NOTE ABOUT BRANCHPOINTS:

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

**********************************************************************

NOTE ABOUT COLORS:

ALL QUESTION TEXT IN BLACK IS FOR THE CORE INTERVIEW.

ALL QUESTION TEXT IN FUCHSIA IS FOR THE EXIT INTERVIEW. ALSO IN FUCHSIA IS
ALL OTHER TEXT THAT IS SPECIFIC TO THE EXIT INTERVIEW BUT NOT TO THE
CORE.

OTHERWISE, BLACK TEXT FOR CODEFRAMES, INTERVIEWER INSTRUCTIONS, JUMPS AND
BRANCHPOINTS, ETC. CAN APPLY TO BOTH THE CORE AND THE EXIT INTERVIEW
UNLESS SPECIFIED OTHERWISE OR THERE IS AN EXIT ALTERNATIVE.

ON A BLACK-AND-WHITE HARD COPY OF THE DOCUMENT, THE FUCHSIA TEXT WILL
APPEAR SOMEWHAT LIGHTER THAN THE ORIGINAL BLACK.

**********************************************************************

NOTE ABOUT EXIT INTERVIEW Rs:

ANY NEW SPOUSE/PARTNER THAT AN EXIT INTERVIEW R ACQUIRED SINCE HIS/HER LAST
INTERVIEW IS IGNORED FOR THE PURPOSES OF THIS INTERVIEW.

**********************************************************************

NOTE ABOUT SECTION CONTENT:

THIS SECTION IS A COMBINATION OF QUESTIONS FROM HRS 2000 SECTIONS E AND R,
SOME OF WHICH WERE ALTERED. THEY ARE SUPPLEMENTED WITH NEW QUESTIONS.

**********************************************************************
N001 BRACHPOINT: IF POST-EXIT INTERVIEW, GO TO SECTION T

-------- sequence on government coverage begins ---------------

N001
Q6238 R1.MEDICARE COVERAGE [W1 and W2]
Q2585X
R1. {CORE AND EXIT} 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.

Are you currently covered by Medicare health insurance?

Was R’s FIRST NAME covered by Medicare health insurance at the time of [his/her] death?

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

R1a/N002 BRANCHPOINT: IF {R IS/WAS UNDER 65 and HAS/HAD MEDICARE COVERAGE (R1/N001=1)} or {R IS/WAS 65 OR OLDER} and DOES/DID NOT HAVE MEDICARE (R1/N001=5), CONTINUE ON TO R1a/N002

OTHERWISE, GO TO R2/N004 BRANCHPOINT
R1a. Why is that?

IF R’s AGE IS MORE THAN 65 (A019 > 65):
IWER: R IS AGE R’s AGE \( \text{(per A019)} \), SO PROBE WHY R IS NOT COVERED BY MEDICARE

IF R’s AGE IS 65 OR LESS (A019 ≤ 65):
IWER: R IS AGE R’s AGE \( \text{(per A019)} \), SO PROBE WHY R IS COVERED BY MEDICARE

Why is that?

IF R WAS MORE THAN 65 WHEN S/HE DIED (A019 > 65):
[IWER: R WAS AGE R’s AGE \( \text{(per A019)} \), SO PROBE WHY R WAS NOT COVERED BY MEDICARE]

IF R WAS 65 OR LESS WHEN S/HE DIED (A019 ≤ 65):
[IWER: R WAS AGE R’s AGE \( \text{(per A019)} \), SO PROBE WHY R WAS COVERED BY MEDICARE]

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

R2/N004 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1/N001 NOT 1), GO TO R4/N005

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?

Part A of Medicare covers most hospital expenses.
Part B covers many doctors’ expenses including doctor visits, and the premium is usually deducted from [his/her] Social Security.

At the time of R’s FIRST NAME’s death, was [he/she] covered under Part B of Medicare?

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

R4. MEDICAID SINCE PREV WAVE? [W4]
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]?

Was [he/she] covered by health insurance through (Medicaid/STATE NAME FOR MEDICAID or any other Medicaid program) at any time [between R’s LAST IW MONTH, YEAR, and when [he/she] died/in the two years before [his/her] death]?

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

GO TO R9/N007

N006
Q6242  6238  R5.CURRENTLY COVERED BY MEDICAID [W5]
Q2589X

R5. Are you currently covered by (Medicaid/STATE NAME FOR MEDICAID)?

Was [he/she] covered by (Medicaid/STATE NAME FOR MEDICAID) at the time [he/she] died?

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

N007
Q6251  6238  R9.CHAMPUS/CHAMPVA COVERAGE [W6]
Q2598X

R9. Are you currently covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan?

At the time of [his/her] death, was [he/she] covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan?

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

{CORE AND EXIT} DEF: TRI-CARE is the new name for the military's health insurance programs. It includes what used to be known as CHAMPUS and CHAMP-VA. CHAMPUS was a health care program for active or retired military personnel and their dependents or survivors. CHAMP-VA provided medical care for veterans and their dependents or survivors of veterans who had a service-connected disability. VA is not a health insurance program.

R11/N009 BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY MEDICARE (R1/N001 NOT 1), and DID NOT REPORT THAT IS COVERED BY MEDICAID (R5/N006 NOT 1), GO TO W21/N023

--------- sequence on government coverage ends ---------

--------- sequence on Medicare/Medicaid begins ---------

N009
Q6254  6238  R11.MEDICARE THROUGH HMO [W16_1]
Q2601X
R11. We are interested in how your [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] health insurance works for routine care.

Do you receive your [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] benefits through an HMO, that is a Health Maintenance Organization?

We are interested in how [his/her] (Medicare/Medicare or (Medicaid/STATE NAME FOR MEDICAID)) health insurance worked for routine care.

Did {R’s FIRST NAME} receive [his/her] [Medicare/ (Medicaid/STATE NAME FOR MEDICAID)] benefits through an HMO, that is a Health Maintenance Organization?

{CORE AND EXIT} 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 R55a/N012

N243 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1/N001 NOT 1), GO TO R11a/N010

N243 (Tag#=N009.5)
Q10089
Q3043X

Did you have to join this HMO in order to receive supplemental benefits from another plan?

Did [he/she] have to join this HMO in order to receive supplemental benefits from another plan?

1. YES  5. NO  8. DK  9. RF
N010
Q6255UB 2  R11a.HOW LONG-YEARS [W17_1]
Q2602X
R11a. About how long have you been receiving your [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] benefits through this HMO?

   At the time of [his/her] death, about how long had [he/she] been receiving [his/her] [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] benefits through this HMO?

   OR

   DK

   RF

GO TO R55b/N013

N012
Q6334 6238  R55a.IF LIST OF DOCTORS (W18_1)
Q2655X
R55a. Does this health insurance plan have a list or book of doctors that you are encouraged or required to use?

   Did this health insurance plan have a list or book of doctors that one is encouraged or required to use?

   1. YES

   5. NO

   8. DK

   9. RF

GO TO R11b/N014 BRANCHPOINT

N013
Q6335 6282  R55b.PAY ROUTINE CARE (W18a_1)
Q2656X
R55b. Does [this health insurance plan/the HMO] plan pay any of the costs of routine care if you see a doctor who is not [on this list/in the HMO]?

   Did [this health insurance plan/the HMO] pay any of the costs of routine care if one saw a doctor who was not [on this list/in the HMO]?

   1. YES

   2. YES, WITH A REFERRAL

   5. NO

   8. DK

   9. RF

R11b/N014 BRANCHPOINT: PRIOR TO 7/1/2002 RELEASE (DATAMODELS 1-4): IF R DID NOT REPORT THAT HAS MEDICARE {R1/N001 NOT 1}, GO TO W21/N023

   AFTER 7/1/2002 RELEASE (DATAMODEL 5): IF R DID NOT REPORT THAT HAS MEDICARE (AND/OR MEDICAID) COVERAGE THROUGH AN HMO {R11/N009 NOT 1}, GO TO W21/N023

N014
Q6258UB 4  R11b.AMOUNT PAY FOR PLAN
Q2605X
R11b. Not including co-pays or deductions from your Social Security, how much do you, yourself, pay in premiums for this plan?

Not including co-pays or deductions from [his/her] Social Security, how much did [he/she], [himself/herself], pay in premiums for this plan?

[IWER: DO NOT PROBE DK/RF]

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>DK</th>
<th>RF</th>
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<tbody>
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</table>

N015-N017 Unfolding Sequence

Question text: Does it amount to less than $____ per month, more than $____ per month, or what?

Did it amount to less than $____ per month, more than $____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $15, $30, $60, $120
ENTRY POINT: $30

R11Y1b/N018 BRANCHPOINT: GO TO W19_1/N020

N018
Q6259B
Q2606X
R11Y1b.

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

N020
Q9968
Q3048X
W19_1. At any time [since R's LAST IW MONTH, YEAR/in the last two years] have you left an HMO that delivered Medicare services?

At any time [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], had [he/she] left an HMO that delivered Medicare services?

1. YES
5. NO
8. DK
9. RF
R80. Why did you leave that HMO?

Why did [he/she] 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)

--------- end Medicare/Medicaid sequence ---------
Now, we’d like to ask about all the other types of health insurance plans you might have, such as insurance through an employer or a business, coverage for retirees, or health insurance you buy for yourself, including any (Medigap or) other supplemental coverage.

Now, we’d like to ask about all the other types of health insurance plans [he/she] might have, such as insurance through an employer or a business, coverage for retirees, or health insurance you buy for yourself, including any (Medigap or) other supplemental coverage.

IF R HAS MEDICARE COVERAGE (R1/N001=1) and R RECEIVES MEDICARE/MEDICAID THROUGH AN HMO (R11/N009=1):

Do NOT include long-term care insurance. Other than your Medicare HMO you’ve just told me about, how many other such plans do you have?

Do NOT include long-term care insurance. Other than [his/her] Medicare HMO you’ve just told me about, how many other such plans did [he/she] have at the time of [his/her] death?

OTHERWISE:

Do NOT include long-term care insurance, or anything that you have just told me about. How many other such plans do you have?

Do NOT include long-term care insurance, or anything that you have just told me about. How many other such plans did [he/she] have at the time of [his/her] death?

{{CORE AND EXIT} IWER: ENTER ZERO FOR NONE}

\[
\begin{array}{ccc}
\text{NUMBER OF PLANS} & 0 & \text{DK} \\
& & \text{RF} \\
\end{array}
\]

GO TO W36/N067
BEGINNING OF W22/N024 LOOP: QUESTIONS W22/N024 THROUGH R46h/N066 ARE REPEATED FOR UP TO THREE HEALTH INSURANCE PLANS (W21/N023).

N024
Q9972
Q3051X

W22. {CORE AND EXIT}
If R has one plan (W21/N023=1):
Let’s talk about that plan.

If first time through loop and R has more than one plan (W21/N023>1):
Let’s talk about the most important of those plans.

If [second/third] time through loop and R has more than one plan (W21/N023=>1):
Let’s talk about the [second/third] of those plans.

What is the name of this plan?

NAME OF INSURANCE PLAN

W22b/N025 BRANCHPOINT: If R did not report that has Medicare (R1/N001 not 1), go
to R15(W25)/N032

If this is not first time through W22/N024 loop,
go to R15(W25)/N032

N025
Q9973
Q3052X

W22b. Which is your primary plan, Medicare or NAME OF FIRST PLAN
(W22_1/N024_1)?

Which was [his/her] primary plan, Medicare or NAME OF FIRST PLAN
(W22_1/N024_1)?

1. MEDICARE  2. NAME OF PLAN (W22_1/N024_1)  8. DK  9. RF

GO TO (W25)/N032

------- Begin “medigap” sub-sequence (covered by Medicare and Medicare
is most important plan) ---------
Many Medicare supplemental or Medigap plans are referred to by a plan letter. Do you know the plan letter for your plan?

Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter. Do you know the Plan Letter for [his/her] plan?

[IWER: PROBE]
[CORE AND EXIT] What is it?

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

```
```
W23. Tell me how that plan works with Medicare.  
Did it provide help with copayments and deductibles for hospitalizations?  

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
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<tbody>
<tr>
<td>N027</td>
<td>Q9974</td>
<td>Q3053X</td>
<td></td>
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</table>

W23b. (Does it provide help with...)  
Did it provide help with paying for skilled nursing care?  

(Did it provide help with...)  
paying for skilled nursing care?  

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>N028</td>
<td>Q9975</td>
<td>Q3054X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

W23c. (Does it provide help with...)  
Did it provide help with paying for home health or hospice care?  

(Did it provide help with...)  
paying for home health or hospice care?  

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
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<tbody>
<tr>
<td>N029</td>
<td>Q9976</td>
<td>Q3055X</td>
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<td></td>
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</tbody>
</table>

W24. (Does it provide help with...)  
Did it provide help with paying for doctor visits?  

(Did it provide help with...)  
paying for doctor visits?  

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>N030</td>
<td>Q9977</td>
<td>Q3056X</td>
<td></td>
<td></td>
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</tbody>
</table>

W24b. (Does it provide help with...)  
Did it provide help with paying for outpatient care?  

(Did it provide help with...)  
paying for outpatient care?  

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
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<tbody>
<tr>
<td>N031</td>
<td>Q9978</td>
<td>Q3057X</td>
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<td></td>
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</tbody>
</table>

W25. (Does it provide help with...)  
Did it provide help with paying for regular prescription drugs?  

<table>
<thead>
<tr>
<th></th>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
<tr>
<td>N032</td>
<td>Q9979</td>
<td>Q3058X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(Did it provide help with...) paying for regular prescription drugs?

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

R15a(W26a)/N033 BRANCHPOINT: IF {THIS IS A CORE INTERVIEW and R DID NOT REPORT THAT IS WORKING FOR PAY (G2/J020 NOT 1)}, GO TO
R15b(W26b)/N034 BRANCHPOINT

IF {THIS IS AN EXIT INTERVIEW and R DID NOT REPORT WAS WORKING FOR PAY AT R’s LAST IW (Z123 NOT 1)}, GO TO R15c(W26c)/N035
BRANCHPOINT

N033
Q6269 R15.HOW OBTAIN INSURANCE [W26a-e_1.]
Q2616X
R15a(W26a). IF R IS SELF-EMPLOYED (G3/J021=2):

Do you obtain this health insurance through your own business or professional organization?

Did [he/she] obtain this health insurance through [his/her] own business or professional organization?

IF R IS WORKING FOR SOMEONE ELSE (G3/J021=1):

Do you obtain this health insurance through your current employer?

Did [he/she] obtain this health insurance through [his/her] last employer?

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

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

GO TO R16/N039

R15b(W26b)/N034 BRANCHPOINT: IF THIS IS AN EXIT IW, GO TO R15c(W26c)/N035 BRANCHPOINT
N034
Q8216
Q3059X
R15b(W26b). Do you obtain this health insurance through a former employer of yours?

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

GO TO
R16/N039

R15c/N035 BRANCHPOINT: IF THIS IS AN EXIT IW and {R WAS NOT COUPLED AT THE TIME OF DEATH or IF LIVING R IS NOT COUPLED} (X065 {NOT 1 and NOT 3}), GO TO W26f_1/N037

N035
Q8217
Q3060X
R15c(W26c). Do you obtain this health insurance through your [husband’s/wife’s/partner’s] current employer?

Did [he/she] obtain this health insurance through [your/his/her] current employer?

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

GO TO
R16/N039

N036
Q8218
Q3061X
R15d(W26d). Do you obtain this health insurance through your [husband's/wife's/partner's] former employer?

Did [he/she] obtain this health insurance through [your/his/her] former employer?

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

GO TO
R16/N039
W26f_1. Did you purchase this plan directly from an insurance company, through your (or your [husband's/wife's/partner's]) union, through a group such as AARP, a church, or other organization, or what?

Did [he/she] purchase this plan directly from an insurance company, through [his/her] (or [your/[his/her] [husband's/wife's/partner's]]) union, through a group such as AARP, a church, or other organization, or what?

1. INSURANCE COMPANY
2. R’S UNION
3. SPOUSE’S UNION
4. GROUP

7. OTHER (SPECIFY)

W26g_1/N038.
(How did you obtain that plan?)
(How did [he/she] obtain that plan?)

N039
Q6272
R16.PAY COSTS FOR HEALTH INSURANCE [W27b_1]
Q2619X
R16. Including any help from your family, 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?

Including any help from [his/her] family, did [he/she] (or [you/[his/her] [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 R19c/N048
W27. How much do you (or your [husband/wife/partner]) pay every month in premiums for this plan?

How much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay every month in premiums for this plan?

IF R IS COVERED BY INSURANCE THROUGH {OWN OR SP/P’s} EMPLOYER
{{R15a(W26a)/N033 or R15b(W26b)/N034 or R15c(W26c)/N035 or R15d(W26d)/N036}=1):
{CORE AND EXIT} [IWER: COUNT ANY PAYROLL DEDUCTIONS, BUT DO NOT INCLUDE ANY AMOUNT PAID BY THE EMPLOYER]

[IWER: DO NOT PROBE DK/RF]

__________________________
AMOUNT PER MONTH
__________________________

DK     RF

GO TO R19c/N048

N041-N043 Unfolding Sequence
Question text: Does it amount to less than $____ per month, more than $____ per month, or what?

Did it amount to less than $____ per month, more than $____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $25, $50, $100, $150
ENTRY POINT: $50

N048 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N052

N048
Q6278  6238  R19c.ANYONE ELSE COVERED [W28_1]
R19c. Besides you, is anyone else covered on this health insurance?

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

GO TO R54b/N051 BRANCHPOINT
W28a_1
R19d. Who besides yourself is covered?

[IWER: CHOOSE ALL THAT APPLY]

<table>
<thead>
<tr>
<th>CHILD NAME(S)</th>
<th>[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. TO 42. CHILD NAME(S)</td>
<td></td>
</tr>
<tr>
<td>[ROWS PROVIDED BY BLAISE AS NECESSARY]</td>
<td></td>
</tr>
<tr>
<td>91. R’S SPOUSE/PARTNER</td>
<td></td>
</tr>
<tr>
<td>93. ALL CHILDREN</td>
<td></td>
</tr>
<tr>
<td>94. ONE OR MORE GRANDCHILDREN</td>
<td></td>
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<tr>
<td>97. OTHER (SPECIFY) [N050]</td>
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<tr>
<td>98. DK</td>
<td></td>
</tr>
<tr>
<td>99. RF</td>
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NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN ARE DISPLAYED. NAMES OF SPOUSE/PARTNERS OF CHILDREN ARE NOT DISPLAYED.

R54b/N051 BRANCHPOINT: IF R IS NOT MARRIED or {R IS MARRIED and R’s SPOUSE/PARTNER IS COVERED (R19d/N049=91)}, GO TO R20/N052

W30_1
Q2625X
R20. Is this 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.

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
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</tbody>
</table>
W31. How long have you been with this plan?

How long had [he/she] been with this plan?

OR

N053
Q9987
Q3068X
W31. YEARS

N054
Q9988
Q3069X
W31a. MONTHS

N055
Q6281  6238
Q2626X
R21. Does this health insurance plan have a list or book of doctors that you
are encouraged or required to use?

Did this health insurance plan have a list or book of doctors that
[he/she] was encouraged or required to use?

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

GO TO R34/N059 BRANCHPOINT

N056
Q6282
Q2627X
R22. Does this health insurance plan pay any of the costs for routine care if
you see a doctor who is not [on this list/in the HMO]?

Did this health insurance pay any of the costs for routine care if
[he/she] saw a doctor who was not [on this list/in the HMO]?

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

R34/N059 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N066

IF R {IS NOT COVERED BY CURRENT EMPLOYER (R15a(W26a)/N033
NOT 1) or R IS NOT WORKING FOR SOMEONE ELSE (G3/J021 NOT 1)}
and R IS NOT COVERED BY FORMER EMPLOYER (R15b(W26b)/N034
NOT 1), GO TO R46h/N066

IF R’S AGE IS 65 OR OVER, GO TO R34b/N062 BRANCHPOINT
N059  Q6297  6238  R34.COVERAGE CONTINUE TO 65
R34. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/N034=1):
Can you continue this insurance coverage for yourself up to the age of 65?

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

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

GO TO R34b/N062

N060  Q6298  6238  R34a.COVERE OFFER BY EMPLYR AFT 65
R34a. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/N034=1):
Does your employer offer some type of health insurance coverage for you after the age of 65?

OTHERWISE:
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

R34b/N062 BRANCHPOINT: IF SPOUSE’S AGE IS 65 OR OVER or R IS NOT MARRIED, GO TO R46h/N066

N062  Q6300  6238  R34b.COVERAGE CONTINUE FOR SP TO 65
R34b. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/N034=1):
Could your spouse be covered by this plan until [he/she] is age 65?

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

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

GO TO R46h/N066
Does your employer offer some type of health insurance coverage for your spouse after the age of 65?

OTHERWISE:
If you left your current employer now could you continue your current health insurance coverage for your spouse? Your employer offer some type of health insurance coverage for your spouse after the age of 65 [sic]?

NOTE: THIS QUESTION SHOULD HAVE READ:
"If you left your current employer now, would 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

Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

Were there any limits or restrictions on this health insurance plan due to a preexisting condition?

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

***END OF W22/N024 LOOP: IF MORE HEALTH INSURANCE PLANS WERE MENTIONED AT W21/N023, REPEAT QUESTIONS W22/N024 THROUGH R46h/N066 FOR UP TO THREE PLANS. IF NOT, CONTINUE ON TO W36/N067***

---------- end of grid questions for private plans ----------
--------- begin sequence on dental ---------

N067
Q8213
Q3071X

W36. Do you have any insurance that covers dental bills?

Did [he/she] have any insurance that covers dental bills?

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

GO TO R85/N071

W36a/N068 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN {2 TO W36a/N068 AND 27 TO W36b/N069} AND GO TO W36c/N070

N068
Q9997
Q3072X

W36a. {CORE AND EXIT} Is that one of the plans you have already described, or a different plan?

1. PREVIOUSLY DESCRIBED PLAN  2. DIFFERENT PLAN  8. DK  9. RF

ASSIGN 27 TO W36b/N069 AND GO TO W36c/N070

GO TO R87/N075

N069
Q9998
Q3073X

W36b. {CORE AND EXIT} Which plan is that?

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NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

W36c/N070 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (W36b/N069=27), CONTINUE ON TO W36c/N070

OTHERWISE, ASSIGN TO W36c/N070 PLAN NAME SELECTED AT W36b/N069 AND GO TO R85/N071
W36c. {CORE AND EXIT} What is the name of the plan?

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.

--------- end sequence on dental insurance ---------

--------- begin sequence on home care/Nursing Home insurance ---------

R85. Not including government programs, do you now have any long-term care insurance which specifically covers nursing home care for a year or more or any part of personal or medical care in your home?

Not including government programs, did R’s FIRST NAME have any insurance which specifically covered nursing home care for a year or more or any part of personal or medical care in {his/her} home?

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

GO TO R92/N087

W37a/N072 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN {2 TO W37a/N072 AND 27 TO W37b/N073} AND GO TO W37c/N074
W37a. {CORE AND EXIT} Is that one of the plans you have already described, or a different plan?

1. PREVIOUSLY DESCRIBED PLAN

2. DIFFERENT PLAN

8. DK

9. RF

ASSIGN 27 TO W37b/N073 AND GO TO W37c/N074

GO TO R87/N075

W37b. {CORE AND EXIT} Which plan is that?

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NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

W37c/N074 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (W37b/N073=27), CONTINUE ON TO W37c/N074

OTHERWISE, ASSIGN TO W37c/N074 PLAN NAME SELECTED AT W37b/N073 AND GO TO R87/N075

W37c. {CORE AND EXIT} What is the name of that plan?

NAME OF INSURANCE PLAN

DK

RF

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.
R87. COVER NURSING HOME/IN-HOME CARE

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?

Did 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

R87/N238 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO R88/N077

IF R IS NOT {MARRIED OR PARTNERED} (X065=1 or 3) or {R DID NOT REPORT THAT HAD A DIFFERENT PLAN (N072 NOT 2) and R DID NOT SAY THAT PLAN THAT WAS NOT PREVIOUSLY LISTED (W37b/N073 NOT 27)}, GO TO R88/N077

N238 (Tag#=N076.5)
Q6394
Does this plan provide long term care coverage for your [husband/wife/partner] as well as for yourself?

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

R88. IF R’S SPOUSE/PARTNER HAS LONG-TERM CARE COVERAGE (R87/N238=1): Have you or your [husband/wife/partner] ever received benefits under your long-term care policy?

OTHERWISE: Have you ever received benefits under your long-term care policy?

Did R’S FIRST NAME ever receive benefits under [his/her] long-term care policy?

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

R89. PAYMENTS INCREASE WITH INFLATION

R89. Does this plan increase payments with inflation?

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

R90/N079 BRANCHPOINT: IF R DID NOT SAY THAT PLAN WAS ALREADY DESCRIBED (W37a/N072=1), GO TO R91Y1/N086 BRANCHPOINT

N079
Q6397 R90.AMT PAY FOR LTC
Q2704X
R90. IF R NAMED A PLAN THAT IS NOT ON THE LIST (W37b/N073=27):
How much do you (or your [husband/wife/partner]) pay per month for this plan?

How much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay per month for this plan?

OTHERWISE:
How much do you (or your [husband/wife/partner]) pay per month for this long term coverage?
How much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay per month for this long term coverage?

[IWER: ENTER 0 IF NO PAYMENTS ARE MADE]

AMOUNT

GO TO R90Y1b/N083
GO TO R91Y1/N086 BRANCHPOINT

N080-N082 Unfolding Sequence

Question text: Does it amount to less than $____ per month, more than $____ per month, or what?

Did it amount to less than $____ per month, more than $____ per month, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $25, $100, $200, $400
ENTRY POINT: $100

R90Y1/N083 BRANCHPOINT: GO TO W38/N090

N083
Q6398 R90Y1.PER
Q2705X
R90Y1. PER:

1. YEAR  2. QUARTER  4. MONTH  7. OTHER (SPECIFY)
(EVERY 3 MONTHS)       

8. DK 9. RF

N084

R91Y1/N086 BRANCHPOINT: IF EXIT INTERVIEW, GO TO W38/N090

N086
Q6401
R91Y1. About how long have you had this long-term care insurance?

[IWER: ENTER YEARS HERE OR MOVE TO THE NEXT SCREEN TO ENTER MONTHS]
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 W38/N090

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

--------- end sequence on home care/Nursing Home insurance ---------
W38:  PLAN COUNT
IWER: CALCULATE NUMBER OF SUPPLEMENT PLANS FOR THOSE WITH MEDICARE, OR NUMBER
OF PRIVATE PLANS FOR THOSE WITHOUT MEDICARE

NOTE: W38/N090 IS CONTINUALLY UPDATED THROUGHOUT SECTION N WHENEVER A NEW
HEALTH INSURANCE PLAN IS NAMED. THE VALUE OF W38/N090 AT THIS POINT IS NOT
NECESSARILY ITS VALUE AT PREVIOUS LOCATIONS IN THE QUESTIONNAIRE. ITS VALUE
COULD ALSO INCREASE LATER IN THE QUESTIONNAIRE AS MORE PLANS ARE NAMED.

R58/N091 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N301 BRANCHPOINT
IF R DOES NOT HAVE ANY HEALTH INSURANCE PLAN(S) (W38/N090=0),
GO TO R71/N092 BRANCHPOINT

N091
Q6357  6238   R58.WITHOUT INSUR
Q2678X
R58. Were you ever without health insurance coverage at any time [since R's
LAST IW MONTH, YEAR/in the last two years]?  
Was R's FIRST NAME ever without health insurance coverage at any time
[since R's LAST IW MONTH, YEAR/in the last two years before [his/her]
death]?  

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

-------- BEGIN SERIES OF NEWLY ADDED QUESTIONS 9/27 --------

----- Begin sequence for working Rs not covered by employer insurance -----  

R71/N092 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N301 BRANCHPOINT
IF R IS NOT WORKING FOR SOMEONE ELSE (G3/J021 NOT 1),
GO TO E1/N099
IF R REPORTED HAS HEALTH INSURANCE FROM CURRENT EMPLOYER
(R15a(W26a)/N033=1), GO TO R31/N094 BRANCHPOINT
N092  
Q6369  6238  R71.EMP OFFER HEALTH INSURANCE  
R71. Does your employer or union offer a health insurance plan to any of its employees?  

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

GO TO E1/N099  

N093  
Q6370  6238  R72.OFFERED INSURANCE THROUGH JOB  
R72. Were you offered health insurance through your job?  

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

---- End sequence for working Rs NOT covered by own employer ins -----  

------- Begin sequence for Rs who ARE covered by own employer ins ------  

R31/N094 BRANCHPOINT: IF R IS NOT WORKING FOR SOMEONE ELSE (G3/J021 NOT 1) or R DID NOT REPORT THAT HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (R15a(W26a)/N033 NOT 1), GO TO E1/N099  

N094  
Q6291  R31.CHOICE IN PLANS  
R31. In the last two years, has your employer offered a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered to you?  

1. YES, MORE THAN ONE PLAN  5. NO, ONLY ONE PLAN  8. DK  9. RF  

GO TO E1/N099
R33a. Did any of these other plans provide better coverage?

R33b. Did any of these other plans provide greater choice of physicians?

R33c. Did any of these other plans cost more than your plan?

------END sequence for Rs who ARE covered by employer insurance------
--------- begin sequence on services and insurance coverage ---------
--------- begin hospital ---------

Ex1/N301 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E1/N099
IF PROXY DID NOT REPORT THAT R WAS IN HOSPITAL AT TIME OF DEATH (CS2cx/A124 NOT 1), GO TO E1/N099

N301
Q1735X
Ex1. The next questions are about health care [he/she] had received.

Earlier you told me that R’s FIRST NAME died while in a hospital. How long had [he/she] been a patient in that hospital before [his/her] death?

[IWER: ENTER ‘1 HOUR’ IF LESS THAN ONE HOUR]

TIME IN HOSPITAL

DK  RF

N302
Q1736X
EX1a. UNIT:

1. HOURS  2. DAYS  3. WEEKS  4. MONTHS  5. YEARS  8. DK  9. RF

N303
Q1737X
Ex2.REASON IN HOSPITAL
Ex2. Why had [he/she] been admitted to the hospital? Was it to have surgery, receive other treatments, relieve [his/her] symptoms, or what?

1. SURGERY  2. OTHER TREATMENTS  3. RELIEVE SYMPTOMS  7. OTHER (SPECIFY)  8. DK  9. RF

N304
E1. HOSPITAL-YR

Q2567
Q1739X

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

E2/N100 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW and R DID NOT DIE IN HOSPITAL (CS2cx/A124 NOT 1) and PROXY DID NOT REPORT THAT R HAD A HOSPITAL STAY (E1/N099={5 or DK or RF}), GO TO E4x/N309 BRANCHPOINT

IF THIS IS NOT AN EXIT INTERVIEW and R DID NOT REPORT THAT R HAD HOSPITAL STAY (E1/N099={5 or DK or RF}), GO TO WE1a/N110 BRANCHPOINT

E2. HOSPITAL TIMES

Q2568U
Q1740X

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

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]

IF R DIED IN HOSPITAL (CS2cx/A124=1):
Including [his/her] final hospitalization, how many different times was [he/she] a patient in a hospital overnight [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

OTHERWISE:
How many different times was [he/she] a patient in a hospital overnight [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

DK RF

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

(Altogether) How many nights was [he/she] a patient in a hospital [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

NUMBER OF NIGHTS

E3ax/N305 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E4/N102

N305
Q1742X
E3ax. IF R HAD MORE THAN ONE HOSPITAL STAY (E2/N100>1):
During any of those hospital stays did R’s FIRST NAME spend any time in an intensive care unit?

OTHERWISE:
During [his/her] hospital stay did R’s FIRST NAME spend any time in an intensive care unit?

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

N306
Q1743X
E3bx. ([During any of those hospital stays/During [his/her] hospital stay]) did [he/she] use life support equipment, such as a respirator?

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

N307
Q1744X
E3cx. ([During any of those hospital stays/During [his/her] hospital stay]) did [he/she] use kidney dialysis services?

1. YES  5. NO  8. DK  9. RF
E3dx. ([During any of those hospital stays/During [his/her] hospital stay]) did [he/she] receive antibiotics to treat pneumonia or other infection?

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

E4. Were the costs for your hospital stay(s) completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

Were the costs for [his/her] hospital stay(s) completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. COMPLETELY COVERED  2. MOSTLY COVERED  3. PARTIALLY COVERED

5. NOT COVERED AT ALL  7. COSTS NOT SETTLED YET  8. DK  9. RF

GO TO WE4d/N106 BRANCHPOINT

WE4b-v1/N103 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO WE4d/N106 BRANCHPOINT

IF R’s PRIMARY PLAN IS MEDICARE (W22b/N025=1), GO TO WE4d/N106 BRANCHPOINT

IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE4b-v2/N104 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE4b-v2/N104

WE4b-v1. Were your hospitalization costs covered by NAME OF PLAN?

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

GO TO WE4d/N106 BRANCHPOINT

ASSIGN 27 TO WE4b-v2/N104 AND GO TO WE4c/N105

WE4b-v2/N104 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE4b-v2/N104 AND GO TO WE4c/N105
WE4b-v2. Which of your health insurance plans covered the largest share of the costs?

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**WE4c/N105 BRANCHPOINT:** IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE4b-v2/N104=27, CONTINUE ON TO WE4c/N105 OTHERWISE, ASSIGN TO WE4c/N105 PLAN NAME SELECTED AT WE4b-v2/N104 AND GO TO WE4d/N106 BRANCHPOINT

N105
Q9957
Q2085X

WE4c. What is the name of the plan that covered those costs?

NAME OF INSURANCE PLAN

NAME: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.

**WE4d/N106 BRANCHPOINT:** IF HOSPITALIZATION COSTS WERE COMPLETELY COVERED (E4/N102=1), GO TO WE41a/N110 BRANCHPOINT
WE4d. About how much did you pay out-of-pocket for hospital bills [since R’s LAST IW MONTH, YEAR/in the last two years]?

About how much did [he/she] pay out-of-pocket for hospital bills [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

__AMOUNT__

| DK | RF |

GO TO E5/N114

N107-N109 Unfolding Sequence

Question text: Does it amount to less than $____, more than $____, or what?

Did it amount to less than $____, more than $____, or what?

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down
BREAKPOINTS: $500, $5,000, $10,000, $20,000, $50,000
RANDOM ENTRY POINTS: $5,000, $10,000, $20,000
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/0084

WE1a/N110 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E4x/N109 BRANCHPOINT

IF R WAS HOSPITALIZED OVERNIGHT (E1/N099=1), GO TO E5/N114 BRANCHPOINT

IF R HAS (MEDICARE or MEDICAID/STATE NAME FOR MEDICAID or CHAMPUS/CHAMP-VA) (R1/N001 or R5/N006 or R9/N007), GO TO E5/N114 BRANCHPOINT

WE1a-N10 BRANCHPOINT: IF R WAS HOSPITALIZED OVERNIGHT (E1/N099=1), GO TO E5/N114 BRANCHPOINT

N110

Q9963

WE1a. If you did need to stay in a hospital overnight, would you expect any of the costs to be covered by insurance?

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

GO TO E5/N114 BRANCHPOINT

WE1b-v1/N111 BRANCHPOINT: IF HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE1b-v2/N112 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE1b-v2/N112
WE1b-v1. Would your hospitalization costs be covered by NAME OF ONLY PLAN?

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

GO TO E5/N114 BRANCHPOINT

ASSIGN 27 TO WE1b-v2/N112 AND GO TO WE1c/N113

WE1b-v2/N112 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE1b-v2/N112 AND GO TO WE1c/N113

N112

Q9965

WE1b-v2. Which of your health insurance plans would cover the largest share of the costs?

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WE1c/N113 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE1b-v2/N112=27), CONTINUE ON T0 WE1c/N113

OTHERWISE, ASSIGN TO WE1c/N113 PLAN NAME SELECTED AT WE1b-v2/N112 AND GO TO E5/N114 BRANCHPOINT
WE1c. What is the name of the plan that would cover those costs?

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.

------------- end hospital sequence -------------

------------- begin nursing home sequence -------------

E4x/N309 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E5/N114
BRANCHPOINT
IF THIS IS AN EXIT INTERVIEW and PROXY DID NOT REPORT THAT R DIED WHILE IN NURSING HOME (CS2cx/A124 NOT 2) and (CS11/A028 NOT 1), GO TO E5/N114

E4x. IF R DIED IN NURSING HOME (CS2cx/A124=2):
Earlier you told me that R’s FIRST NAME died while in a nursing home.

IF R DIED WHILE LIVING IN NURSING HOME (CS11/A028=1):
Earlier you told me that R’s FIRST NAME was living in a nursing home.

ASK ALL Rs:
How long had [he/she] been a patient in that nursing home before [his/her] death?

GO TO E4ax/N314  GO TO E4ax/N314
N310
Q1748X
E4ax. MONTHS
GO TO E4ax/N314

OR

N311
Q1749X
E4bx. MONTH

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

N312
Q1750X
E4cx. DAY

N313
Q1751X
E4dx. YEAR

N314
Q1753X
E4ax. Why had [he/she] been admitted to the nursing home?

REASON FOR ADMITTANCE
E5/N114 BRANCHPOINT: IF R {CURRENTLY LIVES IN A NURSING HOME (CS11/A028=1) or R DIED WHILE IN NURSING HOME ((CS2cx/A124=2) or (CS11/A028=1)), ASSIGN 1 TO E5/N114 AND GO TO E6/N115


N114 Q2571 Q1754X

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?

Excluding any hospice stays, [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death], had [he/she] 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 E14/N134 BRANCHPOINT
E6. IF R LIVES IN A NURSING HOME (CS11/A028=1):
How many times including now, have you been a patient in a nursing home or other long-term care facility [since R’s LAST IW MONTH, YEAR/in the last two years]?

IF R DIED WHILE IN NURSING HOME {(CS11/A028=1) or (CS2cx/A124=2)}:
Including [his/her] final stay, How many different times was [he/she] a patient in a nursing home or other long-term care facility [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

OTHERWISE:
How many times 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]?

How many different times was [he/she] a patient in a nursing home or other long-term care facility [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

NUMBER OF TIMES
E7. IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INCLUDING CURRENT STAY (CS11/A028=1):
Altogether, how many nights or months have you been a patient in a nursing home [since R’s LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:
How many nights or months have you been a patient in a nursing home [since R’s LAST IW MONTH, YEAR/in the last two years]?

[IWER: ENTER 996 FOR CONTINUOUS SINCE ENTERED OR [SINCE R’S LAST IW MONTH, YEAR/IN THE LAST TWO YEARS]]

IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INCLUDING STAY IN WHICH S/HE DIED (CS11/A028=1):
Altogether, how many nights or months was [he/she] a patient in a nursing home [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

OTHERWISE:
How many nights or months was [he/she] a patient in a nursing home [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: ENTER 996 FOR CONTINUOUS SINCE ENTERED OR [SINCE R’S LAST IW MONTH, YEAR/IN THE LAST TWO YEARS BEFORE [HIS/HER] DEATH]]

[IWER: IF R ANSWERS IN MONTHS RATHER THAN NIGHTS, ENTER 0 FOR NIGHTS]

OR

996 CONTINUOUS SINCE ENTERED
DK
RF

N116
Q2573
Q1756X
E7. NIGHTS

N117
Q2574
Q1757X
E7a. MONTHS
N118  Q2576  2570  E8.NURHM NOT COV
Q1759X
E8.  IF R (LIVES IN A NURSING HOME NOW OR WAS LIVING IN A NURSING HOME WHEN
S/HE DIED) (CSA11/A028=1):
Have the costs for your nursing home stay(s) been completely covered by
insurance, only partially covered, or not covered at all by insurance?

Were the costs for [his/her] nursing home stay(s) been completely
covered by insurance, only partially covered, or not covered at all by
insurance?

OTHERWISE:
Were the costs for your nursing home stay(s) completely covered by
insurance, only partially covered, or not covered at all by insurance?

Were the costs for [his/her] nursing home stay(s) completely covered by
insurance, only partially covered, or not covered at all by insurance?

1. COMPLETELY
   COVERED
   2. MOSTLY COVERED
   3. PARTIALLY COVERED

GO TO BEGINNING OF
E10f1/N123 LOOP

5. NOT COVERED AT ALL
   7. COSTS NOT SETTLED YET
   8. DK
   9. RF

NOTE: QUESTIONS N240 THROUGH N242 WERE INCLUDED IN THE EARLY CORE PRODUCTION
DATAMODELS VERSIONS 1 THROUGH 4 FOR 2002. THESE QUESTIONS WERE DELETED FROM
CORE VERSION DATAMODEL 5 (7/01/2002) AND LATER, AND FROM ALL EXIT VERSIONS.

N240 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E10/N119
IF HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO
TO N241 BRANCHPOINT
IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO N241

N240 (Tag=N118.1)
Q10090
Were the costs for your nursing home stay(s) covered by NAME OF PLAN?

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

GO TO E10/N119
GO TO N242

N241 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0),
ASSIGN 27 TO N241 AND GO TO N242

N241 (Tag=N118.2)
Q10091
Which of your health insurance plans covered the largest share of the
costs?
<table>
<thead>
<tr>
<th>NAME(S) OF INSURANCE PLAN(S)</th>
<th>[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)</td>
<td></td>
</tr>
<tr>
<td>27. NOT ON LIST</td>
<td></td>
</tr>
<tr>
<td>98. DK</td>
<td></td>
</tr>
<tr>
<td>99. RF</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N242 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N241=27), CONTINUE ON TO N242

OTHERWISE, ASSIGN TO N242 PLAN NAME SELECTED AT N241 AND GO TO E10/N119

N242 (Tag=N118.3)

Q10020

What is the name of the plan that covered those costs?

[DK] [RF]

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.
E10. About how much did you pay out-of-pocket for nursing home bills [since R's LAST IW MONTH, YEAR/in the last two years]?

About how much did [he/she] pay out-of-pocket for nursing home bills [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

[IWER: INCLUDE ANY AMOUNT PAID BY OTHERS]

AMOUNT

DK  RF

GO TO BEGINNING OF E10f1/N123 LOOP

N120-N122 Unfolding Sequence

Question text: Does it amount to less than $____ , more than $____ , or what?

Did it amount to less than $____ , more than $____ , or what?

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down

BREAKPOINTS: $500, $5,000, $10,000, $20,000, $50,000

RANDOM ENTRY POINTS: $5,000, $10,000, $20,000

ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084
----------- START OF Medicaid loop of up to 3 FIRST/SECOND/LAST/CURRENT nursing home stays ------

***BEGINNING OF E10f1/N123 LOOP: QUESTIONS E10f1/N123 THROUGH E10k1/N133 ARE REPEATED FOR UP TO THREE NURSING HOME STAYS (E6/N115) BEGINNING WITH THE FIRST STAY. IF R HAD MORE THAN THREE NURSING HOME STAYS, ON THE THIRD TIME THROUGH THE LOOP R IS ASKED ABOUT THE LAST OR CURRENT NURSING HOME STAY.***

**E10f1/N123 BRANCHPOINT:** IF R LIVED IN NURSING HOME AT HH’s LAST IW (X008=1) and R HAS LIVED IN NURSING HOME {CONTINUOUSLY SINCE THEN OR UNTIL HIS/HER DEATH} (E7/N116=996), GO TO R6/N127 BRANCHPOINT

IF R {LIVES IN NURSING HOME OR WAS LIVING IN A NURSING HOME WHEN S/HE DIED} (CS11/A028=1) and R/PROXY DID NOT REPORT THAT R HAD ANOTHER NURSING HOME STAY (E6/N115={<2 or DK or RF}), GO TO R6/N127 BRANCHPOINT

---

**E10f1. MONTH NH ENTRY**

**N123 Q2585B**

**E10f1.** IF THIS IS FIRST TIME THROUGH LOOP and R HAD MORE THAN ONE NURSING HOME STAY (E6/N115>1):

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.

Think back to the first time [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death] that [he/she] was a patient in a nursing home or other long-term care facility.

**E10f1.** IF THIS IS SECOND TIME THROUGH LOOP and R HAD MORE THAN TWO NURSING HOME STAYS (E6/N115>2):

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.

Think back to the second time [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death] that [he/she] was a patient in a nursing home or other long-term care facility.

**E10f1.** IF THIS IS THE LAST TIME THROUGH THE LOOP { (LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per E6/N115}) and R HAD MORE THAN ONE NURSING HOME STAY (E6/N115>1) and R {LIVES IN A NURSING HOME OR DIED WHILE LIVING IN A NURSING HOME} (CS11/A028=1) :

Think about your current stay at the nursing home or other long-term care facility.

Think about [his/her] last stay at the nursing home or other long-term care facility.

**E10f1.** IF THIS IS THE LAST TIME THROUGH THE LOOP { (LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per E6/N115}) and R HAD MORE THAN ONE NURSING HOME STAY (E6/N115>1) and R {DOES NOT LIVE IN A NURSING HOME OR DID NOT DIE WHILE LIVING IN A NURSING HOME} (CS11/A028 NOT 1) :
Think back to the last 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.

Think back to the last time [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death] that [he/she] was a patient in a nursing home or other long-term care facility.

OTHERWISE:
Think back to the 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.

Think back to the time [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death] that [he/she] was a patient in a nursing home or other long-term care facility.

ASK ALL Rs:
In about what month and year did you go into the nursing home or health care facility?

In about what month and year did [he/she] go into the nursing home or health care facility?

N123
Q2585
Q3093X
E10f1. MONTH/SEASON:

<table>
<thead>
<tr>
<th>1. JAN</th>
<th>2. FEB</th>
<th>3. MAR</th>
<th>4. APR</th>
<th>5. MAY</th>
<th>6. JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. JUL</td>
<td>8. AUG</td>
<td>9. SEP</td>
<td>10. OCT</td>
<td>11. NOV</td>
<td>12. DEC</td>
</tr>
</tbody>
</table>

N124
Q2586
Q3094X
E10g1. YEAR
E10h1. In about what month and year did you move out of the nursing home or health care facility?

In about what month and year did [he/she] move out of the nursing home or health care facility?

Q3095X

E10h1. MONTH/SEASON:

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN

7. JUL  8. AUG  9. SEP  10. OCT  11. NOV  12. DEC


GO TO R8c/N130 BRANCHPOINT

R6/N127 BRANCHPOINT: IF R DID NOT REPORT THAT HAS BEEN COVERED BY ANY MEDICAID PROGRAM SINCE LAST IW/ IN LAST 2 YEARS (R4/N005 NOT 1), GO TO E10j1/N131 BRANCHPOINT

N127
Q6244 R6.ELIG MEDICAID START NH STAY
Q2591X

R6. Were you eligible for (Medicaid/STATE NAME FOR MEDICAID) at the time your [first/second/last/current] nursing home stay started?

Was [he/she] eligible for (Medicaid/STATE NAME FOR MEDICAID) at the time [his/her] [first/second/last/current] nursing home stay started?

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

GO TO R8c/N130 BRANCHPOINT

GO TO E10j1/N131 BRANCHPOINT
**Q6245**  
**R7.BEC ELIG MEDICAID DUR STAY**

**Q2592X**

**R7.** Did you become eligible for (Medicaid/STATE NAME FOR MEDICAID) during that nursing home stay?

Did [he/she] become eligible for (Medicaid/STATE NAME FOR MEDICAID) during that nursing home stay?

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

**GO TO E10j1/N131 BRANCHPOINT**

**R8c/N130 BRANCHPOINT:** IF R {WAS NOT ELIGIBLE AT START OF STAY (R7/N127 NOT 1) and DID NOT BECOME ELIGIBLE DURING STAY (R6/N128 NOT 1)} or HAS NOT BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per E6/N115) or R {{LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME} or DID NOT SAY} (CS11/A167_A028={1 or DK or RF}), GO TO E10j1/N131 BRANCHPOINT

**N130**  
**Q6250**  
**R8c.LOSE ELIGIBILITY WHEN LEFT-LAST NH STAY**

**Q2597X**

**R8c.** Did you lose your eligibility for (Medicaid/STATE NAME FOR MEDICAID) when you were discharged from your (last) nursing home stay?

Did [he/she] lose [his/her] eligibility for (Medicaid/STATE NAME FOR MEDICAID) when [he/she] was discharged from [his/her] (last) nursing home stay?

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

**E10j1/N131 BRANCHPOINT:** IF R HAS BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per E6/N115) and {LIVES IN NURSING HOME NOW OR WAS LIVING IN A NURSING HOME WHEN S/HE DIED} (CS11/A028=1), GO TO E10xf/N315 BRANCHPOINT (OUT OF LOOP)
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?)

Where did he/she live after leaving the nursing home or health care facility?

(Did he/she live alone, (with you/his/her husband/wife/partner) only,) with one of his/her 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
6. ANOTHER NURSING HOME, HOSPITAL, ASSISTED LIVING, REHAB CENTER
7. OTHER (SPECIFY)
8. DK
9. RF

E10k1/N133 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (E10j1/N131 NOT 3), GO TO END OF E10f1/N123 LOOP (AFTER E10k1/N133)
N133
Q2590MC  1962 10        E10k1.WHICH CHILD?
E10k1. (Which child is that?)
   (Which child is that?)
   IWER: IF GRANDCHILD:
   (Which of your children is the parent of that grandchild?)
   (Which of [his/her] children is the parent of that grandchild?)

<table>
<thead>
<tr>
<th>CHILD NAME(S)</th>
<th>[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. TO 42.</td>
<td>CHILD NAME(S)</td>
</tr>
<tr>
<td></td>
<td>[ROWS PROVIDED BY BLAISE AS NECESSARY]</td>
</tr>
<tr>
<td>92. DECEASED CHILD</td>
<td></td>
</tr>
<tr>
<td>93. ALL CHILDREN EQUALLY</td>
<td></td>
</tr>
<tr>
<td>96. ALL CHILDREN - &quot;EQUALLY&quot; NOT MENTIONED</td>
<td></td>
</tr>
<tr>
<td>98. DK</td>
<td></td>
</tr>
<tr>
<td>99. RF</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN ARE DISPLAYED. NAMES OF SPOUSE/PARTNERS OF CHILDREN ARE NOT DISPLAYED.

----- END OF loop of up to 3 (including any current) nursing home stays ----

***END OF E10f1/N123 LOOP: IF MORE NURSING HOME STAYS WERE MENTIONED AT E6/N115, REPEAT QUESTIONS E10f1/N123 THROUGH E10k1/N133 FOR UP TO THREE STAYS. IF NOT, CONTINUE ON TO E10xf/N315 BRANCHPOINT.***

---------- end of Nursing Home sequence ------------------
----------- begin HOSPICE sequence -----------

**E10xf/N315 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E14/N134**

IF R DID NOT DIE IN A HOSPICE (CS2cx/A124 NOT 4),
GO TO Ex10g/N320

---

**N315**
**Q1768X**
**E10xf. IF R DIED IN A HOSPICE (CS2cx/A124=4):**
Earlier you told me that *R’s FIRST NAME* died while in a hospice.

ASK ALL Rs:
How long had [he/she] been a patient in that hospice before [his/her] death?

- **DK**
- **RF**

OR

- **DK**
- **RF**
OR  SINCE DATE:

N317
Q1770X
E10xbf. MONTH

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN  7. JUL

N318
Q1771X
E10xfc. DAY

DK  RF

N319
Q1772X
E10xfd. YEAR

DK  RF

N320
Q1775X
Ex10g. IF R DIED IN A HOSPICE (CS2cx/A124=4):
In addition to that hospice stay, [since R's LAST IW MONTH, YEAR/in
the last two years before [his/her] death], had [he/she] been a patient
overnight in a hospice?

OTHERWISE:
[since R's LAST IW MONTH, YEAR/in the last two years before [his/her]
death], had [he/she] been a patient overnight in a hospice?

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

Ex10h/N321 BRANCHPOINT: IF R DIED IN A HOSPICE (CS2cx/A124=4) and PROXY DID
NOT REPORT THAT R HAD ANOTHER HOSPICE STAY (Ex10g/N320={5 or
DK or RF}), GO TO Ex10k/N324

ELSE IF PROXY DID NOT REPORT THAT R HAD ANY HOSPICE STAY
(Ex10g/N319={5 or DK or RF}), GO TO E11/N147
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#### N321

**Q1776X**

Ex10h. IF R WAS DIED IN A HOSPICE (CS2cx/A124=4)

Including [his/her] final stay, How many different times was [he/she] a patient in a hospice since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death?

**OTHERWISE:**

How many different times was [he/she] a patient in a hospice since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death?

<table>
<thead>
<tr>
<th>NUMBER OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DK</strong></td>
</tr>
</tbody>
</table>

#### N322

**Q1777XUB**

Ex10j. IF R HAS HAD MORE THAN ONE HOSPICE STAY (Ex10h/N321>1:

Altogether, How many nights was [he/she] a patient in a hospice since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death?

**OTHERWISE:**

How many nights was [he/she] a patient in a hospice since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death?

[IF USE 996 FOR CONTINUOUS SINCE ENTERED OR [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]]

<table>
<thead>
<tr>
<th>OR</th>
<th><strong>996 CONTINUOUS SINCE ENTERED</strong></th>
<th><strong>DK</strong></th>
<th><strong>RF</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>N122</td>
<td>N323</td>
<td>Q1777X</td>
<td>Q1778X</td>
</tr>
</tbody>
</table>

#### N324

**Q1780X**

Ex10k. Were the costs for [his/her] hospice stay(s) completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. COMPLETELY COVERED

2. MOSTLY COVERED

3. PARTIALLY COVERED

GO TO E14/N134 BRANCHPOINT

<table>
<thead>
<tr>
<th>5. NOT COVERED AT ALL</th>
<th>7. COSTS NOT SETTLED YET</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
</table>
N328
Q1781X
Ex10m. About how much did [he/she] pay out-of-pocket for hospice bills [since
R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

AMOUNT

DK  RF

GO TO E14/N134
BRANCHPOINT

--------- end HOSPICE sequence ---------

--------- begin OUTPATIENT SURGERY sequence ---------

E14/N134 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E11/N147

N134
Q2610  2567    E14. OUTPATIENT SURGERY-YR
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 WE14a/N143
E16. OUTSURG-NOT COVERED

E16. Were the expenses for your outpatient surgery completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

1. COMPLETELY COVERED
2. MOSTLY COVERED
3. PARTIALLY COVERED

GO TO E11/N147

5. NOT COVERED AT ALL
7. COSTS NOT SETTLED YET
8. DK
9. RF

N139
Q9075

WE16d. About how much did you pay out-of-pocket for outpatient surgery [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

AMOUNT

GO TO E11/N147

N140 - N142 Unfolding Sequence

Question text: Does it amount to less than $____ per month, more than $____ per month, or what?

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down
BREAKPOINTS: $500, $2,000, $5,000, $10,000, $20,000
RANDOM ENTRY POINTS: $2,000, $5,000, $10,000
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE14a/N143 BRANCHPOINT: IF R HAD OUTPATIENT SURGERY (E14/N134=1), GO TO E11/N147

N143
Q9076

WE14a. If you did need to have outpatient surgery, would you expect any of the costs to be covered by insurance?

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

GO TO E11/N147

------------- end OUTPATIENT SURGERY sequence -------------

------------- begin DOCTOR VISIT sequence -------------

N147
Q2603U  3  E11. DR TIMES
Q1789X
E11.  (Aside from any [hospital stays/outpatient surgery/hospital stays and outpatient surgery,]) 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]?

(Aside from any [hospital stays/outpatient surgery/hospital stays and outpatient surgery,]) How many times did [he/she] see or talk to a medical doctor about [his/her] health, including emergency room or clinic visits [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: USE ZERO FOR NONE]

<table>
<thead>
<tr>
<th>NUMBER OF TIMES</th>
<th>0</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

GO TO E13/N152
GO TO WE11e/N160

N148
Q2604
Q3107X
E11a. {CORE AND EXIT} Did it amount to less than 20 times, more than 20 times, or what?

<table>
<thead>
<tr>
<th>1.</th>
<th>3.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 20 TIMES</td>
<td>ABOUT 20 TIMES</td>
<td>MORE THAN 20 TIMES</td>
</tr>
</tbody>
</table>

GO TO WE13/N152
GO TO E11d/N151
GO TO E11c/N150

N149
Q2605
Q3108X
E11b. {CORE AND EXIT} Did it amount to less than 5 times, more than 5 times, or what?

<table>
<thead>
<tr>
<th>1.</th>
<th>3.</th>
<th>5.</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 5 TIMES</td>
<td>ABOUT 5 TIMES</td>
<td>MORE THAN 5 TIMES</td>
</tr>
</tbody>
</table>

GO TO WE13/N152

N150
Q2606
E11c. DR ANY TIME
Q3109X
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]?
Do you think [he/she] saw a medical doctor about [his/her] health at least once [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

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

GO TO E13/N152 BRANCHPOINT

N151
Q2607  E11d. DR 50 TIMES
Q3110X  E11d. {CORE AND EXIT} Did it amount to less than 50 times, more than 50 times, or what?

1. LESS THAN 50 TIMES  3. ABOUT 50 TIMES  5. MORE THAN 50 TIMES  8. DK  9. RF

WE13/N152 BRANCHPOINT: IF R HAS NOT HAD ANY {DOCTOR OR CLINIC VISITS} SINCE R’s LAST IW YEAR/IN THE LAST 2 YEARS (E11c/N150=5), GO TO WE11e/N160

N152
Q2609  E13.DR-NOT COVERED
Q1795X  E13. Were the costs for your doctor or clinic bill(s) completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

Were the costs for [his/her] doctor or clinic bill(s) completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

1. COMPLETELY COVERED  2. MOSTLY COVERED  3. PARTIALLY COVERED

GO TO E17/N164 BRANCHPOINT

5. NOT COVERED AT ALL  7. COSTS NOT SETTLED YET  8. DK  9. RF


WE13f-v1/N153 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE13b-v2/N154 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE13b-v2/N154

N153
Q9106  Q3111X
WE13f-v1. Were your doctor bills covered by NAME OF ONLY PLAN?
Were [his/her] doctor bills covered by \textit{NAME OF ONLY PLAN}?

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

\text{GO TO WE13d/N156} \quad \text{GO TO WE13c/N155}

\text{WE13b-v2/N154 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE13b-v2/N154 AND GO TO WE13c/N155}

\text{N154}
\text{Q9107}
\text{Q3112X}

\text{WE13f-v2. Which of your health insurance plans covered the largest share of the costs?}

\text{Which of [his/her] health insurance plans covered the largest share of the costs?}

\begin{tabular}{|c|}
\hline
\text{NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]} \\
\hline
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). \text{NAME(S) OF INSURANCE PLAN(S)} \\
\hline
27. NOT ON LIST \\
\hline
98. DK \\
\hline
99. RF \\
\hline
\end{tabular}

\text{NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".}

\text{WE13c/N155 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE13f-v2/N154=27), CONTINUE ON TO WE13c/N155}

\text{OTHERWISE, ASSIGN TO WE13c/N155 PLAN NAME SELECTED AT WE13b-v2/N154 AND GO TO WE13d/N156}

\text{N155}
\text{Q9108}
\text{Q3113X}

\text{WE13c. \{CORE AND EXIT\} What is the name of the plan that covered those costs?}

\begin{tabular}{|c|c|}
\hline
\text{DK} & \text{RF} \\
\hline
\end{tabular}

\text{NAME OF INSURANCE PLAN}

\text{NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE \textit{PLAN COUNT (W38/N090)} IS INCREMENTED BY 1.}

\text{N156}
\text{Q9109}
Q1800X

WE13d. About how much did you pay out-of-pocket for doctor or clinic visits [since R’s LAST IW MONTH, YEAR/in the last two years]?

About how much did [he/she] pay out-of-pocket for doctor or clinic visits [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

AMOUNT

GO TO E17/N164

BRANCHPOINT

N157-N159 Unfolding Sequence

Question text: Does it amount to less than $____, more than $____, or what?

Did it amount to less than $____, more than $____, or what?

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down

BREAKPOINTS: $500, $2,000, $5,000, $10,000, $20,000

RANDOM ENTRY POINTS: $2,000, $5,000, $10,000

ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE11e/N160 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW or R HAS HAD AT LEAST ONE DOCTOR OR CLINIC VISITS SINCE R’S LAST IW YEAR/IN THE LAST 2 YEARS ({E11/N147>0} or {E11c/N150 NOT=5}), GO TO E17/N164

BRANCHPOINT

N160

Q9113

WE11e. If you did need to see a medical doctor, would you expect any of the costs to be covered by insurance?

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

GO TO E17/N164

------------- END DOCTOR VISITS sequence -------------

------------- begin DENTAL sequence -------------

E17/N164 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E20/N175 BRANCHPOINT

N164

Q2612 2567  E17.DENTIST-YR

E17. [Since R’s LAST IW MONTH, YEAR/in the last two years] have you seen a dentist for dental care, including dentures?
E18. DENTIST-NOT COVERED

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

1. COMPLETELY COVERED
2. MOSTLY COVERED
3. PARTIALLY COVERED

GO TO E20/N175 BRANCHPOINT

5. NOT COVERED AT ALL
7. COSTS NOT SETTLED YET
8. DK
9. RF
WE18c. About how much did you pay out-of-pocket for dental bills [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
</tr>
<tr>
<td>RF</td>
</tr>
</tbody>
</table>

GO TO E20/N175 BRANCHPOINT

N169-N171 Unfolding Sequence

Question text: Does it amount to less than $____ , more than $____ , or what?

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down
BREAKPOINTS: $100, $500, $1,500, $3,000, $5,000
RANDOM ENTRY POINTS: $500, $1,500, $3,000
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE17a/N172 BRANCHPOINT: GO TO E20/N175 BRANCHPOINT

WE17a. If you did need to see a dentist, would you expect any of the costs to be covered by insurance?

<table>
<thead>
<tr>
<th>1. YES</th>
<th>5. NO</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
</table>

GO TO E20/N175 BRANCHPOINT

--------- END DENTAL sequence ---------
begin PRESCRIPTION DRUG sequence

E20/N175 BRANCHPOINT: IF R HAS REPORTED {TAKING OR CARRYING} MEDICATION REGULARLY ({B3a/C006 or B4a/C011 or B4b/C012 or B7a/C037 or B7j/C046 or B7n/C050 or B9g/C060 or B10c/C068}=1), ASSIGN 7 FOR E20/N175 AND GO TO E21/N176

N175
Q2622 E20. DRUGS-YR
Q1808X E20. Do you regularly take prescription medications?

Was [he/she] regularly taking any prescription medications before [his/her] death?

1. YES 5. NO 7. MEDICATIONS KNOWN 8. DK 9. RF

GO TO WE20a/N184 BRANCHPOINT

N176
Q2623 E21. DRUGS-NOT COVERED
Q1809X E21. IF R’s MEDICATIONS ARE KNOWN (N175=7):

Earlier you said you are taking prescription medications.

Earlier you said [he/she] was taking prescription medications.

ASK ALL Rs:
Have the costs of your prescription medications been completely covered by health insurance, mostly covered, only partially covered, or not covered at all by health insurance?

Were the costs of [his/her] prescription medications completely covered by health insurance, partly covered by insurance, or not covered at all by health insurance?

1. COMPLETELY COVERED 2. MOSTLY COVERED 3. PARTIALLY COVERED

5. NOT COVERED AT ALL 7. COSTS NOT SETTLED YET 8. DK 9. RF

GO TO E21a/N180

WE21c/N177 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E21a/N180 BRANCHPOINT

IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE21d/N178 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE21d/N178
N177
Q9579
WE21c. Were your medications covered by NAME OF ONLY PLAN?

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

GO TO E21a/N180
ASSIGN 27 TO WE21d/N178 AND GO TO WE21e/N179

WE21d/N178 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE21d/N178 AND GO TO WE21e/N179

N178
Q9580
WE21d. Which of your health insurance plans covered the largest share of the costs?

<table>
<thead>
<tr>
<th>NAME(S) OF INSURANCE PLAN(S)</th>
<th>[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090))</td>
<td>NAME(S) OF INSURANCE PLAN(S)</td>
</tr>
<tr>
<td>27. NOT ON LIST</td>
<td></td>
</tr>
<tr>
<td>98. DK</td>
<td></td>
</tr>
<tr>
<td>99. RF</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

WE21e/N179 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE21d/N178=27), CONTINUE ON TO WE21e/N179

OTHERWISE, ASSIGN TO WE21e/N179 PLAN NAME SELECTED AT WE21d/N178 AND GO TO E21a/N180 BRANCHPOINT
WE21e. What is the name of the plan that covered those costs?

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.

E21a/N180 BRANCHPOINT: IF R’s MEDICATION COSTS WERE COMPLETELY COVERED (E21/N176=1), GO TO E21g/N188

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]?

On average, about how much has [he/she] paid out-of-pocket per month for these prescriptions [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[{CORE AND EXIT} IWER: DO NOT PROBE DK/RF]

AMOUNT

GO TO E21g/N188

N181-N183 Unfolding Sequence

Question text: Does it amount to less than $___ per month, more than $___ per month, or what?

Did it amount to less than $___ per month, more than $___ per month, or what?

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down
BREAKPOINTS: $5, $10, $20, $100, $500
RANDOM ENTRY POINTS: $10, $20, $100
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q127/Z086

WE20a/N184 BRANCHPOINT: IF EXIT INTERVIEW, GO TO E22/N189 BRANCHPOINT

IF R TAKES PRESCRIPTION MEDICATIONS or R’s MEDICATIONS ARE KNOWN (E20/N175={1 or 7}), GO TO E21g/N188

WE20a. If your doctor did prescribe medication, would you expect any of the costs to be covered by insurance?
1. YES  5. NO  8. DK  9. RF

GO TO E21g/N188

WE20b/N185 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE20c/N186 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090=1), GO TO WE20c/N186

N185
Q9935
WE20b. Would your doctor bills be covered by NAME OF ONLY PLAN?

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

GO TO E21g/N188

ASSIGN 27 TO WE20c/N186 AND GO TO WE20d/N187

WE20c/N186 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE20c/N186 AND GO TO WE20d/N187

N186
Q9936
WE20c. What is the name of the plan that would cover those costs?

NAME(S) OF INSURANCE PLAN(S)
[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)).
NAME(S) OF INSURANCE PLAN(S)

27. NOT ON LIST

98. DK

99. RF

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

WE20d/N187 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE20c/N186=27), CONTINUE ON TO WE20d/N187

OTHERWISE, ASSIGN TO WE20d/N187 PLAN NAME SELECTED AT WE20c/N186 AND GO TO E21g/N188

N187
Q9937
WE20d. What is the name of the plan that would cover those costs?

DK RF
NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE #PLAN COUNT (W38/N090)# IS INCREMENTED BY 1.

N188
Q2632 2567 E21g.FILL DRUGS
E21g. Sometimes people delay taking medication or filling prescriptions because of the cost. At any time [since R's LAST IN 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

---------------------------- end PRESCRIPTION DRUG sequence -----------------
--- begin in-home health care sequence ---

E22/N189 BRANCHPOINT: IF R HAS LIVED IN NURSING HOME CONTINUOUSLY SINCE R’s LAST IW (E7/N116=996), GO TO E24/N202

---

N189
Q2634 2567 E22.IN-HOME SERV
Q1820X 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?

[Since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death], did any medically-trained person come to [his/her] home to help [him/her]?

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

{CORE AND EXIT} DEFINITION: MEDICALLY-TRAINED PERSONS INCLUDE PROFESSIONAL NURSES, VISITING NURSE’S AIDES, PHYSICAL OR OCCUPATIONAL THERAPISTS, CHEMOTHERAPISTS, AND RESPIRATORY OXYGEN THERAPISTS.

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

GO TO WE22a/N198 BRANCHPOINT

---

N190
Q2636 E23. IN-HOME R PAY $
Q1822X E23. Were the costs of your home medical care completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

Were the costs of [his/her] home medical care completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

1. COMPLETELY COVERED 2. MOSTLY COVERED 3. PARTIALLY COVERED

GO TO E24/N202

---

5. NOT COVERED AT ALL 7. COSTS NOT SETTLED YET 8. DK 9. RF
E24a. About how much did you pay out-of-pocket for in-home medical care [since R's LAST IW MONTH, YEAR/in the last two years]?

About how much did [he/she] pay out-of-pocket for in-home medical care [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[{CORE AND EXIT} IWER: DO NOT PROBE DK/RF]
-------- begin other health care services sequence --------

N202
Q2638 2567 E24.R USE SERVICE
Q1824X
E24. IWER: 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?

[Since R’s LAST IW MONTH, YEAR/In the last two years before [his/her] death], did [he/she] 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

GO TO E25x/N332 BRANCHPOINT

N203
Q9948
Q3130X
E24a. Did you (or your [husband/wife/partner]) have to pay for any of these services?

Did [he/she] (or [you/[his/her] [husband/wife/partner]]) have to pay for any of these services?

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

GO TO E25x/N332 BRANCHPOINT
E24b. Altogether, about how much did you have to pay?

Altogether, about how much did [he/she] have to pay?

[IWER: DO NOT PROBE DK/RF]

   AMOUNT

   DK  RF

GO TO E25x/N332 BRANCHPOINT

N246-N248 Unfolding Sequence

Question text: Does it amount to less than $___ , more than $___ , or what?

Did it amount to less than $___ , more than $___ , or what?

PROCEDURE: 2Up2Down

BREAKPOINTS: $500, $1,000, $5,000, $10,000, $20,000
ENTRY POINT: $5,000

E25x/N332 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E24Y5/N211 ASSIGNMENT

E25x. Aside from the medical expenses we already mentioned, did R’s FIRST NAME have any other out-of-pocket medical expenses, that is, expenses not covered by insurance, such as medications, special food, equipment such as a special bed or chair, visits by doctors or other health professionals, or other costs?

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

GO TO E24Y5/N211 ASSIGNMENT
N333  
Q1835X  
E25ax. About how much did [he/she] pay out-of-pocket for these [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death]?  

[IWER: DO NOT PROBE DK/RF]  

_________   DK   RF   AMOUNT   GO TO E24Y5/N211  

ASSIGNMENT  

N334-N336 Unfolding Sequence  
Question text: Did it amount to less than $____ , more than $____ , or what?  

PROCEDURE: 2Up2Down  
BREAKPOINTS: $500, $1,000, $5,000, $10,000, $20,000  
ENTRY POINT: $5,000  

-------- end other health care services sequence -------  

---------- END sequence on services and insurance coverage ----------
begin sequence on how paid for medical bills

---

### E24Y5/N211 ASSIGNMENT: SUM-MAJOR MEDICAL EXPENSES

**CALCULATED VARIABLE — E24Y5/Q2652/N211:** THE VALUE FROM PREVIOUS QUESTIONS REGARDING OUT-OF-POCKET MEDICAL EXPENSES (WHETHER AN AMOUNT IS GIVEN, OR FROM THE FOLLOWING UNFOLDING QUESTIONS) IS ASSIGNED BY THE PROGRAM TO UP TO EIGHT VARIABLES (NINE FOR EXIT INTERVIEWS) (WE25a/N204-WE25g/N210 & E24b/N239 & Ex10m/N328). MEDICAL EXPENSES CONSIDERED ARE FOR HOSPITAL CARE (WE4d/N106), NURSING HOME CARE (E10/N119), OUTPATIENT SURGERY (WE16d/N139), DOCTOR VISITS (WE13d/N156), DENTAL CARE (WE18c/N168), PRESCRIPTIONS (E21a/N180), IN-HOME HEALTH CARE (E24a/N194), HOSPICE CARE (Ex10m/N328) & OTHER SERVICES (E24b/N239). A VALUE OF 0 IS USED FOR ANY THAT THE RESPONDENT REFUSED OR WAS UNABLE TO ANSWER. VARIABLE E24Y5/Q2652/N211 IS CALCULATED BY ADDING THE VALUE OF THE [EIGHT/NINE] PRECEDING VALUES, AND IS USED TO EVALUATE THE NEXT FEW BRANCHPOINTS.

---

### N212

**Q2654 2567**

**E27. OTHERS HELP $**

**Q1848X**

**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?

Besides any costs covered by insurance, did anyone help [him/her] (and [you/[his/her] [husband/wife/partner]]) pay for [his/her] health care costs [since R’s LAST IW MONTH, YEAR/in the last two years before [his/her] death], or help [him/her] pay the cost of health insurance or for long-term care insurance?

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

GO TO E31/N219 BRANCHPOINT

---

### N213

**Q2655MC**

**E28. WHO HELP**

**Q1849X**

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

Was that a (child or other) relative of [his/hers] (and [yours/[his/her] [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/N215

---

### N214

**Q2656MC 10**

**E29. WHICH CHILD HELP PAY HC-1**

**Q1850X**

**E29.** (Which child is that?)

(Which child is that?)
[IWER: CHOOSE ALL THAT APPLY]

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

IF GRANDCHILD:
(Which of your children is the parent of that grandchild?)
(Which of [his/her] children is the parent of that grandchild?)

<table>
<thead>
<tr>
<th>CHILD NAME(S)</th>
<th>[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. TO 42.</td>
<td>CHILD NAME(S)</td>
</tr>
<tr>
<td>92. DECEASED CHILD</td>
<td></td>
</tr>
<tr>
<td>93. ALL CHILDREN EQUALLY</td>
<td></td>
</tr>
<tr>
<td>98. DK</td>
<td></td>
</tr>
<tr>
<td>99. RF</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN ARE DISPLAYED. NAMES OF SPOUSE/PARTNERS OF CHILDREN ARE NOT DISPLAYED. ‘93. ALL CHILDREN EQUALLY’ CANNOT BE SELECTED WITH ANY OTHER RESPONSE
N215 Q2658UB 6 E30.AMOUNT OF OTH HELP
Q1852X E30. {CORE AND EXIT} Altogether, about how much money did that help amount to?

[IWER: DO NOT PROBE DK/RF]

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
</tr>
<tr>
<td>RF</td>
</tr>
</tbody>
</table>

GO TO E31/N219 BRANCHPOINT

N216-N218 Unfolding Sequence
Question text: Does it amount to less than $____, more than $____, or what?

Did it amount to less than $____, more than $____, or what?

PROCEDURE: 2Up1Down
BREAKPOINTS: $500, $1,000, $3,000, $10,000
ENTRY POINT: $1,000

E31/N219 BRANCHPOINT: IF SUM-MAJOR MEDICAL EXPENSES (per E27/N211 ASSIGNMENT) IS LESS THAN $10,000, GO TO E26/N221 BRANCHPOINT
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?

You have just told me that [he/she] has had some rather large out-of-pocket medical expenditures.

(Apart from what [he/she] received from others,) How did [he/she] finance these -- did [he/she] pay directly from [his/her] savings or earnings, did [he/she] take out a loan, has [he/she] not yet paid these bills, or what?

[IWER: CHOOSE ALL THAT APPLY]

[IWER: IF PAYMENTS ARE STILL BEING MADE, ENTER BOTH CODE 3 AND CODE 4]

1. PAID USING SAVINGS/EARNINGS
2. TOOK OUT A LOAN
3. HAVE NOT YET PAID
4. MADE OR MAKING PAYMENTS
7. OTHER (SPECIFY)
8. DK
9. RF

-------- end sequence on how paid for medical bills --------

E26/N221 BRANCHPOINT: IF R’S MEDICAL EXPENSES HAVE NOT BEEN {COMPLETELY, MOSTLY, or PARTIALLY} COVERED BY INSURANCE and R HAS NOT REPORTED THAT COSTS HAVE NOT BEEN SETTLED ({E4/N102 and E8/N118 and Ex10k/N324 and E13/N152 and E16/N135 and E18/N165 and E21/N176 and E23/N190} ALL {NOT 1 and NOT 2 AND NOT 3 and NOT 7}) and R HAS NOT USED SPECIAL SERVICES (E24/N202 NOT 1), GO TO E32/N225

N221
Q2660 E26.TOTAL COST MEDICAL-5K
Q1854X

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
other services)

(and) all other medical costs for you [since R’s LAST IW MONTH, YEAR/
in the last two years], including costs covered by health insurance.

We would like to get a very rough idea of the total cost of [his/her]

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

(and) all other medical costs for [him/her] [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], including costs covered by health insurance.

1. CONTINUE  DK  RF

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.

N222-N224 Unfolding Sequence
Question text:  Does it amount to less than $____ , more than $____ , or what?

Did it amount to less than $____ , more than $____ , or what?

PROCEDURES:  UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down
BREAKPOINTS:  $1,000, $5,000, $25,000, $100,000, $500,000
RANDOM ENTRY POINTS:  $5,000, $25,000, $100,000
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q122/2083

E32/N225 BRANCHPOINT: IF EXIT INTERVIEW, GO TO R117/N226 BRANCHPOINT

IF R LIVES IN A NURSING HOME (CS11/A028=1), GO TO R117/N226 BRANCHPOINT
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]

DK  RF  AMOUNT
-------- begin sequence on medicare/medicaid numbers --------

R117/N226 BRANCHPOINT: IF THIS IS A PROXY IW FOR A LIVING PERSON, GO TO
R93a/N235

IF WE HAVE R’s MEDICARE NUMBER FROM A PREVIOUS WAVE IW or R
DOES NOT HAVE MEDICARE NOW (R1/N001 NOT 1), GO TO R118/N231
BRANCHPOINT

N226
Q6501B
R117. {CORE & EXIT} 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?
Could you give me [his/her] 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.)

(Under the Privacy Act of 1974, providing [his/her] number is a
voluntary decision. The benefits [he/she] may be receiving under this
program will not be affected in any way by your decision.)

1. NUMBER
RECORDED
4. R REFUSED
NUMBER
5. NUMBER NOT RECORDED
(NOT REFUSED)
8. DK
9. RF

GO TO R118/N231 BRANCHPOINT

{CORE & EXIT} MEDICARE NUMBER:
[IWER: ENTER [1ST/2ND/3RD] MEDICARE NUMBER SEQUENCE
[(3 DIGITS)/(2 DIGITS)/(4 DIGITS)]]

N227
Q6502
R117a. NUMBER
PART 1

-    -

N228
Q6503
R117b. NUMBER
PART 2

N229
Q6504
R117c. NUMBER
PART 3

DK
RF
N230
Q6505
R117d. [IWER: PROBE]
(CORE & EXIT) Is there a letter included as part of your Medicare number?

[IWER: PRESS [ENTER] IF THERE IS NOT A LETTER]


R118/N231 BRANCHPOINT: IF R IS COVERED BY MEDICARE (R1/N001=1) or R IS NOT COVERED BY MEDICAID/STATE NAME FOR MEDICAID (R5/N006 NOT 1), GO TO R93a/N235 BRANCHPOINT
(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 files.)

Could you give me your Medicaid number for this purpose?
Could you give me [his/her] Medicaid 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.)

(Under the Privacy Act of 1974, providing [his/her] number is a voluntary decision. The benefits [he/she] 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 R93a/N235 BRANCHPOINT

[CORE & EXIT] MEDICAID NUMBER:
[IWER: ENTER [1ST/2ND/3RD] MEDICAID NUMBER SEQUENCE
[(3 DIGITS)/(2 DIGITS)/(4 DIGITS)]]

- -

N232 N233 N234
Q6508 Q6509 Q6510
R118a. NUMBER R118b. NUMBER R118c. NUMBER
PART 1 PART 2 PART 3

--------- end sequence on medicare/medicaid numbers ---------

R93a/N235 BRANCHPOINT: IF THIS IS EXIT INTERVIEW, GO TO E26dx/N337
N235  
Q6405  
R93a. How satisfied with health care  
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  

N236  
Q6515/Q8214  
R119.  
N_ASSIST IWER:  
How often did R receive assistance with answers in Section N – Health Services and Insurance?  

1. Never  
2. A few times  
3. Most or all of the time  
4. The section was done by a proxy reporter  

R26dx/N337 Branchpoint: If this is not an exit interview, go to end of Section N  

N337  
Q1863x  
E26dx. If R’s death was unexpected (CS2jx/A131=2) and the time from final illness to death was less than a week (CS2mx/A134={1 or 2 or 3}):  
In addition to medical expenses, persons may have other health-related non-medical expenses.  

Otherwise:  
In addition to medical expenses, persons with serious illnesses often have non-medical expenses.  

ASK ALL Rs:  
[Since R's last IW month, year/in the last two years before [his/her] death], did R's FIRST NAME have any out-of-pocket non-medical expenses such as modifying the house with ramps or lifts, hiring help for housekeeping or other household chores or for assisting with personal needs?  

1. Yes  
5. No  
8. DK  
9. RF  

GO TO END OF SECTION N
E26dax. About how much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay out-of-pocket for non-medical expenses [Since R's LAST IW MONTH, YEAR/In the last two years before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

<table>
<thead>
<tr>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
</tr>
<tr>
<td>RF</td>
</tr>
</tbody>
</table>

N339-N341 Unfolding Sequence
Question text: Did it amount to less than $____, more than $____, or what?

PROCEDURE: 2Up2Down
BREAKPOINTS: $1,000, $5,000, $25,000, $100,000, $500,000
ENTRY POINT: $25,000

GO TO SECTION P