

**NOTE: WHERE THERE IS MORE THAN ONE JUMP WITHIN A BRANCHPOINT BOX, THE JUMPS ARE TO BE APPLIED IN ORDER FROM THE TOP.**

R0. 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/STATE NAME FOR MEDICAID] is a public health insurance program for people with low incomes.

R1. Are you currently covered by Medicare health insurance?

1. YES	5. NO	8. DK	9. RF
GO TO R4			

R2. 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	5. NO	8. DK	9. RF
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R4. Have you been covered by [Medicaid/STATE NAME FOR MEDICAID] health insurance at any time [since R's LAST IW MONTH, YEAR/in the last two years]?

1. YES	5. NO	8. DK	9. RF
GO TO R9			

R5. Are you currently covered by [Medicaid/STATE NAME FOR MEDICAID]?

1. YES	5. NO	8. DK	9. RF
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R6 BRANCHPOINT:	IF R HAS NOT HAD A NURSING HOME STAY {SINCE R's LAST IW OR IN LAST TWO YEARS} ({CS11 NOT 1} and {E5 NOT 1}), GO TO R9
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R6. Earlier you told me that you had [a/several] stay(s) at a nursing home [since R's LAST IW MONTH, YEAR/in the last two years].

Were you eligible for Medicaid at the time your (first) nursing home stay started?

1. YES	5. NO	8. DK	9. RF
GO TO R8aa BRANCHPOINT		GO TO R8aa BRANCHPOINT	

R7. Did you become eligible for Medicaid during your (first) nursing home stay?

1. YES	5. NO	8. DK	9. RF
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R8aa BRANCHPOINT: IF R DID NOT REPORT THAT HAD MORE THAN 1 STAY IN NURSING HOME SINCE R's LAST IW (E6 NOT >1), GO TO R9

R8aa. Were you eligible for Medicaid at the time your [current/last] nursing home stay started?

1. YES	5. NO	8. DK	9. RF
GO TO R8c		GO TO R9	

R8b. Did you become eligible for Medicaid during your [current/last] nursing home stay?

1. YES	5. NO	8. DK	9. RF
	GO TO R9		

R8c BRANCHPOINT: IF R IS CURRENTLY IN A NURSING HOME (CS11=1), GO TO R9

R8c. Did you lose your eligibility for Medicaid when you were discharged from your last nursing home stay?

1. YES	5. NO	8. DK	9. RF
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R9. Are you currently covered by CHAMPUS, CHAMP-VA, or any other military health care plan?

DEFINITION: CHAMPUS IS A HEALTH CARE PROGRAM FOR ACTIVE OR RETIRED MILITARY PERSONNEL AND THEIR DEPENDENTS OR SURVIVORS. CHAMP-VA PROVIDES 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 | 5. NO | 8. DK | 9. RF |
|--------|-------|-------|-------|

R11 BRANCHPOINT: IF R IS COVERED BY MEDICAID (R5=1) and R DID NOT SAY THAT WAS COVERED BY MEDICARE (R1 NOT 1}), GO TO R12 BRANCHPOINT

IF R {IS NOT COVERED BY MEDICARE or DK or RF} and R {IS NOT COVERED BY MEDICAID or DK or RF} ({R1 and R5} NOT 1), GO TO R12x BRANCHPOINT

R11. First we are interested in how your [Medicare/Medicare or Medicaid] health insurance works for routine care.

Do you receive your Medicare (or Medicaid) benefits through an HMO, that is a Health Maintenance Organization?

DEFINITION: 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                 | 5. NO | 8. DK | 9. RF |
| GO TO R12x BRANCHPOINT |       |       |       |

R11a. About how long have you been receiving your Medicare benefits through this HMO?

\_\_\_\_\_ OR \_\_\_\_\_      DK      RF  
 YEARS                                      R11a. MONTHS

R11b. Not including co-pays or deductions from your Social Security, how much do you, yourself, pay for this plan?

\_\_\_\_\_

AMOUNT

R11b. PER:

R12 BRANCHPOINT: IF R CURRENTLY HAS BOTH {MEDICARE and MEDICAID} ({R1 and R5}=1) or R DID NOT REPORT THAT WAS COVERED BY MEDICAID {SINCE LAST IW OR IN LAST TWO YEARS (R4 NOT 1)} or {R WAS COVERED BY MEDICAID {SINCE LAST IW OR IN LAST TWO YEARS} and DID NOT REPORT CURRENTLY HAVING MEDICAID ({WAS ASKED R5 and R5 NOT 1}), GO TO R12x BRANCHPOINT

R12. We are interested in how your Medicaid health insurance works for routine care.

Do you receive your Medicaid benefits through an HMO, that is a Health Maintenance Organization?

DEFINITION: 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.

R12a. About how long have you been receiving your Medicaid benefits through this HMO?

\_\_\_\_\_ OR \_\_\_\_\_

YEARS MONTHS

R12x BRANCHPOINT: IF R IS NOT CURRENTLY SELF-EMPLOYED (G3 NOT 2), GO TO R13

R12x. You mentioned earlier that you were self-employed.

Do you have health insurance through that business that pays hospital or doctor bills?

1. YES	5. NO	8. DK	9. RF
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GO TO R14

R13. (Not including Medicare/Medicaid/CHAMPUS/CHAMP-VA) are you covered by any employer-provided health insurance?

1. YES	5. NO	8. DK	9. RF
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GO TO R46 BRANCHPOINT

R14. How many different employer-provided health insurance plans are you covered by?

[IWER: ENTER 7 FOR MORE THAN 6 PLANS]

\_\_\_\_\_

DK	RF
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NUMBER OF PLANS

R15 BRANCHPOINT: IF R IS CURRENTLY SELF EMPLOYED (G3=2), GO TO R16 BRANCHPOINT

R15. IF R REPORTED MORE THAN ONE PLAN (R14>1):  
For this next set of questions I'd like you to think about the health insurance plan that you consider as your primary or most important health insurance plan.

Do you obtain this health insurance through your (or your [husband/wife/partner's]) current employer, former employer or union, or from someplace else?

[IWER: ASK "WHOSE EMPLOYER?" IF NOT CLEAR]

1. R'S CURRENT EMPLOYER	2. R'S FORMER EMPLOYER	3. R'S UNION	4. SPOUSE'S CURRENT EMPLOYER
5. SPOUSE'S FORMER EMPLOYER	6. SPOUSE'S UNION	7. SOMEPLACE ELSE	DK      RF

R16 BRANCHPOINT: IF R IS PART OF A MARRIED COUPLE *and* GETS HEALTH INSURANCE THROUGH SPOUSE (R15={4 or 5 or 6}), GO TO R36

R16. Do you (or your [husband/wife/partner]) pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

1. ALL	2. SOME	3. NONE	8. DK	9. RF
GO TO R19a BRANCHPOINT				

R17. (Now I'd like to ask some questions about your other health insurance plans. Thinking about the next most important health insurance you have,...)

How much do you pay for this health insurance?

[IWER: PROBE]

Include the amount deducted from your pay check but not the amount paid by the employer.

_____	DK	RF
AMOUNT	GO TO R19a BRANCHPOINT	

R17. PER:

01. YEAR	02. QUARTERLY/ EVERY 3 MONTHS	03. BIMONTHLY/ EVERY 2 MONTHS	04. MONTH
05. WEEK	06. BIWEEKLY/ EVERY 2 WEEKS	07. SEMI-ANNUALLY/ 2 TIMES PER YEAR	
97. OTHER (SPECIFY) _____		98. DK	99. RF

R19a BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY MEDICARE, GO TO R19c

R19a. Is this plan a Medicare Supplement or Medigap plan?

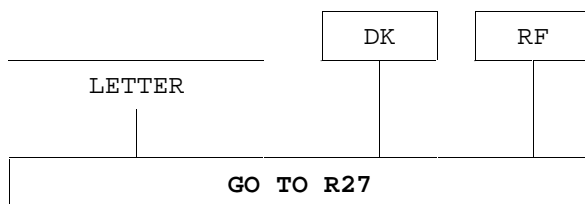
1. YES	5. NO	8. DK	9. RF
GO TO R19c			

R19b. Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter.

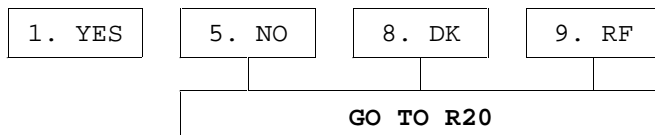
Do you know the Plan Letter for your plan?

[IWER: PROBE]

What is it?



R19c. Besides you, is anyone else covered on this health insurance?



R19d. Who besides yourself is covered?

[IWER: CHOOSE ALL THAT APPLY]

CHILD & SPOUSE/PARTNER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. THROUGH 20. CHILD & SPOUSE/PARTNER NAME(S) [ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. SPOUSE
38. ALL MY CHILDREN
97. OTHER (SPECIFY)
98. DK
99. RF

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN AND THEIR SPOUSES/PARTNERS (IF ANY) ARE DISPLAYED.

R20. I'd like to ask you a few questions about how your health insurance works for non-emergency care.

Is your plan an HMO, that is, a Health Maintenance Organization?

DEFINITION: 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	5. NO	8. DK	9. RF
GO TO R25			

R21. Does your health insurance plan have a list or book of doctors that you are encouraged or required to use?

1. YES	5. NO	8. DK	9. RF
GO TO R25			

R22. Does your health insurance plan pay any of the costs for routine care if you see a doctor who is not on this list?

1. YES	2. YES, WITH A REFERRAL	5. NO	8. DK	9. RF
GO TO R26				

R25. Under this health insurance plan, do you pay a percentage of the doctor's charge, the same dollar amount each time you visit a doctor, or do you not pay anything at all for doctor visits?

1. PERCENT	2. DOLLAR AMOUNT/COPAY	3. R DOESN'T PAY ANYTHING	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO R27					

R26. (After all deductibles are met,) Does this plan pay any of the costs of routine visits to the doctor?

1. YES	5. NO	8. DK	9. RF
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R27. Does this health insurance pay any part of the cost of prescription medicines?

1. YES	5. NO	8. DK	9. RF
GO TO R29a			

R29. Do you pay extra premiums for this (prescription) benefit?

1. YES	5. NO	8. DK	9. RF
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R29a. Are there any limits or restrictions on this health insurance plan due to a pre-existing condition?

1. YES	5. NO	8. DK	9. RF
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R31 BRANCHPOINT: { IF R IS SELF-EMPLOYED and BUSINESS PAYS HEALTH INSURANCE (R12x=1) } or IF R's INSURANCE IS NOT PAID BY R's {EMPLOYER OR UNION} (R15=7), GO TO R36

R31. At the time you enrolled in this plan, did you have a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered to you?

1. YES, MORE THAN ONE PLAN	5. NO, ONLY ONE PLAN	8. DK	9. RF
GO TO R34 BRANCHPOINT			

R33. Compared to your health insurance plan, did any of these other plans

	1. YES	5. NO	8. DK	9. RF
R33a. Provide better coverage?				
R33b. Provide greater choice of physicians?				
R33c. Cost more than your plan?				

R34 BRANCHPOINT: IF {R IS AT LEAST 65 YEARS OLD or {WE DON'T KNOW R's AGE and R IS NOT IN {HRS or WAR BABIES} COHORT}} or {R's HEALTH INSURANCE IS NOT FROM R's {CURRENT or FORMER} EMPLOYER or DK or RF (R15 {NOT 1 and NOT 2})}, GO TO R36

IF R HAS HEALTH INSURANCE FROM R's CURRENT EMPLOYER (R15=1) and {R IS LESS THAN 65 or {WE DON'T KNOW R's AGE and R IS IN {HRS or WAR BABIES} COHORT}}, GO TO R35

R34. Can you continue this insurance coverage for yourself up to the age of 65?

1. YES	5. NO	8. DK	9. RF
GO TO R36	GO TO R46 BRANCHPOINT		

R34b. Can you continue this health insurance coverage for your spouse until [he/she] is age 65?

1. YES	5. NO	8. DK	9. RF
GO TO R36			

R35. If you left your current employer now, could you continue this health insurance coverage for yourself up to the age of 65?

1. YES	5. NO	8. DK	9. RF
GO TO R36			

R35c BRANCHPOINT: IF R IS AT LEAST 65 or IS NOT PART OF A MARRIED COUPLE or SPOUSE IS NOT COVERED BY R's CURRENT POLICY (R19d NOT 36), GO TO R36

R35c. If you left your current employer now could you continue this health insurance coverage for your spouse until [he/she] is age 65?

1. YES	5. NO	8. DK	9. RF
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R36. What is the name of this health insurance plan?

[IWER: OBTAIN THE COMPLETE PLAN NAME OF THE PLAN JUST ASKED ABOUT — R'S PRIMARY EMPLOYER-PROVIDED HEALTH INSURANCE PLAN]

[IWER: DO NOT USE INITIALS]

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PLAN NAME

DK	RF
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R46 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1 NOT 1) or IF R HAS MEDIGAP INSURANCE (R19a=1), GO TO R48 BRANCHPOINT

R46. Not counting long-term care insurance or Medicare, (or Medicaid/or any other insurance we've discussed), do you have any other insurance that pays any part of hospital or doctor bills? Sometimes this is called a Medigap or Medicare Supplement policy.

1. YES	5. NO	8. DK	9. RF
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<b>GO TO R48 BRANCHPOINT</b>
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R46a. Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter.

Do you know the Plan Letter for your plan?

[IWER: PROBE]  
What is it?

[IWER: IF NO PLAN LETTER, ENTER 'Z']

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PLAN LETTER

DK	RF
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R46b. Do you pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

1. ALL	2. SOME	3. NONE	8. DK	9. RF
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<b>GO TO R46e</b>
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R46c. How much do you pay for this health insurance?

[IWER: PROBE]

Include the amount deducted from your pay check but not the amount paid by the employer.

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AMOUNT

R46ca. PER:

01. YEAR	02. QUARTERLY/ EVERY 3 MONTHS	03. BIMONTHLY/ EVERY 2 MONTHS	04. MONTH
05. WEEK	06. BIWEEKLY/ EVERY 2 WEEKS	07. SEMI-ANNUALLY/ 2 TIMES PER YEAR	
97. OTHER (SPECIFY) _____		98. DK	99. RF

R46e. Does this health insurance plan pay any part of the cost of prescription medicines?

1. YES	5. NO	8. DK	9. RF
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R46f. Does this health insurance plan pay any part of the cost of routine dental care by a dentist?

1. YES	5. NO	8. DK	9. RF
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R46g BRANCHPOINT: IF R's HEALTH INSURANCE DOES NOT PAY PART OF {PRESCRIPTION and DENTAL CARE} ({R46e NOT 1} and {R46f NOT 1}), GO TO R48 BRANCHPOINT

R46g. Do you pay extra for [this (prescription) benefit/this (dental) benefit/these benefits]?

1. YES	5. NO	8. DK	9. RF
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R46h. Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

1. YES	5. NO	8. DK	9. RF
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R48 BRANCHPOINT: IF R IS COVERED BY MEDICARE, MEDICAID, CHAMPUS/CHAMP-VA/MILITARY-BASED, OR EMPLOYER-BASED HEALTH INSURANCE ({R1 or R5 or R9 or R13} =1), GO TO R58 BRANCHPOINT

R48. Do you have any basic health insurance coverage purchased directly from an insurance company or through a membership organization?

DEFINITION: INSURANCE FROM ORGANIZATIONS SUCH AS AARP OR PROFESSIONAL ORGANIZATIONS, OR FROM STATE OR HEALTH ALLIANCES ARE EXAMPLES OF SUCH INSURANCE.

1. YES	5. NO	8. DK	9. RF
GO TO R58 BRANCHPOINT			

R50. Does this insurance cover the costs for hospital care?

1. YES	5. NO	8. DK	9. RF
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R52. How much do you pay for this health insurance?

[IWER: PROBE]

Include the amount deducted from your pay check but not the amount paid by the employer.

\_\_\_\_\_

DK	RF
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AMOUNT

R52a. PER:

01. YEAR	02. QUARTERLY/ EVERY 3 MONTHS	03. BIMONTHLY/ EVERY 2 MONTHS	04. MONTH
05. WEEK	06. BIWEEKLY/ EVERY 2 WEEKS	07. SEMI-ANNUALLY/ 2 TIMES PER YEAR	
97. OTHER (SPECIFY) _____		98. DK	99. RF

R54. Besides yourself, is anyone else covered on this health insurance?

1. YES	5. NO	8. DK	9. RF
GO TO R55			

R54a. Who besides [yourself/yourself and POLICYHOLDER] is covered?

[IWER: CHOOSE ALL THAT APPLY]

CHILD & SPOUSE/PARTNER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. THROUGH 20. CHILD & SPOUSE/PARTNER NAME(S) [ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. SPOUSE
38. ALL MY CHILDREN
97. OTHER (SPECIFY)
98. DK
99. RF

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN AND THEIR SPOUSES/PARTNERS (IF ANY) ARE DISPLAYED.

R54b BRANCHPOINT: IF R SAID SPOUSE IS COVERED (R54a=36) or R HAS NO SPOUSE, GO TO R55

R54b. Could you have obtained coverage for your spouse through this health insurance plan?

1. YES	5. NO	8. DK	9. RF
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R55. I'd like to ask you a few questions about how this health insurance works for non-emergency care.

Is this insurance plan an HMO, that is, a Health Maintenance Organization?

DEFINITION: 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	5. NO	8. DK	9. RF
GO TO R55d			

R55a. Does your health insurance plan have a list or book of doctors that you are encouraged or required to use?

1. YES	5. NO	8. DK	9. RF
GO TO R55d BRANCHPOINT			

R55b. Does your health insurance plan pay any of the costs of routine care if you see a doctor who is not on this list?

1. YES	2. YES, WITH A REFERRAL	5. NO	8. DK	9. RF
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R55d BRANCHPOINT: IF R DID NOT REPORT THAT HAS HMO (R55 NOT 1), GO TO R55e

R55d. Under this health insurance plan, do you pay a percentage of the doctor's charge, the same dollar amount each time you visit the doctor, or do you not pay anything at all for doctor visits?

1. PERCENT	2. DOLLAR AMOUNT/COPAY	3. R DOESN'T PAY ANYTHING	7. OTHER (SPECIFY) _____	8. DK	9. RF
GO TO R55f					

R55e BRANCHPOINT: IF R HAS HMO (R55=1), GO TO R55f

	1. YES	5. NO	8. DK	9. RF
R55e. Does this plan pay any of the costs of routine visits to the doctor?				
R55f. Does this health insurance plan pay any part of the cost of prescription medicines?				
R56. Does this health insurance plan pay any part of the cost of routine dental care by a dentist?				

R57 BRANCHPOINT: IF R's PLAN DOES NOT COVER PART OF PRESCRIPTION *and* DENTAL} EXPENSES ({R55 *and* R56} NOT 1), GO TO R57a

R57. Do you pay extra for [this (prescription) benefit/this (dental) benefit/these benefits]?

1. YES	5. NO	8. DK	9. RF
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R57a. Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

1. YES	5. NO	8. DK	9. RF
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R58 BRANCHPOINT: R IS NOT COVERED BY ANY HEALTH INSURANCE {MEDICARE, MEDICAID, CHAMPUS/CHAMP-VA/MILITARY, EMPLOYER-BASED, BUSINESS-BASED, SELF-PURCHASED OR OTHER INSURANCE} ({R1 and R5 and R9 and R12x and R13 and R48} NOT 1), GO TO R67

R58. I have recorded that you are currently covered by health insurance.

Were you ever without health insurance coverage at any time [since R's LAST IW MONTH, YEAR/in the last two years]?

1. YES	5. NO	8. DK	9. RF
GO TO R62			

R61. During the time you were not covered by health insurance, did you have any medical expenses for which you had to pay \$100 or more?

1. YES	5. NO	8. DK	9. RF
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R62 BRANCHPOINT: IF R IS NOT CURRENTLY WORKING FOR PAY (G2 NOT 1), GO TO R71 BRANCHPOINT

R62. Has the fear of losing your health insurance ever kept you from looking for another job?

1. YES	5. NO	8. DK	9. RF
GO TO R71 BRANCHPOINT			

R67. According to my information, you are not currently covered by any government or private health insurance plans that provide for medical care. Is that correct?

1. YES	5. NO	8. DK	9. RF
GO TO R71 BRANCHPOINT		GO TO R71 BRANCHPOINT	

R68. Under which of the following plans are you covered?

1. MEDICARE	2. MEDICAID	3. STATE NAME FOR MEDICAID	4. CHAMPUS, CHAMPVA
5. A PRIVATE PLAN FROM AN EMPLOYER	6. A PRIVATE PLAN PURCHASED DIRECTLY	DK	RF



R71 BRANCHPOINT: IF R IS NOT CURRENTLY EMPLOYED BY SOMEONE ELSE ({G2 or G3} NOT 1) or IF R IS SELF-EMPLOYED (G3=2) or {IF R IS COVERED BY MEDICARE, MEDICAID, CHAMPUS/CHAMP-VA or OTHER HEALTH INSURANCE ((R1 or R5 or R9 or R12x or R13 or R48) =1)}, GO TO R78 BRANCHPOINT

R71. Does your employer or union offer a health insurance plan to any of its employees?

1. YES	5. NO	8. DK	9. RF
GO TO R78 BRANCHPOINT			

R72. Were you offered health insurance through your job?

1. YES	5. NO	8. DK	9. RF
GO TO R78 BRANCHPOINT			

R73. Will you be eligible for health insurance through your job in the future?

1. YES	5. NO	8. DK	9. RF
GO TO R78 BRANCHPOINT			

R74. When will you be eligible for health insurance?

\_\_\_\_\_

WHEN ELIGIBLE

DK	RF
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R78 BRANCHPOINT: IF R DID NOT REPORT THAT HAD HEALTH INSURANCE (R67 NOT 5), GO TO R85

IF R {HAS ANY INSURANCE OTHER THAN MEDICARE or DID NOT REPORT HAVING MEDICARE} (R1 NOT 1 or {{R5 or R9 or R13 or R48} =1} or R68 NOT 1 or R68={2 or 3 or 4 or 5 or 6}), GO TO R82

R78. [Since R's LAST IW MONTH, YEAR/In the last two years] have you withdrawn from an HMO?

1. YES	5. NO	8. DK	9. RF
GO TO R82			

R79. Did you voluntarily leave that HMO?

1. YES	5. NO	8. DK	9. RF
GO TO R81			

R80. Why did you leave that HMO?

[IWER: CHOOSE ALL THAT APPLY]

1. OWN PHYSICIAN LEFT PLAN	2. HMO DIDN'T PROVIDE NEEDED SERVICES	3. HMO COSTS INCREASED	
4. HMO ENCOURAGED ME TO LEAVE	7. OTHER (SPECIFY) _____	8. DK	9. RF

R81. From the time you left that HMO, about how long was it before you were fully covered by your new health insurance plan?

[IWER: ENTER "96" MONTHS IF NO GAP]

\_\_\_\_\_ OR \_\_\_\_\_      DK      RF

MONTHS                      YEARS

OR

1. NO NEW HEALTH INSURANCE PLAN	8. DK	9. RF
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R82. (Other than the changes you've already told me about,) [Since R's LAST IW MONTH, YEAR/In the last two years] have there been any (other) changes in the type, cost, or in the services or doctors covered by your health insurance?

1. YES	5. NO	8. DK	9. RF
GO TO R85			

R83. What has changed about your health insurance?

[IWER: CHOOSE ALL THAT APPLY]

01. COST BECAME HIGHER	02. COST BECAME LOWER	03. FEWER SERVICES COVERED	04. MORE SERVICES COVERED
05. LESS CHOICE OF PHYSICIANS	06. MORE CHOICE OF PHYSICIANS	07. MORE CONVENIENT	08. LOST PLAN
09. CHANGED TO A COMPLETELY DIFFERENT PLAN	97. OTHER (SPECIFY) _____	98. DK	99. RF

R84. Did you choose to change your health insurance or provider, or did you not have a choice in the change?

1. R MADE CHANGE	5. R HAD NO CHOICE	8. DK	9. RF
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R85. Not including government programs, do you now have any insurance which specifically covers any part of personal or medical care in your home or in a nursing home for a year or more?

1. YES	5. NO	8. DK	9. RF
GO TO R92			

R87. 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. NURSING HOME CARE ONLY	2. IN- HOME CARE ONLY	3. BOTH	7. OTHER (SPECIFY) _____	8. DK	9. RF
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R88. Have you ever received benefits under your long-term care policy?

1. YES	5. NO	8. DK	9. RF
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R89. Does this plan increase payments with inflation?

1. YES	5. NO	8. DK	9. RF
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R90. About how much do you pay for this plan?

[IWER: ENTER "0" IF NO PAYMENTS ARE MADE]

_____	0	DK	RF
AMOUNT			
GO TO F91			

R90. PER:

1. YEAR	2. QUARTER (EVERY 3 MONTHS)	4. MONTH	7. OTHER (SPECIFY) _____	8. DK	9. RF
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R91. About how long have you had this long-term care insurance?

_____	OR	_____	DK	RF
MONTHS		YEARS		

R92. Have you ever been covered by any long-term care insurance that you cancelled or let lapse?

1. YES	5. NO	8. DK	9. RF
GO TO R93a			

R93. Did your coverage lapse because the premiums were too high, because you didn't think you needed to carry it any longer, or what?

1. PREMIUMS TOO HIGH	5. DIDN'T NEED IT	7. OTHER (SPECIFY) _____	8. DK	9. RF
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R93a. 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. VERY SATISFIED	3. SOMEWHAT SATISFIED	5. NOT SATISFIED AT ALL	8. DK	9. RF
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R94. Do you currently have any life insurance?

1. YES	5. NO	8. DK	9. RF
GO TO R117 BRANCHPOINT			

R95. Altogether, how many different life insurance policies do you have?

[IWER: INCLUDE INDIVIDUAL POLICIES, GROUP POLICIES, OR PAID-UP POLICIES  
IF R ASKS]

1. ONE	2. TWO	3. THREE	4. FOUR	5. FIVE OR MORE	8. DK	9. RF
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R97. Altogether, what is the total face value of [this policy/these policies], that is, the amount of money the beneficiaries would get if you were to die?

[IWER: DO NOT PROBE DK]

\_\_\_\_\_

DK	RF
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AMOUNT

|

GO TO R98
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NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-6 FOR VARIABLE 129. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN IT'S ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4

<p>R97dx. (Does it amount to) less than \$2,500, more than \$2,500, or what?</p>	<p>1. LESS THAN \$2,500</p>	<p>3. ABOUT \$2,500</p>	<p>5. MORE THAN \$2,500</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>			<p>GO TO R98</p>	
<p>R97a. Does it amount to less than \$20,000, more than \$20,000, or what?</p>	<p>1. LESS THAN \$20,000</p>	<p>3. ABOUT \$20,000</p>	<p>5. MORE THAN \$20,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>			<p>GO TO R98</p>	
<p>R97b. (Does it amount to) less than \$50,000, more than \$50,000, or what?</p>	<p>1. LESS THAN \$50,000</p>	<p>3. ABOUT \$50,000</p>	<p>5. MORE THAN \$50,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>			<p>GO TO 98</p>	
<p>R97c. (Does it amount to) less than \$250,000, more than \$250,000, or what?</p>	<p>1. LESS THAN \$250,000</p>	<p>3. ABOUT \$250,000</p>	<p>5. MORE THAN \$250,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>				

RANDOM ASSIGNMENT 2 OR 5

<p>R97a. Does it amount to less than \$20,000, more than \$20,000, or what?</p>	<p>1. LESS THAN \$20,000</p>	<p>3. ABOUT \$20,000</p>	<p>5. MORE THAN \$20,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R97d</p>	<p>GO TO R98</p>	<p>GO TO R98</p>		
<p>R97b. (Does it amount to) less than \$50,000, more than \$50,000, or what?</p>	<p>1. LESS THAN \$50,000</p>	<p>3. ABOUT \$50,000</p>	<p>5. MORE THAN \$50,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>			<p>GO TO R98</p>	
<p>R97c. (Does it amount to) less than \$250,000, more than \$250,000, or what?</p>	<p>1. LESS THAN \$250,000</p>	<p>3. ABOUT \$250,000</p>	<p>5. MORE THAN \$250,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>				
<p>R97d. (Does it amount to) less than \$2,500, more than \$2500, or what?</p>	<p>1. LESS THAN \$2,500</p>	<p>3. ABOUT \$2,500</p>	<p>5. MORE THAN \$2,500</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>				

RANDOM ASSIGNMENT 3 OR 6

<p>R97b. (Does it amount to) less than \$50,000, more than \$50,000, or what?</p>	<p>1. LESS THAN \$50,000</p>	<p>3. ABOUT \$50,000</p>	<p>5. MORE THAN \$50,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R97ax</p>	<p>GO TO R98</p>	<p>GO TO R98</p>		
<p>R97c. (Does it amount to) less than \$250,000, more than \$250,000, or what?</p>	<p>1. LESS THAN \$250,000</p>	<p>3. ABOUT \$250,000</p>	<p>5. MORE THAN \$250,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>				
<p>R97ax. Does it amount to less than \$20,000, more than \$20,000, or what?</p>	<p>1. LESS THAN \$20,000</p>	<p>3. ABOUT \$20,000</p>	<p>5. MORE THAN \$20,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>				
<p>R97d. (Does it amount to) less than \$2,500, more than \$2,500, or what?</p>	<p>1. LESS THAN \$2,500</p>	<p>3. ABOUT \$2,500</p>	<p>5. MORE THAN \$2,500</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO R98</p>				



R98. Who are the beneficiaries of [this policy/all of these policies]?

[IWER: CHOOSE ALL THAT APPLY]

CHILD & SPOUSE/PARTNER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. THROUGH 20. CHILD & SPOUSE/PARTNER NAME(S) [ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. SPOUSE/PARTNER
38. ALL MY CHILDREN
97. OTHER (SPECIFY)
98. DK
99. RF

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN AND THEIR SPOUSES/PARTNERS (IF ANY) ARE DISPLAYED.

R99. [Is this policy one that is/Are any of these policies ones that were] purchased directly from an agent?

DEFINITION: MANY LIFE INSURANCE POLICIES ARE PROVIDED BY EMPLOYERS, OFTEN AT NO COST, AND ARE NOT PURCHASED FROM AN AGENT. THESE ARE ALSO CALLED GROUP PLANS.

1. YES	5. NO	8. DK	9. RF
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R100 BRANCHPOINT: IF NOT REINTERVIEW HH, GO TO R117

R100. [Since R's LAST IW MONTH, YEAR/In the last 2 years] have you obtained any new life insurance policies?

1. YES	5. NO	8. DK	9. RF
 GO TO R101			

R100a. What is the total face value of [this policy/all of these policies]?

[IWER: DO NOT PROBE DK]

	DK	RF
AMOUNT		
↓		
GO TO R101		

R100b. Does it amount to less than \$20,000, more than \$20,000, or what?	1. LESS THAN \$20,000	3. ABOUT \$20,000	5. MORE THAN \$20,000	8. DK	9. RF
	GO TO R100e	GO TO R101	GO TO R101		
R100c. (Does it amount to) less than \$50,000, more than \$50,000, or what?	1. LESS THAN \$50,000	3. ABOUT \$50,000	5. MORE THAN \$50,000	8. DK	9. RF
	GO TO R101		GO TO R101		
R100d. (Does it amount to) less than \$250,000, more than \$250,000, or what?	1. LESS THAN \$250,000	3. ABOUT \$250,000	5. MORE THAN \$250,000	8. DK	9. RF
	GO TO R101				
R100e. (Does it amount to) less than \$2,500, more than \$2,500, or what?	1. LESS THAN \$2,500	3. ABOUT \$2,500	5. MORE THAN \$2,500	8. DK	9. RF

R101. [Since R's LAST IW MONTH, YEAR/In the last 2 years] have you allowed any life insurance policies to lapse or have any been cancelled?

1. YES	5. NO	8. DK	9. RF
↓			
GO TO R117 BRANCHPOINT			

R102. What was the total face value of [this policy/all of these policies]?

[IWER: DO NOT PROBE DK]

	DK	RF
AMOUNT		
GO TO R103		

NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-6 FOR VARIABLE 130. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN IT'S ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4

R102dx. (Does it amount to) less than \$2,500, more than \$2,500, or what?	1. LESS THAN \$2,500	3. ABOUT \$2,500	5. MORE THAN \$2,500	8. DK	9. RF
	GO TO R103			GO TO R103	
R102a. Does it amount to less than \$20,000, more than \$20,000, or what?	1. LESS THAN \$20,000	3. ABOUT \$20,000	5. MORE THAN \$20,000	8. DK	9. RF
	GO TO R103			GO TO R103	
R102b. (Does it amount to) less than \$50,000, more than \$50,000, or what?	1. LESS THAN \$50,000	3. ABOUT \$50,000	5. MORE THAN \$50,000	8. DK	9. RF
	GO TO R103			GO TO 103	
R102c. (Does it amount to) less than \$250,000, more than \$250,000, or what?	1. LESS THAN \$250,000	3. ABOUT \$250,000	5. MORE THAN \$250,000	8. DK	9. RF
	GO TO R103				

RANDOM ASSIGNMENT 2 OR 5

<p>R102a. Does it amount to less than \$20,000, more than \$20,000, or what?</p>	<p>1. LESS THAN \$20,000</p> <p>GO TO R102d</p>	<p>3. ABOUT \$20,000</p> <p>GO TO R103</p>	<p>5. MORE THAN \$20,000</p>	<p>8. DK</p> <p>GO TO R103</p>	<p>9. RF</p> <p>GO TO R103</p>
<p>R102b. (Does it amount to) less than \$50,000, more than \$50,000, or what?</p>	<p>1. LESS THAN \$50,000</p> <p>GO TO R103</p>	<p>3. ABOUT \$50,000</p> <p>GO TO R103</p>	<p>5. MORE THAN \$50,000</p>	<p>8. DK</p> <p>GO TO R103</p>	<p>9. RF</p> <p>GO TO R103</p>
<p>R102c. (Does it amount to) less than \$250,000, more than \$250,000, or what?</p>	<p>1. LESS THAN \$250,000</p> <p>GO TO R103</p>	<p>3. ABOUT \$250,000</p> <p>GO TO R103</p>	<p>5. MORE THAN \$250,000</p> <p>GO TO R103</p>	<p>8. DK</p> <p>GO TO R103</p>	<p>9. RF</p> <p>GO TO R103</p>
<p>R102d. (Does it amount to) less than \$2,500, more than \$2,500, or what?</p>	<p>1. LESS THAN \$2,500</p> <p>GO TO R103</p>	<p>3. ABOUT \$2,500</p> <p>GO TO R103</p>	<p>5. MORE THAN \$2,500</p> <p>GO TO R103</p>	<p>8. DK</p> <p>GO TO R103</p>	<p>9. RF</p> <p>GO TO R103</p>

RANDOM ASSIGNMENT 3 OR 6

R102b. (Does it amount to) less than \$50,000, more than \$50,000, or what?	1. LESS THAN \$50,000	3. ABOUT \$50,000	5. MORE THAN \$50,000	8. DK	9. RF
	GO TO R102ax	GO TO R103	GO TO R103		
R102c. (Does it amount to) less than \$250,000, more than \$250,000, or what?	1. LESS THAN \$250,000	3. ABOUT \$250,000	5. MORE THAN \$250,000	8. DK	9. RF
	GO TO R103				
R102ax. Does it amount to less than \$20,000, more than \$20,000, or what?	1. LESS THAN \$20,000	3. ABOUT \$20,000	5. MORE THAN \$20,000	8. DK	9. RF
	GO TO R103				
R102d. (Does it amount to) less than \$2,500, more than \$2,500, or what?	1. LESS THAN \$2,500	3. ABOUT \$2,500	5. MORE THAN \$2,500	8. DK	9. RF
	GO TO R103				

R103. Was this lapse or cancellation something you chose to do, or was it done by the provider, your employer, or someone else?

1. R'S CHOICE	2. PROVIDER/EMPLOYER/SOMEONE ELSE CHOSE	8. DK	9. RF
GO TO R117 BRANCHPOINT			

R104. Was it because the policy was too expensive, because you did not need the coverage or some other reason?

1. TOO EXPENSIVE

2. COVERAGE NOT NEEDED

7. OTHER, SPECIFY  
\_\_\_\_\_

8. DK

9. RF

R117 BRANCHPOINT: IF WE HAVE R'S MEDICARE NUMBER FROM A PREVIOUS WAVE IW or R DOES NOT HAVE MEDICARE NOW, GO TO RASSIST

R117. 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.)

[IWER: PROBE]

Is there a letter included as part of your Medicare number?

\_\_\_\_\_ OR \_\_\_\_\_ OR \_\_\_\_\_  
 R117a. NUMBER      R117b. NUMBER      R117c. NUMBER  
 PART 1                      PART 2                      PART3                      R117d. LETTER

1. NUMBER RECORDED

5. NO NUMBER RECORDED

8. DK

9. RF

RASSIST

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION R — INSURANCE?

1. NEVER

2. A FEW TIMES

3. MOST OR ALL OF THE TIME

GO TO SECTION EV