Well Being 65

IF AGE = EMPTY THEN
  | calcage  AGE
  | What is your age?
  | Range: 0..120
  |
ENDIF

LOOP FROM 1 TO 40 DO
ENDDO

IF Type of interview self or proxy = (SLF) SELF THEN

  | P002_ Seq8P_1 P002 - EXPECTATIONS INTRO
  | Next, we would like to ask your opinion about how likely you think various events might be. When we ask
  | a question, we’d like you to give us a number from 0 to 100, where '0' means that you think there is
  | absolutely no chance, or 0 percent, and '100' means that you think the event is absolutely sure to happen, or
  | 100 percent. For example, no one can ever be sure about tomorrow's weather, but if you think that rain is
  | very unlikely tomorrow, you might say that there is a 10 percent chance of rain. If you think there is a very
  | good chance that it will rain tomorrow, you might say that there is an 80 percent chance of rain.
  |
  | IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
  |  |
  | IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
  |   |
  |   | pisecJWORKSTATUSJ020_WorkforPay WORKING FOR PAY
  |   | Are you doing any work for pay at the present time?
  |   | 1 (YES) Yes
  |   | 5 (NO) No
  |   |
  |   | IF WORKING FOR PAY = (YES) Yes THEN
  |   |  |
  |   | pisecJEDEXPANDLOOKINGFORJOB505_LookingForWork LOOKING FOR ANOTHER JOB CURRENTLY
  |   | Sometimes people look for a different job even when they are currently
  |   | working. Are you currently looking for another job?
  |   | 1 (YES) Yes
  |   | 5 (NO) No
  |   |
  |   | IF LOOKING FOR ANOTHER JOB CURRENTLY = (YES) Yes THEN
  |   |  |
  |   | pisecJFINDINGAJOB517_DoingFindWrk DOING WHAT TO FIND WORK- NOT WORKING
  |   | Have you been doing anything to find work during the last four weeks?
  |   | 1 (YES) Yes
  |   | 5 (NO) No
  |   |
  | ENDIF
  |
| ENDIF

|
IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN

IF R CURRENT AGE CALCULATION < 62 THEN

IF Seq8P_9 LIKELIHOOD R WILL WORK FOR PAY > 0 or Seq8P_9 LIKELIHOOD R WILL WORK FOR PAY = NONRESPONSE or Seq8P_9 LIKELIHOOD R WILL WORK FOR PAY = EMPTY THEN

P017_ Seq8P_10 LIKELIHOOD R WILL WORK AFTER AGE 62

[Thinking about work in general and not just your present job, what]
What do you think the chances are that you will be working full-time after you reach age 62?
Remember, 0 means absolutely no chance, and 100 means you are absolutely certain.
Range: 0..996

ELSE

ENDIF

IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN

IF Seq8P_10 LIKELIHOOD R WILL WORK AFTER AGE 62 = 50 THEN

P123_ Seq8P_11 WORK FT AFTER 62_EQUALLY LIKELY

Do you think that it is as equally likely that you will be working full-time as it is that you will not be working full-time, or are you just unsure about the chances?
1 (EQUALLYLIKELY) Equally likely
2 (UNSURE) Unsure

P124_ Seq8P_12 WORK FT AFTER 62_ZERO OR APPROX

When you say zero percent chance, do you mean that you see no chance at all you will be working full-time, or do you mean you see a small enough chance that zero is a good approximation?
1 (NOCHANCEATALL) I see no chance at all
3 (APPROXIMATION) 0 is a good approximation

IF Seq8P_12 WORK FT AFTER 62_ZERO OR APPROX = (APPROXIMATION) 0 is a good approximation THEN

P125_ Seq8P_13 WORK FT AFTER 62_ZERO BEST ESTIMATE

If you think there is a small chance you will be working full-time, please give your best estimate of what that chance is.
Range: 0..100

ENDIF

P126_ Seq8P_14 WORK FT AFTER 62_100 OR APPROX

When you say 100 percent chance, do you mean that you are certain you will be working full-time, or do you mean you see a large enough chance that 100 is a good approximation?
1 (CERTAIN) I'm certain
3 (APPROXIMATION) It's a good approximation

IF Seq8P_14 WORK FT AFTER 62_100 OR APPROX = (APPROXIMATION) It's a good approximation THEN

P127_ Seq8P_15 WORK FT AFTER 62_100 BEST ESTIMATE
If you think there is a large chance that you will be working full-time, please give your best estimate of what that chance is.
Range: 0..100
ENDIF
ENDIF
ENDIF
ENDIF

IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN

IF R CURRENT AGE CALCULATION < 65 THEN

IF ( Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 50 and PREASSIGNED RANDOM VALUE = (RANDOMASSIGNMENT1) Random assignment1 ) THEN

P102_ Seq8P_23 EPISTEMIC UNCERTAINTY LIVE TO 75
Do you think that it is about equally likely that you will die before 75 as it is that you will live to 75 or beyond, or are you just unsure about the chances?
1 (EQUALLYLIKELY) Equally likely
2 (UNSURE) Unsure

P132_ Seq8P_24 SURVIVAL TO 75_ZERO OR APPROX
[When people are asked to give a numerical response, like percent chance, sometimes they give exact answers and sometimes they give rounded or approximate numbers.] When you say zero percent chance, do you mean that you see no chance at all you will live to 75 or beyond, or do you mean you see a small enough chance that zero is a good approximation?
1 (NOCHANCEATALL) No chance at all
3 (APPROXIMATION) Zero is a good approximation

IF Seq8P_24 SURVIVAL TO 75_ZERO OR APPROX = (APPROXIMATION) Zero is a good approximation THEN

P133_ Seq8P_25 SURVIVAL TO 75_ZERO BEST ESTIMATE
If you think there is a small chance that you will live to 75 or beyond, please give your best estimate of what that chance is.
Range: 0..100

ENDIF

P134_ Seq8P_26 SURVIVAL TO 75_100 OR APPROX
[When people are asked to give a numerical response, like percent
When people are asked to give a numerical response, like percent chance, sometimes they give exact answers and sometimes they give rounded or approximate numbers. When you said [Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE] percent just now, did you mean this as an exact number or were you rounding or approximating?

1 (EXACTNUMBER) It's an exact number
3 (APPROXIMATION) It's an approximation

If Seq8P_17 LIVE TO 75 FOCAL 50 IF APPROX
[Questions P130_ to P131_ are displayed as a table]

P130_ Seq8P_19 LIVE TO 75 FOCAL 50 IF APPROX-MIN
What range of numbers did you have in mind when you said [Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE] percent?
Range: 0..100

P131_ Seq8P_20 LIVE TO 75 FOCAL 50 IF APPROX-MAX
What range of numbers did you have in mind when you said [Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE] percent? From ___ to ____

Range: 0..100

ENDIF

ENDIF

ENDIF

ELSE

ENDIF

IF R CAN DO PROBABILITY SCALES = (YES) YES 1 and Seq8P_24 SURVIVAL TO 75_ZERO OR APPROX <> (NOCHANCEATALL) No chance at all and R CURRENT AGE CALCULATION < 90 THEN

IF R CAN DO PROBABILITY SCALES = (YES) YES 1 AND R CURRENT AGE CALCULATION > 64 THEN

IF ( Seq8P_30 CHANCE R WILL LIVE TO 80/85/90/95/100 = 50 and PREASSIGNED RANDOM VALUE = (RANDOMASSIGNMENT1) Random assignment1 ) THEN

P157_ LIVE TO 80/85/90/95/100-EQUALLY LIKELY
Do you think that it is about equally likely that you will die before [85/80/85/90/95/100] as it is that you will live to [85/80/85/90/95/100] or beyond, or are you just unsure about the chances?
1 (EQUALLYLIKELY) Equally likely
2 (UNSURE) Unsure

P158_ LIVE TO 80/85/90/95/100-ZERO IF APPROX
When you say zero percent chance, do you mean that you see no chance at all you will live to [85/80/85/90/95/100] or do you see a small enough chance that zero is a good approximation?
1 (NOCHANCEATALL) There is no chance at all
3 (APPROXIMATION) It's an approximation

IF LIVE TO 80/85/90/95/100-ZERO IF APPROX = (APPROXIMATION) It's an approximation THEN

P159_ LIVE TO 80/85/90/95/100-ZERO BEST ESTIMATE
If you think there is a small chance you will be live to [85/80/85/90/95/100] or beyond, please give your best estimate of what that chance is.
Range: 0..100

ENDIF

P160_ LIVE TO 80/85/90/95/100-100 IF APPROX
When you chose "100 percent chance," do you mean that you are certain you will live to [85/80/85/90/95/100] or beyond, or do you mean you see a large enough chance that 100 is a good approximation?
1 (CERTAIN) I'm certain
3 (APPROXIMATION) It's a good approximation
IF LIVE TO 80/85/90/95/100-100 IF APPROX = (APPROXIMATION) It's a good approximation THEN

P161_ LIVE TO 80/85/90/95/100-100 BEST ESTIMATE
If you think there is a large chance that you will live to [85/80/85/90/95/100] or beyond, please give your best estimate of what that chance is.
Range: 0..100

ENDIF

P136_ Seq8P_31 LIVE TO 80/85/90/95/100- 50 IF APPROX
When you chose 50 percent just now, did you mean this as an exact number or were you rounding or approximating?
1 (EXACTNUMBER) It's an exact number
3 (APPROXIMATION) I was rounding or approximating

IF Seq8P_31 LIVE TO 80/85/90/95/100- 50 IF APPROX = (APPROXIMATION)
I was rounding or approximating THEN

[Questions P138_ to P139_ are displayed as a table]

P138_ Seq8P_33 LIVE TO 80/85/90/95/100- 50 IF APPROX-MIN
What range of numbers did you have in mind when you said [Seq8P_30 CHANCE R WILL LIVE TO 80/85/90/95/100] percent?
Range: 0..100

P139_ Seq8P_34 LIVE TO 80/85/90/95/100- 50 IF APPROX-MAX
What range of numbers did you have in mind when you said [Seq8P_30 CHANCE R WILL LIVE TO 80/85/90/95/100] percent? Please enter a range: from _____ to ________ percent.
Range: 0..100

ENDIF
ENDIF
ENDIF
ENDIF
ENDIF

IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN

piSecJSocialSecurityJ479_ EXPECT FUTURE SOC SEC BENEFITS
Do you expect to receive Social Security benefits at some time in the future?
1 (YES) Yes
5 (NO) No

ENDIF
ENDIF
ENDIF

IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
IF Seq8P_50 CHANCE MUTUAL FUNDS WORTH MORE NXT YR = 50 THEN

P113_ Seq8P_51 EPISTIMIC UNCERTAINTY STOCKS UP OR DOWN
Do you think that it is equally likely that these mutual fund shares will increase in worth as it is that they will decrease in worth by this time next year, or are you just unsure about the chances?
1 (EQUALLYLIKELY) Equally likely
2 (UNSURE) Unsure

P145_ Seq8P_52 MUTUAL FUND WORTH MORE_ZERO OR APPROX
When you say zero percent chance, do you mean that you see no chance at all mutual fund shares will be worth more next year than this year, or do you mean you see a small enough chance that zero is a good approximation?
1 (NOCHANCEATALL) no chance at all
3 (APPROXIMATION) approximation

IF Seq8P_52 MUTUAL FUND WORTH MORE_ZERO OR APPROX = (APPROXIMATION) THEN

P146_ Seq8P_53 MUTUAL FUND WORTH MORE_ZERO BEST ESTIMATE
If you think there is a small chance that mutual fund shares will be worth more, please give your best estimate of what that chance is.
Range: 0..100

ENDIF

P147_ Seq8P_54 MUTUAL FUND WORTH MORE_100 OR APPROX
When you say 100 percent chance, do you mean that you are certain mutual fund shares will be worth more next year than this year, or do you mean you see a large enough chance that 100 is a good approximation?
1 (CERTAIN) certain
3 (APPROXIMATION) approximation

IF Seq8P_54 MUTUAL FUND WORTH MORE_100 OR APPROX = (APPROXIMATION) THEN

P148_ Seq8P_55 MUTUAL FUND WORTH MORE_100 BEST ESTIMATE
If you think there is a large chance that mutual fund shares will be worth more, please give your best estimate of what that chance is.
Range: 0..100

ENDIF

ENDIF

P097_ Seq8P_62 HOW CLOSELY FOLLOW STOCK MARKET
How closely do you follow the stock market?
1 (VERYCLOSLEY) Very closely
2 (SOMewhatCLOSLEY) Somewhat closely
3 (NOTATALL) Not at all

ENDIF
The next questions are about health insurance, both public and private. Medicare is a public health insurance program for people 65 or older and for disabled persons. Medicaid, or the equivalent in your state, is a public health insurance program for people with low incomes. Are you currently covered by Medicare health insurance?

1 (YES) Yes
5 (NO) No

IF N001_ MEDICARE COVERAGE = (YES) Yes THEN

| N004_ N004_ MEDICARE PART B COVERAGE
| Part A of Medicare covers most hospital expenses. Part B covers many doctors expenses including doctor visits, and the premium is usually deducted from your Social Security. Are you covered under Part B of Medicare?
| 1 (YES) Yes
| 5 (NO) No

ENDIF

N005_ N005_ MEDICAID COVERAGE SINCE PREV WAVE
Have you been covered by health insurance through Medicaid, the equivalent in your state, or any other Medicaid program at any time []?
1 (YES) Yes
5 (NO) No

IF N005_ MEDICAID COVERAGE SINCE PREV WAVE = (YES) Yes THEN

| N006_ N006_ CURRENTLY COVERED BY MEDICAID
| Are you currently covered by Medicaid or the equivalent in your state?
| 1 (YES) Yes
| 5 (NO) No

ENDIF

N007_ N007_ CHAMPUS/CHAMPVA COVERAGE
Are you currently covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan? TRI-CARE is the new name for the military's health insurance programs. It includes what used to be known
as CHAMPUS and CHAMP-VA. CHAMPUS was a health care program for active or retired military personnel and their dependents or survivors. CHAMP-VA provided medical care for veterans and their dependents or survivors of veterans who had a service-connected disability. VA is not a health insurance program.

1 (YES) Yes
5 (NO) No

IF (N007_ CHAMPUS/CHAMPVA COVERAGE = (YES) Yes OR PW ACTIVE SERVICE IN MILITARY EVER = (YESActiveService) Yes, Active Service) and (INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE = (PRXENG) PROXY -English) THEN

| N430_ N430_ CURRENTLY COVERED BY MEDICAID |
| Have you obtained prescription drugs from a veteran's administration facility |
| []? |
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF

IF N001_ MEDICARE COVERAGE = ((YES) Yes) Yes OR N006_ CURRENTLY COVERED BY MEDICAID = yes THEN

| N009_ N009_ MEDICARE/MEDICAID HMO |
| We are interested in how your [Medicare /Medicaid or the equivalent in your state //] health insurance works for routine care. Do you receive your [Medicare /Medicaid or the equivalent in your state //] benefits through an HMO, that is a Health Maintenance Organization? (With an HMO, the cost of the physician visit is typically covered in full or you pay only a small amount. All of your routine care must be provided by an HMO physician.) |
| 1 (YES) Yes |
| 5 (NO) No |

IF N009_ MEDICARE/MEDICAID HMO = (YES) Yes THEN

| N350_ N009.3_ NAME OF HMO |
| What is the name of this HMO? |
| String |

ENDIF

IF N009_ MEDICARE/MEDICAID HMO = (YES) Yes THEN

| N010_ N010_ MEDICARE/MEDICAID HMO- HOW LONG - YRS |
| About how long have you been receiving your [Medicare /Medicaid or the equivalent in your state //] benefits through this HMO? |
| Range: 0..25 |

| IF N010_ MEDICARE/MEDICAID HMO- HOW LONG - YRS MEDICARE/MEDICAID HMO- HOW LONG - YRS = 0 or N010_ = empty THEN |

| N011_ N011_ MEDICARE/MEDICAID HMO- HOW LONG - MOS |
| About how long have you been receiving your [Medicare /Medicaid or the equivalent in your state //] benefits through this HMO? |
N351 N011.5 HMO PAY FOR REGULAR RX DRUGS
Does this HMO cover or provide help with paying for regular prescription drugs?
1 (YES) Yes
5 (NO) No

ENDIF

IF N009_ MEDICARE/MEDICAID HMO = (YES) Yes THEN

IF N014_ MEDICARE/MEDICAID HMO-AMT PAY MEDICARE/MEDICAID HMO-AMT PAY > 0 AND N014_ <> RF AND N014_ <> DK THEN

N018 N018_ MEDICARE/MEDICAID HMO-AMT PAY - PER
(Not including co-pays or deductions from your Social Security, how much do you, yourself, pay for this plan?) Amount: [N014_ MEDICARE/MEDICAID HMO-AMT PAY] per:
1 (MONTH) Month
2 (QUARTEREVERY3MONTHS) Quarter (Every 3 months)
3 (SEMIANNUALLY) Semi-annually (every 6 months/twice a year)
4 (YEAR) Year
7 (OTH_SPECIFY) Other (specify)

IF N018_ MEDICARE/MEDICAID HMO-AMT PAY - PER = (OTH_SPECIFY) Other (specify) THEN

N019S N019S MEDICARE/MEDICAID HMO-AMT PAY - SPECIFY
(Not including co-pays or deductions from your Social Security, how much do you, yourself, pay for this plan?) Amount: [N014_ MEDICARE/MEDICAID HMO-AMT PAY] per Other (specify) Memo

ENDIF
ENDIF

ENDIF

IF N001_ MEDICARE COVERAGE = (YES) Yes THEN

N020_ N020_ LEFT MEDICARE HMO LAST TWO YRS
At any time [], have you left an HMO that delivered Medicare services?
1 (YES) Yes
5 (NO) No

IF N020_ LEFT MEDICARE HMO LAST TWO YRS = (YES) Yes THEN

N021M N021 WHY LEAVE MEDICARE HMO
Why did you leave that HMO? Choose all that apply.
1 (OWNPHYSICIANLEFTPLAN) Own physician left plan
2 (HMONTPROVNEEDSERVICES) Hmo didn't provide needed services
3 (HMOCOSTSINCCREASED) Hmo costs increased
4 (HMOENCOURAGEDMETOLEAVE) Hmo encouraged me to leave
Plan no longer available

Other (specify)

N022S WHY LEAVE MEDICARE HMO - SPECIFY

(Why did you leave that HMO?) Other (specify)

IF N001_ MEDICARE COVERAGE = (YES) Yes THEN

IF N011.5_ HMO PAY FOR REGULAR RX DRUGS <> (YES) Yes and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> nonresponse and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> empty THEN

N352_ N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE

Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider. Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

1 (YES) Yes

3 (EnrolledAutomatic) Enrolled in it Automatically

5 (NO) No

ENDIF

IF (INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish) THEN

IF N011.5_ HMO PAY FOR REGULAR RX DRUGS <> (YES) Yes and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> nonresponse and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> empty THEN

IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (YES) Yes THEN

N394_ ChooseEnrolled Chose own plan?

Did you choose your own plan, did someone you know choose for you, or were you enrolled in it automatically?

1 (Chooseplan) Chose plan

2 (SomeoneElseChose) Someone Else Chose

3 (EnrolledAutomatic) Enrolled in it Automatically

IF INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE = (CORSPN) SELF - Spanish THEN

IF Chose own plan? = (Chooseplan) Chose plan THEN

N410_ Help with decision about which plan

Did someone help you make the decision about which plan to choose?
1 (YES) Yes
5 (NO) No

ENDIF

IF Help with decision about which plan = (YES) Yes or Chose own plan? = (SomeoneElseChose) Someone Else Chose THEN

N411_ Who helped decide which plan
Who was it? Choose all that apply.
1 (Medicare800) Medicare's 800 Number/Medicare Representative
2 (PartDRep) A Part D Plan Representative
3 (Pharmacist) Pharmacist
4 (Spouse) Spouse
5 (ChildOrInLaw) Child/Child-in-law
6 (OtherFamilymember) Other family member (sibling, grandchild, etc.)
7 (Friend) Friend
97 (Other) Other (Specify)

IF other in Who helped decide which plan THEN

N412_ help make decision
(Who was it?) Other (Specify)
Memo

N413_ Whichchild Which one
Which child(ren)? Choose all that apply.
1 (C01)
2 (c02)
3 (c03)
4 (c04)
5 (c05)
6 (C06)
7 (c07)
8 (c08)
9 (c09)
10 (c10)
11 (C11)
12 (c12)
13 (c13)
14 (c14)
15 (c15)
16 (C16)
17 (c17)
18 (c18)
19 (c19)
20 (c20)
21 (C21)
22 (c22)
23 (c23)
24 (c24)
25 (c25)
IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> (NO) No and N004.1
SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> nonresponse THEN

IF PW Med PLAN NAME <> empty THEN

N414_ Get Medicare drug coverage through same plan
Previously you told us that [PW Med PLAN NAME] provided your Medicare
drug coverage. Do you still get your Medicare drug coverage through this plan?
1 (YES) Yes
3 (SomeCODiffplan) Yes, Same Company, different plan
5 (NO) No

ENDIF

IF ( INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW
LANGUAGE = (CORSPN) SELF - Spanish or INTERVIEW LANGUAGE = (PRXENG)
**N415_ Why change Part D**

Why did you change to your new Part D plan? Choose all that apply.

1 (OldClosed) Old one closed
2 (LowerPremiums) Lower premiums
3 (LowerDeductibles) Lower deductibles
4 (Cheeperdrugs) The drugs I need were cheaper
5 (Nogap) No gap in coverage
7 (Other) Other (Specify)

ENDIF

IF other in Why change Part D THEN

**N416_ Why change Part D**

(Why did you change to your new Part D plan?) Other (Specify)

Memo

ENDIF

ENDIF

ENDIF

IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (NO) No THEN

**N417_ prescription drug coverage**

Do you have prescription drug coverage from some other source?

1 (YES) Yes
5 (NO) No

IF prescription drug coverage <> (YES) Yes THEN

**N356M REASON NOT SIGN UP**

What is the reason that you did not sign up for Part D coverage? Choose all that apply.

1 (AlreadyhaveCoverage) Already have good prescription drug coverage
2 (Didn'tknowavaliable) Didn't know it was available
3 (HEARDABOUTITTOOlate) Heard about it too late
4 (PLANOOTEXPENSIVE) Medicare plan too expensive
5 (PLANOOTRESTRICTIVE) Medicare plan too restrictive
7 (VOLNOTDECIDED) Haven't made a decision about whether to enroll
10 (PrescriptionfromVA) Get prescription drugs from the VA
11 (don'tuseenough) Don't use enough prescription drugs to make it worthwhile
97 (OTHERSPECIFY) Other (specify)

ENDIF

IF OTHERSPECIFY in REASON NOT SIGN UP THEN
**Reason Not Sign Up**

(What is the reason that you did not sign up?) Other - Specify

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<th>Memo</th>
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ENDIF

ENDIF

IF INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE = (CORSPN) SELF - Spanish THEN

**N418** Help with decision not to enroll

Did someone help you make the decision not to enroll in a Part D plan?

1 (YES) Yes

5 (NO) No

IF Help with decision not to enroll = (YES) Yes THEN

**N419** Who helped decide not to enroll

Who was it? Choose all that apply.

1 (Medicare800) Medicare's 800 Number/Medicare Representative

2 (PartDRep) A Part D Plan Representative

3 (Pharmacist) Pharmacist

4 (Spouse) Spouse

5 (ChildOrInLaw) Child/Child-in-law

6 (OtherFamilymember) Other family member (sibling, grandchild, etc.)

7 (Friend) Friend

97 (Other) Other (Specify)

IF other in Who helped decide not to enroll THEN

**N420** Who help make decision - specify

(Who was it?) Other - specify

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<th>Memo</th>
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**N421** Whichchild Who help make decision - child

Which child(ren)? Choose all that apply.

1 (C01)

2 (C02)

3 (C03)

4 (C04)

5 (C05)

6 (C06)

7 (C07)

8 (C08)

9 (C09)

10 (C10)

11 (C11)

12 (C12)

13 (C13)

14 (C14)

15 (C15)
IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = ( ( (YES) Yes ) Yes OR N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (EnrolledAutomatic) Enrolled in it Automatically or N011.5_ HMO PAY FOR REGULAR RX DRUGS = yes or (prescription drug coverage <> yes and prescription drug coverage <> empty) THEN

IF INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE =
N422_ Time spent looking
How much time would you say you have spent looking at [ other Part D plans/ other Medicare HMO plans/Part D plans]? Would you say a lot, some, a little, or none at all?
1 (ALOT) A lot
2 (SOME) Some
3 (ALITTLE) A little
4 (NONEATALL) None at all

ENDIF

IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (YES) Yes OR N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (EnrolledAutomatic) Enrolled in it Automatically THEN

N423_ Time spent looking
Many Medicare beneficiaries pay the premium for their Medicare drug coverage through their Social Security checks. Some pay directly to the provider. How do you pay for yours?
1 (Deducted) Deducted from Social Security
2 (PayDirect) Pay directly
3 (Both) Both
4 (VolDontPay) I don't pay anything

IF Time spent looking = (Deducted) Deducted from Social Security THEN

N424_ SS deduction Monthly premiums
How much is your Social Security deduction per month for your Part D plan?
Range: 0..9996

N404_Monthlypremiums Monthly premiums
How much do you, yourself, pay per month in premiums for this plan?
Range: 0..9996

ENDIF
ENDIF
ENDIF

IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> (YES) Yes and N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> (EnrolledAutomatic) Enrolled in it Automatically and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> yes and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> nonresponse THEN

N358_ LIKLEY SIGN UP NEXT YEAR
How likely is it that you will sign up for Medicare prescription drug coverage next year?
Would you say very likely, somewhat likely, not too likely, or not at all likely?
1 (VERYLIKELY) Very likely
2 (SOMewhatLIKELY) Somewhat likely
3 (NOTTOOLIKEY) Not too likely
4 (NOTATALLLIKELY) Not at all likely
6 (VOLAlreadySignup) Already signed up for next year

ENDIF

IF ( N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = ( ( ( YES) Yes )
(Yes ) Yes ) Yes or N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE =
(EnrolledAutomatic) Enrolled in it Automatically or N011.5_ HMO PAY FOR
REGULAR RX DRUGS = yes or ( prescription drug coverage <> yes and
( prescription drug coverage <> empty)) and N005_ MEDICAID COVERAGE SINCE
PREV WAVE <> yes THEN

N425_knowabtprogram know about program
Medicare beneficiaries with limited income and resources may qualify to get extra help
paying for their prescription drug coverage. Did you know about this program?
1 (YES) Yes
5 (NO) No

ENDIF

IF know about program = (YES) Yes THEN

N426_ Did you apply for extra help
Did you apply for extra help?
1 (YES) Yes
5 (NO) No

ENDIF

IF Did you apply for extra help = (YES) Yes THEN

N427_AppAccepted application extra help accepted/denied
Was your application for extra help accepted or denied?
1 (Accepted) Accepted
2 (Denied) Denied
3 (Stillwaiting) Still waiting to hear

ENDIF

ENDIF

ENDIF

IF ( ( N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = ( (YES) Yes )
Yes or N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (EnrolledAutomatic)
Enrolled in it Automatically ) or N011.5_ HMO PAY FOR REGULAR RX DRUGS =
yes) and ( INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW
LANGUAGE = (CORSPN) SELF - Spanish ) THEN

N428_Satisfied How satisfied
How satisfied are you with the drug coverage in your current [ Part D plan Medicare HMO plan]?
Would you say you are very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?
1 (very satisfied) Very satisfied
2 (somewhat satisfied) Somewhat satisfied
3 (not very satisfied) Not very satisfied
4 (not at all satisfied) Not at all satisfied

N429_LikeSwitch Likely to switch
How likely is it that you will switch to a new Part D plan/ Medicare HMO plan for prescription drugs next year? Would you say very likely, somewhat likely, not too likely, or not at all likely?

1 (Would say very likely) Very likely
2 (somewhat likely) Somewhat likely
3 (not too likely) Not too likely
4 (not at all likely) Not at all likely
6 (signed up next year, stayed with same plan)
7 (signed up next year, switched plans)

ENDIF

ENDIF

N023_ N023_ NUM PRIVATE HEALTH INS PLANS
Now, we'd like to ask about all the other types of health insurance plans you might have, such as insurance through an employer or a business, coverage for retirees, or health insurance you buy for yourself, including any Medigap or other supplemental coverage. Do NOT include long-term care insurance. Other than your Medicare HMO you've just told me about, how many other such plans do you have? Enter zero for none.
Range: 0..30

IF N023_ NUM PRIVATE HEALTH INS PLANS NUM PRIVATE HEALTH INS PLANS <> 0 and N023_ <> nonresponse THEN

| LOOP FROM 1 TO 3 DO
| IF counter <= N023_ NUM PRIVATE HEALTH INS PLANS THEN
| IF N001_ MEDICARE COVERAGE = (YES) Yes THEN
| IF PlanDetails{null}~Counter = 1 THEN
| N025_ WHICH IS PRIMARY PLAN-PRIVATE/MEDICARE
Which is your primary plan, Medicare or [N024_ NAME PRIVATE HEALTH INSURANCE PLAN]?
1 (MEDICARE) Medicare
2 (MOST IMPORTANT PRIV PLAN) [N024_ NAME PRIVATE HEALTH INSURANCE PLAN]
| ENDIF
| ENDIF

| N032_ WHICH IS PRIMARY PLAN-PRIVATE/MEDICARE
Does [N024_ NAME PRIVATE HEALTH INSURANCE PLAN] provide help with paying for regular prescription drugs?
1 (YES) Yes
5 (NO) No
| IF ( Work for pay = (YES) Yes and ( INTERVIEW LANGUAGE <> ((EXTENG) EXIT - English) EXIT - English AND INTERVIEW LANGUAGE <> ((EXTSPN) EXIT - Spanish) EXIT - Spanish ) or ( PREV WAVE R CURRENTLY WORKING = yes and ( INTERVIEW LANGUAGE = EXTENG or INTERVIEW LANGUAGE = EXTPN) ) THEN
**N033_HowOblIns**  N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS

Do you obtain this health insurance through [your own business or professional organization?/your current employer?]

1 (YES) Yes
5 (NO) No

ENDIF

IF N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS <> (YES) Yes THEN

**N034**  N034_OBTAIN INS THRU FORMER EMPLOYER

Do you obtain this health insurance through a former employer of yours?

1 (YES) Yes
5 (NO) No

IF N034_OBTAIN INS THRU FORMER EMPLOYER <> (YES) Yes THEN

IF ( Respondent coupled = (MARRIED) Married OR Respondent coupled = (PARTNERED_VOL) Partnered (volunteered) ) or MARITAL STATUS ASSIGNED = (ANULLED) Anulled or MARITAL STATUS ASSIGNED = (SEPARATED) or Separated or MARITAL STATUS ASSIGNED = (DIVORCED) Divorced THEN

**N035**  N035_OBTAIN INS THRU HWP CURRENT EMPLOYER

Do you obtain this health insurance through your [former] (spouse's partner's) current employer?

1 (YES) Yes
5 (NO) No

ENDIF

IF ( N035_OBTAIN INS THRU HWP CURRENT EMPLOYER <> (YES) Yes and N035_OBTAIN INS THRU HWP CURRENT EMPLOYER <> empty ) or MARITAL STATUS ASSIGNED = (WIDOWED) Widowed THEN

**N036**  N036_OBTAIN INS THRU HWP FORMER EMPLOYER

Do you obtain this health insurance through your [former] (spouse's partner's) former employer?

1 (YES) Yes
5 (NO) No

ENDIF

IF N035_OBTAIN INS THRU HWP CURRENT EMPLOYER <> (YES) Yes and N036_OBTAIN INS THRU HWP FORMER EMPLOYER <> YES THEN

**N037**  N037_WHERE PURCHASE PRIVATE PLAN INSURANCE

Did you purchase this plan directly from an insurance company, through your [] union, through a group such as AARP, a church, or other organization, or what?

1 (INSURANCE) Insurance company
2 (RSUNION) Your union
3 (SPOUSESUNION) Spouse's union
4 (GROUP) Group
7 (OTH_SPECIFY) Other (specify)

IF N037_ WHERE PURCHASE PRIVATE PLAN INSURANCE = (SPOUSESUNION)
Spouse's union and Respondent coupled <> (MARRIED) Married and
Respondent coupled <> (PARTNERED_VOL) Partnered (volunteered) THEN

checkN037 check on N037_
You indicated earlier that you do not have a partner. Your answers
are important to us. If you feel that you answered the last
question incorrectly please go back and change your answer.

ENDIF

IF N037_ WHERE PURCHASE PRIVATE PLAN INSURANCE = (OTH_SPECIFY)
Other (specify) THEN

N038S N038S WHERE PURCHASE PRIV PLAN HI- SPECIFY
(How did you obtain this plan?) Other - specify
Memo

ENDIF

ENDIF

ENDIF

ENDIF

IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE
<> (EXTSPN) EXIT - Spanish THEN

N048_AnyElseCov N048_ PRIV PLAN HI- ANYONE ELSE COVERED
Besides you, is anyone else covered on this health insurance?
1 (YES) Yes
5 (NO) No

IF N048_ PRIV PLAN HI- ANYONE ELSE COVERED = (YES) Yes THEN

N253_N049MWhoCov N049 EMPYR BASED INS-WHO COVERED
Who besides yourself is covered? Choose all that apply.
1 (c01) []
2 (c02) []
3 (c03) []
4 (c04) []
5 (c05) []
6 (C06) []
7 (c07) []
8 (c08) []
9 (c09) []
10 (c10) []
11 (C11) []
12 (c12) []
13 (c13) []
14 (c14) []
15 (c15) []
LOOP FROM 1 TO 50 DO

IF OTH_SPECIFY in N049 EMPYR BASED INS-WHO COVERED THEN

N050SWhoCov_S N050S PRIV PLAN HI- WHO COVERED- SPECIFY
(Who besides yourself is covered?) Other (specify)

Memo

ENDIF
IF Respondent coupled = (MARRIED) Married AND N035_OBTAIN INS THRU HWP CURRENT EMPLOYER <> ( (YES) Yes ) Yes AND N036_OBTAIN INS THRU HWP FORMER EMPLOYER <>YES AND N037_WHERE PURCHASE PRIVATE PLAN INSURANCE <>SPOUSESUNION) Spouse's union AND ( N048_PRIV PLAN HI- ANYONE ELSE COVERED = (NO) No OR NOT (C91 IN N049_EMPYR BASED INS-WHO COVERED )) THEN

N051_SPCoverage N051_PRIV HI- COULD SPOUSE BE COVERED
Could you have obtained coverage for your spouse through this health insurance plan?
1 (YES) Yes
5 (NO) No

ENDIF

N052_Plan1HMO N052_PRIVATE PLAN INSURANCE AN HMO
Is this plan an HMO, that is a Health Maintenance Organization? (With an HMO, the cost of the physician visit is typically covered in full or you pay only a small amount. All of your routine care must be provided by an HMO physician.)
1 (YES) Yes
5 (NO) No

N053_NumYrPlan N053_NUMBER YEARS IN PLAN
How long have you been with this plan?
Range: 0..50

IF N053_NUMBER YEARS IN PLAN = 0 OR N053_NUMBER YEARS IN PLAN = EMPTY THEN

N054_NumMoPlan N054_NUMBER MONTHS IN PLAN
How long have you been with this plan?
Range: 0..12

ENDIF

IF N052_PRIVATE PLAN INSURANCE AN HMO <> (YES) Yes THEN

N055_ListDoctor N055_PRIV PLAN HI- HAS LIST OF DRS
Does this health insurance plan have a list or book of doctors that you are encouraged or required to use?
1 (YES) Yes
5 (NO) No

ENDIF

IF N055_PRIV PLAN HI- HAS LIST OF DRS = ( (YES) Yes ) Yes or N052_PRIVATE PLAN INSURANCE AN HMO = yes THEN

N056_DocNotList N056_PLAN PAY FOR DOCTORS NOT ON LIST
Does [this health insurance plan/the HMO] pay any of the costs for routine care if you see a doctor who is not [on this list/in the HMO]?
1 (YES) Yes
2 (YES WITH A REFERRAL) Yes, with a referral
5 (NO) No

ENDIF

IF (( N033_ OBTAIN HI THRU CURRENT EMP/OWN BUSINESS = (YES) Yes ) Yes
and EMPLOYED = (SOMEONE ELSE) Someone else ) OR N034_ OBTAIN INS THRU
FORMER EMPLOYER = (YES) Yes) AND INTERVIEW LANGUAGE <> (EXTENG) EXIT - English
AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

IF R CURRENT AGE CALCULATION < 65 THEN

N059_CovTo65  N059_ EMPLOYER RETIREE COVERAGE UP TO 65
[Can/If you left your current employer now, could you continue this
insurance coverage for yourself up to the age of 65?
1 (YES) Yes
5 (NO) No

IF N059_ EMPLOYER RETIREE COVERAGE UP TO 65 = (YES) Yes THEN

N060_EmpCovAft65  N060_ EMPLOYER RETIREE HI COVERAGE AFTER 65
[Does your former/If you left your current employer now, does your employer
offer some type of health insurance coverage for you after the age of 65?
1 (YES) Yes
5 (NO) No

ENDIF

ENDIF

IF SP/P CURRENT AGE CALCULATION < 65 and Respondent coupled <>
(OTHER) Other and N059_ EMPLOYER RETIREE COVERAGE UP TO 65 <> (NO) No
and N051_ PRIV HI- COULD SPOUSE BE COVERED = (YES) Yes THEN

N062_CovSPTo65  N062_ EMP RETIREE HI COVERAGE FOR SP UP TO 65
[Coululd your spouse be covered by this plan/If you left your current employer now could you
continue your current health insurance coverage for your spouse/ until [he/she] is age 65?
1 (YES) Yes
5 (NO) No

IF N062_ EMP RETIREE HI COVERAGE FOR SP UP TO 65 = (YES) Yes THEN

N063_CovSPAft65  N063_ EMP RETIREE HI COVERAGE FOR SP AFTER 65
[Does your former/If you left your current employer now, does your employer offer
some type of health insurance coverage for your spouse after the age of 65?
1 (YES) Yes
5 (NO) No

ENDIF

ENDIF

ENDIF

N066_LimitHlthIns  N066_ LIMITS ON HI DUE TO PREEXISTING COND
Are there any limits or restrictions on this health insurance plan due to a preexisting condition?
1 (YES) Yes
5 (NO) No

ENDIF
ENDDO
ENDIF

N071_LTCIns  N071_LTC INSURANCE
[Not including government programs, do] you now have any long-term care insurance which specifically covers nursing home care for a year or more or any part of personal or medical care in your home?
1 (YES) Yes
5 (NO) No

IF N071_LTC INSURANCE = (YES) Yes THEN

IF ptN090_NumOfPlans = THEN

ELSE

N072_LTCCovNHNewPrev  N072_LTC COV - NEW OR PRE MENTION PLAN
Is that one of the plans you have already described, or a different plan?
1 (PREVDESCRPLAN) Previously described plan
2 (DIFFERENTPLAN) Different plan

IF N072_LTC COV - NEW OR PRE MENTION PLAN = (PREVDESCRPLAN) Previously described plan THEN

N073_LTCCovNHWhi  N073_LTC COV- WHICH PREV MENTION PLAN
Which plan is that?
1 (Plan1) []
2 (Plan2) []
3 (Plan3) []
4 (Plan4) []
5 (Plan5) []
6 (Plan6) []
7 (Plan7) []
8 (Plan8) []
9 (Plan9) []
10 (Plan10) []
11 (Plan11) []
12 (Plan12) []
13 (Plan13) []
14 (Plan14) []
15 (Plan15) []
16 (Plan16) []
17 (Plan17) []
18 (Plan18) []
19 (Plan19) []
20 (Plan20) []
21 (Plan21) []
22 (Plan22) []
Does this plan cover care in a nursing home facility only, personal or long-term care at home, or both in-home and nursing home care?
1 (NURSINGHOMECAREONLY) Nursing home care only
2 (INHOMECAREONLY) In-home care only
3 (BTH) Both
7 (OTH_SPECIFY) Other (specify)

IF N075_COVER NURSING HOME/IN-HOME CARE = (OTH_SPECIFY) Other (specify) THEN

| N076SCovNHInHome_S N076S COVER NURSING HOME/IN-HOME CARE - SPECIFY |
| (Does this plan cover care in a nursing home facility only, personal or long-term care at home, or both in-home and nursing home care?) Other (specify) |
| Memo |

ENDIF

IF (Respondent coupled <> (OTHER) Other and (N072_LTC COV- NEW OR PRE MENTION PLAN = (DIFFERENTPLAN) Different plan or N073_LTC COV- WHICH PREV MENTION PLAN = (Plan27) \^Privplan[27]) AND INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

| N238_SPCovNHInHome N076.5_SPOUSE COVER NURSING HOME/IN-HOME CARE |
| Does this plan provide long-term care coverage for your [husband/wife partner] as well as for yourself? |
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF

| N077_RevBenefLTC N077_RECD BENEFITS UNDER LTC |
| Have you [] ever received benefits under your long-term care policy? |
| 1 (YES) Yes |
| 5 (NO) No |

IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

| N078_PlanPayIncInfl N078_PAYMENTS INCREASE W/ INFLATION |
| Does this plan increase payments with inflation? |
| 1 (YES) Yes |
| 5 (NO) No |

ENDIF

IF N072_LTC COV- NEW OR PRE MENTION PLAN <> (PREVDESCRPLAN) Previously described plan or N073_LTC COV- WHICH PREV MENTION PLAN = (Plan27) \^Privplan[27] THEN
IF N079_ AMT PAY FOR LTC > 0 THEN

N083_AmtPayLTCPer  N083_ AMT PAY FOR LTC PER
[] ENTER 0 if no payments are made Amount: [N079_ AMT PAY FOR LTC] Per:
1 (MONTH) Month
2 (QUARTEREVERY3MONTHS) Quarter (every 3 months)
4 (YEAR) Year
7 (OTH_SPECIFY) Other (specify)

IF N083_ AMT PAY FOR LTC PER = (OTH_SPECIFY) Other (specify) THEN

N084SAmtPayLTC_S  N084S AMOUNT PAY FOR LTC - SPECIFY
[] ENTER 0 if no payments are made Amount: [N079_ AMT PAY FOR LTC] Per:
) Other (specify)
Memo

ENDIF

IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

IF N090_ NUMBER OF PUBLIC/Private HI PLANS > and PREV WAVE COVERED BY MEDICARE <> (YES) Yes or Age prev interview < 65 THEN

N091_NoInsurance  N091_ EVER WITHOUT HI AMONG CURRENTLY INSURED
Were you ever without health insurance coverage at any time []?
1 (YES) Yes
5 (NO) No

ENDIF

IF N090_ NUMBER OF PUBLIC/Private HI PLANS = THEN

N342_AnyInsurance  N091.3 Confirm No Medical insurance
According to our information, you are not currently covered by any government or private health insurance plans that provide medical care. Is that correct?
1 (YES) Yes
5 (NO) No

IF N091.3 Confirm (NO) No Medical insurance = NO THEN

N343_WhatInsurance  N091.5 which plan
Under which of the following plans are you covered? Choose all that apply.
1 (Medicare) Medicare
2 (Medicaid) Medicaid
3 (Champus_ChampVA) Champus/champva
4 (PRIV_EMP) A private plan from an employer
5 (PRIV_PURCHASED) A private plan purchased directly
6 (OTHERPLAN) Other plan

ENDIF
ENDIF

IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

| IF EMPLOYED = (SOMEONEELSE) Someone else AND N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS <> ( ( YES ) Yes ) Yes AND N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS <> YES AND N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS <> YES THEN
| |
| N092_EmplHlthIns N092_EMP/UNION OFFER HI - WRKG R W/O EMP INS
| Does your employer or union offer a health insurance plan to any of its employees?
| 1 (YES) Yes
| 5 (NO) No
|
| IF N092_EMP/UNION OFFER HI - WRKG R W/O EMP INS = (YES) Yes THEN
| |
| N093_JobHlthIns N093_OFFERED HI THRU JOB- WRKNG R W/O EMP INS
| Were you offered health insurance through your job?
| 1 (YES) Yes
| 5 (NO) No
|
| ENDIF
|
| ENDIF

| IF EMPLOYED = (SOMEONEELSE) Someone else AND ( N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS = ( ( YES ) Yes ) Yes ) Yes OR N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS = YES OR N033_OBTAIN HI THRU CURRENT EMP/OWN BUSINESS = YES) THEN
| |
| N094_ChoicePlan N094_CHOICE IN PLANS- WRKNG R W/ EMP INS
| In the last two years, has your employer offered a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered to you?
| 1 (YESMORETHANONEPLAN) Yes, more than one plan
| 5 (NOONLYONEPLAN) No, Only one plan
|
| IF N094_CHOICE IN PLANS- WRKNG R W/ EMP INS = (YESMORETHANONEPLAN) Yes, more than one plan THEN
|
| N095_BetterCov N095_EMP OFFERED BETTER COVERAGE
| Compared to your current coverage through your employer, did any of these other plans provide better coverage?
| 1 (YES) Yes
| 5 (NO) No
|
| N096_MoreChoice N096_EMP OFFERED GREATER PHYSICIAN CHOICE
| Compared to your current coverage through your employer, did any of these other plans provide greater choice of physicians?
| 1 (YES) Yes
| 5 (NO) No
N097_CostMore  N097_EMP OFFERED MORE COSTLY HI PLANS

Compared to your current coverage through your employer, did any of these other plans cost more than your plan?

1 (YES) Yes
5 (NO) No

ENDIF
ENDIF
ENDIF

IF (INTERVIEW LANGUAGE = (EXTENG) EXIT - English OR INTERVIEW LANGUAGE = (EXTSPN) EXIT - Spanish) AND EX PLACE OF DEATH = (INHOSPITAL) In hospital THEN

N301_ N301_EX HOW LONG IN HOSPITAL BEFORE DEATH
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
Range: 1..365

IF N301_EX HOW LONG IN HOSPITAL BEFORE DEATH <> nonresponse THEN

N302_ N302_EX UNITS IN HOSPITAL
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (HOURS) Hours
2 (DAYS) Days
3 (WEEKS) Weeks
4 (MONTHS) Months
5 (YEARS) Years

ENDIF

N303_ N303_EX REASON IN HOSPITAL
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (SURGERY) Surgery
2 (OTHERRELATIVE) Other treatments
3 (RELIEVESYMPTOMS) Relieve symptoms
7 (OTH_SPECIFY) Other (specify)

IF N303_EX REASON IN HOSPITAL = (OTH_SPECIFY) Other (specify) THEN

N304_ N304_EX REASON IN HOSPITAL - OTH
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
Memo

ENDIF
ENDIF

IF (INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish) OR N099_OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes THEN

IF (INTERVIEW LANGUAGE = (EXTENG) EXIT - English OR INTERVIEW LANGUAGE =
IF N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes THEN {**
Bill's Exit Rule 7 /8} }

IF N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes THEN

** N100_TimeOverHosp  N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP
How many different times were you a patient in a hospital overnight []?
Include mental hospitals and sanitariums.
Range: 1..95

IF N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP >= 11 and N100_ NUM TIMES
R STAYED OVERNIGHT IN HOSP <= 95 THEN

checkN100  check N100_TimeOverHosp
You entered [] Your answers are important to us. If you feel that you
answered the last question incorrectly please go back and change your answer.

ENDIF

** N101_NiteOverHosp  N101_ NUM NIGHTS R SPENT OVERNIGHT IN HOSPITAL
[Altogether how/How] many nights were you a patient in the hospital []?
Range: 0..996

ENDIF

IF ( INTERVIEW LANGUAGE = (EXTENG) EXIT - English or INTERVIEW LANGUAGE =
(EXTSPN) EXIT - Spanish ) and ( N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP
<> 0 and N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP <> empty) THEN

** N305_ N305_ EX HOSP - INTENSIVE CARE
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (YES) Yes
5 (NO) No

** N306_ N306_ EX HOSP - LIFE SUPPORT
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (YES) Yes
5 (NO) No

** N307_ N307_ EX HOSP - DIALYSIS
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (YES) Yes
5 (NO) No

** N308_ N308_ EX HOSP - ANTIBIOTICS
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (YES) Yes
5 (NO) No

ENDIF
IF N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes or EX PLACE OF DEATH = (INHOSPITAL) In hospital THEN

N102_HospCovIns N102_ HOSPITAL STAYS COVERED BY INS
Were the costs for your hospital stay(s) completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?
1 (COMPLETELYCOVRD) Completely covered
2 (MOSTLYCOVRD) Mostly covered
3 (PARTIALLYCOVRD) Partially covered
5 (NOTCOVRD AT ALL) Not covered at all
7 (COSTS NOT SETTLED) Costs not settled yet

IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English and INTERVIEW LANGUAGE <> (EXTSPAN) EXIT - Spanish ) THEN

IF ( N001_ (MEDICARE) Medicare COVERAGE <> ( ( (YES) Yes ) Yes )
Yes OR ( N006_ CURRENTLY COVERED BY MEDICAID = yes or N007_ CHAMPUS CHAMPVA COVERAGE = YES or N023_ NUM PRIVATE HEALTH INS PLANS <> 0 )
and N025_ WHICH IS PRIMARY PLAN-PRIVATE/MEDICARE <> MEDICARE) and ( N102_ HOSPITAL STAYS COVERED BY INS = (COMPLETELYCOVRD) Completely covered or N102_ HOSPITAL STAYS COVERED BY INS = (MOSTLYCOVRD) Mostly covered or N102_ HOSPITAL STAYS COVERED BY INS = (PARTIALLYCOVRD) Partially covered ) THEN

N104_WhiPlanCovHosp N104_ WHICH PLAN COV LGST SHARE HOSPITAL COST
What is the name of the health insurance plan that covered the largest share of the costs?
1 (Plan1) []
2 (Plan2) []
3 (Plan3) []
4 (Plan4) []
5 (Plan5) []
6 (Plan6) []
7 (Plan7) []
8 (Plan8) []
9 (Plan9) []
10 (Plan10) []
11 (Plan11) []
12 (Plan12) []
13 (Plan13) []
14 (Plan14) []
15 (Plan15) []
16 (Plan16) []
17 (Plan17) []
18 (Plan18) []
19 (Plan19) []
20 (Plan20) []
21 (Plan21) []
22 (Plan22) []
27 (Plan27) []

IF N104_ WHICH PLAN COV LGST SHARE HOSPITAL COST = (Plan27)^Privplan[27] THEN
IF N105_ NAME PLAN COV LGST SHARE HOSPITAL COST <> Nonresponse THEN

N359_ N105.1 LGST SHARE HOSPITAL COST- STILL COVERED

Are you still covered under this plan?

1 (YES) Yes

5 (NO) No

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

IF N102_ HOSPITAL STAYS COVERED BY INS <> (COMPLETELYCOVRD) Completely covered THEN

N106_AmtOOPHospCost N106_ AMT PAID O-O-P HOSPITAL COSTS

About how much did you pay out-of-pocket for hospital bills []?

Range: 0..9999996

IF N106_ AMT PAID O-O-P HOSPITAL COSTS >= 50001 and N106_ AMT PAID O-O-P HOSPITAL COSTS <= 9999996 THEN

checkN106 check N106_AmtOOPHospCost

You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF

ENDIF

ENDIF

IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English and INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish ) AND R IN NURSING HOME = (YESNURSINGHOME) Yes THEN

ELSE

N114_OverniteNH N114_ EVER PATIENT OVERNIGHT IN NURSING HOME

[], have you been a patient overnight in a nursing home, convalescent home, or other long-term health care facility?

1 (YES) Yes

5 (NO) No

ENDIF

IF ( INTERVIEW LANGUAGE = (EXTENG) EXIT - English or INTERVIEW LANGUAGE = (EXTSPN) EXIT - Spanish ) AND ( EX PLACE OF DEATH = (INNURSINGHOME) In nursing home or R IN NURSING HOME = (YESNURSINGHOME) (YES) Yes ) and N114_ EVER PATIENT OVERNIGHT IN NURSING HOME <> YES THEN

N115_TimeOverNH N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME

How many []times, including now, have you been a patient in a nursing home
times were you a patient in a nursing home] or other long-term care facility []?  Range: 1..95

IF N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME >= 6 and N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <= 95 THEN

checkN115  check N115_TimeOverNH
You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF
ENDIF

IF N114_ EVER PATIENT OVERNIGHT IN NURSING HOME = (YES) Yes THEN

N116_NiteOverNH  N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH
[Altogether, how/How] many nights have you been a patient in a nursing home []? ENTER 996 for continuous since entered or []
Range: 0..996

IF N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH = empty THEN

N117_MoOverNH  N117_ NUM MOS R SPENT OVERNIGHT IN NH
[Altogether, how/How] many months have you been a patient in a nursing home []?  Range: 1..78

IF N117_ NUM MOS R SPENT OVERNIGHT IN NH >= 37 and N117_ NUM MOS R SPENT OVERNIGHT IN NH <= 78 THEN

checkN117  check N117_MoOverNH
You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF
ENDIF

IF N114_ EVER PATIENT OVERNIGHT IN NURSING HOME = (YES) Yes or EX PLACE OF DEATH = (INNURSINGHOME) In nursing home or R IN NURSING HOME = (YESNURSINGHOME) Yes THEN

N118_InsCovCost  N118_ NH COSTS COVERED BY INSURANCE
[Have the costs for your nursing home stay(s) been completely covered by insurance, mostly covered, only partially covered, or not covered at all by insurance?]  1 (COMPLETELYCOVRD) Completely covered
2 (MOSTLYCOVRD) Mostly covered
3 (PARTIALLYCOVRD) Partially covered
5 (NOTCOVRDATALL) Not covered at all
7 (COSTSNOTSETLED) Costs not settled yet

IF N118_ NH COSTS COVERED BY INSURANCE <> (COMPLETELYCOVRD) Completely
N119_AmtPayNHHosp  N119_ AMT PAID O-O-P NURSING HOME
About how much did you pay out-of-pocket for nursing home bills []? Include any amount paid by others
Range: 0..999999

IF N119_ AMT PAID O-O-P NURSING HOME >= 50001 and N119_ AMT PAID O-O-P NURSING HOME <= 99996 THEN

checkN119 check N119_AmtPayNHHosp
You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF

IF N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 , the third time through the loop should ask about the last

IF (LpCntr < N115_TimeverNH OR R IN NURSING HOME = O) AND ( PREV WAVE R IN NURSING HOME AT PREVIOUS WAVE <> (INNURSINGHOME) In nursing home OR QN116_NiteOverNH <> 996 ) THEN

LOOP FROM 1 TO 3 DO

IF N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 , the third
time through the loop should ask about the last

IF piLPCNTR <= N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME THEN

IF (( R IN NURSING HOME <> ( (YESNURSINGHOME) Yes ) Yes and EX PLACE OF DEATH <> ( (INNURSINGHOME) In nursing home ) In nursing home ) In nursing home ) or ( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> 1 and N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse)) AND ( PREV WAVE R IN NURSING HOME AT PREVIOUS WAVE <> INNURSINGHOME OR N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH <> 996 ) AND (( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> 3 and piLPCNTR < N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME ) or ( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse and piLPCNTR < 3) or ( R IN NURSING HOME <> YESNURSINGHOME and EX PLACE OF DEATH <> INNURSINGHOME)) THEN

N124_YrMovInNH1  N123_ YEAR R MOVED TO NURSING HOME
[] In what year did you go into the nursing home or health care facility?
Range: 1900..2009

IF N123_ YEAR R MOVED TO NURSING HOME >= TWO YEARS AGO THEN

N123_MoMovInNH1  N124_ MONTH R MOVED TO NURSING HOME
What month was that?
1 (JAN) Jan
You gave a year that is greater than the current year. Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

In what year did you move out of the nursing home or health care facility?
Range: 1900..2009

What month was that?
ENDIF

IF N125_YEAR R MOVED OUT OF NURSING HOME > current date
year THEN

checkYearGreater check year greater

You gave a year that is greater than the current year. Your answers are important to us. If you
feel that you answered the last question incorrectly please go back and change your answer.

ENDIF

IF N125_YEAR R MOVED OUT OF NURSING HOME < N123_YEAR R
MOVED TO NURSING HOME THEN

checkYrMov check year mov

You gave a year for moving out that is earlier than the year you gave for moving in.
Your answers are important to us. If you feel that you answered the last question
incorrectly please go back and change your answer.

ENDIF

IF N005_MEDICAID COVERAGE SINCE PREV WAVE = (YES) Yes THEN

N127_N127_ELIGIBLE FOR MEDICAID START NH STAY
[] Were you eligible for Medicaid, or the equivalent in your
state, at the time your [] nursing home stay started?
1 (YES) Yes
5 (NO) No

IF N127_ELIGIBLE FOR MEDICAID START NH STAY = (NO) No THEN

N128_N128_ELIGIBLE FOR MEDICAID DURNG NH STAY
Did you become eligible for Medicaid, or the equivalent in your state, during that nursing home
stay?
1 (YES) Yes
5 (NO) No

ENDIF

IF ( N127_ELIGIBLE FOR MEDICAID START NH STAY = (YES) Yes OR N128_ELIGIBLE FOR MEDICAID DURNG NH STAY = YES) and (( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <= 3 and piLPCNTR = N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME) or ( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 and N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse
and piLPCNTR = 3)) and ( R IN NURSING HOME = (NO) No And EX
PLACE OF DEATH <> (INNURSINGHOME) In nursing home ) THEN


Did you lose your eligibility for Medicaid, or the equivalent in your state, when you were discharged from your (last) nursing home stay?

1 (YES) Yes
5 (NO) No

ENDIF

ENDIF

IF ( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 and N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse and piLPCNTR < 3) or ( piLPCNTR < N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME and piLPCNTR <> 3) or (( piLPCNTR = N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME or piLPCNTR = 3) and R IN NURSING HOME <> (YESNURSINGHOME) Yes And EX PLACE OF DEATH <> (INNURSINGHOME) In nursing home ) THEN

N131_LiveAftNH1  N131_ WHERE R LIVE AFTER NURSING HOME STAY
Where did you live after leaving the nursing home or health care facility? (Did you live alone, [] with one of your children and his or her own family, with other relatives, in a retirement center, or what?)
1 (RLIVEDBYHIMHERSLFLALONE) I lived by myself, alone
2 (RLIVEDWITHSPPTRONLY) I lived with spouse/partner only
3 (RLIVEDWITHCHILDCHILDSFAM) I lived with child and child's family
4 (RLIVEDWITHOTHRELATIVES) I lived with other relative(s)
5 (RLIVEDINRETIREMENTCENTER) I lived in retirement center
6 (ANOTHERNHOME) I lived in another nursing home, hospital, assisted living, rehab center
7 (OTH_SPECIFY) Other (specify)

IF N131_ WHERE R LIVE AFTER NURSING HOME STAY = (OTH_SPECIFY) Other (specify) THEN

N132SLiveAftNH1_S N132S WHERE R LIVE AFTER NH STAY- SPECIFY
(Where did you live after leaving the nursing home or health care facility? Did you live alone,[] with one of your children and his or her own family, with other relatives, in a retirement center, or what?) Other (specify)

Memo

ENDIF

ENDIF

ENDIF

ENDDO

IF INTERVIEW LANGUAGE = (EXTENG) EXIT - English or INTERVIEW LANGUAGE = (EXTSPN) EXIT - Spanish THEN

IF EX PLACE OF DEATH = (INHOSPICE) In hospice THEN

N315  N315_ EX hospice # NIGHTS - FINAL

[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
Range: 1..365

IF N315_ EX hospice # NIGHTS - FINAL = empty or N315_ = DK THEN

N320_ N320_ EX OVERNIGHT IN HOSPICE
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
1 (YES) Yes
5 (NO) No

IF EX PLACE OF DEATH = (INHOSPICE) In hospice OR N320_ EX OVERNIGHT IN HOSPICE = (YES) Yes THEN

IF N320_ EX OVERNIGHT IN HOSPICE = (YES) Yes THEN

N321_ N321_ EX HOSPICE # TIMES
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
Range: 1..95

N322_ N322_ EX HOSPICE-1 NIGHTS
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
Range: 0..996

IF N322_ EX HOSPICE-1 NIGHTS = empty THEN

N323_ N323_ EX HOSPICE-1 MONTHS
[THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
Range: 0..32

ENDIF

IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

N134_OutSurgLst2Yrs N134_ OUTPATIENT SURGERY- PREV IW/2 YRS
[] have you had outpatient surgery?
1 (YES) Yes
5 (NO) No

IF N134_ OUTPATIENT SURGERY- PREV IW/2 YRS = (YES) Yes THEN

N135_SurgCov N135_ OUTPATIENT SURG COSTS COVERED BY HI
Were the expenses for your outpatient surgery completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?
1 (COMPLETELYCOVRD) Completely covered
2 (MOSTLYCOVRD) Mostly covered
3 (PARTIALLYCOVRD) Partially covered
5 (NOTCOVRDATALL) Not covered at all
7 (COSTSNOTSETLED) Costs not settled yet

IF N135_ OUTPATIENT SURG COSTS COVERED BY HI <> (COMPLETELYCOVRD) Completely covered THEN
N139_AmtOOPOutSurg N139_AMT PAID O-O-P OUTPAT SURGERY
About how much did you pay out-of-pocket for outpatient surgery []?
Range: 0..9999996

IF N139_AMT PAID O-O-P OUTPAT SURGERY >= 50000 or N139_AMT PAID O-O-P OUTPAT SURGERY <= 9999996 THEN

checkN139 check N139_AmtOOPOutSurg
You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF
ENDIF
ELSE

N143_ExpInsCovOutSurg N143.Expect INS TO COVER OUTPAT SURGERY COSTS
If you did need to have outpatient surgery, would you expect any of the costs to be covered by insurance?
1 (YES) Yes
5 (NO) No

ENDIF
ENDIF

N147_TimeSeeDoc N147.# TIMES SEEN DR- PREV IW/2 YRS
[Aside from any hospital stays, how/Aside from any outpatient surgery, how/Aside from any hospital stays and outpatient surgery, how/How] many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits []? Use zero for none
Range: 0..900

IF N147.# TIMES SEEN DR- PREV IW/2 YRS >= 51 and N147.# TIMES SEEN DR- PREV IW/2 YRS <= 900 THEN

checkN147 check N147_TimeSeeDoc
You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF

IF N147.# TIMES SEEN DR- PREV IW/2 YRS = NONRESPONSE THEN

N148_TimeSeeDoc20 N148.NUMBER TIMES SEEN DOCTOR 20X
Did it amount to less than 20 times, more than 20 times, or what?
1 (LESSTHAN20TIMES) Less than 20 times
3 (ABT20TIMES) About 20 times
5 (MORETHAN20TIMES) More than 20 times

IF N148.NUMBER TIMES SEEN DOCTOR 20X <> (ABT20TIMES) About 20 times THEN

IF N148.NUMBER TIMES SEEN DOCTOR 20X <> (MORETHAN20TIMES) More
than 20 times THEN

IF N148_ NUMBER TIMES SEEN DOCTOR 20X <> NONRESPONSE THEN

N149_TimeSeeDoc5 N149_ NUMBER TIMES SEEN DOCTOR 5X
Did it amount to less than 5 times, more than 5 times, or what?
1 (LESTHAN5TIMES) Less than 5 times
3 (ABT5TIMES) About 5 times
5 (MORETHAN5TIMES) More than 5 times
ENDIF

IF N149_ NUMBER TIMES SEEN DOCTOR 5X <> (ABT5TIMES) About 5 times and N149_ NUMBER TIMES SEEN DOCTOR 5X <> (MORETHAN5TIMES) More than 5 times THEN

N150_DocAdvPast2Yrs N150_ HAS R SOUGHT DOC ADVICE IN PAST 2 YRS
Do you think you have seen a medical doctor about your health at least once []?
1 (YES) Yes
5 (NO) No
ENDIF
ENDIF

IF N148_ NUMBER TIMES SEEN DOCTOR 20X = (MORETHAN20TIMES) More than 20 times THEN

N151_SkDocAdv50 N151_ R SEEK DOC ADVICE 50X
Did it amount to less than 50 times, more than 50 times, or what?
1 (LESTHAN50TIMES) Less than 50 times
3 (ABT50TIMES) About 50 times
5 (MORETHAN50TIMES) More than 50 times
ENDIF ENDIF ENDIF

IF N150_ HAS R SOUGHT DOC ADVICE IN PAST 2 YRS = (YES) Yes or (N147_ # TIMES SEEN DR- PREV IW/2 YRS <> 0 and N147_ # TIMES SEEN DR- PREV IW/2 YRS = response) or N148_ NUMBER TIMES SEEN DOCTOR 20X = (ABT20TIMES) About 20 times OR N149_ NUMBER TIMES SEEN DOCTOR 5X = (ABT5TIMES) About 5 times or N149_ NUMBER TIMES SEEN DOCTOR 5X = (MORETHAN5TIMES) More than 5 times ) or N151_ R SEEK DOC ADVICE 50X <> empty THEN

N152_VisitCovIns N152_ DOCTOR VISITS COVERED BY INSURANCE
Were the costs for your doctor or clinic visit(s) completely covered by health insurance, mostly covered, or only partially covered, or not covered at all by insurance?
1 (COMPLETELYCOVRD) Completely covered
2 (MOSTLYCOVRD) Mostly covered
3 (PARTIALLYCOVRD) Partially covered
5 (NOTCOVRDATALL) Not covered at all
7 (COSTSNOTSETLED) Costs not settled yet
IF N152_ DOCTOR VISITS COVERED BY INSURANCE <> (COMPLETELYCOVRD)
| Completely covered THEN

N156_AmtOOPVisit N156_ AMT PAY O-O-P FOR DOC VISITS
| About how much did you pay out-of-pocket for doctor or clinic visits []?
| Range: 0..9999996

IF N156_ AMT PAY O-O-P FOR DOC VISITS >= 50001 and N156_ AMT PAY O-O-P FOR DOC VISITS <= 9999996 THEN

| checkN156 check N156_AmtOOPVisit
| You entered [] Your answers are important to us. If you feel that you answered
| the last question incorrectly please go back and change your answer.

ENDIF
ENDIF

N160_ExpDocCovIns N160_ EXPECT HI TO COVER DR VISIT COSTS
| If you did need to see a medical doctor, would you expect any of the costs to be covered by insurance?
| 1 (YES) Yes
| 5 (NO) No

ENDIF

IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

N164_SeeDentPW N164_ SEEN DENTIST SINCE PREV IW/2YRS
| [] have you seen a dentist for dental care, including dentures?
| 1 (YES) Yes
| 5 (NO) No

IF N164_ SEEN DENTIST SINCE PREV IW/2YRS = (YES) Yes THEN

N165_DentCovIns N165_ DENTAL COSTS COVERED BY INSURANCE
| Were your dental expenses completely covered by insurance, mostly
| covered, only partially covered, or not covered at all by insurance?
| 1 (COMPLETELYCOVRD) Completely covered
| 2 (MOSTLYCOVRD) Mostly covered
| 3 (PARTIALLYCOVRD) Partially covered
| 5 (NOTCOVRDATALL) Not covered at all
| 7 (COSTSNOTSETLED) Costs not settled yet

IF N165_ DENTAL COSTS COVERED BY INSURANCE <> (COMPLETELYCOVRD)
| Completely covered THEN

N168_AmtPayOOPDental N168_ AMT PAY O-O-P DENTAL
| About how much did you pay out-of-pocket for dental bills []?
| Range: 0..9999996

IF N168_ AMT PAY O-O-P DENTAL >= 50001 and N168_ AMT PAY O-O-P
DENTAL <= 9999996 THEN

checkN168 check N168_AmtPayOOPDental

You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF
ENDIF
ELSE

N172_DentCovInsNeed N172_ EXPECT HI TO COVER DENTAL COSTS
If you did need to see a dentist, would you expect any of the costs to be covered by insurance?
1 (YES) Yes
5 (NO) No

ENDIF
ENDIF

IF BLOOD PRESSURE MEDICATION = ( ( ( ( ( (YES) Yes ) Yes ) Yes ) Yes ) Yes ) Yes
YES ) Yes ) Yes ) Yes OR SWALLOWED MEDICATION FOR DIABETES = Yes OR
TAKING INSULIN - DIABETES = Yes OR ANGINA MEDICATION = Yes OR
CONGESTIVE HEART FAILURE MEDICATION = Yes OR STROKE MEDICATION = Yes
OR PSYCHIATRIC MEDICATION = Yes THEN

ELSE

N175_TkMedsReg N175_ TAKE RX DRUGS REGULARLY
Do you regularly take prescription medications?
1 (YES) Yes
5 (NO) No
7 (MEDICATIONSKNOWN)

ENDIF

IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish ) THEN

IF ( N175_ TAKE RX DRUGS REGULARLY = (YES) Yes OR N175_ TAKE RX DRUGS REGULARLY = (MEDICATIONSKNOWN) OR N175_ TAKE RX DRUGS REGULARLY = empty) THEN

N360_ N175.1 RX DRUGS REGULARLY CHOLESTEROL
Do you regularly take prescription medications for any of the following common health problems: To help lower your cholesterol?
1 (YES) Yes
5 (NO) No

N361_ N175.2 RX DRUGS REGULARLY PAIN
Do you regularly take prescription medications for any of the following common health problems: For pain in your joints or muscles?
1 (YES) Yes
5 (NO) No
N362_ N175.3 PRESCRIBED DRUGS REGULARLY BREATHING PROBLEMS
Do you regularly take prescription medications for any of the following common health problems: For asthma or allergies or other breathing problems?
1 (YES) Yes
5 (NO) No

N363_ N175.4 PRESCRIBED DRUGS REGULARLY STOMACH PROBLEMS
Do you regularly take prescription medications for any of the following common health problems: For stomach problems?
1 (YES) Yes
5 (NO) No

N364_ N175.5 PRESCRIBED DRUGS REGULARLY HELP SLEEP
Do you regularly take prescription medications for any of the following common health problems: To help you sleep?
1 (YES) Yes
5 (NO) No

N365_ N175.6 PRESCRIBED DRUGS REGULARLY-ANXIETY OR DEPRESSION
Do you regularly take prescription medications for any of the following common health problems: To help relieve anxiety or depression?
1 (YES) Yes
5 (NO) No

ENDIF
ENDIF

ENDIF

IF ( N175_TAKE_RX_DRUGS_REGULARLY <> (NO) No and N175_TAKE_RX 
DRUGS_REGULARLY <> nonresponse) THEN

IF N176_DRUG_COSTS_COVERED_BY_INSURANCE <> (COMPLETELY_COVRD) 
Completely covered THEN

N180_AmtOOPMeds N180_AMT_PAY_O-O-P_RX_DRUGS_PER_MONTH 
On average, about how much have you paid out-of-pocket per month for these prescriptions []?
Range: 0..99996

IF N180_AMT_PAY_O-O-P_RX_DRUGS_PER_MONTH >= 251 and N180_AMT 
PAY_O-O-P_RX_DRUGS_PER_MONTH <= 99996 THEN

checkN180 check N180_AmtOOPMeds
You entered [] Your answers are important to us. If you feel that you answered the last question incorrectly please go back and change your answer.

ENDIF
ENDIF
ENDIF

IF ( INTERVIEW_LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW 
LANGUAGE <> (EXTSPN) EXIT - Spanish ) THEN
IF (N175_ TAKE RX DRUGS REGULARLY <> (NO) No and N175_ TAKE RX DRUGS REGULARLY <> nonresponse) THEN

IF (N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> empty and N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> nonresponse and N182_ AMT PAY O-O-P RX DRUGS PER MONTH- MAX = empty) or (N180_ AMT PAY O-O-P RX DRUGS PER MONTH = nonresponse and N182_ <= 500 and N183_ AMT PAY O-O-P RX DRUGS PER MONTH- RESULT <> nonresponse) THEN

N368_ N183.1 out-of-pocket payments were much higher

You said your average payment for prescription drugs has been [] per month []. Have there been some months when your out-of-pocket payments were much higher than this?

1 (YES) Yes
5 (NO) No

IF N183.1 out-of-pocket payments were much higher = (YES) Yes THEN

N369_ N183.2 caused payments to be higher

What caused your payments to be higher in those months? Choose all that apply.

1 (ADDIDMEDICATIONS) HAD TO TAKE ADDITIONAL MEDICATIONS
2 (INSRANOUTNOTCOVER) INSURANCE RAN OUT/WOULDN'T COVER
3 (PAYDOWNDEDUCTIBLE) HAD TO PAY DOWN DEDUCTIBLE
7 (OTHERSPECIFY) Other (specify)

IF OTHERSPECIFY in N183.2 caused payments to be higher THEN

N370S N183.3 caused payments to be higher - Specify

(What caused your payments to be higher in those months?) Other (specify)

Memo

ENDIF

ENDIF

ENDIF

IF (INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish) THEN

IF (N175_ TAKE RX DRUGS REGULARLY <> (NO) No and N175_ TAKE RX DRUGS REGULARLY <> nonresponse) THEN

IF (N366_ <> USEWENTUP and N366_ <> USEWENTDOWN and N367_ <> COSTWENTUP and N367_ <> COSTWENTDOWN) THEN

IF (N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> empty and N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> nonresponse and N182_ AMT PAY O-O-P RX DRUGS PER MONTH- MAX = empty) or

N368_ N183.1 out-of-pocket payments were much higher

You said your average payment for prescription drugs has been [] per month []. Have there been some months when your out-of-pocket payments were much higher than this?
1 (YES) Yes
5 (NO) No

IF N183.1 out-of-pocket payments were much higher = (YES) Yes THEN

N369_ N183.2 caused payments to be higher
What caused your payments to be higher in those months? Choose all that apply.
1 (ADDITIONALMEDICATIONS) HAD TO TAKE ADDITIONAL MEDICATIONS
2 (INSURANCE_RAN_OUT) INSURANCE RAN OUT/WOULDN'T COVER
3 (PAY_DOWNDEDUCTIBLE) HAD TO PAY DOWN DEDUCTIBLE
7 (OTHERSPECIFY) Other (specify)

IF OTHERSPECIFY in N183.2 caused payments to be higher THEN

N370_ N183.3 caused payments to be higher - Specify
(What caused your payments to be higher in those months?) Other (specify)
Memo
ENDIF
ENDIF
ENDIF

IF ( N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> empty and N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> nonresponse) or

IF ( N175_ TAKE RX DRUGS_REGULARLY = (YES) Yes OR N175_ TAKE RX DRUGS_REGULARLY = (MEDICATIONSKNOWN) ) and

IF N371_MedsCovIns <> NofillbeforeMedicare THEN

IF (N371_MedsCovIns <> NOTCOVRDATALL and N371_MedsCovIns <> COSTSNOTSETLED and N371_MedsCovIns <> nonresponse) and

IF N371_MedsCovIns <> COMPLETELYCOVRD THEN

IF (N374_AmtOOPMeds <= 500 and N376_ = empty) or

IF N381_MedsCovIns <> COMPLETELYCOVRD THEN

N188_TkLessMedsCost N188_ EVER TAKE LESS MEDS BECAUSE OF COST
Sometimes people delay taking medication or filling prescriptions because of the cost. At any time [] have you ended up taking less medication than was prescribed for you because of the cost?
1 (YES) Yes
5 (NO) No

ENDIF

IF N116_NUM NIGHTS R SPENT OVERNIGHT IN NH <> 996 or ( PREV WAVE R IN NURSING HOME AT PREVIOUS WAVE <> (INNURSINGHOME) In nursing home and N116_NUM NIGHTS R SPENT OVERNIGHT IN NH = 996)
THEN

N189_HomeHlthSvc  N189_ USED HOME HEALTH SVC- PREV IW/2 YRS
]_, has any medically-trained person come to your home to help you, yourself? Only include
help given to you, not help for you if you are a caregiver for someone else. (Medically-trained
persons include professional nurses, visiting nurse's aides, physical or occupational
therapists, chemotherapists, and respiratory oxygen therapists.)
1 (YES) Yes
5 (NO) No

IF N189_ USED HOME HEALTH SVC- PREV IW/2 YRS = (YES) Yes THEN

N190_HHSvcCovIns  N190_ HOME HEALTH SERVICE COST COVERED BY INS
Were the costs of your home medical care completely covered by health insurance,
mostly covered, only partially covered, or not covered at all by insurance?
1 (COMPLETELYCOVRD) Completely covered
2 (MOSTLYCOVRD) Mostly covered
3 (PARTIALLYCOVRD) Partially covered
5 (NOTCOVRDATALL) Not covered at all
7 (COSTSNOTSETLED) Costs not settled yet

IF N190_ HOME HEALTH SERVICE COST COVERED BY INS <>
(COMPLETELYCOVRD) Completely covered THEN

N194_AmtPayOOPHHS  N194_ AMT PAY O-O-P HOME HEALTH SVC
About how much did you pay out-of-pocket for in-home medical care []?
Range: 0..999996

IF N194_ AMT PAY O-O-P HOME HEALTH SVC >= 20001 and N194_
AMT PAY O-O-P HOME HEALTH SVC <= 999996 THEN

| check194  check N194_AmtPayOOPHHS
| You entered [] Your answers are important to us. If you feel that you answered the last question
| incorrectly please go back and change your answer.

ENDIF

ENDIF

N198_HHSCovIns  N198_ EXPECT HI COVER HOME HEALTH SVC COSTS
If you were to need medical care in your home, would you expect
any of the costs to be covered by insurance?
1 (YES) Yes
5 (NO) No

ENDIF

N212_HelpPayHCCost  N212_ HELP PAY HEALTH CARE COSTS
Besides any costs covered by insurance, has anyone helped you [and
your/empty] [husband/wife/partner] pay for your health care costs
[], or helped you pay the cost of health insurance or for long-term care insurance?
1 (YES) Yes
5 (NO) No

IF N212_ HELP PAY HEALTH CARE COSTS = (YES) Yes THEN

N213_WhoHelpPayHCCost  N213_ WHO HELP PAY HEALTH CARE COSTS
Is that a [child or other] relative of yours [], or is that someone else?
1 (CHILD/CHILD-IN-LAW/GRANDCHILD) Child/child-in-law/grandchild
2 (OTHER RELATIVE) Other relative
3 (SOMEONE ELSE) Someone else

IF N213_ WHO HELP PAY HEALTH CARE COSTS =
(CHILD/CHILD-IN-LAW/GRANDCHILD) Child/child-in-law/grandchild THEN

N254_N214MWhoChildPayHC  N214 WHICH CHILD PAY HEALTH CARE COSTS
(Which child is that?) Choose all that apply
1 (c01) []
2 (c02) []
3 (c03) []
4 (c04) []
5 (c05) []
6 (c06) []
7 (c07) []
8 (c08) []
9 (c09) []
10 (c10) []
11 (C11) []
12 (c12) []
13 (c13) []
14 (c14) []
15 (c15) []
16 (C16) []
17 (c17) []
18 (c18) []
19 (c19) []
20 (c20) []
21 (C21) []
22 (c22) []
23 (c23) []
24 (c24) []
25 (c25) []
26 (C26) []
27 (c27) []
28 (c28) []
29 (c29) []
30 (c30) []
31 (C31) []
32 (c32) []
33 (c33) []
34 (c34) []
LOOP FROM 1 TO 50 DO
ENDDO
ENDIF

N215_AmtOthHelp  N215_ AMT OF OTHER HELP
Altogether, about how much money did that help amount to?
Range: 0..999996

IF N215_ AMT OF OTHER HELP >= 20001 and N215_ AMT OF OTHER HELP
<= 999996 THEN
checkN215 check N215_AmtOthHelp
| You entered [] Your answers are important to us. If you feel that you answered
| the last question incorrectly please go back and change your answer.
ENDIF
ENDIF

IF N211_ ASSIGN TOTAL O-O-P FOR MAJOR MED COSTS >= 10000 THEN

N219_HowFinLgMedExp  N219 HOW FINANCE LARGE MEDICAL EXPENSES
[You answered that you have had some rather large out-of-pocket medical expenditures. Apart from
what you received from others, how/You answered that you have had some rather large out-of-pocket
medical expenditures. How/] did you finance these -- did you pay directly from your savings or
earnings, did you take out a loan, have you not yet paid these bills, or what? Choose all that apply
If payments are still being made, enter both 'Have not yet paid' and 'Making payments'.
| 1 (PAIDUSINGSAVINGSEARNINGS) Paid using savings/earnings
| 2 (TOOKOUTALOAN) Took out a loan
| 3 (HAVENOTYETPAID) Have not yet paid
We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files. Could you give me your Medicare number for this purpose? (Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision. Any remaining benefits under this program will not be affected in any way by your decision.)

[F1]--help (Could you give me your Medicare number for this purpose?) (Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) w If R reports a Medicare number more than 9 digits long, ask to see the card. w If the number on the card is longer than 9 digits, enter 999 here. w ENTER 1st Medicare number sequence (3 digits) String

(Could you give me your Medicare number for this purpose?) br /> (Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) w If R reports a Medicare number more than 9 digits long, ask to see the card. If the number on the card is longer than 9 digits, enter 99 here. w ENTER 2nd Medicare number sequence (2 digits)
(Could you give me your Medicare number for this purpose?) br />
(Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) w If R reports a Medicare number more than 9 digits long, ask to see the card. If the number on the card is longer than 9 digits, type the number from the card in an F2 comment and then enter 9997 in this field to continue. br />w ENTER 3rd Medicare number sequence (4 digits)

w PROBE: Is there a letter or a letter and number combination at the end of your Medicare number? w PRESS [Enter] if there is not a letter or letter/number combination

(We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the (Medicaid/State name for Medicaid) files.) Could you give me your Medicaid number for this purpose? (Under the Privacy Act of 1974, providing your number is (also) a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) 1 (NUMBERRECORDED) Number recorded 4 (RREFUSEDNUMBER) R refused number 5 (NUMNTRECORDEDNOTREFUSED) Number not recorded (not refused)

IF N231_MEDICAID NUMBER RECORDED = (NUMBERRECORDED) Number recorded THEN

(We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the (Medicaid STATE NAME FOR MEDICAID) files.) Could you give me your Medicaid number for this purpose? (Under the Privacy Act of 1974, providing your number is (also) a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) w If R reports a Medicaid number more than 9 digits long, ask to see the card. w If the number on the card is longer than 9 digits, enter 999 here. w ENTER 1st Medicaid number sequence (3 digits)
use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the (Medicaid State name for Medicaid) files. (Could you give me your Medicaid number for this purpose?) (Under the Privacy Act of 1974, providing your number is (also) a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) If R reports a Medicaid number more than 9 digits long, ask to see the card. If the number on the card is longer than 9 digits, enter 99 here. ENTER 2nd Medicaid number sequence (2 digits)

**N234_Medicaid_NumPt3**  
(Could you give me your medicaid number for this purpose?)  
(Under the Privacy Act of 1974, providing your number is (also) a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.) If R reports a medicaid number more than 9 digits long, Ask to see the card. If the number on the card is longer than 9 digits, type the number from the card in an F2 comment and then enter 9997 in this field to continue. ENTER 3rd Medicaid number sequence (4 digits)

**N235_SatisfWlthCare**  
Now, thinking about the quality, cost, and convenience of your health care, altogether would you say that you are very satisfied, somewhat satisfied, or not satisfied at all with your health care?

1 (VERYSATISFIED) Very satisfied
2 (SOMEWATSATISFIED) Somewhat satisfied
3 (NOTSATISFIEDATALL) Not satisfied at all

**N236_AssistN**  
How often did you receive assistance with answers to the health services and insurance questions?

1 (NEVER) Never
2 (AFEWTIMES) A few times
3 (MOSTORALLOFTHETIME) Most or all of the time
4 (SECTIONDNBYAPXYREPORTER)

ELSE

ENDIF

ENDIF

**CS_001** HOW PLEASANT INTERVIEW
Could you tell us how interesting or uninteresting you found the questions in this interview?

1 Very interesting
2 Interesting
3 Neither interesting nor uninteresting
4 Uninteresting
5 Very uninteresting