

**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
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R1a BRANCHPOINT: IF {R IS UNDER 65 and HAS MEDICARE COVERAGE (R1=1)} or {R IS {65 OR OLDER} and DOES NOT HAVE MEDICARE (R1=5)}, CONTINUE ON TO R1a
OTHERWISE, GO TO R2 BRANCHPOINT

R1a. Why is that?

IF R's AGE IS 65 OR OLDER:
IWER: R IS AGE R's AGE 65 OR OLDER, SO PROBE WHY R IS NOT COVERED BY MEDICARE

IF R's AGE IS UNDER 65:
IWER: R IS AGE R's AGE UNDER 65, SO PROBE WHY R IS COVERED BY MEDICARE

NOTE: R'S AGE IS DISPLAYED TO IWER IN ONE OF ABOVE SENTENCES.

R2 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1 NOT 1), 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 health insurance through [Medicaid/STATE NAME FOR MEDICAID or any other Medicaid program] 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 and E5} NOT 1), GO TO R9

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/STATE NAME 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 R9		

R7. Did you become eligible for [Medicaid/STATE NAME 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/STATE NAME 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/STATE NAME 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/STATE NAME 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.

DEFINITION: "VA" IS NOT A HEALTH INSURANCE PROGRAM.

1. YES	5. NO	8. DK	9. RF
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R11 BRANCHPOINT: IF R IS COVERED BY MEDICAID (R5=1) and R DID NOT REPORT THAT IS COVERED BY MEDICARE (R1 NOT 1}), GO TO R12 BRANCHPOINT
IF R DID NOT REPORT THAT IS COVERED BY MEDICARE (R1 NOT 1), and DID NOT REPORT THAT IS COVERED BY MEDICAID (R5 NOT 1), GO TO R12aa BRANCHPOINT

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

Do you receive your Medicare (or [Medicaid/STATE NAME FOR 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 R12aa BRANCHPOINT			

R11a. About how long have you been receiving your Medicare (or [Medicaid/STATE NAME FOR MEDICAID]) benefits **through this HMO?**

_____ OR _____ DK RF

R11a. YEARS R11Y1a. MONTHS

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

_____ DK RF

AMOUNT

**GO TO R12
BRANCHPOINT**

R11Y1b. PER:

1. MONTH 2. QUARTER (EVERY 3 MONTHS) 3. SEMI-ANNUALLY (EVERY 6 MONTHS/TWICE A YEAR)

4. YEAR 7. OTHER (SPECIFY) _____ 8. DK 9. RF

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 R's 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 R12aa BRANCHPOINT

R12. We are interested in how your [Medicaid/STATE NAME FOR MEDICAID] health insurance works for routine care.

Do you receive your [Medicaid/STATE NAME FOR 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 R12aa BRANCHPOINT

R12a. About how long have you been receiving your [Medicaid/STATE NAME FOR MEDICAID] benefits through this HMO?

_____ OR _____ DK RF

R12a. YEARS R12Y1a. MONTHS

R12aa BRANCHPOINT: IF R DID NOT REPORT THAT IS CURRENTLY SELF-EMPLOYED (G3 NOT 2), GO TO R13

R12aa. You mentioned earlier that you were self-employed.

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

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

1. YES
|
**GO TO R46
BRANCHPOINT**

R13. (Not including [Medicare/[Medicaid/STATE NAME FOR MEDICAID]/CHAMPUS/CHAMP-VA]) are you covered by any employer-provided health insurance, through either [a/your or your [spouse's/partner's]] current or past employer?

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

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

NUMBER OF PLANS

R15. IF R REPORTED MORE THAN ONE PLAN (R14>1):
 For this next set of questions I'd like you to think about the employer-provided 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's/wife's/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. 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.

AMOUNT

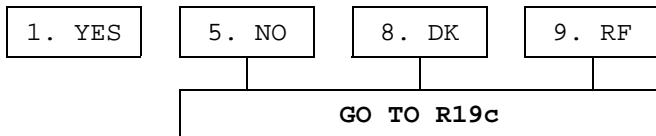
DK	RF
GO TO R19a BRANCHPOINT	

R17Y1. 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	08. SEMI-MONTHLY/ 2 TIMES PER MONTH
97. OTHER (SPECIFY) _____		98. DK	99. RF

R19a BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY MEDICARE (R1 NOT 1), GO TO R19c

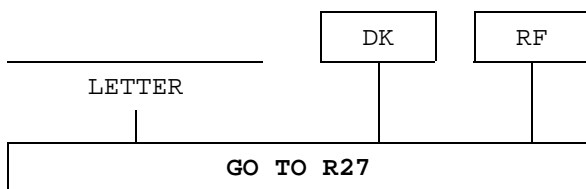
R19a. Is this plan a Medicare Supplement or Medigap plan?



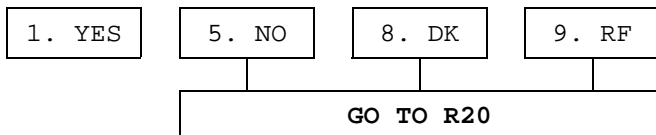
R19b. Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter.

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's INSURANCE IS PAID BY SOMEONE OTHER THAN 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			

R33a. 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 UNDER 65 YEARS OF AGE *and* R HAS HEALTH INSURANCE FROM R's FORMER EMPLOYER (R15=2), CONTINUE ON TO R34

IF R IS UNDER 65 YEARS OF AGE *and* R HAS HEALTH INSURANCE FROM R's CURRENT EMPLOYER (R15=1), GO TO R35

OTHERWISE, GO TO R36

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			

R34a. Does your employer offer some type of health insurance coverage for you after the age of 65?

1. YES	5. NO	8. DK	9. RF
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R34b BRANCHPOINT: IF R IS PART OF A MARRIED COUPLE *and* R's SPOUSE {IS UNDER 65 YEARS OF AGE *and* IS COVERED BY R's CURRENT POLICY (R19d=36)}, CONTINUE ON TO R34b

OTHERWISE, GO TO R36

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

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

R34c. Does your employer offer some type of health insurance coverage for your spouse after the age of 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			

R35a. If you left your current employer now, does your employer offer some type of health insurance coverage for you after the age of 65?

1. YES	5. NO	8. DK	9. RF
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R35b BRANCHPOINT: IF R WOULD CONTINUE TO BE COVERED IF LEFT EMPLOYER NOW (R35=1) and R IS PART OF A MARRIED COUPLE and R's SPOUSE {IS UNDER 65 YEARS OF AGE and IS COVERED BY R's CURRENT POLICY (R19d=36)}, CONTINUE ON TO R35b

OTHERWISE, GO TO R36

R35b. If you left your current employer could you continue your current health insurance coverage for health insurance coverage for your spouse until [he/she] is age 65?

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

R35c. If you left your current employer now, does your employer offer some type of health insurance coverage for your spouse after the age of 65?

1. YES	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]

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 any other insurance we've discussed), do you have any additional 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
GO TO R48 BRANCHPOINT			

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FINAL VERSION 3 — 8/13/2002

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']

ENTER LETTER A-J: _____
PLAN LETTER

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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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.

_____ 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 MEDIGAP HEALTH INSURANCE PAYS PART OF COSTS OF {PRESCRIPTION MEDICINES or DENTAL CARE} ({R46e or R46f}=1), CONTINUE ON TO R46g
OTHERWISE, GO TO R48 BRANCHPOINT

R46g. Do you pay extra for [this (prescription) benefit/this (dental) benefit/these prescription or dental 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 (R1=1), GO TO R58
IF R {IS SELF-EMPLOYED AND IS COVERED BY BUSINESS-PROVIDED HEALTH INSURANCE} (R12aa=1), GO TO R52
IF R IS COVERED BY {MEDICAID or CHAMPUS/CHAMP-VA/MILITARY or EMPLOYER-PROVIDED} HEALTH INSURANCE ({R5 or R9 or R13}=1), GO TO R48b

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 R50 BRANCHPOINT			

R48b. Not counting long-term care policies or the health insurance you already told me about, do you have any **other** health insurance coverage that you 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 |
|--------|-------|-------|-------|

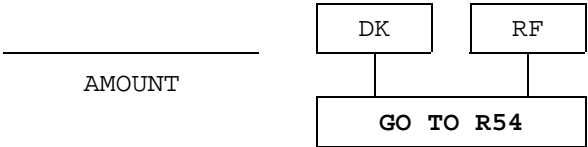
R50 BRANCHPOINT: IF R DID NOT REPORT HAVING ANY OTHER HEALTH INSURANCE THAT S/HE PURCHASED DIRECTLY ({R48 and R48b} NOT 1), GO TO R58 BRANCHPOINT

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

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

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.



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 R54b BRANCHPOINT | | | |

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 OTHER HEALTH INSURANCE PAYS PART OF COSTS OF {PRESCRIPTION MEDICINES or DENTAL CARE} ({R55f or R56}=1), CONTINUE ON TO R57

OTHERWISE, GO TO R57a

R57. Do you pay extra for [this (prescription) benefit/this (dental) benefit/these prescription or dental 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: IF R IS COVERED BY ANY HEALTH INSURANCE {MEDICARE, MEDICAID, CHAMPUS/CHAMP-VA/MILITARY, EMPLOYER-PROVIDED, BUSINESS-PROVIDED, SELF-PURCHASED OR OTHER INSURANCE} ((R1 or R5 or R9 or R12aa or R13 or R48) =1), CONTINUE ON TO R58

OTHERWISE, 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 BRANCHPOINT			

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 DID NOT REPORT THAT IS CURRENTLY EMPLOYED (G2 NOT 1), GO TO R78 BRANCHPOINT

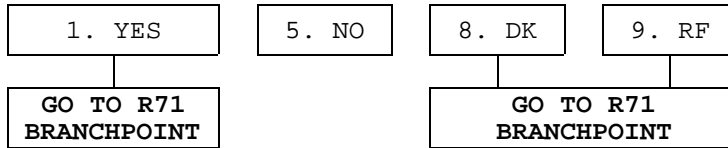
R62. IF NEW INTERVIEW R:
Has the fear of losing your health insurance ever kept you from looking for another job?

IF REINTERVIEW R:
Has the fear of losing your health insurance kept you from looking for another job in the last two years?

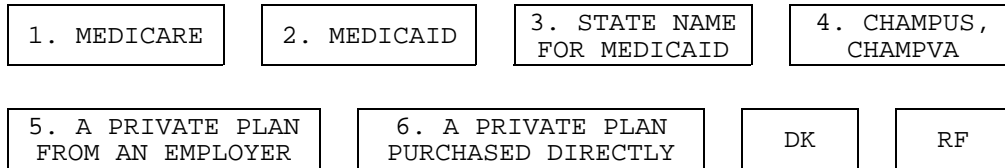
1. YES	5. NO	8. DK	9. RF
GO TO R78 BRANCHPOINT			

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?

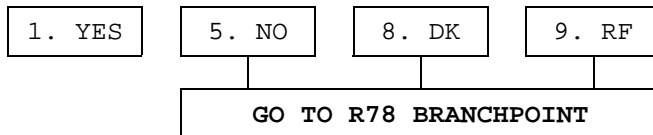


R68. Under which of the following plans are you covered?

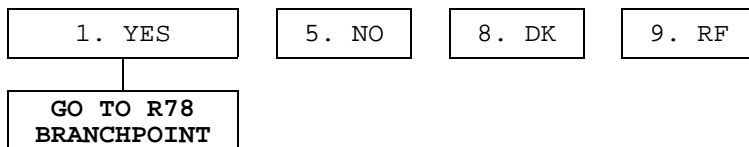


R71 BRANCHPOINT: IF R IS CURRENTLY EMPLOYED BY SOMEONE ELSE ($\{G2 \text{ and } G3\}=1$), CONTINUE ON TO R71
OTHERWISE, GO TO R78 BRANCHPOINT

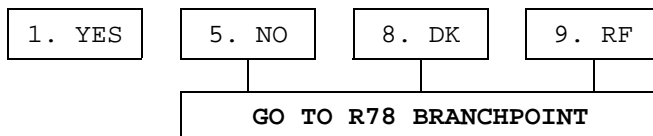
R71. Does your employer or union offer a health insurance plan to any of its employees?



R72. Were you offered health insurance through your job?



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



R74. When will you be eligible for health insurance?

WHEN ELIGIBLE

DK

RF

R78 BRANCHPOINT: IF R DID NOT REPORT THAT CURRENTLY HAS HEALTH INSURANCE (R67={1 or DK or RF}), GO TO R85

IF R DID NOT REPORT THAT HAS MEDICARE ({R1 and R68} NOT 1), GO TO R82

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

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

R81. MONTHS R81Y1. YEARS

OR

R81Y2.

1. NO NEW HEALTH INSURANCE PLAN

8. DK

9. RF

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 R84a BRANCHPOINT			

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 make [this change/these changes] in your health insurance coverage, or did you not have a choice in the change(s)?

1. R MADE CHANGE	3. PARTLY R'S CHOICE AND PARTLY NOT	5. R HAD NO CHOICE	8. DK	9. RF
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R84a BRANCHPOINT: IF THIS IS A PROXY IW or R WAS NOT ASSIGNED MODULE 6 AT VARIABLE 220, GO TO R85

IF R HAS MEDICARE COVERAGE (R1=1) and DID NOT REPORT THAT HAS MEDIGAP INSURANCE ({R19a and R46} NOT 1), GO TO R85

NOTE: MODULE 6, HEALTH INSURANCE BOOKLET, IS INSERTED HERE AS QUESTIONS R84a THROUGH R84g.

R84a. We are interested in learning more about the specific coverage or benefits people have under health insurance policies like yours. These health benefits are usually described in a booklet or other printed material that employers or insurance companies give to people who are covered by their insurance.

Do you have a booklet or other document that describes your health insurance benefits?

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

|

GO TO R84e

R84b. Do you know how to obtain one?

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

|

GO TO R84e

R84c. Many health insurance plans provide this kind of information once a year when you're allowed to make changes to your coverage.

Does your health insurance do this?

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

|

GO TO R85

R84d. If you can recall, about what time of year does this happen?

In what month was that?

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

GO TO R85

R84e. It would be a great help to our study if we could look over the written description of your health insurance coverage for details that we don't ask about during the interview. If you agree (next [MONTH/SEASON] BOOKLET PROVIDED per R84d) we would like to send you a stamped envelope with our address that you could use to mail the booklet to us. For the extra effort involved in providing this information to us, we will also include a check for \$15.00. It will take up about a month to process the information, and then we will return the book to you.

Would you be willing to do this?

1. YES	5. NO	8. DK	9. RF
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GO TO R84g

R84f. Thank you for being so helpful. You can expect to receive the check and envelope in the mail [in about two to three weeks/next [MONTH/SEASON] BOOKLET PROVIDED per R84d].

Now I have a few questions about other types of insurance.

R84g BRANCHPOINT: IF R AGREED TO SEND INSURANCE BOOKLET (R84e=1), GO TO R85

R84g. That's fine. We understand that it could be a big inconvenience to some people. Now I have a few questions about other types of insurance.

NOTE: END OF MODULE 6.

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 R91		

R90Y1. 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
R91. MONTHS		R91Y1. 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 have any life insurance, including individual or group policies?

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

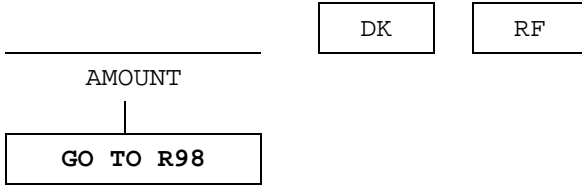
R95. How many different life insurance policies do you have?

[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 beneficiary would get if you were to die?

[IWER: DO NOT PROBE DK/RF]



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 ITS ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4

R97dx. (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 R98			GO TO R98	
R97a. Does it amount to less than \$25,000, more than \$25,000, or what?	1. LESS THAN \$25,000	3. ABOUT \$25,000	5. MORE THAN \$25,000	8. DK	9. RF
	GO TO R98			GO TO R98	
R97b. (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 R98			GO TO 98	
R97c. (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 R98				

RANDOM ASSIGNMENT 2 OR 5

<p>R97a. Does it amount to less than \$25,000, more than \$25,000, or what?</p>	<p>1. LESS THAN \$25,000</p> <p>GO TO R97d</p>	<p>3. ABOUT \$25,000</p> <p>GO TO R98</p>	<p>5. MORE THAN \$25,000</p>	<p>8. DK</p> <p>GO TO R98</p>	<p>9. RF</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>GO TO R98</p>	<p>3. ABOUT \$50,000</p> <p>GO TO R98</p>	<p>5. MORE THAN \$50,000</p>	<p>8. DK</p> <p>GO TO R98</p>	<p>9. RF</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>GO TO R98</p>	<p>3. ABOUT \$250,000</p> <p>GO TO R98</p>	<p>5. MORE THAN \$250,000</p> <p>GO TO R98</p>	<p>8. DK</p> <p>GO TO R98</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>GO TO R98</p>	<p>3. ABOUT \$2,500</p> <p>GO TO R98</p>	<p>5. MORE THAN \$2,500</p> <p>GO TO R98</p>	<p>8. DK</p> <p>GO TO R98</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 \$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 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]?

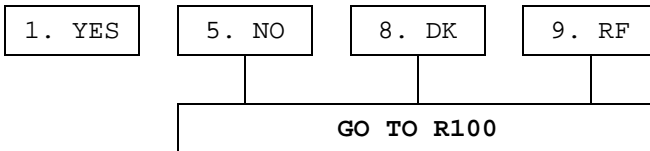
[IWER: CHOOSE ALL THAT APPLY]

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 a life insurance policy that builds/Are any of these life insurance policies ones that build] up a cash value that you can borrow against, or that you would receive if the policy were to be cancelled?

DEFINITION: THESE ARE SOMETIMES CALLED "WHOLE LIFE" OR "STRAIGHT LIFE POLICIES".



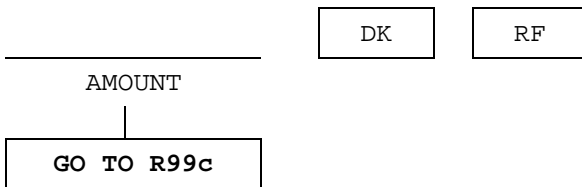
R99a BRANCHPOINT: IF R HAS ONLY ONE LIFE INSURANCE POLICY (R95=1), GO TO R99c

R99a. (How many such policies do you have?)

1. ONE	2. TWO	3. THREE	4. FOUR	5. FIVE OR MORE	8. DK	9. RF
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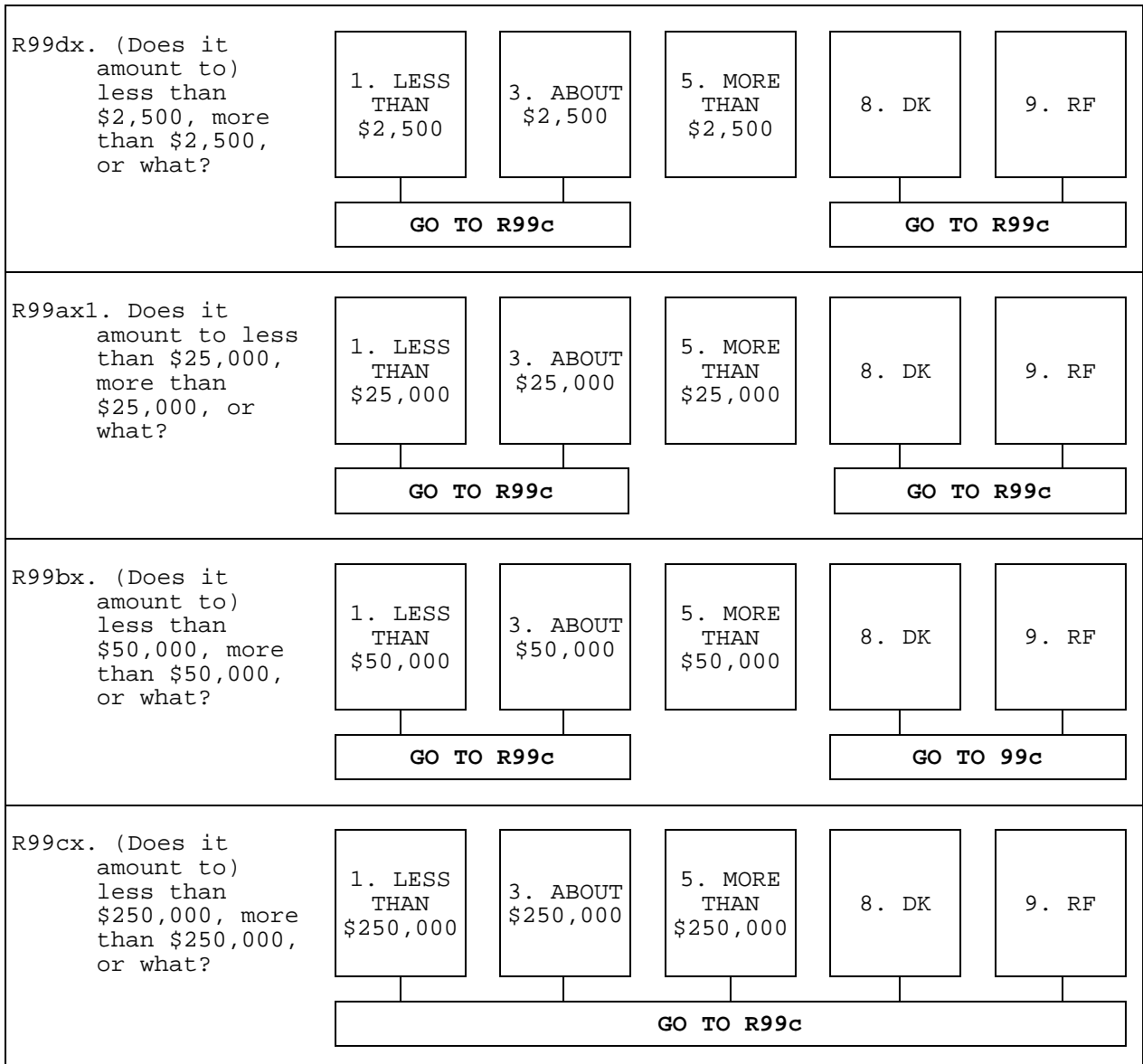
R99b. What is the current face value of [this policy/these policies]?

[IWER: DO NOT PROBE DK/RF]



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 ITS ENTIRETY.

RANDOM ASSIGNMENT 1 OR 4



RANDOM ASSIGNMENT 2 OR 5

<p>R99ax1. Does 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 R99bY2</p>	<p>GO TO R99c</p>	<p>GO TO R99c</p>		
<p>R99bx. (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 R99c</p>		<p>GO TO R99c</p>		
<p>R99cx. (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 R99c</p>				
<p>R99bY2. (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 R99c</p>				

RANDOM ASSIGNMENT 3 OR 6

<p>R99bx. (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 R99ax</p>	<p>GO TO R99c</p>	<p>GO TO R99c</p>		
<p>R99cx. (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 R99c</p>				
<p>R99ax. Does 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 R99c</p>				
<p>R99by2. (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 R99c</p>				

R99c. (Altogether) about how much do you pay for [this policy/these policies] each month or year?

[IWER: ENTER "0" IF PAID UP OR NO PREMIUM PAYMENTS]

AMOUNT	0. NO PREMIUM PAYMENTS	DK	RF
	GO TO R99d BRANCHPOINT		

R99c1. PER:

1. MONTH	2. YEAR	8. DK	9. RF
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R99d BRANCHPOINT: IF R HAS ONLY ONE LIFE INSURANCE POLICY (R95=1), GO TO R100

R99d. 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.

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/RF]

AMOUNT

	DK	RF
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|

GO TO R101

R100b. Does it amount to less than \$25,000, more than \$25,000, or what?	1. LESS THAN \$25,000	3. ABOUT \$25,000	5. MORE THAN \$25,000	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
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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
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GO TO R117 BRANCHPOINT

R102. What was the total face value of all of these policies?

[IWER: DO NOT PROBE DK/RF]

AMOUNT	DK	RF
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 ITS 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 \$25,000, more than \$25,000, or what?	1. LESS THAN \$25,000	3. ABOUT \$25,000	5. MORE THAN \$25,000	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 \$25,000, more than \$25,000, or what?</p>	<p>1. LESS THAN \$25,000</p> <p>GO TO R102d</p>	<p>3. ABOUT \$25,000</p> <p>GO TO R103</p>	<p>5. MORE THAN \$25,000</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>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>3. ABOUT \$250,000</p>	<p>5. MORE THAN \$250,000</p>	<p>8. DK</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>3. ABOUT \$2,500</p>	<p>5. MORE THAN \$2,500</p>	<p>8. DK</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 \$25,000, more than \$25,000, or what?	1. LESS THAN \$25,000	3. ABOUT \$25,000	5. MORE THAN \$25,000	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
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R105. Did you receive any cash when the policy was cancelled or allowed to lapse?

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

R106. About how much cash did you receive?

AMOUNT

DK	RF
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R117 BRANCHPOINT: IF THIS IS A PROXY IW, GO TO R119 (R ASSIST)

IF WE HAVE R's MEDICARE NUMBER FROM A PREVIOUS WAVE IW or R DOES NOT HAVE MEDICARE NOW (R1 NOT 1), GO TO R118 BRANCHPOINT

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.)

NUMBER:

1. NUMBER RECORDED	4. R REFUSED NUMBER	5. NUMBER NOT RECORDED (NOT REFUSED)	8. DK	9. RF
GO TO R118 BRANCHPOINT				

COPY MEDICARE NUMBER:

[IWER: PROBE]

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

_____	_____	_____	_____	DK	RF
R117a. NUMBER PART 1	R117b. NUMBER PART 2	R117c. NUMBER PART 3	R117d. LETTER		

R118 BRANCHPOINT: IF R IS NOT COVERED BY MEDICAID/STATE NAME FOR MEDICAID
 {(R5 NOT 1) and (R68 {NOT 2 and NOT 3})} or R REFUSED TO GIVE
 MEDICARE NUMBER (R117=4), GO TO R119 (R ASSIST)

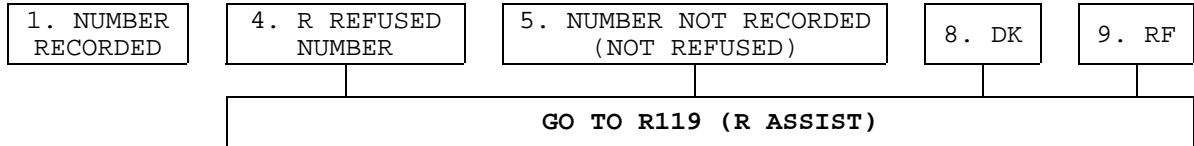
R118. IF R KNEW AT LEAST PART 1 OF MEDICARE NUMBER (ENTRY AT R117a NOT DK):
 Since you are also covered by [Medicaid/STATE NAME FOR MEDICAID], we
 would like to have your [Medicaid/STATE NAME FOR MEDICAID] number. It
 will help us in the same way that having the Medicare nubmer helps our
 research.

ASK ALL Rs:

We would like to understand how people's medical history affects their
 financial status, and how use of health care may change as people age.
 To do that, we need to obtain information about health care costs and
 diagnoses for statistical purposes. The best place to get this
 information without taking up a lot more of your time is in the
 [Medicaid/STATE NAME FOR MEDICAID] files. Could you give me your
 Medicaid number for this purpose?

(Under the Privacy Act of 1974, providing your number (also) is a
 voluntary decision. The benefits you may be receiving under this program
 will not be affected in any way by your decision.)

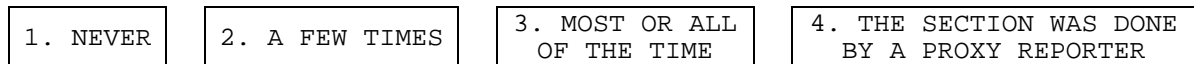
NUMBER:



COPY MEDICAID NUMBER:

_____ R118a. NUMBER PART 1	-	_____ R118b. NUMBER PART 2	-	_____ R118c. NUMBER PART 3	DK	RF
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R119. R ASSIST
 IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN
 SECTION R — INSURANCE?



GO TO SECTION EV