

## Well Being 65

IF AGE = EMPTY THEN

|  
| **calcage** AGE  
| What is your age?  
| Range: 0..120  
|

ENDIF

LOOP FROM 1 TO 40 DO

ENDDO

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

|  
| **P002\_ Seq8P\_1 P002 - EXPECTATIONS INTRO**  
| Next, we would like to ask your opinion about how likely you think various events might be. When we ask  
| a question, we'd like you to give us a number from 0 to 100, where '0' means that you think there is  
| absolutely no chance, or 0 percent, and '100' means that you think the event is absolutely sure to happen, or  
| 100 percent. For example, no one can ever be sure about tomorrow's weather, but if you think that rain is  
| very unlikely tomorrow, you might say that there is a 10 percent chance of rain. If you think there is a very  
| good chance that it will rain tomorrow, you might say that there is an 80 percent chance of rain.  
|  
|

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

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

|||  
||| **piSecJWORKSTATUSJ020\_WorkforPay WORKING FOR PAY**  
||| Are you doing any work for pay at the present time?  
||| 1 (YES) Yes  
||| 5 (NO) No  
|||

||| IF WORKING FOR PAY = (YES) Yes THEN

||||  
|||| **piSecJEEXPANDLOOKINGFORJOB505\_LookingForWork LOOKING FOR ANOTHER JOB CURRENTLY**

|||| Sometimes people look for a different job even when they are currently  
|||| working. Are you currently looking for another job?  
|||| 1 (YES) Yes  
|||| 5 (NO) No  
||||

|||| IF LOOKING FOR ANOTHER JOB CURRENTLY = (YES) Yes THEN

|||||  
||||| **piSecJFINDINGAJOB517\_DoingFindWrk DOING WHAT TO FIND WORK- NOT WORKING**  
||||| Have you been doing anything to find work during the last four weeks?  
||||| 1 (YES) Yes  
||||| 5 (NO) No  
|||||

||||| ENDIF

||||  
||| ENDIF

|||

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|| ENDIF
||
|| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
|||
||| IF R CURRENT AGE CALCULATION < 62 THEN
||||
|||| IF Seq8P_9 LIKELIHOOD R WILL WORK FOR PAY > 0 or Seq8P_9 LIKELIHOOD R
|||| WILL WORK FOR PAY = NONRESPONSE or Seq8P_9 LIKELIHOOD R WILL WORK FOR
|||| PAY = EMPTY THEN
|||||
||||| P017_ Seq8P_10 LIKELIHOOD R WILL WORK AFTER AGE 62
||||| [Thinking about work in general and not just your present job, what
||||| What] do you think the chances are that you will be working full-time after you reach age 62?
||||| Remember, 0 means absolutely no chance, and 100 means you are absolutely certain.
||||| Range: 0..996
|||||
||||| ELSE
|||||
||||| ENDF
||||
||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
||||
|||| IF Seq8P_10 LIKELIHOOD R WILL WORK AFTER AGE 62 = 50 THEN
|||||
||||| P123_ Seq8P_11 WORK FT AFTER 62_EQUALLY LIKELY
||||| Do you think that it is as equally likely that you will be working full-time as it is that you
||||| will not be working full-time, or are you just unsure about the chances?
||||| 1 (EQUALLYLIKELY) Equally likely
||||| 2 (UNSURE) Unsure
|||||
|||||
||||| P124_ Seq8P_12 WORK FT AFTER 62_ZERO OR APPROX
||||| When you say zero percent chance, do you mean that you see no chance at all you will be working
||||| full-time, or do you mean you see a small enough chance that zero is a good approximation?
||||| 1 (NOCHANCEATALL) I see no chance at all
||||| 3 (APPROXIMATION) 0 is a good approximation
|||||
||||| IF Seq8P_12 WORK FT AFTER 62_ZERO OR APPROX = (APPROXIMATION) 0 is a
||||| good approximation THEN
|||||
||||| P125_ Seq8P_13 WORK FT AFTER 62_ZERO BEST ESTIMATE
||||| If you think there is a small chance you will be working
||||| full-time, please give your best estimate of what that chance is.
||||| Range: 0..100
|||||
||||| ENDF
||||
|||| P126_ Seq8P_14 WORK FT AFTER 62_100 OR APPROX
|||| When you say 100 percent chance, do you mean that you are certain
|||| you will be working full-time, or do you mean you see a large enough
|||| chance that 100 is a good approximation?

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||||| 1 (CERTAIN) I'm certain
||||| 3 (APPROXIMATION) It's a good approximation
|||||
||||| IF Seq8P_14 WORK FT AFTER 62_100 OR APPROX = (APPROXIMATION) It's a
||||| good approximation THEN
|||||
||||| P127_ Seq8P_15 WORK FT AFTER 62_100 BEST ESTIMATE
||||| If you think there is a large chance that you will be working
||||| full-time, please give your best estimate of what that chance is.
||||| Range: 0..100
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
||
|| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
||
|| IF R CURRENT AGE CALCULATION < 65 THEN
||
|| IF ( Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 50 and
|| PREASSIGNED RANDOM VALUE = (RANDOMASSIGNMENT1) Random assignment1 ) THEN
||
|| P102_ Seq8P_23 EPISTEMIC UNCERTAINTY LIVE TO 75
|| Do you think that it is about equally likely that you will die before 75 as it is that
|| you will live to 75 or beyond, or are you just unsure about the chances?
|| 1 (EQUALLYLIKELY) Equally likely
|| 2 (UNSURE) Unsure
||
||
|| P132_ Seq8P_24 SURVIVAL TO 75_ZERO OR APPROX
|| [When people are asked to give a numerical response, like percent chance, sometimes they give
|| exact answers and sometimes they give rounded or approximate numbers.] When you say zero
|| percent chance, do you mean that you see no chance at all you will live to 75 or beyond, or do you
|| mean you see a small enough chance that zero is a good approximation?
|| 1 (NOCHANCEATALL) No chance at all
|| 3 (APPROXIMATION) Zero is a good approximation
||
|| IF Seq8P_24 SURVIVAL TO 75_ZERO OR APPROX = (APPROXIMATION) Zero is a
|| good approximation THEN
||
|| P133_ Seq8P_25 SURVIVAL TO 75_ZERO BEST ESTIMATE
|| If you think there is a small chance that you will live to 75 or
|| beyond, please give your best estimate of what that chance is.
|| Range: 0..100
||
|| ENDIF
||
||
|| P134_ Seq8P_26 SURVIVAL TO 75_100 OR APPROX
|| [When people are asked to give a numerical response, like percent

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||||| chance, sometimes they give exact answers and sometimes they give
||||| rounded or approximate numbers.] When you say 100 percent chance, do
||||| you mean that you are certain you will live to 75 or beyond, or do you
||||| mean you see a large enough chance that 100 is a good approximation?
||||| 1 (CERTAIN) I'm certain
||||| 3 (APPROXIMATION) It's a good approximation
|||||
||||| IF Seq8P_26 SURVIVAL TO 75_100 OR APPROX = (APPROXIMATION) It's a
||||| good approximation THEN
|||||
||||| P135_ Seq8P_27 SURVIVAL TO 75_100 BEST ESTIMATE
||||| If you think there is a large chance that you live to 75 or beyond,
||||| please give your best estimate of what that chance is.
||||| Range: 0..100
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
|||||
||||| IF Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 10 or
||||| Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 20 or Seq8P_22
||||| CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 25 or Seq8P_22 CHANCE R
||||| WILL LIVE TO BE AGE 75 OR MORE = 30 or Seq8P_22 CHANCE R WILL LIVE
||||| TO BE AGE 75 OR MORE = 40 or Seq8P_22 CHANCE R WILL LIVE TO BE AGE
||||| 75 OR MORE = 60 or Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE
||||| = 70 or Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 75 or
||||| Seq8P_22 CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 80 or Seq8P_22
||||| CHANCE R WILL LIVE TO BE AGE 75 OR MORE = 90 or ( Seq8P_22 CHANCE R
||||| WILL LIVE TO BE AGE 75 OR MORE = 50 and PREASSIGNED RANDOM VALUE =
||||| (RANDOMASSIGNMENT2) Random assignment2 ) THEN
|||||
||||| P128_ Seq8P_17 LIVE TO 75 FOCAL 50_IF APPROX
||||| [When people are asked to give a numerical response, like percent
||||| chance, sometimes they give exact answers and sometimes they give
||||| rounded or approximate numbers. ] When you said [Seq8P_22 CHANCE R
||||| WILL LIVE TO BE AGE 75 OR MORE] percent just now, did you mean this
||||| as an exact number or were you rounding or approximating?
||||| 1 (EXACTNUMBER) It's an exact number
||||| 3 (APPROXIMATION) It's an approximation
|||||
||||| IF Seq8P_17 LIVE TO 75 FOCAL 50_IF APPROX = (APPROXIMATION) It's an
||||| approximation THEN
|||||
||||| [Questions P130_ to P131_ are displayed as a table]
|||||
||||| P130_ Seq8P_19 LIVE TO 75 FOCAL 50_IF APPROX-MIN
||||| What range of numbers did you have in mind when you said [Seq8P_22
||||| CHANCE R WILL LIVE TO BE AGE 75 OR MORE] percent?
||||| Range: 0..100
|||||
||||| P131_ Seq8P_20 LIVE TO 75 FOCAL 50_IF APPROX-MAX

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||||| What range of numbers did you have in mind when you said [Seq8P_22
||||| CHANCE R WILL LIVE TO BE AGE 75 OR MORE] percent? From ____ to ____
||||| Range: 0..100
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ELSE
||||| ENDIF
|||||
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 and Seq8P_24 SURVIVAL TO
||||| 75_ZERO OR APPROX <> (NOCHANCEATALL) No chance at all and R CURRENT AGE
||||| CALCULATION < 90 THEN
|||||
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 AND R CURRENT AGE
||||| CALCULATION > 64 THEN
|||||
||||| IF ( Seq8P_30 CHANCE R WILL LIVE TO 80/85/90/95/100 = 50 and
||||| PREASSIGNED RANDOM VALUE = (RANDOMASSIGNMENT1) Random assignment1 )
||||| THEN
|||||
||||| P157_ LIVE TO 80/85/90/95/100-EQUALLY LIKELY
||||| Do you think that it is about equally likely that you will die before [85/80/85/90/95/100] as it is
||||| that you will live to [85/80/85/90/95/100] or beyond, or are you just unsure about the chances?
||||| 1 (EQUALLYLIKELY) Equally likely
||||| 2 (UNSURE) Unsure
|||||
|||||
||||| P158_ LIVE TO 80/85/90/95/100-ZERO IF APPROX
||||| When you say zero percent chance, do you mean that you see no chance
||||| at all you will live to [85/80/85/90/95/100] or do you mean you see
||||| a small enough chance that zero is a good approximation?
||||| 1 (NOCHANCEATALL) There is no chance at all
||||| 3 (APPROXIMATION) It's an approximation
|||||
||||| IF LIVE TO 80/85/90/95/100-ZERO IF APPROX = (APPROXIMATION) It's an
||||| approximation THEN
|||||
||||| P159_ LIVE TO 80/85/90/95/100-ZERO BEST ESTIMATE
||||| If you think there is a small chance you will be live to [85/80/85/90/95/100]
||||| or beyond, please give your best estimate of what that chance is.
||||| Range: 0..100
|||||
||||| ENDIF
|||||
||||| P160_ LIVE TO 80/85/90/95/100-100 IF APPROX
||||| When you chose "100 percent chance," do you mean that you are
||||| certain you will live to [85/80/85/90/95/100] or beyond, or do you
||||| mean you see a large enough chance that 100 is a good approximation?
||||| 1 (CERTAIN) I'm certain
||||| 3 (APPROXIMATION) It's a good approximation
|||||

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||||| IF LIVE TO 80/85/90/95/100-100 IF APPROX = (APPROXIMATION) It's a
||||| good approximation THEN
|||||
||||| P161_ LIVE TO 80/85/90/95/100-100 BEST ESTIMATE
||||| If you think there is a large chance that you will live to [85/80/85/90/95/100]
||||| or beyond, please give your best estimate of what that chance is.
||||| Range: 0..100
|||||
||||| ENDIF
|||||
||||| P136_ Seq8P_31 LIVE TO 80/85/90/95/100- 50 IF APPROX
||||| When you chose 50 percent just now, did you mean this as an exact
||||| number or were you rounding or approximating?
||||| 1 (EXACTNUMBER) It's an exact number
||||| 3 (APPROXIMATION) I was rounding or approximating
|||||
||||| IF Seq8P_31 LIVE TO 80/85/90/95/100- 50 IF APPROX = (APPROXIMATION)
||||| I was rounding or approximating THEN
|||||
||||| [Questions P138_ to P139_ are displayed as a table]
|||||
||||| P138_ Seq8P_33 LIVE TO 80/85/90/95/100- 50 IF APPROX-MIN
||||| What range of numbers did you have in mind when you said [Seq8P_30
||||| CHANCE R WILL LIVE TO 80/85/90/95/100] percent?
||||| Range: 0..100
|||||
||||| P139_ Seq8P_34 LIVE TO 80/85/90/95/100- 50 IF APPROX-MAX
||||| What range of numbers did you have in mind when you said [Seq8P_30
||||| CHANCE R WILL LIVE TO 80/85/90/95/100] percent? Please enter a
||||| range: from _____ to _____ percent.
||||| Range: 0..100
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN
|||||
||||| piSecJSocialSecurityJ479_ EXPECT FUTURE SOC SEC BENEFITS
||||| Do you expect to receive Social Security benefits at some time in the future?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF R CAN DO PROBABILITY SCALES = (YES) YES 1 THEN

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|||
||| IF Seq8P_50 CHANCE MUTUAL FUNDS WORTH MORE NXT YR = 50 THEN
|||
||| P113_ Seq8P_51 EPISTEMIC UNCERTAINTY STOCKS UP OR DOWN
||| Do you think that it is equally likely that these mutual fund shares will increase in worth as it is that they
||| will decrease in worth by this time next year, or are you just unsure about the chances?
||| 1 (EQUALLYLIKELY) Equally likely
||| 2 (UNSURE) Unsure
|||
||| P145_ Seq8P_52 MUTUAL FUND WORTH MORE_ZERO OR APPROX
||| When you say zero percent chance, do you mean that you see no chance at
||| all mutual fund shares will be worth more next year than this year, or
||| do you mean you see a small enough chance that zero is a good approximation?
||| 1 (NOCHANCEATALL) no chance at all
||| 3 (APPROXIMATION) approximation
|||
||| IF Seq8P_52 MUTUAL FUND WORTH MORE_ZERO OR APPROX = (APPROXIMATION)
||| approximation THEN
|||
||| P146_ Seq8P_53 MUTUAL FUND WORTH MORE_ZERO BEST ESTIMATE
||| If you think there is a small chance that mutual fund shares will be
||| worth more, please give your best estimate of what that chance is.
||| Range: 0..100
|||
||| ENDIF
|||
||| P147_ Seq8P_54 MUTUAL FUND WORTH MORE_100 OR APPROX
||| When you say 100 percent chance, do you mean that you are certain mutual
||| fund shares will be worth more next year than this year, or do you mean
||| you see a large enough chance that 100 is a good approximation?
||| 1 (CERTAIN) certain
||| 3 (APPROXIMATION) approximation
|||
||| IF Seq8P_54 MUTUAL FUND WORTH MORE_100 OR APPROX = (APPROXIMATION)
||| approximation THEN
|||
||| P148_ Seq8P_55 MUTUAL FUND WORTH MORE_100 BEST ESTIMATE
||| If you think there is a large chance that mutual fund shares will be
||| worth more, please give your best estimate of what that chance is.
||| Range: 0..100
|||
||| ENDIF
||| ENDIF
|||
||| P097_ Seq8P_62 HOW CLOSELY FOLLOW STOCK MARKET
||| How closely do you follow the stock market?
||| 1 (VERYCLOSELY) Very closely
||| 2 (SOMEWHATCLOSLEY) Somewhat closely
||| 3 (NOTATALL) Not at all
|||
||| ENDIF
|||

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| ENDIF  
|  
ENDIF

**N001\_ N001\_ MEDICARE COVERAGE**

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

1 (YES) Yes  
5 (NO) No

IF ( N001\_ MEDICARE COVERAGE = ( (YES) Yes ) Yes AND R  
CURRENT AGE CALCULATION < 65 ) OR (N001\_ <> YES AND ( R CURRENT AGE  
CALCULATION > 70 OR R CURRENT AGE CALCULATION = 70)) AND INTERVIEW LANGUAGE  
<> (EXTENG) EXIT - English and INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN

|  
| **N002\_ N002\_ WHY NOT MEDICARE COVERED**  
| Why is that?  
| Memo  
|  
ENDIF

IF N001\_ MEDICARE COVERAGE = (YES) Yes THEN

|  
| **N004\_ N004\_ MEDICARE PART B COVERAGE**  
| Part A of Medicare covers most hospital expenses. Part B covers many doctors expenses including doctor  
| visits, and the premium is usually deducted from your Social Security. Are you covered under Part B of  
| Medicare?  
| 1 (YES) Yes  
| 5 (NO) No  
|  
ENDIF

**N005\_ N005\_ MEDICAID COVERAGE SINCE PREV WAVE**

Have you been covered by health insurance through Medicaid, the equivalent in your state, or any other Medicaid program at any time []?

1 (YES) Yes  
5 (NO) No

IF N005\_ MEDICAID COVERAGE SINCE PREV WAVE = (YES) Yes THEN

|  
| **N006\_ N006\_ CURRENTLY COVERED BY MEDICAID**  
| Are you currently covered by Medicaid or the equivalent in your state?  
| 1 (YES) Yes  
| 5 (NO) No  
|  
ENDIF

**N007\_ N007\_ CHAMPUS/CHAMPVA COVERAGE**

Are you currently covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan? TRI-CARE is the new name for the military's health insurance programs. It includes what used to be known

as CHAMPUS and CHAMP-VA. CHAMPUS was a health care program for active or retired military personnel and their dependents or survivors. CHAMP-VA provided medical care for veterans and their dependents or survivors of veterans who had a service-connected disability. VA is not a health insurance program.

1 (YES) Yes

5 (NO) No

IF ( N007\_ CHAMPUS/CHAMPVA COVERAGE = (YES) Yes OR PW ACTIVE SERVICE IN MILITARY EVER = (YESActiveService) Yes, Active Service ) and ( INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE = (PRXENG) PROXY -English ) THEN

| **N430\_ N430\_ CURRENTLY COVERED BY MEDICAID**

| Have you obtained prescription drugs from a veteran's administration facility

| []?

| 1 (YES) Yes

| 5 (NO) No

|  
| ENDIF

IF N001\_ MEDICARE COVERAGE = ( (YES) Yes ) Yes OR N006\_ CURRENTLY COVERED BY MEDICAID = yes THEN

| **N009\_ N009\_ MEDICARE/MEDICAID HMO**

| We are interested in how your [Medicare /Medicaid or the equivalent in your state //] health insurance works for routine care. Do you receive your [Medicare /Medicaid or the equivalent in your state //] benefits through an HMO, that is a Health Maintenance Organization? (With an HMO, the cost of the physician visit is typically covered in full or you pay only a small amount. All of your routine care must be provided by an HMO physician.)

| 1 (YES) Yes

| 5 (NO) No

| IF N009\_ MEDICARE/MEDICAID HMO = (YES) Yes THEN

|| **N350\_ N009.3\_ NAME OF HMO**

|| What is the name of this HMO?

|| String

||  
|| ENDIF

| IF N009\_ MEDICARE/MEDICAID HMO = (YES) Yes THEN

|| **N010\_ N010\_ MEDICARE/MEDICAID HMO- HOW LONG - YRS**

|| About how long have you been receiving your [Medicare /Medicaid or the equivalent in your state //] benefits through this HMO?

|| Range: 0..25

|| IF N010\_ MEDICARE/MEDICAID HMO- HOW LONG - YRS MEDICARE/MEDICAID HMO- HOW LONG - YRS = 0 or N010\_ = empty THEN

||| **N011\_ N011\_ MEDICARE/MEDICAID HMO- HOW LONG - MOS**

||| About how long have you been receiving your [Medicare /Medicaid or the equivalent in your state //] benefits through this HMO?

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|| Range: 0..48
||
|| ENDIF
||
|| N351_ N011.5_ HMO PAY FOR REGULAR RX DRUGS
|| Does this HMO cover or provide help with paying for regular prescription drugs?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| ENDIF
||
|| IF N009_ MEDICARE/MEDICAID HMO = (YES) Yes THEN
||
|| IF N014_ MEDICARE/MEDICAID HMO-AMT PAY MEDICARE/MEDICAID HMO-AMT PAY
|| MEDICARE/MEDICAID HMO-AMT PAY > 0 AND N014_ <> RF AND N014_ <> DK THEN
||
|| N018_ N018_ MEDICARE/MEDICAID HMO-AMT PAY - PER
|| (Not including co-pays or deductions from your Social Security, how much do you, yourself, pay
|| for this plan?) Amount: [N014_ MEDICARE/MEDICAID HMO-AMT PAY] per:
|| 1 (MONTH) Month
|| 2 (QUARTEREVERY3MONTHS) Quarter (Every 3 months)
|| 3 (SEMIANNUALLY) Semi-annually (every 6 months/twice a year)
|| 4 (YEAR) Year
|| 7 (OTH_SPECIFY) Other (specify)
||
|| IF N018_ MEDICARE/MEDICAID HMO-AMT PAY - PER = (OTH_SPECIFY) Other
|| (specify) THEN
||
|| N019S N019S MEDICARE/MEDICAID HMO-AMT PAY- SPECIFY
|| (Not including co-pays or deductions from your Social Security, how much do you, yourself, pay
|| for this plan?)Amount: [N014_ MEDICARE/MEDICAID HMO-AMT PAY] per Other (specify)
|| Memo
||
|| ENDIF
|| ENDIF
|| ENDIF
||
|| IF N001_ MEDICARE COVERAGE = (YES) Yes THEN
||
|| N020_ N020_ LEFT MEDICARE HMO LAST TWO YRS
|| At any time [], have you left an HMO that delivered Medicare services?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| IF N020_ LEFT MEDICARE HMO LAST TWO YRS = (YES) Yes THEN
||
|| N021M N021 WHY LEAVE MEDICARE HMO
|| Why did you leave that HMO? Choose all that apply.
|| 1 (OWNPHYSICIANLEFTPLAN) Own physician left plan
|| 2 (HMONTPROVNEEDSERVICES) Hmo didn't provide needed services
|| 3 (HMOCOSTSINCREASED) Hmo costs increased
|| 4 (HMOENCOURAGEDMETOLEAVE) Hmo encouraged me to leave

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||| 5 (NOLONGERAVAILABLE) Plan no longer available
||| 7 (OTHER_SPECIFY) Other (specify)
|||
||| IF (OTHER_SPECIFY IN N021 WHY LEAVE MEDICARE HMO ) THEN
|||
||| | N022S N022S WHY LEAVE MEDICARE HMO - SPECIFY
||| | (Why did you leave that HMO?)Other (specify)
||| | Memo
||| |
||| | ENDIF
||| ENDIF
| ENDIF
ENDIF

IF N001_ MEDICARE COVERAGE = (YES) Yes THEN
|
| IF N011.5_ HMO PAY FOR REGULAR RX DRUGS <> (YES) Yes and N011.5_ HMO PAY
| FOR REGULAR RX DRUGS <> nonresponse and N011.5_ HMO PAY FOR REGULAR RX DRUGS
| <> empty THEN
|
| | N352_ N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE
| | Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider.
| | Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?
| | 1 (YES) Yes
| | 3 (EnrolledAutomatic) Enrolled in it Automatically
| | 5 (NO) No
| |
| | ENDIF
|
| IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE
| <> (EXTSPN) EXIT - Spanish ) THEN
|
| | IF N011.5_ HMO PAY FOR REGULAR RX DRUGS <> (YES) Yes and N011.5_ HMO PAY
| | FOR REGULAR RX DRUGS <> nonresponse and N011.5_ HMO PAY FOR REGULAR RX
| | DRUGS <> empty THEN
| |
| | IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (YES) Yes THEN
| |
| | | N394_ChooseEnrolled Chose own plan?
| | | Did you choose your own plan, did someone you know choose for you, or
| | | were you enrolled in it automatically?
| | | 1 (Choseplan) Chose plan
| | | 2 (SomeoneElseChose) Someone Else Chose
| | | 3 (EnrolledAutomatic) Enrolled in it Automatically
| | |
| | | IF INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE
| | | = (CORSPN) SELF - Spanish THEN
| | |
| | | | IF Chose own plan? = (Choseplan) Chose plan THEN
| | | |
| | | | | N410_ Help with decision about which plan
| | | | | Did someone help you make the decision about which plan to choose?

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```

||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| IF Help with decision about which plan = (YES) Yes or Chose own
||||| plan? = (SomeoneElseChose) Someone Else Chose THEN
|||||
||||| N411_ Who helped decide which plan
||||| Who was it? Choose all that apply.
||||| 1 (Medicare800) Medicare's 800 Number/Medicare Representative
||||| 2 (PartDRep) A Part D Plan Representative
||||| 3 (Pharmacist) Pharmacist
||||| 4 (Spouse) Spouse
||||| 5 (ChildOrInLaw) Child/Child-in-law
||||| 6 (OtherFamilymember) Other family member (sibling, grandchild, etc.)
||||| 7 (Friend) Friend
||||| 97 (Other) Other (Specify)
|||||
||||| IF other in Who helped decide which plan THEN
|||||
||||| N412_ help make decision
||||| (Who was it?) Other (Specify)
||||| Memo
|||||
||||| N413_ Whichchild Which one
||||| Which child(ren)? Choose all that apply.
||||| 1 (C01) 
||||| 2 (c02) 
||||| 3 (c03) 
||||| 4 (c04) 
||||| 5 (c05) 
||||| 6 (C06) 
||||| 7 (c07) 
||||| 8 (c08) 
||||| 9 (c09) 
||||| 10 (c10) 
||||| 11 (C11) 
||||| 12 (c12) 
||||| 13 (c13) 
||||| 14 (c14) 
||||| 15 (c15) 
||||| 16 (C16) 
||||| 17 (c17) 
||||| 18 (c18) 
||||| 19 (c19) 
||||| 20 (c20) 
||||| 21 (C21) 
||||| 22 (c22) 
||||| 23 (c23) 
||||| 24 (c24) 
||||| 25 (c25) 

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||||| 26 (C26) []
||||| 27 (c27) []
||||| 28 (c28) []
||||| 29 (c29) []
||||| 30 (c30) []
||||| 31 (C31) []
||||| 32 (c32) []
||||| 33 (c33) []
||||| 34 (c34) []
||||| 35 (c35) []
||||| 36 (C36) []
||||| 37 (c37) []
||||| 38 (c38) []
||||| 39 (c39) []
||||| 40 (c40) []
||||| 41 (C41) []
||||| 42 (c42) []
||||| 43 (c43) []
||||| 44 (c44) []
||||| 45 (c45) []
||||| 46 (C46) []
||||| 47 (c47) []
||||| 48 (c48) []
||||| 49 (c49) []
||||| 50 (c50) []
||||| 91 (C91) []
||||| 92 (c92) []
||||| 93 (c93) []
||||| 94 (c94) []
||||| 97 (OTH_SPECIFY) Other - specify
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||
||| IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> (NO) No and N004.1
||| SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> nonresponse THEN
|||
||| IF PW Med PLAN NAME <> empty THEN
|||
||| | N414_ Get Medicare drug coverage through same plan
||| | Previously you told us that [PW Med PLAN NAME] provided your Medicare
||| | drug coverage. Do you still get your Medicare drug coverage through this plan?
||| | 1 (YES) Yes
||| | 3 (SomeCODiffplan) Yes, Same Company, different plan
||| | 5 (NO) No
||| |
||| | ENDIF
||| |
||| | IF ( INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW
||| | LANGUAGE = (CORSPN) SELF - Spanish or INTERVIEW LANGUAGE = (PRXENG)

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|||| PROXY - English or INTERVIEW LANGUAGE = (PRXSPN) PROXY - Spanish ) and
|||| ( Get Medicare drug coverage through same plan = empty or Get Medicare
|||| drug coverage through same plan = (SomeCODiffplan) Yes, Same Company,
|||| different plan or Get Medicare drug coverage through same plan = (NO) No ) THEN
||||
|||| IF Get Medicare drug coverage through same plan = (SomeCODiffplan)
|||| Yes, Same Company, different plan or Get Medicare drug coverage
|||| through same plan = (NO) No THEN
||||
|||| | N415_ Why change Part D
|||| | Why did you change to your new Part D plan? Choose all that apply.
|||| | 1 (OldClosed) Old one closed
|||| | 2 (LowerPremiums) Lower premiums
|||| | 3 (LowerDeductibles) Lower deductibles
|||| | 4 (Cheeperdrugs) The drugs I need were cheaper
|||| | 5 (Nogap) No gap in coverage
|||| | 7 (Other) Other (Specify)
|||| |
|||| | ENDIF
||||
|||| IF other in Why change Part D THEN
||||
|||| | N416_ Why change Part D
|||| | (Why did you change to your new Part D plan?) Other (Specify)
|||| | Memo
|||| |
|||| | ENDIF
|||| ENDIF
|||| ENDIF
||||
|||| IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (NO) No THEN
||||
|||| | N417_ prescription drug coverage
|||| | Do you have prescription drug coverage from some other source?
|||| | 1 (YES) Yes
|||| | 5 (NO) No
|||| |
|||| | IF prescription drug coverage <> (YES) Yes THEN
|||| |
|||| | | N356M REASON NOT SIGN UP
|||| | | What is the reason that you did not sign up for Part D coverage? Choose all that apply.
|||| | | 1 (AlreadyhaveCoverage) Already have good prescription drug coverage
|||| | | 2 (Didntknowavailable) Didn't know it was available
|||| | | 3 (HEARABOUTITTOOLATE) Heard about it too late
|||| | | 4 (PLANTOOEXPENSIVE) Medicare plan too expensive
|||| | | 5 (PLANTOORESTRICTIVE) Medicare plan too restrictive
|||| | | 7 (VOLNOTDECIDED) Haven't made a decision about whether to enroll
|||| | | 10 (PrescriptionfromVA) Get prescription drugs from the VA
|||| | | 11 (dontuseenough) Don't use enough prescription drugs to make it worthwhile
|||| | | 97 (OTHERSPECIFY) Other (specify)
|||| | |
|||| | | IF OTHERSPECIFY in REASON NOT SIGN UP THEN

```

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|||||
||||| N357S REASON NOT SIGN UP
||||| (What is the reason that you did not sign up?) Other - Specify
||||| Memo
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| IF INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE
||||| = (CORSPN) SELF - Spanish THEN
|||||
||||| N418_ Help with decision not to enroll
||||| Did someone help you make the decision not to enroll in a Part D plan?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF Help with decision not to enroll = (YES) Yes THEN
|||||
||||| N419_ Who helped decide not to enroll
||||| Who was it? Choose all that apply.
||||| 1 (Medicare800) Medicare's 800 Number/Medicare Representative
||||| 2 (PartDRep) A Part D Plan Representative
||||| 3 (Pharmacist) Pharmacist
||||| 4 (Spouse) Spouse
||||| 5 (ChildOrInLaw) Child/Child-in-law
||||| 6 (OtherFamilymember) Other family member (sibling, grandchild, etc.)
||||| 7 (Friend) Friend
||||| 97 (Other) Other (Specify)
|||||
||||| IF other in Who helped decide not to enroll THEN
|||||
||||| N420_ Who help make decision - specify
||||| (Who was it?) Other - specify
||||| Memo
|||||
||||| N421_Whichchild Who help make decision - child
||||| Which child(ren)? Choose all that apply.
||||| 1 (C01) 
||||| 2 (C02) 
||||| 3 (C03) 
||||| 4 (C04) 
||||| 5 (C05) 
||||| 6 (C06) 
||||| 7 (C07) 
||||| 8 (C08) 
||||| 9 (C09) 
||||| 10 (C10) 
||||| 11 (C11) 
||||| 12 (C12) 
||||| 13 (C13) 
||||| 14 (C14) 
||||| 15 (C15) 

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||||| 16 (C16) []
||||| 17 (C17) []
||||| 18 (C18) []
||||| 19 (C19) []
||||| 20 (C20) []
||||| 21 (C21) []
||||| 22 (C22) []
||||| 23 (C23) []
||||| 24 (C24) []
||||| 25 (C25) []
||||| 26 (C26) []
||||| 27 (C27) []
||||| 28 (C28) []
||||| 29 (C29) []
||||| 30 (C30) []
||||| 31 (C31) []
||||| 32 (C32) []
||||| 33 (C33) []
||||| 34 (C34) []
||||| 35 (C35) []
||||| 36 (C36) []
||||| 37 (C37) []
||||| 38 (C38) []
||||| 39 (C39) []
||||| 40 (C40) []
||||| 41 (C41) []
||||| 42 (C42) []
||||| 43 (C43) []
||||| 44 (C44) []
||||| 45 (C45) []
||||| 46 (C46) []
||||| 47 (C47) []
||||| 48 (C48) []
||||| 49 (C49) []
||||| 50 (C50) []
||||| 91 (C91) []
||||| 92 (C92) []
||||| 93 (C93) []
||||| 94 (C94) []
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
||| ENDIF
||| ENDIF
|||
||| IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = ( ( (YES) Yes ) Yes
||| ) Yes OR N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (EnrolledAutomatic)
||| Enrolled in it Automatically or N011.5_ HMO PAY FOR REGULAR RX DRUGS = yes or
||| ( prescription drug coverage <> yes and prescription drug coverage <> empty) THEN
|||
||| IF INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW LANGUAGE =

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||| (CORSPN) SELF - Spanish THEN
|||
||| N422_ Time spent looking
||| How much time would you say you have spent looking at [ other Part D plans/ other
||| Medicare HMO plans/Part D plans]? Would you say a lot, some, a little, or none at all?
||| 1 (ALOT) A lot
||| 2 (SOME) Some
||| 3 (ALITTLE) A little
||| 4 (NONEATALL) None at all
|||
||| ENDIF
|||
||| IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (YES) Yes OR
||| N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (EnrolledAutomatic)
||| Enrolled in it Automatically THEN
|||
||| N423_ Time spent looking
||| Many Medicare beneficiaries pay the premium for their Medicare drug
||| coverage through their Social Security checks. Some pay directly to the
||| provider. How do you pay for yours?
||| 1 (Deducted) Deducted from Social Security
||| 2 (PayDirect) Pay directly
||| 3 (Both) Both
||| 4 (VolDontPay) I don't pay anything
|||
||| IF Time spent looking = (Deducted) Deducted from Social Security THEN
|||
||| N424_ SS deduction Monthly premiums
||| How much is your Social Security deduction per month for your Part D
||| plan?
||| Range: 0..9996
|||
|||
||| N404_Monthlypremiums Monthly premiums
||| How much do you, yourself, pay per month in premiums for this plan?
||| Range: 0..9996
|||
||| ENDIF
||| ENDIF
||| ENDIF
|||
||| IF N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> ( (YES) Yes ) Yes
||| and N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE <> (EnrolledAutomatic)
||| Enrolled in it Automatically and N011.5_ HMO PAY FOR REGULAR RX DRUGS <>
||| yes and N011.5_ HMO PAY FOR REGULAR RX DRUGS <> nonresponse THEN
|||
||| N358_ LIKELY SIGN UP NEXT YEAR
||| How likely is it that you will sign up for Medicare prescription drug coverage next year?
||| Would you say very likely, somewhat likely, not too likely, or not at all likely?
||| 1 (VERYLIKELY) Very likely
||| 2 (SOMEWHATLIKELY) Somewhat likely
||| 3 (NOTTOOLIKELY) Not too likely

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|| 4 (NOTATALLIKELY) Not at all likely
|| 6 (VOLAlreadySignup) Already signed up for next year
||
|| ENDIF
||
|| IF ( N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = ( ( ( (YES) Yes )
|| Yes ) Yes ) Yes or N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE =
|| (EnrolledAutomatic) Enrolled in it Automatically or N011.5_ HMO PAY FOR
|| REGULAR RX DRUGS = yes or ( prescription drug coverage <> yes and
|| prescription drug coverage <> empty)) and N005_ MEDICAID COVERAGE SINCE
|| PREV WAVE <> yes THEN
||
|| N425_knowabtprogram know about program
|| Medicare beneficiaries with limited income and resources may qualify to get extra help
|| paying for their prescription drug coverage. Did you know about this program?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| IF know about program = (YES) Yes THEN
||
|| N426_ Did you apply for extra help
|| Did you apply for extra help?
|| 1 (YES) Yes
|| 5 (NO) No
||
|| IF Did you apply for extra help = (YES) Yes THEN
||
|| N427_AppAccepted application extra help accepted/denied
|| Was your application for extra help accepted or denied?
|| 1 (Accepted) Accepted
|| 2 (Denied) Denied
|| 3 (Stillwaiting) Still waiting to hear
||
|| ENDIF
|| ENDIF
|| ENDIF
||
|| IF (( N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = ( (YES) Yes ) Yes
|| or N004.1 SIGNED UP MEDICARE PRESCRIPTION COVERAGE = (EnrolledAutomatic)
|| Enrolled in it Automatically ) or N011.5_ HMO PAY FOR REGULAR RX DRUGS =
|| yes) and ( INTERVIEW LANGUAGE = (CORENG) SELF - English or INTERVIEW
|| LANGUAGE = (CORSPN) SELF - Spanish ) THEN
||
|| N428_Satisfied How satisfied
|| How satisfied are you with the drug coverage in your current [ Part D plan Medicare HMO plan]?
|| Would you say you are very satisfied, somewhat satisfied, not very satisfied, or not at all satisfied?
|| 1 (verysatisfied) Very satisfied
|| 2 (somewhatsatisfied) Somewhat satisfied
|| 3 (notverysatisfied) Not very satisfied
|| 4 (notatallsatisfied) Not at all satisfied
||
|| N429_LikeSwitch Likely to switch

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```

||| How likely is it that you will switch to a new [ Part D plan/ Medicare HMO
||| plan] for prescription drugs next year? Would you say very likely,
||| somewhat likely, not too likely, or not at all likely?
||| 1 (Wouldsayverylikely) Very likely
||| 2 (somewhatlikely) Somewhat likely
||| 3 (nottoolikely) Not too likely
||| 4 (notatalllikely) Not at all likely
||| 6 (signedupnextyrsameplan) Already signed up for next year, stayed with same plan
||| 7 (signedupnextyrswitchedplans) Already signed up for next year, switched plans
|||
||| ENDIF
| ENDIF
ENDIF

```

### **N023\_ N023\_ NUM PRIVATE HEALTH INS PLANS**

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

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

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|
| LOOP FROM 1 TO 3 DO
|
|| IF counter <= N023_ NUM PRIVATE HEALTH INS PLANS THEN
||
||| IF N001_ MEDICARE COVERAGE = (YES) Yes THEN
|||
||| | IF PlanDetails{null}~Counter = 1 THEN
||| |
||| | | N025_ N025_ WHICH IS PRIMARY PLAN-PRIVATE/MEDICARE
||| | | Which is your primary plan, Medicare or [N024_ NAME PRIVATE HEALTH
||| | | INSURANCE PLAN]?
||| | | 1 (MEDICARE) Medicare
||| | | 2 (MOSTIMPORTPRIVPLAN) [N024_ NAME PRIVATE HEALTH INSURANCE PLAN]
||| |
||| | ENDIF
||| ENDIF
||
||| N032_ N032_ PRIVATE PLAN 1-3 HELP PAY REGULAR RX
||| Does [N024_ NAME PRIVATE HEALTH INSURANCE PLAN] provide help with paying
||| for regular prescription drugs?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| IF ( Work for pay = ( (YES) Yes ) Yes and ( INTERVIEW LANGUAGE <> ((EXTENG) EXIT
||| - English ) EXIT - English AND INTERVIEW LANGUAGE <> ((EXTSPN) EXIT - Spanish )
||| EXIT - Spanish )) or ( PREV WAVE R CURRENTLY WORKING = yes and ( INTERVIEW
||| LANGUAGE = EXTENG or INTERVIEW LANGUAGE =EXTSPN)) THEN

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||||
|||| N033_HowObtIns N033_ OBTAIN HI THRU CURRENT EMP/OWN BUSINESS
|||| Do you obtain this health insurance through [your own business or
|||| professional organization?/your current employer?]
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| ENDIF
||||
|||| IF N033_ OBTAIN HI THRU CURRENT EMP/OWN BUSINESS <> (YES) Yes THEN
||||
|||| N034_ N034_ OBTAIN INS THRU FORMER EMPLOYER
|||| Do you obtain this health insurance through a former employer of yours?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| IF N034_ OBTAIN INS THRU FORMER EMPLOYER <> (YES) Yes THEN
||||
|||| IF ( Respondent coupled = (MARRIED) Married OR Respondent coupled =
|||| (PARTNERED_VOL) Partnered (volunteered) ) or MARITAL STATUS ASSIGNED
|||| = (ANULLED) Anulled or MARITAL STATUS ASSIGNED = (SEPARATED)
|||| Separated or MARITAL STATUS ASSIGNED = (DIVORCED) Divorced THEN
||||
|||| N035_ N035_ OBTAIN INS THRU HWP CURRENT EMPLOYER
|||| Do you obtain this health insurance through your [former] (spouse's
|||| partner's) current employer?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| ENDIF
||||
|||| IF ( N035_ OBTAIN INS THRU HWP CURRENT EMPLOYER <> (YES) Yes and
|||| N035_ OBTAIN INS THRU HWP CURRENT EMPLOYER <> empty) or MARITAL
|||| STATUS ASSIGNED = (WIDOWED) Widowed THEN
||||
|||| N036_ N036_ OBTAIN INS THRU HWP FORMER EMPLOYER
|||| Do you obtain this health insurance through your [former] (spouse's partner's) former employer?
|||| 1 (YES) Yes
|||| 5 (NO) No
||||
|||| ENDIF
||||
|||| IF N035_ OBTAIN INS THRU HWP CURRENT EMPLOYER <> ( (YES) Yes ) Yes
|||| AND N036_ OBTAIN INS THRU HWP FORMER EMPLOYER <> YES THEN
||||
|||| N037_ N037_ WHERE PURCHASE PRIVATE PLAN INSURANCE
|||| Did you purchase this plan directly from an insurance company, through your [] union,
|||| through a group such as AARP, a church, or other organization, or what?
|||| 1 (INSURANCE) Insurance company
|||| 2 (RSUNION) Your union
|||| 3 (SPOUSESUNION) Spouse's union
|||| 4 (GROUP) Group

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||||| 7 (OTH_SPECIFY) Other (specify)
|||||
||||| IF N037_ WHERE PURCHASE PRIVATE PLAN INSURANCE = (SPOUSESUNION)
||||| Spouse's union and Respondent coupled <> (MARRIED) Married and
||||| Respondent coupled <> (PARTNERED_VOL) Partnered (volunteered) THEN
|||||
||||| checkN037 check on N037_
||||| You indicated earlier that you do not have a partner. Your answers
||||| are important to us. If you feel that you answered the last
||||| question incorrectly please go back and change your answer.
|||||
||||| ENDIF
|||||
||||| IF N037_ WHERE PURCHASE PRIVATE PLAN INSURANCE = (OTH_SPECIFY)
||||| Other (specify) THEN
|||||
||||| N038S N038S WHERE PURCHASE PRIV PLAN HI- SPECIFY
||||| (How did you obtain this plan?) Other - specify
||||| Memo
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||
||| IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE
||| <> (EXTSPN) EXIT - Spanish THEN
|||
||| N048_AnyElseCov N048_ PRIV PLAN HI- ANYONE ELSE COVERED
||| Besides you, is anyone else covered on this health insurance?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| IF N048_ PRIV PLAN HI- ANYONE ELSE COVERED = (YES) Yes THEN
|||||
||||| N253_N049MWhoCov N049 EMPYR BASED INS-WHO COVERED
||||| Who besides yourself is covered? Choose all that apply.
||||| 1 (c01) 
||||| 2 (c02) 
||||| 3 (c03) 
||||| 4 (c04) 
||||| 5 (c05) 
||||| 6 (C06) 
||||| 7 (c07) 
||||| 8 (c08) 
||||| 9 (c09) 
||||| 10 (c10) 
||||| 11 (C11) 
||||| 12 (c12) 
||||| 13 (c13) 
||||| 14 (c14) 
||||| 15 (c15) 

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|||| 16 (C16) []
|||| 17 (c17) []
|||| 18 (c18) []
|||| 19 (c19) []
|||| 20 (c20) []
|||| 21 (C21) []
|||| 22 (c22) []
|||| 23 (c23) []
|||| 24 (c24) []
|||| 25 (c25) []
|||| 26 (C26) []
|||| 27 (c27) []
|||| 28 (c28) []
|||| 29 (c29) []
|||| 30 (c30) []
|||| 31 (C31) []
|||| 32 (c32) []
|||| 33 (c33) []
|||| 34 (c34) []
|||| 35 (c35) []
|||| 36 (C36) []
|||| 37 (c37) []
|||| 38 (c38) []
|||| 39 (c39) []
|||| 40 (c40) []
|||| 41 (C41) []
|||| 42 (c42) []
|||| 43 (c43) []
|||| 44 (c44) []
|||| 45 (c45) []
|||| 46 (C46) []
|||| 47 (c47) []
|||| 48 (c48) []
|||| 49 (c49) []
|||| 50 (c50) []
|||| 91 (C91) []
|||| 92 (c92) []
|||| 93 (c93) []
|||| 94 (c94) []
|||| 97 (OTH_SPECIFY) Other - specify
||||
|||| LOOP FROM 1 TO 50 DO
|||| ENDDO
||||
|||| IF OTH_SPECIFY in N049 EMPYR BASED INS-WHO COVERED THEN
||||
|||| N050SWhoCov_S N050S PRIV PLAN HI- WHO COVERED- SPECIFY
|||| (Who besides yourself is covered?) Other (specify)
|||| Memo
||||
|||| ENDIF
||||
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||| ENDIF
|||
||| IF Respondent coupled = (MARRIED) Married AND N035_ OBTAIN INS THRU HWP CURRENT
||| EMPLOYER <> ( (YES) Yes ) Yes AND N036_ OBTAIN INS THRU HWP FORMER EMPLOYER
||| <> YES AND N037_ WHERE PURCHASE PRIVATE PLAN INSURANCE <> (SPOUSESUNION)
||| Spouse's union AND ( N048_ PRIV PLAN HI- ANYONE ELSE COVERED = (NO) No OR NOT (C91
||| IN N049 EMPYR BASED INS-WHO COVERED )) THEN
|||
||| N051_SPCoverage N051_ PRIV HI- COULD SPOUSE BE COVERED
||| Could you have obtained coverage for your spouse through this health insurance plan?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| ENDIF
||| ENDIF
|||
||| N052_Plan1HMO N052_ PRIVATE PLAN INSURANCE AN HMO
||| Is this plan an HMO, that is a Health Maintenance Organization? (With an HMO, the cost of
||| the physician visit is typically covered in full or you pay only a small amount. All of your
||| routine care must be provided by an HMO physician.)
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| N053_NumYrPlan N053_ NUMBER YEARS IN PLAN
||| How long have you been with this plan?
||| Range: 0..50
|||
||| IF N053_ NUMBER YEARS IN PLAN = 0 OR N053_ NUMBER YEARS IN PLAN =
||| EMPTY THEN
|||
||| N054_NumMoPlan N054_ NUMBER MONTHS IN PLAN
||| How long have you been with this plan?
||| Range: 0..12
|||
||| ENDIF
|||
||| IF N052_ PRIVATE PLAN INSURANCE AN HMO <> (YES) Yes THEN
|||
||| N055_ListDoctor N055_ PRIV PLAN HI- HAS LIST OF DRS
||| Does this health insurance plan have a list or book of doctors that you are encouraged or required to use?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| ENDIF
|||
||| IF N055_ PRIV PLAN HI- HAS LIST OF DRS = ( (YES) Yes ) Yes or N052_
||| PRIVATE PLAN INSURANCE AN HMO = yes THEN
|||
||| N056_DocNotList N056_ PLAN PAY FOR DOCTORS NOT ON LIST
||| Does [this health insurance plan/the HMO] pay any of the costs for
||| routine care if you see a doctor who is not [on this list/in the HMO]?
||| 1 (YES) Yes

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||| 2 (YESWITHAREFERRAL) Yes, with a referral
||| 5 (NO) No
|||
||| ENDIF
|||
||| IF (( N033_ OBTAIN HI THRU CURRENT EMP/OWN BUSINESS = ( (YES) Yes ) Yes
||| and EMPLOYED = (SOMEONEELSE) Someone else ) OR N034_ OBTAIN INS THRU
||| FORMER EMPLOYER = YES) AND INTERVIEW LANGUAGE <> (EXTENG) EXIT - English
||| AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN
|||
||| IF R CURRENT AGE CALCULATION < 65 THEN
|||
||| | N059_CovTo65 N059_ EMPLOYER RETIREE COVERAGE UP TO 65
||| | [Can/If you left your current employer now, could] you continue this
||| | insurance coverage for yourself up to the age of 65?
||| | 1 (YES) Yes
||| | 5 (NO) No
||| |
||| | IF N059_ EMPLOYER RETIREE COVERAGE UP TO 65 = (YES) Yes THEN
||| |
||| | | N060_EmpCovAft65 N060_ EMPLOYER RETIREE HI COVERAGE AFTER 65
||| | | [Does your former/If you left your current employer now, does your] employer
||| | | offer some type of health insurance coverage for you after the age of 65?
||| | | 1 (YES) Yes
||| | | 5 (NO) No
||| | |
||| | | ENDIF
||| | ENDIF
||| |
||| | IF SP/P CURRENT AGE CALCULATION < 65 and Respondent coupled <>
||| | (OTHER) Other and N059_ EMPLOYER RETIREE COVERAGE UP TO 65 <> (NO) No
||| | and N051_ PRIV HI- COULD SPOUSE BE COVERED = (YES) Yes THEN
||| |
||| | | N062_CovSPTo65 N062_ EMP RETIREE HI COVERAGE FOR SP UP TO 65
||| | | [Could your spouse be covered by this plan/If you left your current employer now could you
||| | | continue your current health insurance coverage for your spouse/] until [he/she] is age 65?
||| | | 1 (YES) Yes
||| | | 5 (NO) No
||| | |
||| | | IF N062_ EMP RETIREE HI COVERAGE FOR SP UP TO 65 = (YES) Yes THEN
||| | |
||| | | | N063_CovSPAft65 N063_ EMP RETIREE HI COVERAGE FOR SP AFTER 65
||| | | | [Does your former/If you left your current employer now, does your] employer offer
||| | | | some type of health insurance coverage for your spouse after the age of 65?
||| | | | 1 (YES) Yes
||| | | | 5 (NO) No
||| | | |
||| | | | ENDIF
||| | | ENDIF
||| | ENDIF
||| |
||| | N066_LimitHlthIns N066_ LIMITS ON HI DUE TO PREEXISTING COND

```

```
||| Are there any limits or restrictions on this health insurance plan due to a preexisting condition?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| ENDIF
| ENDDO
ENDIF
```

**N071\_LTCIns** N071\_ LTC INSURANCE

[Not including government programs, do] you now have any long-term care insurance which specifically covers nursing home care for a year or more or any part of personal or medical care in your home?

1 (YES) Yes

5 (NO) No

```
IF N071_ LTC INSURANCE = (YES) Yes THEN
```

```
|
| IF ptN090_NumOfPlans = THEN
```

```
||
| ELSE
```

```
|| N072_LTCCovNHNewPrev N072_ LTC COV- NEW OR PRE MENTION PLAN
```

```
|| Is that one of the plans you have already described, or a different plan?
```

```
|| 1 (PREVDESCRPLAN) Previously described plan
```

```
|| 2 (DIFFERENTPLAN) Different plan
```

```
||
|| IF N072_ LTC COV- NEW OR PRE MENTION PLAN = (PREVDESCRPLAN) Previously
|| described plan THEN
```

```
|||
||| N073_LTCCovNHWhi N073_ LTC COV- WHICH PREV MENTION PLAN
```

```
||| Which plan is that?
```

```
||| 1 (Plan1) []
```

```
||| 2 (Plan2) []
```

```
||| 3 (Plan3) []
```

```
||| 4 (Plan4) []
```

```
||| 5 (Plan5) []
```

```
||| 6 (Plan6) []
```

```
||| 7 (Plan7) []
```

```
||| 8 (Plan8) []
```

```
||| 9 (Plan9) []
```

```
||| 10 (Plan10) []
```

```
||| 11 (Plan11) []
```

```
||| 12 (Plan12) []
```

```
||| 13 (Plan13) []
```

```
||| 14 (Plan14) []
```

```
||| 15 (Plan15) []
```

```
||| 16 (Plan16) []
```

```
||| 17 (Plan17) []
```

```
||| 18 (Plan18) []
```

```
||| 19 (Plan19) []
```

```
||| 20 (Plan20) []
```

```
||| 21 (Plan21) []
```

```
||| 22 (Plan22) []
```

```

|| 27 (Plan27) []
||
| ENDIF
| ENDIF
|
| N075_CovNHInHome N075_ COVER NURSING HOME/IN-HOME CARE
| Does this plan cover care in a nursing home facility only, personal or
| long-term care at home, or both in-home and nursing home care?
| 1 (NURSINGHOMECAREONLY) Nursing home care only
| 2 (INHOMECAREONLY) In-home care only
| 3 (BTH) Both
| 7 (OTH_SPECIFY) Other (specify)
|
| IF N075_ COVER NURSING HOME/IN-HOME CARE = (OTH_SPECIFY) Other (specify) THEN
|
| | N076SCovNHInHome_S N076S COVER NURSING HOME/IN-HOME CARE - SPECIFY
| | (Does this plan cover care in a nursing home facility only, personal or
| | long-term care at home, or both in-home and nursing home care?) Other (specify)
| | Memo
| |
| | ENDIF
|
| IF ( Respondent coupled <> (OTHER) Other and ( N072_ LTC COV- NEW OR PRE
| MENTION PLAN = (DIFFERENTPLAN) Different plan or N073_ LTC COV- WHICH PREV
| MENTION PLAN = (Plan27) ^Privplan[27] )) AND INTERVIEW LANGUAGE <> (EXTENG)
| EXIT - English AND INTERVIEW LANGUAGE <> (EXTSPN) EXIT - Spanish THEN
|
| | N238_SPCovNHInHome N076.5_ SPOUSE COVER NURSING HOME/IN-HOME CARE
| | Does this plan provide long-term care coverage for your [husband/wife partner] as well as for yourself?
| | 1 (YES) Yes
| | 5 (NO) No
| |
| | ENDIF
|
| N077_RcvBenefLTC N077_ RECD BENEFITS UNDER LTC
| Have you [] ever received benefits under your long-term care policy?
| 1 (YES) Yes
| 5 (NO) No
|
| IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <>
| (EXTSPN) EXIT - Spanish THEN
|
| | N078_PlanPayIncInfl N078_ PAYMENTS INCREASE W/ INFLATION
| | Does this plan increase payments with inflation?
| | 1 (YES) Yes
| | 5 (NO) No
| |
| | ENDIF
|
| IF N072_ LTC COV- NEW OR PRE MENTION PLAN <> (PREVDESCRPLAN) Previously
| described plan or N073_ LTC COV- WHICH PREV MENTION PLAN = (Plan27)
| ^Privplan[27] THEN

```

```

|
| IF N079_ AMT PAY FOR LTC > 0 THEN
|
|
| | N083_AmtPayLTCPer N083_ AMT PAY FOR LTC PER
| | [] ENTER 0 if no payments are made Amount: [N079_ AMT PAY FOR LTC] Per:
| | 1 (MONTH) Month
| | 2 (QUARTEREVERY3MONTHS) Quarter (every 3 months)
| | 4 (YEAR) Year
| | 7 (OTH_SPECIFY) Other (specify)
| |
| | IF N083_ AMT PAY FOR LTC PER = (OTH_SPECIFY) Other (specify) THEN
| |
| | | N084SAmtPayLTC_S N084S AMOUNT PAY FOR LTC - SPECIFY
| | | ( [] ENTER 0 if no payments are made Amount: [N079_ AMT PAY FOR LTC] Per:
| | | ) Other (specify)
| | | Memo
| | |
| | |
| | ENDIF
| |
| | IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE
| | <> (EXTSPN) EXIT - Spanish THEN

```

```

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

```

```

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

```

```

IF N090_ NUMBER OF PUBLIC/PRIVATE HI PLANS = THEN

```

```

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

```

```

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

```

```

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

```

```

| ENDIF

```

|  
ENDIF

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

|  
| IF EMPLOYED = (SOMEONEELSE) Someone else AND N033\_ OBTAIN HI THRU CURRENT  
| EMP/OWN BUSINESS <> ( ( (YES) Yes ) Yes ) Yes AND N033\_ OBTAIN HI THRU  
| CURRENT EMP/OWN BUSINESS <> YES AND N033\_ OBTAIN HI THRU CURRENT EMP/OWN  
| BUSINESS <> YES THEN

||  
|| **N092\_EmplHlthIns** N092\_ EMP/UNION OFFER HI - WRKG R W/O EMP INS  
|| Does your employer or union offer a health insurance plan to any of its employees?  
|| 1 (YES) Yes  
|| 5 (NO) No

|| IF N092\_ EMP/UNION OFFER HI - WRKG R W/O EMP INS = (YES) Yes THEN

||  
|| **N093\_JobHlthIns** N093\_ OFFERED HI THRU JOB- WRKNG R W/O EMP INS  
|| Were you offered health insurance through your job?  
|| 1 (YES) Yes  
|| 5 (NO) No

||  
|| ENDIF

||  
|| ENDIF

|  
| IF EMPLOYED = (SOMEONEELSE) Someone else AND ( N033\_ OBTAIN HI THRU CURRENT  
| EMP/OWN BUSINESS = ( ( (YES) Yes ) Yes ) Yes OR N033\_ OBTAIN HI THRU  
| CURRENT EMP/OWN BUSINESS = YES OR N033\_ OBTAIN HI THRU CURRENT EMP/OWN  
| BUSINESS = YES) THEN

||  
|| **N094\_ChoicePlan** N094\_ CHOICE IN PLANS- WRKNG R W/ EMP INS  
|| In the last two years, has your employer offered a choice of different health insurance plans that provided  
|| hospital and physician benefits or was only one health insurance plan offered to you?  
|| 1 (YESMORETHANONEPLAN) Yes, more than one plan  
|| 5 (NOONLYONEPLAN) No, Only one plan

|| IF N094\_ CHOICE IN PLANS- WRKNG R W/ EMP INS = (YESMORETHANONEPLAN) Yes,  
|| more than one plan THEN

||  
|| **N095\_BetterCov** N095\_ EMP OFFERED BETTER COVERAGE  
|| Compared to your current coverage through your employer, did any of these  
|| other plans provide better coverage?  
|| 1 (YES) Yes  
|| 5 (NO) No

||  
|| **N096\_MoreChoice** N096\_ EMP OFFERED GREATER PHYSICIAN CHOICE  
|| Compared to your current coverage through your employer, did any of these  
|| other plans provide greater choice of physicians?  
|| 1 (YES) Yes  
|| 5 (NO) No

```

|||
||| N097_CostMore N097_ EMP OFFERED MORE COSTLY HI PLANS
||| Compared to your current coverage through your employer, did any of these
||| other plans cost more than your plan?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| ENDIF
| ENDIF
ENDIF

```

```

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

```

```

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

```

```

| IF N301_ EX HOW LONG IN HOSPITAL BEFORE DEATH <> nonresponse THEN
|

```

```

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

```

```

| ENDIF
|

```

```

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

```

```

| IF N303_ EX REASON IN HOSPITAL = (OTH_SPECIFY) Other (specify) THEN
|

```

```

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

```

```

| ENDIF
|

```

```

ENDIF

```

```

IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW LANGUAGE <>
(EXTSPN) EXIT - Spanish ) OR N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR =
(YES) Yes THEN

```

```

| IF ( INTERVIEW LANGUAGE = (EXTENG) EXIT - English OR INTERVIEW LANGUAGE =

```

```

| (EXTSPN) EXIT - Spanish ) OR EX PLACE OF DEATH <> (INHOSPITAL) In hospital
| OR N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes THEN {**
| Bill's Exit Rule 7 /8}}
|
|
| IF N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes THEN
|
|
| | N100_TimeOverHosp N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP
| | How many different times were you a patient in a hospital overnight []?
| | Include mental hospitals and sanitariums.
| | Range: 1..95
|
|
| IF N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP >= 11 and N100_ NUM TIMES
| R STAYED OVERNIGHT IN HOSP <= 95 THEN
|
|
| | | checkN100 check N100_TimeOverHosp
| | | You entered [] Your answers are important to us. If you feel that you
| | | answered the last question incorrectly please go back and change your answer.
| |
| |
| | ENDIF
|
|
| | N101_NiteOverHosp N101_ NUM NIGHTS R SPENT OVERNIGHT IN HOSPITAL
| | [Altogether how/How] many nights were you a patient in the hospital []?
| | Range: 0..996
|
|
| | ENDIF
|
|
| IF ( INTERVIEW LANGUAGE = (EXTENG) EXIT - English or INTERVIEW LANGUAGE =
| (EXTSPN) EXIT - Spanish ) and ( N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP
| <> 0 and N100_ NUM TIMES R STAYED OVERNIGHT IN HOSP <> empty) THEN
|
|
| | N305_ N305_ EX HOSP - INTENSIVE CARE
| | [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
| | 1 (YES) Yes
| | 5 (NO) No
|
|
| | N306_ N306_ EX HOSP - LIFE SUPPORT
| | [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
| | 1 (YES) Yes
| | 5 (NO) No
|
|
| | N307_ N307_ EX HOSP - DIALYSIS
| | [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
| | 1 (YES) Yes
| | 5 (NO) No
|
|
| | N308_ N308_ EX HOSP - ANTIBIOTICS
| | [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
| | 1 (YES) Yes
| | 5 (NO) No
|
|
| | ENDIF
|
|

```

```

|| IF N099_ OVERNIGHT STAY IN HOSP-SINCE PREV IW/2YR = (YES) Yes or EX PLACE
|| OF DEATH = (INHOSPITAL) In hospital THEN
||
|| N102_HospCovIns N102_ HOSPITAL STAYS COVERED BY INS
|| Were the costs for your hospital stay(s) completely covered by health
|| insurance, mostly covered, only partially covered, or not covered at all by insurance?
|| 1 (COMPLETELYCOVRD) Completely covered
|| 2 (MOSTLYCOVRD) Mostly covered
|| 3 (PARTIALLYCOVRD) Partially covered
|| 5 (NOTCOVRDATALL) Not covered at all
|| 7 (COSTSNOTSETLED) Costs not settled yet
||
|| IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English and INTERVIEW
|| LANGUAGE <> (EXTSPN) EXIT - Spanish ) THEN
||
|| IF ( N001_ (MEDICARE) Medicare COVERAGE <> ( ( (YES) Yes ) Yes )
|| Yes OR ( N006_ CURRENTLY COVERED BY MEDICAID = yes or N007_ CHAMPUS
|| CHAMPVA COVERAGE = YES or N023_ NUM PRIVATE HEALTH INS PLANS <> 0 )
|| and N025_ WHICH IS PRIMARY PLAN-PRIVATE/MEDICARE <> MEDICARE) and (
|| N102_ HOSPITAL STAYS COVERED BY INS = (COMPLETELYCOVRD) Completely
|| covered or N102_ HOSPITAL STAYS COVERED BY INS = (MOSTLYCOVRD) Mostly
|| covered or N102_ HOSPITAL STAYS COVERED BY INS = (PARTIALLYCOVRD)
|| Partially covered ) THEN
||
|| N104_WhiPlanCovHosp N104_ WHICH PLAN COV LGST SHARE HOSPITAL COST
|| What is the name of the health insurance plan that covered the largest share of the costs?
|||| 1 (Plan1) []
|||| 2 (Plan2) []
|||| 3 (Plan3) []
|||| 4 (Plan4) []
|||| 5 (Plan5) []
|||| 6 (Plan6) []
|||| 7 (Plan7) []
|||| 8 (Plan8) []
|||| 9 (Plan9) []
|||| 10 (Plan10) []
|||| 11 (Plan11) []
|||| 12 (Plan12) []
|||| 13 (Plan13) []
|||| 14 (Plan14) []
|||| 15 (Plan15) []
|||| 16 (Plan16) []
|||| 17 (Plan17) []
|||| 18 (Plan18) []
|||| 19 (Plan19) []
|||| 20 (Plan20) []
|||| 21 (Plan21) []
|||| 22 (Plan22) []
|||| 27 (Plan27) []
||||
|||| IF N104_ WHICH PLAN COV LGST SHARE HOSPITAL COST = (Plan27)
|||| ^Privplan[27] THEN

```

```

|||||
||||| IF N105_ NAME PLAN COV LGST SHARE HOSPITAL COST <> Nonresponse THEN
|||||
||||| N359_ N105.1 LGST SHARE HOSPITAL COST- STILL COVERED
||||| Are you still covered under this plan?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||
||| IF N102_ HOSPITAL STAYS COVERED BY INS <> (COMPLETELYCOVRD) Completely
||| covered THEN
|||
||| N106_AmtOOPHospCost N106_ AMT PAID O-O-P HOSPITAL COSTS
||| About how much did you pay out-of-pocket for hospital bills []?
||| Range: 0..9999996
|||
||| IF N106_ AMT PAID O-O-P HOSPITAL COSTS >= 50001 and N106_ AMT PAID
||| O-O-P HOSPITAL COSTS <= 9999996 THEN
|||
||| checkN106 check N106_AmtOOPHospCost
||| You entered [] Your answers are important to us. If you feel that you answered the last
||| question incorrectly please go back and change your answer.
|||
||| ENDIF
||| ENDIF
||| ENDIF
|||
||| IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English and INTERVIEW LANGUAGE
||| <> (EXTSPN) EXIT - Spanish ) AND R IN NURSING HOME = (YESNURSINGHOME) Yes THEN
|||
||| ELSE
|||
||| N114_OverniteNH N114_ EVER PATIENT OVERNIGHT IN NURSING HOME
||| [], have you been a patient overnight in a nursing home, convalescent
||| home, or other long-term health care facility?
||| 1 (YES) Yes
||| 5 (NO) No
|||
||| ENDIF
|||
||| IF ( INTERVIEW LANGUAGE = (EXTENG) EXIT - English or INTERVIEW LANGUAGE =
||| (EXTSPN) EXIT - Spanish ) AND ( EX PLACE OF DEATH = (INNURSINGHOME) In
||| nursing home or R IN NURSING HOME = (YESNURSINGHOME) (YES) Yes ) and
||| N114_ EVER PATIENT OVERNIGHT IN NURSING HOME <> YES THEN
|||
|||
||| N115_TimeOverNH N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME
||| How many [times, including now, have you been a patient in a nursing home

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|| | times were you a patient in a nursing home] or other long-term care facility []?
|| | Range: 1..95
|| |
|| | IF N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME >= 6 and N115_ # TIMES
|| | SPENT OVERNIGHT IN NURSING HOME <= 95 THEN
|| |
|| | checkN115 check N115_TimeOverNH
|| | You entered [] Your answers are important to us. If you feel that you
|| | answered the last question incorrectly please go back and change your answer.
|| |
|| | ENDIF
|| | ENDIF
|| |
|| | IF N114_ EVER PATIENT OVERNIGHT IN NURSING HOME = (YES) Yes THEN
|| |
|| | N116_NiteOverNH N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH
|| | [Altogether, how/How] many nights have you been a patient in a nursing
|| | home []? ENTER 996 for continuous since entered or []
|| | Range: 0..996
|| |
|| | IF N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH = empty THEN
|| |
|| | N117_MoOverNH N117_ NUM MOS R SPENT OVERNIGHT IN NH
|| | [Altogether, how/How] many months have you been a patient in a nursing home []?
|| | Range: 1..78
|| |
|| | IF N117_ NUM MOS R SPENT OVERNIGHT IN NH >= 37 and N117_ NUM MOS R
|| | SPENT OVERNIGHT IN NH <= 78 THEN
|| |
|| | checkN117 check N117_MoOverNH
|| | You entered [] Your answers are important to us. If you feel that you
|| | answered the last question incorrectly please go back and change your answer.
|| |
|| | ENDIF
|| | ENDIF
|| | ENDIF
|| |
|| | IF N114_ EVER PATIENT OVERNIGHT IN NURSING HOME = (YES) Yes or EX PLACE
|| | OF DEATH = (INNURSINGHOME) In nursing home or R IN NURSING HOME =
|| | (YESNURSINGHOME) Yes THEN
|| |
|| | N118_InsCovCost N118_ NH COSTS COVERED BY INSURANCE
|| | [Have the costs for your nursing home stay(s) been completely covered by
|| | Were the costs for your nursing home stay(s) completely covered by]
|| | insurance, mostly covered, only partially covered, or not covered at all by insurance?
|| | 1 (COMPLETELYCOVRD) Completely covered
|| | 2 (MOSTLYCOVRD) Mostly covered
|| | 3 (PARTIALLYCOVRD) Partially covered
|| | 5 (NOTCOVRDATALL) Not covered at all
|| | 7 (COSTSNOTSETLED) Costs not settled yet
|| |
|| | IF N118_ NH COSTS COVERED BY INSURANCE <> (COMPLETELYCOVRD) Completely

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```

||| covered THEN
|||
||| N119_AmtPayNHHosp N119_ AMT PAID O-O-P NURSING HOME
||| About how much did you pay out-of-pocket for nursing home bills []?
||| Include any amount paid by others
||| Range: 0..999996
|||
||| IF N119_ AMT PAID O-O-P NURSING HOME >= 50001 and N119_ AMT PAID O-O-P
||| NURSING HOME <= 99996 THEN
|||
||| checkN119 check N119_AmtPayNHHosp
||| You entered [] Your answers are important to us. If you feel that you
||| answered the last question incorrectly please go back and change your answer.
|||
||| ENDIF
||| ENDIF
|||
||| IF N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 , the third time
||| through the loop should ask about the last
|||
||| IF (LpCntr < N115_TimeverNH OR R IN NURSING HOME = 0) AND ( PREV WAVE
||| R IN NURSING HOME AT PREVIOUS WAVE <> (INNURSINGHOME) In nursing home
||| OR QN116_NiteOverNH <> 996 ) THEN }
|||
||| LOOP FROM 1 TO 3 DO
|||
||| IF N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 , the third
||| time through the loop should ask about the last
|||
||| IF piLPCNTR <= N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME THEN
|||
||| IF (( R IN NURSING HOME <> ( (YESNURSINGHOME) Yes ) Yes and EX PLACE OF DEATH
||| <> ( ( INNURSINGHOME) In nursing home ) In nursing home ) or ( N115_#
||| TIMES SPENT OVERNIGHT IN NURSING HOME > 1 and N115_ # TIMES SPENT
||| OVERNIGHT IN NURSING HOME <> nonresponse)) AND ( PREV WAVE R
||| IN NURSING HOME AT PREVIOUS WAVE <> INNURSINGHOME OR N116_ NUM
||| NIGHTS R SPENT OVERNIGHT IN NH <> 996 ) AND (( N115_ # TIMES SPENT
||| OVERNIGHT IN NURSING HOME <= 3 and piLPCNTR < N115_ # TIMES SPENT
||| OVERNIGHT IN NURSING HOME ) or ( N115_ # TIMES SPENT OVERNIGHT IN NURSING
||| HOME >3 and N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse and
||| piLPCNTR < 3) or ( R IN NURSING HOME <> YESNURSINGHOME and EX PLACE OF
||| DEATH <> INNURSINGHOME)) THEN
|||
||| N124_YrMovInNH1 N123_ YEAR R MOVED TO NURSING HOME
||| [] In what year did you go into the nursing home or health care facility?
||| Range: 1900..2009
|||
||| IF N123_ YEAR R MOVED TO NURSING HOME >= TWO YEARS AGO THEN
|||
||| N123_MoMovInNH1 N124_ MONTH R MOVED TO NURSING HOME
||| What month was that?
||| 1 (JAN) Jan

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||||||| 2 (FEB) Feb
||||||| 3 (MAR) Mar
||||||| 4 (APR) Apr
||||||| 5 (MAY) May
||||||| 6 (JUN) Jun
||||||| 7 (JUL) Jul
||||||| 8 (AUG) Aug
||||||| 9 (SEP) Sep
||||||| 10 (OCT) Oct
||||||| 11 (NOV) Nov
||||||| 12 (DEC) Dec
||||||| 13 (WINTER) Winter
||||||| 14 (SPRING) Spring
||||||| 15 (SUMMER) Summer
||||||| 16 (FALL) Fall
|||||||
||||||| ENDIF
|||||||
||||||| IF N123_ YEAR R MOVED TO NURSING HOME > current date year THEN
|||||||
||||||| checkYearGreater check year greater
||||||| You gave a year that is greater than the current year. Your answers are important to us. If you
||||||| feel that you answered the last question incorrectly please go back and change your answer.
|||||||
||||||| ENDIF
|||||||
||||||| IF R IN NURSING HOME <> ( (YESNURSINGHOME) Yes ) Yes or ( R
||||||| IN NURSING HOME = YESNURSINGHOME and piLPCNTR < N115_ #
||||||| TIMES SPENT OVERNIGHT IN NURSING HOME ) THEN
|||||||
||||||| N126_YrMovOutNH1 N125_ YEAR R MOVED OUT OF NURSING HOME
||||||| In what year did you move out of the nursing home or health care facility?
||||||| Range: 1900..2009
|||||||
||||||| IF N125_ YEAR R MOVED OUT OF NURSING HOME >= TWO YEARS AGO THEN
|||||||
||||||| N125_MoMovOutNH1 N126_ MONTH R MOVED OUT OF NURSING HOME
||||||| What month was that?
||||||| 1 (JAN) Jan
||||||| 2 (FEB) Feb
||||||| 3 (MAR) Mar
||||||| 4 (APR) Apr
||||||| 5 (MAY) May
||||||| 6 (JUN) Jun
||||||| 7 (JUL) Jul
||||||| 8 (AUG) Aug
||||||| 9 (SEP) Sep
||||||| 10 (OCT) Oct
||||||| 11 (NOV) Nov
||||||| 12 (DEC) Dec
||||||| 13 (WINTER) Winter
||||||| 14 (SPRING) Spring

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||||| 15 (SUMMER) Summer
||||| 16 (FALL) Fall
|||||
||||| ENDIF
|||||
||||| IF N125_ YEAR R MOVED OUT OF NURSING HOME > current date
||||| year THEN
|||||
||||| checkYearGreater check year greater
||||| You gave a year that is greater than the current year. Your answers are important to us. If you
||||| feel that you answered the last question incorrectly please go back and change your answer.
|||||
||||| ENDIF
|||||
||||| IF N125_ YEAR R MOVED OUT OF NURSING HOME < N123_ YEAR R
||||| MOVED TO NURSING HOME THEN
|||||
||||| checkYrMov check year mov
||||| You gave a year for moving out that is earlier than the year you gave for moving in.
||||| Your answers are important to us. If you feel that you answered the last question
||||| incorrectly please go back and change your answer.
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF N005_ MEDICAID COVERAGE SINCE PREV WAVE = (YES) Yes THEN
|||||
||||| N127_ N127_ ELIGIBLE FOR MEDICAID START NH STAY
||||| [] Were you eligible for Medicaid, or the equivalent in your
||||| state, at the time your [] nursing home stay started?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF N127_ ELIGIBLE FOR MEDICAID START NH STAY = (NO) No THEN
|||||
||||| N128_ N128_ ELIGIBLE FOR MEDICAID DURNG NH STAY
||||| Did you become eligible for Medicaid, or the equivalent in your state, during that nursing home
||||| stay?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| IF ( N127_ ELIGIBLE FOR MEDICAID START NH STAY = ( (YES) Yes) Yes OR N128_
||||| ELIGIBLE FOR MEDICAID DURNG NH STAY = YES) and (( N115_ # TIMES SPENT
||||| OVERNIGHT IN NURSING HOME <= 3 and piLPCNTR = N115_ # TIMES SPENT
||||| OVERNIGHT IN NURSING HOME) or ( N115_ # TIMES SPENT OVERNIGHT IN NURSING
||||| HOME >3 and N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse
||||| and piLPCNTR = 3)) and ( R IN NURSING HOME = (NO) No And EX
||||| PLACE OF DEATH <> (INNURSINGHOME) In nursing home ) THEN
|||||

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||||| N130_ N130_ LOSE ELIGIBILITY WHEN LEFT-LAST NH STAY
||||| Did you lose your eligibility for Medicaid, or the equivalent in your state, when you were
||||| discharged from your (last) nursing home stay?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| ENDIF
|||||
||||| IF ( N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME > 3 and
||||| N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME <> nonresponse
||||| and piLPCNTR < 3) or ( piLPCNTR < N115_ # TIMES SPENT
||||| OVERNIGHT IN NURSING HOME and piLPCNTR <> 3) or (( piLPCNTR =
||||| N115_ # TIMES SPENT OVERNIGHT IN NURSING HOME or piLPCNTR = 3)
||||| and R IN NURSING HOME <> (YESNURSINGHOME) Yes And EX PLACE OF
||||| DEATH <> (INNURSINGHOME) In nursing home ) THEN
|||||
||||| N131_LiveAftNH1 N131_ WHERE R LIVE AFTER NURSING HOME STAY
||||| Where did you live after leaving the nursing home or health care facility? (Did you live alone, []
||||| with one of your children and his or her own family, with other relatives, in a retirement center,
||||| or what?)
||||| 1 (RLIVEDBYHIMHERSLFALONE) I lived by myself, alone
||||| 2 (RLIVEDWITHSPPTRONLY) I lived with spouse/partner only
||||| 3 (RLIVEDWITHCHILDCHILDSFAM) I lived with child and child's family
||||| 4 (RLIVEDWITHOTHERELATIVES) I lived with other relative(s)
||||| 5 (RLIVEDINRETIREMENTCENTER) I lived in retirement center
||||| 6 (ANOTHERNHOM) I lived in another nursing home, hospital,assisted living, rehab center
||||| 7 (OTH_SPECIFY) Other (specify)
|||||
||||| IF N131_ WHERE R LIVE AFTER NURSING HOME STAY =
||||| (OTH_SPECIFY) Other (specify) THEN
|||||
||||| N132SLiveAftNH1_S N132S WHERE R LIVE AFTER NH STAY- SPECIFY
||||| (Where did you live after leaving the nursing home or health care facility? Did you live
||||| alone,[] with one of your children and his or her own family, with other relatives, in
||||| a retirement center, or what?) Other (specify)
||||| Memo
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
||||| ENDDO
||||| ENDIF
|||||
||||| IF INTERVIEW LANGUAGE = (EXTENG) EXIT - English or INTERVIEW
||||| LANGUAGE = (EXTSPN) EXIT - Spanish THEN
|||||
||||| IF EX PLACE OF DEATH = (INHOSPICE) In hospice THEN
|||||
||||| N315_ N315_ EX hospice # NIGHTS - FINAL
||||| [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]

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||||| Range: 1..365
|||||
||||| IF N315_ EX hospice # NIGHTS - FINAL EX hospice # NIGHTS - FINAL
||||| = empty or N315_ = DK THEN
|||||
||||| N320_ N320_ EX OVERNIGHT IN HOSPICE
||||| [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF EX PLACE OF DEATH = (INHOSPICE) In hospice OR N320_ EX
||||| OVERNIGHT IN HOSPICE = (YES) Yes THEN
|||||
||||| IF N320_ EX OVERNIGHT IN HOSPICE = (YES) Yes THEN
|||||
||||| N321_ N321_ EX HOSPICE # TIMES
||||| [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
||||| Range: 1..95
|||||
||||| N322_ N322_ EX HOSPICE-1 NIGHTS
||||| [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
||||| Range: 0..996
|||||
||||| IF N322_ EX HOSPICE-1 NIGHTS = empty THEN
|||||
||||| N323_ N323_ EX HOSPICE-1 MONTHS
||||| [THIS QUESTION DOES NOT EXIST IN THE CORE PORTION OF HRS]
||||| Range: 0..32
|||||
||||| ENDIF
|||||
||||| IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW
||||| LANGUAGE <> (EXTSPN) EXIT - Spanish THEN
|||||
||||| N134_OutSurgLst2Yrs N134_ OUTPATIENT SURGERY- PREV IW/2 YRS
||||| [] have you had outpatient surgery?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF N134_ OUTPATIENT SURGERY- PREV IW/2 YRS = (YES) Yes THEN
|||||
||||| N135_SurgCov N135_ OUTPATIENT SURG COSTS COVERED BY HI
||||| Were the expenses for your outpatient surgery completely covered by health insurance,
||||| mostly covered, only partially covered, or not covered at all by insurance?
||||| 1 (COMPLETELYCOVRD) Completely covered
||||| 2 (MOSTLYCOVRD) Mostly covered
||||| 3 (PARTIALLYCOVRD) Partially covered
||||| 5 (NOTCOVRDATALL) Not covered at all
||||| 7 (COSTSNOTSETLED) Costs not settled yet
|||||
||||| IF N135_ OUTPATIENT SURG COSTS COVERED BY HI <> (COMPLETELYCOVRD)
||||| Completely covered THEN

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|||||
||||| N139_AmtOOPOutSurg N139_ AMT PAID O-O-P OUTPAT SURGERY
||||| About how much did you pay out-of-pocket for outpatient surgery []?
||||| Range: 0..999996
|||||
||||| IF N139_ AMT PAID O-O-P OUTPAT SURGERY >= 50000 or N139_ AMT
||||| PAID O-O-P OUTPAT SURGERY <= 999996 THEN
|||||
||||| checkN139 check N139_AmtOOPOutSurg
||||| You entered [] Your answers are important to us. If you feel that you answered
||||| the last question incorrectly please go back and change your answer.
|||||
||||| ENDIF
||||| ENDIF
||||| ELSE
|||||
||||| N143_ExpInsCovOutSurg N143_ EXPECT INS TO COVER OUTPAT SURGERY COSTS
||||| If you did need to have outpatient surgery, would you expect any of the costs to be covered by
||||| insurance?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| N147_TimeSeeDoc N147_ # TIMES SEEN DR- PREV IW/2 YRS
||||| [Aside from any hospital stays, how/Aside from any outpatient surgery, how/Aside from any hospital
||||| stays and outpatient surgery, how/How] many times have you seen or talked to a medical doctor about
||||| your health, including emergency room or clinic visits []? Use zero for none
||||| Range: 0..900
|||||
||||| IF N147_ # TIMES SEEN DR- PREV IW/2 YRS >= 51 and N147_ # TIMES SEEN
||||| DR- PREV IW/2 YRS <= 900 THEN
|||||
||||| checkN147 check N147_TimeSeeDoc
||||| You entered [] Your answers are important to us. If you feel that you answered
||||| the last question incorrectly please go back and change your answer.
|||||
||||| ENDIF
|||||
||||| IF N147_ # TIMES SEEN DR- PREV IW/2 YRS = NONRESPONSE THEN
|||||
||||| N148_TimeSeeDoc20 N148_ NUMBER TIMES SEEN DOCTOR 20X
||||| Did it amount to less than 20 times, more than 20 times, or what?
||||| 1 (LESSTHAN20TIMES) Less than 20 times
||||| 3 (ABT20TIMES) About 20 times
||||| 5 (MORETHAN20TIMES) More than 20 times
|||||
||||| IF N148_ NUMBER TIMES SEEN DOCTOR 20X <> (ABT20TIMES) About 20
||||| times THEN
|||||
||||| IF N148_ NUMBER TIMES SEEN DOCTOR 20X <> (MORETHAN20TIMES) More

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||||| than 20 times THEN
|||||
||||| IF N148_ NUMBER TIMES SEEN DOCTOR 20X <> NONRESPONSE THEN
|||||
||||| N149_TimeSeeDoc5 N149_ NUMBER TIMES SEEN DOCTOR 5X
||||| Did it amount to less than 5 times, more than 5 times, or what?
||||| 1 (LESSTHAN5TIMES) Less than 5 times
||||| 3 (ABT5TIMES) About 5 times
||||| 5 (MORETHAN5TIMES) More than 5 times
|||||
||||| ENDIF
|||||
||||| IF N149_ NUMBER TIMES SEEN DOCTOR 5X <> (ABT5TIMES) About 5
||||| times and N149_ NUMBER TIMES SEEN DOCTOR 5X <>
||||| (MORETHAN5TIMES) More than 5 times THEN
|||||
||||| N150_DocAdvPast2Yrs N150_ HAS R SOUGHT DOC ADVICE IN PAST 2 YRS
||||| Do you think you have seen a medical doctor about your health at least once []?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| IF N148_ NUMBER TIMES SEEN DOCTOR 20X = (MORETHAN20TIMES) More
||||| than 20 times THEN
|||||
||||| N151_SkDocAdv50 N151_ R SEEK DOC ADVICE 50X
||||| Did it amount to less than 50 times, more than 50 times, or what?
||||| 1 (LESSTHAN50TIMES) Less than 50 times
||||| 3 (ABT50TIMES) About 50 times
||||| 5 (MORETHAN50TIMES) More than 50 times
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF N150_ HAS R SOUGHT DOC ADVICE IN PAST 2 YRS = (YES) Yes or ((
||||| N147_ # TIMES SEEN DR- PREV IW/2 YRS <> 0 and N147_ # TIMES SEEN DR- PREV IW/2 YRS
||||| = response) or N148_ NUMBER TIMES SEEN DOCTOR 20X = (ABT20TIMES) About 20 times OR
||||| N149_ NUMBER TIMES SEEN DOCTOR 5X = (ABT5TIMES) About 5 times or N149_ NUMBER
||||| TIMES SEEN DOCTOR 5X = (MORETHAN5TIMES) More than 5 times ) or N151_ R SEEK DOC
||||| ADVICE 50X <> empty THEN
|||||
||||| N152_VisitCovIns N152_ DOCTOR VISITS COVERED BY INSURANCE
||||| Were the costs for your doctor or clinic visit(s) completely covered by health insurance,
||||| mostly covered, only partially covered, or not covered at all by insurance?
||||| 1 (COMPLETELYCOVRD) Completely covered
||||| 2 (MOSTLYCOVRD) Mostly covered
||||| 3 (PARTIALLYCOVRD) Partially covered
||||| 5 (NOTCOVRDATALL) Not covered at all
||||| 7 (COSTSNOTSETLED) Costs not settled yet

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|||||
||||| IF N152_ DOCTOR VISITS COVERED BY INSURANCE <> (COMPLETELYCOVRD)
||||| Completely covered THEN
|||||
||||| N156_AmtOOPVisit N156_ AMT PAY O-O-P FOR DOC VISITS
||||| About how much did you pay out-of-pocket for doctor or clinic visits []?
||||| Range: 0..9999996
|||||
||||| IF N156_ AMT PAY O-O-P FOR DOC VISITS >= 50001 and N156_ AMT PAY
||||| O-O-P FOR DOC VISITS <= 9999996 THEN
|||||
||||| checkN156 check N156_AmtOOPVisit
||||| You entered [] Your answers are important to us. If you feel that you answered
||||| the last question incorrectly please go back and change your answer.
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| N160_ExpDocCovIns N160_ EXPECT HI TO COVER DR VISIT COSTS
||||| If you did need to see a medical doctor, would you expect any of the costs to be covered by insurance?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW
||||| LANGUAGE <> (EXTSPN) EXIT - Spanish THEN
|||||
||||| N164_SeeDentPW N164_ SEEN DENTIST SINCE PREV IW/2YRS
||||| [] have you seen a dentist for dental care, including dentures?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF N164_ SEEN DENTIST SINCE PREV IW/2YRS = (YES) Yes THEN
|||||
||||| N165_DentCovIns N165_ DENTAL COSTS COVERED BY INSURANCE
||||| Were your dental expenses completely covered by insurance, mostly
||||| covered, only partially covered, or not covered at all by insurance?
||||| 1 (COMPLETELYCOVRD) Completely covered
||||| 2 (MOSTLYCOVRD) Mostly covered
||||| 3 (PARTIALLYCOVRD) Partially covered
||||| 5 (NOTCOVRDATALL) Not covered at all
||||| 7 (COSTSNOTSETLED) Costs not settled yet
|||||
||||| IF N165_ DENTAL COSTS COVERED BY INSURANCE <> (COMPLETELYCOVRD)
||||| Completely covered THEN
|||||
||||| N168_AmtPayOOPDental N168_ AMT PAY O-O-P DENTAL
||||| About how much did you pay out-of-pocket for dental bills []?
||||| Range: 0..9999996
|||||
||||| IF N168_ AMT PAY O-O-P DENTAL >= 50001 and N168_ AMT PAY O-O-P

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||||| DENTAL <= 999996 THEN
|||||
||||| checkN168 check N168_AmtPayOOPDental
||||| You entered [] Your answers are important to us. If you feel that you answered the
||||| last question incorrectly please go back and change your answer.
|||||
||||| ENDIF
||||| ENDIF
||||| ELSE
|||||
||||| N172_DentCovInsNeed N172_ EXPECT HI TO COVER DENTAL COSTS
||||| If you did need to see a dentist, would you expect any of the costs to be covered by insurance?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| IF BLOOD PRESSURE MEDICATION = ( ( ( ( ( (YES) Yes ) Yes ) Yes )
||||| Yes ) Yes ) Yes ) Yes OR SWALLOWED MEDICATION FOR DIABETES = Yes OR
||||| TAKING INSULIN - DIABETES = Yes OR ANGINA MEDICATION = Yes OR
||||| CONGESTIVE HEART FAILURE MEDICATION = Yes OR STROKE MEDICATION = Yes
||||| OR PSYCHIATRIC MEDICATION = Yes THEN
|||||
||||| ELSE
|||||
||||| N175_TkMedsReg N175_ TAKE RX DRUGS REGULARLY
||||| Do you regularly take prescription medications?
||||| 1 (YES) Yes
||||| 5 (NO) No
||||| 7 (MEDICATIONSKNOWN)
|||||
||||| ENDIF
|||||
||||| IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW
||||| LANGUAGE <> (EXTSPN) EXIT - Spanish ) THEN
|||||
||||| IF ( N175_ TAKE RX DRUGS REGULARLY = (YES) Yes OR N175_ TAKE RX
||||| DRUGS REGULARLY = (MEDICATIONSKNOWN) OR N175_ TAKE RX DRUGS
||||| REGULARLY = empty) THEN
|||||
||||| N360_ N175.1 RX DRUGS REGULARLY CHOLESTEROL
||||| Do you regularly take prescription medications for any of the following common
||||| health problems: To help lower your cholesterol?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| N361_ N175.2 RX DRUGS REGULARLY PAIN
||||| Do you regularly take prescription medications for any of the following common
||||| health problems: For pain in your joints or muscles?
||||| 1 (YES) Yes
||||| 5 (NO) No

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|||||
||||| N362_ N175.3 PRESC DRUGS REGULARLY BREATHING PROBLEMS
||||| Do you regularly take prescription medications for any of the following common
||||| health problems: For asthma or allergies or other breathing problems?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| N363_ N175.4 PRESC DRUGS REGULARLY STOMACH PROBLEMS
||||| Do you regularly take prescription medications for any of the
||||| following common health problems:For stomach problems?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| N364_ N175.5 PRESC DRUGS REGULARLY HELP SLEEP
||||| Do you regularly take prescription medications for any of the
||||| following common health problems:To help you sleep?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| N365_ N175.6 RX DRUGS REGULARLY-ANXIETY OR DEPRESSION
||||| Do you regularly take prescription medications for any of the following
||||| common health problems:To help relieve anxiety or depression?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| IF ( N175_ TAKE RX DRUGS REGULARLY <> (NO) No and N175_ TAKE RX
||||| DRUGS REGULARLY <> nonresponse) THEN
|||||
||||| IF N176_ DRUG COSTS COVERED BY INSURANCE <> (COMPLETELYCOVRD)
||||| Completely covered THEN
|||||
||||| N180_AmtOOPMeds N180_ AMT PAY O-O-P RX DRUGS PER MONTH
||||| On average, about how much have you paid out-of-pocket per month for these prescriptions []?
||||| Range: 0..99996
|||||
||||| IF N180_ AMT PAY O-O-P RX DRUGS PER MONTH >= 251 and N180_ AMT
||||| PAY O-O-P RX DRUGS PER MONTH <= 99996 THEN
|||||
||||| checkN180 check N180_AmtOOPMeds
||||| You entered [] Your answers are important to us. If you feel that you answered the last
||||| question incorrectly please go back and change your answer.
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW
||||| LANGUAGE <> (EXTSPN) EXIT - Spanish ) THEN
|||||

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||||| IF ( N175_ TAKE RX DRUGS REGULARLY <> (NO) No and N175_ TAKE RX
||||| DRUGS REGULARLY <> nonresponse) THEN
|||||
||||| IF ( N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> empty and N180_
||||| AMT PAY O-O-P RX DRUGS PER MONTH <> nonresponse and N182_ AMT PAY
||||| O-O-P RX DRUGS PER MONTH- MAX AMT PAY O-O-P RX DRUGS PER MONTH-
||||| MAX = empty) or ( N180_ AMT PAY O-O-P RX DRUGS PER MONTH =
||||| nonresponse and N182_ <= 500 and N183_ AMT PAY O-O-P RX DRUGS PER
||||| MONTH- RESULT <> nonresponse) THEN
|||||
||||| N368_ N183.1 out-of-pocket payments were much higher
||||| You said your average payment for prescription drugs has been []per month [] Have there been
||||| some months when your out-of-pocket payments were much higher than this?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF N183.1 out-of-pocket payments were much higher = (YES) Yes
||||| THEN
|||||
||||| N369_ N183.2 caused payments to be higher
||||| What caused your payments to be higher in those months? Choose all that apply.
||||| 1 (ADDIDMEDICATIONS) HAD TO TAKE ADDITIONAL MEDICATIONS
||||| 2 (INSRANOUTNOTCOVER) INSURANCE RAN OUT/WOULDN'T COVER
||||| 3 (PAYDOWNDEDUCTIBLE) HAD TO PAY DOWN DEDUCTIBLE
||||| 7 (OTHERSPECIFY) Other (specify)
|||||
||||| IF OTHERSPECIFY in N183.2 caused payments to be higher THEN
|||||
||||| N370S N183.3 caused payments to be higher - Specify
||||| (What caused your payments to be higher in those months?) Other (specify)
||||| Memo
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF ( INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW
||||| LANGUAGE <> (EXTSPN) EXIT - Spanish ) THEN
|||||
||||| IF ( N175_ TAKE RX DRUGS REGULARLY <> (NO) No and N175_ TAKE RX
||||| DRUGS REGULARLY <> nonresponse) THEN
|||||
||||| IF (N366_ <> USEWENTUP and N366_ <> USEWENTDOWN and N367_ <>
||||| COSTWENTUP and N367_ <> COSTWENTDOWN) THEN}
|||||
||||| IF ( N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> empty and
||||| N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> nonresponse and
||||| N182_ AMT PAY O-O-P RX DRUGS PER MONTH- MAX = empty) or
|||||
||||| N368_ N183.1 out-of-pocket payments were much higher
||||| You said your average payment for prescription drugs has been [] per month [] Have
||||| there been some months when your out-of-pocket payments were much higher than this?

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||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF N183.1 out-of-pocket payments were much higher = (YES)
||||| Yes THEN
|||||
||||| N369_ N183.2 caused payments to be higher
||||| What caused your payments to be higher in those months? Choose all that apply.
||||| 1 (ADDIDMEDICATIONS) HAD TO TAKE ADDITIONAL MEDICATIONS
||||| 2 (INSRANOUTNOTCOVER) INSURANCE RAN OUT/WOULDN'T COVER
||||| 3 (PAYDOWNDEDUCTIBLE) HAD TO PAY DOWN DEDUCTIBLE
||||| 7 (OTHERSPECIFY) Other (specify)
|||||
||||| IF OTHERSPECIFY in N183.2 caused payments to be higher THEN
|||||
||||| N370S N183.3 caused payments to be higher - Specify
||||| (What caused your payments to be higher in those months?) Other (specify)
||||| Memo
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF ( N180_ AMT PAY O-O-P RX DRUGS PER MONTH <> empty and N180_
||||| AMT PAY O-O-P RX DRUGS PER MONTH <> nonresponse) or
|||||
||||| IF ( N175_ TAKE RX DRUGS REGULARLY = (YES) Yes OR N175_ TAKE
||||| RX DRUGS REGULARLY = (MEDICATIONSKNOWN) ) and
|||||
||||| IF N371_MedsCovIns <> NofillbeforeMedicare THEN
|||||
||||| IF (N371_MedsCovIns <> NOTCOVRDATALL and N371_MedsCovIns
||||| <> COSTSNOTSETLED and N371_MedsCovIns <> nonresponse) and
|||||
||||| IF N371_MedsCovIns <> COMPLETELYCOVRD THEN
|||||
||||| IF (N374_AmtOOPMeds <= 500 and N376_ = empty) or
|||||
||||| IF N381_MedsCovIns <> COMPLETELYCOVRD THEN
|||||
||||| N188_TkLessMedsCost N188_ EVER TAKE LESS MEDS BECAUSE OF COST
||||| Sometimes people delay taking medication or filling prescriptions
||||| because of the cost. At any time [] have you ended up taking less
||||| medication than was prescribed for you because of the cost?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
|||||
||||| IF N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH <> 996 or ( PREV
||||| WAVE R IN NURSING HOME AT PREVIOUS WAVE <> (INNURSINGHOME) In
||||| nursing home and N116_ NUM NIGHTS R SPENT OVERNIGHT IN NH = 996)

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||||| THEN
|||||
||||| N189_HomeHlthSvc N189_ USED HOME HEALTH SVC- PREV IW/2 YRS
||||| [], has any medically-trained person come to your home to help you, yourself? Only include
||||| help given to you, not help for you if you are a caregiver for someone else. (Medically-trained
||||| persons include professional nurses, visiting nurse's aides, physical or occupational
||||| therapists, chemotherapists, and respiratory oxygen therapists.)
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| IF N189_ USED HOME HEALTH SVC- PREV IW/2 YRS = (YES) Yes THEN
|||||
||||| N190_HHSvcCovIns N190_ HOME HEALTH SERVICE COST COVERED BY INS
||||| Were the costs of your home medical care completely covered by health insurance,
||||| mostly covered, only partially covered, or not covered at all by insurance?
||||| 1 (COMPLETELYCOVRD) Completely covered
||||| 2 (MOSTLYCOVRD) Mostly covered
||||| 3 (PARTIALLYCOVRD) Partially covered
||||| 5 (NOTCOVRDATALL) Not covered at all
||||| 7 (COSTSNOTSETLED) Costs not settled yet
|||||
||||| IF N190_ HOME HEALTH SERVICE COST COVERED BY INS <>
||||| (COMPLETELYCOVRD) Completely covered THEN
|||||
||||| N194_AmtPayOOPHHS N194_ AMT PAY O-O-P HOME HEALTH SVC
||||| About how much did you pay out-of-pocket for in-home medical care []?
||||| Range: 0..999996
|||||
||||| IF N194_ AMT PAY O-O-P HOME HEALTH SVC >= 20001 and N194_
||||| AMT PAY O-O-P HOME HEALTH SVC <= 999996 THEN
|||||
||||| check194 check N194_AmtPayOOPHHS
||||| You entered [] Your answers are important to us. If you feel that you answered the last question
||||| incorrectly please go back and change your answer.
|||||
||||| ENDIF
||||| ENDIF
|||||
|||||
||||| N198_HHSCovIns N198_ EXPECT HI COVER HOME HEALTH SVC COSTS
||||| If you were to need medical care in your home, would you expect
||||| any of the costs to be covered by insurance?
||||| 1 (YES) Yes
||||| 5 (NO) No
|||||
||||| ENDIF
||||| ENDIF
|||||
||||| N212_HelpPayHCCost N212_ HELP PAY HEALTH CARE COSTS
||||| Besides any costs covered by insurance, has anyone helped you [and
||||| your/empty] [husband/wife/partner] pay for your health care costs

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||| | | | [], or helped you pay the cost of health insurance or for long-term  
||| | | | care insurance?

||| | | | 1 (YES) Yes

||| | | | 5 (NO) No

||| | | |

||| | | | IF N212\_ HELP PAY HEALTH CARE COSTS = (YES) Yes THEN

||| | | |

||| | | | **N213\_ WhoHelpPayHCCost** N213\_ WHO HELP PAY HEALTH CARE COSTS

||| | | | Is that a [child or other] relative of yours [ ], or is that someone else?

||| | | | 1 (CHILDCHILDLAWGRANDCHILD) Child/child-in-law/grandchild

||| | | | 2 (OTHRELATIVE) Other relative

||| | | | 3 (SOMEONEELSE) Someone else

||| | | |

||| | | | IF N213\_ WHO HELP PAY HEALTH CARE COSTS =

||| | | | (CHILDCHILDLAWGRANDCHILD) Child/child-in-law/grandchild THEN

||| | | |

||| | | | **N254\_N214MWhiChldPayHC** N214 WHICH CHILD PAY HEALTH CARE COSTS

||| | | | (Which child is that?) Choose all that apply

||| | | | 1 (c01)

||| | | | 2 (c02)

||| | | | 3 (c03)

||| | | | 4 (c04)

||| | | | 5 (c05)

||| | | | 6 (C06)

||| | | | 7 (c07)

||| | | | 8 (c08)

||| | | | 9 (c09)

||| | | | 10 (c10)

||| | | | 11 (C11)

||| | | | 12 (c12)

||| | | | 13 (c13)

||| | | | 14 (c14)

||| | | | 15 (c15)

||| | | | 16 (C16)

||| | | | 17 (c17)

||| | | | 18 (c18)

||| | | | 19 (c19)

||| | | | 20 (c20)

||| | | | 21 (C21)

||| | | | 22 (c22)

||| | | | 23 (c23)

||| | | | 24 (c24)

||| | | | 25 (c25)

||| | | | 26 (C26)

||| | | | 27 (c27)

||| | | | 28 (c28)

||| | | | 29 (c29)

||| | | | 30 (c30)

||| | | | 31 (C31)

||| | | | 32 (c32)

||| | | | 33 (c33)

||| | | | 34 (c34)

||||||| 35 (c35) []  
||||||| 36 (C36) []  
||||||| 37 (c37) []  
||||||| 38 (c38) []  
||||||| 39 (c39) []  
||||||| 40 (c40) []  
||||||| 41 (C41) []  
||||||| 42 (c42) []  
||||||| 43 (c43) []  
||||||| 44 (c44) []  
||||||| 45 (c45) []  
||||||| 46 (C46) []  
||||||| 47 (c47) []  
||||||| 48 (c48) []  
||||||| 49 (c49) []  
||||||| 50 (c50) []  
||||||| 91 (C91) []  
||||||| 92 (c92) []  
||||||| 93 (c93) []  
||||||| 94 (c94) []  
||||||| 97 (C97) []

|||||||  
||||||| LOOP FROM 1 TO 50 DO  
||||||| ENDDO  
|||||||  
||||||| ENDIF

||||||| **N215\_AmtOthHelp** N215\_ AMT OF OTHER HELP  
||||||| Altogether, about how much money did that help amount to?  
||||||| Range: 0..999996

||||||| IF N215\_ AMT OF OTHER HELP >= 20001 and N215\_ AMT OF OTHER HELP  
||||||| <= 999996 THEN

|||||||  
||||||| **checkN215** check N215\_AmtOthHelp  
||||||| You entered [] Your answers are important to us. If you feel that you answered  
||||||| the last question incorrectly please go back and change your answer.

|||||||  
||||||| ENDIF  
||||||| ENDIF

||||||| IF N211\_ ASSIGN TOTAL O-O-P FOR MAJOR MED COSTS >= 10000 THEN

||||||| **N219\_HowFinLgMedExp** N219 HOW FINANCE LARGE MEDICAL EXPENSES  
||||||| [You answered that you have had some rather large out-of pocket medical expenditures. Apart from  
||||||| what you received from others, how/You answered that you have had some rather large out-of-pocket  
||||||| medical expenditures. How/] did you finance these -- did you pay directly from your savings or  
||||||| earnings, did you take out a loan, have you not yet paid these bills, or what? Choose all that apply  
||||||| If payments are still being made, enter both 'Have not yet paid' and 'Making payments'.  
||||||| 1 (PAIDUSINGSAVINGSEARNINGS) Paid using savings/earnings  
||||||| 2 (TOOKOUTALOAN) Took out a loan  
||||||| 3 (HAVENOTYETPAID) Have not yet paid

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||||| 4 (PAYMENTS) Making payments
||||| 7 (OTH_SPECIFY) Other (specify)
|||||
||||| IF OTH_SPECIFY in N219 HOW FINANCE LARGE MEDICAL EXPENSES THEN
|||||
||||| N220SHoWFinLgMedExp_S N220S HOW FINANCE LG MEDICAL EXPENSES- SPECIFY
||||| ([You answered that you have had some rather large out-of pocket medical expenditures. Apart
||||| from what you received from others, how/You answered that you have had some rather large out-of-
||||| pocket medical expenditures. How/] did you finance these -- Did you pay directly from your savings
||||| or earnings, did you take out a loan, have you not yet paid these bills, or what?) Other (specify)
||||| Memo
|||||
||||| ENDIF
||||| ENDF
|||||
||||| IF Type of interview self or proxy = (SLF) SELF OR INTERVIEW
||||| LANGUAGE = (EXTENG) EXIT - English OR INTERVIEW LANGUAGE =
||||| (EXTSPN) EXIT - Spanish THEN
|||||
||||| IF piRvarsZ113_GaveMedcareNo_V <> Yes AND piGovCoverN001_ = Yes
||||| THEN
|||||
||||| N226_MedicareNumRec N226_ MEDICARE NUMBER RECORDED
||||| We would like to understand how people's medical history affects their financial status, and how use
||||| of health care may change as people age. To do that, we need to obtain information about health
||||| care costs and diagnoses for statistical purposes. The best place to get this information without
||||| taking up a lot more of your time is in the Medicare files. Could you give me your Medicare number
||||| for this purpose? (Under the Privacy Act of 1974, providing your number is a voluntary decision.
||||| The benefits you may be receiving under this program will not be affected in any way by your
||||| decision. Any remaining benefits under this program will not be affected in any way by your
||||| decision)
||||| 1 (NUMBERRECORDED) Number recorded
||||| 4 (RREFUSEDNUMBER) R refused number
||||| 5 (NUMNTRECORDEDNOTREFUSED) Number not recorded (not refused)
|||||
||||| IF N226_ MEDICARE NUMBER RECORDED = (NUMBERRECORDED) Number
||||| recorded THEN
|||||
||||| N227_Medicare_NumPt1 N227_ MEDICARE NUM PART 1
||||| [F1]--help (Could you give me your Medicare umber for this purpose?) (Under the Privacy Act of
||||| 1974, providing your number is a voluntary decision. The benefits you may be receiving under this
||||| program will not be affected in any way by your decision.) w If R reports a medicare number more
||||| than 9 digits long, ask to see the card. w If the number on the card is longer than 9 digits,
||||| enter 999 here. w ENTER 1st Medicare number sequence (3 digits)
||||| String
|||||
||||| N228_Medicare_NumPt2 N228_ MEDICARE NUM PART 2
||||| (Could you give me your Medicare number for this purpose?) br /> (Under the Privacy Act of
||||| 1974, providing your number is a voluntary decision. The benefits you may be receiving under
||||| this program will not be affected in any way by your decision.) w If R reports a Medicare number
||||| more than 9 digits long, ask to see the card. If the number on the card is longer than 9 digits, enter
||||| 99 here. w ENTER 2nd Medicare number sequence (2 digits)

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||||||| String
|||||||
||||||| N229_Medicare_NumPt3 N229_ MEDICARE NUM PART 3
||||||| (Could you give me your Medicare number for this purpose?) br />
||||||| (Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you
||||||| may be receiving under this program will not be affected in any way by your decision.) w If R
||||||| reports a Medicare number more than 9 digits long, ask to see the card. If the number on the
||||||| card is longer than 9 digits, type the number from the card in an F2 comment and then enter
||||||| 9997 in this field to continue. br />w ENTER 3rd Medicare number sequence (4 digits)
||||||| String
|||||||
||||||| N230_MedicareLetter N230_ MEDICARE LETTER
||||||| w PROBE: Is there a letter or a letter and number combination at the end of your Medicare
||||||| number? w PRESS [Enter] if there is not a letter or letter/number combination
||||||| String
|||||||
||||||| ENDIF
|||||||
||||||| ENDIF
|||||||
||||||| IF piGovCoverN006_ = YES AND N226_ MEDICARE NUMBER RECORDED <>
||||||| RREFUSEDNUMBER THEN
|||||||
||||||| N231_MedicaidNumRec N231_ MEDICAID NUMBER RECORDED
||||||| (We would like to understand how people's medical history affects their financial status, and how
||||||| use of health care may change as people age. To do that, we need to obtain information
||||||| about health care costs and diagnoses for statistical purposes. The best place to get this information
||||||| without taking up a lot more of your time is in the (Medicaid/State name for Medicaid)
||||||| files.) Could you give me your Medicaid number for this purpose? (Under the Privacy Act of 1974,
||||||| providing your number is (also) a voluntary decision. The benefits you may be
||||||| receiving under this program will not be affected in any way by your decision.)
||||||| 1 (NUMBERRECORDED) Number recorded
||||||| 4 (RREFUSEDNUMBER) R refused number
||||||| 5 (NUMNTRECORDEDNOTREFUSED) Number not recorded (not refused)
|||||||
||||||| IF N231_ MEDICAID NUMBER RECORDED = (NUMBERRECORDED) Number
||||||| recorded THEN
|||||||
||||||| N232_Medicaid_NumPt1 N232_ MEDICAID NUM PART 1
||||||| (We would like to understand how people's medical history affects their financial status, and how
||||||| use of health care may change as people age. To do that, we need to obtain information about
||||||| care costs and diagnoses for statistical purposes. The best place to get this information without
||||||| taking up a lot more of your time is in the (Medicaid STATE NAME FOR MEDICAID) files.)
||||||| (Could you give me your Medicaid number for this purpose?) (Under the Privacy Act of 1974,
||||||| providing your number is (also) a voluntary decision. The benefits you may be receiving
||||||| under this program will not be affected in any way by your decision.) w If R reports a Medicaid
||||||| number more than 9 digits long, ask to see the card. w If the number on the card is longer than 9
||||||| digits, enter 999 here. w ENTER 1st Medicaid number sequence (3 digits)
||||||| String
|||||||
||||||| N233_Medicaid_NumPt2 N233_ MEDICAID NUM PART 2
||||||| (We would like to understand how people's medical history affects their financial status, and how

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||||| use of health care may change as people age. To do that, we need to obtain information about
||||| health care costs and diagnoses for statistical purposes. The best place to get this information
||||| without taking up a lot more of your time is in the (Medicaid State name for Medicaid) files.)
||||| (Could you give me your Medicaid number for this purpose?) (Under the Privacy Act of 1974,
||||| providing your number is (also) a voluntary decision. The benefits you may be receiving under
||||| this program will not be affected in any way by your decision.) w If R reports a Medicaid
||||| number more than 9 digits long, ask to see the card. If the number on the card is
||||| longer than 9 digits, enter 99 here. ENTER 2nd Medicaid number sequence (2 digits)
||||| String
|||||
||||| N234_Medicaid_NumPt3 N234_ MEDICAID NUM PART 3
||||| (Could you give me your medicaid number for this purpose?) br />
||||| (Under the Privacy Act of 1974, providing your number is (also) a voluntary decision. The benefits
||||| you may be receiving under this program will not be affected in any way by your decision.) If R
||||| reports a medicaid number more than 9 digits long, Ask to see the card. If the number on the card
||||| is longer than 9 digits, type the number from the card in an F2 comment and then enter 9997 in this
||||| field to continue. ENTER 3rd Medicaid number sequence (4 digits)
||||| String
|||||
||||| ENDIF
||||| ENDIF
||||| ENDIF
|||||
||||| IF INTERVIEW LANGUAGE <> (EXTENG) EXIT - English AND INTERVIEW
||||| LANGUAGE <> (EXTSPN) EXIT - Spanish THEN
|||||
||||| N235_SatisfWHlthCare N235_ HOW SATISFIED W/ HEALTH CARE
||||| Now, thinking about the quality, cost, and convenience of your health care, altogether would you say
||||| that you are very satisfied, somewhat satisfied, or not satisfied at all with your health care?
||||| 1 (VERYSATISFIED) Very satisfied
||||| 3 (SOMEWHATSATISFIED) Somewhat satisfied
||||| 5 (NOTSATISFIEDATALL) Not satisfied at all
|||||
||||| N236_AssistN N236_ ASSIST SECTION N
||||| How often did you receive assistance with answers to the health services and insurance questions?
||||| 1 (NEVER) Never
||||| 2 (AFEWTIMES) A few times
||||| 3 (MOSTORALLOFTHETIME) Most or all of the time
||||| 4 (SECTIONDNBYAPXYREPORTER)
|||||
||||| ELSE
|||||
||||| ENDIF
|||||
||||| CS_001 HOW PLEASANT INTERVIEW
||||| Could you tell us how interesting or uninteresting you found the questions in this interview?
||||| 1 Very interesting
||||| 2 Interesting
||||| 3 Neither interesting nor uninteresting
||||| 4 Uninteresting
||||| 5 Very uninteresting

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