Welcome to the 2006 HRS Internet Survey
This survey is a joint effort of the University of Michigan Health and Retirement Study and the RAND Corporation. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us.
Participation in the survey is voluntary and you may skip over any questions that you would prefer not to answer by choosing "Next" without entering an answer, and, if prompted to go back, choosing "Next" a second time.
You will not be identified in any reports on this study. The records will be kept confidential in accordance with federal, state and local law.
To begin the survey, please choose "Next", or you may exit your browser to leave this website.
Choose 'Next' to continue.

How is the computer you are using for this survey connected to the Internet?
1. dial-up modem
2. cable modem
3. DSL
4. local network
5. other connection

Not counting right now, when was the last time you used the Internet to look at a web page?
1. earlier today
2. yesterday
3. a couple of days ago
4. about a week ago
5. several weeks ago
6. never

Not counting right now, when was the last time you used the Internet to check, read or send email?
1. earlier today
2. yesterday
3. a couple of days ago
4. about a week ago
5. several weeks ago
6. never

IU007_Purchases (IU007) INTERNET FOR ONLINE PURCHASE

How often do you use the Internet to make online purchases?
1. hardly ever
2. some of the time
3. often (always)

C901_ (C901_) AGE

What is your age?
Range: 0..120

IU011_ (IU011) GENDER

What is your gender?
1. male
2. female

HQ001 (HQ001) HEALTH QUESTION

The next set of questions is about your childhood, that is, from birth to age 17. Consider your health while you were growing up, from birth to age 17. Would you say that your health during that time was excellent, very good, good, fair or poor?
1. excellent
2. very good
3. good
4. fair
5. poor

HQ004 (HQ004) CHILDHOOD DISEASES 1

Before you were 17 years old did you suffer from any of the following childhood diseases? (Please check all that apply.)
1. measles
2. mumps
3. chicken pox

HQ010 (HQ010) PARENTS SMOKE DURING CHILDHOOD

Did your parents/guardians smoke during your childhood?
1. yes, one or more
2. no, none of them
Before you were 17 years old did you suffer from any of the following childhood diseases? (Please check all that apply.)
1. asthma
2. diabetes
3. respiratory disorder such as bronchitis, wheezing, hay fever, shortness of breath, or sinus infection
4. speech impairment
5. allergic condition(s)
6. heart trouble
7. chronic ear problems or infections

Before you were 17 years old did you suffer from any of the following childhood diseases? (Please check all that apply.)
8. epilepsy/seizures
9. severe headaches or migraines
10. stomach problem
11. high blood pressure
12. difficulty seeing even with eye glasses
13. depression
14. drug or alcohol problems

If minimal one selected from (HQ006) CHILDHOOD DISEASES 1 or (HQ006b) CHILDHOOD DISEASES 2 THEN

We will now show you a number of screens with a 'calendar'. We will ask you some questions about your childhood (until you were 17). After a few questions you will see that the answers appear on the calendar as icons or bars. If you've made an error, you can click on the icon or the bar for the corresponding question to correct it. If you move the mouse to the icon or the bar, the additional information you provided will appear.

The next questions are about possible separations of your parents/guardians in your childhood. You can tell us about multiple separations. If your parents/guardians never split up during your childhood or when you are done filling out all separations, please select 'Next' at the bottom of
What was your age when your parents/guardians split up? If you don't know the exact age, please give us your best guess.
Range: 0..120

The next questions are about moves in your childhood. You can tell us about multiple moves.
If you have never moved during your childhood or when you are done filling out moves, please select 'Next' at the bottom of the screen.
At what age did you move? If you don't know the exact age, please give us your best guess.
Range: 0..120

The next questions are about schools you attended before age 17. You can indicate all schools you attended one by one.
If you never went to school or when your are done filling out schools, please select 'Next' at the bottom of the screen. Please think about the first school you attended. At what age did you go to this school? If you don't know the exact age, please give us your best guess.
Range: 0..120

What kind of school was this?
String: 255

Earlier, you said that you suffered from one or more of the health conditions below before you were 17. We would now like to know more about when you had these conditions. If you had more than one condition, could you please click on just one? You will get a chance to add other conditions later.
If you have filled out all conditions that apply, please select "Next" at the bottom of the screen
1. asthma
2. diabetes
3. respiratory disorder such as bronchitis, wheezing, hay fever, shortness of breath, or sinus infection
4. speech impairment
5. allergic condition(s)
6. heart trouble
7. chronic ear problems or infections
8. epilepsy/seizures
9. severe headaches or migraines
10. stomach problem
11. high blood pressure
12. difficulty seeing even with eye glasses
13. depression
15. drug or alcohol problems

CHLD_7 (CHLD_7) CHILDHOOD QUESTION 7

We would like to find out more about your [DISEASE FROM (CHLD_6) CHILDHOOD QUESTION 6].
At what age were you first diagnosed with this disease? If you don't know the exact age, please give us your best guess.
Range: 0..120

CHLD_8 (CHLD_8) CHILDHOOD QUESTION 8

Until what age did you have this disease (Fill in your current age if you still have it)? If you don't know the exact age, please give us your best guess.
Range: 0..120

CHLD_9 (CHLD_9) CHILDHOOD QUESTION 9

Before you were 17 years old did you suffer from any emotional or psychological problems? If you suffered from more than one condition, please just click on one; you will get a chance to add other conditions later. If you did not suffer from emotional or psychological problems or have filled out all of them, please select 'Next' at the bottom of the screen.
1. depression
2. drug or alcohol problems
3. other

CHLD_10 (CHLD_10) CHILDHOOD QUESTION 10

We would like to find out more about your [DISEASE FROM (CHLD_9) CHILDHOOD QUESTION 9].
At what age did you start to have this problem? If you don't know the exact age,
Please give us your best guess.
Range: 0..120

CHLD_11 (CHLD_11) CHILDHOOD QUESTION 11

Until what age did you have this problem (Fill in your current age if you still have it)? If you don't know the exact age, please give us your best guess.
Range: 0..120

CHLD_12 (CHLD_12) CHILDHOOD QUESTION 12

This is the end of our questions about your childhood.

HQ007 (HQ007) HOW ACCURATE

How accurate do you think is the information you provided on the ages at which events took place or diseases began or ended?
1. I am sure everything is exactly correct
2. I think it is all correct but I am not sure
3. I doubt whether all the information is correct
4. Sometimes I really had to guess
5. I was just guessing all the time

ENDIF

SS001 (SS001) CURRENTLY RECEIVE ANY SOCIAL SECURITY

Do you currently receive any income from Social Security?
1. yes
5. no

IF (SS001) CURRENTLY RECEIVE ANY SOCIAL SECURITY = yes THEN

SS001amt (SS001amt) SOCIAL SECURITY AMOUNT

About the Social Security income that you (yourself) receive, how much was that Social Security check, or the amount deposited directly into an account, last month?
Range: Integer

SS001fy (SS001fy) YEAR STARTED TO RECEIVE SOCIAL SECURITY
In what year did you start receiving benefits?
String: 4

SS001fm (SS001fm) MONTH STARTED TO RECEIVE SOCIAL SECURITY

In what month did you start receiving benefits?
1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

SS001c (SS001c) BENEFIT EXPECTATION BEFORE RECEIVING

Thinking back to the time when you started receiving Social Security benefits. How did the Social Security benefits you received then compare to what you expected your Social Security benefits to be, say about three years before you started receiving them?
1. much higher than expected
2. a little higher than expected
3. about the same as expected
4. a little lower than expected
5. much lower than expected

SS001concern (SS001con) CONCERNED ABOUT NOT HAVING

Are you concerned about not having enough income to get by in retirement?
1. worried a lot
2. somewhat worried
3. a little worried
4. not at all worried
6. does not apply (never worked/will never retire)

SS001trend (SS001tre) EVALUATION OF RETIREMENT YEARS
Thinking about your retirement years compared to the years just before you retired, would you say the retirement years have been better, about the same, or not as good?

1. better
2. about the same
3. not as good
6. does not apply (never worked/not retired)

All in all, would you say that your retirement has turned out to be very satisfying, moderately satisfying, or not at all satisfying?

1. very satisfying
2. moderately satisfying
3. not at all satisfying
6. does not apply (never worked/not retired)

On a scale from 0 to 100, (where 0 means no chance and 100 means absolutely certain), what do you think is the percent chance that you will receive Social Security benefits some time in the future?

Range: 0..100

If (SS002) PERCENT CHANCE TO RECEIVE SOCIAL SECURITY IN > 0

Then

Now suppose that you will indeed receive SS benefits in the future. We will ask some questions about when you expect to receive them and how much you think they will be.

If randomly selected AND participated in HRS2004 module 5 THEN

How much do you expect your Social Security benefits to be in today's dollars?

Range: Integer
Is this amount per month, biweekly or per year?

1. per month
2. biweekly
3. per year

IF randomly selected for visual representation of thresholds THEN

intro (SSBall1) INTRO 1 BALL QUESTION

For some people it is not easy to predict their future Social Security benefits. In the next question, we ask you to think about what your monthly benefits can be. We will show you 20 balls that you can put in seven different bins, reflecting what you think are the chances out of 20 that your future social security benefits fall in each bin. The more likely you think it is that your benefits fall in a given bin, the more balls you should assign to this bin. For example, if you put all the balls in the bin $500 - $800, it means you are certain that the amount you will receive is between $500 and $800. Another example is illustrated on the next screen.

intro2 (SSBall2) INTRO 2 BALL QUESTION

In this example, there are no balls in the ranges below $520 or above $1040, so it is certain that benefits will not be lower than $520 or higher than $1040. 12 out of 20 balls are in the bin $520 - $780 meaning that the chance that benefits are between $520 and $780 is 12 out of 20 (60 percent). There is a smaller chance, 8 out of 20 (40 percent), that benefits are between $780 and $1040. Of course this is just an example to illustrate; the chances you have in mind may be completely different. Now it's your turn! Choose next to start allocating balls.

BallsPHP (BallsPHP) START BALLS MODULE

By clicking on the + and - buttons under each bin, please put the 20 balls into the 7 bins such that it reflects what you think are the chances out of 20 that your monthly social security benefits fall in each bin.

String: 255
ELSE

SS004Aa (SS004Aa) % CHANGE LESS/MORE THAN EXPECTED 1

Could your benefits also turn out to be [lower/higher]? On a scale from 0 to 100, what do you think is the percent chance that your Social Security benefits will be less than $[AMOUNT] [PERIOD]?  
Range: 0..100

SS004Ab (SS004Ab) % CHANGE LESS/MORE THAN EXPECTED 2

Could your benefits also turn out to be [lower/higher]? On a scale from 0 to 100, what do you think is the percent chance that your Social Security benefits will be less than $[AMOUNT] [PERIOD]?  
Range: 0..100

ENDIF

SS005A (SS005A) EXPECTED AGE TO START RECEIVING SOCIAL

At what age do you expect to start collecting these benefits?  
Range: 0..120

SS61 (SS61) AGE START COLLECTING BENEFITS 1

For some people it is hard to know exactly at what age they will start collecting these benefits. What about you?  
On a scale from 0 to 100, what do you think is the percent chance that you will start collecting these benefits when you turn age [AGE] or later?  
Range: 0..100

SS62 (SS62) AGE START COLLECTING BENEFITS 2

For some people it is hard to know exactly at what age they will start collecting these benefits. What about you?  
On a scale from 0 to 100, what do you think is the percent chance that you will start collecting these benefits when you turn age [AGE] or later?  
Range: 0..100

ELSE
At what age do you expect to start collecting these benefits?  
Range: 0..120

For some people it is hard to know exactly at what age they will start collecting these benefits. What about you?  
On a scale from 0 to 100, what do you think is the percent chance that you will start collecting these benefits when you turn age [AGE] or later?  
Range: 0..100

For some people it is hard to know exactly at what age they will start collecting these benefits. What about you?  
On a scale from 0 to 100, what do you think is the percent chance that you will start collecting these benefits when you turn age [AGE] or later?  
Range: 0..100

If you were to start collecting Social Security benefits [AGE], how much do you expect your Social Security benefits to be in today's dollars?  
Range: Integer

Is this amount per month, biweekly or per year?  
1. per month  
2. biweekly  
3. per year  

IF randomly selected for visual representation of thresholds THEN

intro (SSBall1) INTRO 1 BALL QUESTION
For some people it is not easy to predict their future Social Security benefits. In the next question, we ask you to think about what your monthly benefits can be. We will show you 20 balls that you can put in seven different bins, reflecting what you think are the chances out of 20 that your future social security benefits fall in each bin. The more likely you think it is that your benefits fall in a given bin, the more balls you should assign to this bin. For example, if you put all the balls in the bin $500 - $800, it means you are certain that the amount you will receive is between $500 and $800. Another example is illustrated on the next screen.

<image of 20 balls divided into 7 bins>

In this example, there are no balls in the ranges below $520 or above $1040, so it is certain that benefits will not be lower than $520 or higher than $1040. 12 out of 20 balls are in the bin $520 - $780 meaning that the chance that benefits are between $520 and $780 is 12 out of 20 (60 percent). There is a smaller chance, 8 out of 20 (40 percent), that benefits are between $780 and $1040. Of course this is just an example to illustrate; the chances you have in mind may be completely different. Now it's your turn! Choose next to start allocating balls.

By clicking on the + and - buttons under each bin, please put the 20 balls into the 7 bins such that it reflects what you think are the chances out of 20 that your monthly social security benefits fall in each bin.

String: 255

On a scale from 0 to 100, what do you think is the percent chance that your Social Security benefits [at age AGE] will be [less/more] than $[AMOUNT] [PERIOD]?

Range: 0..100
For some people it is not easy to predict their future Social Security benefits. On a scale from 0 to 100, what do you think is the percent chance that your Social Security benefits [at age AGE] will be [less/more] than $[AMOUNT][PERIOD]?

Range: 0..100

Thinking of the Social Security program in general [and not just your own Social Security benefits]: On a scale from 0 to 100, (where 0 means no chance and 100 means absolutely certain), what is the percent chance that Congress will change Social Security sometime in the next 10 years, so that it becomes less generous than now?

Range: 0..100

IF (SS001) CURRENTLY RECEIVE ANY SOCIAL SECURITY = yes THEN

We just asked you about changes to Social Security in general. Now we would like to know whether you think these Social Security changes might affect your own benefits. On a scale from 0 to 100, (where 0 means no chance and 100 means absolutely certain), what do you think is the percent chance that the benefits you yourself are receiving from Social Security will be cut some time over the next 10 years?"

Range: 0..100

ELSE

We just asked you about changes to Social Security in general. Now we would like to know whether you think these Social Security changes might affect your own benefits.
On a scale from 0 to 100, what do you think is the percent chance that over the next 10 years there will be changes to Social Security that will reduce your future benefits compared to what you would get under the current system?
Range: 0..100

ENDIF

IF respondent age > 50 THEN

IF randomly selected for control group THEN

-------------------------------------------------------------------------------
CG006 (CG006) SINCE FIRST INTERVIEWED SUFFER ANY OF THE
-------------------------------------------------------------------------------
Since we first interviewed you in the Health and Retirement Study did you suffer from any of the following diseases? (Please check all that apply.)
1. high blood pressure or hypertension
2. diabetes or high blood sugar
3. cancer or a malignant tumor
4. chronic lung disease
5. a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems
6. stroke
7. emotional, nervous, or psychiatric problems
8. arthritis or rheumatism
9. hip fracture
10. cataract surgery

LOOP for all items selected in (CG006) SINCE FIRST INTERVIEWED SUFFER ANY OF THE

ENDLOOP

ENDIF
ELSE

-------------------------------------------------------------
OF006 (OF006) SINCE FIRST INTERVIEWED SUFFER ANY OF THE
-------------------------------------------------------------
Since we first interviewed you in the Health and Retirement Study did you
suffer from any of the following diseases? (Please check all that apply.)
1. high blood pressure or hypertension
2. diabetes or high blood sugar
3. cancer or a malignant tumor
4. chronic lung disease
5. a heart attack, coronary heart disease, angina, congestive heart failure, or
other heart problems
6. stroke
7. emotional, nervous, or psychiatric problems
8. arthritis or rheumatism
9. hip fracture
10. cataract surgery

IF minimal one selected from (OF006) SINCE FIRST INTERVIEWED SUFFER
ANY OF THE OR had any of these onsets in HRS interview THEN

-------------------------------------------------------------
OVER50_1 (OVER50_1) OVER50 CALENDAR QUESTION 1
-------------------------------------------------------------
We will now show you a number of screens with a 'calendar'. We will ask
you some questions about your life after [AGE AT FIRST HRS]. After a few
questions you will see that the answers appear on the calendar.

-------------------------------------------------------------
OVER50_2 (OVER50_2) OVER50 CALENDAR QUESTION 2
-------------------------------------------------------------
The next questions are about change(s) in your marital status after
[AGE AT FIRST HRS]. You can tell us about multiple events.
If your marital status has never changed after [AGE AT FIRST HRS] or you
have already given all the changes, please select 'Next' at the bottom of
the screen.
At what age did the status change? If you don't know the exact age, please
give us your best guess.
Range: 0..120

-------------------------------------------------------------
OVER50_3 (OVER50_3) OVER50 CALENDAR QUESTION 3
-------------------------------------------------------------
Your marital status changed to
1. Married
2. Divorced
3. Widowed

OVER50_4 (OVER50_4) OVER50 CALENDAR QUESTION 4

The next questions are about change(s) in your household composition after your [AGE AT FIRST HRS][st/nd/th] birthday concerning others than your spouse. For example, a child leaving the household or coming back, a parent moving in, etc. You can provide information about several changes one by one. If your household composition has never changed after [AGE AT FIRST HRS], please select 'Next' at the bottom of the screen. What was your age when your household composition changed? If you don't know the exact age, please give us your best guess. Range: 0..120

OVER50_5 (OVER50_5) OVER50 CALENDAR QUESTION 5

Relationship of the person (e.g. child) who has either joined or left the household: String: 255

OVER50_6 (OVER50_6) OVER50 CALENDAR QUESTION 6

The person above,
1. Joined the household
2. Left the household

OVER50_7 (OVER50_7) OVER50 CALENDAR QUESTION 7

The next questions are about change(s) in your job after [AGE AT FIRST HRS]. You can tell us about multiple events. If there were no job related events (e.g. job change or promotion) after [AGE AT FIRST HRS], or if you have indicated all changes, please select 'Next' at the bottom of the screen. At what age did the change in your job occur? If you don't know the exact age, please give us your best guess. Range: 0..120

OVER50_8 (OVER50_8) OVER50 CALENDAR QUESTION 8
The next questions are about moves after [AGE AT FIRST HRS]. You can tell us about multiple moves. If you haven't moved after [AGE AT FIRST HRS], please select 'Next' at the bottom of the screen.

At what age did you move? If you don't know the exact age, please give us your best guess.

Range: 0..120

Since the first time you participated in the HRS when you were [AGE AT FIRST HRS] years old in, did a doctor ever tell you for the first time (or initially diagnose you) that you had any of the following illnesses?

If you suffered from more than one condition, please just click on one; you will get a chance to add other conditions later.

1. high blood pressure or hypertension
2. lost weight or followed a special diet
3. diabetes or high blood sugar
4. cancer or a malignant tumor
5. chronic lung disease
6. a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems
7. stroke
8. emotional, nervous, or psychiatric problems
9. arthritis or rheumatism
10. hip fracture
11. cataract surgery

We would like to find out more about your [DISEASE FROM (OVER5011) OVER50 CALENDAR QUESTION 11].

At what age were you first diagnosed with this disease?

Range: 0..120
Until what age did you have this disease (Fill in your current age if you still have it)? If you don't know the exact age, please give us your best guess.
Range: 0..120

This is the end of our questions about your life after [AGE AT FIRST HRS].

How accurate do you think is the information you provided on the ages at which events took place or diseases began or ended?
1. I am sure everything is exactly correct
2. I think it is all correct but I am not sure
3. I doubt whether all the information is correct
4. Sometimes I really had to guess
5. I was just guessing all the time

We are interested in individual usage of prescription drugs, how much is spent on these, and what is covered by insurance. In answering the questions below, please tell us about medications that you yourself are taking and how much these cost, even if someone else actually buys these for you. Do not include medications that you buy for other people.

In some of the questions we talk about generic drugs: These are cheaper substitutes for more expensive drugs of a specific brand (brand-name drugs).

How many different prescription drugs do you take on a regular basis (for example every day or every week)?
Range: 0..1000

IF (PD1_B) TAKE ON A REGULAR BASIS > 0 THEN

| PDPHP_1 (PDPHP_1) PRESCRIPTION DRUG SELECTION QUESTION 1 |
We would like to learn which prescription drugs people rely on. In the next screen, please enter a prescription drug you currently take on a regular basis. If you take more than one prescription drug, you will get a chance to add other prescription drugs later.

PDPHP_2 (PDPHP_2) PRESCRIPTION DRUG SELECTION QUESTION 2

Please enter a prescription drug you currently take on a regular basis. If you have entered them all, please leave it blank and click on 'Next'.

String: 255

IF UNKNOWN DRUG ENTERED AT (PDPHP_2) PRESCRIPTION DRUG SELECTION QUESTION 2

PDPHP_3 (PDPHP_3) PRESCRIPTION DRUG SELECTION QUESTION 3

We found a number of matching drugs for '[DRUG GIVEN IN PDPHP_2]'. Could you please select one from this list, or choose 'Next' if you typed your prescription drug correctly. You can also go back to change your answer.

Selection: List with matches to PDPHP_2

ENDIF

PDPHP_4 (PDPHP_4) PRESCRIPTION DRUG SELECTION QUESTION 4

Please enter the number of times you take [DRUG GIVEN IN PDPHP_2/DRUG SELECTED IN PDPHP_3].

String: 255

PDPHP_5 (PDPHP_5) PRESCRIPTION DRUG SELECTION QUESTION 5

times per:
1. day
2. week
3. intermittently

ENDIF

PD003_ (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN

Which of the situations below best describes how you pay for prescriptions at the
pharmacy you use most often?
1. I pay full price for all medications out of my own pocket, with no insurance.
3. I get a small discount off of full price with a discount card and pay the rest myself.
5. I pay some of the price and insurance pays the rest.
9. I don't pay anything.
11. other

IF (PD003_ = I pay some of the price and insurance pays the rest) THEN

<table>
<thead>
<tr>
<th>PD004_ (PD004_) FIXED OR PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you generally pay a fixed dollar amount (like $10, $12, etc.) for each type of prescription or a percentage of the price (like 10% or 20% of the full price)?</td>
</tr>
<tr>
<td>1. fixed dollar amount</td>
</tr>
<tr>
<td>2. percentage of the price</td>
</tr>
</tbody>
</table>

IF (PD004_ = percentage of the price) THEN

<table>
<thead>
<tr>
<th>PDGen (PDGen) % GENERIC PRESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What percentage do you pay for each prescription? Please leave blank for types of drugs that you never buy.</td>
</tr>
<tr>
<td>% for generic prescriptions</td>
</tr>
<tr>
<td>Range: 0..100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PDBra (PDBra) % BRAND NAME PRESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What percentage do you pay for each prescription? Please leave blank for types of drugs that you never buy.</td>
</tr>
<tr>
<td>% for preferred brand name prescriptions</td>
</tr>
<tr>
<td>Range: 0..100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PDNon (PDNon) % NON-PREFERRED BRAND NAME PRESCRIPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What percentage do you pay for each prescription? Please leave blank for types of drugs that you never buy.</td>
</tr>
<tr>
<td>% for non-preferred brand name prescriptions</td>
</tr>
<tr>
<td>Range: 0..100</td>
</tr>
</tbody>
</table>
What percentage do you pay for each prescription? Please leave blank for types of drugs that you never buy.
% for other
Range: 0..100

IF (PDOth) % OTHER PRESCRIPTIONS >= 1 THEN

PDSpe (PDSpe) OTHER SPECIFY
What other prescription do you mean?
String: 255

ENDIF

ELSE

PDGen (PDGen) $ GENERIC PRESCRIPTIONS
How much do you pay for each prescription? Please leave blank for types of drugs that you never buy.
$ for generic prescriptions
Range: Integer

PDBra (PDBra) $ BRAND NAME PRESCRIPTIONS
How much do you pay for each prescription? Please leave blank for types of drugs that you never buy.
$ for preferred brand name prescriptions
Range: Integer

PDNon (PDNon) $ NON-PREFERRED BRAND NAME PRESCRIPTIONS
How much do you pay for each prescription? Please leave blank for types of drugs that you never buy.
$ for non-preferred brand name prescriptions
Range: Integer

PDOth (PDOth) $ OTHER PRESCRIPTIONS

How much do you pay for each prescription? Please leave blank for types of drugs that you never buy.
$ for other
Range: Integer

IF (PDOth) $ OTHER PRESCRIPTIONS >= 1 THEN

PDSpe (PDSpe) OTHER SPECIFY

What other prescription do you mean?
String: 255

ENDIF

ENDIF

ELSEIF (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN <> I pay full price for all medications out of my own pocket, with no insurance.

PD007_ (PD007_) ANNUAL DEDUCTIBLE

Does your prescription drug coverage have an annual deductible, that is, an amount you have to pay yourself each year before the insurance will start to help pay?
1. yes
5. no

IF (PD007_) ANNUAL DEDUCTIBLE = yes THEN

PD008_ (PD008_) DEDUCTIBLE AMOUNT

How much is your deductible per year?
Range: Integer

ELSEIF (PD007_) ANNUAL DEDUCTIBLE = no THEN

PD009_ (PD009_) RESTRICTIONS

Some prescription drug insurance plans restrict the number, type or dollar amount of prescriptions they will pay for. Check any of the following types of restrictions that your plan has. (Please check all that apply.)
1. won't pay at all for some types of drugs.
3. makes me pay more for some types of drugs than for others.
4. only pays for a certain number of prescriptions per month.
5. only pays for a certain number of prescriptions per month.
6. only pays up to a certain amount of money each month.
7. only pays up to a certain amount of money each year.
8. other restriction.

<table>
<thead>
<tr>
<th>PD010_ (PD010_) OUT-OF-POCKET COST - LAST MONTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Now we would like to know the out-of-pocket cost of the prescription drugs that you use, that is what you yourself (or a family member who buys the drugs) pay for your prescription drugs. Please, do not include what is covered by insurance. What was the total out-of-pocket cost of your prescription drugs last month? Please enter an amount and do not use commas, dots or a dollar sign. As always: If you don't know the answer, please leave it open. Range: Integer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD011_ (PD011_) OUT-OF-POCKET COST - LAST 12 MONTHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>What about last year? What was the out-of-pocket cost of your prescription drugs over the last 12 months? Please enter an amount and do not use commas, dots or a dollar sign. As always: If you don't know the answer, please leave it open. Range: Integer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD012_ (PD012_) % CHANCE THAT OUT-OF-POCKET COST WILL BE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes, even in one year, someone’s health might change and with that the use of prescription drugs. Assume that your insurance situation remains the same as it is now. On a scale from 0 to 100, where 0 means no chance and 100 means you are absolutely certain, what are the chances that a year from now the out-of-pocket cost of your prescription drugs will be more than ((PD011_ OUT-POCKET COST - LAST MONTH)) per month? Range: 0..100</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD013_ (PD013_) % CHANCE THAT OUT-OF-POCKET COST WILL BE</th>
</tr>
</thead>
<tbody>
<tr>
<td>And what are the chances that a year from now the out-of-pocket cost of your prescription drugs will be more than $(PD011_ OUT-OF-POCKET COST - LAST MONTH)) per month, again assuming your insurance situation remains the same? Range: 0..100</td>
</tr>
</tbody>
</table>
IF (PD003) PAY FOR PRESCRIPTIONS MOST OFTEN <> I pay full price for all medications out of my own pocket, with no insurance. THEN

<table>
<thead>
<tr>
<th>PD014A_ (PD014A_) TOTAL COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>We would also like to find out how much your prescription drugs cost in total, that is including what is covered by insurance. What is the total cost, including what is covered by insurance, of the prescription drugs you have been taking over the last 12 months?</td>
</tr>
<tr>
<td>Please enter an amount and do not use commas, dots or a dollar sign. As always: If you don’t know the answer, please leave it open.</td>
</tr>
<tr>
<td>Range: Integer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PD014B_ (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some people do not know exactly what the total cost has been. What are the chances that the total cost (including what is covered by insurance) of the prescription drugs that you have taken over the last 12 months is $Z or more?</td>
</tr>
<tr>
<td>As always: If you don’t know the answer, please leave it open.</td>
</tr>
<tr>
<td>Range: Integer</td>
</tr>
</tbody>
</table>

IF (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE = empty THEN

<table>
<thead>
<tr>
<th>PD014C_ (PD014C_) CHANCE THAT TOTAL COST IS V OR MORE/LESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some people do not know exactly what the total cost has been. What are the chances that the total cost (including what is covered by insurance) of the prescription drugs that you have taken over the last 12 months is $V or [less/more]?</td>
</tr>
<tr>
<td>As always: If you don’t know the answer, please leave it open.</td>
</tr>
<tr>
<td>Range: 0..100</td>
</tr>
</tbody>
</table>

ENDIF

PD015A_ (PD015A_) CHANCE THAT TOTAL COST IS Z OR MORE

[Many people find it hard to find out the total cost of their prescription drugs. Here is some information about the total annual cost of prescription drugs for male/females of about your age:] Many people find it hard to find out the total cost of their prescription drugs and are quite uncertain about this number. Here is some information about the total annual cost of prescription drugs for male/females of about your age:]
[- for 25% of male/females your age the total annual cost is less than $X1]
[- for 25% of male/females your age the total annual cost is between $X1 and $X2]
[- for 25% of male/females your age the total annual cost is between $X2 and $X3]
[- for 25% of male/females your age the total annual cost is more than $X3]

What are the chances that the total cost (including what is covered by insurance) of the prescription drugs that you have taken over the last 12 months is $Z or more?
Range: 0..100

PD015B_ (PD015B_) CHANCE THAT TOTAL COST IS W OR MORE/LESS

----------------------------------------------------------------------------------------------------------

[Many people find it hard to find out the total cost of their prescription drugs. Here is some information about the total annual cost of prescription drugs for male/females of about your age: Many people find it hard to find out the total cost of their prescription drugs and are quite uncertain about this number. Here is some information about the total annual cost of prescription drugs for male/females of about your age:]
[- for 25% of male/females your age the total annual cost is less than $X1]
[- for 25% of male/females your age the total annual cost is between $X1 and $X2]
[- for 25% of male/females your age the total annual cost is between $X2 and $X3]
[- for 25% of male/females your age the total annual cost is more than $X3]

What are the chances that the total cost (including what is covered by insurance) of the prescription drugs that you have taken over the last 12 months is $[AMOUNT] or [less/more]?
Range: 0..100

----------------------------------------------------------------------------------------------------------

PD016_ (PD016_) IF YOU HAD TO PAY THE FULL COST

----------------------------------------------------------------------------------------------------------

Thinking of the drugs you have been taking over the last 12 months: What would you do if you had to pay the full cost of all your drugs out of your own pocket? Would you make the same purchases as you did with your insurance coverage or would you reduce the amount you purchase?
1. I would reduce the amount I purchase.
2. I would make the same purchases as I have done with insurance coverage.

IF (PD016_) IF YOU HAD TO PAY THE FULL COST = I would reduce the
How would you accomplish the reduction in your spending on prescription drugs? (Please check all that apply.)

1. reduce the number of prescription drugs I am taking
2. reduce the dosage of one or more of the drugs that I am taking
3. change to a cheaper version of one or more of the drugs I am taking

Medicare Administration is currently establishing the formulas that will be used to provide prescription drug benefits under the new Medicare Part D, which starts in 2006. It will work as follows:

* The first $250 of prescription drug costs per year is paid by yourself
* Medicare pays 75% of costs in excess of $250 and below $2250.
* Medicare pays $1500 if your total costs are between $2250 and $3600.
* If your total costs are higher than $3600, you pay approximately $2100, and Medicare pays for the remainder.
Just thinking about your current prescription plan, do you think that your current prescription plan is more generous than the standard prescription drug benefit under Medicare Part D?

1. more generous than Medicare Part D
2. less generous than Medicare Part D

--------------------------------------------------------------------------------------------------------

PD020_ (PD020_) CHANCES FOR ENROLLLING IN A PRESCRIPTION
--------------------------------------------------------------------------------------------------------

Now please think about the kinds of prescription drug coverage you think will be available when you turn 65/of offered to people on Medicare in 2006:

Using a scale of 0 – 100, where 0 means no chance and 100 means absolutely certain, what are the chances that you will enroll in a prescription drug plan offered through Medicare?

Range: 0..100

ENDIF

ELSE

----------------------------------------------------------------------------------------------------------

PD046_ (PD046_) CHANCES FOR ENROLLLING IN A PRESCRIPTION
----------------------------------------------------------------------------------------------------------

Medicare Administration is currently establishing the formulas that will be used to provide prescription drug benefits under the new Medicare Part D, which starts in 2006. It will work as follows:

* The first $250 of prescription drug costs per year is paid by yourself
* Medicare pays 75% of costs in excess of $250 and below $2250.
* Medicare pays $1500 if your total costs are between $2250 and $3600
* If your total costs are higher than $3600, you pay approximately $2100, and Medicare pays for the remainder.

Now please think about the kinds of prescription drug coverage you think will be available when you turn 65/offered to people on Medicare in 2006:

Using a scale of 0 – 100, where 0 means no chance and 100 means absolutely certain, what are the chances that you will enroll in a prescription drug plan offered through Medicare?

Range: 0..100

ENDIF

------------------------------------------------------------------------------------------------------------

PD021A_ (PD021A_) INFORMATION FROM NEWSPAPERS
------------------------------------------------------------------------------------------------------------

How important are the following items in making a decision on which prescription drug plan is most suitable for you?

Information from newspapers

1. very important
2. somewhat important
3. not important

PD021B_ (PD021B_) INTERNET

How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Internet
1. very important
2. somewhat important
3. not important

PD021C_ (PD021C_) MEDICARE PUBLICATIONS

How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Medicare publications
1. very important
2. somewhat important
3. not important

PD021D_ (PD021D_) MEDICARE HOTLINE

How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Medicare hotline
1. very important
2. somewhat important
3. not important

PD021E_ (PD021E_) ASKING ADVICE FROM SOMEBODY YOU TRUST

How important are the following items in making a decision on which prescription drug plan is most suitable for you?
Asking advice from somebody you trust
1. very important
2. somewhat important
3. not important

PD022_ (PD022_) CHANCES THAT YOU WILL ARRIVE AT THE DECISION

[When you turn 65 and thinking /Thinking] of the decision whether to enroll in Medicare Drug Benefit, on a scale from 0 to 100, what do you think are the chances that you have arrived or will arrive at the decision that is best suited to your situation?
Range: 0..100
Which of the statements below describes best how you handle decisions like deciding on the new Medicare Drug Benefit:

1. it is important to me to find out all the details before I make a decision.
2. I try to get a rough idea but prefer someone to tell me what’s best for me.
3. I do not care to know all the details; will make a decision anyway.
4. I do not care to know all the details; will just go with what someone tells me is my best choice.
5. I find it too hard to find out the details; just go with what someone tells me is my best choice.
6. I hope I will find somebody to help me.
7. I don’t know at all how to make such a decision and I am not sure I will find somebody to help me.

In the next set of questions, we would like to learn more about your preferences for different types of insurances for prescription drugs [for when you will turn 65]. You will be asked to rate a number of stylized insurance plans. Please consider your own personal situation, your health, your income, your family circumstances, etc., [and account for any changes that you may expect in the future/as you now expect it to be when you turn 65].

The first insurance plan completely covers all prescription drug costs. The premium for this plan is $2,500 for one year [for when you will turn 65]. Thus you pay $2,500, irrespective of the amount and type of drugs your doctor(s) prescribe(s). Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent). Range: 1..10

This insurance plan covers 50% of all prescription drug costs. The premium is $450 for one year [for when you will turn 65]. Thus if you buy this plan, you pay half of your total drug costs out of pocket, and the insurance company pays the other half (and you pay the insurance premium of $450). Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent). Range: 1..10
ELSE

PD0A2_ (PD0A2_) RATING ON THE SECOND INSURANCE PLAN

This first insurance plan completely covers all prescription drug costs above $3,000, but covers nothing of the expenses below $3,000 [for when you will turn 65]. The premium is $500 for one year. Thus if you buy this plan, you can never pay more for your drugs than $3,000 (and you pay the insurance premium of $500). Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent).
Range: 1..10

PD0A4_ (PD0A4_) RATING ON THE FOURTH INSURANCE PLAN

This insurance plan covers 50% of all prescription drug costs below $3,000 and 95% of the costs above $3,000 [for when you will turn 65]. The premium is $600 for one year. Thus if you buy this plan and your drug costs are low, you pay half of your total drug costs out of pocket (and you pay the insurance premium of $600). The insurance pays almost everything of costs exceeding $3,000. Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent).
Range 1..10

ENDIF

PDPreferenceIntro1 (PDPrefe1) PRESCRIPTION DRUGS

The following two plans are similar to the previous two, with one major difference: They only cover the costs of generic prescription drugs and not the costs of name brand drugs. They also have a different annual insurance premium. Please rate these plans on the same 1-10 scale used above.
Generic drugs: Drug products that are no longer covered by patent protection and thus may be produced and/or distributed by many firms.

IF randomly selected for the following insurance plan questions THEN

PD0B2_ (PD0B2_) RATING ON THE SECOND INSURANCE PLAN -

This insurance plan completely covers all costs of generic prescription drugs above $3,000, but covers nothing of the expenses below $3,000 [for when you will turn 65]. The premium is $400 for one year. Thus if you buy this plan, you can never pay more for your generic drugs than $3,000 (and you pay the insurance premium of $400). The plan does not cover any name brand drugs. Please rate how attractive you find this plan on a scale from 1 (very bad) to 10...
(excellent).
Range: 1..10

PD0B4_ (PD0B4_) RATING ON THE FOURTH INSURANCE PLAN -

This plan covers 50% of all costs of generic prescription drugs below $3,000 and 95% of the costs above $3,000 [for when you will turn 65]. The premium is $450 for one year. Thus if you buy this plan and your generic drug costs are low, you pay half of your total drug costs out of pocket. The insurance pays almost everything of costs exceeding $3,000. The plan does not cover any name brand drugs. Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent).
Range: 1..10

ELSE

PD0B1_ (PD0B1_) RATING ON THE FIRST INSURANCE PLAN - GENERIC

This insurance plan completely covers all costs of generic prescription drugs. The premium for this plan is $2,000 for one year [for when you will turn 65]. Thus you pay $2,000, irrespective of the amount and type of generic drugs your doctor(s) prescribe(s). The plan does not cover any name brand drugs. Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent).
Range: 1..10

PD0B3_ (PD0B3_) RATING ON THE THIRD INSURANCE PLAN - GENERIC

This plan covers 50% of all costs of generic prescription drugs. The premium is $450 for one year [for when you will turn 65]. Thus if you buy this plan, you pay half of your total generic drug costs out of pocket, and the insurance company pays the other half (and you pay the insurance premium of $450). The plan does not cover any name brand drugs. Please rate how attractive you find this plan on a scale from 1 (very bad) to 10 (excellent).
Range: 1..10

ENDIF

Q344_ (Q344_) CHECKING - SAVING ASSETS

Do you have any checking or savings accounts or money market funds? Please note: this does not include: Individual retirement accounts (IRAs and KEOGHs), shares of stock and stock mutual funds, corporate bonds, CDs,
government saving bonds, treasury bills, or other assets.
1. yes
5. no
IF (Q344_) CHECKING - SAVING ASSETS = yes THEN

<table>
<thead>
<tr>
<th>Q345_AmtChkSave (Q345_) TOTAL $ CHECKING - SAVINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you added up all the checking and savings accounts and money market funds, about how much would they amount to right now?</td>
</tr>
<tr>
<td>Please note: this does not include: Individual retirement accounts (IRAs and KEOGHs), shares of stock and stock mutual funds, corporate bonds, CDs, government saving bonds, treasury bills, or other assets.</td>
</tr>
<tr>
<td>Please enter an amount and do not use commas, dots or a dollar sign.</td>
</tr>
<tr>
<td>Range: Integer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q346_ (Q346_) MORE MONEY NOW?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have more or less money in (all) your checking or saving accounts or money market funds than at the time of the HRS interview in 2004?</td>
</tr>
<tr>
<td>1. had no checking or saving accounts or money market funds</td>
</tr>
<tr>
<td>2. more than in 2004</td>
</tr>
<tr>
<td>3. less than in 2004</td>
</tr>
<tr>
<td>4. about the same</td>
</tr>
</tbody>
</table>
| IF (Q346_) MORE MONEY NOW = more than in 2004 or less than in 2004 THEN
| Q347_ (Q347_) HOW MUCH MORE/LESS |
| How much [more/less] than in 2004? |
| Please enter an amount and do not use commas, dots or a dollar sign. |
| Range: Integer |
| ENDIF |
| ENDIF |

<table>
<thead>
<tr>
<th>Q316_StockAssets (Q316_) STOCK ASSETS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have any shares of stock or stock mutual funds?</td>
</tr>
<tr>
<td>Please note: this does not include: Individual retirement accounts (IRAs and KEOGHs), checking and saving accounts or money market funds, corporate bonds, CDs, government saving bonds, treasury bills, or other assets.</td>
</tr>
</tbody>
</table>
1. yes  
5. no  
IF (Q316_) STOCK ASSETS = yes THEN  
|  
| --------------------------------------------------------------------------------------------------------  
| Q317_AmtStock (Q317_) TOTAL $ STOCKS  
--------------------------------------------------------------------------------------------------------  
If you sold all those and paid off anything you owed on them, about how much would you have?  
Please note: this does not include: Individual retirement accounts (IRAs and KEOGHs), checking and saving accounts or money market funds, corporate bonds, CDs, government saving bonds, treasury bills, or other assets.  
Please enter an amount and do not use commas, dots or a dollar sign.  
Range: Integer  
|  
ENDIF  
----------------------------------------------------------------------------------------------------------  
Q318_ (Q318_) NEW STOCK  
----------------------------------------------------------------------------------------------------------  
Did you buy or sell stocks or stock mutual funds since the time of the HRS interview in 2004?  
1. yes, I bought and sold stocks or stock mutual funds  
2. yes, I bought stocks or stock mutual funds  
3. yes, I sold stocks or stock mutual funds  
4. no - nothing bought or sold  
IF (Q316_) STOCK ASSETS = yes THEN  
|  
| --------------------------------------------------------------------------------------------------------  
| Q319_ (Q319_) MORE/LESS MONEY NOW  
--------------------------------------------------------------------------------------------------------  
Considering the total value of all your stocks and stock mutual funds, do you think it is more than, less than, or about the same as at the time of the HRS interview in 2004?  
1. had no stocks or stock mutual funds at that time  
2. more than in 2004  
3. less than in 2004  
4. about the same  
|  
IF (Q319_) MORE/LESS MONEY NOW = more than in 2004 or less than in 2004 THEN  
|  
| --------------------------------------------------------------------------------------------------------  
| Q320_ (Q320_) HOW MUCH MORE/LESS  
--------------------------------------------------------------------------------------------------------  
How much [more/less] than in 2004?  
Please enter an amount and do not use commas, dots or a dollar sign.
Thank you for participating in this study.
This is the end of the questionnaire. You have successfully submitted your responses.
You may exit your browser to leave this website.