

E1. IF FINANCIAL R:  
 During the last 12 months, since MONTH of (1992/1993), have you (or your (husband/wife/partner)) been a patient in a hospital overnight?

IF NON-FINANCIAL R:  
 During the last 12 months, since MONTH of (1992/1993), have you been a patient in a hospital overnight?

[IWER: IF NECESSARY]  
 (Who was?)

1.YES, R ONLY  
 2.BOTH

3.SPOUSE ONLY

5.NO  
 8.DK  
 9.RF

GO TO BRANCHPOINT  
 BEFORE E4

GO TO E5

E2. How many different times were you a patient in a hospital overnight in the last 12 months?

NUMBER OF HOSPITAL STAYS: \_\_\_\_\_

DK  
 RF

E3. (Altogether) How many nights did you stay in the hospital in the last 12 months?

NUMBER OF NIGHTS: \_\_\_\_\_

DK  
 RF

BRANCHPOINT: IF NON-FINANCIAL R, GO TO E5

E4. IF BOTH R AND SPOUSE HAD HOSPITAL STAYS (E1=2):  
 Are there expenses over \$500 from your and your (husband's/wife's/partner's) hospital stays that will not be covered by Medicare or other insurance, or by Medicaid?

IF ONLY SPOUSE HAD HOSPITAL STAY (E1=3):  
 Are there expenses over \$500 from your (husband's/wife's/partner's) hospital stays that will not be covered by Medicare or other insurance, or by Medicaid?

IF ONLY R HAD HOSPITAL STAY or DK or RF (E1=1,8,9):  
 Are there expenses over \$500 from your hospital stays that will not be covered by Medicare or other insurance, or by Medicaid?

1.YES  
 5.NO, ALL COVERED  
 7.COSTS NOT SETTLED YET  
 8.DK  
 9.RF

E5. IF FINANCIAL R:  
 During the last 12 months, since MONTH of (1992/1993), have you (or your (husband/wife/partner)) been a patient overnight in a nursing home, convalescent home, or other long-term health care facility?

IF NON-FINANCIAL R:  
 During the last 12 months, since MONTH of (1992/1993), have you been a patient overnight in a nursing home, convalescent home or other long-term health care facility?

[IWER: IF NECESSARY]  
 (Who was?)

1.YES, R ONLY  
 2.BOTH

3.SPOUSE ONLY

5.NO  
 8.DK  
 9.RF

GO TO BRANCHPOINT  
 BEFORE E8

GO TO E11

E6. How many different times were you a patient in a nursing home or other long-term care facility in the last 12 months?

NUMBER OF NURSING HOME STAYS: \_\_\_\_\_

DK  
 RF

E7. (Altogether) How many nights did you stay in a nursing home in the last 12 months?

NUMBER OF NIGHTS: \_\_\_\_\_

DK  
 RF

BRANCHPOINT: IF NON-FINANCIAL R, GO TO E11

E8. IF BOTH R AND SPOUSE HAD NURSING HOME STAYS (E5=2):  
 Are there any medical expenses from your and your (husband's/wife's/partner's) nursing home stays that will not be covered by Medicare or other insurance, or by Medicaid?

IF ONLY SPOUSE HAD NURSING HOME STAY (E5=3):  
 Are there any medical expenses over \$500 from your (husband's/wife's/ partner's) nursing home stays that will not be covered by Medicare or other insurance, or by Medicaid?

IF ONLY R HAD NURSING HOME STAY or DK or RF (E5=1,8,9):  
 Are there any medical expenses from your nursing home stays that will not be covered by Medicare or other insurance, or by Medicaid?

1.YES

5.NO, ALL COVERED  
 7.COSTS NOT SETTLED YET  
 8.DK  
 9.RF

GO TO E11

E9. Did you (and your (husband/wife/partner)) end up paying any of these non-covered costs for nursing home stays in the last 12 months?

1.YES

5.NO  
 8.DK  
 9.RF

GO TO E11

E10. About how much did you (and your (husband/wife/partner)) end up paying for nursing home bills?

[IWER: DO NOT PROBE DK/RF]

AMOUNT PAID: \$ \_\_\_\_\_

DK  
 RF

GO TO E11

<p>E10a. Is it more than \$10,000?</p>	<input type="checkbox"/> 1.YES	<input type="checkbox"/> 5.NO	<input type="checkbox"/> 8.DK	<input type="checkbox"/> 9.RF
		GO TO E10d		GO TO E11
<p>E10b. Is it more than \$20,000?</p>	<input type="checkbox"/> 1.YES	<input type="checkbox"/> 5.NO	<input type="checkbox"/> 8.DK	<input type="checkbox"/> 9.RF
		GO TO E11		
<p>E10c. Is it more than \$50,000?</p>	<input type="checkbox"/> 1.YES	<input type="checkbox"/> 5.NO	<input type="checkbox"/> 8.DK	<input type="checkbox"/> 9.RF
		GO TO E11		
<p>E10d. Is it more than \$5,000?</p>	<input type="checkbox"/> 1.YES	<input type="checkbox"/> 5.NO	<input type="checkbox"/> 8.DK	<input type="checkbox"/> 9.RF
		GO TO E11		GO TO E11
<p>E10e. Is it more than \$500?</p>	<input type="checkbox"/> 1.YES	<input type="checkbox"/> 5.NO	<input type="checkbox"/> 8.DK	<input type="checkbox"/> 9.RF

E11. IF {R and/or SPOUSE} HAD {BOTH HOSPITAL and NURSING HOME STAYS} {(E1=1,2,3) & (E5=1,2,3)}:  
 Aside from any hospital or nursing home stays, during the last 12 months, since MONTH of (1992/1993), have you  
 IF FINANCIAL R: (or your (husband/wife/partner))  
 seen a medical doctor about your health?

IF {R and/or SPOUSE} HAD HOSPITAL STAY ONLY {(E1=1,2,3) & (E5=5,8,9)}:  
 Aside from any hospital stays, during the last 12 months, since MONTH of (1992/1993), have you  
 IF FINANCIAL R: (or your (husband/wife/partner))  
 seen a medical doctor about your health?

IF {R and/or SPOUSE} HAD NURSING HOME STAY ONLY {(E1=5,8,9) & (E5=1,2,3)}:  
 Aside from any nursing home stays, during the last 12 months, since MONTH of (1992/1993), have you  
 IF FINANCIAL R: (or your (husband/wife/partner))  
 seen a medical doctor about your health?

IF {NEITHER R NOR SPOUSE} {HAD HOSPITAL STAY or DK or RF} and {NEITHER R NOR SPOUSE} {HAD NURSING HOME STAY or DK or RF} {(E1=5,8,9) & (E5=5,8,9)}:  
 During the last 12 months, since MONTH of (1992/1993), have you  
 IF FINANCIAL R: (or your (husband/wife/partner))  
 seen a medical doctor about your health?

1.YES, R ONLY  
 2.BOTH

3.SPOUSE ONLY

5.NO  
 8.DK  
 9.RF

GO TO BRANCHPOINT  
 BEFORE E13

GO TO E14

E12. How many times have you talked to a medical doctor (about your own health) in the last 12 months?

NUMBER OF DOCTOR VISITS: \_\_\_\_\_

DK  
 RF

BRANCHPOINT: IF NON-FINANCIAL R, GO TO E14

- E13. IF BOTH R AND SPOUSE HAD DOCTOR'S VISIT (E11=2):  
 Did you and your (husband/wife/partner) have any medical expenses from doctor or clinic visits in the last 12 months that will not be covered by Medicare or other insurance, or by Medicaid?
- IF ONLY SPOUSE HAD DOCTOR'S VISIT (E11=3):  
 Did your (husband/wife/partner) have any medical expenses from doctor or clinic visits in the last 12 months that will not be covered by Medicare or other insurance, or by Medicaid?
- IF ONLY R HAD DOCTOR'S VISIT or DK or RF (E11=1,8,9):  
 Did you have any medical expenses from doctor or clinic visits in the last 12 months that will not be covered by Medicare or other insurance, or by Medicaid?

1.YES 5.NO, ALL COVERED 7.[VOL] COSTS NOT SETTLED YET 8.DK 9.RF
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- E14. IF NEITHER R NOR SPOUSE HAD HOSPITAL STAY (E1=5):  
 During the last 12 months, since MONTH of (1992/1993), have you  
 IF FINANCIAL R: (or your (husband/wife/partner))  
 had outpatient surgery?
- IF {R and/or SPOUSE} {HAD HOSPITAL STAY or DK or RF} (E1=1,2,3,8,9):  
 (Not counting overnight hospital stays), during the last 12 months since  
 MONTH of (1992/1993), have you  
 IF FINANCIAL R: (or your (husband/wife/partner))  
 had outpatient surgery?

[IWER: IF NECESSARY]  
 Who did?

1.YES, R ONLY 2.BOTH 3.SPOUSE ONLY
--

5.NO 8.DK 9.RF
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GO TO E17

BRANCHPOINT: IF NON-FINANCIAL R, GO TO E17
--

- E16. IF BOTH R AND SPOUSE HAD OUTPATIENT SURGERY (E14=2):  
Did you and your (husband/wife/partner) have any medical expenses from outpatient surgery in the last 12 months that will not be covered by Medicaid, Medicare or other insurance?
- IF ONLY SPOUSE HAD OUTPATIENT SURGERY (E14=3):  
Did your (husband/wife/partner) have any medical expenses from outpatient surgery in the last 12 months that will not be covered by Medicaid, Medicare or other insurance?
- IF ONLY R HAD OUTPATIENT SURGERY or DK or RF (E14=1,8,9):  
Did you have any medical expenses from outpatient surgery in the last 12 months that will not be covered by Medicaid, Medicare or other insurance?

1.YES  
5.NO, ALL COVERED  
7.[VOL] COSTS NOT SETTLED YET  
8.DK  
9.RF

- E17. IF FINANCIAL R:  
In the last twelve months, have you (or your (husband/wife/partner)) seen a dentist for dental care, including dentures?
- IF NON-FINANCIAL R:  
In the last twelve months, have you seen a dentist for dental care, including dentures?

[IWER: IF NECESSARY]  
Who did?

1.YES, R ONLY  
2.BOTH  
3.SPOUSE ONLY

5.NO  
8.DK  
9.RF

GO TO E19

BRANCHPOINT: IF NON-FINANCIAL R, GO TO E19  
IF ONLY R IN HOUSEHOLD, GO TO E19

- E18. IF BOTH R AND SPOUSE HAD DENTAL VISIT (E17=2):  
Did you and your (husband/wife/partner) have any dental expenses in the last 12 months that will not be covered by Medicaid or insurance?
- IF ONLY SPOUSE HAD DENTAL VISIT (E17=3):  
Did your (husband/wife/partner) have any dental expenses in the last 12 months that will not be covered by Medicaid or insurance?
- IF ONLY R HAD DENTAL VISIT or DK or RF (E17=1,8,9):  
Did you have any dental expenses in the last 12 months that will not be covered by Medicaid or insurance?

1.YES  
5.NO, ALL COVERED  
7.[VOL] COSTS NOT SETTLED YET  
8.DK  
9.RF

[NOTE: THE SPECS SAY THAT Rs WHO ARE THE ONLY R IN THE HOUSEHOLD SHOULD JUMP E18 (I.E., GO FROM E17 TO E19), AS DO NON-FINANCIAL Rs, WHILE ONLY MARRIED FINANCIAL Rs SHOULD BE ASKED E18 IF E17=1, 2 or 3. HOWEVER, THE FREQUENCIES IN THE CODEBOOK INDICATE THAT THE "ONLY Rs" PROBABLY WERE ASKED E18; THE NUMBER OF Rs THAT WERE ASKED E18 EXCEEDS THE NUMBER OF MARRIED FINANCIAL Rs IN THE STUDY AND NEARLY EQUALS THE NUMBER OF Rs THAT ANSWERED E17 WITH ANSWERS CODED 1, 2 or 3.]

E19. Sometimes people delay taking medication or filling prescriptions because of the cost. At any time in the last 12 months have you ended up taking less medication than was prescribed for you because of the cost?

1.YES 5.NO 8.DK 9.RF
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E20. IF FINANCIAL R:  
Have you (or your (husband/wife/partner)) taken any prescription medicines in the last twelve months?

IF NON-FINANCIAL R:  
Have you taken any prescription medicines in the last twelve months?

[IWER: IF NECESSARY]  
Who did?

		IF FINANCIAL R	IF NON-FINANCIAL R
1.YES, R ONLY 2.BOTH	3.SPOUSE ONLY 5.NO	8.DK 9.RF	8.DK 9.RF
GO TO BRANCHPOINT BEFORE E21		GO TO BRANCHPOINT BEFORE E21	

[NOTE: THE SPECS SAY THAT FINANCIAL Rs WHO DK or RF E20 JUMP E20a WHILE NON-FINANCIAL Rs DO NOT. THIS MEANS THAT SOME OF THOSE WHO DK or RF TO SAY IF TOOK PRESCRIPTION MEDICINES ARE ASKED HOW MANY KINDS.]

E20a. About how many different prescription medicines do you, yourself usually take in a month?

NUMBER OF MEDICATIONS: \_\_\_\_\_

DK RF
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BRANCHPOINT:	IF NON-FINANCIAL R, GO TO E31
	IF FINANCIAL R ANSWERED {NO or DK or RF} TO E20, GO TO E22

E21. Have you (or your (husband/wife/partner)) had any prescription medicines in the last 12 months that will not be covered by insurance or Medicaid?

1.YES 5.NO, ALL COVERED 8.DK 9.RF
--

E22. During the last 12 months, has any medically-trained person come to your home to help you (or your (husband/wife/partner))?

[IWER: IF NECESSARY]  
Who for?

1.YES, R ONLY  
2.BOTH  
3.SPOUSE ONLY

5.NO  
8.DK  
9.RF

GO TO E24

E23. Have you (and your (husband/wife/partner)) had any in-home medical care expenses in the last 12 months that will not be covered by health insurance or Medicaid?

1.YES  
5.NO (OR ALL COVERED)  
7.[VOL] COSTS NOT SETTLED YET  
8.DK  
9.RF

E24. READ SLOWLY

During the last 12 months, did you (or your (husband/wife/partner)) use any special facility or service which we haven't talked about, such as: an adult care center, a social worker, an outpatient rehabilitation program, or transportation or meals for the elderly or disabled?

[IWER: IF NECESSARY]  
Who for?

1.YES, R ONLY  
2.BOTH  
3.SPOUSE ONLY  
5.NO  
8.DK  
9.RF

E26. Not counting costs covered by insurance, about how much did you (and your (husband/wife/partner)) end up paying for any part of hospital and doctor bills and any other medical or dental expenses in the last 12 months, since MONTH of (1992/1993)?

IF {R and/or SPOUSE} HAD NURSING HOME STAY (E5=1,2,3):  
Do not include the expenses you already told me about for nursing home stays.

[IWER: DO NOT PROBE DK/RF]

AMOUNT OF MEDICAL EXPENSE: \$ \_\_\_\_\_

DK RF
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GO TO E27

E26a. Is it more than \$3,000?	1.YES	5.NO	8.DK	9.RF
			GO TO E26d	GO TO E27
E26b. Is it more than \$6,000?	1.YES	5.NO	8.DK	9.RF
			GO TO E27	
E26c. Is it more than 10,000?	1.YES	5.NO	8.DK	9.RF
			GO TO E27	
E26d. Is it more than \$1,000?	1.YES	5.NO	8.DK	9.RF
	GO TO E27		GO TO E27	
E26e. Is it more than \$500?	1.YES	5.NO	8.DK	9.RF

[NOTE: AT E26a THE SPECS SAY THAT DK JUMPS OUT OF THE SEQUENCE, BUT RF DOES NOT. THIS IS THE ONLY CASE BESIDES AT D32 WHERE DK AND RF DO NOT JUMP TOGETHER IN A BRACKETED SERIES.]

E27. Has anyone helped you (and your (husband/wife/partner)) pay for your health care costs during the last 12 months?

DEFINITION: APART FROM WHAT WAS COVERED BY INSURANCE

1.YES
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5.NO 8.DK 9.RF
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GO TO E31

E28. Is that a (child or other) relative of yours (or your (husband/wife/partner)), or is that someone else?

1.CHILD/CHILD-IN-LAW/GRANDCHILD 7.ALL MY CHILDREN
--

2.OTHER RELATIVE 3.SOMEONE ELSE 8.DK 9.RF
--

GO TO E31

E29. IF R ANSWERS CHILD TO E28:  
Which child was that?

[IWER: ACCEPT MORE THAN 1 CHILD ONLY AFTER PROBING]  
Which child helps the most?

IF R ANSWERS ALL CHILDREN TO E28:  
Which child helps the most?

IF R ANSWERS GRANDCHILD TO E28:  
Which of your children is the parent of that grandchild?

CHILD NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
22. DECEASED	
DK	
RF	

E30. Altogether, about how much money did that help amount to?

AMOUNT OF HELP GIVEN: \$\_\_\_\_\_

DK RF
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E31. IF {R and/or SPOUSE} HAD {BOTH HOSPITAL and NURSING HOME STAYS} {(E1=1,2,3) & (E5 =1,2,3)}:  
(Aside from any hospital or nursing home stays,) About how many days did you stay in bed more than half the day because of illness or injury during the last month?

IF {R and/or SPOUSE} HAD HOSPITAL STAY ONLY {(E1=1,2,3) & (E5=5,8,9)}:  
(Aside from any hospital stays,) About how many days did you stay in bed more than half the day because of illness or injury during the last month?

IF {R and/or SPOUSE} HAD NURSING HOME STAY ONLY {(E1=5,8,9) & (E5=1,2,3)}:  
(Aside from any nursing home stays,) About how many days did you stay in bed more than half the day because of illness or injury during the last month?

NUMBER OF DAYS: \_\_\_\_\_

DK RF
----------

E31a. For people 65 and over, Medicare is the most common type of health insurance. Are you currently covered by Medicare?

1.YES

5.NO  
8.DK  
9.RF

GO TO E32

E31b. Part A of Medicare covers most hospital expenses. Part B covers many doctors expenses, and the premium may be deducted from your Social Security. Are you covered under Part B of Medicare?

1.YES  
5.NO  
8.DK  
9.RF

E31c. 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 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 that 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.)

[IWER: R MAY NEED TO LOOK UP THE MEDICARE CARD AT THIS POINT.]

E31d. NUMBER AVAILABLE:

1.R WILLING - HAS CARD  
2.R WILLING - KNOWS NUMBER  
8.DK NUMBER  
9.RF NUMBER

E31e. MEDICARE NUMBER: \_\_\_ - \_\_\_ - \_\_\_\_ -

[NOTE: IN THE SPECS THE SHORT LABEL FOR E31e IS E32e.]

Thank you.

E32. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you get help or have any difficulty doing each of the everyday activities that I read to you. If you never do that activity, just tell me so.

E33. Does anyone ever help you get across a room?

1.YES

5.NO  
8.DK  
9.RF

7.DON'T DO

GO TO E35

GO TO E33b

E33a. Do you get that help most of the time, some of the time, or only occasionally?

- 1.MOST (ALL) OF THE TIME
- 2.SOME OF THE TIME
- 3.OCCASIONALLY
- 8.DK
- 9.RF

E33b. Do you ever use equipment or devices such as a cane, walker or wheelchair when crossing a room?

- 1.YES

- 5.NO
- 8.DK
- 9.RF

GO TO E33e

E33c. What equipment is that?

[IWER: CHOOSE ALL THAT APPLY]

- 01.RAILING
- 02.WALKER
- 03.CANE
- 04.CRUTCHES
- 05.ORTHOPEdic SHOES
- 06.BRACE (LEG OR BACK)
- 07.PROSTHESIS
- 08.OXYGEN/RESPIRATOR
- 09.FURNITURE/WALLS
- 10.WHEELCHAIR/CART
- 97.OTHER (SPECIFY) \_\_\_\_\_
- 98.DK
- 99.RF

E33d. Do you usually use that equipment?

- 1.YES
- 5.NO
- 8.DK
- 9.RF

E33e. (Even when someone helps you/Even when using the (EQUIPMENT)/Without any help or special equipment)

Do you have any difficulty walking across the room?

- 1.YES

- 5.NO
- 8.DK
- 9.RF

GO TO BRANCHPOINT BEFORE E34

E33f. (Is that a little or a lot of difficulty?)

- |                                     |
|-------------------------------------|
| 1.LITTLE<br>2.A LOT<br>8.DK<br>9.RF |
|-------------------------------------|

BRANCHPOINT: IF R DID NOT ANSWER "MOST OF THE TIME" TO E33a, GO TO E35
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E34. Who most often helps you move across the room?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 40. HELPER NAME(S)	
[ROWS PROVIDED BY CATI AS NECESSARY]	
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT: IF HELPER NAME NOT ON LIST (E34=97), GO TO E34a OTHERWISE, GO TO E35
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E34a. What is that person's relationship to you?

- |  |
|--|
| 4.GRANDCHILD<br>5.RELATIVE-OTHER<br>6.OTHER INDIVIDUAL<br>7.ORGANIZATION<br>8.DK<br>9.RF |
|--|

E34b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_ 

DK
RF

E35. Does anyone ever help you dress, including putting on shoes and socks?

- |       |                      |                         |
|-------|----------------------|-------------------------|
| 1.YES | 5.NO<br>8.DK<br>9.RF | 7.DON'T DO<br>GO TO E37 |
|-------|----------------------|-------------------------|

GO TO E35b

E35a. Do you get that help most of the time, some of the time, or only occasionally?

- |  |
|--|
| 1.MOST (ALL) OF THE TIME<br>2.SOME OF THE TIME<br>3.OCCASIONALLY<br>8.DK<br>9.RF |
|--|

E35b. Do you have any difficulty dressing (even when someone helps you/without any help)?

- |       |
|-------|
| 1.YES |
|-------|

- |                      |
|----------------------|
| 5.NO<br>8.DK<br>9.RF |
|----------------------|

GO TO BRANCHPOINT BEFORE E36

E35c. (Is that a little or a lot of difficulty?)

- |                                     |
|-------------------------------------|
| 1.LITTLE<br>2.A LOT<br>8.DK<br>9.RF |
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BRANCHPOINT: IF R DID NOT ANSWER "MOST OF THE TIME" TO E35a, GO TO E37
--

E36. Who most often helps you dress?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 41. HELPER NAME(S)	
[ROWS PROVIDED BY CATI AS NECESSARY]	
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT: IF HELPER NAME NOT ON LIST (E36=97), GO TO E36a
OTHERWISE, GO TO E37

E36a. What is that person's relationship to you?

- |  |
|--|
| 4.GRANDCHILD<br>5.RELATIVE-OTHER<br>6.OTHER INDIVIDUAL<br>7.ORGANIZATION<br>8.DK<br>9.RF |
|--|

E36b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

DK RF
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E37. Does anyone ever help you bathe or shower?

1.YES
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5.NO 8.DK 9.RF
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7.DON'T DO
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GO TO E39

GO TO E37b

E37a. Do you get that help most of the time, some of the time, or only occasionally?

1.MOST (ALL) OF THE TIME 2.SOME OF THE TIME 3.OCCASIONALLY 8.DK 9.RF
--

E37b. Do you have any difficulty bathing (even when someone helps you/without any help)?

1.YES
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5.NO 8.DK 9.RF
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GO TO BRANCHPOINT BEFORE E38

E37c. (Is that a little, or a lot of difficulty?)

1.LITTLE 2.A LOT 8.DK 9.RF
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BRANCHPOINT: IF R DID NOT ANSWER "MOST OF THE TIME" TO E37a, GO TO E39
--

E38. Who most often helps you bathe?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 42. HELPER NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT: IF HELPER NAME NOT ON LIST (E38=97), GO TO E38a  
 OTHERWISE, GO TO E39

E38a. What is that person's relationship to you?

- 4.GRANDCHILD
- 5.RELATIVE-OTHER
- 6.OTHER INDIVIDUAL
- 7.ORGANIZATION
- 8.DK
- 9.RF

E38b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

- DK
- RF

E39. Does anyone ever help you eat, such as cutting up your food?

- 1.YES

- 5.NO
- 8.DK
- 9.RF

- 7.DON'T DO

GO TO E41

GO TO E39b

E39a. Do you get that help most of the time, some of the time, or only occasionally?

- 1.MOST (ALL) OF THE TIME
- 2.SOME OF THE TIME
- 3.OCCASIONALLY
- 8.DK
- 9.RF

E39b. Do you have any difficulty eating (even when someone helps you/without any help)?

- 1.YES

- 5.NO
- 8.DK
- 9.RF

GO TO BRANCHPOINT BEFORE E40

E39c. (Is that a little or a lot of difficulty?)

- 1.LITTLE
- 2.A LOT
- 8.DK
- 9.RF

BRANCHPOINT: IF R DID NOT ANSWER "MOST OF THE TIME" TO 39a, GO TO E41

E40. Who most often helps you do this activity?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 43. HELPER NAME(S)	
[ROWS PROVIDED BY CATI AS NECESSARY]	
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT:	IF HELPER NAME NOT ON LIST (E40=97), GO TO E40a OTHERWISE, GO TO E41
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E40a. What is that person's relationship to you?

4.GRANDCHILD
5.RELATIVE-OTHER
6.OTHER INDIVIDUAL
7.ORGANIZATION
8.DK
9.RF

E40b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

DK
RF

E41. Does anyone ever help you get in and out of bed?

1.YES	5.NO	7.DON'T DO
	8.DK	
	9.RF	

GO TO E44

GO TO E42

E41a. Do you have that help most of the time, some of the time, or only occasionally?

1.MOST (ALL) OF THE TIME	2.SOME OF THE TIME
	3.OCCASIONALLY
	8.DK
	9.RF

GO TO E43

E42. Who most often helps you get in and out of bed?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 44. HELPER NAME(S)	
[ROWS PROVIDED BY CATI AS NECESSARY]	
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT:	IF HELPER NAME NOT ON LIST (E42=97), GO TO E42a OTHERWISE, GO TO E43
--------------	---

E42a. What is that person's relationship to you?

4.GRANDCHILD
5.RELATIVE-OTHER
6.OTHER INDIVIDUAL
7.ORGANIZATION
8.DK
9.RF

E42b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

DK
RF

E43. Do you ever use equipment or devices such as a rail, cane, walker, wheelchair or lift to help you get in and out of bed?

1.YES	5.NO
	8.DK
	9.RF

GO TO E43c

E43a. What equipment is that?

[IWER: CHOOSE ALL THAT APPLY]

01.RAILING
02.WALKER
03.CANE
04.CRUTCHES
06.BRACE (LEG OR BACK)
07.PROSTHESIS
08.LIFT
09.FURNITURE/WALLS
10.WHEELCHAIR/CART
97.OTHER (SPECIFY) _____
98.DK
99.RF

E43b. Do you usually use that equipment?

1.YES
5.NO
8.DK
9.RF

E43c. (Even when someone helps you, /Even when using a (EQUIPMENT), /Without any help or special equipment)  
Do you have any difficulty getting in and out of bed?

1.YES
-------

5.NO
8.DK
9.RF

GO TO E44

E43d. (Is that a little or a lot of difficulty?)

1.LITTLE
2.A LOT
8.DK
9.RF

E44. Does anyone ever help you use the toilet, including getting up and down?

1.YES
-------

5.NO
8.DK
9.RF

GO TO E44b

E44a. Do you get that help most of the time, some of the time, or only occasionally?

1.MOST (ALL) OF THE TIME
2.SOME OF THE TIME
3.OCCASIONALLY
8.DK
9.RF

E44b. Do you have any difficulty using the toilet (when someone is helping you/without any help)?

1.YES

5.NO  
8.DK  
9.RF

GO TO BRANCHPOINT BEFORE E45

E44c. (Is that a little, or a lot of difficulty?)

1.LITTLE  
2.A LOT  
8.DK  
9.RF

BRANCHPOINT: IF R DID NOT ANSWER "MOST OF THE TIME" TO E44a,  
GO TO BRANCHPOINT BEFORE E47

E45. Who most often helps you do this activity?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 45. HELPER NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT: IF HELPER NAME NOT ON LIST (E45=97), GO TO E45a  
OTHERWISE, GO TO BRANCHPOINT BEFORE E47

E45a. What is that person's relationship to you?

4.GRANDCHILD  
5.RELATIVE-OTHER  
6.OTHER INDIVIDUAL  
7.ORGANIZATION  
8.DK  
9.RF

E45b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

DK  
RF

BRANCHPOINT: IF HELPER IS NOT A GRANDCHILD (IF E45a>4),  
GO TO BRANCHPOINT BEFORE E47

E45c. Which child of yours (or your (husband/wife/partner)) is the parent of that grandchild?

CHILD NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
22. DECEASED	
DK	
RF	

BRANCHPOINT: IF R NEEDS HELP CROSSING ROOM (E33=1), GO TO E50

E47. Do you have any difficulty walking several blocks?

1.YES	5.NO 6.CAN'T DO 8.DK 9.RF	7.DON'T DO
-------	------------------------------------	------------

GO TO E47b

GO TO E48

E47a. Is it a little, or a lot of difficulty?

1.LITTLE 2.A LOT 8.DK 9.RF
-------------------------------------

GO TO E48

E47b. Is that because of a health problem?

1.YES 5.NO 8.DK 9.RF
-------------------------------

E48. Do you have any difficulty climbing one flight of stairs without resting?

1.YES	5.NO 6.CAN'T DO 8.DK 9.RF	7.DON'T DO
-------	------------------------------------	------------

GO TO E48b

GO TO E49

E48a. Is it a little, or a lot of difficulty?

1.LITTLE  
2.A LOT  
8.DK  
9.RF

**GO TO E49**

E48b. Is that because of a health problem?

1.YES  
5.NO  
8.DK  
9.RF

E49. Do you have any difficulty pulling or pushing large objects like a living room chair?

1.YES

5.NO  
6.CAN'T DO  
8.DK  
9.RF

7.DON'T DO

**GO TO E49b**

**GO TO E50**

E49a. Is it a little, or a lot of difficulty?

1.LITTLE  
2.A LOT  
8.DK  
9.RF

**GO TO E50**

E49b. Is that because of a health problem?

1.YES  
5.NO  
8.DK  
9.RF

E50. Do you have any difficulty lifting or carrying weights over 10 pounds, like a heavy bag of groceries?

1.YES

5.NO  
6.CAN'T DO  
8.DK  
9.RF

7.DON'T DO

**GO TO E50b**

**GO TO E51**

E50a. Is it a little, or a lot of difficulty?

1.LITTLE  
2.A LOT  
8.DK  
9.RF

**GO TO E51**

E50b. Is that because of a health problem?

1.YES  
5.NO  
8.DK  
9.RF

E51. Do you have any difficulty picking a dime up from a table?

1.YES

5.NO  
6.CAN'T DO  
8.DK  
9.RF

7.DON'T DO

**GO TO E51b**

**GO TO E51c**

51a. Is it a little, or a lot of difficulty?

1.LITTLE  
2.A LOT  
8.DK  
9.RF

**GO TO E51c**

E51b. Is that because of a health problem?

1.YES  
5.NO  
8.DK  
9.RF

E51c. Are you able to drive?

1.YES

5.NO  
6.NEVER DROVE  
8.DK  
9.RF

**GO TO E52P**

E51d. Do you have a car available to use when you need one?

1.YES  
5.NO  
8.DK  
9.RF

E51e. Do you limit your driving to nearby places, or do you also drive on longer trips?

- |   |
|---|
| 1.LIMIT TO NEARBY<br>2.DRIVE LONG TRIPS<br>8.DK<br>9.RF |
|---|

E52P. Here are a few other daily activities which some people have difficulty with. Please tell me whether you are able to do each activity without help from anyone else. If you don't do the activity at all, just tell me so.

\*\*\*BEGINNING OF LOOPED QUESTIONS; E52 (WITH FOLLOW-UP QUESTION E52a WHEN R ANSWERS "DON'T DO") WILL BE REPEATED FOR EACH IADL\*\*\*

E52. Are you able to

	1.YES	5.NO	8.DK	9.RF	7.DON'T DO
prepare hot meals without help?					GO TO E52a
shop for groceries without help?					GO TO E52a
make telephone calls without help?					GO TO E52a
take medications without help?					GO TO E52a
GO TO BRANCHPOINT BEFORE E53a					

E52a. Is that because of a health problem?

- |                               |
|-------------------------------|
| 1.YES<br>5.NO<br>8.DK<br>9.RF |
|-------------------------------|

\*\*\*END OF LOOP FOR E52-E52a; LOOP BACK TO NEXT ITEM IN LIST AT E52 UNTIL ALL IADL QUESTIONS HAVE BEEN ASKED. THEN GO TO NEXT BRANCHPOINT\*\*\*

BRANCHPOINT: IF R ANSWERED YES TO ANY OF THE FOUR IADLs IN E52, GO TO E53a  OTHERWISE, GO TO BRANCHPOINT BEFORE E54
--

E53a. Without help do you have any difficulty with

IF YES AT E52:  
 (preparing hot meals/shopping for groceries/making telephone  
 calls/taking medications)?

[IWER: MENTION EACH IADL THAT R ANSWERED YES TO AT E52]

1.YES
-------

5.NO
8.DK
9.RF

GO TO BRANCHPOINT BEFORE E54

E53b. Is that usually a little or a lot of difficulty?

1.LITTLE
2.A LOT
8.DK
9.RF

BRANCHPOINT:	IF R ANSWERED YES TO ALL FOUR IADLS IN E53a, GO TO E57
--------------	--

E54. Who most often helps you

IF NOT YES AT E52:  
 (preparing hot meals/shopping for groceries/making telephone  
 calls/taking medications)?

[IWER: MENTION EACH IADL THAT R DID NOT ANSWER YES TO AT E52]

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 46.	HELPER NAME(S)
	[ROWS PROVIDED BY CATI AS NECESSARY]
50.	SPOUSE/PARTNER
97.	NOT ON LIST
	DK
	RF

BRANCHPOINT:	IF HELPER NAME NOT ON LIST (E54=97), GO TO E54a
	IF HELPER NAME ON LIST AT E54, GO TO E55
	IF {DK or RF} HELPER NAME AT E54, GO TO E57

E54a. What is (his/her) relationship to you?

- |  |
|--|
| 4.GRANDCHILD<br>5.RELATIVE-OTHER<br>6.OTHER INDIVIDUAL<br>7.ORGANIZATION<br>8.DK<br>9.RF |
|--|

E54b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

- |          |
|----------|
| DK<br>RF |
|----------|

BRANCHPOINT: IF HELPER IS NOT A GRANDCHILD (IF E54a>4), GO TO E55
---

E54c. Which child of yours (or your (husband/wife/partner)) is the parent of that grandchild?

CHILD NAME(S) [DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)
[ROWS PROVIDED BY CATI AS NECESSARY]
22. DECEASED
DK
RF

E55. Does anyone else often help you

IF NOT YES AT E52:  
 (preparing hot meals/shopping for groceries/making telephone calls/taking medications)?

[IWER: MENTION EACH IADL THAT R DID NOT ANSWER YES TO AT E52]

- |       |
|-------|
| 1.YES |
|-------|

- |                      |
|----------------------|
| 5.NO<br>8.DK<br>9.RF |
|----------------------|

GO TO E57

E55a. Who else most often helps you

IF NOT YES AT E52:  
(preparing hot meals/shopping for groceries/making telephone calls/taking medications)?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 47.	HELPER NAME(S)
	[ROWS PROVIDED BY CATI AS NECESSARY]
50.	SPOUSE/PARTNER
97.	NOT ON LIST
DK	
RF	

BRANCHPOINT:	IF {HELPER NAME NOT ON LIST <i>or</i> DK <i>or</i> RF} AT E55a, GO TO E55b
	IF HELPER NAME ON LIST AT E55, GO TO E57

E55b. What is (his/her) relationship to you?

- |  |
|--|
| 4.GRANDCHILD<br>5.RELATIVE-OTHER<br>6.OTHER INDIVIDUAL<br>7.ORGANIZATION<br>8.DK<br>9.RF |
|--|

[NOTE: THIS QUESTION IS LABELED E55a IN THE SPECS BUT E55b IN THE CODEBOOK.]

BRANCHPOINT:	IF {{DK <i>or</i> RF} HELPER NAME AT E55a} <i>and</i> {HELPER AT E55b IS {OTHER RELATIVE <i>or</i> OTHER INDIVIDUAL} (E55b=5,6)}, GO TO E57
	IF {{DK <i>or</i> RF} HELPER NAME AT E55a} <i>and</i> {HELPER AT E55b IS ORGANIZATION (E55b=7)}, GO TO E55c AND ASK FOR NAME OF GRANDCHILD AND OF EACH SUBSEQUENT RELATIONSHIP
	OTHERWISE, GO TO E55c AND ASK FOR NAME APPROPRIATE TO RELATIONSHIP FROM E55b

E55c. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_

DK
RF

[NOTE: IN THE SPECS THIS QUESTION IS PRESENTED AS 4 SEPARATE QUESTIONS LABELED E55b-E55e, ONE FOR EACH HELPER TYPE. IN THE CODEBOOK THEY ARE ALL CALLED E55c.]

BRANCHPOINT: IF HELPER IS NOT GRANDCHILD (E55b>4), GO TO E57

E56. Which child of yours (or your (husband/wife/partner)) is the parent of that grandchild?

CHILD NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
22. DECEASED	
DK	
RF	

E57. Do you manage your money — such as paying your bills and keeping track of expenses, without anyone's help?

5.NO	1.YES 8.DK 9.RF
------	-----------------------

GO TO E58d

E57a. Is that because of a health or memory condition?

1.YES	5.NO 8.DK 9.RF
-------	----------------------

GO TO E58f

E58. Who usually helps you to manage your money?

HELPER NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
01 TO 48. HELPER NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
50. SPOUSE/PARTNER	
97. NOT ON LIST	
DK	
RF	

BRANCHPOINT: IF HELPER NAME ON LIST AT E58, GO TO BRANCHPOINT BEFORE E58c  
OTHERWISE, GO TO E58a

E58a. What is that person's relationship to you?

- |  |
|--|
| 4.GRANDCHILD<br>5.RELATIVE-OTHER<br>6.OTHER INDIVIDUAL<br>7.ORGANIZATION<br>8.DK<br>9.RF |
|--|

BRANCHPOINT: IF {{DK or RF} HELPER NAME AT E58} and {HELPER AT E58a IS {OTHER RELATIVE or OTHER INDIVIDUAL} (E58a=5,6)}, GO TO E58d  IF {{DK or RF} HELPER NAME AT E58} and {HELPER AT E58a IS ORGANIZATION (E58a=7)}, GO TO E58b AND ASK FOR NAME OF GRANDCHILD AND OF EACH SUBSEQUENT RELATIONSHIP  OTHERWISE, GO TO E58b AND ASK FOR NAME APPROPRIATE TO RELATIONSHIP FROM E58a
--

E58b. What is the (first) name of (that grandchild/the other relative/the other individual/that organization)?

HELPER NAME: \_\_\_\_\_ 

DK
RF

BRANCHPOINT: IF HELPER IS NOT A GRANDCHILD (E58a>4), GO TO E58d
---

E58c. Which child of yours (or your (husband/wife/partner)) is the parent of that grandchild?

CHILD NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)	
[ROWS PROVIDED BY CATI AS NECESSARY]	
22. DECEASED	
DK	
RF	

E58d. Do you have any difficulty managing your money (when someone is helping you/without help)?

- |       |      |
|-------|------|
| 1.YES | 5.NO |
|       | 8.DK |
|       | 9.RF |

GO TO E58f

E58e. Is that a little or a lot of difficulty?

- |                                     |
|-------------------------------------|
| 1.LITTLE<br>2.A LOT<br>8.DK<br>9.RF |
|-------------------------------------|

E58f. HELPER:

HELPER NAME(S)	[DISPLAYED BY CATI FROM HELPERS PREVIOUSLY NAMED AT E34b - E58b]
01 TO 49. HELPER NAME(S)	
[ROWS PROVIDED BY CATI AS NECESSARY]	
50. SPOUSE/PARTNER	

BRANCHPOINT: IF NO HELPERS HAVE BEEN NAMED, GO TO E70
---

Let's think for a moment about the help you receive that we just talked about.

\*\*\*BEGINNING OF LOOPED QUESTIONS; E59-E69 WILL BE REPEATED FOR EACH NAME ON LIST OF HELPERS AT E58f\*\*\*

E59. AFFIRM SEX OF HELPER:  
(IS HELPERn:)

[IWER: ASK ONLY IF NECESSARY]

- |   |
|---|
| 1.MALE<br>2.FEMALE<br>3.AGENCY/PROFESSIONAL<br>8.DK<br>9.RF |
|---|

E60. How often in the last month did HELPERn help you? (Every day, several times a week, about once a week, less than once a week or not at all.)

- |  |
|--|
| 1.EVERY DAY<br>2.SEVERAL TIMES A WEEK<br>3.ABOUT ONCE A WEEK<br>8.DK<br>9.RF |
|--|

- |   |
|---|
| 4.LESS THAN ONCE A WEEK<br>5.NOT AT ALL |
|---|

GO TO END-OF-LOOP INSTRUCTION BEFORE E70

E61. On the days HELPERn helped you, about how many hours per day was that?

[IWER: USE 1 FOR LESS THAN AN HOUR]

NUMBER OF HOURS: \_\_\_\_\_

- |          |
|----------|
| DF<br>RF |
|----------|

BRANCHPOINT: IF HELPER IS SPOUSE OF R, GO TO END-OF-LOOP INSTRUCTION BEFORE E70
---

E62 Is HELPERn paid to help you?

1.YES

5.NO  
8.DK  
9.RF

GO TO END-OF-LOOP INSTRUCTION BEFORE E70

E63. Does Medicaid or insurance help pay HELPERn?

1.YES  
5.NO  
8.DK  
9.RF

E64. (Not counting expenses paid by Medicaid or insurance,) about how much did you (and your (husband/wife/partner)) end up paying HELPERn for the last month?

[IWER: DO NOT PROBE DK/RF]

AMOUNT: \$ \_\_\_\_\_

DK  
RF

GO TO E66

E65. PER

1.MONTH  
2.WEEK  
3.DAY  
5.YEAR  
8.DK  
9.RF

GO TO E67

E66. Is it more than \$100 for the month?

1.YES  
5.NO  
8.DK  
9.RF

E67. Does any other person help you (and your (husband/wife/partner)) pay this cost?

1.YES

5.NO  
8.DK  
9.RF

GO TO END-OF-LOOP INSTRUCTION BEFORE E70

E68. Is that a (child or other) relative of yours (and your (husband/wife/partner)), or is that someone else?

1.CHILD/CHILD-IN-LAW/  
GRANDCHILD

2.OTHER RELATIVE  
3.SOMEONE ELSE  
8.DK  
9.RF

GO TO END-OF-LOOP INSTRUCTION BEFORE E70

E69. (Which child is that?)

IF GRANDCHILD:  
(Which of your children is the parent of that grandchild?)

CHILD NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
22. DECEASED	
DK	
RF	

\*\*\*END OF LOOP FOR E59-E69; IF THERE ARE MORE HELPERS AT E58f, LOOP BACK TO E59. IF NOT, GO TO SECTION F\*\*\*

E70. Suppose in the future, you (or your (husband/wife/partner)) needed help with basic personal care activities like eating or dressing. Do you have relatives or friends (besides your (husband/wife/partner)) who would be willing and able to help you over a long period of time?

1.YES

5.NO  
8.DK  
9.RF

GO TO SECTION F

E70a. Is that a (child or other) relative of yours (and your (husband/wife/partner)) or is that someone else?

1.CHILD/CHILD-IN-LAW/GRANDCHILD

2.OTHER RELATIVE  
3.SOMEONE ELSE  
8.DK  
9.RF

GO TO SECTION F

E70b. (Which child is that?)

[IWER: CHOOSE ALL THAT APPLY]

IF GRANDCHILD:

(Which of your children is the parent of that grandchild?)

CHILD NAME(S)	[DISPLAYED BY CATI FROM PREVIOUS RESPONSES]
02 TO 21. CHILD NAME(S)	
	[ROWS PROVIDED BY CATI AS NECESSARY]
22. DECEASED	
23. ALL MY CHILDREN	
DK	
RF	

[NOTE: THE SPECS ALLOW FOR A NAME OF A DECEASED CHILD, BUT THE QUESTION IS ASKING FOR WHO MIGHT BE WILLING TO HELP IN THE FUTURE.]

GO TO SECTION F