

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

E1. The next questions are about health care you have received.

[Since R's LAST IW MONTH, YEAR/In the last two years], have you been a patient in a hospital overnight?

1. YES	5. NO	8. DK	9. RF
GO TO E5 BRANCHPOINT			

E2. How many different times were you a patient in a hospital overnight [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: IF R ASKS, INCLUDE MENTAL HOSPITALS AND SANITARIUMS]

DK	RF
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NUMBER OF TIMES

E3. (Altogether) How many nights were you a patient in the hospital [since R's LAST IW MONTH, YEAR/in the last two years]?

DK	RF
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NUMBER OF NIGHTS

E4. IF R IS AT LEAST 65 YEARS OF AGE:
Were the costs for your hospital stay(s) completely covered by Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other health insurance, partly covered by insurance, or not covered at all by insurance?

OTHERWISE:
Were the costs for your hospital stay(s) completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. FULLY COVERED	3. PARTLY COVERED (OR COVERED WITH A COPAY)	5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
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E5 BRANCHPOINT: IF R IS LIVING IN A NURSING HOME (CS11=1), ASSIGN CODE 1 TO E5 AND GO TO E6

E5. [Since R's LAST IW MONTH, YEAR/In the last two years], have you been a patient overnight in a nursing home, convalescent home, or other long-term health care facility?

1. YES	5. NO	8. DK	9. RF
GO TO E10 BRANCHPOINT			

E6. How many times [including now, have you been/were you] a patient in a nursing home or other long-term care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

NUMBER OF TIMES

E7. (Altogether), How many nights have you been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: USE 996 FOR CONTINUOUS SINCE ENTERED OR SINCE R's LAST IW MONTH, YEAR/IN THE LAST TWO YEARS]

E7. NIGHTS

OR

E7a. MONTHS

E8. IF R IS AT LEAST 65 YEARS OF AGE:
[Are/Were] the costs for your nursing home stay(s) completely covered by Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other health insurance, partly covered by insurance, or not covered at all by insurance?

OTHERWISE:

[Are/Were] the costs for your nursing home stay(s) completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. FULLY COVERED	3. PARTLY COVERED (OR COVERED WITH A COPAY)	5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
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E10 BRANCHPOINT: IF {COSTS OF NURSING HOME STAYS WERE FULLY COVERED or R WAS NOT ASKED} ({E4 and E8}={1 or NOT ASKED}), GO TO E10f1 BRANCHPOINT

E10. About how much did you pay out-of-pocket for [nursing home/hospital/
nursing home and hospital] bills [since R's *LAST IW MONTH, YEAR*/in the
last two years]?

[IWER: DO NOT PROBE DK/RF]

AMOUNT

DK RF

GO TO E10f1
BRANCHPOINT

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NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-6 FOR VARIABLE 125. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN ITS ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4

<p>E10a. Did it amount to less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p> <p>GO TO E10e</p>	<p>3. ABOUT \$5,000</p> <p>GO TO E10f BRANCHPOINT</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p> <p>GO TO E10f BRANCHPOINT</p>	<p>9. RF</p> <p>GO TO E10f BRANCHPOINT</p>
<p>E10b. (Did it amount to) less than \$10,000, more than \$10,000, or what?</p>	<p>1. LESS THAN \$10,000</p> <p>GO TO E10f BRANCHPOINT</p>	<p>3. ABOUT \$10,000</p>	<p>5. MORE THAN \$10,000</p>	<p>8. DK</p> <p>GO TO E10f BRANCHPOINT</p>	<p>9. RF</p>
<p>E10c. (Did it amount to) less than \$20,000, more than \$20,000, or what?</p>	<p>1. LESS THAN \$20,000</p> <p>GO TO E10f BRANCHPOINT</p>	<p>3. ABOUT \$20,000</p>	<p>5. MORE THAN \$20,000</p>	<p>8. DK</p> <p>GO TO E10f BRANCHPOINT</p>	<p>9. RF</p>
<p>E10b1. (Did 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>E10e. (Did it amount to) less than \$500, more than \$500, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 2 OR 5

<p>E10b. (Did it amount to) less than \$10,000, more than \$10,000, or what?</p>	<p>1. LESS THAN \$10,000</p>	<p>3. ABOUT \$10,000</p>	<p>5. MORE THAN \$10,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E10d</p>	<p>GO TO E10f BRANCHPOINT</p>		<p>GO TO E10f BRANCHPOINT</p>	
<p>E10c. (Did 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 E10f BRANCHPOINT</p>			<p>GO TO E10f BRANCHPOINT</p>	
<p>E10b1. (Did 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 E10f BRANCHPOINT</p>				
<p>E10d. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E10f BRANCHPOINT</p>				
<p>E10e. (Did it amount to) less than \$500, more than \$500, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 3 OR 6

<p>E10c. (Did 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 E10Y1b1</p>	<p>GO TO E10f BRANCHPOINT</p>	<p>GO TO E10f BRANCHPOINT</p>		
<p>E10b1. (Did 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 E10f BRANCHPOINT</p>				
<p>E10Y1b1. Did it amount to less than \$10,000, more than \$10,000, or what?</p>	<p>1. LESS THAN \$10,000</p>	<p>3. ABOUT \$10,000</p>	<p>5. MORE THAN \$10,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E10f BRANCHPOINT</p>				
<p>E10d. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E10f BRANCHPOINT</p>				
<p>E10e. (Did it amount to) less than \$500, more than \$500, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>

E10f1 BRANCHPOINT: IF {R IS NOT IN A NURSING HOME (CS11=5) and REPORTS NO NURSING HOME STAYS (E5=5)} or {R IS IN A NURSING HOME (CS11=1) and REPORTS ONLY ONE NURSING HOME STAY (E6=1)}, GO TO E11

IF R WAS IN A NURSING HOME {AT R'S LAST INTERVIEW/FOR THE LAST 2 YEARS} and HAS BEEN THERE CONTINUOUSLY SINCE THEN (E7=996), GO TO E11

E10f1. (Think back to the (first) time [since R's LAST IW MONTH, YEAR/in the last two years] that you were a patient in a nursing home or other long-term care facility.)

In about what month and year did you move to the nursing home or health care facility?

E10f1. MONTH/SEASON:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

DK

RF

E10g1. YEAR

E10h1. In about what month and year did you move out of the nursing home or health care facility?

E10h1. MONTH/SEASON:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

DK

RF

E10i1. YEAR

E10j1. Where did you live after leaving the nursing home or health care facility?

(Did you live alone, (with your [husband/wife/partner] only), with one of your children and his or her own family, with other relatives, in a retirement center, or what?)

1. R LIVED BY HIM/HER SELF, ALONE	2. R LIVED WITH SPOUSE/PARTNER ONLY	3. R LIVED WITH CHILD AND CHILD'S FAMILY	4. R LIVED WITH OTHER RELATIVE(S)
5. R LIVED IN RETIREMENT CENTER	7. OTHER (SPECIFY) _____	8. DK	9. RF

E10k1 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (E10j1 NOT 3), GO TO E10f2 BRANCHPOINT

E10k1. (Which child is that?)

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

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

E10f2 BRANCHPOINT: IF R HAD ONLY ONE NURSING HOME STAY (E6 < 2) or {IF R HAD TWO NURSING HOME STAYS (E6=2) and IS CURRENTLY IN A NURSING HOME (CS11=1)}, GO TO E11

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E10f2. Think back to the second time [since R's LAST IW MONTH, YEAR/in the last two years] that you were a patient in a nursing home or other long-term care facility.

In about what month and year did you move to the nursing home or health care facility?

E10f2. MONTH/SEASON:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

_____ DK RF

E10g2. YEAR

E10h2. In about what month and year did you move out of the nursing home or health care facility?

E10h2. MONTH/SEASON:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

_____ DK RF

E10i2. YEAR

E10j2. Where did you live after leaving the nursing home or health care facility?

(Did you live alone, (with your [husband/wife/partner] only), with one of your children and his or her own family, with other relatives, in a retirement center, or what?)

1. R LIVED BY HIM/HER SELF, ALONE	2. R LIVED WITH SPOUSE/PARTNER ONLY	3. R LIVED WITH CHILD AND CHILD'S FAMILY	4. R LIVED WITH OTHER RELATIVE(S)
5. R LIVED IN RETIREMENT CENTER	7. OTHER (SPECIFY) _____	8. DK	9. RF

E10k2 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (E10j2 NOT 3),
GO TO E10f3 BRANCHPOINT

E10k2. (Which child is that?)

IF GRANDCHILD:

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

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

E10f3 BRANCHPOINT: IF R HAD ONLY TWO NURSING HOME STAYS (E6 < 3) or {R HAD
THREE NURSING HOME STAYS (E6=3) and IS CURRENTLY IN A
NURSING HOME (CS11=1)}, GO TO E11

E10f3. Think back to the third time [since R's LAST IW MONTH, YEAR/in the
last two years] that you were a patient in a nursing home or other
long-term care facility.

In about what month and year did you move to the nursing home or health
care facility?

E10f3. MONTH/SEASON:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

DK	RF
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_____ E10g3. YEAR

E10h3. In about what month and year did you move out of the nursing home or health care facility?

E10h2. MONTH/SEASON:

01. JAN	02. FEB	03. MAR	04. APR	05. MAY	06. JUN
07. JUL	08. AUG	09. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

_____ DK RF

E10i3. YEAR

E10j3. Where did you live after leaving the nursing home or health care facility?

(Did you live alone, (with your [husband/wife/partner] only) with one of your children and his or her own family, with other relatives, in a retirement center, or what?)

1. R LIVED BY HIM/HER SELF, ALONE	2. R LIVED WITH SPOUSE/PARTNER ONLY	3. R LIVED WITH CHILD AND CHILD'S FAMILY	4. R LIVED WITH OTHER RELATIVE(S)
5. R LIVED IN RETIREMENT CENTER	7. OTHER (SPECIFY) _____	8. DK	9. RF

E10k3 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (E10j3 NOT 3), GO TO E11 BRANCHPOINT

E10k3. (Which child is that?)

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

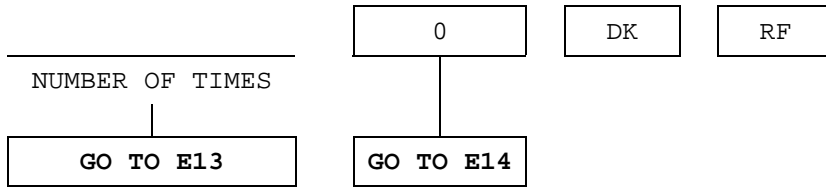
CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

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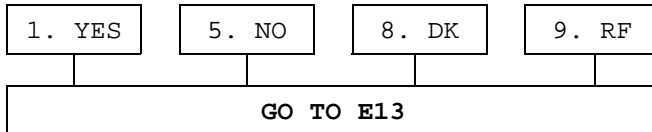
E11. (Aside from any hospital stays,) how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: USE ZERO FOR NONE]

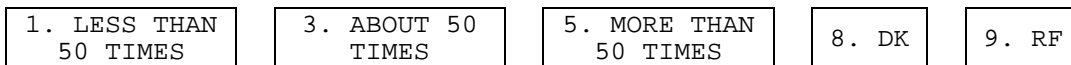


E11a. Did it amount to less than 20 times, more than 20 times, or what?	1. LESS THAN 20 TIMES	3. ABOUT 20 TIMES	5. MORE THAN 20 TIMES	8. DK	9. RF
	GO TO E13	GO TO E11d	GO TO E13		
E11b. Did it amount to less than 5 times, more than 5 times, or what?	1. LESS THAN 5 TIMES	3. ABOUT 5 TIMES	5. MORE THAN 5 TIMES	8. DK	9. RF

E11c. Do you think you have seen a medical doctor about your health at least once [since R's LAST IW MONTH, YEAR/in the last two years]?



E11d. Did it amount to less than 50 times, more than 50 times, or what?

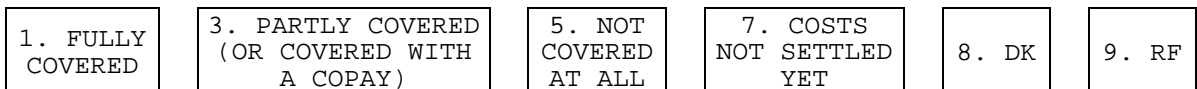


E13. IF R IS AT LEAST 65 YEARS OF AGE:

Were the costs for your doctor visit(s) completely covered by Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other health insurance, partly covered by insurance, or not covered at all by insurance?

OTHERWISE:

Were the costs for your doctor visit(s) completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?



E14. (Not counting overnight hospital stays,) [since R's LAST IW MONTH, YEAR/in the last two years], have you had outpatient surgery?

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

E16. IF R IS AT LEAST 65 YEARS OF AGE:
 Were your expenses for your outpatient surgery completely covered by Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other health insurance, partly covered by insurance, or not covered at all by insurance?

OTHERWISE:
 Were your expenses for your outpatient surgery completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. FULLY COVERED	3. PARTLY COVERED (OR COVERED WITH A COPAY)	5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
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E17. [Since R's LAST IW MONTH, YEAR/In the last two years] have you seen a dentist for dental care, including dentures?

1. YES	5. NO	8. DK	9. RF
GO TO E18a BRANCHPOINT			

E18. Were your dental expenses completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. FULLY COVERED	3. PARTLY COVERED (OR COVERED WITH A COPAY)	5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
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E18a BRANCHPOINT: IF {COSTS OF DOCTOR VISITS, OUTPATIENT SURGERY OR DENTAL CARE} {WERE FULLY COVERED or R WAS NOT ASKED} ({E13 and E16 and E18}={1 or NOT ASKED}), GO TO E20 BRANCHPOINT

E18a. About how much did you pay out-of-pocket for [doctor/outpatient surgery/dental/doctor and outpatient surgery/doctor and dental/outpatient surgery and dental/doctor, outpatient surgery, and dental] bills [since R's LAST IW MONTH, YEAR/in the last two years]?

(...except any payments you told me about.)

[IWER: DO NOT PROBE DK/RF]

AMOUNT

DK RF

GO TO E20
BRANCHPOINT

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NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-6 FOR VARIABLE 126. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN ITS ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4

<p>E18b. Did it amount to less than \$500, more than \$500, or what?</p>	<p>1. LESS THAN \$500</p> <p>GO TO E18g</p>	<p>3. ABOUT \$500</p> <p>GO TO E20 BRANCHPOINT</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p> <p>GO TO E20 BRANCHPOINT</p>	<p>9. RF</p> <p>GO TO E20 BRANCHPOINT</p>
<p>E18c. (Did it amount to) less than \$1,000, more than \$1,000, or what?</p>	<p>1. LESS THAN \$1,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>3. ABOUT \$1,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>5. MORE THAN \$1,000</p>	<p>8. DK</p> <p>GO TO E20 BRANCHPOINT</p>	<p>9. RF</p> <p>GO TO E20 BRANCHPOINT</p>
<p>E18d. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>3. ABOUT \$5,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p> <p>GO TO E20 BRANCHPOINT</p>	<p>9. RF</p> <p>GO TO E20 BRANCHPOINT</p>
<p>E18e. (Did it amount to) less than \$20,000, more than \$20,000, or what?</p>	<p>1. LESS THAN \$20,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>3. ABOUT \$20,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>5. MORE THAN \$20,000</p> <p>GO TO E20 BRANCHPOINT</p>	<p>8. DK</p> <p>GO TO E20 BRANCHPOINT</p>	<p>9. RF</p> <p>GO TO E20 BRANCHPOINT</p>
<p>E18g. (Did it amount to) less than \$200, more than \$200, or what?</p>	<p>1. LESS THAN \$200</p>	<p>3. ABOUT \$200</p>	<p>5. MORE THAN \$200</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 2 OR 5

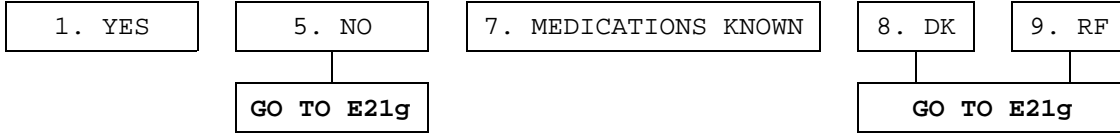
<p>E18c. (Did it amount to) less than \$1,000, more than \$1,000, or what?</p>	<p>1. LESS THAN \$1,000</p>	<p>3. ABOUT \$1,000</p>	<p>5. MORE THAN \$1,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E28f</p>	<p>GO TO E20 BRANCHPOINT</p>		<p>GO TO E20 BRANCHPOINT</p>	
<p>E18d. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E20 BRANCHPOINT</p>			<p>GO TO E20 BRANCHPOINT</p>	
<p>E18e. (Did 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 E20 BRANCHPOINT</p>				
<p>E18f. (Did it amount to) less than \$500, more than \$500, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E20 BRANCHPOINT</p>				
<p>E18g. (Did it amount to) less than \$200, more than \$200, or what?</p>	<p>1. LESS THAN \$200</p>	<p>3. ABOUT \$200</p>	<p>5. MORE THAN \$200</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 3 OR 6

<p>E18d. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E18c1</p>	<p>GO TO E20 BRANCHPOINT</p>	<p>GO TO E20 BRANCHPOINT</p>		
<p>E18e. (Did 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 E20 BRANCHPOINT</p>					
<p>E18c1. Did it amount to less than \$1,000, more than \$1,000, or what?</p>	<p>1. LESS THAN \$1,000</p>	<p>3. ABOUT \$1,000</p>	<p>5. MORE THAN \$1,000</p>	<p>8. DK</p>	<p>9. RF</p>
<p>GO TO E20 BRANCHPOINT</p>					
<p>E18f. (Did it amount to) less than \$500, more than \$500, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>
<p>GO TO E20 BRANCHPOINT</p>					
<p>E18g. (Did it amount to) less than \$200, more than \$200, or what?</p>	<p>1. LESS THAN \$200</p>	<p>3. ABOUT \$200</p>	<p>5. MORE THAN \$200</p>	<p>8. DK</p>	<p>9. RF</p>

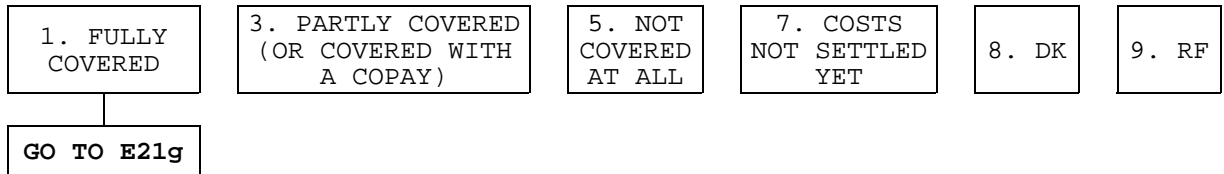
E20 BRANCHPOINT: IF R HAS REPORTED {TAKING OR CARRYING} MEDICATION REGULARLY ({B3a or B4a or B4b or B7a or B7j or B7n or B9g or B10c}=1), ASSIGN 7 FOR E20 AND GO TO E21

E20. Do you regularly take prescription medications?



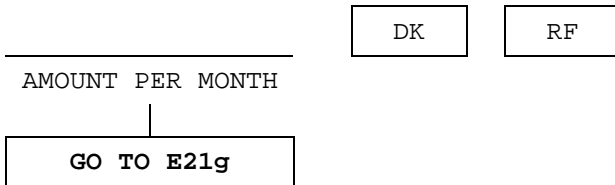
E21. IF R IS AT LEAST 65 YEARS OF AGE:
 Have the costs of your prescription medications been completely covered by Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other health insurance, partly covered by insurance, or not covered at all by insurance?

OTHERWISE:
 Have the costs of your prescription medications been completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?



E21a. On average, about how much have you paid out-of-pocket per month for these prescriptions [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]



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FINAL VERSION 3 — 8/13/2002

NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-6 FOR VARIABLE 127. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN ITS ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4

<p>E21b. Does it amount to less than \$10 per month, more than \$10 per month, or what?</p>	<p>1. LESS THAN \$10</p>	<p>3. ABOUT \$10</p>	<p>5. MORE THAN \$10</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21f</p>	<p>GO TO E21g</p>	<p>GO TO E21g</p>		
<p>E21c. Does it amount to less than \$20 per month, more than \$20 per month, or what?</p>	<p>1. LESS THAN \$20</p>	<p>3. ABOUT \$20</p>	<p>5. MORE THAN \$20</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21g</p>		<p>GO TO E21g</p>		
<p>E21d. (Does it amount to) less than \$100 per month, more than \$100 per month, or what?</p>	<p>1. LESS THAN \$100</p>	<p>3. ABOUT \$100</p>	<p>5. MORE THAN \$100</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21g</p>		<p>GO TO E21g</p>		
<p>E21e. Does it amount to less than \$500 per month, more than \$500 per month, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21g</p>				
<p>E21f. (Does it amount to) less than \$5 per month, more than \$5 per month, or what?</p>	<p>1. LESS THAN \$5</p>	<p>3. ABOUT \$5</p>	<p>5. MORE THAN \$5</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 2 OR 5

<p>E21c. Does it amount to less than \$20 per month, more than \$20 per month, or what?</p>	<p>1. LESS THAN \$20</p>	<p>3. ABOUT \$20</p>	<p>5. MORE THAN \$20</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21Y1e</p>	<p>GO TO E21g</p>	<p>GO TO E21g</p>		
<p>E21d. (Does it amount to) less than \$100 per month, more than \$100 per month, or what?</p>	<p>1. LESS THAN \$100</p>	<p>3. ABOUT \$100</p>	<p>5. MORE THAN \$100</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21g</p>		<p>GO TO E21g</p>		
<p>E21e. Does it amount to less than \$500 per month, more than \$500 per month, or what?</p>	<p>1. LESS THAN \$500</p>	<p>3. ABOUT \$500</p>	<p>5. MORE THAN \$500</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21g</p>				
<p>E21Y1e. (Does it amount to) less than \$10 per month, more than \$10 per month, or what?</p>	<p>1. LESS THAN \$10</p>	<p>3. ABOUT \$10</p>	<p>5. MORE THAN \$10</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E21g</p>				
<p>E21f. (Does it amount to) less than \$5 per month, more than \$5 per month, or what?</p>	<p>1. LESS THAN \$5</p>	<p>3. ABOUT \$5</p>	<p>5. MORE THAN \$5</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 3 OR 6

E21d. (Does it amount to) less than \$100 per month, more than \$100 per month, or what?	1. LESS THAN \$100	3. ABOUT \$100	5. MORE THAN \$100	8. DK	9. RF
	GO TO E21b1	GO TO E21g	GO TO E21g		
E21e. Does it amount to less than \$500 per month, more than \$500 per month, or what?	1. LESS THAN \$500	3. ABOUT \$500	5. MORE THAN \$500	8. DK	9. RF
	GO TO E21g				
E21b1. Does it amount to less than \$20 per month, more than \$20 per month, or what?	1. LESS THAN \$20	3. ABOUT \$20	5. MORE THAN \$20	8. DK	9. RF
	GO TO E21g				
E21Y1e. (Does it amount to) less than \$10 per month, more than \$10 per month, or what?	1. LESS THAN \$10	3. ABOUT \$10	5. MORE THAN \$10	8. DK	9. RF
	GO TO E21g				
E21f. (Does it amount to) less than \$5 per month, more than \$5 per month, or what?	1. LESS THAN \$5	3. ABOUT \$5	5. MORE THAN \$5	8. DK	9. RF

E21g. Sometimes people delay taking medication or filling prescriptions because of the cost.

At any time [since R's LAST IW MONTH, YEAR/in the last two years] 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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E22 BRANCHPOINT: IF R IS CURRENTLY IN NURSING HOME (CS11=1), GO TO E27 ASSIGNMENT (AFTER E24f)

E22. [Since R's LAST IW MONTH, YEAR/In the last two years], has any medically-trained person come to your home to help you, yourself?

[IWER: WE ONLY WANT TO INCLUDE HELP GIVEN TO R, NOT HELP FOR R WHEN R IS A CAREGIVER FOR SOMEONE ELSE]

DEFINITION: MEDICALLY-TRAINED PERSONS INCLUDE PROFESSIONAL NURSES, VISITING NURSE'S AIDES, PHYSICAL OR OCCUPATIONAL THERAPISTS, CHEMOTHERAPISTS, AND REPIRATORY OXYGEN THERAPISTS.

1. YES	5. NO	8. DK	9. RF
GO TO E24			

E23. IF R IS AT LEAST 65 YEARS OF AGE:
Were the costs of your home medical care completely covered by Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other health insurance, partly covered by insurance, or not covered at all by insurance?

OTHERWISE:
Were the costs of your home medical care completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. FULLY COVERED	3. PARTLY COVERED (OR COVERED WITH A COPAY)	5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
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E24. READ SLOWLY:
[Since R's LAST IW MONTH, YEAR/In the last two years], did you 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?

1. YES	5. NO	8. DK	9. RF
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E24a BRANCHPOINT: IF COSTS FOR HOME MEDICAL CARE {WERE FULLY COVERED or WAS NOT ASKED} (E23 {=1 or NOT ASKED}) and R DID NOT REPORT USING SPECIAL {FACILITIES OR SERVICES} (E24={5 or DK or RF}), GO TO E27 ASSIGNMENT (AFTER E24f)

E24a. About how much did you pay out-of-pocket for [in-home medical care/special facilities or services/in-home medical care, special facilities or services] [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

DK	RF
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AMOUNT

**GO TO E27 ASSIGNMENT
(AFTER E24f)**

E24b. Did it amount to less than \$5,000, more than \$5,000, or what?	1. LESS THAN \$5,000	3. ABOUT \$5,000	5. MORE THAN \$5,000	8. DK	9. RF
	↓	↓		↓	↓
	<div style="border: 1px solid black; padding: 2px; width: 50px; margin: auto;">GO TO E24e</div>	<div style="border: 1px solid black; padding: 2px; width: 100px; margin: auto;">GO TO E26 (AFTER E31)</div>		<div style="border: 1px solid black; padding: 2px; width: 150px; margin: auto;">GO TO E24e</div>	
E24c. (Did it amount to) less than \$10,000, more than \$10,000, or what?	1. LESS THAN \$10,000	3. ABOUT \$10,000	5. MORE THAN \$10,000	8. DK	9. RF
	↓	↓		↓	↓
	<div style="border: 1px solid black; padding: 2px; width: 150px; margin: auto;">GO TO E26 (AFTER E31)</div>			<div style="border: 1px solid black; padding: 2px; width: 150px; margin: auto;">GO TO E26 (AFTER E31)</div>	
E24d. (Did 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
	↓	↓	↓	↓	↓
	<div style="border: 1px solid black; padding: 2px; width: 400px; margin: auto;">GO TO E26 (AFTER E31)</div>				
E24e. (Did it amount to) less than \$1,000, more than \$1,000, or what?	1. LESS THAN \$1,000	3. ABOUT \$1,000	5. MORE THAN \$1,000	8. DK	9. RF
	↓	↓	↓	↓	↓
	<div style="border: 1px solid black; padding: 2px; width: 400px; margin: auto;">GO TO E26 (AFTER E31)</div>				
E24f. (Did it amount to) less than \$500, more than \$500, or what?	1. LESS THAN \$500	3. ABOUT \$500	5. MORE THAN \$500	8. DK	9. RF
	↓	↓	↓	↓	↓

E27 ASSIGNMENT:

CALCULATED VARIABLE — SUM-MAJOR MEDICAL EXPENSES (VARIABLE 2654):

THE VALUE FROM PREVIOUS QUESTIONS REGARDING OUT-OF-POCKET MEDICAL EXPENSE (WHETHER AN AMOUNT IS GIVEN, OR FROM THE FOLLOWING UNFOLDING QUESTIONS) IS ASSIGNED BY THE PROGRAM TO FOUR VARIABLES (2371 (E10-E10e), 2372 (E18a-E18g), 2373 (E21a-E21e), AND 2374 (E24a-E24f)). A VALUE OF 0 IS USED FOR ANY THAT THE RESPONDENT REFUSED OR WAS UNABLE TO ANSWER. VARIABLE 2375 IS CALCULATED BY ADDING THE VALUE OF THE FOUR PRECEDING VALUES, AND IS USED TO EVALUATE THE NEXT FEW BRANCHPOINTS.

E27. Besides any costs covered by insurance, has anyone helped you (and your [husband/wife/partner]) pay for your health care costs [since R's LAST IW MONTH, YEAR/in the last two years], or helped you pay the cost of health insurance or for long-term care insurance?

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

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

1. CHILD/ CHILD-IN-LAW/ GRANDCHILD	2. OTHER RELATIVE	3. SOMEONE ELSE	8. DK	9. RF
GO TO E30				

E29. (Which child is that?)

[IWER: CHOOSE ALL THAT APPLY]

IWER: ACCEPT MORE THAN 1 CHILD ONLY AFTER PROBE:
Which child helps the most?

IF GRANDCHILD:

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

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD NAME(S) [ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
38. ALL MY CHILDREN
DK
RF

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

AMOUNT

DK

RF

E31 BRANCHPOINT: IF SUM-MAJOR MEDICAL EXPENSES (per E27 ASSIGNMENT) IS LESS THAN \$10,000, GO TO E26 BRANCHPOINT (AFTER E31)

E31. You have just told me that you have had some rather large out-of-pocket medical expenditures.

(Apart from what you received from others,) 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?

[IWER: CHOOSE ALL THAT APPLY]

1. PAID USING SAVINGS/EARNINGS	2. TOOK OUT A LOAN	3. HAVE NOT YET PAID	7. OTHER (SPECIFY) _____	8. DK	9. RF
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E26 BRANCHPOINT: IF {{R'S MEDICAL EXPENSES HAVE NOT BEEN {FULLY or PARTIALLY} COVERED BY INSURANCE OR MEDICAID} and R HAS NOT REPORTED THAT COSTS HAVE NOT BEEN SETTLED} ({E4 and E8 and E13 and E16 and E18 and E21 and E23} ALL {NOT 1 and NOT 3 and NOT 7}) and R HAS NOT USED SPECIAL SERVICES} (E24 NOT 1), GO TO E32

NOTE: AT E26 THE IWER MENTIONS ALL TYPES OF HEALTH CARE THAT THE R REPORTED HAVING AT QUESTIONS E1, E5 or CS11, E11, E14, E17, E20 and E22.

E26. We would like to get a very rough idea of the total cost of your

(hospital stays
nursing home stays
doctor and clinic visits
outpatient surgery
dental visits
prescriptions
in-home-medical care)

SAID TO ALL R's:
(and) all other medical costs for you [since R's LAST IW MONTH, YEAR/ in the last two years], including costs covered by

IF 65 OR OLDER:
(Medicare, [Medicaid/STATE NAME FOR MEDICAID], or other)

SAID TO ALL R's:
health insurance.

NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-3 FOR VARIABLE 122. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN ITS ENTIRETY.

RANDOM ASSIGNMENT 1

<p>E26. Did it amount to less than \$1,000, more than \$1,000, or what?</p>	<p>1. LESS THAN \$1,000</p>	<p>3. ABOUT \$1,000</p>	<p>5. MORE THAN \$1,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>		<p>GO TO E32</p>		
<p>E26a. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>		<p>GO TO E32</p>		
<p>E26b. (Did it amount to) less than \$25,000, more than \$25,000, or what?</p>	<p>1. LESS THAN \$25,000</p>	<p>3. ABOUT \$25,000</p>	<p>5. MORE THAN \$25,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>		<p>GO TO E32</p>		
<p>E26c. (Did it amount to) less than \$100,000, more than \$100,000, or what?</p>	<p>1. LESS THAN \$100,000</p>	<p>3. ABOUT \$100,000</p>	<p>5. MORE THAN \$100,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>		<p>GO TO E32</p>		
<p>E26d. (Did it amount to) less than \$500,000, more than \$500,000, or what?</p>	<p>1. LESS THAN \$500,000</p>	<p>3. ABOUT \$500,000</p>	<p>5. MORE THAN \$500,000</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 2

<p>E26. Did it amount to less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
		<p>GO TO E32</p>	<p>GO TO E26b(2)</p>	<p>GO TO E32</p>	
<p>E26b(1). (Did it amount to less than \$1,000, more than \$1,000, or what?)</p>	<p>1. LESS THAN \$1,000</p>	<p>3. ABOUT \$1,000</p>	<p>5. MORE THAN \$1,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>				
<p>E26b(2). (Did it amount to less than \$25,000, more than \$25,000, or what?)</p>	<p>1. LESS THAN \$25,000</p>	<p>3. ABOUT \$25,000</p>	<p>5. MORE THAN \$25,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>		<p>GO TO E32</p>		
<p>E26c. (Did it amount to less than \$100,000, more than \$100,000, or what?)</p>	<p>1. LESS THAN \$100,000</p>	<p>3. ABOUT \$100,000</p>	<p>5. MORE THAN \$100,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>		<p>GO TO E32</p>		
<p>E26d. (Did it amount to less than \$500,000, more than \$500,000, or what?)</p>	<p>1. LESS THAN \$500,000</p>	<p>3. ABOUT \$500,000</p>	<p>5. MORE THAN \$500,000</p>	<p>8. DK</p>	<p>9. RF</p>

RANDOM ASSIGNMENT 3

<p>E26. Did it amount to less than \$25,000, more than \$25,000, or what?</p>	<p>1. LESS THAN \$25,000</p>	<p>3. ABOUT \$25,000</p>	<p>5. MORE THAN \$25,000</p>	<p>8. DK</p>	<p>9. RF</p>
		<p>GO TO E32</p>	<p>GO TO E26c</p>	<p>GO TO E32</p>	
<p>E26a. (Did it amount to) less than \$5,000, more than \$5,000, or what?</p>	<p>1. LESS THAN \$5,000</p>	<p>3. ABOUT \$5,000</p>	<p>5. MORE THAN \$5,000</p>	<p>8. DK</p>	<p>9. RF</p>
				<p>GO TO E32</p>	
<p>E26b. (Did it amount to) less than \$1,000, more than \$1,000, or what?</p>	<p>1. LESS THAN \$1,000</p>	<p>3. ABOUT \$1,000</p>	<p>5. MORE THAN \$1,000</p>	<p>8. DK</p>	<p>9. RF</p>
				<p>GO TO E32</p>	
<p>E26c. (Did it amount to) less than \$100,000, more than \$100,000, or what?</p>	<p>1. LESS THAN \$100,000</p>	<p>3. ABOUT \$100,000</p>	<p>5. MORE THAN \$100,000</p>	<p>8. DK</p>	<p>9. RF</p>
	<p>GO TO E32</p>			<p>GO TO E32</p>	
<p>E26d. (Did it amount to) less than \$500,000, more than \$500,000, or what?</p>	<p>1. LESS THAN \$500,000</p>	<p>3. ABOUT \$500,000</p>	<p>5. MORE THAN \$500,000</p>	<p>8. DK</p>	<p>9. RF</p>

E32. (Aside from any [hospital or nursing home/hospital/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?

[IWER: USE ZERO FOR NONE]

AMOUNT

DK

RF

E59. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities that I read to you. Exclude any difficulties that you expect to last less than three months.

E60. Because of a health problem do you have any difficulty with walking several blocks?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E62	GO TO E62				

E61. Do you have any difficulty with running or jogging about a mile?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E63					

	1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
E62. (Because of a health problem do you have any difficulty) with walking one block?						
E63. (Because of a health problem do you have any difficulty) with sitting for about two hours?						
E64. (Because of a health problem do you have any difficulty) with getting up from a chair after sitting for long periods?						
E65. (Because of a health problem do you have any difficulty) with climbing several flights of stairs without resting?						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">GO TO E67</div>						
E66. (Because of a health problem do you have any difficulty) with climbing one flight of stairs without resting?						
E67. (Because of a health problem do you have any difficulty) with stooping, kneeling, or crouching?						

	1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
E68. (Because of a health problem do you have any difficulty) with reaching or extending your arms above shoulder level?						
E69. (Because of a health problem do you have any difficulty) with pulling or pushing large objects like a living room chair?						
E70. (Because of a health problem do you have any difficulty) with lifting or carrying weights over 10 pounds, like a heavy bag of groceries?						
E71. (Because of a health problem do you have any difficulty) with picking up a dime from a table?						

E73Y1 BRANCHPOINT: IF R {DID NOT HAVE DIFFICULTY WITH ANY OF THE MOBILITY QUESTIONS or REFUSED TO SAY} ({E60 and E62 and E63 and E64 and E66 and E67 and E68 and E69 and E70 and E71} ALL {NOT 1 and NOT 6 and NOT 7 and NOT DK}), GO TO E90 BRANCHPOINT

E73Y1. Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months.

Because of a health or memory problem do you have any difficulty with dressing, including putting on shoes and socks?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
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GO TO E72
BRANCHPOINT
(AFTER E73F)

E73F. Does anyone ever help you dress?

1. YES	5. NO	8. DK	9. RF
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E72 BRANCHPOINT: IF R REPORTED ONLY ONE DIFFICULTY FOR PREVIOUS MOBILITY QUESTIONS (ONLY ONE OF {E60, E62-E64, E66-E71}=1) and R HAS NO DIFFICULTY DRESSING (E73Y1=5), GO TO E90 BRANCHPOINT

E72. Because of a health or memory problem do you have any difficulty with walking across a room?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
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E72c. 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 E72Y1 BRANCHPOINT			

E72d. 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

E72Y1 BRANCHPOINT: IF R HAS NO DIFFICULTY WALKING ACROSS A ROOM (E72=5), GO TO E74

E72Y1. Does anyone ever help you get across a room?

1. YES	5. NO	8. DK	9. RF
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E74. (Because of a health or memory problem do you have any difficulty with) bathing or showering?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E75					

E74f. Does anyone ever help you bathe?

1. YES	5. NO	8. DK	9. RF
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E75. (Because of a health or memory problem do you have any difficulty with) eating, such as cutting up your food?

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

GO TO E76

E75f. Does anyone ever help you eat?

1. YES	5. NO	8. DK	9. RF
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E76. (Because of a health or memory problem do you have any difficulty with) getting in or out of bed?

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

E76c. Do you ever use equipment or devices such as a cane, walker or railing when getting in or out of bed?

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

GO TO E76f BRANCHPOINT

E76d. 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	

E76f BRANCHPOINT: IF R HAS NO DIFFICULTY GETTING OUT OF BED (E76=5), GO TO E77

E76f. Does anyone ever help you get in or out of bed?

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

E77. (Because of a health or memory problem do you have) any difficulty with using the toilet, including getting up and down?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E83 BRANCHPOINT					

E77f. Does anyone ever help you use the toilet?

1. YES	5. NO	8. DK	9. RF
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E83 BRANCHPOINT: IF R DID NOT REPORT THAT RECEIVES HELP WITH LAST SERIES OF ADLs ({E73F and E72Y1 and E74f and E75f and E76f and E77f} NOT 1), GO TO E90 BRANCHPOINT

E83. Who most often helps you with [getting across a room,/dressing, /bathing,/eating,/getting in and out of bed,/using the toilet]?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

NOTE: ALL SUBSEQUENT LISTS WILL INCLUDE THE NAME OF ANY HELPER(S) NAMED FOLLOWING THE SELECTION OF "NOT ON LIST" (CODE 97); THIS APPLIES FOR ANY LIST FROM WHICH 97 IS SELECTED.

NOTE: "EMPLOYEE OF FACILITY" APPEARS ON LISTS ONLY FOR Rs LIVING IN NURSING HOMES.

E83a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E83 THAT IS NOT ON LIST (E83=97), CONTINUE ON TO E83a OTHERWISE, GO TO E83c

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E83a. What is that person's relationship to you (IF R IN NURSING HOME: or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD	
GO TO E83c				
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF

NOTE: "EMPLOYEE OF "INSTITUTION"" (CODE 3) APPEARS AS RESPONSE OPTION ONLY FOR Rs LIVING IN NURSING HOMES. WHEN THIS RESPONSE IS SELECTED, IT APPEARS ON NEXT LIST AS "EMPLOYEE OF FACILITY", IN ADDITION TO THE EXISTING "EMPLOYEE OF FACILITY" (CODE 100).

E83b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
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E83c. Does anyone else help you with (this activity/these activities)?

1. YES	5. NO	8. DK	9. RF
GO TO E90 BRANCHPOINT			

E84. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E84a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E84 THAT IS NOT ON LIST (E84=97), CONTINUE ON TO E84a OTHERWISE, GO TO E84c

E84a. What is that person's relationship to you, (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
		GO TO E84c	
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK
			9. RF

E84b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E84c. Does anyone else help you with (this activity/these activities)?

1. YES	5. NO	8. DK	9. RF
GO TO E90 BRANCHPOINT			

E85. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E85a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E85 THAT IS NOT ON LIST (E85=97), CONTINUE ON TO E85a

OTHERWISE, GO TO E85c

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FINAL VERSION 3 — 8/13/2002

E85a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD	
GO TO E85c				
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF

E85b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E85c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO E90 BRANCHPOINT			

E86. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E86a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E86 THAT IS NOT ON LIST (E86=97), CONTINUE ON TO E86a

OTHERWISE, GO TO E86c

E86a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD	
GO TO E86c				
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF

E86b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E86c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO E90 BRANCHPOINT			

E87. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E87a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E87 THAT IS NOT ON LIST (E87=97), CONTINUE ON TO E87a

OTHERWISE, GO TO E87c

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E87a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD	
		GO TO E87c		
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF

E87b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E87c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO E90 BRANCHPOINT			

E88. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E88a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E88 THAT IS NOT ON LIST (E88=97), CONTINUE ON TO E88a

OTHERWISE, GO TO E88c

E88a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD	
GO TO E88c				
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF

E88b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E88c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO E90 BRANCHPOINT			

E89. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E89a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E89 THAT IS NOT ON LIST (E89=97), CONTINUE ON TO E89a

OTHERWISE, GO TO E90 BRANCHPOINT

E89a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
		GO TO E90 BRANCHPOINT	
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK
9. RF			

E89b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E90 BRANCHPOINT: IF THIS IS A REINTERVIEW R and R's CURRENT AGE IS LESS THAN 65, GO TO E92

E90. When you ride in a car, how often do you wear your seatbelt? Is it all or most of the time, sometimes, rarely, or never?

1. ALL OR MOST	2. SOMETIMES	3. RARELY	4. NEVER	8. DK	9. RF
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E91 BRANCHPOINT: IF R's CURRENT AGE IS LESS THAN 65, GO TO E92

E91. Are you able to drive?

1. YES	5. NO	6. [VOL] NEVER DROVE	8. DK	9. RF
GO TO E92				

E91a. Do you have a car available to use when you need one?

1. YES	5. NO	8. DK	9. RF
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E91b. Do you limit your driving to nearby places, or do you also drive on longer trips?

1. LIMIT TO NEARBY	2. DRIVE LONG TRIPS	8. DK	9. RF
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E92. IF R HAS NO DIFFICULTY DRESSING (E73Y1=5) *and* R WAS ASKED IF HAS DIFFICULTY WALKING (E72):
Please tell me whether you have any difficulty with each activity I name. If you don't do the activity at all, just tell me so. Exclude any difficulties that you expect to last less than three months.

OTHERWISE:

Here are a few other activities which some people have difficulty with because of a physical, mental, emotional, or memory problem. Please tell me whether you have any difficulty with each activity I name. If you don't do the activity at all, just tell me so. Exclude any difficulties that you expect to last less than three months.

E93. Because of a health or memory problem, do you have any difficulty using a map to figure out how to get around in a strange place?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
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E95. (Because of a health or memory problem, do you have) any difficulty preparing a hot meal?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E95c BRANCHPOINT	GO TO E96			GO TO E95c BRANCHPOINT	GO TO E95c BRANCHPOINT

E95b. Is that because of a health or memory problem?

1. YES	5. NO	8. DK	9. RF
	GO TO E96		

E95c BRANCHPOINT: IF R IS IN NURSING HOME (CS11=1), GO TO E96

E95c. Does anyone help you prepare hot meals?

1. YES	5. NO	8. DK	9. RF
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E96. (Because of a health or memory problem, do you have) any difficulty with shopping for groceries?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E96c BRANCHPOINT	GO TO E97			GO TO E96c BRANCHPOINT	GO TO E96c BRANCHPOINT

E96b. Is that because of a health or memory problem?

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

GO TO E97

E96c BRANCHPOINT: IF R IS IN NURSING HOME (CS11=1), GO TO E97

E96c. Does anyone help you shop for groceries?

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

E97. (Because of a health or memory problem, do you have) any difficulty with making phone calls?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
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GO TO E97c	GO TO E98	GO TO E97c			
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E97b. Is that because of a health or memory problem?

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

GO TO E98

E97c. Does anyone help you make telephone calls?

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

E98. (Because of a health or memory problem, do you have) any difficulty taking medications?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
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GO TO E98c BRANCHPOINT	GO TO E99 BRANCHPOINT	GO TO E98b	GO TO E98c BRANCHPOINT		
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E98a. Do you think you would have any difficulty taking medications if you needed to do so?

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

GO TO E99 BRANCHPOINT

E98b. Is that because of a health or memory problem?

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

GO TO E99 BRANCHPOINT

E98c BRANCHPOINT: IF R IS IN NURSING HOME (CS11=1), GO TO E99 BRANCHPOINT

E98c. Does anyone help you with taking medication?

1. YES	5. NO	8. DK	9. RF
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E99 BRANCHPOINT: IF R DID NOT REPORT THAT SOMEONE HELPED WITH LAST 4 ADLs ({E95c and E96c and E97c and 98c} NOT 1), GO TO E105 BRANCHPOINT

E99. Who most often helps you [prepare meals/shop for groceries/make telephone calls/take medications]?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E99a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E99 THAT IS NOT ON LIST (E99=97), CONTINUE ON TO E99a OTHERWISE, GO TO E99c

E99a. What is that person's relationship to you, (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
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|

GO TO E99c

5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF
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NOTE: "EMPLOYEE OF "INSTITUTION"" (CODE 3) APPEARS AS RESPONSE OPTION ONLY FOR Rs LIVING IN NURSING HOMES.

E99b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK

RF

E99c. Does anyone else help you [prepare meals/shop for groceries/make telephone calls/take medications]?

1. YES

5. NO

8. DK

9. RF

GO TO E105 BRANCHPOINT

E100. Who else helps you?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R'S SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E100a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E100 THAT IS NOT ON LIST (E100=97), CONTINUE ON TO E100a OTHERWISE, GO TO E100c

E100a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD

2. UNLISTED CHILD OR CHILD-IN-LAW

3. EMPLOYEE OF "INSTITUTION"

4. GRANDCHILD

GO TO E100c

5. RELATIVE-OTHER

6. OTHER INDIVIDUAL

7. ORGANIZATION

8. DK

9. RF

E100b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

E100c. Does anyone else help you with these activities?

E101. Who else helps you?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R'S SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E101a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E101 THAT IS NOT ON LIST (E101=97), CONTINUE ON TO E101a OTHERWISE, GO TO E101c

E101a. What is that person's relationship to you (or are they an employee of the place you live)?

E101b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

E101c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO 105 BRANCHPOINT			

E102. Who else helps you?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R'S SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E102a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E102 THAT IS NOT ON LIST (E102=97), CONTINUE ON TO E102a OTHERWISE, GO TO E102c

E102a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
GO TO E102c			
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK 9. RF

E102b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
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E102c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO E105 BRANCHPOINT			

E103. Who else helps you?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R'S SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E103a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E103 THAT IS NOT ON LIST (E103=97), CONTINUE ON TO E103a OTHERWISE, GO TO E103c

E103a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
		GO TO E103c	
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK
			9. RF

E103b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E103c. Does anyone else help you with these activities?

1. YES	5. NO	8. DK	9. RF
GO TO E105 BRANCHPOINT			

E104. Who else helps you?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E104a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E104 THAT IS NOT ON LIST (E104=97), CONTINUE ON TO E104a OTHERWISE, GO TO E105 BRANCHPOINT

E104a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
		GO TO E105 BRANCHPOINT	
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK
			9. RF

E104b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E105 BRANCHPOINT: IF R IS IN NURSING HOME (CS11=1), GO TO E106

E105. (Besides any help you have told me about,) Do you get any help with work around the house or yard because of your health problems?

1. YES	5. NO	8. DK	9. RF
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E106. Because of a health or memory problem, do you have any difficulty with managing your money — such as paying your bills and keeping track of expenses?

1. YES	5. NO	6. CAN'T DO	7. DON'T DO	8. DK	9. RF
GO TO E106c	GO TO E158			GO TO E106c	

E106a. Is that because of a health or memory problem?

1. YES	5. NO	8. DK	9. RF
	GO TO E158		

E106c. Does anyone ever help you manage your money?

1. YES	5. NO	8. DK	9. RF
GO TO E158			

E107. Who most often helps you manage your money?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

107a BRANCHPOINT: IF R GAVE NAME OF HELPER AT 107 THAT IS NOT ON LIST (107=97), CONTINUE ON TO 107a

OTHERWISE, GO TO 107c

E107a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD	
		GO TO E107c		
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK	9. RF
			GO TO E107c	

NOTE: "EMPLOYEE OF "INSTITUTION" (CODE 3) APPEARS AS RESPONSE OPTION ONLY FOR Rs LIVING IN NURSING HOMES.

E107b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E107c. Does anyone else help you manage your money?

1. YES	5. NO	8. DK	9. RF
GO TO E158			

E108. Who is that?

HELPER NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 35. HELPER (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
36. R's SPOUSE/PARTNER NAME
97. NOT ON LIST
100. EMPLOYEE OF FACILITY
DK
RF

E108a BRANCHPOINT: IF R GAVE NAME OF HELPER AT E108 THAT IS NOT ON LIST (E108=97), CONTINUE ON TO E108a

OTHERWISE, GO TO E158

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E108a. What is that person's relationship to you (or are they an employee of the place you live)?

1. FORMER STEP-CHILD	2. UNLISTED CHILD OR CHILD-IN-LAW	3. EMPLOYEE OF "INSTITUTION"	4. GRANDCHILD
		GO TO E158	
5. RELATIVE-OTHER	6. OTHER INDIVIDUAL	7. ORGANIZATION	8. DK
			9. RF

E108b. What is the (first) name of that [grandchild/relative/individual/child/former step-child/organization]?

NAME

DK	RF
----	----

E158. HELPER LIST:

NOTE: AT THIS POINT A LIST IS COMPILED BY SURVEYCRAFT OF ALL HELPERS MENTIONED IN THIS SECTION, AND FROM PRELOAD. THE LIST WILL COMPILE UP TO 36 NAMES, EXCLUDING EMPLOYEES OF FACILITIES.

RELATIONSHIP TO RESPONDENT	SEX	NAME	HOUSEHOLD RESIDENT	MARITAL STATUS	SPOUSE/P NAME	SPOUSE/P HOUSEHOLD RESIDENT
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]						

E3Y1 BRANCHPOINT: IF THERE ARE NO HELPERS ON THE LIST AT E158, GO TO E171 BRANCHPOINT

E3Y1. HELPER INTRO:

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

BEGINNING OF E158Y5 LOOP: QUESTIONS E158Y5 THROUGH E169-2 ARE REPEATED FOR UP TO 36 HELPERS ON THE LIST. THE ORDER OF HELPERS ON THE LIST AT E158 BEGINS WITH A HELPER WHO IS A CHILD (IF ANY), FOLLOWED BY THE CHILD'S SPOUSE/PARTNER (IF ANY) AT E158-2, THEN TO THE NEXT CHILD/PAIR, AND SO ON THROUGH ALL CHILD HELPERS, THEN NON-CHILD HHMs AND SPOUSES/PARTNERS, THEN PERSONS WHO WERE ADDED AT E83 THROUGH E108, ABOVE, AND LASTLY R's SPOUSE/PARTNER.

E158Y5. IF HELPERn CHILD/HHM HAS SPOUSE/PARTNER AND WAS LISTED PREVIOUS TO SECTION E:

[First/Next] the help from CHILDn/HHMn & CHILDn's/HHMn's SPOUSE/PARTNER NAME, starting with CHILDn/HHMn NAME. If no help was given just say so. During the last month, on about how many days did CHILDn/HHMn NAME help you?

IF NEW HELPERn FROM THIS SECTION:

[First/Next] the help from HELPERn/ORGANIZATIONn NAME. During the last month, on about how many days did HELPERn/ORGANIZATIONn NAME help you?

IF HELPERn IS R's SPOUSE/PARTNER:

[First/Next] the help from your [husband/wife/partner], R's SPOUSE/PARTNER NAME. During the last month, on about how many days did R's SPOUSE/PARTNER NAME help you?

OTHERWISE:

[First/Next] the help from CHILDn/HHMn NAME. During the last month, on about how many days did CHILDn/HHMn NAME help you?

[IWER: ENTER "96" IN "DAYS IN LAST MONTH" IF THE PERSON IS NOT A HELPER OR THE PERSON DID NOT HELP IN LAST MONTH]

	96. NOT A HELPER IN LAST MONTH	DK	RF
E158Y5. DAYS IN LAST MONTH			
	GO TO E158-2 BRANCHPOINT		

OR

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

E158a. DAYS PER WEEK

OR

E158b.

1. EVERY DAY	DK	RF
--------------	----	----

NOTE: THE IWER ENTERS INFORMATION AT ANY 1 OF THE ABOVE 3 VARIABLE LOCATIONS ON THE SCREEN. ENTRY AT ONE LOCATION TAKES IWER IMMEDIATELY TO E159, EXCEPT FOR E158Y5=96.

E159. On the days [[CHILDn/HHMn/HELPERn/ORGANIZATIONn NAME]/[your [husband/wife/partner]]] helps you, about how many hours per day is that?

[IWER: LESS THAN AN HOUR = 1]

HOURS

DK

RF

E160 BRANCHPOINT: IF HELPER IS R's SPOUSE/PARTNER, GO TO E171 BRANCHPOINT (OUT OF LOOP)

E160. AFFIRM SEX OF HELPER:
(IS CHILDn/HHMn/HELPERn/ORGANIZATIONn NAME ...?)

[IWER: ASKED ONLY IF NECESSARY]

1. MALE

2. FEMALE

3. AGENCY/PROFESSIONAL/
EMPLOYEES OF "INSTITUTION"

8. DK

9. RF

E161 BRANCHPOINT: IF HELPER IS NOT A GRANDCHILD, GO TO E162

E161. IF GRANDCHILD:
(Which of your children is the parent of that grandchild?)

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

E162. Is CHILDn/HHMn/HELPERn/ORGANIZATIONn NAME paid to help you?

1. YES

5. NO

8. DK

9. RF

GO TO E158-2 BRANCHPOINT

E163. Does [Medicaid/STATE NAME FOR MEDICAID] or insurance help pay CHILDn/HHMn/HELPERn/ORGANIZATIONn NAME?

1. YES

5. NO

8. DK

9. RF

E164. (Not counting expenses paid by [Medicaid/STATE NAME FOR MEDICAID] or insurance,) about how much did you (and your [husband/wife/partner]) end up paying *CHILDn/HHMn/HELPERn/ORGANIZATIONn NAME* for the last month?

AMOUNT	0	DK	RF
	GO TO E166 BRANCHPOINT		

E165. PER:

1. MONTH	2. WEEK	3. DAY	5. YEAR	8. DK	9. RF
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E166 BRANCHPOINT: IF R GAVE AMOUNT THAT PAID HELPER (E164 {NOT DK and NOT RF}), GO TO E167 BRANCHPOINT

E166. Did it amount to less than \$100 per month, more than \$100 per month or what?

1. LESS THAN \$100 PER MONTH	3. ABOUT \$100 PER MONTH	5. MORE THAN \$100 PER MONTH	8. DK	9. RF
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E167 BRANCHPOINT: IF R PAID NOTHING FOR HELPER (E164={0 and NOT DK and NOT RF}), GO TO E158-2 BRANCHPOINT

E167. Does any other person help you (and your [husband/wife/partner]) pay this cost?

1. YES	5. NO	8. DK	9. RF
	GO TO E158-2 BRANCHPOINT		

E168. 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 E158-2 BRANCHPOINT			

E169. (Which child is that?)

IF GRANDCHILD:

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

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

E158-2 BRANCHPOINT: IF {CHILDn/HHMn DOES NOT HAVE {SPOUSE/PARTNER OR FORMER SPOUSE/PARTNER} or HELPER IS NOT CHILDn/HHMn} (per HELPER LIST AT E158), GO TO END OF E158Y5 LOOP (AFTER E169-2)

E158-2. During the last month, on about how many days did CHILDn's/HHMn's SPOUSE/PARTNER NAME help you?

[IWER: ENTER "96" IN "DAYS IN LAST MONTH" IF THE PERSON IS NOT A HELPER OR THE PERSON DID NOT HELP IN LAST MONTH]

E158-2. DAYS IN LAST MONTH

96. NOT A HELPER IN LAST MONTH

DK

RF

GO TO END OF E158Y5 LOOP (AFTER E169-2)

OR

DK

RF

E158a-2. DAYS PER WEEK

OR

E158b-2.

1. EVERY DAY

DK

RF

NOTE: THE IWER ENTERS INFORMATION AT ANY 1 OF THE ABOVE 3 VARIABLE LOCATIONS ON THE SCREEN. ENTRY AT ONE LOCATION TAKES IWER IMMEDIATELY TO E159, EXCEPT FOR E158-2=96.

E159-2. On the days CHILDn's/HHMn's SPOUSE/PARTNER NAME helps you, about how many hours per day is that?

[IWER: LESS THAN AN HOUR = 1]

HOURS

DK

RF

E160-2. AFFIRM SEX OF HELPER:

(IS *CHILdN's/HHMn's SPOUSE/PARTNER NAME* ...?)

[IWER: ASKED ONLY IF NECESSARY]

1. MALE	2. FEMALE	3. AGENCY/PROFESSIONAL/ EMPLOYEES OF "INSTITUTION"	8. DK	9. RF
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E161-2 BRANCHPOINT: IF HELPER IS NOT A GRANDCHILD, GO TO E162-2

E161-2. IF GRANDCHILD:

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

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. <i>CHILD (& SPOUSE/PARTNER) NAME(S)</i>
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

E162-2. Is *CHILdN's/HHMn's SPOUSE/PARTNER NAME* paid to help you?

1. YES	5. NO	8. DK	9. RF
GO TO END OF E158Y5 LOOP (AFTER E169-2)			

E163-2. Does [Medicaid/STATE NAME FOR MEDICAID] or insurance help pay *CHILdN's/HHMn's SPOUSE/PARTNER NAME*?

1. YES	5. NO	8. DK	9. RF
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E164-2. (Not counting expenses paid by [Medicaid/STATE NAME FOR MEDICAID] or insurance,) about how much did you (and your [husband/wife/partner]) end up paying *CHILdN's/HHMn's SPOUSE/PARTNER NAME* for the last month?

_____	0	DK	RF
AMOUNT	GO TO E166-2 BRANCHPOINT		

E165-2. PER:

1. MONTH	2. WEEK	3. DAY	5. YEAR	8. DK	9. RF
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E166-2 BRANCHPOINT: IF R GAVE AMOUNT THAT PAID HELPER (E164-2 {NOT DK and NOT RF}), GO TO E167-2 BRANCHPOINT

E166-2. Did it amount to less than \$100 per month, more than \$100 per month or what?

- | | | | | |
|------------------------------|--------------------------|------------------------------|-------|-------|
| 1. LESS THAN \$100 PER MONTH | 3. ABOUT \$100 PER MONTH | 5. MORE THAN \$100 PER MONTH | 8. DK | 9. RF |
|------------------------------|--------------------------|------------------------------|-------|-------|

E167-2 BRANCHPOINT: IF R PAID NOTHING FOR HELPER (E164-2={0 and NOT DK and NOT RF}), GO TO END OF E158Y5 LOOP (AFTER E169-2)

E167-2. 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 E158Y5 LOOP (AFTER E169-2)

E168-2. 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 E158Y5 LOOP (AFTER E169-2)

E169-2. (Which child is that?)

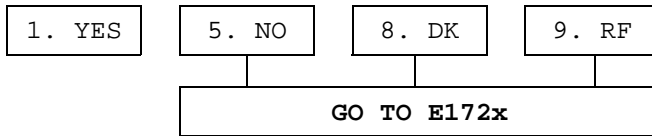
IF GRANDCHILD:
(Which of your children is the parent of that grandchild?)

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD (& SPOUSE/PARTNER) NAME(S) [ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
DK
RF

END OF E158Y5 LOOP: IF THERE IS ANOTHER HELPER ON LIST, GO BACK TO BEGINNING OF E158Y5 LOOP. IF NOT, CONTINUE ON TO E171 BRANCHPOINT.

E171 BRANCHPOINT: IF R HAS ANY CHILDREN (per CS40 or D0b) or ANY GRANDCHILDREN (D40 {NOT 95 and NOT DK and NOT RF}), CONTINUE ON TO E171 OTHERWISE, GO TO E172x

E171. [Since R's LAST IW MONTH, YEAR/In the last two years], have you (and your [husband's/wife's/partner's]) [child/children] (or grandchildren) spent any time helping you, yourself, with household chores, errands, transportation, etc.?



E171a. (Which child(ren) helped?)

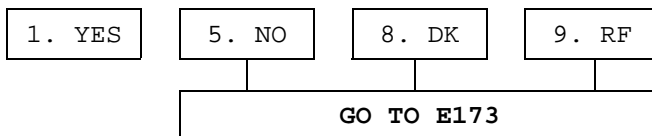
[IWER: CHOOSE ALL THAT APPLY]

IF GRANDCHILD:

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

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
38. ALL MY CHILDREN
DK
RF

E172x. Have you spent any time in the past 12 months doing volunteer work for religious, educational, health-related or other charitable organizations?



E172. Altogether, how many hours did you spend in the past 12 months doing volunteer work for such organizations?

[IWER: DO NOT PROBE DK/RF]

HOURS

|

[GO TO E173]

[DK] [RF]

E172a. Would it be less than 100 hours, more than 100 hours, or what?

1. LESS THAN 100 HOURS	3. ABOUT 100 HOURS	5. MORE THAN 100 HOURS	8. DK	9. RF
[GO TO E173]			[GO TO E173]	

E172b. Would it be less than 200 hours, more than 200 hours, or what?

1. LESS THAN 200 HOURS	3. ABOUT 200 HOURS	5. MORE THAN 200 HOURS	8. DK	9. RF
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E173. Altogether, about how many hours did you spend in the past 12 months helping friends, neighbors, or relatives who did not live with you and did not pay you for the help?

[IWER: DO NOT PROBE DK/RF]

HOURS

|

[GO TO E174
BRANCHPOINT]

[DK] [RF]

E173a. Would it be less than 100 hours, more than 100 hours, or what?

1. LESS THAN 100 HOURS	3. ABOUT 100 HOURS	5. MORE THAN 100 HOURS	8. DK	9. RF
[GO TO E174 BRANCHPOINT]			[GO TO E174 BRANCHPOINT]	

E173b. Would it be less than 200 hours, more than 200 hours, or what?

1. LESS THAN 200 HOURS	3. ABOUT 200 HOURS	5. MORE THAN 200 HOURS	8. DK	9. RF
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E174 BRANCHPOINT: IF R HAD AT LEAST ONE HELPER(S) IN THE E158Y5 LOOP WHO WAS A CHILD or PRIMARY HMM (R WAS ASKED E160), GO TO E175 (E ASSIST)

NOTE: IF THE ONLY HELPER(S) WAS A SPOUSE, THE JUMP CONDITIONS DID NOT APPLY (E160-2 WAS ASKED, NOT E160) AND THE R CONTINUED ON TO E174.

E174. Suppose in the future, you 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 E175 (E ASSIST)			

E174a. What is the relationship to you of that person or persons?

[IWER: CHOOSE ALL THAT APPLY]

1. CHILD/ CHILD-IN- LAW	2. GRANDCHILD	3. OTHER RELATIVE	4. SOMEONE ELSE	8. DK	9. RF
GO TO E174c BRANCHPOINT					

E174b. (Which [child is/children are] that?)

[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S)	[DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20.	CHILD (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]	
37.	DECEASED CHILD
38.	ALL MY CHILDREN
DK	
RF	

E174c BRANCHPOINT: IF ONE OF FUTURE HELPERS IS NOT A GRANDCHILD (E174a NOT 2), GO TO E175 (E ASSIST)

E174c. IF ONE GRANDCHILD:
 (Which of your children is the parent of that grandchild?)

IF MORE THAN ONE GRANDCHILD:
 (Which of your children are the parents of those grandchildren?)

[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S) [DISPLAYED BY SURVEYCRAFT FROM PREVIOUS RESPONSES]
01. TO 20. CHILD (& SPOUSE/PARTNER) NAME(S)
[ROWS PROVIDED BY SURVEYCRAFT AS NECESSARY]
37. DECEASED CHILD
38. ALL MY CHILDREN
DK
RF

E175. E ASSIST
 IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN
 SECTION E — HEALTH COST AND ADL?

1. NEVER	2. A FEW TIMES	3. MOST OR ALL OF THE TIME	4. THE SECTION WAS DONE BY A PROXY REPORTER
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GO TO SECTION F