
    34                66                      *
```

e. (IF MISSED A DOSE) Because you were away from home and didn't have it with you

```
Major reason    Not a major reason    No opinion
    27                73                      *
```

11. In the past 12 months, have you ever [ITEM] for one reason or another, or has that not happened? How about… [NEXT ITEM]?

	Yes	No	Never filled Rx (vol.)	No op.
a. taken more of a prescribed medication than you were supposed to	6	94	–	0
b. taken an old prescription medication for a different health problem without asking the doctor	7	93	–	*
c. taken someone else's prescription medication	5	95	–	*
d. forgotten whether or not you've taken a prescription medication	30	70	*	*

12. (IF YES TO ANY ITEM IN Q11) Would you say that's happened very frequently, somewhat frequently, occasionally, or rarely?

	-- Frequently ---			--- Occas./rarely ---			No
	NET	Very	Smwt	NET	Occas.	Rarely	op.
a. taken more of a prescribed medication than you were supposed to	12	3	9	88	34	54	0
b. taken an old prescription medication for a different health problem without asking the doctor	9	3	6	91	22	69	0
c. taken someone else's prescription medication	11	8	2	89	37	52	0
d. forgotten whether or not you've taken a prescription medication	10	4	6	90	31	59	0

11a/12a NET:

```
---- Taken more of a prescribed medication ----
     -- Frequently ---    --- Occas./rarely ---
NET   NET   Very  Smwt   NET   Occas.   Rarely   Not happened   No opinion
 6     1     *     1      5      2        3           94            0
```

11b/12b NET:

```
----- Taken an old prescription medication ----
       for a different health problem
     -- Frequently ---    --- Occas./rarely ---
NET   NET   Very  Smwt   NET   Occas.   Rarely   Not happened   No opinion
 7     1     *     *      7      2        5           93            *
```

11c/12c NET:

```
- Taken someone else's prescription medication-
       -- Frequently ---    --- Occas./rarely ---
```

```
                                                                              34
```

```
NET   NET   Very   Smwt   NET   Occas.   Rarely   Not happened   No opinion
 5     1     *      *      4      2        2          95               *
```

11d/12d NET:

```
------- Forgotten whether or not you've -------
      taken a prescription medication
      -- Frequently ---   --- Occas./rarely ---    Not        Never      No
NET   NET   Very   Smwt   NET   Occas.   Rarely   happened   filled Rx   op.
30     3     1      2      27     9        18         70         *         *
```

13. In general, would you say your overall health is excellent, very good, good, fair or poor?

```
--- Excellent/very good ---            --- Fair/poor ---      No
NET   Excellent   Very good   Good   NET   Fair   Poor   opinion
30       7           23        34     36    26     10       *
```

14. Please tell me if you currently have any of the following health conditions as diagnosed by a doctor, or not. First is [ITEM]- do you have that, or not? And what about... [NEXT ITEM]?

```
                                                  Yes    No    No opinion
a. diabetes or high blood sugar                   33     66        *
b. high blood pressure or hypertension            57     43        0
c. asthma, bronchitis, emphysema, or any other lung
   condition                                      22     77        *
d. heart disease, heart failure or any other heart
   problem                                        23     77        *
e. high cholesterol                               47     52        *
f. any other chronic health problem               38     61        1
```

15. Overall, about how many times in the past 12 months have you seen a doctor, nurse or other health care provider?

```
- Twice or less -   - 3-4 times-   ------- 5+ times -------   No
NET   None   1    2   NET   3    4   NET   5    6   7-9   10+   op.   Mean   Med.
29     2    10   17   30   12   18   39    5   10    5    20     2    8.38   4.00
```

16. Thinking about the place where you (usually go/last went) for care, do you feel like it's a place where they know you pretty well, or not really?

```
Yes   No   No opinion
86    13       1
```

17. How often do you see the same health care provider when you go in for a health care appointment – every time, most of the time, some of the time, rarely or never?

```
------ Usually -------
      Every    Most of    Some of    --- Rarely/never ---    No
NET   time    the time   the time   NET   Rarely   Never   opinion
93     68        25          4        3      2        1        0
```

18. Thinking about where you get (most of) your prescription medication(s), do you feel like it's a place where they know you pretty well, or not really?

```
Yes   No   Never filled an Rx (vol.)   No opinion
```

35

```
63    35                  1                      1
```

19. (IF GETS MEDICATION FROM PHARMACY OR A COMBINATION OF PHARMACY AND MAIL)
When you go to the drugstore for ongoing prescription medication, how often
do you see the same pharmacist or pharmacy staff – every time, most of the
time, some of the time, rarely or never?

```
------ Usually -------
     Every   Most of    Some of    --- Rarely/never ---    No
NET  time    the time   the time   NET   Rarely   Never    opinion
71   34      37         15         12    7        6        2
```

20. In general, how well do you think you understand [INSERT ITEM] - a great deal,
somewhat, not so much or not at all?

```
                        -- Great deal/smwt --    -- Not so much/at all -   No
                        NET   Grt deal   Smwt    NET   Not much   At all   op.
a. your health and
   any health
   problems you
   may have             98    80         18      2     1          1        *
b. how much and
   when you're
   supposed to take
   your prescription
   medication(s)        99    94         5       1     1          *        *
```

21. Again, thinking only about prescription medications you take on an ongoing,
regular basis, how simple or complicated would you say it is to take your
medication(s) exactly as prescribed? Is it very simple, somewhat simple, somewhat
complicated, or very complicated?

```
---- Simple -----    -- Complicated --
NET   Very   Smwt    NET   Smwt   Very      No opinion
96    82     14      4     4      1            *
```

22. How important do you think it is to take your medication(s) exactly as prescribed?
Is it extremely important, very important, somewhat important, not so important, or
not important at all?

```
- Extremely/very imp -   Smwt    --- Not important ---
NET   Extremely   Very   imp.    NET   Not so   At all    No opinion
93    50          43     7       1     1        0         0
```

23. When you've been prescribed a new medication, how often has a [ITEM] spoken with
you about how and when to take it – do they always do this, sometimes, occasionally,
rarely, or never? How about [NEXT ITEM]?

a. doctor or other health care provider

```
-- Always/sometimes --             --- Rarely/never ---   Never filled   No.
NET   Always   Smtimes   Occas.    NET   Rarely   Never   Rx (vol.)      op.
88    77       11        5         6     3        2       *              1
```

b. pharmacist or pharmacy staff member

```
-- Always/sometimes --             --- Rarely/never ---   Never filled   No.
NET   Always   Smtimes   Occas.    NET   Rarely   Never   Rx (vol.)      op.
```

36

```
73      58        15        6     20      6     14          *        1
```

24. How much do you rely on someone else, such as a family member or caregiver, to remind you when to take your prescription medication(s) – a great deal, somewhat, not so much or not at all?

```
--- Great deal/somewhat ---    --- Not so much/at all ---    No
NET    Great deal    Somewhat    NET    Not so much    At all    opinion
11        5            6          89        6            83        0
```

25. How much do you feel that your prescription medication(s) [ITEM] – a great deal, somewhat not so much or not at all?

a. (is/are) working for you

```
-- Great deal/smwt --    -- Not so much/at all -    Depends on    No
NET    Grt deal    Smwt    NET    Not much    At all    med (vol.)    op.
96        76         20      2       2          1          *          1
```

b. (causes/cause) unpleasant side effects

```
-- Great deal/smwt --    -- Not so much/at all -    Depends on    No
NET    Grt deal    Smwt    NET    Not much    At all    med (vol.)    op.
30        8          22     70      19         51          *          1
```

c. will help you live a better or longer life

```
-- Great deal/smwt --    -- Not so much/at all -    Don't take    No
NET    Grt deal    Smwt    NET    Not much    At all    Rx (vol.)    op.
93        69         23      4       3          1          *          3
```

26. How concerned are you, if at all, about possible long-term consequence of taking prescription medication(s) on an ongoing basis – are you very concerned about this, somewhat concerned, not so concerned or not concerned at all?

```
----- Concerned -----    --- Not concerned ---
NET    Very    Somewhat    NET    Not so    At all    No opinion
52      21       30         48      19       29          *
```

27/28. Do you have health insurance, or not? (IF HAS HEALTH INSURANCE) How do you obtain your health insurance? Is it through your or your spouse's employer; directly from a health plan or insurance company; or through public programs, such as Medicare or Medicaid?

```
Have health insurance NET                                      90
 Private insurance NET                                         47
   Through your or your spouse's employer                      39
   Directly from a health plan or insurance company             9
 Through public programs, such as Medicare or Medicaid         39
 Other                                                          4
Does not have health insurance                                 10
No opinion                                                      0
```

29. (IF 65 OR OLDER) Are you covered by Medicare, the main health insurance program for people 65 years old and older?

```
Yes    No    No opinion
94      5        1
```

30. (IF INSURED) Does your insurance help cover the cost of prescription
medication(s), or not?

```
Yes   No   No opinion
89    10        1
```

31. How easy or difficult is it for you to afford the cost of your prescription
medication(s) – very easy, somewhat easy, somewhat difficult or very difficult?

```
----- Easy ------    --- Difficult ---
NET   Very   Smwt    NET    Smwt   Very      No opinion
65    36     29      34     25     10            *
```

LANGER RESEARCH ASSOCIATES
SURVEY RESEARCH DESIGN · MANAGEMENT · ANALYSIS

Appendix C: Methodology

This survey for the National Community Pharmacists Association was conducted Feb. 20-March 10, 2013, among a national random sample of 1,020 adults 40 or older with ongoing, long-term medical conditions for which they have been prescribed one or more medications. Results for the full sample have a 3.5-point error margin, including a design effect due to weighting of 1.48.

This survey was written, produced and analyzed by Langer Research Associates of New York, N.Y.; the lead author of this report is Senior Research Analyst Julie E. Phelan, with Damla Ergun, Gary Langer and Gregory Holyk. Sampling, data collection and tabulation were conducted by Social Science Research Solutions of Media, Pa., via its Enhanced Excel omnibus survey.

Excel consists of 1,000 random-sample telephone interviews per week, including 300 completed among respondents on their cell phones and a minimum of 30 in Spanish. Calls are made to a fully replicated, stratified, single-stage, random-digit-dialed sample of landline telephone households and randomly generated cell phone numbers designed to represent the adult population of the continental United States.

Within each landline household, interviewers ask to speak with the youngest adult male at home; if no men are at home, interviewers ask to speak with the youngest adult female. Cell phone interviews are conducted with the adult answering the phone.

Excel data are weighted to represent the study's target population via a multistage process. This initially corrects for unequal probabilities of selection depending on the number of adults in the household and the nature of telephone service in use. The final weighting stage involves post-stratification adjustment to correct for systematic nonresponse using known demographic parameters; the sample undergoes iterative proportional fitting ("raking") to match the most recent March Supplement of the U.S. Census Bureau's Current Population Survey by age (by gender), education, race/ethnicity, and Census region (by gender). Respondents' telephone status (cell phone only, landline only or mixed user) also is included, based on the most recent estimates available from the U.S. Centers for Disease Control's National Health Interview Survey.

COL	&	-	0	1	2	3	4	5	6	7	8	9	BLANK	OTHER	NONBLNK	COL
1	0	0	0	296	0	0	0	438	0	278	8	0	0	0	1020	1
2	0	0	1020	0	0	0	0	0	0	0	0	0	0	0	1020	2
3	0	0	1020	0	0	0	0	0	0	0	0	0	0	0	1020	3
4	0	0	1020	0	0	0	0	0	0	0	0	0	0	0	1020	4
5	0	0	1020	0	0	0	0	0	0	0	0	0	0	0	1020	5
6	0	0	184	159	175	170	154	114	49	15	0	0	0	0	1020	6
7	0	0	106	111	97	106	100	106	97	103	101	93	0	0	1020	7
8	0	0	109	102	101	84	93	118	107	106	104	96	0	0	1020	8
9	0	0	0	0	0	0	0	0	0	0	1020	0	0	0	1020	9
10	0	0	793	227	0	0	0	0	0	0	0	0	0	0	1020	10
11	0	0	227	0	0	0	0	0	0	0	388	405	0	0	1020	11
12	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	12
13	0	0	0	291	53	21	3	2	0	0	0	0	650	0	370	13
14	0	0	0	0	0	0	0	0	0	0	0	0	0	1020	1020	14
15	0	0	71	47	91	116	159	137	98	119	74	108	0	0	1020	15
16	0	0	141	86	117	95	72	105	114	57	122	111	0	0	1020	16
17	0	0	127	93	101	96	116	74	111	97	109	96	0	0	1020	17
18	0	0	138	90	122	97	78	92	124	71	101	107	0	0	1020	18
19	0	0	0	0	0	0	0	0	0	0	0	0	0	1020	1020	19
20	0	0	0	0	0	0	0	0	0	0	0	0	0	1020	1020	20
21	0	0	0	0	0	0	0	0	0	0	0	0	0	1020	1020	21
22	0	0	0	299	197	226	30	268	0	0	0	0	0	0	1020	22
23	0	0	0	186	248	392	194	0	0	0	0	0	0	0	1020	23
24	0	0	0	53	133	170	78	213	78	101	74	120	0	0	1020	24
25	0	0	0	789	219	0	0	0	0	0	4	8	0	0	1020	25
26	0	0	0	76	32	541	30	191	142	0	0	8	0	0	1020	26
27	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	27
28	0	0	0	244	96	487	64	5	38	78	5	3	0	0	1020	28
29	0	0	0	327	453	116	69	32	11	1	4	7	0	0	1020	29
30	0	0	0	348	520	101	33	7	1	2	1	7	0	0	1020	30
31	0	0	260	644	91	16	1	1	0	0	0	0	7	0	1013	31
32	0	0	123	796	81	10	1	1	1	0	0	0	7	0	1013	32
33	0	0	61	61	22	4	1	0	0	0	0	0	871	0	149	33
34	0	0	91	46	9	2	1	0	0	0	0	0	871	0	149	34
35	0	0	112	25	10	2	0	0	0	0	0	0	871	0	149	35
36	0	0	0	85	0	0	0	0	0	0	0	3	932	0	88	36
37	0	0	0	0	11	4	12	12	23	23	0	3	932	0	88	37
38	0	0	0	26	0	0	0	0	0	0	0	1	993	0	27	38
39	0	0	0	0	6	3	4	8	3	2	0	1	993	0	27	39
40	0	0	0	5	0	0	0	0	0	0	0	0	1015	0	5	40
41	0	0	0	0	2	1	0	0	0	2	0	0	1015	0	5	41
42	0	0	0	1	0	0	0	0	0	0	0	0	1019	0	1	42
43	0	0	0	0	0	0	0	0	0	1	0	0	1019	0	1	43
44	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	44
45	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	45
46	0	0	0	24	0	0	0	0	0	0	0	0	996	0	24	46
47	0	0	7	17	0	0	0	0	11	4	12	7	962	0	58	47
48	0	0	0	1	0	0	0	0	0	0	0	0	1019	0	1	48
49	0	0	0	1	0	0	0	0	1	2	7	1	1008	0	12	49
50	0	0	0	1	0	0	0	0	0	0	0	0	1019	0	1	50
51	0	0	0	1	0	0	0	0	0	1	1	0	1017	0	3	51
52	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	52
53	0	0	0	0	0	0	0	0	1	0	0	0	1019	0	1	53
54	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	54
55	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	55
56	0	0	0	0	0	0	0	0	0	0	0	1	1019	0	1	56
57	0	0	4	1	7	4	7	13	0	0	0	1	983	0	37	57
58	0	0	0	0	0	0	0	0	0	0	0	2	1018	0	2	58
59	0	0	1	0	4	2	1	2	0	0	1	1	1008	0	12	59
60	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	60
61	0	0	0	0	1	1	0	0	0	0	0	0	1018	0	2	61
62	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	62
63	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	63
64	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	64
65	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	65
66	0	0	0	114	906	0	0	0	0	0	0	0	0	0	1020	66
67	0	0	0	0	0	0	130	230	302	215	112	31	0	0	1020	67
68	0	0	125	108	112	89	91	107	96	90	109	93	0	0	1020	68
69	0	0	0	0	0	8	15	0	0	0	0	0	997	0	23	69
70	0	0	0	100	287	251	192	152	34	0	0	4	0	0	1020	70
71	0	0	0	124	0	0	0	0	0	0	0	110	786	0	234	71
72	0	0	12	139	195	100	88	84	136	107	42	117	0	0	1020	72
73	0	0	0	0	0	0	0	0	0	0	0	0	1020	0	0	73
74	0	0	0	821	93	47	7	2	34	16	0	0	0	0	1020	74
75	0	0	0	217	195	306	302	0	0	0	0	0	0	0	1020	75
76	0	0	13	298	336	324	0	0	0	0	23	26	0	0	1020	76
77	0	0	0	512	508	0	0	0	0	0	0	0	0	0	1020	77
78	0	0	0	182	257	301	136	81	0	0	44	19	0	0	1020	78
79	0	0	0	892	118	0	0	0	0	0	2	8	0	0	1020	79

COL	&	-	0	1	2	3	4	5	6	7	8	9	BLANK	OTHER	NONBLNK	COL
80	0	0	767	95	28	9	0	0	0	113	0	8	0	0	1020	80
81	0	0	0	411	609	0	0	0	0	0	0	0	0	0	1020	81
82	0	0	0	287	0	0	0	0	0	0	0	193	540	0	480	82
83	0	0	17	138	200	109	18	240	167	38	35	58	0	0	1020	83
84	0	0	0	708	294	12	6	0	0	0	0	0	0	0	1020	84
85	0	0	0	566	152	0	0	0	0	0	0	2	300	0	720	85
86	0	0	0	51	264	249	0	0	0	0	2	0	454	0	566	86
87	0	0	0	193	107	0	0	0	0	0	0	0	720	0	300	87
88	0	0	0	51	99	42	0	0	0	0	1	0	827	0	193	88
89	0	0	33	665	131	19	9	1	1	2	2	3	154	0	866	89
90	0	0	0	30	3	23	0	0	0	0	0	0	964	0	56	90
91	0	0	0	3	7	6	6	1	0	0	0	2	995	0	25	91
92	0	0	8	0	2	1	2	4	1	3	2	3	994	0	26	92
93	0	0	0	1020	0	0	0	0	0	0	0	0	0	0	1020	93
94	0	0	0	74	4	0	0	0	0	1	0	8	933	0	87	94
95	0	0	37	143	190	191	140	116	88	51	44	20	0	0	1020	95
96	0	0	0	32	57	221	247	456	0	0	4	3	0	0	1020	96
97	0	0	0	717	240	42	20	0	0	0	1	0	0	0	1020	97
98	0	0	0	292	121	124	159	14	23	0	3	1	283	0	737	98
99	0	0	0	301	681	34	0	1	0	0	2	1	0	0	1020	99
100	0	0	0	501	519	0	0	0	0	0	0	0	0	0	1020	100
101	0	0	0	178	737	98	0	0	0	0	7	0	0	0	1020	101
102	0	0	0	241	778	0	0	0	0	0	1	0	0	0	1020	102
103	0	0	0	598	415	0	0	0	0	0	7	0	0	0	1020	103
104	0	0	0	198	819	0	0	0	0	0	3	0	0	0	1020	104
105	0	0	0	122	896	0	0	0	0	0	2	0	0	0	1020	105
106	0	0	0	12	29	67	132	0	0	0	1	0	779	0	241	106
107	0	0	0	16	31	196	354	0	0	0	0	1	422	0	598	107
108	0	0	0	28	29	63	78	0	0	0	0	0	822	0	198	108
109	0	0	0	9	15	21	77	0	0	0	0	0	898	0	122	109
110	0	0	0	144	582	0	0	0	0	0	7	0	287	0	733	110
111	0	0	0	110	613	0	0	0	0	0	9	1	287	0	733	111
112	0	0	0	128	598	0	0	0	0	0	7	0	287	0	733	112
113	0	0	0	34	691	0	0	0	0	0	6	2	287	0	733	113
114	0	0	0	40	690	0	0	0	0	0	3	0	287	0	733	114
115	0	0	0	125	606	0	0	0	0	0	2	0	287	0	733	115
116	0	0	0	314	393	0	0	0	0	0	1	0	312	0	708	116
117	0	0	0	76	612	0	0	0	0	0	5	0	327	0	693	117
118	0	0	0	52	253	0	0	0	0	0	1	1	713	0	307	118
119	0	0	0	181	437	0	0	0	0	0	2	0	400	0	620	119
120	0	0	0	160	436	0	0	0	0	0	2	0	422	0	598	120
121	0	0	0	53	967	0	0	0	0	0	0	0	0	0	1020	121
122	0	0	0	2	6	14	31	0	0	0	0	0	967	0	53	122
123	0	0	0	71	948	0	0	0	0	0	1	0	0	0	1020	123
124	0	0	0	1	2	12	56	0	0	0	0	0	949	0	71	124
125	0	0	0	46	973	0	0	0	0	0	1	0	0	0	1020	125
126	0	0	0	2	1	15	28	0	0	0	0	0	974	0	46	126
127	0	0	0	306	710	1	0	0	0	0	2	1	0	0	1020	127
128	0	0	0	7	18	88	193	0	0	0	0	0	714	0	306	128
129	0	0	0	85	253	363	236	80	0	0	3	0	0	0	1020	129
130	0	0	0	314	698	0	0	0	0	0	3	5	0	0	1020	130
131	0	0	0	579	436	0	0	0	0	0	0	5	0	0	1020	131
132	0	0	0	221	791	0	0	0	0	0	3	5	0	0	1020	132
133	0	0	0	237	773	0	0	0	0	0	5	5	0	0	1020	133
134	0	0	0	487	526	0	0	0	0	0	2	5	0	0	1020	134
135	0	0	0	405	601	0	0	0	0	0	8	6	0	0	1020	135
136	0	0	0	9	3	0	0	0	0	0	0	20	988	0	32	136
137	0	0	6	131	41	13	2	6	1	2	1	21	796	0	224	137
138	0	0	96	99	244	129	192	79	106	19	49	7	0	0	1020	138
139	0	0	0	896	119	0	0	0	0	0	5	0	0	0	1020	139
140	0	0	0	715	244	42	11	7	0	0	0	1	0	0	1020	140
141	0	0	0	635	357	11	0	0	0	0	15	2	0	0	1020	141
142	0	0	0	245	288	98	49	42	0	0	15	0	283	0	737	142
143	0	0	0	836	165	10	5	0	0	0	2	2	0	0	1020	143
144	0	0	0	968	40	7	1	0	0	0	4	0	0	0	1020	144
145	0	0	0	842	135	36	4	0	0	0	3	0	0	0	1020	145
146	0	0	0	519	429	68	3	0	0	0	0	1	0	0	1020	146
147	0	0	0	794	101	50	36	25	6	0	6	2	0	0	1020	147
148	0	0	0	575	147	72	73	137	6	0	8	2	0	0	1020	148
149	0	0	0	39	56	60	865	0	0	0	0	0	0	0	1020	149
150	0	0	0	781	203	15	5	1	0	0	15	0	0	0	1020	150
151	0	0	0	61	216	189	545	4	0	0	4	1	0	0	1020	151
152	0	0	0	730	229	26	13	0	1	0	21	0	0	0	1020	152
153	0	0	0	191	321	197	307	0	0	0	4	0	0	0	1020	153
154	0	0	0	943	75	0	0	0	0	0	0	2	0	0	1020	154
155	0	0	0	385	110	399	44	0	0	0	2	3	77	0	943	155
156	0	0	0	464	28	0	0	0	0	0	3	3	522	0	498	156
157	0	0	0	834	99	0	0	0	0	0	9	1	77	0	943	157
158	0	0	0	409	312	215	75	0	0	0	6	3	0	0	1020	158