RAND Monthly Survey 4

B901_ (B901_) GENDER
What is your gender?

1. male
2. female

C901_(C901_) AGE
What is your age?
Range: $0 . .120$

## Q009_(Q009_) CURRENT LIVING SITUATION

Could you tell us what your current living situation is?

1. married or living with a partner
2. separated
3. divorced
4. widowed
5. never married
```
B002_(B002_) BORN IN US
```

Were you born in the United States?

1. yes
2. no

IF (B002_) BORN IN US = Yes THEN
|
| B003_ (B003.5_) STATE BORN
| In what state were you born?
| 1. ALASKA (AK)
| 2. ALABAMA (AL)
| 3. ARIZONA (AZ)
| 4. ARKANSAS (AR)
| 5. CALIFORNIA (CA)
| 6. COLORADO (CO)
| 7. CONNECTICUT (CT)
| 8. DELAWARE (DE)

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| 9. FLORIDA (FL)
| 10. GEORGIA (GA)
11. HAWAII (HI)
12. IDAHO (ID)
13. ILLINOIS (IL)
14. INDIANA (IN)
15. IOWA (IA)
16. KANSAS (KS)
17. KENTUCKY (KY)
18. LOUISIANA (LA)
19. MAINE (ME)
20. MARYLAND (MD)
21. MASSACHUSETTS (MA)
22. MICHIGAN (MI)
23. MINNESOTA (MN)
24. MISSISSIPPI (MS)
25. MISSOURI (MO)
26. MONTANA (MT)
27. NEBRASKA (NE)
28. NEVADA (NV)
29. NEW HAMPSHIRE (NH)
30. NEW JERSEY (NJ)
31. NEW MEXICO (NM)
32. NEW YORK (NY)
33. NORTH CAROLINA (NC)
34. NORTH DAKOTA (ND)
35. OHIO (OH)
36. OKLAHOMA (OK)
37. OREGON (OR)
38. PENNSYLVANIA (PA)
39. RHODE ISLAND (RI)
40. SOUTH CAROLINA (SC)
41. SOUTH DAKOTA (SD)
42. TENNESSEE (TN)
43. TEXAS (TX)
44. UTAH (UT)
45. VERMONT (VT)
46. VIRGINIA (VA)
47. WASHINGTON (WA)
48. WEST VIRGINIA (WV)
49. WISCONSIN (WI)
50. WYOMING (WY)
51. WASHINGTON, D.C.
52. PUERTO RICO
ENDIF
```

When you were a child what languages were spoken at home?
Please check all that apply.

1. English
2. Spanish
3. other

## B914_(B914_) LEVEL OF EDUCATION

What level of education do you have?
Please check all that apply.

1. grade school
2. high school
3. college
4. college graduate
5. post graduate
6. other


IF (B914_) LEVEL OF EDUCATION = College OR College graduate OR Post graduate THEN
1
| B017_ (B017_) R HIGHEST DEGREE
| What is the highest degree you have earned?

1. less than Bachelors
2. Bachelors
3. Masters/MBA
4. Law
5. PHD
| 6. MD
```
7. other
| IF (B017_) R HIGHEST DEGREE = other THEN
|
|018S (B018S) R HIGHEST DEGREE - SPECIFY
|
| | What other degree do you mean?
| Open
|
| ENDIF
ENDIF
J005MCurrEmpStatus (J005) CURRENT JOB STATUS
What is your current employment situation?
Please check all that apply.
1. working now
2. unemployed and looking for work
3. temporarily laid off, on sick or other leave
4. disabled
5. retired
6. homemaker
7. other
```

Q031 (Q031_) PREFERED CUT IN SOCIAL SECURITY OR MEDICARE
Many people feel that the growing deficit in the federal budget will require cuts in government spending. Next, we will ask you which cuts you would prefer.
If you had to choose, would you prefer cuts in Social Security benefits or would you prefer cuts in Medicare benefits?

1. prefer cuts in Social Security Benefits
2. prefer cuts in Medicare benefits

If you had to choose, would you prefer cuts in Social Security benefits or would you prefer cuts in defense spending?

1. prefer cuts in Social Security benefits
2. prefer cuts in defense spending

Which statement do you think is most accurate. Social Security payroll taxes are used to pay benefits now to current retirees. Social Security payroll taxes are put into an account for your Social Security benefits when you retire.

1. Social Security payroll taxes are used to pay benefits for current retirees
2. Social Security payroll taxes are put into an account for my retirement

Q034 (Q034_) INVEST PART OF SOCIAL SECURITY TAXES
Some argue that people should be allowed to invest part of their Social Security taxes into stocks and bonds held in an account that would provide benefits based on the value of the assets in the account at the time they retire. Others argue that Social Security should continue to pay retirement benefits based only on peoples' earnings histories.

1. Social Security should be changed to allow individual accounts
2. Social Security should continue to pay benefits based on earnings histories

## Q040 (Q040_) 3 STATEMENTS VIEW TO SS

Which of the following three statements comes closest to your own view of the Social Security program today?

1. The program is in crisis
2. The program has some problems, but is not in crisis
3. The program has no problems

C901_(C901_) NEW HEALTH
We would now like to ask you about your health.
Would you say your health is excellent, very good, good, fair, or poor?

1. excellent
2. very good
3. good
4. fair
5. poor

## M002_HeathAffctWrk (M002_) HEALTH PROB

Do you have any impairment or health problem that limits the kind or amount of paid work you can do?

1. yes
2. no

C005_(C005_) HIGH BLOOD PRESSURE
Has a doctor ever told you that you have high blood pressure or hypertension? Click here for a definition of a doctor.
(Medical doctors include specialists such as, Dermatologists, Psychiatrists, Ophthalmologists, as well as general practitioners, and Osteopaths. Do not include Chiropractors, Dentists, or Nurses/Nurse Practitioners.

1. yes
2. no

C018_(C018_) CANCER OF ANY KIND
Has a doctor ever told you that you have cancer or a malignant tumor, excluding minor skin cancers?
Click here for a definition of a doctor.

1. yes
2. no

C010_(C010_) DIABETES
Has a doctor ever told you that you have diabetes or high blood sugar?
Click here for a definition of a doctor.

1. yes
2. no

## C030_ (C030_) LUNG DISEASE

Has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?
Click here for a definition of a doctor.

1. yes
2. no

## C069_(C069_) MEMORY RELATED DISEASE

Has a doctor ever told you that you have a memory-related disease? Click here for a definition of a doctor.

1. yes
2. no

Has a doctor ever told you that you have coronary heart disease, angina or congestive heart failure?
Click here for a definition of a doctor.

1. yes
2. no

C971_ (C971_) EMOTIONAL, NERVOUS, PSYCHIATRIC PROBLEM
Has a doctor ever told you that you have an emotional, nervous or psychiatric problem?
Click here for a definition of a doctor.

1. yes
2. no

C976_(C976_) OFTEN EXPERIENCE PAIN
Do you often experience pain?

1. yes
2. no

## HQ001 (HQ001) HEALTH QUESTION

The next set of questions is about your childhood, that is, from birth to age 17. Consider your health while you were growing up, from birth to age 17. Would you say that your health during that time was excellent, very good, good, fair or poor? 1. excellent
2. very good
3. good
4. fair
5. poor

## HQ004 (HQ004) CHILDHOOD DISEASES 1

[^0]
## 3. chicken pox

HQ010 (HQ010) PARENTS SMOKE DURING CHILDHOOD
Did your parents/guardians smoke during your childhood?

1. yes, one or more
2. no, none of them

## HQ006 (HQ006) CHILDHOOD DISEASES 2

Before you were 17 years old did you suffer from any of the following childhood diseases?
Please check all that apply.

1. asthma
2. diabetes
3. respiratory disorder such as bronchitis, wheezing, hay fever, shortness of breath, or sinus infection
4. speech impairment
5. allergic condition(s)
6. heart trouble
7. chronic ear problems or infections

HQ006b (HQ006b) CHILDHOOD DISEASES 3
Before you were 17 years old did you suffer from any of the following childhood diseases?
Please check all that apply.
8. epilepsy/seizures
9. severe headaches or migraines
10. stomach problem
11. high blood pressure
12. difficulty seeing even with eye glasses
13. depression
14. drug or alcohol problems

IF minimal one selected from (HQ006) CHILDHOOD DISEASES 2 OR (HQ006b) CHILDHOOD DISEASES 3 THEN

| IF randomly selected for control group THEN

| | LOOP THROUGH ALL ITEMS GIVEN IN (HQ006) CHILDHOOD DISEASES 2 || AND (HQ006b) CHILDHOOD DISEASES 3

## | | | HQ007_F (CG007_F) AGE FIRST DIAGNOSED

```
| | | We would like to find out more about your
| | | [asthma/diabetes/respiratory disorder such as bronchitis,
| | | wheezing, hay fever, shortness of breath, or sinus
| | infection/speech impairment/allergic condition(s)/heart
| | | trouble/chronic ear problems or infections/"
| | | epilepsy/seizures/severe headaches or migraines/stomach
| | problem/high blood pressure/difficulty seeing even with
| | eye glasses/depression/drug or alcohol problems]. <br><br>
| | | At what age were you first diagnosed with this disease?
| | Range: 0.. }12
||
|| ENDLOOP
|
| ELSE
|
| CHLD_1 (CHLD_1) CHILDHOOD QUESTION 1
|
| We will now show you a number of screens with a 'calendar'. We will ask you
| some questions about your childhood (until you were 17). After a few
| | questions you will see that the answers appear on the calendar as icons or
| | bars. If you've made an error, you can click on the icon or the bar for the
| corresponding question to correct it. If you move the mouse to the icon or the
| | bar, the additional information you provided will appear.
|
| CHLD_2 (CHLD_2) CHILDHOOD QUESTION 2
|
| The next questions are about possible separations of your parents/guardians
| | in your childhood. You can tell us about multiple separations.
|| If your parents/guardians never split up during your childhood or when you
| | are done filling out all separations, please select 'Next' at the bottom of
| | the screen.
| What was your age when your parents/guardians split up? If you don't know
| | the exact age, please give us your best guess.
| | Range: 0..120
|
|-------3LD_3 (CHLD_3) CHILDHOOD QUESTION 3
||
| The next questions are about moves in your childhood. You can tell us about
| multiple moves.
| | If you have never moved during your childhood or when you are done filling
```

| | out moves, please select 'Next' at the bottom of the screen.
| | At what age did you move? If you don't know the exact age, please give us
| | your best guess.
|| Range: $0 . .120$

CHLD_4 (CHLD_4) CHILDHOOD QUESTION 4
| The next questions are about schools you attended before age 17. You can
| indicate all schools you attended one by one.
| | If you never went to school or when your are done filling out schools, please | | select 'Next' at the bottom of the screen. Please think about the first school you
| | attended. At what age did you go to this school? If you don't know the exact | | age, please give us your best guess.
| | Range: $0 . .120$

||
What kind of school was this?
String: 255
||
| | CHLD_6 (CHLD_6) CHILDHOOD QUESTION 6
| | Earlier, you said that you suffered from one or more of the health conditions
| | below before you were 17. We would now like to know more about when you
| had these conditions. If you had more than one condition, could you please
| | click on just one? You will get a chance to add other conditions later.
| | If you have filled out all conditions that apply, please select "Next" at the
|| bottom of the screen
| 1. asthma
| | 2. diabetes
| | 3. respiratory disorder such as bronchitis, wheezing, hay fever, shortness of || breath, or sinus infection
|| 4. speech impairment
| 5. allergic condition(s)
| 6. heart trouble
||7. chronic ear problems or infections
||8. epilepsy/seizures
| 9 . severe headaches or migraines
|| 10. stomach problem
|| 11. high blood pressure
|| 12. difficulty seeing even with eye glasses
|| 13. depression
| | 15. drug or alcohol problems

```
|
| CHLD_7 (CHLD_7) CHILDHOOD QUESTION 7
| We would like to find out more about your [DISEASE FROM (CHLD_6)
| CHILDHOOD QUESTION 6].
| At what age were you first diagnosed with this disease? If you don't know the
| exact age, please give us your best guess.
Range: 0.. }12
|
CHLD_8 (CHLD_8) CHILDHOOD QUESTION }
| --
| Until what age did you have this disease (Fill in your current age if you still
| have it)? If you don't know the exact age, please give us your best guess.
Range: 0..120
|
| | CHLD_9 (CHLD_9) CHILDHOOD QUESTION 9
Before you were }17\mathrm{ years old did you suffer from any emotional or
| | psychological problems? If you suffered from more than one condition, please
| | just click on one; you will get a chance to add other conditions later. If you did
| not suffer from emotional or psychological problems or have filled out all of
| them, please select 'Next' at the bottom of the screen.
|| 1. depression
| 2. drug or alcohol problems
| | 3. other
|
| CHLD_10 (CHLD_10) CHILDHOOD QUESTION 10
||
| We would like to find out more about your [DISEASE FROM (CHLD_9)
| |HILDHOOD QUESTION 9].
| At what age did you start to have this problem? If you don't know the exact
| | age, please give us your best guess.
| Range: 0..120
|
| | CHLD_11 (CHLD_11) CHILDHOOD QUESTION 11
||
| Until what age did you have this problem (Fill in your current age if you still
| | have it)? If you don't know the exact age, please give us your best guess.
| | Range: 0..120
|
|
```

```
| | CHLD_12 (CHLD_12) CHILDHOOD QUESTION 12
| | ----------------------------------------------------------------------
|
| | -------------------------------------------
| How accurate do you think is the information you provided on the ages at
| | which | events took place or diseases began or ended?
|| 1. I am sure everything is exactly correct
| 2. I think it is all correct but I am not sure
| 3. I doubt whether all the information is correct
|| 4. Sometimes I really had to guess
| |. I was just guessing all the time
|
| ENDIF
ENDIF
```

SSIntro (SSInt) SS INTRO
Now we would like to ask you some questions about Social Security.

## SS001 (SS001) RECEIVE CURRENTLY SS

Do you currently receive any income from Social Security?

1. yes
2. no

IF (SS001) RECEIVE CURRENTLY SS = yes THEN

## | SS001fy (SS001fy) YEAR START RECEIVING

| In what year did you start receiving benefits?
| String: 4
|
| SS001fm (SS001fm) MONTH START RECEIVING
| In what month did you start receiving benefits?
| 1. January
| 2. February
3. March


## | SS003A (SS003A) HOW MUCH EXPECT SS TO BE

||| How much do you expect your Social Security benefits to be in today's | | | dollars?
||| Range: Integer
|||
| | | IF answer given at (SS003A) HOW MUCH EXPECT SS TO BE THEN
| | | | SS003A_Period (SS003AP) HOW MUCH EXPECT SS TO BE PERIOD ||||
|||| How much do you expect your Social Security benefits to be in today's | | || dollars? \$[(SS003A) HOW MUCH EXPECT SS TO BE].
|||| Is the amount given in the previous question per month, biweekly or per
|| || year?
|||| 1. per month
|||| 2. biweekly
|||| 3. per year
||||
||||
| |||SS004A1a (SS004A1a) CHANCE SS BE MORE/LESS THAN
----------------------------------------------------------------------------------
I | | | scale from 0 to 100 , what do you think is the percent chance that your Social
| | | | Security benefits will be [more/less] than \$[AMOUNT] [per
| | | | month/biweekly/per year]?
| | | | Range: $0 . .100$
||||
|||
I | || SS004A2a (SS004A2a) CHANCE SS BE HIGHER/LOWER THAN
| | | | Could your benefits also turn out to be [higher/lower]?: On a scale from 0 to | | | | 100, what do you think is the percent chance that your Social Security
| | | | benefits will be [more/less] than [AMOUNT] [per month/biweekly/per year]?
| | | | Range: $0 . .100$
||||
| | | ELSE
||||
||||
| | || SS003A1a (SS003A1a) CHANCE SS BE MORE/LESS THAN \$700
| | | | Some people are uncertain about their future Social Security benefits. On a
| | | | scale from 0 to 100 , what do you think is the percent chance that your
| | | | monthly Social Security benefits will be [more/less] than $\$ 700$ ?
| | | | Range: $0 . .100$
||||

```
|||| IF (SS003A1a) CHANCE SS BE MORE/LESS THAN $700 <> 0 THEN
||||
|||
|||| SS003A2a (SS003A2a) CHANCE SS BE MORE/LESS THAN $1100
| | | ----------------------------------------------------------------------------------------
|||| scale from 0 to 100, what do you think is the percent chance that your
| | | | monthly Social Security benefits will be more than $1,100?
| | | | Range: 0.. }10
||||
|||ENDIF
|||
|||ENDIF
||
||ENDIF
|
| | -----------------------------------------------------------------------
|
| At what age do you expect to start collecting these benefits?
| | Range: 0..120
|
| SS61 (SS61) CHANCE COLLECTING BENEFITS 2
|
| Some people are uncertain at what age they will start collecting these benefits
|| What about you? On a scale from 0 to 100, what do you think is the percent
| | chance that you will start collecting these benefits when you turn age [AGE] or
| | later?
| | Range: 0..100
|
---S62 (SS62) CHANCE COLLECTING BENEFITS 2
|
| Some people are uncertain at what age they will start collecting these benefits.
|| What about you? On a scale from 0 to 100, what do you think is the percent
| | chance that you | | will start collecting these benefits when you turn age [AGE]
| | or later?
| | Range: 0..100
|
|| IF answer given at (SS005A) AT WHAT AGE START COLLECTING THEN
||
| | |SS003B (SS003B) HOW MUCH EXPECTED IF START COLLECTING
||
| | | If you were to start collecting Social Security benefits [at age [AGE]/ now/],
```

| || how much do you expect your Social Security benefits to be in today's | | | dollars?
|||
| | | IF answer given at (SSO03B) HOW MUCH EXPECTED IF START THEN ||||
||||
| ||| SS003B_Period (SS003BP) HOW MUCH EXPECTED IF START ||||
| | | | If you were to start collecting Social Security benefits [at age [AGE]/now],
| | | | how much do you expect your Social Security benefits to be in today's
| | | | dollars?
| | | \$ \$(SS003B) HOW MUCH EXPECTED IF START COLLECTING]
| | | | Is the amount given in the previous question per month, biweekly or per
| | | y year?
|||| 1. per month
|||| 2. biweekly
|||| 3. per year
||||
| | | | IF randomly selected for these questions THEN
|||||
||||
| ||||SS004B1a (SS004B1a) PERCENT CHANCE SS WILL BE MORE/LESS
|||||Some people are uncertain about their future Social Security benefits. On a
| || || scale from 0 to 100 , what do you think is the percent chance that your
||||| Social Security benefits [at age [AGE]//now] will be [more/less than
| | | | | \$[AMOUNT] [per month/biweekly/per year]?
| | | || Range: $0 . .100$
||||
||||
| |||| SS004B2a (SS004B2a) PERCENT CHAN. SS WILL BE HIGHER/LOWER |||||
| | | | | Could your benefits also turn out to be [higher/lower]?: On a scale from 0 to
| | ||| 100, what do you think is the percent chance that your Social Security
| | | | | benefits [at age [AGE]/now] will be [more/less than [AMOUNT] [per
| | | || month/biweekly/per year]?
| | | || Range: $0 . .100$
|||||
||||ENDIF
||||
| | | ELSE
||||
||||
| ||| SS003B1a (SS003B1a) PERCENT CHANCE SS WILL BE MORE/LESS
||||
| | | | Some people are uncertain about their future Social Security benefits. If you
| | | | were to start collecting Social Security benefits [at age [AGE]/now], using a | | | | scale from 0 to 100 , what do you think is the percent chance that your | || | monthly Social Security benefits will be [more/less] than $\$ 700$ ?
| | | | Range: $0 . .100$
|l|
| | | | IF (SS003B1a) PERCENT CHANCE SS WILL BE MORE/LESS <> 0 THEN ||||
|||| $\qquad$
|||||SS003B2a (SS003B2a) PERCENT CHANCE SS WILL BE MORE/LESS
| | | | | -------------------------------------------------------------------------------------1 ||||| you were to start collecting Social Security benefits [at age [AGE]/now], | | | | | using a scale from 0 to 100 , what do you think is the percent chance that | | | | | your monthly Social Security benefits will be [more/less] than $\$ 1,100$ ?
| | | || Range: $0 . .100$
||||
||||ENDIF
||||
| ||ENDIF
|||
|| ENDIF

| ENDIF
ENDIF
IF (SS001) RECEIVE CURRENTLY SS = no THEN
| SS0_1_groupB (SS0_1) CONGRESS CHANGE LESS GENEROUS

| Security benefits: On a scale from 0 to 100, (where 0 means no chance and 100
| means absolutely certain), what is the percent chance that Congress will | change Social Security sometime in the next 5 years, so that it becomes less | generous than now?
| Range: $0 . .100$
|
ENDIF
IF (SS002) CHANCE YOU WILL RECEIVE SS IN FUTURE > 0 THEN

| to know whether you think Social Security reform might affect your own benefits. | On a scale from 0 to 100, what do you think is the percent chance that over the | next 5 years there will be a Social Security reform that will reduce your future | Social Security benefits compared to what you would get under the current | system?
| Range: $0 . .100$
ENDIF

SS006_2_screening (SS006_2) SCREENING HEARD OF PROPOSAL
Have you heard of the proposal to introduce individual accounts into the Social Security program which would allow younger workers to divert some of their Social Security contributions into individual investment accounts?

1. yes
2. no

IF (SS006_2) SCREENING HEARD OF PROPOSAL = yes THEN

On a scale from 0 to 100, (where 0 means no chance and 100 means | absolutely certain), what do you think is the percent chance that individual | Social Security accounts will be introduced, allowing workers to divert some of | their Social Security contributions into individual accounts? | Range 0.. 100
| IF (SSO02) CHANCE YOU WILL RECEIVE SS IN FUTURE = 0 OR (SS001) | RECEIVE CURRENTLY SS = yes THEN
| | SS008_1 (SS008_1) BELIEVE INTRODUCTION INDIVIDUAL ACCOUNTS 1 ||
|| With the policy debate of this issue ongoing, some people are uncertain what || to expect. In the previous question we asked you for your best guess. In case | | you think the percent chance that individual accounts will be introduced into | | the Social Security system might also be higher or lower than what you just | | told us, we would like to know how strongly you believe that other values might | | be possible, using a scale from 0 to 100, 100 being the strongest.
|| How strongly do you believe that the probability that individual accounts will be || introduced into the Social Security system is greater than [5/25/40/60]?
| | Range $0 . .100$
||
||

## || SS008_2 (SS008_2) BELIEVE INTRODUCTION INDIVIDUAL ACCOUNTS 2

|| Again on a scale from 0 to 100, how strongly do you believe that the percent | | chance that individual accounts will be introduced is greater than
| | [40/60/75/95]?
| | Range: $0 . .100$
|
| ENDIF
ENDIF

PDIntro (PDIntro) PD INTRO
We are interested in individual usage of prescription drugs, how much is spent on these, and what is covered by insurance. In answering the questions below, please tell us about medications that you yourself are taking and how much these cost, even if someone else actually buys these for you. Do not include medications that you buy for other people.
In some of the questions we talk about generic drugs: These are cheaper substitutes for more expensive drugs of a specific brand (brand-name drugs).

PD1_B (PD1_B) TAKE ON A REGULAR BASIS
How many different prescription drugs do you take on a regular basis (for example every day or every week)?
Range: 0.. 1000
IF (PD1_B) TAKE ON A REGULAR BASIS > 0 THEN
|
| PDPHP_1 (PDPHP_1) PRESCRIPTION DRUG SELECTION QUESTION 1
| We would like to learn which prescription drugs people rely on. In the next | screen, please enter a prescription drug you currently take on a regular basis. If | you take more than one prescription drug, you will get a chance to add other | prescription drugs later.
| PDPHP_----------------------------------------------------------------------------------------1ON
| Please enter a prescription drug you currently take on a regular basis. If you | have entered them all, please leave it blank and click on 'Next'.
| String: 255

```
| IF UNKNOWN DRUG ENTERED AT (PDPHP_2) PRESCRIPTION DRUG
| SELECTION QUESTION 2
|
| | -----------------------------------------------------------------------------------------------
| | -----------------------------------------------------------------------------------------------
| | Could you please select one from this list, or choose 'Next' if you typed your
| prescription drug correctly. You can also go back to change your answer.
| | Selection: List with matches to PDPHP_2
|
| ENDIF
|
| PDPHP_4 (PDPHP_4) PRESCRIPTION DRUG SELECTION QUESTION 4
| Please enter the number of times you take [DRUG GIVEN IN PDPHP_2/DRUG
| SELECTED IN PDPHP_3].
| String: 255
|
| PDPHP_5 (PDPHP_5) PRESCRIPTION DRUG SELECTION QUESTION 5
| times per:
| 1. day
|. week
| 3. intermittently
ENDIF
PD003_ (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN
Which of the situations below best describes how you pay for prescriptions at the pharmacy you use most often?
1. I pay full price for all medications out of my own pocket, with no insurance.
3. I get a small discount off of full price with a discount card and pay the rest myself.
5. I pay some of the price and insurance pays the rest.
9. I don't pay anything.
11. other
IF (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN = I pay some of the price and insurance pays the rest. THEN
```

```
PD004_(PD004_) FIXED OR PERCENTAGE
Do you generally pay a fixed dollar amount (like $10, $12, etc.) for each type of
| prescription or a percentage of the price (like 10% or 20% of the full price)?
| 1. fixed dollar amount
2. percentage of the price
| IF (PD004_) FIXED OR PERCENTAGE = percentage of the price THEN
||
| |PDGen (PDGen) % GENERIC PRESCRIPTIONS
| | ------------------------------------------------------------------------------------------
| |ypes of drugs that you never buy.
| % for generic prescriptions
| | Range: 0..100
|
| PDBra (PDBra) % BRAND NAME PRESCRIPTIONS
| | What percentage do you pay for e----------------------------------------------------------------------------
| | types of drugs that you never buy.
| % for preferred brand name prescriptions
| | Range: 0..100
|
| ----------------------------------------------------------------------------------------------------------------
| PDNon (PDNon) % NON-PREFERRED BRAND NAME PRESCRIPTIONS
What percentage do you pay for each prescription? Please leave blank for
| types of drugs that you never buy.
| % for non-preferred brand name prescriptions
| Range: 0..100
|
| |PDOth (PDOth) % OTHER PRESCRIPTIONS
|
What percentage do you pay for each prescription? Please leave blank for
| |ypes of drugs that you never buy.
| % for other
| | Range: 0..100
|
| | IF (PDOth) % OTHER PRESCRIPTIONS >= 1 THEN
||
| | PDSpe (PDSpe) OTHE--------------------------------
```

```
||
| | What other prescription do you mean?
| | String: 255
||
| | ENDIF
|
| ELSE
|
| PDGen (PDGen) $ GENERIC PRESCRIPTIONS
| How much do you pay for each prescription? Please leave blank for types of
| | drugs that you never buy.
| $ for generic prescriptions
|| Range: Integer
| |
|
| PDBra (PDBra) $ BRAND NAME PRESCRIPTIONS
| | How much do you pay for each prescription? Please leave blank for types of
| | drugs that you never buy.
| | $ for preferred brand name prescriptions
|| Range: Integer
|
| PDNon (PDNon) $ NON-PREFERRED BRAND NAME PRESCRIPTIONS
|
How much do you pay for each prescription? Please leave blank for types of
| | drugs that you never buy.
| | $ for non-preferred brand name prescriptions
|| Range: Integer
| |
||PDOth (PDOth) $ OTHER PRESCRIPTIO-----------------
| |
| | How much do you pay for each prescription? Please leave blank for types of
| | drugs that you never buy.
| | $ for other
|| Range: Integer
|
| | IF (PDOth) $ OTHER PRESCRIPTIONS >= 1 THEN
||
||| PDSpe (PDSpe) OTHER SPECIFY
||
| | W What other prescription do you mean?
```

```
| | String: 255
||
|| ENDIF
|
| ENDIF
ELSEIF (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN <> I pay full price
for all medications out of my own pocket, with no insurance.
| -------------------------------------------------
| Does your prescription drug coverage have an annual deductible, that is, an
| amount you have to pay yourself each year before the insurance will start to
| help pay?
1. yes
 5. no
| IF (PD007_) ANNUAL DEDUCTIBLE = yes THEN
|
```



```
| PD008_(PD008_) DEDUCTIBLE AMOUNT
|
| How much is your deductible per year?
|| Range: Integer
|
| ELSEIF (PD007_) ANNUAL DEDUCTIBLE = no THEN
|
||--_OO9_(PDOO9_) RESTRICTIONS
||
| Some prescription drug insurance plans restrict the number, type or dollar
| | amount of prescriptions they will pay for. Check any of the following types of
| restrictions that your plan has. (Please check all that apply.)
||1. won't pay at all for some types of drugs.
| 3. makes me pay more for some types of drugs than for others.
| 5. only pays for a certain number of prescriptions per month.
| 7. only pays up to a certain amount of money each month.
||. only pays up to a certain amount of money each year.
|| 11. other restriction.
|
| ENDIF
ENDIF
```

PD010_(PD010_) OUT-OF-POCKET COST - LAST MONTH
Now we would like to know the out-of-pocket cost of the prescription drugs that you use, that is what you yourself (or a family member who buys the drugs) pay for your prescription drugs. Please, do not include what is covered by insurance. What was the total out-of-pocket cost of your prescription drugs last month? Please enter an amount and do not use commas, dots or a dollar sign. As always: If you don't know the answer, please leave it open.
Range: Integer

PD011_ (PD011_) OUT-OF-POCKET COST - LAST 12 MONTHS
What about last year? What was the out-of-pocket cost of your prescription drugs over the last 12 months?
Please enter an amount and do not use commas, dots or a dollar sign. As always: If you don't know the answer, please leave it open.
Range: Integer

PD012_ (PD012_) \% CHANCE THAT OUT-OF-POCKET COST WILL BE
Sometimes, even in one year, someone's health might change and with that the use of prescription drugs. Assume that your insurance situation remains the same as it is now. On a scale from 0 to 100, where 0 means no chance and 100 means you are absolutely certain, what are the chances that a year from now the out-of-pocket cost of your prescription drugs will be more than \$[(PD011_) OUT-OF-POCKET COST - LAST MONTH] per month?
Range: $0 . .100$

PD013_(PD013_) \% CHANCE THAT OUT-OF-POCKET COST WILL BE
And what are the chances that a year from now the out-of-pocket cost of your prescription drugs will be more than \$[(PD011_) OUT-OF-POCKET COST LAST MONTH] per month, again assuming your insurance situation remains the same?
Range: $0 . .100$
IF (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN <> I pay full price for all medications out of my own pocket, with no insurance. THEN
| PD014A_(PD014A_) TOTAL COST
| We would also like to find out how much your prescription drugs cost in total, | that is including what is covered by insurance. What is the total cost, including
| what is covered by insurance, of the prescription drugs you have been taking | over the last 12 months?
| Please enter an amount and do not use commas, dots or a dollar sign. As | always: If you don't know the answer, please leave it open.
| Range: Integer
|
| PD014B_(PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE
| Some people do not know exactly what the total cost has been. What are the | chances that the total cost (including what is covered by insurance) of the | prescription drugs that you have taken over the last 12 months is \$[AMOUNT] | or more?
| As always: If you don't know the answer, please leave it open.
| Range: Integer
| IF (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE = empty THEN

## | \$[AMOUNT]]

| What are the chances that the total cost (including what is covered by | insurance) of the prescription drugs that you have taken over the last 12 months | is $\$[A M O U N T]$ or more?
| Range: $0 . .100$
I
| PD015B_(PD015B_) CHANCE THAT TOTAL COST IS W OR MORE/LESS
| [Many people find it hard to find out the total cost of their prescription drugs. | Here is some information about the total annual cost of prescription drugs for | male/females of about your age:/Many people find it hard to find out the total | cost of their prescription drugs and are quite uncertain about this number. Here | is some information about the total annual cost of prescription drugs for | male/females of about your age:]
| [- for $25 \%$ of male/females your age the total annual cost is less than | \$[AMOUNT]]
| [- for $25 \%$ of male/females your age the total annual cost is between | \$[AMOUNT] and \$[AMOUNT]]
| [- for $25 \%$ of male/females your age the total annual cost is between | \$[AMOUNT] and \$[AMOUNT]]
| [- for $25 \%$ of male/females your age the total annual cost is more than | \$[AMOUNT]]
| What are the chances that the total cost (including what is covered by | insurance) of the prescription drugs that you have taken over the last 12 months | is \$[AMOUNT] or [less/more]?
| Range: $0 . .100$
| PD016_ (PD016_) IF YOU HAD TO PAY THE FULL COST
| Thinking of the drugs you have been taking over the last 12 months: What | would you do if you had to pay the full cost of all your drugs out of your own | pocket? Would you make the same purchases as you did with your insurance | coverage or would you reduce the amount you purchase?
| 1. I would reduce the amount I purchase.
| 2. I would make the same purchases as I have done with insurance coverage.
| IF (PD016_) IF YOU HAD TO PAY THE FULL COST = I would reduce the | amount I purchase THEN
||
| PD016B_ (PD016B_) HOW TO ACCOMPLISH THE REDUCTION
| | How would you accomplish the reduction in your spending on prescription
| | drugs? (Please check all that apply.)
|| 1. reduce the number of prescription drugs I am taking
| | 2. reduce the dosage of one or more of the drugs that I am taking
||3. change to a cheaper version of one or more of the drugs I am taking
| What is the source of your prescription drug insurance?
| If you have more than one source of prescription drug coverage check all that | apply.
| 1. my employer, a family member's employer, or a former employer
| 3. I purchased it directly from an insurance company.
5. Medicaid
| 7. Veterans Administration
| 9. a Medicare HMO or Medicare + Choice Plan
| 11. other

PD045_(PD045_) ENROLLED IN MEDICARE PART D
Are you enrolled in Medicare Part D?
| 1. yes
| 2. no
| IF (PD045_) ENROLLED IN MEDICARE PART D = no


PD021A_ (PD021A_) INFORMATION FROM NEWSPAPERS
How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Information from newspapers

1. very important
2. somewhat important
3. not important

How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Internet

1. very important
2. somewhat important
3. not important

PD021C_(PD021C_) MEDICARE PUBLICATIONS
How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Medicare publications

1. very important
2. somewhat important
3. not important

PD021D_(PD021D_) MEDICARE HOTLINE
How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Medicare hotline

1. very important
2. somewhat important
3. not important

PD021E_(PD021E_) ASKING ADVICE FROM SOMEBODY YOU TRUST
How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Asking advice from somebody you trust

1. very important
2. somewhat important
3. not important

PD022_ (PD022_) CHANCES THAT YOU WILL ARRIVE AT THE DECISION
[When you turn 65 and thinking/Thinking] of the decision whether to enroll in Medicare Drug Benefit, on a scale from 0 to 100, what do you think are the chances that you have arrived or will arrive at the decision that is best suited to your situation?
Range: $0 . .100$

## PD023_ (PD023_) HOW YOU HANDLE DECISIONS LIKE DECIDING ON THE

Which of the statements below describes best how you handle decisions like deciding on the new Medicare Drug Benefit:

1. it is important to me to find out all the details before I make a decision.
2. I try to get a rough idea but prefer someone to tell me what's best for me.
3. I do not care to know all the details; will make a decision anyway.
4. I do not care to know all the details; will just go with what someone tells me is my best choice.
5. I find it too hard to find out the details; just go with what someone tells me is my best choice.
6. I hope I will find somebody to help me.
7. I don't know at all how to make such a decision and I am not sure I will find somebody to help me.

## PDPreferenceIntro (PDPreferen) PRESCRIPTION DRUGS PREFS

In the next set of questions, we would like to learn more about your preferences for different types of insurances for prescription drugs [for when you will turn 65]. You will be asked to rate a number of stylized insurance plans. Please consider your own personal situation, your health, your income, your family circumstances, etc., [and account for any changes that you may expect in the future/as you now expect it to be when you turn 65].

IF randomly selected for the following insurance plan questions THEN |
| PDOA1_ (PD0A1_) RATING ON THE FIRST INSURANCE PLAN
| ------------------------------------------------------------------------------------------| premium for this plan is $\$ 2,500$ for one year [for when you will turn 65].
| Thus you pay $\$ 2,500$, irrespective of the amount and type of drugs your | doctor(s) prescribe(s). Please rate how attractive you find this plan on a scale | from 1 (very bad) to 10 (excellent).
| Range: $1 . .10$
|
PDOA3_ (PDOA3_) RATING ON THE THIRD INSURANCE PLAN
| This insurance plan covers $50 \%$ of all prescription drug costs. The premium is | $\$ 450$ for one year [for when you will turn 65]. Thus if you buy this plan, you pay | half of your total drug costs out of pocket, and the insurance company pays the | other half (and you pay the insurance premium of $\$ 450$ ). Please rate how | attractive you find this plan on a scale from 1 (very bad) to 10 (excellent).
| Range: $1 . .10$
ELSE
|
| PDOA2_ (PD0A2_) RATING ON THE SECOND INSURANCE PLAN
| This first insurance plan completely covers all prescription drug costs above | $\$ 3,000$, but covers nothing of the expenses below $\$ 3,000$ [for when you will | turn 65]. The premium is $\$ 500$ for one year. Thus if you buy this plan, you can | never pay more for your drugs than $\$ 3,000$ (and you pay the insurance | premium of \$500). Please rate how attractive you find this plan on a scale from | 1 (very bad) to 10 (excellent).
| Range: 1.. 10

PDOA4_ (PD0A4_) RATING ON THE FOURTH INSURANCE PLAN
| This insurance plan covers $50 \%$ of all prescription drug costs below $\$ 3,000$ and | $95 \%$ of the costs above $\$ 3,000$ [for when you will turn 65]. The premium is $\$ 600$ | for one year. Thus if you buy this plan and your drug costs are low, you pay half | of your total drug costs out of pocket (and you pay the insurance premium of | \$600). The insurance pays almost everything of costs exceeding \$3,000.
| Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 | (excellent).
| Range $1 . .10$
ENDIF

## PDPreferencelntro1 (PDPrefe1) PRESCRIPTION DRUGS

The following two plans are similar to the previous two, with one major difference: They only cover the costs of generic prescription drugs and not the costs of name brand drugs. They also have a different annual insurance premium. Please rate these plans on the same 1-10 scale used above. Generic drugs: Drug products that are no longer covered by patent protection and thus may be produced and/or distributed by many firms.

IF randomly selected for the following insurance plan questions THEN
| PD0B2_ (PD0B2_) RATING ON THE SECOND INSURANCE PLAN -
| This insurance plan completely covers all costs of generic prescription drugs | above \$3,000, but covers nothing of the expenses below \$3,000 [for when you
| will turn 65]. The premium is $\$ 400$ for one year. Thus if you buy this plan, you | can never pay more for your generic drugs than $\$ 3,000$ (and you pay the | insurance premium of $\$ 400$ ). The plan does not cover any name brand drugs. | Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 | (excellent).
| Range: $1 . .10$

PDOB4_ (PDOB4_) RATING ON THE FOURTH INSURANCE PLAN -
| This plan covers $50 \%$ of all costs of generic prescription drugs below $\$ 3,000$ | and $95 \%$ of the costs above $\$ 3,000$ [for when you will turn 65]. The premium is | $\$ 450$ for one year. Thus if you buy this plan and your generic drug costs are | low, you pay half of your total drug costs out of pocket. The insurance pays | almost everything of costs exceeding $\$ 3,000$. The plan does not cover any | name brand drugs. Please rate how attractive you find this plan on a scale from | 1 (very bad) to 10 (excellent).
| Range: $1 . .10$

## ELSE

| PD0B1_ (PD0B1_) RATING ON THE FIRST INSURANCE PLAN - GENERIC |
| :---: |
| This insurance plan completely covers all costs of generic prescription drugs. The premium for this plan is $\$ 2,000$ for one year [for when you will turn 65 ]. \| Thus you pay $\$ 2,000$, irrespective of the amount and type of generic drugs \| your doctor(s) prescribe(s). The plan does not cover any name brand drugs. <br> \| Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 | (excellent). <br> \| Range: $1 . .10$ |
| PDOB3_ (PDOB3_) RATING ON THE THIRD INSURANCE PLAN - GENERIC |
| This plan covers $50 \%$ of all costs of generic prescription drugs. The premium is $\$ 450$ for one year [for when you will turn 65]. Thus if you buy this plan, you pay half of your total generic drug costs out of pocket, and the insurance company pays the other half (and you pay the insurance premium of $\$ 450$ ). The plan does not cover any name brand drugs. Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent). <br> Range: 1.. 10 |
|  |

Q023_AnyonelsGay (Q023_) KNOW ANYONE WHO IS GAY
Do you know anyone who is gay, lesbian, bisexual, or transgender?
Please check all that apply.

1. yes, a family member
2. yes, a close personal friend
3. yes, a co-worker
4. yes, a friend or acquaintance (not a co-worker)
5. yes, another person not mentioned
6. no

EW001_TimeInterview (EW001_) TIME IT TOOK TO DO THE INTERVIEW
At the end of this interview we would like to ask you a few questions about the interview itself. How long did it take you to complete the interview?
Please type the time in minutes
Range: $0 . .1000$

## EW002_Pleasant (EW002_) HOW PLEASANT INTERVIEW

Could you tell us how interesting or uninteresting you found the questions?

1. very interesting
2. interesting
3. neither interesting nor uninteresting
4. uninteresting
5. very uninteresting

Q029_ (Q029_) COMPLETED INTERVIEW ON THE PHONE
Would you have completed this interview if it had been conducted on the phone?

1. yes
2. no

## EW003_DoSimilar (EW003_) WILLING TO DO SIMILAR

Are you willing to participate in a similar interview in the future?

1. yes
2. don't know yet
3. certainly not

## EW005_Email (EW005_) EMAIL ADDRESS

To contact you in the future we would like to be able to send you email. Please enter your email address below, if you would like us to contact you by email in the future.
String: 255

EW004_Comments (EW004_) COMMENTS
Do you have any other comments on the interview? Please type these in the box below.
Open


[^0]:    Before you were 17 years old did you suffer from any of the following childhood diseases?
    Please check all that apply.

    1. measles
    2. mumps
