

HRS 2007 Internet Questionnaire

MINTRO1 (MINT1) INTRO 1

Welcome to the 2007 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.

IU002_Connection (IU002) INTERNET CONNECTION

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

IU003_LastTime (IU003) LAST TIME INTERNET WAS USED FOR WEB PAGE

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

IU004_LastTime (IU004) LAST TIME INTERNET WAS USED FOR EMAIL

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

HQ006 (HQ006) CHILDHOOD DISEASES 2

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

HQ006b (HQ006b) CHILDHOOD DISEASES 3

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
15. drug or alcohol problems

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

|

|

| CHLD_1 (CHLD_1) CHILDHOOD QUESTION 1

|

| 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.

| CHLD_2 (CHLD_2) CHILDHOOD QUESTION 2

| 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
| the screen.
| 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

| CHLD_3 (CHLD_3) CHILDHOOD QUESTION 3

| 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

| CHLD_4 (CHLD_4) CHILDHOOD QUESTION 4

| 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

| CHLD_5 (CHLD_5) CHILDHOOD QUESTION 5

| What kind of school was this?
| String: 255

CHLD_6 (CHLD_6) CHILDHOOD QUESTION 6

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

IF (B00) MOVED TO ANOTHER STATE SINCE 2006 INTERVIEW = YES THEN

B00_STATE (B00_state) STATE MOVED TO

To which state did you move?

1. Alaska .. 56. Washington D.C.

ENDIF

B01 (B01) MEDICARE COVERAGE FOR HOSPITAL EXPENSES OR DOCTOR

Do you have Medicare coverage for your hospital expenses or doctors' visits?

1. Yes

2. No

3. I don't know

B02 (B02) INSURANCE COVERAGE FOR PRESCRIPTION DRUGS

Do you have any insurance coverage for prescription drugs? This could be either from a private health insurance policy or through Medicare, Medicaid or another public program.

1. Yes

2. No

3. I don't know

IF (B01) INSURANCE COVERAGE = 2. No OR 3. I don't know AND (B02) MEDICARE COVERAGE = 1. Yes OR 3. I don't know AND R had Medicare coverage in regular interview THEN

B03 (B03) INSURANCE COVERAGE FOR PRESCRIPTION DRUGS LAST

Did you have any insurance coverage for prescription drugs last year, in 2006?

1. Yes

2. No

3. I don't know

IF (B03) INSURANCE COVERAGE FOR PRESCRIPTION DRUGS LAST YEAR IN 2006 = Yes THEN

B07 (B07) 2006 PRESCRIPTION DRUG COVERAGE

What kind of prescription drug coverage did you have in 2006? (choose the one that best describes your previous coverage)

1. Medicare Part D
2. Medicare Advantage/Medicare HMO
3. Medicaid
4. VA or Tricare
5. From a current or former employer
6. A private plan purchased directly from an insurance company, like a Medigap plan
7. Other private coverage
8. Other government program

IF (B07) PRESCRIPTION DRUG COVERAGE = Medicare Part D OR Medicare Advantage/Medicare HMO THEN

What caused you to drop your Part D coverage after 2006?

B08A (B08a) I DON'T TAKE ENOUGH DRUGS TO MAKE IT

I don't take enough drugs to make it worthwhile.

1. Not important
2. Somewhat important
3. Very important

B08B (B08b) I COULDN'T AFFORD IT.

I couldn't afford it.

1. Not important
2. Somewhat important
3. Very important

B08C (B08c) THE PLAN I WAS IN CLOSED DOWN.

The plan I was in closed down.

1. Not important
2. Somewhat important
3. Very important

B08D (B08d) THE PLAN I WAS IN BECAME MORE EXPENSIVE.

The plan I was in became more expensive.

1. Not important
2. Somewhat important
3. Very important

B08E (B08e) THE PLAN I WAS IN DIDN'T COVER MY DRUGS.

The plan I was in didn't cover my drugs.

1. Not important
2. Somewhat important
3. Very important

B09 (B09) SIGN UP FOR PART D IN FUTURE

How likely is it that you will sign up for Part D in the future?

1. not very likely
2. somewhat likely
3. very likely

C_INTRO (C_I) INTRO TO SECTION C

Next, we would like to ask you some questions about how your plan works and how much you spent on drugs in 2006. Many Part D plans have a deductible - an amount you must pay yourself at the beginning of the year before the plan will start paying for your drugs. The standard Part D plan had a deductible of \$250 in 2006; your plan may have had a higher or lower deductible or none at all.

C1 (C1) DEDUCTIBLE IN 2006

Did your plan have a deductible in 2006?

1. yes
5. no

C2 (C2) DEDUCTIBLE AMOUNT

How much was your plan's deductible in 2006?

Range: Integer

C3 (C3) SPEND MORE THAN THE DEDUCTIBLE

Did you spend more on prescription drugs than the deductible in 2006?

1. yes

5. no

C_INTRO2 (C_I2) INTRO TO COVERAGE GAP QUESTIONS

Many Part D plans also have a point at which you have to start paying for most of your drugs yourself again. This is sometimes called the 'donut hole' or the 'coverage gap'. In the standard plan the gap began at \$2,250 in total costs and ended at \$5,100.

C4 (C4) COVERAGE GAP IN 2006 PLAN

Did your 2006 plan have a coverage gap?

1. yes

5. no

C5 (C5) REACH COVERAGE GAP IN 2006

Did you reach the coverage gap in 2006?

1. yes

5. no

IF (C5) REACH COVERAGE GAP IN 2006 = YES THEN

C6 (C6) SAVE MONEY ON DRUGS

During the gap in coverage, did you do any of the following to save money on your drugs (check all that apply).

1. I stopped taking one or more of my drugs because it was too expensive

2. I delayed refilling one or more of my drugs because it was too expensive

3. I took smaller doses to make my medicine last longer

4. I skipped doses to make my medicine last longer

5. I switched to a different drug, e.g. a generic drug or lower cost drug

6. I got free drug samples

7. I did not fill a new prescription because it was too expensive

8. I bought drugs outside of the U.S.

9. Other

IF (C6) SAVE MONEY ON DRUGS = 9. OTHER THEN

C6_OTHER (C6_O) OTHER SAVE MONEY ON DRUGS

Please specify what you did to save money on your drugs.

Open

ENDIF

ENDIF

C7 (C7) CUT SPENDING EARLY IN YEAR

Did you cut your spending early in the year to try to avoid reaching the gap?

1. yes

5. no

IF (C7) CUT SPENDING EARLY IN YEAR = YES THEN

C8 (C8) AVOID REACHING GAP

What did you do to try to avoid reaching the gap?

1. I stopped taking one or more of my drugs because it was too expensive

2. I delayed refilling one or more of my drugs because it was too expensive

3. I took smaller doses to make my medicine last longer

4. I skipped doses to make my medicine last longer

5. I switched to a different drug, e.g. a generic drug or lower cost drug

6. I got free drug samples

7. I did not fill a new prescription because it was too expensive

8. I bought drugs outside of the U.S.

9. Other

IF (C8) AVOID REACHING GAP = 9. OTHER THEN

C8_OTHER (C8_O) OTHER AVOID REACHING GAP

Please specify what you did to try to avoid reaching the gap.

Open

ENDIF

ENDIF

C9 (C9) THIS YEAR AVOID REACHING GAP

This year, are you doing anything to avoid reaching the gap?

1. Yes.
2. No; I don't think I will reach it.
3. No; I may reach it but if that happens I would be able to pay for my medicines myself.
4. No; because I have already reached it.

IF (C9) THIS YEAR AVOID REACHING GAP = Yes THEN

C10 (C10) AVOID REACHING GAP THIS YEAR

What are you doing this year to try to avoid reaching the gap?

1. I stopped taking one or more of my drugs because it was too expensive
2. I delayed refilling one or more of my drugs because it was too expensive
3. I took smaller doses to make my medicine last longer
4. I skipped doses to make my medicine last longer
5. I switched to a different drug, e.g. a generic drug or lower cost drug
6. I got free drug samples
7. I did not fill a new prescription because it was too expensive
8. I bought drugs outside of the U.S.
9. Other

IF (C9) AVOID REACHING GAP = 9. OTHER THEN

C10_OTHER (C10_O) OTHER AVOID REACHING GAP THIS YEAR

Please specify what you are doing this year to avoid reaching the gap.

Open

ENDIF

ENDIF

C11 (C11) DONUT HOLE

If you would like, please describe your experience with the 'donut hole' in Medicare Part D benefits, especially any strategies you may have used to cut your out-of-pocket spending on drugs.

Open

D1 (D1) PAY FOR YOUR PRESCRIPTIONS IN 2006

Thinking of your out-of-pocket costs, how easy or how difficult was it in 2006 for you to pay for your prescriptions?

1. Very easy
2. Somewhat easy
3. Neither easy nor difficult
4. Somewhat difficult
5. Very difficult

D2 (D2) DOCTOR ASKED ABOUT DRUG AFFORDABILITY

Has your doctor ever asked you whether you can afford the cost of your drugs?

1. yes
5. no

D3 (D3) 2006 TALK WITH DOCTOR ABOUT COST OF A PRESCRIBED

In 2006, did you ever talk with your doctor about the cost of a drug he or she prescribed for you?

1. yes
5. no

IF (D3) 2006 TALK WITH DOCTOR ABOUT COST OF A PRESCRIBED DRUG = 1. yes THEN

D4 (D4) HOW OFTEN TALK WITH DOCTOR ABOUT PRICE OF DRUG

How often do you and your doctor talk about the price of a drug when he or she writes you a prescription?

1. Never
2. Sometimes
3. Usually
4. Always

ELSE

D6 (D6) MAIN REASON WHY NOT

Could you tell us the main reason why not? (Please choose only one.)

1. I could afford my prescriptions

- 2. I was uncomfortable telling my doctor
- 3. I didn't think the doctor could do anything
- 4. I didn't have an appointment
- 5. Other

IF (D6) MAIN REASON WHY NOT = Other THEN

D6_OTHER (D6_O) OTHER MAIN REASON WHY NOT

Please specify the main reason.

Open

ENDIF

ENDIF

E1 (E1) PRESCRIPTION DRUG CHANGE BECAUSE OF PART D

When you first enrolled in Medicare Part D, did your prescription drugs change because of Part D?

- 1. No, nothing changed.
- 2. Yes; I added a drug for at least one condition
- 3. Yes; I switched drugs for at least one condition.
- 4. Yes; I stopped taking one of my drugs and did not start a new drug.
- 5. Yes; there were multiple changes.

IF (E1) PRESCRIPTION DRUG CHANGE BECAUSE OF PART D = Yes; I added a drug for at least one condition THEN

E2 (E2) DRUG YOU STARTED TAKING

What is the name of the drug you started taking?

Open

ELSE

IF (E1) PRESCRIPTION DRUG CHANGE BECAUSE OF PART D = Yes; I switched drugs for at least one condition. THEN

E3 (E3) CHANGE IN YOUR DRUG

Which of the following describes the change in your drug?

- 1. I switched from a brand name drug to a different brand name drug.
- 2. I switched from a brand name drug to a generic drug.
- 3. I switched from a generic drug to a different generic.
- 4. I switched from a generic drug to a brand name drug.
- 5. I switched from a brand name drug to something else - I'm not sure if it was brand name or generic.
- 6. I switched from a generic drug to something else - I'm not sure if it was brand name or generic.
- 7. I made multiple changes.
- 8. I don't know.
- 9. Other

IF (E3) CHANGE IN YOUR DRUG = Other THEN

E3_OTHER (E3_O) OTHER CHANGE IN YOUR DRUG

Please specify the change in your drug.

Open

ENDIF

If your drugs changed and you are not sure whether they are brand name or generic but you know their names, please fill them in here and we can look them up:

E6A (E6.E6a) 1-OLD

E6B (E6.E6b) 1-NEW

E6C (E6.E6c) 2-OLD

E6D (E6.E6d) 2-NEW

E6E (E6.E6e) 3-OLD

E6F (E6.E6f) 3-NEW

ELSE

IF (E1) PRESCRIPTION DRUG CHANGE BECAUSE OF PART D = Yes; I stopped taking one of my drugs and did not start a new drug. THEN

E4 (E4) NAME OF DRUG YOU STOPPED TAKING

Do you remember the name of the drug you stopped taking?

Open

```
ELSE
IF (E1) PRESCRIPTION DRUG CHANGE BECAUSE OF PART D = Yes;
there were multiple changes. THEN
-----
E5 (E5) MOST IMPORTANT CHANGE TO YOUR DRUGS
-----
Thinking about the most important change to your drugs: Which of the
following describes the change in your drug?
1. I switched from a brand name drug to a different brand name drug.
2. I switched from a brand name drug to a generic drug.
3. I switched from a generic drug to a different generic.
4. I switched from a generic drug to a brand name drug.
5. I switched from a brand name drug to something else - I'm not sure if
it was brand name or generic.
6. I switched from a generic drug to something else - I'm not sure if it
was brand name or generic.
7. I made multiple changes.
8. I don't know.
9. Other
IF (e5) MOST IMPORTANT CHANGE TO YOUR DRUGS = Other THEN
-----
E5_OTHER (E5_O) OTHER MOST IMPORTANT CHANGE TO
-----
Please specify the change in your drug.
Open
ENDIF
If your drugs changed and you are not sure whether they are brand
name or generic but you know their names, please fill them in here and
we can look them up:
-----
E6B (E6.E6b) 1-NEW
E6C (E6.E6c) 2-OLD
E6D (E6.E6d) 2-NEW
E6E (E6.E6e) 3-OLD
E6F (E6.E6f) 3-NEW
-----
ENDIF
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ENDIF

ENDIF

ENDIF

E7 (E7) OK FOR PHARMACIST TO SUBSTITUTE GENERIC DRUG

In general, is it OK with you for the pharmacist to substitute a generic drug for a brand-name drug that your physician has prescribed for you?

1. Yes
2. No
3. As long as the pharmacist says it is OK
4. As long as my doctor says it is OK
5. I'm not sure

F01_ (F01_) OUT-OF-POCKET COST - LAST MONTH

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? As always: If you don't know the answer, please leave it open.
Range: Integer

F02_ (F02_) PROBABILITY OUT-OF-POCKET COSTS GREATER \$800

Please think about what you yourself (or a family member who buys the drugs) might pay for your prescription drugs during this year; that is during all of 2007. Please include what you have already spent so far this year and also what you might spend by the end of the year. Do not include what is covered by insurance or what you pay for prescription drug insurance. On a scale from 0 to 100, where 0 means no chance and 100 means you are absolutely certain, what are the chances that your out-of-pocket cost of your prescription drugs will be more than \$800 during 2007?
Range: 0..100

F03_ (F03_) PROBABILITY OUT-OF-POCKET GREATER THAN \$3500

And what are the chances your out-of-pocket cost will be more than \$3500?
Range: 0..100

F_CONCLUSION (F_C) CONCLUDING COMMENTS

Conclusion: Is there anything else you would like to tell us about your experiences with Medicare Part D? We are interested in hearing what you have to say. Please write as much as you would like in the box below.

Open

ELSE

B10A (B10.B10a) I DON'T TAKE ENOUGH DRUGS TO MAKE IT

I don't take enough drugs to make it worthwhile.

1. Not important
2. Somewhat important
3. Very important

B10B (B10.B10b) I COULDN'T AFFORD IT.

I couldn't afford it.

1. Not important
2. Somewhat important
3. Very important

B10C (B10.B10c) THE PLAN I WAS IN CLOSED DOWN.

The plan I was in closed down.

1. Not important
2. Somewhat important
3. Very important

B10D (B10.B10d) THE PLAN I WAS IN BECAME MORE EXPENSIVE.

The plan I was in became more expensive.

1. Not important
2. Somewhat important
3. Very important

B10E (B10.B10e) THE PLAN I WAS IN DIDN'T COVER MY DRUGS.

The plan I was in didn't cover my drugs.

- 1. Not important
- 2. Somewhat important
- 3. Very important

B11 (B11) HEARD OF MEDICARE PART D

Beginning in 2006, Medicare began a program to provide coverage for prescription drugs. This is sometimes called 'Medicare Part D'. Have you heard of this program?

- 1. yes
- 5. no

IF (B11) HEARD OF MEDICARE PART D = NO THEN

Questions: D1 - F_CONCLUSION

ENDIF

B12A (B12.B12a) I DON'T USE ENOUGH PRESCRIPTION DRUGS TO

We'd like to know the reasons you did not enroll in Part D for 2007. How important were each of the following reasons.

I don't use enough prescription drugs to make it worthwhile.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B12B (B12.B12b) IT WAS TOO EXPENSIVE.

It was too expensive.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B12C (B12.B12c) THE DRUGS I TAKE WERE NOT COVERED.

The drugs I take were not covered.

- 1. Does not apply

- 2. Not important
- 3. Somewhat important
- 4. Very important

B12D (B12.B12d) IT WAS TOO CONFUSING.

It was too confusing.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B12E (B12.B12e) I GET MY DRUGS FROM THE VA.

I get my drugs from the VA.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B13 (B13) OTHER REASONS

Are there any other reasons why you did not enroll in Part D that you'd like to tell us about?

Open

B14 (B14) SIGN UP FOR PART D IN FUTURE

How likely is it that you will sign up for Part D in the future?

- 1. not very likely
- 2. somewhat likely
- 3. very likely

Questions: D1 - F_CONCLUSION

ENDIF

ENDIF

B04 (B04) HEARD OF MEDICARE PART D

Beginning in 2006, Medicare began a program to provide coverage for
prescription drugs. This is sometimes called 'Medicare Part D'. Have you heard
of this program?

- 1. yes
- 5. no

IF (B04) HEARD OF MEDICARE PART D = NO THEN

Questions: D1 - F_CONCLUSION

ENDIF

B05A (B05.B05a) I DON'T USE ENOUGH PRESCRIPTION DRUGS TO MAKE

I don't use enough prescription drugs to make it worthwhile.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B05B (B05.B05b) IT WAS TOO EXPENSIVE.

It was too expensive.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B05C (B05.B05c) THE DRUGS I TAKE WERE NOT COVERED.

The drugs I take were not covered.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B05D (B05.B05d) IT WAS TOO CONFUSING.

It was too confusing.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B05E (B05.B05e) I GET MY DRUGS FROM THE VA.

I get my drugs from the VA.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B06 (B06) OTHER REASONS FOR NOT ENROLLING

Are there any other reasons why you did not enroll in Part D that you'd like to tell us about?

Open

Questions: D1 - F_CONCLUSION

ELSE

IF (B01) MEDICARE COVERAGE = 2. No OR 3. I don't know THEN

Questions: D1 - F_CONCLUSION

ELSE

B15 = B7

IF (B15) 2006 PRESCRIPTION DRUG COVERAGE = Other private coverage THEN

B15_7 (B15_7) OTHER PRIVATE COVERAGE SPECIFICATION

Please specify what other private coverage.

```
|| | Open
|| |
|| | ELSE
|| |
|| | IF (B15) 2006 PRESCRIPTION DRUG COVERAGE = Other government
|| | program THEN
|| |
|| | -----
|| | B15_8 (B15_8) OTHER GOVERNMENT PROGRAM SPECIFICATION
|| | -----
|| | Please specify what other government program.
|| | Open
|| |
|| | ENDIF
|| |
|| | ENDIF
|| |
|| | IF (B15) 2006 PRESCRIPTION DRUG COVERAGE = 1. Medicare Part D OR
|| | 2. Medicare Advantage/Medicare HMO OR 3. Medicaid THEN
|| |
|| | -----
|| | B16 (B16) WHAT YOU KNOW ABOUT PART D PLANS IN YOUR AREA
|| | -----
|| | Please tell us which of the following statements best describes what you
|| | know about Medicare Part D plans in your area:
|| | 1. They're all pretty much the same, it doesn't matter which you choose.
|| | 2. There were a few plans that were bad deals for me, but a lot of pretty good
|| | ones.
|| | 3. Most of the plans were bad deals for me, but a few were pretty good.
|| | 4. I don't know much about the different plans.
|| |
|| | -----
|| | B17 (B17) HOW YOUR PLAN WAS CHOSEN
|| | -----
|| | Did you choose your own plan, did someone you know choose for you, or
|| | were you enrolled in it automatically?
|| | 1. I chose my own plan
|| | 2. Someone I knew chose for me
|| | 3. I was enrolled in it automatically
|| |
|| | IF (B17) HOW YOUR PLAN WAS CHOSEN = I was enrolled in it
|| | automatically THEN
|| |
|| | -----
|| | B22 (B22) HOW MUCH PER MONTH PAID IN PREMIMUMS
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About how much a month do you pay in premiums for this plan?

Range: Integer

B23 (B23) SAME DRUG COVERAGE PLAN NOW AS IN 2006

Did you have the same drug coverage plan in 2006 as you have now?

1. Yes, the same.
2. No, I was in a different plan.
3. No, I had no coverage for drugs in 2006.
4. I don't know

IF (B23) SAME DRUG COVERAGE PLAN NOW AS IN 2006 = Yes, the same. THEN

B27 (B27) LOOK AT OTHER PLANS FOR 2007

Did you look at other plans for 2007 before deciding to stay with the same plan?

1. yes
5. no

Questions: C_INTRO – C11

Questions: D1 - F_CONCLUSION

ELSE

IF (B23) SAME DRUG COVERAGE PLAN NOW AS IN 2006 = No, I was in a different plan. THEN

B24 (B24) PRESCRIPTION DRUG COVERAGE IN 2006

What kind of prescription drug coverage did you have in 2006? (Choose the one that best describes your previous coverage.)

1. Medicare Part D
2. Medicare Advantage/Medicare HMO
3. Medicaid
4. VA or Tricare

- 5. From a current or former employer
- 6. A private plan purchased directly from an insurance company, like a Medigap plan
- 7. Other private coverage
- 8. Other government program

IF (B24) PRESCRIPTION DRUG COVERAGE = 1. Medicare Part D OR
2. Medicare Advantage/Medicare HMO THEN

B25 (B25) PROVIDER AND PLANS IN 2006

What was the name of your provider and plan in 2006?

String: 255

B26A (B26.B26a) THE PLAN I WAS IN CLOSED DOWN.

How important were each of the following reasons for your decision to switch to a different Part D plan in 2007?

The plan I was in closed down.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B26B (B26.B26b) THE PLAN I WAS IN BECAME MORE EXPENSIVE.

The plan I was in became more expensive.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B26C (B26.B26c) THE PLAN I WAS IN DROPPED COVERAGE.

The plan I was in dropped coverage for one or more of my drugs

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B26D (B26.B26d) I FOUND A PLAN THAT WAS CHEAPER FOR ME.

I found a plan that was cheaper for me.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B26E (B26.B26e) THE PLAN I WAS IN DIDN'T COVER ALL MY

The plan I was in didn't cover all my drugs.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

B26F (B26.B26f) I FOUND A NEW PLAN THAT COVERED MORE OF

I found a new plan that covered more of my drugs.

- 1. Does not apply
- 2. Not important
- 3. Somewhat important
- 4. Very important

Questions C_INTRO - C11

Questions: D1 - F_CONCLUSION

ELSE

Questions: B12A – B14

Questions: D1 - F_CONCLUSION

ENDIF

ELSE

Questions: D1 - F_CONCLUSION

ENDIF

ENDIF

ELSE

B18_1 (B18) FACTORS 1

How important were each of the following factors to you in choosing a Part D plan?

Low monthly premium

1. Does not apply
2. Not important
3. Somewhat important
4. Very important

B18_2 (B18) FACTORS 2

Low annual deductible

1. Does not apply
2. Not important
3. Somewhat important
4. Very important

B18_3 (B18) FACTORS 3

The plan covers a specific drug or drugs that I take

1. Does not apply
2. Not important
3. Somewhat important
4. Very important

B18_4 (B18) FACTORS 4

The plan has a good price for a drug or drugs that I take

1. Does not apply
2. Not important

- 3. Somewhat important
- 4. Very important

B18_5 (B18) FACTORS 5

- Reputation of the company
- 1. Does not apply
 - 2. Not important
 - 3. Somewhat important
 - 4. Very important

B18_6 (B18) FACTORS 6

- The plan has no gap in coverage
- 1. Does not apply
 - 2. Not important
 - 3. Somewhat important
 - 4. Very important

B18_7 (B18) FACTORS 7

- Other
- 1. Does not apply
 - 2. Not important
 - 3. Somewhat important
 - 4. Very important

IF (B18) 6. Other IN FACTORS THEN

B18_OTHER (B18_O) OTHER FACTOR

Please specify what other factor.

Open

ENDIF

IF (B18) 3. The plan covers a specific drug or drugs that I take OR 4. The plan has a good price for a drug or drugs that I take IN FACTORS THEN

What are the prescription drugs that were important in which plan you chose?

B19A (B19.B19a) 1.

B19B (B19.B19b) 2.

B19C (B19.B19c) 3.

STRING: 40

ENDIF

B21 (B21) PROVIDER AND PLANS

What is the name of your Part D/Medicare Advantage insurance provider, and which of their plans do you have?

String: 255

B22 (B22) HOW MUCH PER MONTH PAID IN PREMIMUMS

About how much a month do you pay in premiums for this plan?

Range: Integer

B23 (B23) SAME DRUG COVERAGE PLAN NOW AS IN 2006

Did you have the same drug coverage plan in 2006 as you have now?

1. Yes, the same.
2. No, I was in a different plan.
3. No, I had no coverage for drugs in 2006.
4. I don't know

IF (B23) SAME DRUG COVERAGE PLAN NOW AS IN 2006 = Yes, the same. THEN

B27 (B27) LOOK AT OTHER PLANS FOR 2007

Did you look at other plans for 2007 before deciding to stay with the same plan?

1. yes
5. no

Questions: C_INTRO – C11

```
-----
| | | | Questions: D1 - F_CONCLUSION
| | | | -----
| | | | ELSE
| | | |
| | | | IF (B23) SAME DRUG COVERAGE PLAN NOW AS IN 2006 = No, I was in
| | | | a different plan. THEN
| | | |
| | | | Questions: B24 – F_CONCLUSION
| | | | -----
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | ELSE
| | | |
| | | | -----
| | | | Questions: D1 - F_CONCLUSION
| | | | -----
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
```

SS000 (S000) CURRENTLY WORKING

Are you currently working for pay?

- 1. yes
- 5. no

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

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
-

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)
-

SS001overall (SS001ove) OVERALL SATISFACTION WITH RETIREMENT

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)

| ELSE

SS002 (SS002) PERCENT CHANCE TO RECEIVE SOCIAL SECURITY IN

| 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

SS018I (SS018) INTRO RECEIVE SS BENEFITS IN FUTURE

| 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

SS003A.amount (SS003A_A) AMOUNT

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

| Range: Integer

SS003A_verification (SS003A_V) VERIFICATION OF AMOUNT

| This number is very important for the survey: You just entered
| **[\$[EXPECTED AMOUNT OF MONTHLY SOCIAL SECURITY BENEFIT]**
| per month for your expected Social Security benefits. Is this what
| you meant to enter?

- | 1. Yes, continue.
- | 2. No, I want to change it.

IF (SS003A_V) VERIFICATION OF AMOUNT OF MONTHLY SOCIAL

SECURITY BENEFIT = No, I want to change it. THEN

SS003A_NEWAMOUNT (SS003A_N) EXPECTED AMOUNT OF

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

Range: Integer

END FILTER

IF randomly selected for visual representation of thresholds THEN

intro (SSBall1) INTRO 1 BALL QUESTION

Often people are uncertain about their future Social Security benefits. In the next question, we ask you to think about what your monthly benefits might 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

<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.

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

||| IF all balls in one bin or in two adjacent bins THEN

||| BALLSEXTRAPH (BallsExtraPHP) START BALLS EXTRA

||| Thank you for your answer. In order to get more precise information, we
||| have now narrowed the size of the bins. By clicking on the + and - buttons
||| under each bin, please put the 20 balls into the 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

||| ENDIF

||| ELSE

||| SS004A_INTRO (SS004A_Intro) SS004A INTRO

||| Often people are uncertain about their future Social Security benefits. In the
||| next few questions we will ask you about the chances that your future Social
||| Security benefits might turn out to be [higher/lower] or [lower/higher] than
||| [certain values/\$[AMOUNT] per month].

||| IF RANDOMLY SELECTED FOR THIS MODULE THEN

||| SS004AA (SS004Aa) CHANGE MORE THAN EXPECTED 1

||| Now what about the chances that your Social Security benefits might be
||| higher: On a scale from 0 to 100, where 0 means no chance and 100
||| means you are absolutely certain, what do you think is the percent chance
||| that your Social Security benefits will be more than \$[AMOUNT] per
||| month?

||| Range: 0..100

||| IF (SS004Aa) CHANGE MORE THAN EXPECTED 1 > 0 THEN

||| SS004AB (SS004Ab) CHANGE MORE THAN EXPECTED 2

||| Still about the chances that your Social Security benefits might be
||| higher: On the same scale, what do you think is the percent chance that
||| your Social Security benefits will be more than \$[AMOUNT] per month?

Range: 0..100

ENDIF

SS004AC (SS004Ac) CHANGE LESS THAN EXPECTED 3

Now what about the chances that your Social Security benefits might be lower?: On a scale from 0 to 100, where 0 means no chance and 100 means you are absolutely certain, what do you think is the percent chance that your Social Security benefits will be less than \$[AMOUNT] per month?

Range: 0..100

IF (SS004Ac) CHANGE LESS THAN EXPECTED 3 > 0 THEN

SS004AD (SS004Ad) CHANGE LESS THAN EXPECTED 4

Still about the chances that your Social Security benefits might be lower: On the same scale, what do you think is the percent chance that your Social Security benefits will be less than \$[AMOUNT] per month?

Range: 0..100

ENDIF

ELSE

IF (SS004Ac) CHANGE LESS THAN EXPECTED 3 > 0 THEN

SS004AD_DUPE (SS004Ad) CHANGE LESS THAN EXPECTED 4

Still about the chances that your Social Security benefits might be lower: On the same scale, what do you think is the percent chance that your Social Security benefits will be less than \$[AMOUNT] per month?

Range: 0..100

ENDIF

SS004AA_DUPE (SS004Aa) CHANGE MORE THAN EXPECTED 1

Now what about the chances that your Social Security benefits might be higher: On a scale from 0 to 100, where 0 means no chance and 100 means you are absolutely certain, what do you think is the percent chance that your Social Security benefits will be more than \$[AMOUNT] per

month?

Range: 0..100

IF (SS004Aa) CHANGE MORE THAN EXPECTED 1 > 0 THEN

SS004AB_DUPE (SS004Ab) CHANGE MORE THAN EXPECTED 2

Still about the chances that your Social Security benefits might be higher: On the same scale, what do you think is the percent chance that your Social Security benefits will be more than \$[AMOUNT] per month?

Range: 0..100

ENDIF

ENDIF

ENDIF

SS005A (SS005A) EXPECTED AGE TO START RECEIVING SOCIAL

At what age do you expect to start collecting these benefits?

Range: 0..120

INTRO (SSBallInt1) INTRO 1 BALL QUESTION

Often people are uncertain about when they will start collecting their Social Security benefits. In the next question, we ask you about the age at which you will start collecting these benefits. On the next screen we will show you 20 balls that you can put in eight different bins. Each bin stands for a particular age. Please put the balls in the bins to show the chances that you will start collecting at each age. The more likely a particular age, the more balls you should assign to that age. For example, if age 63 is most likely you should put more balls in bin 63 than in any other bin.

Here is another example.

INTRO2 (SSBallInt2) INTRO 2 BALL QUESTION

<image of 20 balls divided into 5 bins>

Bin 64 has the most balls so this person thinks the chances are greatest that he will start collecting benefits at age 64. Because 12 out of 20 balls are in this bin he thinks the chances are 12 out of 20 or 60 percent.

There is a smaller chance, 8 out of 20 or 40 percent, that he will start

collecting benefits at age 65. Because all 20 balls are in bins 64 or 65 this person is certain he will first collect benefits at either 64 or 65.

Also, there are no balls in any other bins so this person believes there is no chance that he will start collecting benefits before age 64 or after age 65.

Of course this is just an example. 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 5 bins such that it reflects what you think are the chances out of 20 that you will start collecting Social Security at that age.

String: 255

ELSE

SS61 (SS61) AGE START COLLECTING BENEFITS 1

Often people are uncertain about when 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

On the same 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

SS003B.amount (SS003B_A) AMOUNT

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

SS003B_VERIFICATION (SS003B_V) VERIFICATION OF AMOUNT OF MO

This number is very important for the survey: You just entered
\$[EXPECTED AMOUNT OF MONTHLY SOCIAL SECURITY BENEFIT]

per month for your expected Social Security benefits. Is this what you meant to enter?

1. Yes, continue.
2. No, I want to change it.

IF (SS003B_V) VERIFICATION OF AMOUNT OF MO = No, I want to change it. THEN

SS003B_NEWAMOUNT (SS003B_Newamount) EXPECTED AMOUNT OF

If you were to start collecting Social Security benefits at age [EXPECTED AGE TO START RECEIVING SOCIAL SECURITY] how much do you expect your monthly Social Security benefits to be in today's dollars?

Range: Integer

ENDIF

IF randomly selected for visual representation of thresholds THEN

intro (SSBall1) INTRO 1 BALL QUESTION

Often people are uncertain about 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

<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.

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

IF all balls in one bin or in two adjacent bins THEN

BALLSEXTRAPHP (BallsExtraPHP) START BALLS EXTRA

Thank you for your answer. In order to get more precise information, we have now narrowed the size of the bins. By clicking on the + and - buttons under each bin, please put the 20 balls into the 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

ENDIF

ELSE

SS004B_INTRO (SS004B_Intro) SS004B INTRO

Often people are uncertain about their future Social Security benefits. In the next few questions we will ask you about the chances that your future Social Security benefits might turn out to be [higher/lower] or [lower/higher] than [certain values/\$[AMOUNT] per month].

IF RANDOMLY SELECTED FOR THIS MODULE THEN

SS004BA (SS004Ba) CHANGE MORE THAN EXPECTED 1

Now what about the chances that your Social Security benefits might be higher: On a scale from 0 to 100, where 0 means no chance and 100 means you are absolutely certain, what do you think is the percent chance that your Social Security benefits will be more than \$[AMOUNT] per month if you were to start collecting at [EXPECTED AGE TO START

RECEIVING SOCIAL SECURITY]?

Range: 0..100

```
IF (SS004Ba) CHANGE MORE THAN EXPECTED 1 > 0 THEN
-----
SS004BB (SS004Bb) CHANGE MORE THAN EXPECTED 2
-----
Still about the chances that your Social Security benefits might be higher:
On the same scale, what do you think is the percent chance that your
Social Security benefits will be more than $[AMOUNT] per month if you
were to start collecting at [EXPECTED AGE TO START RECEIVING
SOCIAL SECURITY]?
Range: 0..100
ENDIF
-----
SS004BC (SS004Bc) CHANGE LESS THAN EXPECTED 3
-----
Now what about the chances that your Social Security benefits might be
lower?: On a scale from 0 to 100, where 0 means no chance and 100
means you are absolutely certain, what do you think is the percent chance
that your Social Security benefits will be less than $[AMOUNT] per month if
you were to start collecting at [EXPECTED AGE TO START RECEIVING
SOCIAL SECURITY]?
Range: 0..100
IF (SS004Bc) CHANGE LESS THAN EXPECTED 3 > 0 THEN
-----
SS004BD (SS004Bd) CHANGE LESS THAN EXPECTED 4
-----
Still about the chances that your Social Security benefits might be
lower: On the same scale, what do you think is the percent chance that
your Social Security benefits will be less than $[AMOUNT] per month if
you were to start collecting at [EXPECTED AGE TO START RECEIVING
SOCIAL SECURITY]?
Range: 0..100
ENDIF
ELSE
IF (SS004Bc) CHANGE LESS THAN EXPECTED 3 > 0 THEN
-----
SS004BD_DUPE (SS004Bd) CHANGE LESS THAN EXPECTED 4
```



```
-----
| | | | Still about the chances that your Social Security benefits might be
| | | | lower: On the same scale, what do you think is the percent chance that
| | | | your Social Security benefits will be less than $[AMOUNT] per month if
| | | | you were to start collecting at [EXPECTED AGE TO START RECEIVING
| | | | SOCIAL SECURITY]?
| | | | Range: 0..100
| | | |
| | | | ENDIF
| | | |
| | | | -----
| | | | SS004BA_DUPE (SS004Ba) CHANGE MORE THAN EXPECTED 1
| | | | -----
| | | | Now what about the chances that your Social Security benefits might be
| | | | higher: On a scale from 0 to 100, where 0 means no chance and 100
| | | | means you are absolutely certain, what do you think is the percent chance
| | | | that your Social Security benefits will be more than $[AMOUNT] per month
| | | | if you were to start collecting at [EXPECTED AGE TO START RECEIVING
| | | | SOCIAL SECURITY]?
| | | | Range: 0..100
| | | |
| | | | IF (SS004Ba) CHANGE MORE THAN EXPECTED 1 > 0 THEN
| | | |
| | | | -----
| | | | SS004BB_DUPE (SS004Bb) CHANGE MORE THAN EXPECTED 2
| | | | -----
| | | | Still about the chances that your Social Security benefits might be
| | | | higher: On the same scale, what do you think is the percent chance that
| | | | your Social Security benefits will be more than $[AMOUNT] per month if
| | | | you were to start collecting at [EXPECTED AGE TO START RECEIVING
| | | | SOCIAL SECURITY]?
| | | | Range: 0..100
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | ENDIF
| | | |
| | | | -----
| | | | SS0_1 (SS0_1) CHANGE IN SOCIAL SECURITY SOMETIME IN THE NEXT
| | | | -----
| | | | 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

SS006 (SS006) PERCENT CHANCE THAT THE CURRENT BENEFIT TO B

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

SS006_W (SS006W) PERCENT CHANCE CHANGED TO SS NEXT 10

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

SP1 (SP1) TABLE RESPONSES TO SS CUTS

In the next questions, we ask you to think about what you would do differently if everyone's Social Security benefits, including your own, were cut by 30 percent. Would you...

SP1a (SP1a) WORK LONGER OR RETURN TO WORK

Work longer/Return to work

- 1. Definitely yes
- 2. Maybe
- 3. Definitely not

SP1b (SP1b) CLAIM SS LATER

Claim Social Security benefits later

- 1. Definitely yes
- 2. Maybe
- 3. Definitely not

SP1c (SP1c) SPEND LESS BEFORE RETIREMENT

Before retirement: spend less (and therefore save more)

- 1. Definitely yes
- 2. Maybe
- 3. Definitely not

SP1d (SP1d) REDUCE SPENDING AFTER RETIREMENT

After retirement: reduce spending

- 1. Definitely yes
- 2. Maybe
- 3. Definitely not

SP1e (SP1e) SPEND THE SAME AS PLANNED AFTER RETIREMENT

After retirement: spend the same as originally planned (and therewith spend down wealth faster)

- 1. Definitely yes
- 2. Maybe
- 3. Definitely not

IF (SP1a) WORK LONGER OR RETURN TO WORK <> Definitely not THEN

SP1_1_1 (SP1_1_1) AGE AT WHICH EXPECT TO STOP WORKING

You said that you would consider [working longer/returning to work] in response to a 30 percent cut in Social Security benefits. At what age would you expect to stop working?

Range: Integer

ENDIF

IF (SP1b) CLAIM SS LATER <> Definitely not THEN

SP1_2_1 (SP1_2_1) AGE AT WHICH EXPECT TO COLLECT SS BENEFIT

You said that you would consider claiming Social Security benefits later than originally planned. At what age would you expect to start collecting Social Security benefits if Social Security benefits were cut by 30 percent?

Range: Integer

INTRO (SSBallInt1) INTRO 1 BALL QUESTION

Often people are uncertain about when they will start collecting their Social Security benefits. In the next question, we ask you about the age at which you will start collecting these benefits. On the next screen we will show you 20 balls that you can put in eight different bins. Each bin stands for a particular age. Please put the balls in the bins to show the chances that you will start collecting at each age. The more likely a particular age, the more balls you should assign to that age. For example, if age 63 is most likely you should put more balls in bin 63 than in any other bin. Here is another example.

IF respondent has not seen example table before THEN

INTRO2 (SSBallInt2) INTRO 2 BALL QUESTION

<image of 20 balls divided into bins>

Bin 64 has the most balls so this person thinks the chances are greatest that he will start collecting benefits at age 64. Because 12 out of 20 balls are in this bin he thinks the chances are 12 out of 20 or 60 percent. There is a smaller chance, 8 out of 20 or 40 percent, that he will start collecting benefits at age 65. Because all 20 balls are in bins 64 or 65 this person is certain he will first collect benefits at either 64 or 65. Also, there are no balls in any other bins so this person believes there is no chance that he will start collecting benefits before age 64 or after age 65. Of course this is just an example. The chances you have in mind may be completely different. Now it's your turn! Choose next to start allocating balls.

ENDIF

INTRO3 (SSBallInt3) INTRO 3 BALL AGE QUESTION

Assuming that Social Security benefits are 30% lower, please tell us about when you would expect to claim your Social Security benefits.

BallsPHP (BallsPHP) START BALLS MODULE

By clicking on the + and - buttons under each bin, please put the 20 balls into the bins.

ENDIF

IF (SP1c) SPEND LESS BEFORE RETIREMENT <> Definitely not THEN

SP1_3A (SP1_3) REDUCE SPENDING IMMEDIATELY

You said that you would consider reducing your household spending (and therewith increase your saving) before retirement in response to a 30 percent cut in Social Security benefits.

Would you reduce your household spending immediately or wait a few years with this adjustment?

Reduce spending immediately

1. No
2. Yes

SP1_3B (SP1_3) REDUCE SPENDING IN HOW MANY YEARS

Reduce spending in how many years?

Range: Integer

SP1_3_2 (SP1_3_2) HOW MUCH REDUCE SPENDING

By how much would you reduce your household spending?

Range: Integer

ENDIF

IF (SP1d) REDUCE SPENDING AFTER RETIREMENT <> Definitely not THEN

```
SP1_4_1 (SP1_4_1) REDUCE SPENDING AFTER RETIREMENT
-----
You said that you would consider reducing your household spending after
retirement in response to a 30 percent cut in Social Security benefits. By how
much would you reduce your household spending in retirement compared to
what you had anticipated it would be without the cut in Social Security
benefits?
Range: Integer
ENDIF
|
| ENDIF
|
| ENDIF
|
| ENDIF
```

```
IF randomly selected for consumption modules THEN
|
| -----
| INTRO (M1_Intro) INTRO GROUP A
| -----
| We would like to know how families spend their money. For the next questions
| we would like you to think about your spending over the last 12 months on
| various items. Please include purchases by all members of your household, that
| is, by you or anyone living with you. If you can't remember the exact amount,
| please give us your best estimate.
|
```

```
-----
C_1.BC_1 (M1_C1) AMOUNT SPENT LAST 12 MONTHS
-----
Over the last 12 months, how much did your household spend on clothing and
apparel, including footwear, outerware, and products such as watches or
jewelry?
Range: Integer, C_1.BC_2: NO MONEY SPENT IN LAST 12 MONTHS
```

```
IF (M1_C1) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
|
| -----
| C_1_MORE (C_1_M) LAST 12 MONTHS SHOP
| -----
| About how often did you or other members of your household shop for clothing
| and apparel over the last 12 months?
| Range: Integer
|
```

```
-----
C_1.BC_3 FOLLOW UP SPENDING
-----
```

| | What about your spending last month? What was your household's actual
| | spending last month on clothing and apparel, including footwear, outerware,
| | and products such as watches or jewelry?

| | Range: Integer

| |
| | ENDIF

| | C_2.BC_1 (M1_C2) AMOUNT SPENT LAST 12 MONTHS

| | Over the last 12 months, how much did your household spend on trips and
| | vacations, including transportation, accommodations, and recreational
| | expenses on trips?

| | Range: Integer, C_2.BC_2: NO MONEY SPENT IN LAST 12 MONTHS

| | IF (M1_C2) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

| | C_2_MORE (C_2_M) LAST 12 MONTHS

| | About how many trips and/or vacations did you or other members of your
| | household take in the last 12 months?

| | Range: Integer

| | C_2.BC_3 FOLLOW UP SPENDING

| | We just asked you how much your household spent on trips and vacations,
| | including transportation, accommodations, and recreational expenses on trips
| | in the last 12 months. What about your spending last month? What was your
| | household's actual spending last month on trips and vacations, including
| | transportation, accomodations, and recreational expenses?

| | Range: Integer

| |
| | ENDIF

| | C_4.BC_1 (M1_C4) AMOUNT SPENT LAST 12 MONTHS

| | Over the last 12 months, how much did your household spend on home repairs
| | and maintenance, such as materials plus any costs for hiring a professional?

| | Range: Integer, C_4.BC_2: NO MONEY SPENT IN LAST 12 MONTHS

| | IF (M1_C4) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

```
| C_4_MORE (C_4_M) LAST 12 MONTHS
|-----
| About how often did you or other members of your household spend money on
| home repairs and maintenance over the last 12 months?
| Range: Integer
|
|-----
| C_4.BC_3 (BC_3) FOLLOW UP SPENDING
|-----
| What about your spending last month? What was your household's actual
| spending last month on home repairs and maintenance, such as materials plus
| any costs for hiring a professional?
| Range: Integer
|
| ENDIF
|
|-----
| C_5.BC_1 (M1_C5) AMOUNT SPENT LAST 12 MONTHS
|-----
| Over the last 12 months, how much did your household spend on health care
| services, such as out-of-pocket costs of hospital care, doctor services, lab tests,
| eye, dental, and nursing home care?
| Range: Integer, C_5.BC_2: NO MONEY SPENT IN LAST 12 MONTHS
|
| IF (M1_C5) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
|
|-----
| C_5_MORE (C_5_M) LAST 12 MONTHS
|-----
| About how often did you or other members of your household spend money on
| health care services over the last 12 months?
| Range: Integer
|
|-----
| C_5.BC_3 (BC_3) FOLLOW UP SPENDING
|-----
| What about your spending last month? What was your household's actual
| spending last month on health care services, such as out-of-pocket costs of
| hospital care, doctor services, lab tests, eye, dental, and nursing home care?
| Please include only the out-of-pocket costs, not what was covered by
| insurance.
| Range: Integer
|
| ENDIF
|
|-----
```


C_7.BC_1 (M1_C7) AMOUNT SPENT LAST 12 MONTHS

Over the last 12 months, what was the total value of cash or gifts you or members of your household gave or paid to family and friends outside your household, including alimony and child support payments?

Range: Integer, C_7.BC_2: NO MONEY SPENT IN LAST 12 MONTHS

IF (M1_C7) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

C_7_MORE (C_7_M) LAST 12 MONTHS

About how often did you or other members of your household make these gifts or payments to family and friends outside your household over the last 12 months?

Range: Integer

C_7.BC_3 (BC_3) FOLLOW UP SPENDING

What about gifts and payments last month? What was the total value of cash or gifts to family and friends outside your household last month, including alimony and child support payments?

Range: Integer

ENDIF

INTRO_2 (M1_Intro_2) INTRO GROUP A PART 2

The next items we will ask you about are items that people tend to purchase more frequently, like telephone, and we would like to find out what your household spends on these in a typical or usual month.

C_10.BC_1 (M1_C10) AMOUNT SPENT LAST 12 MONTHS

Thinking of the last 12 months, how much did your household usually spend in a month on telephone, cable and internet?

Range: Integer, C_10.BC_2: NO MONEY SPENT IN LAST 12 MONTHS

IF (M1_C10) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

C_10.BC_3 (BC_3) FOLLOW UP SPENDING

What about last month? What was your household's actual spending on telephone, cable and internet last month?

Range: Integer

ENDIF

C_8_screener (C_8_S) TAKE MEDICATIONS ON A REGULAR BASIS

Do you or anybody in your household take any prescription or non-prescription medications on a regular basis?

1. Yes

2. No

IF (C_8_S) TAKE MEDICATIONS ON A REGULAR BASIS = Yes THEN

C_8.BC_1 (M1_C8) AMOUNT SPENT LAST 12 MONTHS

How much does your household usually spend in a month on prescription and nonprescription medications? Please, include only the out-of-pocket cost, not what was covered by insurance.

Range: Integer, C_8.BC_2: NO MONEY SPENT IN LAST 12 MONTHS

IF (M1_C8) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

C_8.BC_3 (BC_3) FOLLOW UP SPENDING

What about last month? What was your household's actual spending on prescription and nonprescription medications last month?

Range: Integer

C_8_MORE (C_8_more) LAST 12 MONTHS

Now thinking about the last 12 months, how much did your household spend on prescription and non-prescription medication? Please, include only the out-of-pocket cost, not what was covered by insurance.

Range: Integer

ENDIF

ELSE

```

| C_8a1 (C_8a1) SPENT ON MEDICATIONS IN LAST MONTH
| -----
| What about actual spending? How much, if any, did your household spend on
| prescription and nonprescription medications last month? Please, include only
| the out-of-pocket cost, not what was covered by insurance.
| Range: Integer
|
| -----
| C_8a2 (C_8a2) SPENT ON MEDICATIONS IN LAST 12 MONTHS
| -----
| Now thinking of the last 12 months: How much did your household spend, if
| any, on prescription and nonprescription medications in the last 12
| months?
| Range: Integer
|
| ENDIF
|
| -----
| C_11_screener (C_11_S) EAT OUT AT LEAST ONCE A MONTH
| -----
| Do you or members of your household usually eat out including take-out food,
| or spend money in bars or cafes at least once a month?
| 1. Yes
| 2. No
|
| IF (C_11_S) EAT OUT AT LEAST ONCE A MONTH = Yes THEN
|
| -----
| C_11.BC_1 (M1_C11) AMOUNT SPENT LAST 12 MONTHS
| -----
| How much does your household usually spend in a month on dining and
| drinking out, that is spending in restaurants, cafes, bars and diners, including
| take-out food.
| Range: Integer, C_11.BC_2: NO MONEY SPENT IN LAST 12 MONTHS
|
| IF (M1_C11) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
|
| -----
| C_11.BC_3 (BC_3) FOLLOW UP SPENDING
| -----
| What about last month? What was your household's actual spending on
| dining and drinking out, that is spending in restaurants, cafes, bars and
| diners, including take-out food last month?
| Range: Integer
|
| -----

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```

| | C_11_MORE (C_11_M) LAST 12 MONTHS
| | -----
| | Now thinking about the last 12 months, how much did your household spend
| | on eating and drinking out in the last 12 months?
| | Range: Integer
| |
| | ENDIF
| |
| | ELSE
| | -----
| | C_11a1 (C_11a1) SPENT ON EATING AND DRINKING OUT IN LAST
| | -----
| | What about last month? How much, if any, did your household spend last
| | month on eating and drinking out, that is spending in restaurants, cafes, bars
| | and diners, including take-out food?
| | Range: Integer
| |
| | -----
| | C_11a2 (C_11a2) SPENT ON EATING AND DRINKING OUT IN LAST 12
| | -----
| | Now thinking of the last 12 months: How much, if anything, did your household
| | spend on eating and drinking out in the last 12 months?
| | Range: Integer
| |
| | ENDIF
| |
| | -----
| | C_12.BC_1 (M1_C12) AMOUNT SPENT LAST 12 MONTHS
| | -----
| | About how much does your household usually spend in a month on food and
| | beverages (including alcoholic beverages), that you buy in grocery or other
| | stores?
| | Range: Integer, C_12.BC_2: NO MONEY SPENT IN LAST 12 MONTHS
| |
| | IF (M1_C12) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
| | -----
| | C_12.BC_3 FOLLOW UP SPENDING
| | -----
| | What about your spending last month? What was your household's actual
| | spending last month on food and beverages (including alcoholic beverages),
| | that you buy in grocery or other stores?
| | Range: Integer
| |
| | -----

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```
| C_12_MORE (C_12_M) LAST 12 MONTHS
|-----
| About how often in a month do you or members of your household shop for
| food and beverages (including alcoholic beverages), that you buy in grocery or
| other stores?
| Range: Integer
|
| ENDIF
|-----
| C_13.BC_1 (M1_C13) AMOUNT SPENT LAST 12 MONTHS
|-----
| About how much does your household usually spend on gasoline in a
| month?
| Range: Integer, C_13.BC_2: NO MONEY SPENT IN LAST 12 MONTHS
|
| IF (M1_C13) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
|-----
| C_13_MORE (C_13_M) SHOP FOR GASOLINE PER MONTH
|-----
| About how often in a month do you or members of your household buy
| gasoline?
| Range: Integer
|-----
| C_13.BC_3 FOLLOW UP SPENDING
|-----
| What about your spending last month? What was your household's actual
| spending on gasoline last month?
| Range: Integer
|-----
| C_13_MORE2 (C_13_M2) SPENT ON GASOLINE LAST WEEK
|-----
| And what about <b>last week</b>? How much did your household spend on
| gasoline last week?
| Range: Integer
|
| ENDIF
|
| ELSE
|-----
| INTRO (M2_Intro) INTRO GROUP B
|-----
```

We would like to know how families spend their income. For the next questions we would like you to think about your spending over the last 12 months on various items. Please include purchases by all members of your household, that is, by you or anyone living with you. If you can't remember the exact amount, please give us your best estimate. You can either report the total your household spent on that item over the last 12 months or you can tell us what your household spent on that item last month, whichever you find easiest. For example, we will ask how much your household spends on clothing. You could then either state the amount your household spent last month or how much your household spent in total in the last 12 months. The next block has items that some people do not purchase on a regular basis. Please use the time period that best reflects your spending over the last 12 months to estimate what you actually spent. For example, if your household's spending on clothing was fairly evenly distributed over the year, then you can choose whether to report the average monthly amount or the total amount spent in the last 12 months, whichever you find easier. But if your household's spending on clothing in the last year was irregular or concentrated in just a few months then please report your best estimate of the total amount your household spent on clothing in the last 12 months.

BC_1 (M2_C1a) AMOUNT SPENT LAST MONTH

BC_2 (M2_C1b) AMOUNT SPENT LAST 12 MONTHS

BC_3 (M2_C1c) NO MONEY SPENT LAST 12 MONTHS

How much did your household spend on clothing and apparel, including footwear, outerware, and products such as watches or jewelry?

Range: Integer

IF (M2_C1a) AMOUNT LAST MONTH <> EMPTY THEN

C_1_MORE1 (C_1_M1) LAST 12 MONTHS SPENT ON CLOTHING AND

Would you also give us your best estimate of what your household spent in the last 12 months on clothing and apparel, including footwear, outerware, and products such as watches or jewelry?

Range: Integer

C_1_MORE2 (C_1_M2) LAST 12 MONTHS SHOPPED FOR CLOTHING

About how often did you or other members of your household shop for clothing and apparel over the last 12 months?

Range: Integer

ELSE

IF 2 (M2_C1b) AMOUNT LAST 12 MONTHS <> EMPTY THEN

C_1_MORE3 (C_1_M3) LAST 12 MONTHS SHOPPED FOR CLOTHING

About how often did you or other members of your household shop for clothing and apparel over the last 12 months?

Range: Integer

C_1_MORE4 (C_1_M4) LAST MONTH SPENT ON CLOTHING AND

We would also like to find how spending varied across families last month. Would you also give us your best estimate of what your household spent last month on clothing and apparel, including footwear, outerware, and products such as watches or jewelry?

Range: Integer

ENDIF

ENDIF

IF (M2_C1c) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN

BC_4 (BC_4) FOLLOW UP SPENDING

You just told us what your household spent on clothing and apparel, including footwear, outerware, and products such as watches or jewelry [in the last month/in the last 12 months]. [Would you also give us your best estimate of what your household spent on this in the last 12 months?/ We would also like to find how spending varies across families in a particular month. Would you also give us your best estimate of what your household spent on this last month?]

Range: Integer

ENDIF

BC_1 (M2_C2a) AMOUNT SPENT LAST MONTH

BC_2 (M2_C2b) AMOUNT SPENT LAST 12 MONTHS

BC_3 (M2_C2c) NO MONEY SPENT LAST 12 MONTHS

How much did your household spend on trips and vacations, including

transportation, accommodations, and recreational expenses on trips?
Range: Integer

IF (M2_C2a) AMOUNT SPENT LAST MONTH <> EMPTY THEN

C_2_MORE1 (C_2_M1) LAST 12 MONTHS SPENT ON TRIPS AND

Would you also give us your best estimate of what your household spent in the last 12 months on trips and vacations, including transportation, accommodations, and recreational expenses on trips?

Range: Integer

C_2_MORE2 (C_2_M2) LAST 12 MONTHS TRIPS AND VACATIONS

How many trips did you or other members of your household take in the last 12 months?

Range: Integer

ELSE

IF (M2_C2b) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

C_2_MORE3 (C_2_M3) LAST 12 MONTHS TRIPS AND VACATIONS

How many trips did you or other members of your household take in the last 12 months?

Range: Integer

C_2_MORE4 (C_2_M4) LAST MONTH SPENT ON TRIPS AND

We would also like to find how spending varied across families last month. Would you also give us your best estimate of what your household spent on trips and vacations, including transportation, accommodations, and recreational expenses last month?

Range: Integer

ENDIF

ENDIF

IF (M2_C2c) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN


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-----
BC_4 (BC_4) FOLLOW UP SPENDING
-----
You just told us what your household spent on trips and vacations, including
transportation, accommodations, and recreational expenses on trips
[in the last month/in the last 12 months].[Would you also give us your best
estimate of what your household spent on this in the last 12 months?/ We
would also like to find how spending varies across families in a particular
month. Would you also give us your best estimate of what your household
spent on this last month?]
Range: Integer
ENDIF
-----
BC_1 (M2_C4a) AMOUNT SPENT LAST MONTH
BC_2 (M2_C4b) AMOUNT SPENT LAST 12 MONTHS
BC_3 (M2_C4c) NO MONEY SPENT LAST 12 MONTHS
-----
How much did your household spend on home repairs and maintenance, such
as materials plus any costs for hiring a professional?
Range: Integer
IF (M2_C4a) AMOUNT SPENT LAST MONTH <> EMPTY THEN
-----
C_4_MORE1 (C_4_M1) LAST 12 MONTHS SPENT ON HOME REPAIRS
-----
Would you also give us your best estimate of what your household spent on
home repairs and maintenance, such as materials plus any costs for hiring a
professional in the last 12 months?
Range: Integer
-----
C_4_MORE2 (C_4_M2) LAST 12 MONTHS HOME REPAIRS
-----
About how many times did you or other members of your household spend
money on home repairs and maintenance, such as materials plus any costs for
hiring a professional in the last 12 months?
Range: Integer
ELSE
IF (M2_C4b) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
```

C_4_MORE3 (C_4_M3) LAST 12 MONTHS HOME REPAIRS

About how many times did you or other members of your household spend money on home repairs and maintenance, such as materials plus any costs for hiring a professional in the last 12 months?

Range: Integer

C_4_MORE4 (C_4_M4) LAST MONTH SPENT ON HOME REPAIRS

We would also like to find how spending varied across families last month. Would you also give us your best estimate of what your household spent on home repairs and maintenance, such as materials plus any costs for hiring a professional last month?

Range: Integer

ENDIF

ENDIF

IF (M2_C4c) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN

BC_4 (BC_4) FOLLOW UP SPENDING

You just told us what your household spends on home repairs and maintenance, such as materials plus any costs for hiring a professional [in the last month/in the last 12 months]. [Would you also give us your best estimate of what your household spent on this in the last 12 months?/ We would also like to find how spending varies across families in a particular month. Would you also give us your best estimate of what your household spent on this last month?]

Range: Integer

ENDIF

BC_1 (M2_C5a) AMOUNT SPENT LAST MONTH

BC_2 (M2_C5b) AMOUNT SPENT LAST 12 MONTHS

BC_3 (M2_C5c) NO MONEY SPENT LAST 12 MONTHS

How much did your household spend on health care services, such as out-of-pocket costs of hospital care, doctor services, lab tests, eye, dental, and nursing home care? Please include only the out-of-pocket costs, not what was covered by insurance.

Range: Integer

IF (M2_C5a) AMOUNT SPENT LAST MONTH <> EMPTY THEN

C_5_MORE1 (C_5_M1) LAST 12 MONTHS SPENT ON HEALTH CARE

Would you also give us your best estimate of what your household spent in the last 12 months on health care services, such as out-of-pocket costs of hospital care, doctor services, lab tests, eye, dental, and nursing home care? Please include only the out-of-pocket costs, not what was covered by insurance.

Range: Integer

C_5_MORE2 (C_5_M2) LAST 12 MONTHS HEALTH CARE SERVICES

About how often in the last 12 months did you or other members of your household spend money on health care services, such as out-of-pocket costs of hospital care, doctor services, lab tests, eye, dental, and nursing home care? Please include only the out-of-pocket costs, not what was covered by insurance.

Range: Integer

ELSE

IF (M2_C5b) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

C_5_MORE3 (C_5_M3) LAST 12 MONTHS HEALTH CARE SERVICES

About how often in the last 12 months did you or other members of your household spend money on health care services, such as out-of-pocket costs of hospital care, doctor services, lab tests, eye, dental, and nursing home care? Please include only the out-of-pocket costs, not what was covered by insurance.

Range: Integer

C_5_MORE4 (C_5_M4) LAST MONTH SPENT ON HEALTH CARE

We would also like to find how spending varied across families last month. Would you also give us your best estimate of what your household spent last month on health care services, such as out-of-pocket costs of hospital care, doctor services, lab tests, eye, dental, and nursing home care? Please include only the out-of-pocket costs, not what was covered by

```
|| insurance.
|| Range: Integer
|
| ENDIF
|
| ENDIF
|
| IF (M2_C5c) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN
|
|-----
| BC_4 (BC_4) FOLLOW UP SPENDING
|-----
| You just told us what your household spent on health care services, such as
| out-of-pocket costs of hospital care, doctor services, lab tests, eye, dental, and
| nursing home care [in the last month/in the last 12 months].[Would you also
| give us your best estimate of what your household spent on this in the last 12
| months?/ We would also like to find how spending varies across families in a
| particular month. Would you also give us your best estimate of what your
| household spent on this last month?]
| Range: Integer
|
| ENDIF
|
|-----
| BC_1 (M2_C7a) AMOUNT SPENT LAST MONTH
| BC_2 (M2_C7b) AMOUNT SPENT LAST 12 MONTHS
| BC_3 (M2_C7c) NO MONEY SPENT LAST 12 MONTHS
|-----
| What was the total value of cash or gifts to family and friends outside your
| household, including alimony and child support payments?
| Range: Integer
|
| IF (M2_C7a) AMOUNT SPENT LAST MONTH <> EMPTY THEN
|
|-----
| C_7_MORE1 (C_7_M1) LAST 12 MONTHS GAVE IN CASH AND GIFTS
|-----
| Would you also give us your best estimate of what your household gave in
| the last 12 months in cash or gifts to family and friends outside your
| household, including alimony and child support payments?
| Range: Integer
|
|-----
| C_7_MORE2 (C_7_M2) LAST 12 MONTHS GIFTS OR PAYMENTS TO
|-----
| About how often in the last 12 months did you or other members of
```

```
| | your household make these gifts or payments to family and friends outside
| | your household?
| | Range: Integer
| |
| | ELSE
| |
| | IF (M2_C7b) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
| | -----
| | C_7_MORE3 (C_7_M3) LAST 12 MONTHS GIFTS OR PAYMENTS TO
| | -----
| | About how often in the last 12 months did you or other members
| | of your household make these gifts or payments to family and friends outside
| | your household?
| | Range: Integer
| |
| | -----
| | C_7_MORE4 (C_7_M4) LAST MONTH GAVE IN CASH AND GIFTS TO
| | -----
| | We would also like to find how spending varied across families last month.
| | Would you also give us your best estimate of the total value of the cash or
| | gifts your household gave last month to family and friends outside your
| | household, including alimony and child support payments?
| | Range: Integer
| |
| | ENDIF
| |
| | ENDIF
| |
| | IF (M2_C7c) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN
| | -----
| | BC_4 (BC_4) FOLLOW UP SPENDING
| | -----
| | You just told us what the total value of cash or gifts to family and friends
| | outside your household, including alimony and child support payments was
| | [in the last month/in the last 12 months].[Would you also give us your best
| | estimate of what your household spent on this in the last 12 months?/ We
| | would also like to find how spending varies across families in a particular
| | month. Would you also give us your best estimate of what your household
| | spent on this last month?]
| | Range: Integer
| |
| | ENDIF
| |
| | -----
```

INTRO_2 (M2_Intro_2) INTRO GROUP B PART 2

In the following categories many households have more frequent and possibly more regular purchases, for example telephone. If in the next categories your household tends to have fairly regular purchases we would like you to give us your best estimate of your household's monthly spending. If your household's spending in that category is rather irregular we would like you to give us your best estimate of what your household spent in that category in the last 12 months.

BC_1 (M2_C10a) AMOUNT SPENT LAST MONTH

BC_2 (M2_C10b) AMOUNT SPENT LAST 12 MONTHS

BC_3 (M2_C10c) NO MONEY SPENT LAST 12 MONTHS

How much does your household spend on telephone, cable and internet?

Range: Internet

BC_1 (M2_C8a) AMOUNT SPENT LAST MONTH

BC_2 (M2_C8b) AMOUNT SPENT LAST 12 MONTHS

BC_3 (M2_C8c) NO MONEY SPENT LAST 12 MONTHS

How much did your household spend on prescription and nonprescription medications? Please, include only the out-of-pocket cost, not what was covered by insurance.

Range: Integer

IF (M2_C8a) AMOUNT SPENT LAST MONTH <> EMPTY THEN

C_8_MORE1 (C_8_M1) LAST 12 MONTHS MEDICATIONS

About how often in the last 12 months did you or other members of your household spend money on prescription and nonprescription medications? Please, include only the out-of-pocket cost, not what was covered by insurance.

Range: Integer

C_8_MORE2 (C_8_M2) LAST MONTH SPENT ON MEDICATIONS

We would also like to find how spending varied across families last month. Would you also give us your best estimate of what your household spent on prescription and nonprescription medications last month?

Range: Integer

ELSE

IF (M2_C8b) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN

C_8_MORE3 (C_8_M3) LAST 12 MONTHS MEDICATIONS

About how often in the last 12 months did you or other members of your household spend money on prescription and nonprescription medications? Please, include only the out-of-pocket cost, not what was covered by insurance.

Range: Integer

C_8_MORE4 (C_8_M4) LAST MONTH SPENT ON MEDICATIONS

We would also like to find how spending varied across families last month. Would you also give us your best estimate of what your household spent on prescription and nonprescription medications last month?

Range: Integer

ENDIF

ENDIF

BC_1 (M2_C11a) AMOUNT SPENT MONTHLY

BC_2 (M2_C11b) AMOUNT SPENT LAST 12 MONTHS

BC_3 (M2_C11c) NO MONEY SPENT LAST 12 MONTHS

How much do you or members of your household spend on dining and drinking out, that is items in restaurants, cafes, bars and diners, including take-out food?

Range: Integer

IF (M2_C11a) AMOUNT SPENT MONTHLY <> EMPTY THEN

C_11_SCREEN1 (C_11_S1) EAT AND/OR DRINK OUT AT LEAST ONCE

Do you or members of your household usually eat and/or drink out at least once a month?

1. yes

5. no

```
IF (C_11_S1) EAT AND/OR DRINK OUT AT LEAST ONCE = NO THEN
-----
C_11_MORE1 (C_11_M) LAST 12 MONTHS SPENT ON EATING AND
-----
Now thinking about the last 12 months: How much did your household spend
in the last 12 months on eating and drinking out, that is spending
in restaurants, cafes, bars and diners, including take-out food?
Range: Integer
ENDIF
ENDIF
IF (M2_C11b) AMOUNT SPENT LAST 12 MONTHS <> EMPTY THEN
-----
C_11_SCREENER2 (C_11_S2) EAT AND/OR DRINK OUT AT LEAST
-----
Do you or members of your household usually eat and/or drink out at least
once a month?
1. yes
5. no
IF (C_11_S2) EAT AND/OR DRINK OUT AT LEAST = YES THEN
-----
C_11_MORE2 (C_11_M2) SPENT ON EATING AND DRINKING OUT IN
-----
How much does your household spend on eating and drinking out in a
usual or typical month?
Range: Integer
-----
C_11_MORE3 (C_11_M3) SPENT LAST MONTH ON EATING AND
-----
We would also like to find how spending varied across families last month.
Would you also give us your best estimate of what your household spent
last month on dining and drinking out, that is spending in
restaurants, cafes, bars and diners, including take-out food?
Range: Integer
ELSE
IF (C_11_S2) EAT AND/OR DRINK OUT AT LEAST = NO THEN
```



```

-----
C_11_MORE4 (C_11_M4) SPENT LAST MONTH ON EATING AND
-----
What about last month? How much did your household spend last
month on dining and drinking out, that is spending in restaurants,
cafes, bars and diners, including take-out food?
Range: Integer
ENDIF
ENDIF
ENDIF
-----
INTRO_3 (M2_Intro_3) INTRO GROUP B PART 3
-----
The next items we will ask you about are items that households tend to
purchase quite frequently, like food. We have included three time periods so
that you can estimate your spending in the way that is easiest for you for each
category. For example, if it is easiest for you to think about what your household
spends on food and beverages in a typical week or in a typical month you can
report that amount; or alternatively you can report the total of what your
household spent over the last 12 months.
-----
BC_1 (M1_C12a) AMOUNT SPENT WEEKLY
BC_2 (M1_C12b) AMOUNT SPENT MONTHLY
BC_3 (M1_C12c) AMOUNT SPENT IN LAST 12 MONTHS
BC_4 (M1_C12d) NO MONEY SPENT LAST 12 MONTHS
-----
How much does your household spend on food and beverages, that is food and
drinks, including alcoholic, that you buy in grocery or other stores?
Range: Integer
IF (M1_C12d) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN
IF (M1_C12a) AMOUNT SPENT WEEKLY > 0 THEN
-----
BC_4 (BC_4) FOLLOW UP SPENDING
-----
Sometimes your actual spending on this item might differ from your typical or
usual spending.
[What about last week?/What was your household's actual spending on this
item last week?]

```

Range: Integer

BC_7A (BC_7A) FOLLOW UP SPENDING

About how often in a month do you or members of your household shop for food and beverages (including alcoholic beverages) that you buy in grocery or other stores?

Range: Integer

ELSE

IF (M1_C12b) AMOUNT SPENT MONTHLY > 0 THEN

BC_7B (BC_7B) FOLLOW UP SPENDING

About how often in a month do you or members of your household shop for food and beverages (including alcoholic beverages) that you buy in grocery or other stores?

Range: Integer

ELSE

IF (M1_C12c) AMOUNT SPENT IN LAST 12 MONTHS > 0 THEN

BC_5 (BC_5) FOLLOW UP SPENDING

You told us what your household spent on food and beverages in a last 12 months. We would also like to find how spending varies across families in a particular month. Would you also give us your best estimate of what your household actually spent on this last month?

Range: Integer

BC_7C (BC_7C) FOLLOW UP SPENDING

What about last week? What was your household's actual spending on this item last week?

Range: Integer

ENDIF

ENDIF

```
ENDIF
|
| IF (M1_C12b) AMOUNT SPENT MONTHLY > 0 OR (M1_C12c) AMOUNT
| SPENT IN LAST 12 MONTHS > 0 THEN
|-----
| BC_6 (BC_6) FOLLOW UP SPENDING
|-----
| What about last week? What was your household's actual spending on
| this item last week?
| Range: Integer
|
| ENDIF
|
| ENDIF
|-----
| BC_1 (M1_C13a) AMOUNT SPENT WEEKLY
| BC_2 (M1_C13b) AMOUNT SPENT MONTHLY
| BC_3 (M1_C13c) AMOUNT SPENT IN LAST 12 MONTHS
| BC_4 (M1_C13d) NO MONEY SPENT LAST 12 MONTHS
|-----
| How much does your household spend on gasoline?
| Range: Integer
|
| IF (M1_C13d) NO MONEY SPENT LAST 12 MONTHS = EMPTY THEN
|
| IF (M1_C13a) AMOUNT SPENT WEEKLY > 0 THEN
|-----
| BC_4 (BC_4) FOLLOW UP SPENDING
|-----
| Sometimes your actual spending on this item might differ from your typical or
| usual spending.
| [What about last week?/What was your household's actual spending on this
| item last week?]
| Range: Integer
|-----
| BC_7A (BC_7A) FOLLOW UP SPENDING
|-----
| About how often in a month do you or members of your household spend
| money on gasoline?
| Range: Integer
|
| ELSE
```

IF (M1_C13b) AMOUNT SPENT MONTHLY > 0 THEN

BC_7B (BC_7B) FOLLOW UP SPENDING

About how often in a month do you or members of your household spend money on gasoline?

Range: Integer

ELSE

IF (M1_C13c) AMOUNT SPENT IN LAST 12 MONTHS > 0 THEN

BC_5 (BC_5) FOLLOW UP SPENDING

You told us what your household spent on gasoline in the last 12 months. We would also like to find how spending varies across families in a particular month. Would you also give us your best estimate of what your household actually spent on this last month?

Range: Integer

BC_7C (BC_7C) FOLLOW UP SPENDING

What about last week? What was your household's actual spending on this item last week?

Range: Integer

ENDIF

ENDIF

ENDIF

IF (M1_C13b) AMOUNT SPENT MONTHLY > 0 OR (M1_C13c) AMOUNT SPENT IN LAST 12 MONTHS > 0 THEN

BC_6 (BC_6) FOLLOW UP SPENDING

What about last week? What was your household's actual spending on this item last week?

Range: Integer

|| ENDIF

||

|| ENDIF

||

|| 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

|

| -----

| CG007_F (CG007_F) AGE FIRST DIAGNOSED

|

| -----

| We would like to find out more about your [high blood pressure or
| hypertension/diabetes or high blood sugar/cancer or a malignant
| tumor/chronic lung disease/a heart attack, coronary heart disease, angina,
| congestive heart failure, or other heart problems/stroke/emotional, nervous,
| or psychiatric problems/arthritis or rheumatism/hip fracture/cataract
| surgery].

| At what age were you first diagnosed with this disease?

| Range: 0..120

|

| ENDLOOP

|

| 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

Title of the new job/promotion:

String: 255

OVER50_9 (OVER50_9) OVER50 CALENDAR QUESTION 9

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

OVER50_10 (OVER5010) OVER50 CALENDAR QUESTION 10

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

OVER50_11 (OVER5011) OVER50 CALENDAR QUESTION 11

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

OVER50_12 (OVER5012) OVER50 CALENDAR QUESTION 12

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

||| OVER50_13 (OVER5013) OVER50 CALENDAR QUESTION 13

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

||| OF007 (OF007) 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

| ENDIF

| ENDIF

PDINTRO (PDIntro) PD INTRO

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).

PD1_B (PD1_B) TAKE ON A REGULAR BASIS

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 (PDPHP) START PD MODULE

| This starts the pres. drugs module
| String

|
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_) PAY FOR PRESCRIPTIONS MOST OFTEN = I pay some of the price and insurance pays the rest. THEN

PD004_ (PD004_) FIXED OR PERCENTAGE

| 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)?

- | 1. fixed dollar amount
- | 2. percentage of the price
- | 3. fixed dollar amount for some drugs; percentage or full price for others

| IF (PD004_) FIXED OR PERCENTAGE = percentage of the price THEN

PDGEN (PD005_.PDGen) % GENERIC PRESCRIPTIONS

| % for generic prescriptions
| Range: 0..100

PDBRA (PD005_.PDBra) % BRAND NAME PRESCRIPTIONS

| % for preferred brand name prescriptions
| Range: 0..100

| PDNON (PD005_.PDNon) % NON-PREFERRED BRAND NAME

```
-----
% for non-preferred brand name prescriptions
Range: 0..100
-----
PDOth (PD005_.PDOth) % OTHER PRESCRIPTIONS
-----
% for other
Range: 0..100
IF (PDOth) % OTHER PRESCRIPTIONS >= 1 THEN
|
|-----
| PDSPE (PD005_.PDSpe) OTHER SPECIFY
|-----
| What other prescription do you mean?
| Open
|
ENDIF
ELSE
|
|-----
| PDGEN (PD006_.PDGen) $ GENERIC PRESCRIPTIONS
|-----
| $ for generic prescriptions
| Range: 0..100
|
|-----
| PDBRA (PD006_.PDBra) $ BRAND NAME PRESCRIPTIONS
|-----
| $ for preferred brand name prescriptions
| Range: 0..100
|
|-----
| PDNON (PD006_.PDNon) $ NON-PREFERRED BRAND NAME
|-----
| $ for non-preferred brand name prescriptions
| Range: 0..100
|
|-----
| PDOth (PD006_.PDOth) $ OTHER PRESCRIPTIONS
|-----
| $ for other
| Range: 0..100
```

```

|| (PDOth) IF $ OTHER PRESCRIPTIONS >= 1 THEN
|| |
|| |-----
|| | PDSPE (PD006_.PDSpe) OTHER SPECIFY
|| |-----
|| | What other prescription do you mean?
|| | Open
|| |
|| | ENDIF
|| |
|| | ENDIF
|| |
|| ELSE
|| |
|| | IF (PD003_) PAY FOR PRESCRIPTIONS MOST OFTEN = I pay full price for all
|| | medications out of my own pocket, with no insurance. THEN
|| |
|| | ELSE
|| |
|| | IF (PD007_) ANNUAL DEDUCTIBLE = yes THEN
|| | |
|| | |-----
|| | | PD008_ (PD008_) DEDUCTIBLE AMOUNT
|| | |-----
|| | | How much is your deductible per year?
|| | | Range: Integer
|| | |
|| | | ELSE
|| | |
|| | | IF (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.
|| | | | 5. only pays for a certain number of prescriptions per month.
|| | | | 7. only pays up to a certain amount of money each month.
|| | | | 9. only pays up to a certain amount of money each year.
|| | | | 11. other restriction.
|| | | |
|| | | | ENDIF
|| | |
|| | |
|| | |

```

```
|| ENDIF
|
| ENDIF
|
ENDIF
```

PD010_ (PD010_) OUT-OF-POCKET COST - LAST MONTH

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] of your prescription drugs last month?

Range: Integer

PD011_ (PD011_) OUT-OF-POCKET COST - LAST 12 MONTHS

What about last year? What was the [^out-of-pocket] cost of your prescription drugs over the last 12 months?

Range: Integer

PD012_ (PD012_) % CHANCE THAT OUT-OF-POCKET COST WILL BE MORE

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 \$ per month?

Range: 0..100

PD013_ (PD013_) % CHANCE THAT OUT-OF-POCKET COST WILL BE MORE

And what are the chances that a year from now the [^out-of-pocket] cost of your prescription drugs will be more than \$[^AMOUNT] per month, again assuming your insurance situation remains the same?

Range: 0..100

PD013_A (PD013_a) CHANCE THAT NUMBER OF DRUGS GOES UP 2 OR

Still thinking of the possibility that your health might change over the next year: Compare the number of prescription drugs (if any) you are now taking on a

regular basis to how many you might be taking regularly a year from now: On a scale from 0 (=no chance) to 100 (=absolutely certain), what are the chances that a year from now the number of prescription drugs you will be taking regularly will be greater by two or more?

Range: 0..100

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

PD014A_ (PD014A_) TOTAL COST

| 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? 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

PD014B_ (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE

| 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 \$[^AMOUNT] or more? As always: If you don't know the answer, please leave it open.

Range: 0..100

IF (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE <> EMPTY THEN

PD014C_ (PD014C_) CHANCE THAT TOTAL COST IS V OR MORE/LESS

| 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 \$[^AMOUNT] or [^AMOUNT]? As always: If you don't know the answer, please leave it open.

Range: 0..100

ENDIF

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

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 more?

Range: 0..100

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

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 [AMOUNT]?

Range: 0..100

ELSE

PD014B_ (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE

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 \$[AMOUNT] or more? As always: If you don't know the answer, please leave it open.

Range: 0..100

IF (PD014B_) CHANCE THAT TOTAL COST IS Z OR MORE <> EMPTY THEN

PD014C_ (PD014C_) CHANCE THAT TOTAL COST IS V OR MORE/LESS

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 \$[AMOUNT] or [AMOUNT]? As always: If you don't know the answer, please leave it open.

Range: 0..100

ENDIF

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

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 more?

Range: 0..100

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

| 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 [^AMOUNT]?

| Range: 0..100
|

ENDIF

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

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
| amount I purchase. THEN

PD016B_ (PD016B_) HOW TO ACCOMPLISH THE REDUCTION

| 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

ENDIF

PD018_ (PD018_) SOURCE OF YOUR PRESCRIPTION DRUG INSURANCE

| What is the source of your prescription drug insurance? If you have
| more than one source of prescription drug coverage check all that apply.

- | 1. my employer, a family member's employer, or a former employer
- | 2. I am enrolled in a Medicare Part D plan.
- | 3. I purchased prescription drug coverage directly from an insurance company

| (not a Medicare Part D plan).
| 5. Medicaid
| 7. Veterans Administration
| 9 . a Medicare HMO or Medicare + Choice Plan
| 11. other
|
ENDIF

PD021A_ (PD021L_.PD021A_) INFORMATION FROM NEWSPAPERS

1. Very important
2. Somewhat important
3. Not at all important

PD021B_ (PD021L_.PD021B_) INTERNET

1. Very important
2. Somewhat important
3. Not at all important

PD021C_ (PD021L_.PD021C_) INFORMATION AND ADVERTISING

1. Very important
2. Somewhat important
3. Not at all important

PD021D_ (PD021L_.PD021D_) MEDICARE PUBLICATIONS OR MEDICARE

1. Very important
2. Somewhat important
3. Not at all important

PD021E_ (PD021L_.PD021E_) ASKING ADVICE FROM SOMEBODY YOU

1. Very important
2. Somewhat important
3. Not at all important

PD021F_ (PD021F_) OTHER SOURCES OF INFORMATION

Aside from any information sources we have asked you about, is there any other source that you would consider particularly important for deciding on health and prescription drug insurance issues?

Open

PD022_ (PD022_) CONFIDENCE TO ARRIVE AT THE DECISION THAT IS

Imagine you had to choose a new health insurance or prescription drug insurance plan. How confident are you that you would arrive at the decision that is best suited to your situation?

1. Very confident
2. Somewhat confident
3. Not very confident
4. Not confident at all

PD023_ (PD023_) HOW YOU HANDLE DECISIONS LIKE DECIDING ON THE

Imagine you had to choose a new health insurance or prescription drug insurance plan. Which of the statements below describes best how you handle such decisions:

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.

PDPREFERENCEINTRO (PDPreferenceIntro) PRESCRIPTION DRUGS

In the next set of questions, we would like to learn more about your preferences for different types of insurances for prescription drugs. You will be asked to rate five insurance plans. Please consider your own personal situation, your health, your income, your family circumstances, etc.

IF Randomly selected for this module THEN

|
|

| PD0D1_ (PD0D1_) RATING ON THE FIRST INSURANCE PLAN

| The first insurance plan completely covers all prescription drug costs. The
| premium for this plan is \$1,500 for one year. Thus you pay \$1,500, 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
|

| PD0D2_ (PD0D2_) RATING ON THE SECOND INSURANCE PLAN
|

| This insurance plan completely covers all prescription drug costs above \$1,000,
| but covers nothing of the expenses below \$1,000. The premium is \$500 for one
| year. Thus if you buy this plan, you can never pay more for your drugs than
| \$1,000 (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
|

| PD0D3_ (PD0D3_) RATING ON THE THIRD INSURANCE PLAN
|

| This insurance plan covers 50% of all prescription drug costs. The premium is
| \$450 for one year. 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
|

| PDPREFERENCEINTRO1 (PDPreferenceIntro1) PRESCRIPTION DRUGS
|

| The following plans are similar to the previous ones, with one major difference:
| They only cover the costs of generic prescription drugs and not the costs of
| brand name drugs. They also have a different annual insurance premium and
| different rates that insurance contributes to your drug costs. Please rate these
| plans on the same 1-10 scale used above. Generic drugs: These are cheaper
| substitutes for more expensive drugs of a specific brand (brand-name drugs.)
|

| PD0E4_ (PD0E4_) RATING ON THE FOURTH INSURANCE PLAN
|

| The first insurance plan covers 25% of all generic prescription drug costs below
| \$3,000 and 95% of the costs above \$3,000 [^for when you will turn 65] (but
| pays nothing for brand-name drugs). The premium is \$800 for one year. Thus if
| you buy this plan and your generic prescription drug costs are low, you pay 25%
| of your total generic prescription drug costs out of pocket (and you pay the
| insurance premium of | \$800). 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

PD0E5_ (PD0E5_) RATING ON THE FOURTH INSURANCE PLAN

| This insurance plan completely covers all generic prescription drug costs below
| \$2,000 and 50% of the costs above \$2,000 (but pays nothing for brand-name
| drugs). The premium is \$600 for one year. Thus if you buy this plan and your
| generic prescription drug costs are low, you pay nothing for your generic
| prescription drugs out of pocket (and you pay the insurance premium of \$600).
| The insurance pays half of your total generic prescription drug costs exceeding
| \$2,000. Please rate how attractive you find this plan on a scale from 1 (very
| bad) to 10 (excellent).
| Range: 1..10

| ELSE

PD0D5_ (PD0D5_) RATING ON THE FOURTH INSURANCE PLAN

| This insurance plan completely covers all prescription drug costs below \$2,000
| and 50% of the costs above \$2,000. The premium is \$600 for one year. Thus if
| you buy this plan and your drug costs are low, you pay nothing for your drugs
| out of pocket (and you pay the insurance premium of \$600). The insurance
| pays half of your total drug costs exceeding \$2,000. Please rate how attractive
| you find this plan on a scale from 1 (very bad) to 10 (excellent).
| Range: 1..10

PDPREFERENCEINTRO1X (PDPreferenceIntro1) PRESCRIPTION DRUGS

| The following plans are similar to the previous ones, with one major difference:
| They only cover the costs of generic prescription drugs and not the costs of
| brand name drugs. They also have a different annual insurance premium and
| different rates that insurance contributes to your drug costs. Please rate these
| plans on the same 1-10 scale used above. Generic drugs: These are cheaper
| substitutes for more expensive drugs of a specific brand (brand-name drugs.)

PD0E1_ (PD0E1_) RATING ON THE FIRST INSURANCE PLAN

| The first insurance plan completely covers all generic prescription drug costs
| (but pays nothing for brand-name drugs). The premium for this plan is \$1,500
| for one year. Thus if you buy this plan you pay \$1,500, irrespective of the

| amount of generic 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

PD0E2_ (PD0E2_) RATING ON THE SECOND INSURANCE PLAN

| This insurance plan completely covers all generic prescription drug costs above
| \$1,000 but does not cover any of the expenses below \$1,000. The premium is
| \$500 for one year. Thus if you buy this plan, you can never pay more for your
| generic prescription drugs than \$1,000 (and you pay the insurance premium of
| \$500). This plan pays nothing for brand name drugs. Please rate how attractive
| you find this plan on a scale from 1 (very bad) to 10 (excellent).
| Range: 1..10

PD0E3_ (PD0E3_) RATING ON THE THIRD INSURANCE PLAN

| This insurance plan covers 50% of all generic prescription drug costs (but pays
| nothing for brand-name drugs). The premium is \$450 for one year. Thus if you
| buy this plan, you pay half of your total generic prescription 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

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

Q345_AmtChkSave (Q345_) TOTAL \$ CHECKING - SAVINGS

| If you added up all the checking and savings accounts and money market
| funds, about how much would they amount to right now?
| 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.

| Please enter an amount and do not use commas, dots or a dollar sign.

| Range: Integer

Q346_ (Q346_) MORE MONEY NOW?

| 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?

- | 1. had no checking or saving accounts or money market funds
- | 2. more than in 2004
- | 3. less than in 2004
- | 4. about the same

| 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

Q316_StockAssets (Q316_) STOCK ASSETS

Do you have any shares of stock or stock mutual funds?

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.

- 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.

| Range: Integer

|
ENDIF

|
ENDIF

END (END) END OF THE QUESTIONNAIRE

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.