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.
**MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES**

- R IS MARRIED (X065=1);
- R IS PARTNERED (X065=3);
- R IS SINGLE (X065=6 or (X065 {NOT 1 and NOT 3}))

- R’s LAST IW MONTH (per Z092), YEAR (per Z093)
- R’s FIRST NAME (per X058)
- R’s AGE (per A019)

- R CURRENTLY LIVES IN NURSING HOME (CS11/A167_A028=1);
  - R LIVED IN NURSING HOME WHEN DIED (CS11/A167_A028=1);
  - R LIVED IN HOSPICE WHEN DIED (CS11/A167_A028=2)

- R LIVED IN NURSING HOME AT HH’s LAST IW (X008=1)

- R DIED IN NURSING HOME (CS2cx/A124=2);
  - R DIED IN HOSPITAL (CS2cx/A124=1);
  - R DIED IN HOSPICE (CS2cx/A124=4)

- R’s DEATH WAS UNEXPECTED (CS2jx/A131=2);

- LESS THAN A WEEK FROM FINAL ILLNESS TO DEATH (CS2mx/A134={1 or 2 or 3})

- R WAS COVERED BY MEDICARE AT R’s LAST IW (Z201=1)

- R’s MEDICARE NUMBER IS KNOWN FROM A PREVIOUS WAVE IW (Z113=1)

- R IS WORKING FOR PAY (G2/J020=1);
  - R IS NOT CURRENTLY WORKING (G2/J020=5 or {G2/J020 NOT 1})

- R WAS WORKING FOR PAY AT R’s LAST IW (Z123=1)}

- R IS WORKING FOR SOMEONE ELSE (G3/J021=1);
  - R IS SELF-EMPLOYED (G3/J021=2)

- R WAS COVERED BY MEDICARE AT R’s LAST IW (Z201=1)

---

* A variable fieldname and code reference is shown at its first occurrence in the questionnaire, but in some cases, especially when it is common, is not be shown after that.
--------- sequence on government coverage begins ------------------

IF POST-EXIT INTERVIEW, GO TO SECTION T

N001
Q6238
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 (per X058) 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 YEARS OF AGE (A019<65) and HAS/HAD MEDICARE COVERAGE (R1/N001=1)} or {R IS/WAS {65 OR OLDER} (A019 ≥ 65) and DOES/DID NOT HAVE MEDICARE (R1/N001=5)}, CONTINUE ON TO R1a/N002

OTHERWISE, GO TO R2/N004 BRANCHPOINT

N002
Q6239U
Q2586X
R1a. Why is that?

IF R’s AGE IS AT LEAST 65 (A019 ≥ 65):
IWER: R IS AGE R’s AGE (per A019), SO PROBE WHY R IS NOT COVERED BY MEDICARE

IF R’s AGE IS LESS THAN 65 (A019 < 65):
IWER: R IS AGE R’s AGE (per A019), SO PROBE WHY R IS COVERED BY MEDICARE

Why was that?

IF R WAS AT LEAST 65 WHEN S/HE DIED (A019 ≥ 65):
[IWER: R WAS AGE R’s AGE (per A019), SO PROBE WHY R WAS NOT COVERED BY MEDICARE]

IF R WAS LESS THAN 65 WHEN S/HE DIED (A019 < 65):
[IWER: R WAS AGE R’s AGE (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

N004
Q6240  6238     R2.MEDICARE PART B COVERAGE [W3]
Q2587X
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 your 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

N005
Q6241  6238     R4.MEDICAID SINCE PREV WAVE? [W4]
Q2588X
R4. Have you been covered by health insurance through (Medicaid/STATE NAME FOR MEDICAID) at any time [since R’s LAST IW MONTH (per Z092), YEAR (per Z093)/in the last two years]?

Was [he/she] covered by health insurance through (Medicaid/STATE NAME FOR MEDICAID) 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
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?

{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.

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

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/(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 W19/N020 BRANCHPOINT
N350  (Tag#=N009.3)  
{CORE AND EXIT} What is the name of this HMO?  

NAME OF HMO  

DK     RF  

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

DK     RF  

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  
Q6255SUB  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  

N351  (Tag#=N011.3)  
{CORE} Does this HMO cover or provide help with paying for regular prescription drugs?  

{EXIT} Did this HMO cover or provide help with paying for regular prescription drugs?  

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

---

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 BRANCHPOINT

---

W19_1/N020 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1/N001 NOT 1), GO TO W21/N023
W19. 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], did [he/she] leave an HMO that delivered Medicare services?

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

GO TO W21/N023

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
5. PLAN NO LONGER AVAILABLE
7. OTHER (SPECIFY)

8. DK  9. RF

--------- 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 the other types of health insurance plans [he/she] might have had, such as insurance through an employer or a business, coverage for retirees, or health insurance [he/she] might have bought for [himself/herself], 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 private plan block ---------

***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) -------

N026 (Tag#=N026.5)
Q6277UB  1                  R19b.PLAN LETTER   [W22f]
Q2624X
W22f. IF THIS IS THE FIRST TIME THROUGH THE LOOP:
Many Medicare supplemental or Medigap plans are referred to by a plan letter.

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

ASK FOR ALL LOOPS:
Do you know the plan letter for your plan?
Do you know the Plan Letter for [his/her] plan?

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

{CORE AND EXIT} [IWER: IF NO PLAN LETTER, ENTER 'Z']

LETTER

DK     RF

-------End “medigap” sub-sequence in the block -------

N032
Q9979
Q3058X
W25. Does this plan provide help with paying for regular prescription drugs?

Did this plan 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

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 R15b(W26b)/N034
R15a(W26a). IF R IS SELF-EMPLOYED (G3/J021=2):
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?

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

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

GO TO R16/N039

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/W26c. Do you obtain this health insurance through your [husband’s/wife’s/partner’s] current employer?

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

GO TO R16/N039
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] [husband’s/wife’s/partner’s]] 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)  8. DK  9. RF

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
BRANCHPOINT
W27. How much do you (or your [husband/wife/partner]) pay per month in premiums for this plan?

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

{CORE AND EXIT} 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):

[IWER: PROBE IF NECESSARY]
Count any payroll deductions, but do not include any amount paid by the employer.

[IWER: DO NOT PROBE DK/RF]

AMOUNT PER MONTH

GO TO R19c/N048

BRANCHPOINT

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
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) &amp; SPOUSE/PARTNER NAME(S)</td>
<td>[ROWS PROVIDED BY BLAISE AS NECESSARY]</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>
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<tr>
<td>97. OTHER (SPECIFY) [N050]</td>
<td></td>
</tr>
<tr>
<td>98. DK</td>
<td></td>
</tr>
<tr>
<td>99. RF</td>
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</tbody>
</table>

NOTE: NAMES OF ALL LIVING CHILDREN AND THEIR SPOUSES/PARTNERS (IF ANY) ARE DISPLAYED AS SEPARATE INDIVIDUALS. NAMES OF CHILDREN-IN-LAW ARE FOLLOWED BY THEIR RELATIONSHIP TO THE CHILD AND, IN PARENTHESES, THE NAME OF THE CHILD WHO IS THE SPOUSE/PARTNER.

R54b/N051 BRANCHPOINT: IF R IS NOT MARRIED (X065 NOT 1) or {R RECEIVES COVERAGE THROUGH R’s SPOUSE’s/PARTNER’s EMPLOYER (R15c/N035 or R15d(W26d)/N036=1) or UNION (W26f_1/N037=3)} or R REPORTED THAT SPOUSE/PARTNER IS COVERED (R19d/N049=91), GO TO R20/N052

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

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

R20. Is this plan an HMO, that is, a Health Maintenance Organization?

Was 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.

1. YES  5. NO  8. DK  9. RF
W31. How long have you been with this plan?

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

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<thead>
<tr>
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<th>OR</th>
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<tbody>
<tr>
<td>N053 Q9987 Q3068X</td>
<td>N054 Q9988 Q3069X</td>
<td></td>
</tr>
<tr>
<td>W31. YEARS</td>
<td>W31a. MONTHS</td>
<td></td>
</tr>
</tbody>
</table>

R21/N055 BRANCHPOINT: IF THIS PLAN IS AN HMO (R20/N052=1), GO TO R22/N056

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?

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<tbody>
<tr>
<td>1. YES</td>
<td>5. NO</td>
<td>8. DK</td>
<td>9. RF</td>
</tr>
</tbody>
</table>

GO TO R34/N059 BRANCHPOINT

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]?

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</thead>
<tbody>
<tr>
<td>1. YES</td>
<td>2. YES, WITH A REFERRAL</td>
<td>5. NO</td>
<td>8. DK</td>
</tr>
</tbody>
</table>

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 BRANCHPOINT

N060
Q6298 6238 R34a. COVERAGE OFFER BY EMPLOYER AFT 65
R34a. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/N034=1):
Does your former 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 (X065 NOT 1) or R COULD NOT CONTINUE INSURANCE COVERAGE IF LEFT EMPLOYER (R34/N059=5), ASSIGN 5 TO R34b/N062 AND GO TO R46h/N066

IF SPOUSE'S AGE IS AT LEAST 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
R34c. IF R IS COVERED BY FORMER EMPLOYER (R15b/W26b)/N034=1):

Does your former employer offer some type of health insurance coverage for your spouse after the age of 65?

**OTHERWISE:**

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**

R46h. Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

**W**ere 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 R85/N071***

------------ end of grid questions for private plans ------------

--------- 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 long-term care 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 W38/N090]

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?

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: IN THIS AND ALL SIMILAR SUBSEQUENT LISTS OF "NAME(S) OF INSURANCE PLAN(S)", BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS. INCLUDING "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

"19. MEDICARE HMO — NAME OF HMO", WILL APPEAR ON THE LIST IF R RECEIVES MEDICARE THROUGH AN HMO ({N001 & N009}=1) and R GAVE NAME OF HMO (N350 HAS NAME).

"19. MEDICARE HMO", WILL APPEAR ON THE LIST IF R RECEIVES MEDICARE THROUGH AN HMO ({N001 & N009}=1) and R DID NOT GIVE NAME OF HMO (N350={DK or RF or EMPTY}).

OTHERWISE, CODE 19 WILL NOT APPEAR ON THE PLAN LIST.

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

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

IF R IS NOT {MARRIED OR PARTNERED} (X065 {NOT 1 and NOT 3}) or {R DID NOT REPORT THAT HAD A DIFFERENT PLAN (W37a/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/N078 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO R90/N079 BRANCHPOINT

R89. Does this plan increase payments with inflation?

1. YES
5. NO
8. DK
9. RF
R90/N079 BRANCHPOINT: IF R NAMED PREVIOUSLY LISTED PLAN \((W37a/N072=1)\) and \((W37b/N073 \text{ NOT } 27)\), GO TO W38/N090

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 for this plan?

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

OTHERWISE:
How much do you (or your [husband/wife/partner]) pay for this long-term care coverage?

How much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay for this long-term care coverage?

[IWER: ENTER 0 IF NO PAYMENTS ARE MADE]

[IWER: DO NOT PROBE DK/RF]

<table>
<thead>
<tr>
<th>AMOUNT</th>
<th>0</th>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

GO TO R90Y1b/N083
GO TO W38/N090

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:

<table>
<thead>
<tr>
<th>1. YEAR</th>
<th>2. QUARTER</th>
<th>4. MONTH</th>
<th>7. OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EVERY 3 MONTHS)</td>
<td></td>
<td></td>
<td>(SPECIFY)</td>
</tr>
</tbody>
</table>

8. DK  9. RF

N084

--------- end sequence on home care/Nursing Home insurance ---------
N090
Q8004
Q3303X

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 R {WAS AT LEAST 65 YEARS OF AGE and {WAS COVERED BY MEDICARE (Z201=1)}} AT R’s LAST IW, GO TO N342 BRANCHPOINT

IF R DOES NOT HAVE ANY HEALTH INSURANCE PLAN(S) (W38/N090=0), GO TO N342 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 [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 ---------

N342 BRANCHPOINT: IF EXIT INTERVIEW, GO TO Ex1/N301 BRANCHPOINT

IF R HAS ANY HEALTH INSURANCE PLAN(S) (W38/N090>0), GO TO R71/N092 BRANCHPOINT

N342 (Tag#=N091.3)
According to my information, you are not currently covered by any government or private health insurance plans that provide medical care.

Is that correct?

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

GO TO R71/N092 BRANCHPOINT (AFTER N343)
N343 (Tag#=N091.5)
Under which of the following plans are you covered?

[IWER: READ LIST:]
Medicare
Medicaid
Champus/ChampVA
A private plan from an employer
A private plan purchased directly
Some other type of plan

[IWER: CHOOSE ALL THAT APPLY]

[IWER: IF R REPORTS STATE NAME FOR MEDICAID, CODE AS 2. MEDICAID]

5. A private plan purchased directly  6. Other plan  8. DK  9. RF

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

N095
Q6292B  6238  R33a.BETTER COVERAGE?
R33a. Compared to your current coverage through your employer,

<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>N095 Q6292</td>
<td>R33a. did any of these other plans... Provide better coverage?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N096 Q6293</td>
<td>R33b. (Did any of these other plans...) Provide greater choice of physicians?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N097 Q6294</td>
<td>R33c. (Did any of these other plans...) Cost more than your plan?</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

-----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

GO TO Ex2/N303

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
The next questions are about health care you have received.

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

IF R DIED IN HOSPITAL (CS2cx/A124=1):
In addition to that hospital stay, [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death] had [he/she] been a patient in a hospital overnight?

OTHERWISE:
The next questions are about health care [he/she] had received.

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

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

IF THIS IS AN EXIT INTERVIEW and R DIED IN HOSPITAL (CS2cx/A124=1) and PROXY DID NOT REPORT THAT R HAD ANOTHER HOSPITAL STAY (E1/N099={5 or DK or RF}), ASSIGN 1 TO N100 AND GO TO E3ax/N305

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]?

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

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

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

[ ] DK [ ] RF

NUMBER OF NIGHTS

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

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

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

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. HOSP $ NOT COV

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, mostly covered, only partially covered, or not covered at all by insurance?

<table>
<thead>
<tr>
<th>1. COMPLETELY COVERED</th>
<th>2. MOSTLY COVERED</th>
<th>3. PARTIALLY COVERED</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. NOT COVERED AT ALL</td>
<td>7. COSTS NOT SETTLED YET</td>
<td>8. DK</td>
</tr>
</tbody>
</table>

GO TO WE4d/N106 BRANCHPOINT

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

IF R HAS/HAD MEDICARE COVERAGE (R1/N001=1) and {R’s PRIMARY PLAN IS MEDICARE (W22b/N025=1) or R HAS NO HEALTH INSURANCE PLAN OTHER THAN MEDICARE {(W21/N023=0) and ((R5/N006 and R9/N007) NOT 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

N103
Q9959

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?

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

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "19. MEDICARE HMO [ — NAME OF HMO]", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

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

<table>
<thead>
<tr>
<th>NAME OF INSURANCE PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK</td>
</tr>
</tbody>
</table>

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.

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] 

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]? 

[AMOUNT] DK RF 

GO TO E5/N114

N107-N109 Unfolding Sequence 

Question text: Did 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 EMPTY AT Q125/Z084

WE1a/N110 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E4x/N309 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)=1), GO TO E5/N114 BRANCHPOINT

WE1a/N111 BRANCHPOINT: IF R 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/N111 BRANCHPOINT: IF R 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 \textit{NAME OF ONLY PLAN}?

\begin{tabular}{|c|c|c|c|}
\hline
1. YES & 5. NO & 8. DK & 9. RF \\
\hline
\end{tabular}

\textbf{GO TO E5/N114}

\textbf{BRANCHPOINT}

\textbf{ASSIGN 27 TO WE1b-v2/N112}

\textbf{AND GO TO WE1c/N113}

\textbf{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}

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

\begin{tabular}{|c|}
\hline
NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES] \\
\hline
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 \\
\hline
\end{tabular}


WE1c. What is the name of the plan that would cover those costs?

\begin{tabular}{|c|c|}
\hline
NAME OF INSURANCE PLAN \\
\hline
DK & RF \\
\hline
\end{tabular}

\textbf{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 PROXY {DID NOT REPORT THAT R DIED WHILE LIVING IN NURSING
HOME (CS11/A167_A028 NOT 1) and DID NOT REPORT THAT R DIED
IN NURSING HOME (CS2cx/A124 NOT 2)}, GO TO E5/N114

N309
Q1747X
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/A167_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?

N309
Q1747X
E4x. DAYS

GO TO E4ax/N314

OR

N310
Q1748X
E4xax. MONTHS

GO TO E4ax/N314

OR

N257 (Tag#N310.3)
YEARS

GO TO E4ax/N314
In what year did [he/she] go into the nursing home or health care facility?  

[ ] DK  [ ] RF  

YEAR  

GO TO E4ax/N314  

N259 BRANCHPOINT: IF YEAR AT N258 WAS MORE THAN 2 YEARS AGO), GO TO E4ax/N314  

(What month was that?)  

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


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

[ ] DK  [ ] RF  

REASON FOR ADMITTANCE  

E5/N114 BRANCHPOINT: IF THIS IS A CORE IW and R CURRENTLY LIVES IN A NURSING HOME (CS11/A167_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?  

IF R DIED WHILE IN NURSING HOME {(CS2cx/A124=2) or (CS11/A167_A028=1)}: Other than this nursing home stay and excluding any hospice stays, had [he/she] been a patient overnight in a nursing home, convalescent home, or other long-term health care facility [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?  

OTHERWISE: Excluding any hospice stays, had [he/she] been a patient overnight in a nursing home, convalescent home, or other long-term health care facility [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?  

[ ] 1. YES  [ ] 5. NO  [ ] 8. DK  [ ] 9. RF
N115
Q2572U          2         E6. NURHM # TIMES
Q1755X
E6.   IF R LIVES IN A NURSING HOME (CS11/A167_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/A167_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]?

__________________________________________
   DK   RF

NUMBER OF TIMES
N116
Q2573
Q1756X
E7. IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INCLUDING CURRENT STAY
(E6/N115>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 HAD MORE THAN ONE NURSING HOME STAY, INCLUDING STAY IN WHICH S/HE
DIED (E6/N115>1):
Altogether, how many nights or months has [he/she] been 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 has [he/she] been 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, PRESS ENTER AND ANSWER
IN MONTH FIELD]

OR

<table>
<thead>
<tr>
<th>N116</th>
<th>N117</th>
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</thead>
<tbody>
<tr>
<td>Q2573</td>
<td>Q2574</td>
</tr>
<tr>
<td>Q1756X</td>
<td>Q1757X</td>
</tr>
</tbody>
</table>

E7. NIGHTS   E7a. MONTHS
N118
Q2576       2570           E8.NURHM NOT COV
Q1759X
E8. IF R LIVES IN A NURSING HOME (CSA1/A167 A028=1) or R DIED WHILE IN
NURSING HOME {(CS1/A167 A028=1) or (CS2cx/A124=2)}:
Have the costs for your nursing home stay(s) been completely covered by
health insurance, mostly covered, only partially covered, or not covered
at all by insurance?

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

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

<table>
<thead>
<tr>
<th>1. COMPLETELY COVERED</th>
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<th>3. PARTIALLY COVERED</th>
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<tbody>
<tr>
<td>GO TO BEGINNING OF</td>
<td></td>
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<tr>
<td>E10g1/N124 (Tag#=N123) LOOP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. NOT COVERED AT ALL</td>
<td>7. COSTS NOT SETTLED YET</td>
<td>8. DK</td>
</tr>
</tbody>
</table>
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]

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 EMPTY at Q125/Z084

----- START OF Medicaid loop of up to 3 FIRST/SECOND/LAST/CURRENT nursing home stays -----
N124 (Tag#=N123)
Q2586
Q3094X
E10g1. 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.

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.

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 (CS11/A167_A028 NOT 1) or DID NOT DIE WHILE IN A NURSING HOME {(CS11/A167_A028 NOT 1) and (CS2cx/A124 NOT 2)}}):
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 what year did you go into the nursing home or health care facility?

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

YEAR

DK RF
E10f1/N123 BRANCHPOINT: IF YEAR AT E10g1/N124 WAS MORE THAN 2 YEARS AGO, GO TO E10i1/N126

N123 (Tag#=N124)
Q2585
Q3093X
E10f1. {CORE AND EXIT} (What month was that?)

1. JAN  2. FEB  3. MAR  4. APR  5. MAY  6. JUN
7. JUL  8. AUG  9. SEP  10. OCT  11. NOV  12. DEC

N126 (Tag#=N125)
Q2588
Q3096X
E10i1. In what year did you move out of the nursing home or health care facility?

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

______________________________
YEAR

R6/N127 BRANCHPOINT: IF R DID NOT REPORT HAVING MEDICAID COVERAGE SINCE LAST IW (R4/N005 NOT 1), GO TO E10j1/N131 BRANCHPOINT
R6. 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 (CS11/A167_A028=1) or DIED WHILE IN A NURSING HOME \{(CS11/A167_A028=1) or (CS2cx/A124=2)\}\}: 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.

ASK ALL Rs:
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

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 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)\} or R DIED IN NURSING HOME \{(CS2cx/A124=2)\}, GO TO E10j1/N131 BRANCHPOINT
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 {R {LIVES IN NURSING HOME or WAS LIVING IN NURSING HOME WHEN DIED} (CS11/A167_A028=1) or DIED IN NURSING HOME (CS2cx/A124=2)}, GO TO E10xf/N315 BRANCHPOINT (OUT OF LOOP)

N131
Q6250 6238 R8cLOSE ELIGIBILITY WHEN LEFT-LAST NH STAY
Q2597x

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 E10g1/N124 (Tag#N123) LOOP (AFTER E10k1/N133)
N133
Q2590MC  1962 10    E10k1.WHICH CHILD?
E10k1. (Which child is that?)
   (Which child was 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 &amp; SPOUSE/PARTNER 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>98. DK</td>
<td></td>
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<tr>
<td>99. RF</td>
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NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN AND THEIR SPOUSES/PARTNERS ARE DISPLAYED AS COUPLES, ON THE SAME LINE.

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

***END OF E10g1/N124 (Tag#=N123) LOOP: IF MORE NURSING HOME STAYS WERE MENTIONED AT E6/N115, REPEAT QUESTIONS E10g1/N124 (Tag#=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?

____  
N315  
**Q1768X**  
**E10xf.** DAYS

GO TO Ex10g/N320

OR

____  
N315  
**Q1769X**  
**E10xfa.** MONTHS

GO TO Ex10g/N320

**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

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

NUMBER OF TIMES

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]?

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

OR

996 CONTINUOUS SINCE ENTERED

N322
Q1777XUB 3
Ex10j. HOSPICE-1 NIGHTS

N323
Q1778X
Ex10ja.
NIGHTS
MONTHS

Ex10k. Were the costs for [his/her] hospice stay(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 E14/N134 BRANCHPOINT

5. NOT COVERED AT ALL
7. COSTS NOT SETTLED YET
8. DK
9. RF
C1781X

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]

[IWER: INCLUDE ANY AMOUNTS PAID BY OTHERS]

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

GO TO E14/N134

BRANCHPOINT

N329 – N331 Unfolding Sequence

Question text: 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 EMPTY AT Q125/Z084

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

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

E14/N134 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E11/N147
N135
Q2611
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 1W MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

AMOUNT

GO TO E11/N147

N140 – N142 Unfolding Sequence

Question text: Did 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 EMPTY 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 VISITS sequence -----------

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

NUMBER OF TIMES

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?

1. LESS THAN 20 TIMES
3. ABOUT 20 TIMES
5. MORE THAN 20 TIMES
8. DK
9. RF

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?

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

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 NOT 1),
GO TO WE11e/N160

N152  Q2609  E13.DR-NOT COVERED
Q1795X
E13. Were the costs for your doctor or clinic visit(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 visit(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
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 | DK | RF |

GO TO E17/N164 BRANCHPOINT

N157-N159 Unfolding Sequence

Question text: Did 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 EMPTY 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?

  1. YES  5. NO  8. DK  9. RF
  GO TO WE17a/N172

N165
Q2613    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

N168
Q9119 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]

_____________________________
AMOUNT  DK  RF

GO TO E20/N175 BRANCHPOINT

N169-N171 Unfolding Sequence
  Question text: Did 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 EMPTY 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?

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

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  8. MEDICATIONS KNOWN  9. RF

GO TO WE20a/N184 BRANCHPOINT

GO TO WE20a/N184 BRANCHPOINT
E21. DRUGS-NOT COVERED

**E21. IF R’s MEDICATIONS ARE KNOWN (E20/N175=7):**

Earlier you said you are 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 insurance?

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

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</tr>
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<td></td>
<td></td>
<td>9. RF</td>
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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

**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**

**WE21e/N179 BRANCHPOINT: IF R HAS MORE THAN ONE PLAN (W38/N090>1), ASSIGN 27 TO WE21d/N178 AND GO TO WE21e/N179**
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>
</tr>
</thead>
<tbody>
<tr>
<td>[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]</td>
</tr>
<tr>
<td>01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)</td>
</tr>
<tr>
<td>27. NOT ON LIST</td>
</tr>
<tr>
<td>98. DK</td>
</tr>
<tr>
<td>99. RF</td>
</tr>
</tbody>
</table>

**NOTE:** BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY-MENTIONED INSURANCE PLANS, INCLUDING "19. MEDICARE HMO[ — NAME OF HMO]", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

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 did [he/she] pay 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

| DK | RF |

GO TO E21g/N188

N181-N183 Unfolding Sequence

Question text: Did 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 EMPTY 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

N184
Q9934

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
WE20b. Would your prescription 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

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 "19. MEDICARE HMO [— NAME OF HMO]", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

WE20d. 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.
E21g. Sometimes people delay taking medication or filling prescriptions because of the cost. At any time [since R’s LAST IW MONTH, YEAR/in the last two years] have you ended up taking less medication than was prescribed for you because of the cost?

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

------------- end PRESCRIPTION DRUG sequence -------------

------------- begin in-home health care sequence -------------

E22/N189 BRANCHPOINT: IF R LIVED IN NURSING HOME AT HH’s LAST IW (X008=1) and HAS LIVED THERE CONTINUOUSLY SINCE (E7/N116=996), GO TO E24/N202

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
E23. IN-HOME R PAY $  
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?  

1. COMPLETELY COVERED  
2. MOSTLY COVERED  
3. PARTIALLY COVERED  
GO TO E24/N202  
4. NOT COVERED AT ALL  
5. COSTS NOT SETTLED YET  
6. DK  
7. 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]  

AMOUNT  

GO TO E24/N202

N195-N197 Unfolding Sequence  
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 EMPTY AT Q125/Z084

WE22a/N198 BRANCHPOINT: IF EXIT INTERVIEW or R HAD MEDICALLY-TRAINED HELP IN HOME (E22/N189=1), GO TO E24/N202
WE22a. If you were to need medical care in your home, would you expect any of the costs to be covered by insurance?

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

--------- end in-home health care sequence ---------

--------- begin other health care services sequence ---------

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
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]

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

GO TO E25x/N332 BRANCHPOINT

N246-N248 Unfolding Sequence

Question text: Did 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?

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

GO TO E24Y5/N211 ASSIGNMENT
About how much did [he/she] pay out-of-pocket for these expenses [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 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.**

---

**E27. OTHERS HELP $**

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?

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

**GO TO E31/N219 BRANCHPOINT**

---

**E28. WHO HELP**

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 was that someone else?

<table>
<thead>
<tr>
<th>1. CHILD/ CHILD-IN-LAW/ GRANDCHILD</th>
<th>2. OTHER RELATIVE</th>
<th>3. SOMEONE ELSE</th>
<th>8. DK</th>
<th>9. RF</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**GO TO E30/N215**
E29. WHICH CHILD HELP PAY HC-1

(IWER: CHOOSE ALL THAT APPLY)

IWER: ACCEPT MORE THAN 1 CHILD ONLY AFTER PROBE:
Which child helps the most?
Which child helped 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. CHILD &amp; SPOUSE/PARTNER NAME(S)</td>
<td></td>
</tr>
<tr>
<td>[ROWS PROVIDED BY BLAISE AS NECESSARY]</td>
<td></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 AND THEIR SPOUSES/PARTNERS ARE DISPLAYED AS COUPLES, ON THE SAME LINE.

E30. AMOUNT OF OTH HELP

(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>
<th>DK</th>
<th>RF</th>
</tr>
</thead>
</table>

GO TO E31/N219 BRANCHPOINT

N216-N218 Unfolding Sequence

Question text: Did 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 R117/N226 BRANCHPOINT

N219
Q2659
Q1853X
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/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/How] did [he/she] finance these — did [he/she] pay directly from [his/her] savings or earnings, did [he/she] take out a loan, have these bills not yet been paid, 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. MAKING PAYMENTS
7. OTHER (SPECIFY)
8. DK
9. RF

--------- end sequence on how paid for medical bills ---------
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
(Z113=1) or R DOES NOT HAVE MEDICARE NOW (R1/N001 NOT 1), GO
TO R118/N231 BRANCHPOINT

N226
Q6501B R117.MEDICARE NUMBER RECORDED?
R117 {CORE AND 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. Any remaining benefits 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

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

- - N229
N227 Q6502
Q6503
R117a. NUMBER R117b. NUMBER R117c. NUMBER
PART 1 PART 2 PART 3
[IER: PROBE] [CORE AND EXIT] Is there a letter included as part of your Medicare number?

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

LETTER

| DK | RF |

R118/N231 BRANCHPOINT: IF R IS NOT COVERED BY MEDICAID/STATE NAME FOR MEDICAID (R5/N006 NOT 1) or R REFUSED TO GIVE MEDICARE NUMBER (R117/N226=4), GO TO R93a/N235 BRANCHPOINT

N231
Q6507B  6501
R118. {CORE AND 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 (Medicaid/STATE NAME FOR 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 (also) 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. Any remaining benefits 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

[IWER: IF R REPORTS A MEDICAID NUMBER MORE THAN 9 DIGITS LONG, ASK TO SEE THE CARD. IF THE NUMBER ON THE CARD IS LONGER THAN 9 DIGITS, ENTER 999 HERE.]

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

| DK | RF |

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

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
N338
Q1864X
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]

______________________         DK          RF
AMOUNT

GO TO END OF
SECTION N

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

CORE INTERVIEW: GO TO SECTION P
EXIT INTERVIEW: GO TO SECTION T