

**Section K. Medications**

TIME THIS SECTION BEGINS RECORDED HERE  
**TSST06K**

VERSION 6 - 9:

K1. During the last 6 months, did you buy any prescription medicines or drugs?

VERSION 10 - 13:

K1. During the last 6 months, did you fill or refill a prescription?

**B06K01**

**(Circle One)**

YES ..... 1

NO ..... 2 → SKIP TO MODULE 7

K2. What is the name of the doctor, pharmacy or buyers club you visited most recently to fill or refill a prescription?

a. \_\_\_\_\_  
NAME OF PHARMACY/DOCTOR/BUYERS CLUB

b. What city and state is this (person/place) in?

\_\_\_\_\_  
CITY STATE

K3. During the last 6 months, where else did you go to fill or refill a prescription?

**(Circle One)**

ENTER PHARMACY / DOCTOR / BUYER'S CLUB ... 1

NO OTHER PROVIDERS VISITED ..... 2 → SKIP TO K4

a. \_\_\_\_\_  
NAME OF PHARMACY/DOCTOR/BUYERS CLUB

b. What city and state is this (person/place) in?

\_\_\_\_\_  
CITY STATE  
**B06K02B1-9, I, X**

**NOTE: REPEAT K3 FOR UP TO 10 PROVIDERS. PROVIDER VARIABLES ARE:**

- |                 |                 |
|-----------------|-----------------|
| <b>B06K03A1</b> | <b>B06K03A6</b> |
| <b>B06K03A2</b> | <b>B06K03A7</b> |
| <b>B06K03A3</b> | <b>B06K03A8</b> |
| <b>B06K03A4</b> | <b>B06K03A9</b> |
| <b>B06K03A5</b> | <b>B06K03AI</b> |

K4. Thinking about all the prescriptions you have filled in the last 6 months, how much have you paid or will you pay for medications? Do not include payments you expect to be reimbursed by insurance. Do include payments made by family or friends that will not be reimbursed by insurance or anyone else.

\$ \_\_\_\_\_ → SKIP TO MODULE 7

**B06K04**

**OR**

REFUSED ..... -1

DON'T KNOW ..... -2

K5. Do you think the total is more than \$250?

**B06K05**

**(Circle One)**

YES ..... 1

NO ..... 2 → SKIP TO K7

K6. Is the total more than \$500?

**B06K06**

**(Circle One)**

YES ..... 1 → SKIP TO MODULE 7

NO ..... 2 → SKIP TO MODULE 7

K7. Is the total less than \$100?

**B06K07**

**(Circle One)**

YES ..... 1

NO ..... 2

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