# (MS589) DISCRETE CHOICE SURVEY [MM275ALP]

## Alternative1_intro

Thank you for your participation in this survey on preferences for post-hospital care services. Through this survey, you will help researchers at Harvard Medical School learn more about how people choose facilities and services following a hospital stay. Your careful completion of the survey will help to reshape health care policy based on people's preferences.

Post-hospital care refers to the services people receive after a stay in a hospital. These services help patients recover and rehabilitate from a surgery or injury after they are stable enough to be discharged from the hospital. Conditions that typically require post-hospital care include hip fracture, stroke, and heart failure. Depending on how much care is needed, treatment may include a stay in a skilled nursing facility (also known as a nursing home), or care provided at home by a home health agency.

The survey will take about 5 minutes to complete. Thank you for your participation!

## Alternative1_experiment_intro

For the following set of 8 choice tasks, imagine that you were hospitalized for ^f('FLhipfracturestroke')^ and are about to be discharged from the hospital. Your doctor recommends a recovery period of post-hospital care to ensure a successful recovery. Your doctor tells you that, from a clinical perspective, you are a good fit for either care in a skilled nursing facility (i.e., a nursing home) or care at home through visits from home health aides, nurses, and physical^f('FLtherapists')^ who work for a home health agency.

You will need some assistance with daily tasks like bathing, getting dressed, ^f('FLbathroom')^ during the first week and gradually recover to perform those activities without assistance by the end of the recovery period. You will also need ^f('FLtherapy')^ to help you recover your strength, balance, ability to move your body, and perform activities of ^f('FLdaily')^. The frequency of the therapy sessions will be provided based on your health conditions. You can assume that at the end of the recovery period you will no longer need any specialized care for your ^f('FLhipinjurystroke')^ condition.

| CONDITION | f('columnOrder').toString()=='AB' | |
|---|---|---|
| | true | false |
| | Question a1s1AB() | Question a1s1BA() |

## a1s1AB

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['1']"> | <Value of "f('FLb_travel')['1']"> |
| Room type | <Value of "f('FLa_room')['1']"> | <Value of "f('FLb_room')['1']"> |

| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['1']"> | <Value of "f('FLb_quality')['1']"> |
|---|---|---|
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['1']"> | <Value of "f('FLb_care')['1']"> |
| Recovery period | <Value of "f('FLa_recovery')['1']"> | <Value of "f('FLb_recovery')['1']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['1']"> | <Value of "f('FLb_pay')['1']"> |

○ Choice A (A)
○ Choice B (B)

**a1s2AB**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['2']"> | <Value of "f('FLb_travel')['2']"> |
| Room type | <Value of "f('FLa_room')['2']"> | <Value of "f('FLb_room')['2']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['2']"> | <Value of "f('FLb_quality')['2']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['2']"> | <Value of "f('FLb_care')['2']"> |
| Recovery period | <Value of "f('FLa_recovery')['2']"> | <Value of "f('FLb_recovery')['2']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['2']"> | <Value of "f('FLb_pay')['2']"> |

○ Choice A (A)

○ Choice B (B)

**a1s3AB**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['3']"> | <Value of "f('FLb_travel')['3']"> |
| Room type | <Value of "f('FLa_room')['3']"> | <Value of "f('FLb_room')['3']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['3']"> | <Value of "f('FLb_quality')['3']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['3']"> | <Value of "f('FLb_care')['3']"> |
| Recovery period | <Value of "f('FLa_recovery')['3']"> | <Value of "f('FLb_recovery')['3']"> |

| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['3']"> | <Value of "f('FLb_pay')['3']"> |
| --- | --- | --- |

○ Choice A (A)
○ Choice B (B)

**a1s4AB**

[*Not required*]

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| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
| --- | --- | --- |
| Travel time from your home | <Value of "f('FLa_travel')['4']"> | <Value of "f('FLb_travel')['4']"> |
| Room type | <Value of "f('FLa_room')['4']"> | <Value of "f('FLb_room')['4']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['4']"> | <Value of "f('FLb_quality')['4']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['4']"> | <Value of "f('FLb_care')['4']"> |
| Recovery period | <Value of "f('FLa_recovery')['4']"> | <Value of "f('FLb_recovery')['4']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['4']"> | <Value of "f('FLb_pay')['4']"> |

○ Choice A (A)
○ Choice B (B)

**a1s5AB**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
| --- | --- | --- |
| Travel time from your home | <Value of "f('FLa_travel')['5']"> | <Value of "f('FLb_travel')['5']"> |
| Room type | <Value of "f('FLa_room')['5']"> | <Value of "f('FLb_room')['5']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['5']"> | <Value of "f('FLb_quality')['5']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['5']"> | <Value of "f('FLb_care')['5']"> |
| Recovery period | <Value of "f('FLa_recovery')['5']"> | <Value of "f('FLb_recovery')['5']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['5']"> | <Value of "f('FLb_pay')['5']"> |

○ Choice A (A)
○ Choice B (B)

**a1s6AB**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A Skilled nursing facility | Choice B Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['6']"> | <Value of "f('FLb_travel')['6']"> |
| Room type | <Value of "f('FLa_room')['6']"> | <Value of "f('FLb_room')['6']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['6']"> | <Value of "f('FLb_quality')['6']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['6']"> | <Value of "f('FLb_care')['6']"> |
| Recovery period | <Value of "f('FLa_recovery')['6']"> | <Value of "f('FLb_recovery')['6']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['6']"> | <Value of "f('FLb_pay')['6']"> |

○ Choice A (A)
○ Choice B (B)

**a1s7AB**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A Skilled nursing facility | Choice B Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['7']"> | <Value of "f('FLb_travel')['7']"> |
| Room type | <Value of "f('FLa_room')['7']"> | <Value of "f('FLb_room')['7']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['7']"> | <Value of "f('FLb_quality')['7']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['7']"> | <Value of "f('FLb_care')['7']"> |
| Recovery period | <Value of "f('FLa_recovery')['7']"> | <Value of "f('FLb_recovery')['7']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['7']"> | <Value of "f('FLb_pay')['7']"> |

○ Choice A (A)
○ Choice B (B)

**a1s8AB**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets

your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['8']"> | <Value of "f('FLb_travel')['8']"> |
| Room type | <Value of "f('FLa_room')['8']"> | <Value of "f('FLb_room')['8']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['8']"> | <Value of "f('FLb_quality')['8']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLa_care')['8']"> | <Value of "f('FLb_care')['8']"> |
| Recovery period | <Value of "f('FLa_recovery')['8']"> | <Value of "f('FLb_recovery')['8']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['8']"> | <Value of "f('FLb_pay')['8']"> |

○ Choice A (A)
○ Choice B (B)

ELSE ‖ f('columnOrder').toString()=='AB'

**a1s1BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['1']"> | <Value of "f('FLa_travel')['1']"> |
| Room type | <Value of "f('FLb_room')['1']"> | <Value of "f('FLa_room')['1']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['1']"> | <Value of "f('FLa_quality')['1']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['1']"> | <Value of "f('FLa_care')['1']"> |
| Recovery period | <Value of "f('FLb_recovery')['1']"> | <Value of "f('FLa_recovery')['1']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['1']"> | <Value of "f('FLa_pay')['1']"> |

○ Choice A (B)
○ Choice B (A)

**a1s2BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health

conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A Home with home health agency | Choice B Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['2']"> | <Value of "f('FLa_travel')['2']"> |
| Room type | <Value of "f('FLb_room')['2']"> | <Value of "f('FLa_room')['2']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['2']"> | <Value of "f('FLa_quality')['2']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['2']"> | <Value of "f('FLa_care')['2']"> |
| Recovery period | <Value of "f('FLb_recovery')['2']"> | <Value of "f('FLa_recovery')['2']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['2']"> | <Value of "f('FLa_pay')['2']"> |

◯ Choice A (B)
◯ Choice B (A)

**a1s3BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A Home with home health agency | Choice B Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['3']"> | <Value of "f('FLa_travel')['3']"> |
| Room type | <Value of "f('FLb_room')['3']"> | <Value of "f('FLa_room')['3']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['3']"> | <Value of "f('FLa_quality')['3']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['3']"> | <Value of "f('FLa_care')['3']"> |
| Recovery period | <Value of "f('FLb_recovery')['3']"> | <Value of "f('FLa_recovery')['3']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['3']"> | <Value of "f('FLa_pay')['3']"> |

◯ Choice A (B)

◯ Choice B (A)

**a1s4BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A Home with home health agency | Choice B Skilled nursing facility |
|---|---|---|

| | | |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['4']"> | <Value of "f('FLa_travel')['4']"> |
| Room type | <Value of "f('FLb_room')['4']"> | <Value of "f('FLa_room')['4']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['4']"> | <Value of "f('FLa_quality')['4']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['4']"> | <Value of "f('FLa_care')['4']"> |
| Recovery period | <Value of "f('FLb_recovery')['4']"> | <Value of "f('FLa_recovery')['4']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['4']"> | <Value of "f('FLa_pay')['4']"> |

○ Choice A (B)
○ Choice B (A)

**a1s5BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['5']"> | <Value of "f('FLa_travel')['5']"> |
| Room type | <Value of "f('FLb_room')['5']"> | <Value of "f('FLa_room')['5']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['5']"> | <Value of "f('FLa_quality')['5']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['5']"> | <Value of "f('FLa_care')['5']"> |
| Recovery period | <Value of "f('FLb_recovery')['5']"> | <Value of "f('FLa_recovery')['5']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['5']"> | <Value of "f('FLa_pay')['5']"> |

○ Choice A (B)
○ Choice B (A)

**a1s6BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['6']"> | <Value of "f('FLa_travel')['6']"> |
| Room type | <Value of "f('FLb_room')['6']"> | <Value of "f('FLa_room')['6']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['6']"> | <Value of "f('FLa_quality')['6']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per | <Value of "f('FLb_care')['6']"> | <Value of "f('FLa_care')['6']"> |

| day | | |
|---|---|---|
| Recovery period | <Value of "f('FLb_recovery')['6']"> | <Value of "f('FLa_recovery')['6']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['6']"> | <Value of "f('FLa_pay')['6']"> |

○ Choice A (B)
○ Choice B (A)

**a1s7BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['7']"> | <Value of "f('FLa_travel')['7']"> |
| Room type | <Value of "f('FLb_room')['7']"> | <Value of "f('FLa_room')['7']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['7']"> | <Value of "f('FLa_quality')['7']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['7']"> | <Value of "f('FLa_care')['7']"> |
| Recovery period | <Value of "f('FLb_recovery')['7']"> | <Value of "f('FLa_recovery')['7']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['7']"> | <Value of "f('FLa_pay')['7']"> |

○ Choice A (B)
○ Choice B (A)

**a1s8BA**

[*Not required*]

You have a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your daily living are nurse aides, or 2) in your home from a home health agency where the primary people assisting with your daily living are family members and home health aides. Please select the service that best meets your preferences, needs and family conditions. Please assume all other aspects of the choices (such as your health conditions) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['8']"> | <Value of "f('FLa_travel')['8']"> |
| Room type | <Value of "f('FLb_room')['8']"> | <Value of "f('FLa_room')['8']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['8']"> | <Value of "f('FLa_quality')['8']"> |
| Time that **your primary caregiver from your family** needs to spend taking care of you per day | <Value of "f('FLb_care')['8']"> | <Value of "f('FLa_care')['8']"> |
| Recovery period | <Value of "f('FLb_recovery')['8']"> | <Value of "f('FLa_recovery')['8']"> |
| Total amount you need to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['8']"> | <Value of "f('FLa_pay')['8']"> |

○ Choice A (B)

❍ Choice B (A)

## a1q1

[*Not required*]

What is your experience with skilled nursing facilities (also known as nursing homes)?

❍ I have stayed in at least one skilled nursing facility. (1)
❍ I have taken care of at least one family member who has stayed in a skilled nursing facility. (2)
❍ I have visited at least one skilled nursing facility. (3)
❍ I have never had direct experience with a skilled nursing facility but have heard about people's experiences in skilled nursing facilities. (4)
❍ I don't know much about skilled nursing facilities. (5)

## a1q2

[*Not required*]

What is your experience with home health agencies?

❍ I have been taken care of by at least one home health agency. (1)
❍ I have taken care of at least one family member who has been taken care of by at least one home health agency. (2)
❍ I have never had direct experience with a home health agency but have heard about people's experiences with home health agencies. (3)
❍ I don't know much about home health agencies. (4)

## a1q3

[*Not required*]

Do you have a friend or family member who currently lives with you, could temporarily live with you, or could make daily visits to your home to help take care of you while you recover?

❍ Yes (1)
❍ No (2)

## a1q4

[*Not required*]

If you and your primary caregiver have different preferences for the type of post-hospital care you receive, how will you decide where to receive post-hospital care?

❍ I will decide mostly based on my preference and my caregiver will respect my decision. (1)
❍ I will discuss with my primary caregiver and decide based on both of our preferences. (2)
❍ I will decide mostly based on my caregiver's preference as I will rely on him/her to provide the needed care. (3)

| true | false |
|------|-------|

| Info Alternative2_intro () | |
|---|---|

## Alternative2_intro

Thank you for your participation in this survey on preferences for post-hospital care services. Through this survey, you will help researchers at Harvard Medical School learn more about how people choose post-hospital care facilities and services. Your careful completion of the survey will help to reshape health care policy based on people's preferences.

Post-hospital care refers to the services people receive after a stay in a hospital. These services help patients recover and rehabilitate from a surgery or injury after they are stable enough to be discharged from the hospital. Conditions that typically require post-hospital care include hip fracture, stroke, and heart failure. Depending on how much care is needed, treatment may include a stay in a skilled nursing facility (also known as a nursing home), or care provided at home by a home health agency.

The survey will take about 5 minutes to complete. Thank you for your participation!

## Alternative2_experiment_intro

For the following set of 8 choice tasks, imagine that your 70-year-old close family member was hospitalized for ^f('FLhipfracturestroke')^ and is about to be discharged from the hospital. His or her doctor recommends a recovery period of post-hospital care to ensure a successful recovery. The doctor tells you that, from a clinical perspective, he or she is a good fit for either care in a skilled nursing facility (i.e., a nursing home) or care at home through visits from home health aides, nurses, and physical^f('FLtherapists')^ who work for a home health agency.

During the recovery, you will be the primary caregiver for your family member. Your family member will need some assistance with daily tasks like bathing, getting dressed, ^f('FLbathroom')^ during the first week and gradually recover to perform those activities without assistance by the end of the recovery period. He or she will also need ^f('FLtherapy')^ to help recover his or her strength, balance, ability to move his or her body, and perform activities of ^f('FLdaily')^. The frequency of the therapy sessions will be provided based on his or her health conditions. You can assume that at the end of the recovery period he or she will no longer need any specialized care for his or her ^f('FLhipinjurystroke')^ condition.

CONDITION

f('columnOrder').toString()=='AB'

| true | false |
|---|---|
| Question a2s1AB() | Question a2s1BA() |

## a2s1AB

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['1']"> | <Value of "f('FLb_travel')['1']"> |
| Room type | <Value of "f('FLa_room')['1']"> | <Value of "f('FLb_room')['1']"> |

| Option | Choice A | Choice B |
|---|---|---|
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['1']"> | <Value of "f('FLb_quality')['1']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['1']"> | <Value of "f('FLb_care')['1']"> |
| Recovery period | <Value of "f('FLa_recovery')['1']"> | <Value of "f('FLb_recovery')['1']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['1']"> | <Value of "f('FLb_pay')['1']"> |

○ Choice A (A)
○ Choice B (B)

**a2s2AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['2']"> | <Value of "f('FLb_travel')['2']"> |
| Room type | <Value of "f('FLa_room')['2']"> | <Value of "f('FLb_room')['2']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['2']"> | <Value of "f('FLb_quality')['2']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['2']"> | <Value of "f('FLb_care')['2']"> |
| Recovery period | <Value of "f('FLa_recovery')['2']"> | <Value of "f('FLb_recovery')['2']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['2']"> | <Value of "f('FLb_pay')['2']"> |

○ Choice A (A)
○ Choice B (B)

**a2s3AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['3']"> | <Value of "f('FLb_travel')['3']"> |
| Room type | <Value of "f('FLa_room')['3']"> | <Value of "f('FLb_room')['3']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['3']"> | <Value of "f('FLb_quality')['3']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['3']"> | <Value of "f('FLb_care')['3']"> |
| Recovery period | <Value of "f('FLa_recovery')['3']"> | <Value of "f('FLb_recovery')['3']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['3']"> | <Value of "f('FLb_pay')['3']"> |

○ Choice A (A)

○ Choice B (B)

**a2s4AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['4']"> | <Value of "f('FLb_travel')['4']"> |
| Room type | <Value of "f('FLa_room')['4']"> | <Value of "f('FLb_room')['4']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['4']"> | <Value of "f('FLb_quality')['4']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['4']"> | <Value of "f('FLb_care')['4']"> |
| Recovery period | <Value of "f('FLa_recovery')['4']"> | <Value of "f('FLb_recovery')['4']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['4']"> | <Value of "f('FLb_pay')['4']"> |

○ Choice A (A)
○ Choice B (B)

**a2s5AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['5']"> | <Value of "f('FLb_travel')['5']"> |
| Room type | <Value of "f('FLa_room')['5']"> | <Value of "f('FLb_room')['5']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['5']"> | <Value of "f('FLb_quality')['5']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['5']"> | <Value of "f('FLb_care')['5']"> |
| Recovery period | <Value of "f('FLa_recovery')['5']"> | <Value of "f('FLb_recovery')['5']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['5']"> | <Value of "f('FLb_pay')['5']"> |

○ Choice A (A)
○ Choice B (B)

**a2s6AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living

are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['6']"> | <Value of "f('FLb_travel')['6']"> |
| Room type | <Value of "f('FLa_room')['6']"> | <Value of "f('FLb_room')['6']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['6']"> | <Value of "f('FLb_quality')['6']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['6']"> | <Value of "f('FLb_care')['6']"> |
| Recovery period | <Value of "f('FLa_recovery')['6']"> | <Value of "f('FLb_recovery')['6']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['6']"> | <Value of "f('FLb_pay')['6']"> |

○ Choice A (A)
○ Choice B (B)

**a2s7AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['7']"> | <Value of "f('FLb_travel')['7']"> |
| Room type | <Value of "f('FLa_room')['7']"> | <Value of "f('FLb_room')['7']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['7']"> | <Value of "f('FLb_quality')['7']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['7']"> | <Value of "f('FLb_care')['7']"> |
| Recovery period | <Value of "f('FLa_recovery')['7']"> | <Value of "f('FLb_recovery')['7']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['7']"> | <Value of "f('FLb_pay')['7']"> |

○ Choice A (A)
○ Choice B (B)

**a2s8AB**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Skilled nursing facility | Choice B<br>Home with home health agency |
|---|---|---|
| Travel time from your home | <Value of "f('FLa_travel')['8']"> | <Value of "f('FLb_travel')['8']"> |
| Room type | <Value of "f('FLa_room')['8']"> | <Value of "f('FLb_room')['8']"> |

| Option | Choice A | Choice B |
|---|---|---|
| Overall quality rating of the facility/agency | <Value of "f('FLa_quality')['8']"> | <Value of "f('FLb_quality')['8']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLa_care')['8']"> | <Value of "f('FLb_care')['8']"> |
| Recovery period | <Value of "f('FLa_recovery')['8']"> | <Value of "f('FLb_recovery')['8']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLa_pay')['8']"> | <Value of "f('FLb_pay')['8']"> |

○ Choice A (A)
○ Choice B (B)

ELSE | f('columnOrder').toString()=='AB'

## a2s1BA

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['1']"> | <Value of "f('FLa_travel')['1']"> |
| Room type | <Value of "f('FLb_room')['1']"> | <Value of "f('FLa_room')['1']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['1']"> | <Value of "f('FLa_quality')['1']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['1']"> | <Value of "f('FLa_care')['1']"> |
| Recovery period | <Value of "f('FLb_recovery')['1']"> | <Value of "f('FLa_recovery')['1']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['1']"> | <Value of "f('FLa_pay')['1']"> |

○ Choice A (B)
○ Choice B (A)

## a2s2BA

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['2']"> | <Value of "f('FLa_travel')['2']"> |
| Room type | <Value of "f('FLb_room')['2']"> | <Value of "f('FLa_room')['2']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['2']"> | <Value of "f('FLa_quality')['2']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['2']"> | <Value of "f('FLa_care')['2']"> |

| | | |
|---|---|---|
| Recovery period | <Value of "f('FLb_recovery')['2']"> | <Value of "f('FLa_recovery')['2']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['2']"> | <Value of "f('FLa_pay')['2']"> |

○ Choice A (B)
○ Choice B (A)

**a2s3BA**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['3']"> | <Value of "f('FLa_travel')['3']"> |
| Room type | <Value of "f('FLb_room')['3']"> | <Value of "f('FLa_room')['3']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['3']"> | <Value of "f('FLa_quality')['3']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['3']"> | <Value of "f('FLa_care')['3']"> |
| Recovery period | <Value of "f('FLb_recovery')['3']"> | <Value of "f('FLa_recovery')['3']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['3']"> | <Value of "f('FLa_pay')['3']"> |

○ Choice A (B)
○ Choice B (A)

**a2s4BA**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['4']"> | <Value of "f('FLa_travel')['4']"> |
| Room type | <Value of "f('FLb_room')['4']"> | <Value of "f('FLa_room')['4']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['4']"> | <Value of "f('FLa_quality')['4']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['4']"> | <Value of "f('FLa_care')['4']"> |
| Recovery period | <Value of "f('FLb_recovery')['4']"> | <Value of "f('FLa_recovery')['4']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['4']"> | <Value of "f('FLa_pay')['4']"> |

○ Choice A (B)
○ Choice B (A)

**a2s5BA**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['5']"> | <Value of "f('FLa_travel')['5']"> |
| Room type | <Value of "f('FLb_room')['5']"> | <Value of "f('FLa_room')['5']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['5']"> | <Value of "f('FLa_quality')['5']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['5']"> | <Value of "f('FLa_care')['5']"> |
| Recovery period | <Value of "f('FLb_recovery')['5']"> | <Value of "f('FLa_recovery')['5']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['5']"> | <Value of "f('FLa_pay')['5']"> |

❍ Choice A (B)
❍ Choice B (A)

**a2s6BA**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['6']"> | <Value of "f('FLa_travel')['6']"> |
| Room type | <Value of "f('FLb_room')['6']"> | <Value of "f('FLa_room')['6']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['6']"> | <Value of "f('FLa_quality')['6']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['6']"> | <Value of "f('FLa_care')['6']"> |
| Recovery period | <Value of "f('FLb_recovery')['6']"> | <Value of "f('FLa_recovery')['6']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['6']"> | <Value of "f('FLa_pay')['6']"> |

❍ Choice A (B)
❍ Choice B (A)

**a2s7BA**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living

are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['7']"> | <Value of "f('FLa_travel')['7']"> |
| Room type | <Value of "f('FLb_room')['7']"> | <Value of "f('FLa_room')['7']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['7']"> | <Value of "f('FLa_quality')['7']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['7']"> | <Value of "f('FLa_care')['7']"> |
| Recovery period | <Value of "f('FLb_recovery')['7']"> | <Value of "f('FLa_recovery')['7']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['7']"> | <Value of "f('FLa_pay')['7']"> |

○ Choice A (B)
○ Choice B (A)

**a2s8BA**

[*Not required*]

As the primary caregiver, you will help your family member make a choice between receiving care either 1) in a skilled nursing facility (or nursing home) where the primary people assisting with your family member's daily living are nurse aides, or 2) in his or her home with visits from a home health agency, where the primary people assisting with daily living are home health aides and you. Please select the service that best meets your family's preferences, needs, and conditions. Please assume all other aspects of the choices (such as the health conditions of your family member) are the same except for the attributes listed in the questions. Each choice set represents a new decision and is unrelated to other decisions.

| Option | Choice A<br>Home with home health agency | Choice B<br>Skilled nursing facility |
|---|---|---|
| Travel time from your home | <Value of "f('FLb_travel')['8']"> | <Value of "f('FLa_travel')['8']"> |
| Room type | <Value of "f('FLb_room')['8']"> | <Value of "f('FLa_room')['8']"> |
| Overall quality rating of the facility/agency | <Value of "f('FLb_quality')['8']"> | <Value of "f('FLa_quality')['8']"> |
| Time that **you** need to spend taking care of your family member per day | <Value of "f('FLb_care')['8']"> | <Value of "f('FLa_care')['8']"> |
| Recovery period | <Value of "f('FLb_recovery')['8']"> | <Value of "f('FLa_recovery')['8']"> |
| Total amount your family member needs to pay for post-hospital care after insurance coverage | <Value of "f('FLb_pay')['8']"> | <Value of "f('FLa_pay')['8']"> |

○ Choice A (B)
○ Choice B (A)

END | Condition f('columnOrder').toString()=='AB'

**a2q1**

[*Not required*]

What is your experience with skilled nursing facilities (also known as nursing homes)?

○ I have stayed in at least one skilled nursing facility. (1)
○ I have taken care of at least one family member who has stayed in a skilled nursing facility. (2)
○ I have visited at least one skilled nursing facility. (3)
○ I have never had direct experience with a skilled nursing facility but have heard about people's experiences in skilled nursing facilities. (4)

○ I don't know much about skilled nursing facilities. (5)

**a2q2**

[*Not required*]

What is your experience with home health agencies (visiting services at home)?

○ I have been taken care of by at least one home health agency. (1)
○ I have taken care of at least one family member who has been taken care of by at least one home health agency. (2)
○ I have never had direct experience with a home health agency but have heard about people's experiences with home health agencies. (3)
○ I don't know much about home health agencies. (4)

**a2q3**

[*Not required*]

If you and the person you are taking care of/your family member have different preferences for the type of post-hospital care he or she receive, how will you decide where to receive post-hospital care?


○ I will respect my family member's preference and provide the care he/she needs during the recovery period. (1)
○ I will discuss with my family member and jointly decide based on both of our preferences. (2)
○ My family member will most likely follow my recommendation as I will be the primary person to provide care. (3)

**a2q4**

[*Not required*]

Are you retired?

○ Yes (1)
○ No (2)

| CONDITION | f('a2q4')=='2' | |
|---|---|---|
| | true | false |
| | Question a2q5() | |
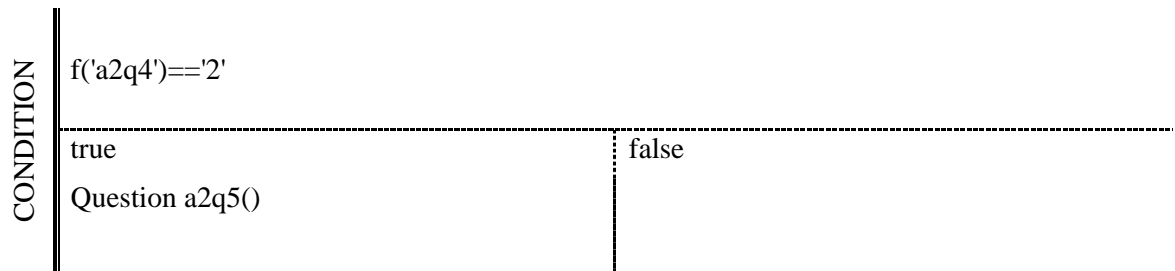
**a2q5**

[*Not required*]

On a scale of 1 to 5, how would you describe your work schedule flexibility?

○ 1 Very flexible: I can choose to work from home or the office. I can easily change my workdays during the week. I can choose the number of hours I work during the week. (1)
○ 2 (2)
○ 3 (3)
○ 4 (4)
○ 5 Not flexible: I cannot choose to work from home or the office. I have a fixed workday schedule that cannot be changed easily. It is difficult for me to get vacation days. (5)

**a2q6**

[*Not required*]

On a scale of 1 to 5, how would you describe your job security?

○ 1 Not secure: I am afraid to lose my job if I take a leave of absence for a period of time. (1)
○ 2 (2)
○ 3 (3)
○ 4 (4)
○ 5 Very secure: I am comfortable to take a leave of absence and not afraid to lose my job. (5)

END | Condition f('a2q4')=='2'

END | Condition f('randomAlternative').toNumber()==2

## CS_001 - CS_001

[*Not required*]

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

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