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NOTE ABOUT BRANCHPOINTS:

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

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NOTE ABOUT COLORS:

ALL QUESTION TEXT IN BLACK IS FOR THE CORE INTERVIEW.

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

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

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

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NOTE ABOUT EXIT INTERVIEW Rs:

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

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NOTE ABOUT SECTION CONTENT:

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

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

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

R's **LAST IW MONTH** (per Z092), **YEAR** (per Z093)

R's **FIRST NAME** (per X058)

R's **AGE** (per A019)

R **CURRENTLY LIVES IN NURSING HOME** (A167\_A028=1);  
R **LIVED IN NURSING HOME WHEN DIED** (A167\_A028=1);  
R **LIVED IN HOSPICE WHEN DIED** (A167\_A028=2)

R **LIVED IN NURSING HOME AT HH's LAST IW** (X008=1)

R's **YEAR OF DEATH THIS IW** (per A123);  
R's **YEAR OF DEATH PREVIOUS IW** (per Z131)

R **DIED IN NURSING HOME** (A124=2);  
R **DIED IN HOSPITAL** (A124=1);  
R **DIED IN HOSPICE** (A124=4)

R's **DEATH WAS UNEXPECTED** (A131=2);

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

R **WAS COVERED BY MEDICARE AT R's LAST IW** (Z201=1)

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

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

R **WAS WORKING FOR PAY AT R's LAST IW** (Z123=1)}

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

R **WAS COVERED BY MEDICARE AT R's LAST IW** (Z201=1)

R **HAS SERVED IN THE MILITARY** (Z240=1) or (B035=1)

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\* A variable fieldname and code reference is shown at its first occurrence in the questionnaire, but in some cases, especially when it is common, is not shown after that.

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

N002 BRANCHPOINT: IF THIS IS A POST-EXIT INTERVIEW, GO TO SECTION T

N001

{CORE AND EXIT} The next questions are about health insurance, both public and private. Medicare is a public health insurance program for people 65 or older and for disabled persons. (Medicaid/STATE NAME FOR MEDICAID) is a public health insurance program for people with low incomes.

Are you currently covered by Medicare health insurance?

Was R's FIRST NAME (per X058) covered by Medicare health insurance at the time of [his/her] death?

1. YES

5. NO

8. DK

9. RF

N002 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N004 BRANCHPOINT

IF {R IS/WAS UNDER 65 YEARS OF AGE (A019<65) and HAS/HAD MEDICARE COVERAGE (N001=1)} or {R IS/WAS {70 OR OLDER} (A019 ≥ 70) and DOES/DID NOT HAVE MEDICARE (N001 NOT 1)}, CONTINUE ON TO N002

OTHERWISE, GO TO N004 BRANCHPOINT

N002

Why is that?

IF R's AGE IS AT LEAST 70 (A019 ≥ 70):

IWER: R IS AGE R's AGE (per A019), SO PROBE WHY R IS NOT COVERED BY MEDICARE

IF R's AGE IS LESS THAN 65 (A019 < 65):

IWER: R IS AGE R's AGE (per A019), SO PROBE WHY R IS COVERED BY MEDICARE

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


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

N004

Part A of Medicare covers most hospital expenses. Part B covers many doctors' expenses including doctor visits, and the premium is usually deducted from your Social Security.

Are you covered under Part B of Medicare?

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

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

1. YES	5. NO	8. DK	9. RF
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N005

Have you been covered by health insurance through (Medicaid/STATE NAME FOR MEDICAID or any other Medicaid program) at any time [since *R's LAST IW MONTH (per Z092), YEAR (per Z093)* in the last two years]?

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

1. YES	5. NO	8. DK	9. RF
GO TO N007			

N006

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

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

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

N007

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

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

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

1. YES

5. NO

8. DK

9. RF

N430 BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY TRI-CARE / CHAMPUS / CHAMP-VA (N007 NOT 1), and DID NOT REPORT THAT HAS SERVED IN THE MILITARY ({Z240 NOT 1} and {B035 NOT 1}), GO TO N009 BRANCHPOINT

IF THIS IS AN EXIT INTERVIEW, GO TO N009 BRANCHPOINT

N430

Have you obtained prescription drugs from a veteran's administration facility [since R's LAST IW MONTH, YEAR/in the last two years]?

1. YES

5. NO

8. DK

9. RF

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

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

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

N009

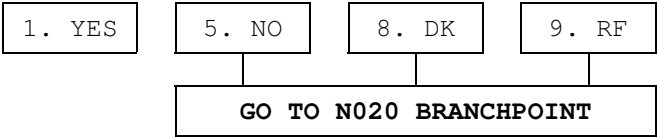
We are interested in how your [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] health insurance works for routine care.

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

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

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

{CORE AND EXIT} DEFINITION: WITH AN HMO, THE COST OF THE PHYSICIAN VISIT IS TYPICALLY COVERED IN FULL OR YOU PAY ONLY A SMALL AMOUNT. ALL OF YOUR ROUTINE CARE MUST BE PROVIDED BY AN HMO PHYSICIAN.



N350

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

\_\_\_\_\_

NAME OF HMO

DK

RF

N010

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

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

\_\_\_\_\_ OR \_\_\_\_\_

N010 YEARS
N011 MONTHS

DK

RF

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

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

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

N014  
Not including co-pays or deductions from your Social Security, how much do you, yourself, pay in premiums for this plan?

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

[IWER: DO NOT PROBE DK/RF]

AMOUNT	0	DK	RF
GO TO N018	GO TO N020 BRANCHPOINT		

N015-N017 Unfolding Sequence

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

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

PROCEDURES: 2Up1Down, 1Up2Down  
BREAKPOINTS: \$30, **\$60**, **\$100**, \$200  
RANDOM ENTRY POINTS: \$60, \$100  
ENTRY POINT ASSIGNMENT: 1 or {NOT 1} AT X501  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N018 BRANCHPOINT: GO TO N020 BRANCHPOINT

N018  
PER:

1. MONTH	2. QUARTER (EVERY 3 MONTHS)	3. SEMI-ANNUALLY (EVERY 6 MONTHS/TWICE A YEAR)
4. YEAR	7. OTHER (SPECIFY) _____ N019	8. DK      9. RF

N020 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (N001 NOT 1), GO TO N023

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

At any time [since R's LAST IW MONTH, YEAR/in the last two years], did [he/she] leave an HMO that delivered Medicare services?

1. YES	5. NO	8. DK	9. RF
GO TO N352 BRANCHPOINT			

N021

Why did you leave that HMO?

Why did [he/she] leave that HMO?

[IWER: CHOOSE ALL THAT APPLY]

1. OWN PHYSICIAN LEFT PLAN	2. HMO DIDN'T PROVIDE NEEDED SERVICES	3. HMO COSTS INCREASED		
4. HMO ENCOURAGED ME TO LEAVE	5. PLAN NO LONGER AVAILABLE	7. OTHER (SPECIFY) _____ N022	8. DK	9. RF

----- end Medicare/Medicaid sequence -----



----- Start of New Medicare Part D Sequence -----

N352 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW and R DIED BEFORE 2007  
(A123< 2007), GO TO N023

IF R HAS PRESCRIPTION DRUG COVERAGE THROUGH A MEDICARE HMO  
(N351={1 or DK or RF}), GO TO N422 BRANCHPOINT

N352 (Tag#=N004.1)  
Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider.

Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider.

Had R's FIRST NAME enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

- |        |                                       |       |       |       |
|--------|---------------------------------------|-------|-------|-------|
| 1. YES | 3. [VOL] ENROLLED IN IT AUTOMATICALLY | 5. NO | 8. DK | 9. RF |
|--------|---------------------------------------|-------|-------|-------|

N394 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N023

IF R WAS SWITCHED INTO A PLAN AUTOMATICALLY (N352=3),  
ASSIGN 3 TO N394 AND GO TO N414 BRANCHPOINT

IF R DID NOT SIGN UP FOR MEDICARE DRUG COVERAGE (DID NOT SIGN UP FOR MEDICARE PART D) (N352=5), GO TO N417

IF R DIDN'T SAY IF SIGNED UP FOR MEDICARE DRUG COVERAGE (N352={DK or RF}), GO TO N358

N394  
Did you choose your own plan, did someone you know choose for you, or were you enrolled in it automatically?

- |               |                       |                                 |       |       |
|---------------|-----------------------|---------------------------------|-------|-------|
| 1. CHOSE PLAN | 2. SOMEONE ELSE CHOSE | 3. ENROLLED IN IT AUTOMATICALLY | 8. DK | 9. RF |
|---------------|-----------------------|---------------------------------|-------|-------|
- GO TO N414 BRANCHPOINT

N410 BRANCHPOINT: IF THIS IS A PROXY INTERVIEW (A009 NOT 1), GO TO N414 BRANCHPOINT

IF SOMEONE ELSE CHOSE (N394=2), GO TO N411

N410

Did someone help you to make the decision about which plan to choose?

1. YES	5. NO	8. DK	9. RF
GO TO N414 BRANCHPOINT			

N411

Who was it?

[IWER: CHOOSE ALL THAT APPLY]

1. MEDICARE'S 800 NUMBER (1-800-MEDICARE) / MEDICARE REPRESENTATIVE	2. A PART D PLAN REPRESENTATIVE	3. PHARMACIST
4. SPOUSE	5. CHILD/CHILD-IN-LAW	6. OTHER FAMILY MEMBER (SIBLING, GRANDCHILD, ETC.)
7. FRIEND	97. OTHER (SPECIFY) N412	98. DK      99. RF

N413 BRANCHPOINT: IF R DID NOT MENTION HELP FROM A CHILD/CHILD-IN-LAW, ONLY (N411 NOT 5, ONLY), GO TO N414 BRANCHPOINT

N413

Which child(ren)?

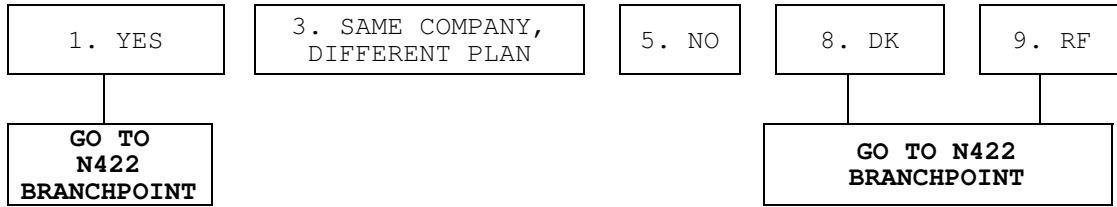
[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S)      [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42. CHILD & SPOUSE/PARTNER NAME(S)
[ROWS PROVIDED BY BLAISE AS NECESSARY]
92. DECEASED CHILD
93. ALL CHILDREN
98. DK
99. RF

N414 BRANCHPOINT: IF R DID NOT NAME A MEDICARE PART D PLAN LAST WAVE (Z245 = EMPTY), GO TO N353

N414

The last time we talked with you about Part D, you told us that [PLAN NAME in Z245] provided your Medicare drug coverage. Do you still get your Medicare drug coverage through this plan?



N353 (Tag#=N004.2)

What is the plan name and the company or organization that provides your Medicare drug coverage?

[IWER: PLANS OTHER THAN THOSE PROVIDED BY AARP SHOULD END WITH A DESIGNATION SUCH AS 'PLUS' OR 'PREMIER' OR SOMETHING SIMILAR. PROBE AS NEEDED TO GET THE FULL PLAN NAME.]

_____ NAME OF COMPANY OR ORGANIZATION	DK	RF
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*NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY MENTIONED PLANS, AND THE •PLAN COUNT (N090)• IS INCREMENTED BY 1.*

*"18. MEDICARE PART D — NAME OF PART D PLAN", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1) and R GAVE NAME OF PART D PLAN (N353 HAS NAME) or HAS VERIFIED THEY STILL HAVE COVERAGE THROUGH PART D PLAN NAMED IN THE PREVIOUS INTERVIEW (PLAN NAME in Z245).*

*"18 MEDICARE PART D", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1) and R IS NOT COVERED BY THE SAME PLAN AS LAST WAVE (N414 NOT 1)] and R DID NOT GIVE CURRENT PLAN NAME (N353={DK or RF or EMPTY}).*

*OTHERWISE, CODE 18 WILL NOT APPEAR ON THE PLAN LIST.*

N415 BRANCHPOINT: IF R DID NOT SWITCH MEDICARE PART D PLANS SINCE LAST WAVE (N414 {NOT 3 and NOT 5}), GO TO N417 BRANCHPOINT

N415

Why did you change to your new Part D plan?

[IWER: CHOOSE ALL THAT APPLY]

1. OLD ONE CLOSED	2. LOWER PREMIUMS	3. LOWER DEDUCTIBLES
4. THE DRUGS I NEED WERE CHEAPER	5. NO GAP IN COVERAGE	
7. OTHER (SPECIFY) _____ N416	8. DK	9. RF

N417 BRANCHPOINT: IF THIS IS A PROXY INTERVIEW (A009 NOT 1), GO TO N423 BRANCHPOINT  
OTHERWISE, GO TO N422 BRANCHPOINT

----- Start of new sequence for those who did not enroll in Part D -----

N417

Do you have prescription drug coverage from some other source?

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

**GO TO N418**

N356 (Tag#=N004.5)

What is the reason that you did not sign up for Part D coverage?

[IWER: CHOOSE ALL THAT APPLY]

[IWER: PROBE RESPONSES OF "I DON'T NEED IT"]

1. ALREADY HAVE GOOD PRESCRIPTION DRUG COVERAGE	2. DIDN'T KNOW IT WAS AVAILABLE	10. GET PRESCRIPTION DRUGS FROM THE VA
11. DON'T USE ENOUGH PRESCRIPTION DRUGS TO MAKE IT WORTHWHILE	97. OTHER (SPECIFY) _____ N357 (Tag#=N004.6)	98. DK      99. RF

N418 BRANCHPOINT: IF THIS IS A PROXY INTERVIEW (A009 NOT 1), GO TO N358 BRANCHPOINT

N418

Did someone help you to make the decision not to enroll in a Part D plan?

1. YES	5. NO	8. DK	9. RF
GO TO N422 BRANCHPOINT			

N419

Who was it?

[IWER: CHOOSE ALL THAT APPLY]

1. MEDICARE'S 800 NUMBER (1-800-MEDICARE) / MEDICARE REPRESENTATIVE	2. A PART D PLAN REPRESENTATIVE	3. PHARMACIST
4. SPOUSE	5. CHILD/CHILD-IN-LAW	6. OTHER FAMILY MEMBER (SIBLING, GRANDCHILD, ETC.)
7. FRIEND	97. OTHER (SPECIFY) _____ N420	98. DK      99. RF

N421 BRANCHPOINT: IF R DID NOT MENTION HELP FROM A CHILD/CHILD-IN-LAW, ONLY (N419 NOT 5, ONLY), GO TO N422 BRANCHPOINT

N421

Which child(ren)?

[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S)      [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42. CHILD & SPOUSE/PARTNER NAME(S)
[ROWS PROVIDED BY BLAISE AS NECESSARY]
92. DECEASED CHILD
93. ALL CHILDREN
98. DK
99. RF

N422 BRANCHPOINT: IF R NOT ENROLLED IN A MEDICARE PART D PLAN (N352 {NOT 1 and NOT 3}) and R DOES NOT HAVE PRESCRIPTION DRUG COVERAGE THROUGH A MEDICARE HMO (N351 NOT 1) and R HAS PRESCRIPTION DRUG INSURANCE FROM SOME OTHER SOURCE (N417=1 or EMPTY), GO TO N358 BRANCHPOINT

N422

IF R IS ENROLLED IN MEDICARE PART D (N352={1 or 3}):  
How much time would you say you have spent looking at other Part D plans?

IF HMO COVERS PRESCRIPTION DRUGS (N351=1):  
 How much time would you say you have spent looking at other Medicare HMO plans?

IF R {DOES NOT HAVE PRESCRIPTION COVERAGE FROM ANOTHER SOURCE or DID NOT SAY} (N417= {5 or DK or RF}):  
 How much time would you say you have spent looking at Part D plans?

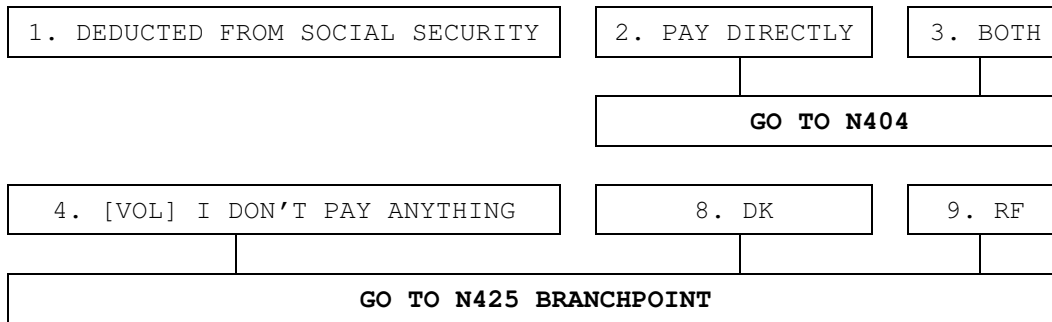
READ TO ALL:  
 Would you say a lot, some, a little, or none at all?

- |          |         |             |                |       |       |
|----------|---------|-------------|----------------|-------|-------|
| 1. A LOT | 2. SOME | 3. A LITTLE | 4. NONE AT ALL | 8. DK | 9. RF |
|----------|---------|-------------|----------------|-------|-------|

N423 BRANCHPOINT: IF R HAS NOT ENROLLED IN A MEDICARE PART D PLAN (N352 NOT 1 and NOT 3), GO TO N358 BRANCHPOINT

N423

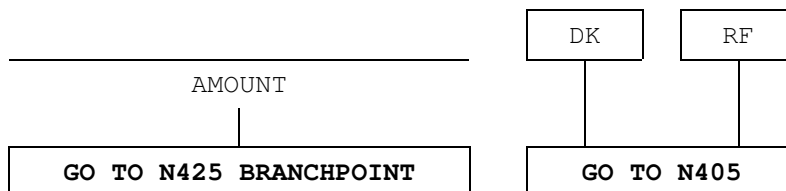
Many Medicare beneficiaries pay the premium for their Medicare drug coverage through their Social Security checks. Some pay directly to the provider? How do you pay for yours?



N424

About how much is your Social Security deduction per month for your Part D plan?

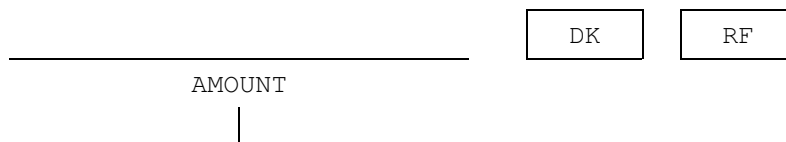
[IWER: DO NOT PROBE DK/RF]



N404

How much do you, yourself, pay per month in premiums for this plan?

[IWER: DO NOT PROBE DK/RF]



**GO TO N425 BRANCHPOINT**

N405-N407 Unfolding Sequence

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

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: \$20, **\$30**, **\$45**, \$60

RANDOM ENTRY POINTS: \$30, \$45

ENTRY POINT ASSIGNMENT: 1 OR {NOT 1} AT X503

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N358 BRANCHPOINT: IF R SIGNED UP FOR MEDICARE DRUG COVERAGE (N352={1 or 3}), GO TO N425 BRANCHPOINT

IF R HAS PRESCRIPTION DRUG COVERAGE THROUGH A MEDICARE HMO (N351=1), GO TO N425 BRANCHPOINT

N358 (Tag#=N004.7)

How likely is it that you will sign up for Medicare prescription drug coverage next year?

Would you say very likely, somewhat likely, not too likely, or not at all likely?

1. VERY LIKELY

2. SOMEWHAT LIKELY

3. NOT TOO LIKELY

4. NOT AT ALL LIKELY

6. [VOL] ALREADY SIGNED UP FOR NEXT YEAR

8. DK

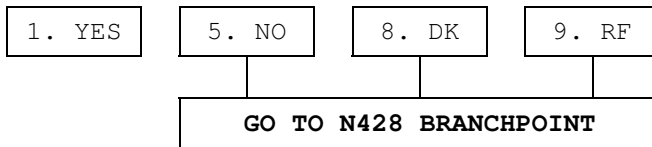
9. RF

----- Start of subsidy sequence -----

N425 BRANCHPOINT: IF R ENROLLED IN MEDICAID SINCE LAST INTERVIEW (N005=1) *or* {R DOES NOT HAVE A MEDICARE PART D PLAN (N352 {NOT 1 *and* NOT 3) *and* R IS NOT ENROLLED IN A MEDICARE HMO WITH PRESCRIPTION DRUG COVERAGE (N351 NOT 1) *and* R HAS COVERAGE FROM SOME OTHER SOURCE (N417=1)}, GO TO N428 BRANCHPOINT

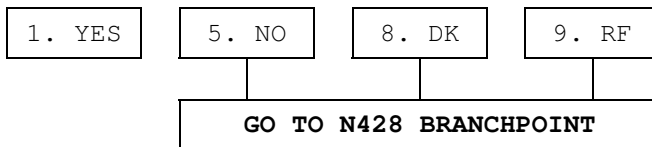
N425

Medicare beneficiaries with limited income and resources may qualify to get extra help paying for their prescription drug coverage. Did you know about this program?



N426

Did you apply for extra help?



N427

Was your application for extra help accepted or denied?



----- End of subsidy sequence -----



----- Start of plan satisfaction sequence -----

N428 BRANCHPOINT: IF THIS IS A PROXY INTERVIEW (A009 NOT 1), GO TO N023

IF R DOES NOT HAVE A MEDICARE PART D PLAN (N352 {NOT 1 and NOT 3})  
and R IS NOT ENROLLED IN A MEDICARE HMO WITH PRESCRIPTION  
DRUG COVERAGE (N351 NOT 1), GO TO N023

N428

IF R IS ENROLLED IN MEDICARE PART D (N352={1 or 3}):  
How satisfied are you with drug coverage in your current Part D plan?

IF HMO COVERS PRESCRIPTION DRUGS (N351=1):  
How satisfied are you with drug coverage in your current Medicare HMO  
plan?

ASK ALL Rs:

Would you say you are very satisfied, somewhat satisfied, not very  
satisfied, or not at all satisfied?

- |                         |                       |                       |
|-------------------------|-----------------------|-----------------------|
| 1. VERY SATISFIED       | 2. SOMEWHAT SATISFIED | 3. NOT VERY SATISFIED |
| 4. NOT AT ALL SATISFIED | 8. DK                 | 9. RF                 |

N429

IF R IS ENROLLED IN MEDICARE PART D (N352={1 or 3}):  
How likely is it that you will switch to a new Part D plan for  
prescription drugs next year?

IF HMO COVERS PRESCRIPTION DRUGS (N351=1):  
How likely is it that you will switch to a new Medicare HMO plan for  
prescription drugs next year?

ASK ALL Rs:

Would you say very likely, somewhat likely, not too likely, or not at  
all likely?

[IWER: IF R HAS ALREADY SIGNED UP FOR NEXT YEAR, PROBE AS NEEDED TO  
DETERMINE IF R STAYED WITH SAME PLAN OR SWITCHED PLANS.]

- |   |  |                      |                         |
|---|--|----------------------|-------------------------|
| 1. VERY LIKELY  | 2. SOMEWHAT LIKELY   | 3. NOT TOO<br>LIKELY | 4. NOT AT ALL<br>LIKELY |
| 6. [VOL] ALREADY SIGNED UP<br>FOR NEXT YEAR, STAYED WITH<br>SAME PLAN | 7. [VOL] ALREADY<br>SIGNED UP FOR NEXT<br>YEAR, SWITCHED PLANS | 8. DK                | 9. RF                   |

----- End of plan satisfaction sequence -----

----- End of New Medicare Part D Sequence -----

----- Begin private plans sequence -----

N023

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

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

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

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

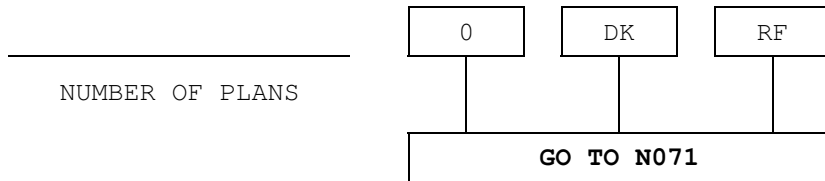
Do **NOT** include long-term care insurance. Other than [his/her] Medicare HMO you've just told me about, how many other such plans did [he/she] have at the time of [his/her] death?

OTHERWISE:

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

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

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



----- begin private plan block -----

\*\*\*BEGINNING OF N024 LOOP: QUESTIONS N024 THROUGH N066 ARE REPEATED FOR UP TO THREE HEALTH INSURANCE PLANS (N023).\*\*\*

N024

{CORE AND EXIT}

IF R HAS ONE PLAN (N023=1):  
Let's talk about that plan.

IF FIRST TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023>1):  
Let's talk about the most important of those plans.

IF [SECOND/THIRD] TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023=>1):  
Let's talk about the [second/third] of those plans.

What is the name of this plan?

\_\_\_\_\_    
NAME OF INSURANCE PLAN

N025 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE (N001 NOT 1),  
GO TO N032  
IF THIS IS NOT FIRST TIME THROUGH N024 LOOP, GO TO N032

N025

Which is your primary plan, Medicare or NAME OF FIRST PLAN (N024\_1)?

Which was [his/her] primary plan, Medicare or NAME OF FIRST PLAN (N024\_1)?

N032

Does NAME OF PLAN (per N024) provide help with paying for regular prescription drugs?

Did NAME OF FIRST PLAN (per N024) provide help with paying for regular prescription drugs?

[IWER: THE FOLLOW-UP QUESTIONS REFER TO THE PRIVATE PLAN, NOT TO MEDICARE.]

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

IF {THIS IS AN EXIT INTERVIEW *and* R DID NOT REPORT WAS WORKING FOR PAY AT R's LAST IW (Z123 NOT 1)}, GO TO N034

N033

IF R IS SELF-EMPLOYED (J021=2):

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

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

Do you obtain this health insurance through your current employer?

IF THIS IS AN EXIT IW:

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

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

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

GO TO N039

N034

Do you obtain this health insurance through a former employer of yours?

Did [he/she] obtain this health insurance through a former employer of [his/hers]?

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

GO TO N039

N035 BRANCHPOINT: IF R IS COUPLED (X065={1 or 3}) or MARRIAGE WAS ANNULLED (B063=2) or IS SEPARATED (B063=3) or IS DIVORCED (B063=4), CONTINUE ON TO N035

IF R IS WIDOWED (B063=5), GO TO N036

OTHERWISE, GO TO N037

N035

IF R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):  
Do you obtain this health insurance through your (spouse's/partner's)  
current employer?

Did [he/she] obtain this health insurance through [his/her]  
(spouse's/partner's) current employer?

OTHERWISE, IF R IS {DIVORCED (B063=4) or MARRIAGE WAS ANNULLED (B063=2):  
Do you obtain this health insurance through your former  
(spouse's/partner's) current employer?

Did [he/she] obtain this health insurance through [his/her] former  
(spouse's/partner's) current employer?

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

↓

GO TO N039
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N036

RIS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):  
Do you obtain this health insurance through your (spouse's/partner's)  
former employer?

Did [he/she] obtain this health insurance through [his/her]  
(spouse's/partner's) former employer?

OTHERWISE, IF R IS DIVORCED (B063=4) or WIDOWED (B063=5) or MARRIAGE WAS  
ANNULLED (B063=2):  
Do you obtain this health insurance through your former  
(spouse's/partner's) former employer?

Did [he/she] obtain this health insurance through [his/her]  
(spouse's/partner's) former employer?

1. YES	5. NO	8. DK	9. RF
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↓

GO TO N039
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N037

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

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

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

7. OTHER (SPECIFY) _____ N038. (How did you obtain this plan?) (How did [he/she] obtain this plan?)	8. DK	9. RF
---	-------	-------

N039

Including any help from your family, do you (or your [husband/wife/partner]) pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

Including any help from [his/her] family, did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

1. ALL	2. SOME	3. NONE	8. DK	9. RF
GO TO N048 BRANCHPOINT				

N040

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

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

{CORE AND EXIT} IF R IS COVERED BY INSURANCE THROUGH {OWN or SP/P's} EMPLOYER (N033 or N034 or N035 or N036)=1):

[IWER: PROBE IF NECESSARY]

Count any payroll deductions, but do not include any amount paid by the employer.

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_  DK  RF

AMOUNT PER MONTH

**GO TO N048  
BRANCHPOINT**

N041-N043 Unfolding Sequence

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

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$50, \$100, \$150, \$300, \$500

RANDOM ENTRY POINTS: \$100, \$150, \$300

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X515

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

**N048 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N052**

N048

Besides you, is anyone else covered on this health insurance?

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

**GO TO N051 BRANCHPOINT**

N049

Who besides yourself is covered?

[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42. CHILD NAME(S) & SPOUSE/PARTNER NAME(S) [ROWS PROVIDED BY BLAISE AS NECESSARY]
91. R'S SPOUSE/PARTNER
93. ALL CHILDREN
94. ONE OR MORE GRANDCHILDREN
97. OTHER (SPECIFY) [N050]
98. DK
99. RF

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

N051 BRANCHPOINT: IF R IS NOT MARRIED (X065 NOT 1) or {R RECEIVES COVERAGE THROUGH R'S SPOUSE'S/PARTNER'S {EMPLOYER (N035 or N036)=1} or UNION (N037=3)} or R REPORTED THAT SPOUSE/PARTNER IS COVERED (N049=91), GO TO N052

N051

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

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

N052

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

*Was this plan an HMO, that is, a Health Maintenance Organization?*

DEFINITION: WITH AN HMO, THE COST OF THE PHYSICIAN VISIT IS TYPICALLY COVERED IN FULL OR YOU PAY ONLY A SMALL AMOUNT. ALL OF YOUR ROUTINE CARE MUST BE PROVIDED BY AN HMO PHYSICIAN.

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



N053

How long have you been with this plan?

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

_____	OR	_____	<input type="text" value="DK"/>	<input type="text" value="RF"/>
N053		N054		
YEARS		MONTHS		

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

N055

Does this health insurance plan have a list or book of doctors that you are encouraged or required to use?

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

1. YES	5. NO	8. DK	9. RF
GO TO N059 BRANCHPOINT			

N056

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

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

1. YES	2. YES, WITH A REFERRAL	5. NO	8. DK	9. RF
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N059 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N066

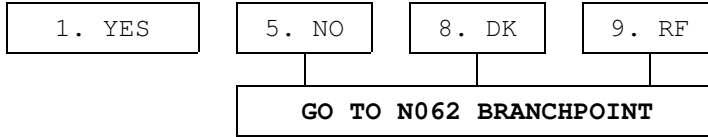
IF R {IS NOT COVERED BY CURRENT EMPLOYER (N033 NOT 1) or R IS NOT WORKING FOR SOMEONE ELSE (J021 NOT 1)} and R IS NOT COVERED BY FORMER EMPLOYER (N034 NOT 1), GO TO N066

IF R'S AGE IS 65 OR OVER, GO TO N062 BRANCHPOINT

N059

IF R IS COVERED BY FORMER EMPLOYER (N034=1):  
Can you continue this insurance coverage for yourself up to the age of 65?

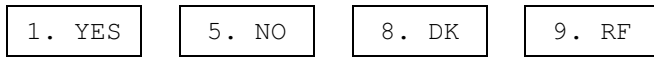
OTHERWISE:  
If you left your current employer now, could you continue this insurance coverage for yourself up to the age of 65?



N060

IF R IS COVERED BY FORMER EMPLOYER (N034=1):  
Does your former employer offer some type of health insurance coverage for you after the age of 65?

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

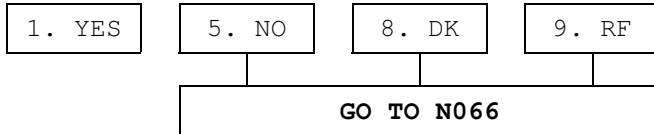


N062 BRANCHPOINT: IF SPOUSE'S AGE IS 65 OR OVER *or* R IS NOT MARRIED (X065 NOT 1) *or* R {COULD NOT CONTINUE INSURANCE COVERAGE IF LEFT EMPLOYER (N059=5) *or* DID NOT REPORT THAT COULD OBTAIN COVERAGE FOR SPOUSE THROUGH PLAN (N051 NOT 1)}, GO TO N066

N062

IF R IS COVERED BY FORMER EMPLOYER (N034=1):  
Could your spouse be covered by this plan until [he/she] is age 65?

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



N063

IF R IS COVERED BY FORMER EMPLOYER (N034=1):

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

OTHERWISE:

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

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

N066

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

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

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

\*\*\*END OF N024 LOOP: IF MORE HEALTH INSURANCE PLANS WERE MENTIONED AT N023, REPEAT QUESTIONS N024 THROUGH N066 FOR UP TO THREE PLANS. IF NOT, CONTINUE ON TO N431\*\*\*

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

N431 BRANCHPOINT: IF R DID NOT SIGN UP FOR MEDICARE PART D BECAUSE ALREADY HAS GOOD COVERAGE (N417=1) and R DID NOT SAY ANY PRIVATE PLAN PROVIDES HELP WITH PAYING FOR PRESCRIPTION DRUGS ({N032\_1 and N032\_2 and N032\_3} NOT 1), CONTINUE ON TO N431  
OTHERWISE, GO TO N071

N431

Earlier you told us that you have prescription drug coverage. Which plan is that?

Earlier you told us that [he/she] had prescription drug coverage, which plan is that?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
97. GET MEDS THROUGH THE VA (Not part of plan count, N090)
98. DK
99. RF

N432 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N431=27),  
CONTINUE ON TO N432  
  
OTHERWISE, GO TO N071

N432

{CORE AND EXIT} (What is the name of the plan that would cover those costs?)

\_\_\_\_\_  DK  RF

NAME OF INSURANCE PLAN

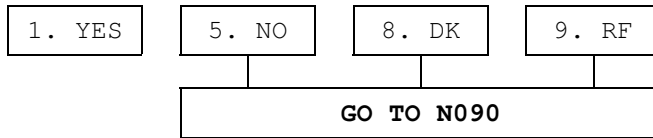
NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY MENTIONED PLANS, AND THE •PLAN COUNT (N090)• IS INCREMENTED BY 1.

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

N071

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

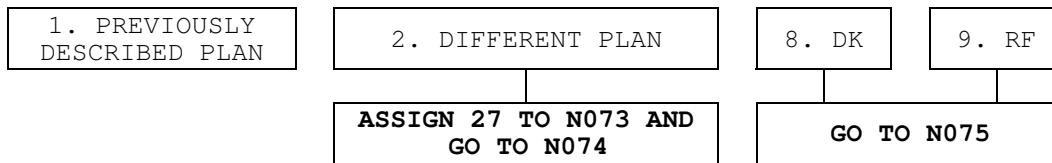
Not including government programs, did R's FIRST NAME have any long-term care insurance which specifically covered nursing home care for a year or more or any part of personal or medical care in [his/her] home?



N072 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (N090=0), ASSIGN {2 TO N072} and {27 TO N073}} AND GO TO N074

N072

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



N073

{CORE AND EXIT} Which plan is that?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

"18. MEDICARE PART D — NAME OF PART D PLAN", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D and R GAVE NAME OF PART D PLAN.

"18 MEDICARE PART D", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1) and R DID NOT GIVE NAME OF PLAN. OTHERWISE, CODE 18 WILL NOT APPEAR ON THE PLAN LIST.

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

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

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

OTHERWISE, GO TO N075

N074

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

\_\_\_\_\_

DK	RF
----	----

NAME OF INSURANCE PLAN

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

N075

Does this plan cover care in a nursing home facility only, personal or long-term care at home, or both in-home and nursing home care?

Did this plan cover care in a nursing home facility only, personal or long-term care at home, or both in-home and nursing home care?

1. NURSING HOME CARE ONLY	2. IN-HOME CARE ONLY	3. BOTH	7. OTHER (SPECIFY) N076	8. DK	9. RF
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N238 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N077

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

N238 (Tag#=N076.5)

Does this plan provide long-term care coverage for your [husband/wife/partner] as well as for yourself?

1. YES	5. NO	8. DK	9. RF
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N077

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

OTHERWISE:

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

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

1. YES	5. NO	8. DK	9. RF
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N078 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N079 BRANCHPOINT

N078

Does this plan increase payments with inflation?

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

N079

IF R NAMED A PLAN THAT IS NOT ON THE LIST (N073=27):  
How much do you (or your [husband/wife/partner]) pay for this plan?

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

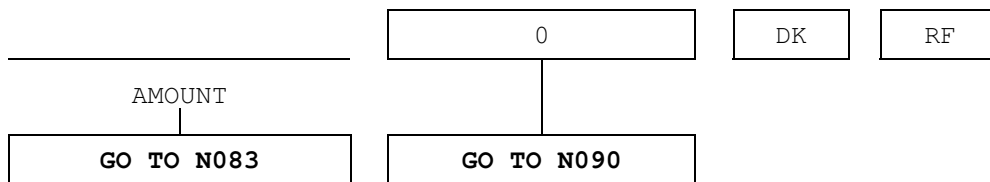
OTHERWISE:

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

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

[IWER: ENTER 0 IF NO PAYMENTS ARE MADE]

[IWER: DO NOT PROBE DK/RF]



N080-N082 Unfolding Sequence

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

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

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: \$50, \$100, \$200, \$300

RANDOM ENTRY POINTS: \$100, \$200

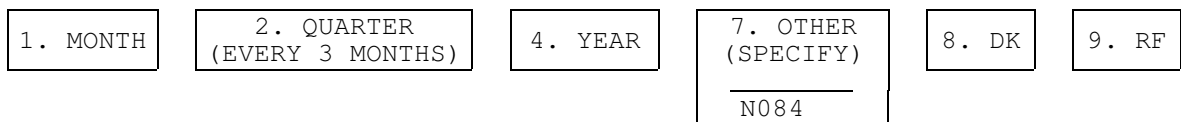
ENTRY POINT ASSIGNMENT: 1 or {NOT 1} AT X502

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N083 BRANCHPOINT: GO TO N090

N083

PER:



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



N090

PLAN COUNT

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

N091 BRANCHPOINT: IF R {WAS AT LEAST 65 YEARS OF AGE and {WAS COVERED BY MEDICARE (Z201=1)}} AT R's LAST IW, GO TO N342 BRANCHPOINT

IF R DOES NOT HAVE ANY HEALTH INSURANCE PLAN(S) (N090=0),  
GO TO N342 BRANCHPOINT

N091

Were you ever without health insurance coverage at any time [since R's LAST IW MONTH, YEAR/in the last two years]?

Was R's FIRST NAME ever without health insurance coverage at any time [since R's LAST IW MONTH, YEAR/in the last two years]?

1. YES

5. NO

8. DK

9. RF

----- BEGIN SERIES OF NEWLY ADDED QUESTIONS -----

N342 BRANCHPOINT: IF R HAS ANY HEALTH INSURANCE PLAN(S) (N090>0), GO TO N092 BRANCHPOINT

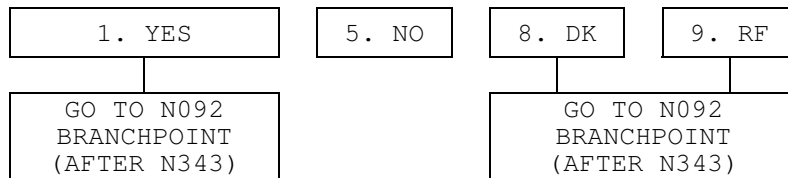
N342 (Tag#=N091.3)

According to my information, you are not currently covered by any government or private health insurance plans that provide medical care.

Is that correct?

According to my information, *R's FIRST NAME* was not covered by any government or private health insurance plans that provide medical care at the time of [his/her] death.

Is that correct?



N343 (Tag#=N091.5)

Under which of the following plans are you covered?

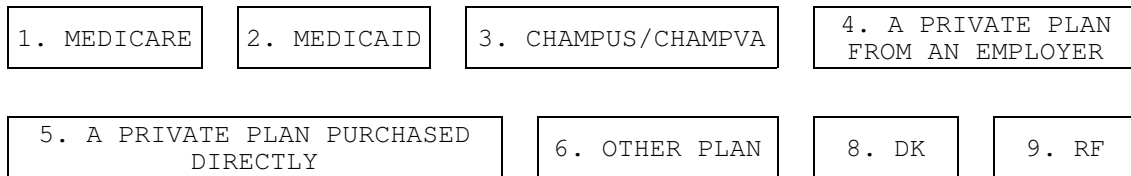
Under which of the following plans was [he/she] covered?

[IWER: READ LIST:]

- Medicare
- Medicaid
- Champus/ChampVA
- A private plan from an employer
- A private plan purchased directly
- Some other type of plan

[IWER: CHOOSE ALL THAT APPLY]

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



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

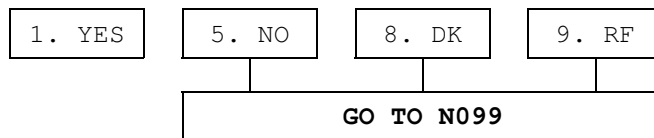
N092 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N301 BRANCHPOINT

IF R IS NOT WORKING FOR SOMEONE ELSE (J021 NOT 1),  
GO TO N099

IF R REPORTED HAS HEALTH INSURANCE FROM CURRENT EMPLOYER  
(N033=1), GO TO N094 BRANCHPOINT

N092

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



N093

Were you offered health insurance through your job?



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

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

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

N094

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

1. YES, MORE THAN ONE PLAN	5. NO, ONLY ONE PLAN	8. DK	9. RF
<b>GO TO N099</b>			

N095

Compared to your current coverage through your employer,

	1. YES	5. NO	8. DK	9. RF
N095 Did any of these other plans... Provide better coverage?				
N096 (Did any of these other plans...) Provide greater choice of physicians?				
N097 (Did any of these other plans...) Cost more than your plan?				

-----END sequence for Rs who ARE covered by employer insurance -----

----- begin sequence on services and insurance coverage -----

----- begin hospital -----

N301 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N099

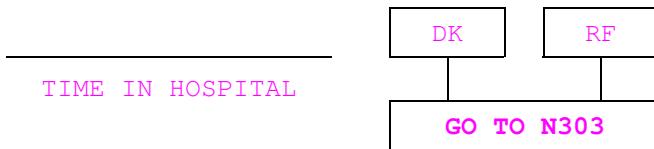
IF PROXY DID NOT REPORT THAT R WAS IN HOSPITAL AT TIME OF DEATH (A124 NOT 1), GO TO N099

N301

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

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

[IWER: ENTER '1 HOUR' IF LESS THAN ONE HOUR]



N302

UNIT:

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

N303

Why had [he/she] been admitted to the hospital? Was it to have surgery, receive other treatments, relieve [his/her] symptoms, or what?

- |            |                     |                     |                                     |       |       |
|------------|---------------------|---------------------|-------------------------------------|-------|-------|
| 1. SURGERY | 2. OTHER TREATMENTS | 3. RELIEVE SYMPTOMS | 7. OTHER (SPECIFY)<br>_____<br>N304 | 8. DK | 9. RF |
|------------|---------------------|---------------------|-------------------------------------|-------|-------|

N099

The next questions are about health care you have received.  
 [Since R's LAST IW MONTH, YEAR/In the last two years], have you been a patient in a hospital overnight?

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

OTHERWISE:  
 The next questions are about health care [he/she] had received.  
 [[Since R's LAST IW MONTH, YEAR/In the last two years before [his/her] death] had [he/she] been a patient in a hospital overnight?

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

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

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

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

N100

How many different times were you a patient in a hospital overnight [since R's LAST IW MONTH, YEAR/in the last two years]?

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

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

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

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

- |  |    |    |
|--|----|----|
|  | DK | RF |
|--|----|----|

NUMBER OF TIMES

N101

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

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

	DK	RF
NUMBER OF NIGHTS		

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

N305

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

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

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

N306

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

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

N307

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

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

N308

((During any of those hospital stays/During [his/her] hospital stay) did [he/she] receive antibiotics to treat pneumonia or other infection?

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

N102

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

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK	9. RF
GO TO N106 BRANCHPOINT			

N104 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW GO TO N106 BRANCHPOINT

IF R HAS/HAD MEDICARE COVERAGE (N001=1) and {R's PRIMARY PLAN IS MEDICARE (N025=1) or R HAS NO HEALTH INSURANCE PLAN OTHER THAN MEDICARE {(N023=0) and ({N006 and N007} NOT 1)}, GO TO N106 BRANCHPOINT

N104

What is the name of the health insurance plan that covered the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY MENTIONED INSURANCE PLANS, INCLUDING "18. MEDICARE PART D [— NAME OF PART D PLAN], 19. MEDICARE HMO[ — NAME OF HMO] ", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N105 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N104=27), CONTINUE ON TO N105

OTHERWISE, GO TO N106 BRANCHPOINT



N105

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

\_\_\_\_\_

NAME OF INSURANCE PLAN

DK

RF

**GO TO N106  
BRANCHPOINT**

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

N359 (Tag#=N105.1)

Are you still covered under this plan?

1. YES

5. NO

8. DK

9. RF

N106 BRANCHPOINT: IF HOSPITALIZATION COSTS WERE COMPLETELY COVERED (N102=1), GO TO N110 BRANCHPOINT

N106

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

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT

DK

RF

**GO TO N114**

N107-N109 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_, more than \$\_\_\_\_, or what?

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

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

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

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X511

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N110 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N309 BRANCHPOINT

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

IF R HAS (MEDICARE or MEDICAID/STATE NAME FOR MEDICAID or CHAMPUS/CHAMP-VA) ({N001 or N006 or N007}=1), GO TO N114 BRANCHPOINT

N110

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

1. YES	5. NO	8. DK	9. RF
GO TO N114 BRANCHPOINT			

N112

What is the name of the health insurance plan that would cover the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY MENTIONED INSURANCE PLANS, INCLUDING "18. MEDICARE PART D [— NAME OF PART D PLAN], 19. MEDICARE HMO[ — NAME OF HMO]", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N113 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N112=27), CONTINUE ON TO N113

OTHERWISE, GO TO N114 BRANCHPOINT

N113

(What is the name of the plan that would cover those costs?)

\_\_\_\_\_

NAME OF INSURANCE PLAN

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

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

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

N309 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N114 BRANCHPOINT

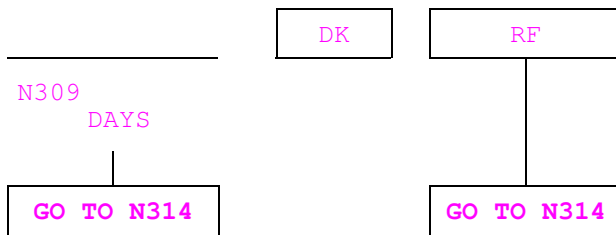
IF PROXY DID NOT REPORT THAT R DIED WHILE LIVING IN NURSING HOME (A167\_A028 NOT 1) and DID NOT REPORT THAT R DIED IN NURSING HOME (A124 NOT 2)}, GO TO N114

N309

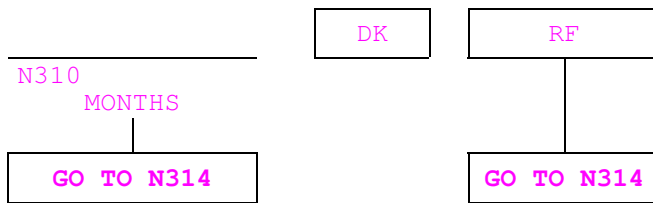
IF R DIED IN NURSING HOME (A124=2):  
Earlier you told me that R's FIRST NAME died while in a nursing home.

IF R DIED WHILE LIVING IN NURSING HOME (A167\_A028=1):  
Earlier you told me that R's FIRST NAME was living in a nursing home.

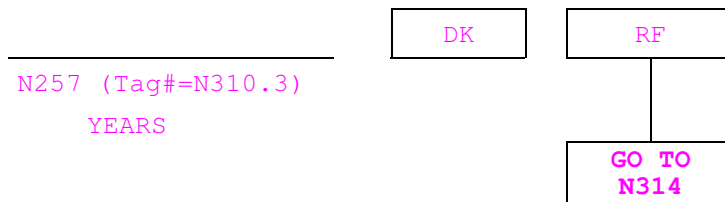
ASK ALL Rs:  
How long had [he/she] been a patient in that nursing home before [his/her] death?



OR



OR



N258 (Tag#=N310.5)  
 In what year did [he/she] go into the nursing home or health care facility

\_\_\_\_\_

YEAR

DK	RF
GO TO N314	

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

N259 (Tag#=N310.7)  
 (What month was that?)

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN	7. JUL
8. AUG	9. SEP	10. OCT	11. NOV	12. DEC	98. DK	99. RF

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

\_\_\_\_\_

REASON FOR ADMITTANCE

DK	RF
----	----

N114 BRANCHPOINT: IF THIS IS A CORE IW and R CURRENTLY LIVES IN A NURSING HOME (A167\_A028=1), ASSIGN 1 TO N114 AND GO TO N115

N114  
 [Since R's LAST IW MONTH, YEAR/in the last two years] have you been a patient overnight in a nursing home, convalescent home, or other long-term health care facility?

IF R {DIED WHILE LIVING IN NURSING HOME (A167\_A028=1) or DIED IN NURSING HOME (A124=2)}:  
 Other than this nursing home stay and excluding any hospice stays, had [he/she] been a patient overnight in a nursing home, convalescent home, or other long-term health care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

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

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

N115 BRANCHPOINT: IF THIS IS AN EXIT IW *and* R {DIED WHILE LIVING IN NURSING HOME (A167\_A028=1) *or* DIED IN NURSING HOME (A124=2)} *and* PROXY DID NOT REPORT THAT R WAS A PATIENT OVERNIGHT IN FACILITY (N114 NOT 1), ASSIGN 1 TO N115 AND GO TO N118

IF R DID NOT REPORT THAT WAS A PATIENT OVERNIGHT (N114 NOT 1), GO TO N315 BRANCHPOINT

N115

IF R LIVES IN A NURSING HOME (A167\_A028=1):  
How many times, including now, have you been a patient in a nursing home or other long-term care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

IF R {DIED WHILE LIVING IN NURSING HOME (A167\_A028=1) *or* DIED IN NURSING HOME (A124=2)}:  
Including [his/her] final stay, how many different times was [he/she] a patient in a nursing home or other long-term care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

How many times were you a patient in a nursing home or other long-term care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

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

DK

RF

NUMBER OF TIMES

N116

IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INLCUDING CURRENT STAY (N115>1):

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

OTHERWISE:

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

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

IF R HAD MORE THAN ONE NURSING HOME STAY, INLCUDING STAY IN WHICH S/HE DIED (N115>1):

Altogether, how many nights or months has [he/she] been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

How many nights or months had [he/she] been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

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

[IWER: IF R ANSWERS IN MONTHS RATHER THAN NIGHTS, PRESS ENTER AND ANSWER IN MONTH FIELD]

_____	OR	_____	996 CONTINUOUS SINCE ENTERED	DK	RF
N116 NIGHTS		N117 MONTHS			

N118

IF R {LIVES IN A NURSING HOME or DIED WHILE LIVING IN NURSING HOME  
(A167\_A028=1)} or R DIED IN NURSING HOME (A124=2):

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

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

OTHERWISE:

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

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
GO TO BEGINNING OF N124 (Tag#=N123) LOOP		
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK
		9. RF

N119

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

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

[IWER: DO NOT PROBE DK/RF]

[IWER: INCLUDE ANY AMOUNT PAID BY OTHERS]

\_\_\_\_\_

AMOUNT

GO TO BEGINNING OF  
N124 (Tag#=N123)  
LOOP

N120-N122 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
BREAKPOINTS: \$500, **\$5,000**, **\$10,000**, **\$20,000**, \$50,000  
RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000  
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X512  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND



----- START OF Medicaid loop of up to 3 FIRST/SECOND/LAST/CURRENT  
nursing home stays -----

\*\*\*BEGINNING OF N124 (Tag#=N123) LOOP: QUESTIONS N124  
(Tag#=N123)N133/N255\_N133 ARE REPEATED FOR UP TO THREE NURSING HOME STAYS  
(N115) BEGINNING WITH THE FIRST STAY. IF R HAD MORE THAN THREE NURSING HOME  
STAYS, ON THE THIRD TIME THROUGH THE LOOP R IS ASKED ABOUT THE LAST OR CURRENT  
NURSING HOME STAY.\*\*\*

```
N124 (Tag#=N123) BRANCHPOINT: IF R LIVED IN NURSING HOME AT HH's LAST IW
(X008=1) and R HAS LIVED IN NURSING HOME {CONTINUOUSLY SINCE
THEN OR UNTIL HIS/HER DEATH (N116=996)}, GO TO N127
BRANCHPOINT

IF {R {LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING
HOME} (A167_A028=1) or DIED IN NURSING HOME (A124=2)} and
R/PROXY DID NOT REPORT THAT R HAD ANOTHER NURSING HOME STAY
(N115={<2 or DK or RF}), GO TO N127 BRANCHPOINT

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {= 3
or = NUMBER OF NURSING HOME STAYS (per N115)} and {R {LIVES IN
NURSING HOME or DIED WHILE LIVING IN NURSING HOME}
(A167_A028=1) or DIED IN NURSING HOME (A124=2)}}, GO TO N127
BRANCHPOINT
```

N124 (Tag#=N123)  
 IF THIS IS FIRST TIME THROUGH LOOP and R HAD MORE THAN ONE NURSING HOME STAY (N115>1):

Think back to the first time [since R's LAST IW MONTH, YEAR/in the last two years] that you were a patient in a nursing home or other long-term care facility.

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

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

Think back to the second time ([since R's LAST IW MONTH, YEAR/in the last two years]) that you were a patient in a nursing home or other long-term care facility.

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) and R {DOES NOT LIVE IN A NURSING HOME (A167\_A028 NOT 1) or DID NOT DIE WHILE IN A NURSING HOME {(A167\_A028 NOT 1) and (A124 NOT 2)}}):

Think back to the last time [since R's LAST IW MONTH, YEAR/in the last two years] that you were a patient in a nursing home or other long-term care facility.

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

OTHERWISE:

Think back to the time [since R's LAST IW MONTH, YEAR/in the last two years] that you were a patient in a nursing home or other long-term care facility.

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

ASK ALL Rs:

In what year did you go into the nursing home or health care facility?

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

\_\_\_\_\_    
 YEAR

N123 BRANCHPOINT: IF YEAR AT N124 WAS MORE THAN 2 YEARS AGO, GO TO N126

N123 (Tag#=N124)

{CORE AND EXIT} (What month was that?)

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

N126 (Tag#=N125)

In what year did you move out of the nursing home or health care facility?

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

\_\_\_\_\_           

YEAR

N125 (Tag#=N126) BRANCHPOINT: IF YEAR AT N126 WAS MORE THAN 2 YEARS AGO, GO TO N127 BRANCHPOINT

N125 (Tag#=N126)

MONTH/SEASON: {CORE AND EXIT} (What month was that?)

1. JAN	2. FEB	3. MAR	4. APR	5. MAY	6. JUN
7. JUL	8. AUG	9. SEP	10. OCT	11. NOV	12. DEC
13. WINTER	14. SPRING	15. SUMMER	16. FALL	98. DK	99. RF

N127 BRANCHPOINT: IF R DID NOT REPORT HAVING MEDICAID COVERAGE SINCE LAST IW (N005 NOT 1), GO TO N131 BRANCHPOINT

N127

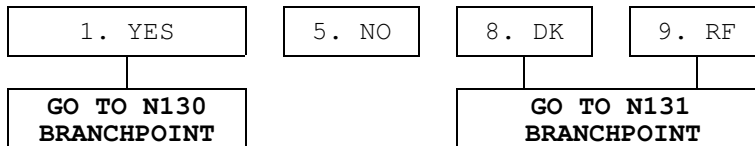
IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {= 3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) and R {LIVES IN A NURSING HOME (A167\_A028=1) or DIED WHILE IN A NURSING HOME {(A167\_A028=1) or (A124=2)}}}:  
Think about your current stay at the nursing home or other long-term care facility.

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

ASK ALL Rs:

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

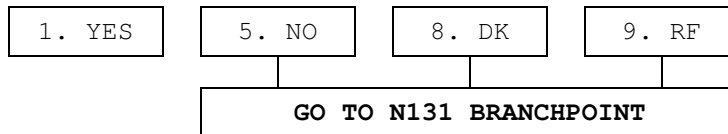
Was R's FIRST NAME eligible for (Medicaid/STATE NAME FOR MEDICAID) at the time [his/her] [first/second/last/current] nursing home stay started?



N128

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

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



N130 BRANCHPOINT: IF R HAS NOT BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per N115) or R {{LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME or DIED WHILE LIVING IN HOSPICE} or DID NOT SAY} (A167\_A028={1 or 2 or DK or RF}) or R DIED IN NURSING HOME (A124=2), GO TO N131 BRANCHPOINT

N130

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

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



N131 BRANCHPOINT: IF R HAS BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per N115) and {R LIVES IN NURSING HOME (A167\_A028=1) or R DIED WHILE IN NURSING HOME {(A167\_A028=1) or (A124=2)}}, GO TO N315 BRANCHPOINT(OUT OF LOOP)

N131

Where did you live after leaving the nursing home or health care facility?

(Did you live alone, (with your [husband/wife/partner] only), with one of your children and his or her own family, with other relatives, in a retirement center, or what?)

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

(Did [he/she] live alone, (with [you/[his/her] [husband/wife/partner]] only,) with one of [his/her] children and his or her own family, with other relatives, in a retirement center, or what?)

- |  |                                     |  |
|--|-------------------------------------|--|
| 1. R LIVED BY HIM/HER SELF, ALONE                                | 2. R LIVED WITH SPOUSE/PARTNER ONLY | 3. R LIVED WITH CHILD AND CHILD'S FAMILY |
| 4. R LIVED WITH OTHER RELATIVE(S)                                | 5. R LIVED IN RETIREMENT CENTER     |  |
| 6. ANOTHER NURSING HOME, HOSPITAL, ASSISTED LIVING, REHAB CENTER | 7. OTHER (SPECIFY)<br>_____         | 8. DK                                    |
|  | N132                                | 9. RF                                    |

N133/N255\_N133 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (N131 NOT 3), GO TO END OF N124 (Tag#=N123) LOOP (AFTER N133/N255\_N133)

N133/N255\_N133

(Which child is that?)

(Which child was that?)

IWER: IF GRANDCHILD:

(Which of your children is the parent of that grandchild?)

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

CHILD NAME(S)	[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42.	CHILD & SPOUSE/PARTNER NAME(S)
	[ROWS PROVIDED BY BLAISE AS NECESSARY]
92.	DECEASED CHILD
98.	DK
99.	RF

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN AND THEIR SPOUSES/PARTNERS ARE DISPLAYED AS COUPLES, ON THE SAME LINE.

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

\*\*\*END OF N124 (Tag#=N123) LOOP: IF MORE NURSING HOME STAYS WERE MENTIONED AT N115, REPEAT QUESTIONS N124 (Tag#=N123) THROUGH N133/N255\_N133 FOR UP TO THREE STAYS. IF NOT, CONTINUE ON TO N315 BRANCHPOINT.\*\*\*

----- end of Nursing Home sequence -----

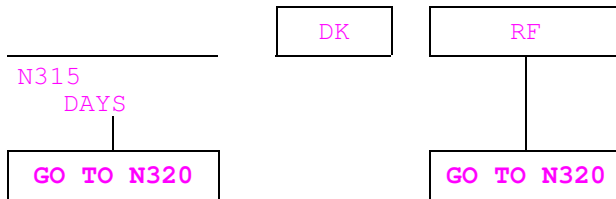
----- begin HOSPICE sequence -----

N315 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N134  
 IF R DID NOT DIE IN A HOSPICE (A124 NOT 4), GO TO N320

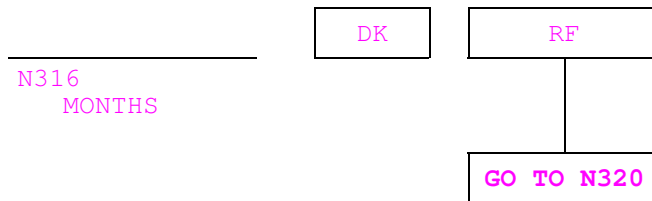
N315

IF R DIED IN A HOSPICE (A124=4):  
 Earlier you told me that R's *FIRST NAME* died while in a hospice.

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



OR



N320

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

OTHERWISE:  
 [Since R's *LAST IW MONTH, YEAR*/In the last two years], had [he/she] been a patient overnight in a hospice?

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

N321 BRANCHPOINT: IF R DIED IN A HOSPICE (A124=4) and PROXY DID NOT REPORT THAT R HAD ANOTHER HOSPICE STAY (N320={5 or DK or RF}), GO TO N324  
 IF PROXY DID NOT REPORT THAT R HAD ANOTHER HOSPICE STAY (N320 NOT 1), GO TO N147

N321

IF R WAS DIED IN A HOSPICE (CS2cx/A124=4)  
 Including [his/her] final stay, How many different times was [he/she] a patient in a hospice [since R's *LAST IW MONTH, YEAR*/in the last two years]?

OTHERWISE:

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

	DK	RF
--	----	----

NUMBER OF TIMES

N322

IF R HAS HAD MORE THAN ONE HOSPICE STAY (N321>1:

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

OTHERWISE:

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

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

	OR		996 CONTINUOUS SINCE ENTERED	DK	RF
N322 NIGHTS		N323 MONTHS			

N324

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
GO TO N134 BRANCHPOINT		
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK
		9. RF

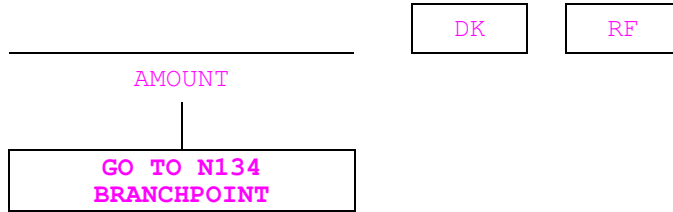


N328

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

[IWER: DO NOT PROBE DK/RF]

[IWER: INCLUDE ANY AMOUNTS PAID BY OTHERS]



N329 - N331 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

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

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

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X511

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

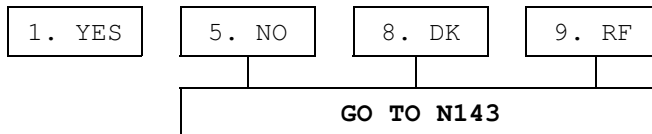
----- end HOSPICE sequence -----

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

**N134 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N147**

N134

(Not counting overnight hospital stays,) [since R's LAST IW MONTH, YEAR/in the last two years], have you had outpatient surgery?



N135

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
GO TO N147		
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK
		9. RF

N139

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF	
AMOUNT			
GO TO N147			

N140 - N142 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_\_ per month, more than \$\_\_\_\_\_ per month, or what?

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
 BREAKPOINTS: \$500, **\$2,000**, **\$5,000**, **\$10,000**, \$20,000  
 RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000  
 ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X514  
 ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

N143

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

1. YES	5. NO	8. DK	9. RF
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----- end OUTPATIENT SURGERY sequence -----

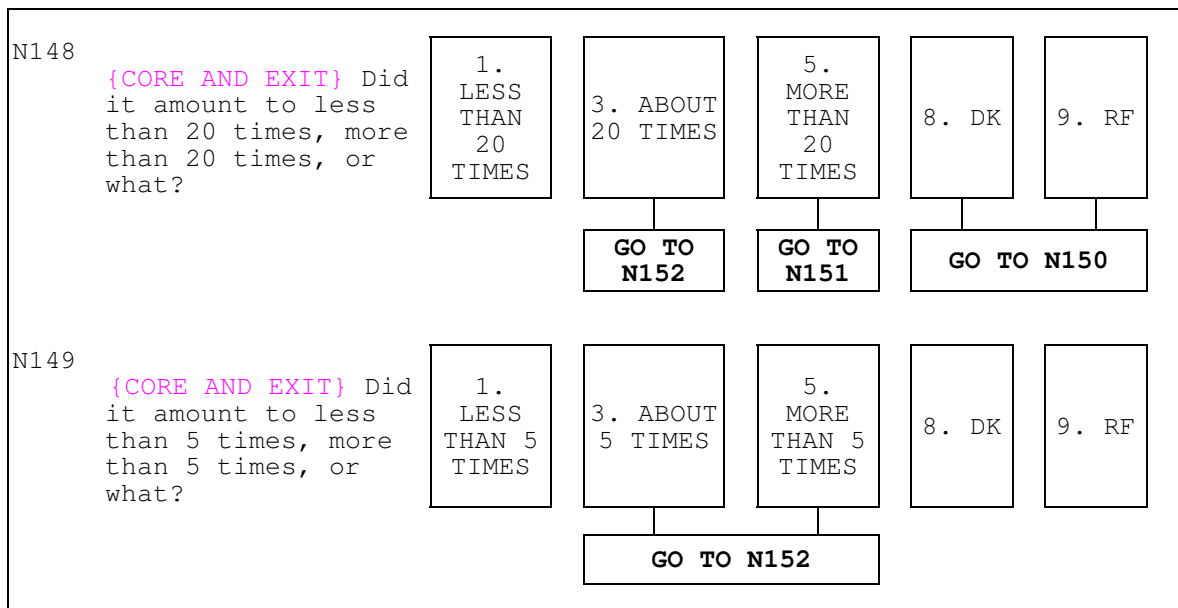
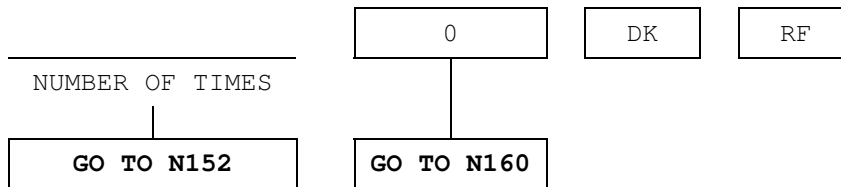
----- begin DOCTOR VISITS sequence -----

N147

(Aside from any [hospital stays,/outpatient surgery,/hospital stays and outpatient surgery,]) [how/How] many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits [since R's LAST IW MONTH, YEAR/in the last two years]?

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

[IWER: USE ZERO FOR NONE]



N150

Do you think you have seen a medical doctor about your health at least once [since R's LAST IW MONTH, YEAR/in the last two years]?

Do you think [he/she] saw a medical doctor about [his/her] health at least once [since R's LAST IW MONTH, YEAR/in the last two years]?

1. YES	5. NO	8. DK	9. RF
GO TO N152 BRANCHPOINT			

N151

{CORE AND EXIT} Did it amount to less than 50 times, more than 50 times, or what?

1. LESS THAN 50 TIMES	3. ABOUT 50 TIMES	5. MORE THAN 50 TIMES	8. DK	9. RF
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N152 BRANCHPOINT: IF R HAS NOT HAD ANY {DOCTOR OR CLINIC VISITS} SINCE R's LAST IW YEAR/IN THE LAST 2 YEARS (N150 NOT 1 and NOT EMPTY), GO TO N160

N152

Were the costs for your doctor or clinic visit(s) completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
GO TO N164 BRANCHPOINT			
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK	9. RF

N156

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

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT

DK

RF

**GO TO N164  
BRANCHPOINT**

N157-N159 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
 BREAKPOINTS: \$500, **\$2,000**, **\$5,000**, **\$10,000**, \$20,000  
 RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000  
 ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X515  
 ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

N160

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

1. YES

5. NO

8. DK

9. RF

**GO TO N164**

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

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

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

N164

[Since R's LAST IW MONTH, YEAR/in the last two years] have you seen a dentist for dental care, including dentures?

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

N165

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
GO TO N175 BRANCHPOINT			
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK	9. RF

N168

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

[IWER: DO NOT PROBE DK/RF]

_____	DK	RF
AMOUNT		
GO TO N175 BRANCHPOINT		

N169-N171 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_, more than \$\_\_\_\_, or what?

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
BREAKPOINTS: \$100, **\$200**, \$400, \$1,000, \$3,000  
RANDOM ENTRY POINTS: \$200, \$400, \$1,000  
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X516  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N172 BRANCHPOINT: GO TO N175 BRANCHPOINT

N172

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

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

----- END DENTAL sequence -----

----- begin PRESCRIPTION DRUG sequence -----

N175 BRANCHPOINT: IF R HAS REPORTED {TAKING OR CARRYING} MEDICATION REGULARLY ({C006 or C011 or C012 or C037 or C046 or C050 or C060 or C068}=1), ASSIGN 7 TO N175 AND GO TO N360 BRANCHPOINT

N175

Do you regularly take prescription medications?

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

1. YES	5. NO	7. MEDICATIONS KNOWN	8. DK	9. RF
	GO TO N184 BRANCHPOINT (AFTER N370)		GO TO N184 BRANCHPOINT (AFTER N370)	

N360 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N176

N360 (Tag#=N175.1)

Do you regularly take prescription medications for any of the following common health problems:

To help lower your cholesterol?

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

	1. YES	5. NO	8. DK	9. RF
N361 (Tag#=N175.2) (Do you regularly take prescription medications for any of the following common health problems:) For pain in your joints or muscles?				
N362 (Tag#=N175.3) (Do you regularly take prescription medications for any of the following common health problems:) For asthma or allergies or other breathing problems?				
N363 (Tag#=N175.4) (Do you regularly take prescription medications for any of the following common health problems:) For stomach problems?				
N364 (Tag#=N175.5) (Do you regularly take prescription medications for any of the following common health problems:) To help you sleep?				
N365 (Tag#=N175.6) (Do you regularly take prescription medications for any of the following common health problems:) To help relieve anxiety or depression?				



N176

IF R'S MEDICATIONS ARE KNOWN (N175=7) and NONE IS FOR THE LISTED MEDICAL CONDITIONS ({N360 and N361 and N362 and N363 and N364 and N365} NOT 1): Earlier you said you are taking prescription medications.

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

ASK ALL Rs:

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

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK	9. RF
GO TO N180			

N178 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N180 BRANCHPOINT

N178

What is the name of the health insurance plan that covered the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY MENTIONED INSURANCE PLANS, INCLUDING "18. MEDICARE PART D [— NAME OF PART D PLAN], 19. MEDICARE HMO[ — NAME OF HMO]", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N179 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N178=27),  
CONTINUE ON TO N179  
  
OTHERWISE, GO TO N180 BRANCHPOINT

N179

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

\_\_\_\_\_

NAME OF INSURANCE PLAN

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

N180 BRANCHPOINT: IF R'S MEDICATION COSTS WERE COMPLETELY COVERED (N176=1),  
GO TO N188

N180

On average, about how much have you paid out-of-pocket per month for  
these prescriptions [since R's LAST IW MONTH, YEAR/in the last two  
years]?

On average, about how much did [he/she] pay out-of-pocket per month for  
these prescriptions [since R's LAST IW MONTH, YEAR/in the last two  
years]?

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

\_\_\_\_\_

AMOUNT

**GO TO N368  
BRANCHPOINT**

N181-N183 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ per month, more than  
\$\_\_\_\_ per month, or what?

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
BREAKPOINTS: \$20, **\$40, \$100, \$200**, \$500  
RANDOM ENTRY POINTS: \$40, \$100, \$200  
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X517  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N368 BRANCHPOINT: **IF THIS IS AN EXIT INTERVIEW, GO TO N189 BRANCHPOINT**

IF R PAID MORE THAN \$500 OUT-OF-POCKET FOR PRESCRIPTIONS IN UNFOLDING SEQUENCE (per N181-N183) or R DID NOT INDICATE AN AMOUNT ({N180 and N181-N183}={DK or RF}), GO TO N184 BRANCHPOINT (AFTER N370)

N368 (Tag#=N183.1)

You said your average payment for prescription drugs has been

[\$ AMOUNT (per N180)  
/about \$ SINGLE BRACKETED AMOUNT WHERE MIN=MAX  
/between \$ MINIMUM BRACKETED AMOUNT (per N181)

and \$ MAXIMUM BRACKETED AMOUNT (per N182)] per month [since R's LAST IW MONTH, YEAR/in the last two years].

Have there been some months when your out-of-pocket payments were much higher than this?

[IWER: IF R WISHES TO CORRECT THE REPORT OF MONTHLY SPENDING, OR THE BRACKET ANSWER, ENTER AN F2 COMMENT HERE]

1. YES	5. NO	8. DK	9. RF
GO TO N184 BRANCHPOINT (AFTER N370)			

N369 (Tag#=N183.2)

What caused your payments to be higher in those months?

[IWER: CHOOSE ALL THAT APPLY]

1. HAD TO TAKE ADDITIONAL MEDICATIONS	2. INSURANCE RAN OUT/WOULDN'T COVER
3. HAD TO PAY DOWN DEDUCTIBLE	7. OTHER (SPECIFY) _____ N370 (Tag#=N183.1)
	8. DK
	9. RF

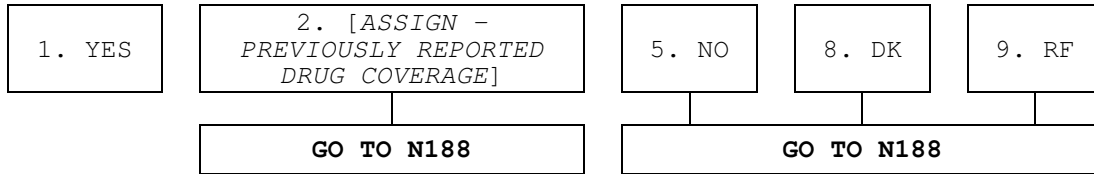
N184 BRANCHPOINT: **IF THIS IS AN EXIT INTERVIEW, GO TO N189 BRANCHPOINT**

IF R HAS PRESCRIPTION DRUG COVERAGE THROUGH {A {MEDICARE OR MEDICAID} HMO (N351=1) or MEDICARE PART D (N352={1 or 3}) or PRIVATE PLAN ({N032\_1 or N032\_2 or N032\_3 or N417}=1), ASSIGN CODE 2 TO N184 AND GO TO N188

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

N184

If your doctor did prescribe medication, would you expect any of the costs to be covered by insurance?



NOTE: CODE 2 IS NOT VISIBLE TO THE IWER AND SO CANNOT BE SELECTED. IT IS ASSIGNED AUTOMATICALLY BY BLAISE UNDER THE CONDITIONS SHOWN IN THE N184 BRANCHPOINT.

N186

What is the name of the health insurance plan that would cover the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

NOTE: BLAISE DISPLAYS NAMES OF ALL PREVIOUSLY MENTIONED INSURANCE PLANS, INCLUDING "18. MEDICARE PART D [— NAME OF PART D PLAN], 19. MEDICARE HMO[ — NAME OF HMO]", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N187 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N186=27),  
CONTINUE ON TO N187  
  
OTHERWISE, GO TO N188

N187

(What is the name of the plan that would cover those costs?)

\_\_\_\_\_

NAME OF INSURANCE PLAN

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

N188

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

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

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

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

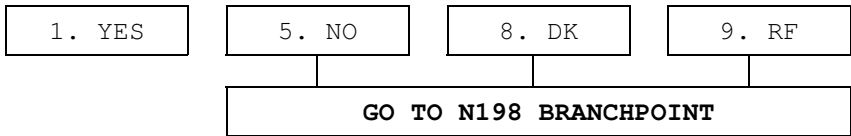
N189

Since R's LAST IW MONTH, YEAR/in the last two years], has any medically-trained person come to your home to help you, yourself?

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

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

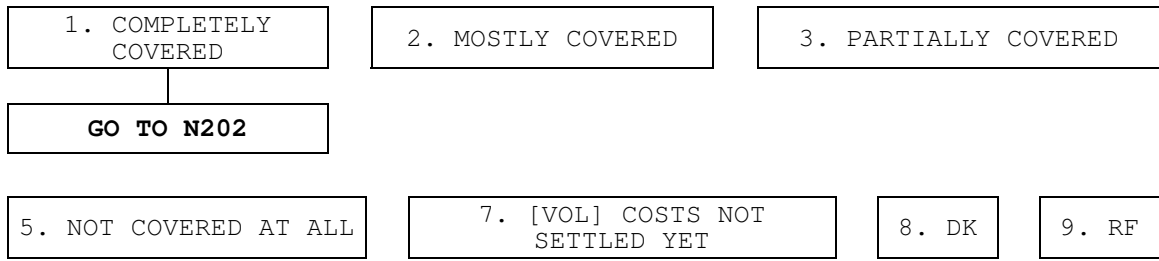
{CORE AND EXIT} DEFINITION: MEDICALLY-TRAINED PERSONS INCLUDE PROFESSIONAL NURSES, VISITING NURSE'S AIDES, PHYSICAL OR OCCUPATIONAL THERAPISTS, CHEMOTHERAPISTS, AND RESPIRATORY OXYGEN THERAPISTS.



N190

Were the costs of your home medical care completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

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



N194

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

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

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

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO N202

N195-N197 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
BREAKPOINTS: \$500, **\$2,000**, **\$5,000**, **\$10,000**, \$20,000  
RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000  
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X518  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N198 BRANCHPOINT: **IF EXIT INTERVIEW** or R HAD MEDICALLY-TRAINED HELP IN HOME (N189=1), GO TO N202

N198

If you were to need medical care in your home, would you expect any of the costs to be covered by insurance?

1. YES	5. NO	8. DK	9. RF
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----- end in-home health care sequence -----

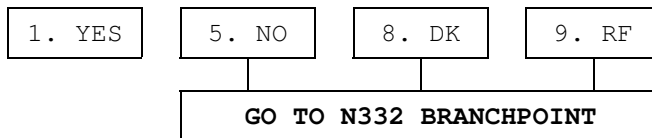
----- begin other health care services sequence -----

N202

IWER: READ SLOWLY:

[Since *R's LAST IW MONTH, YEAR*/In the last two years], did you use any special facility or service which we haven't talked about, such as: an adult care center, a social worker, an outpatient rehabilitation program, or transportation or meals for the elderly or disabled?

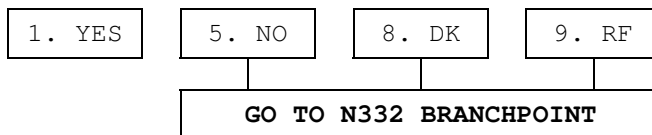
[Since *R's LAST IW MONTH, YEAR*/In the last two years], did [he/she] use any special facility or service which we haven't talked about, such as: an adult care center, a social worker, an outpatient rehabilitation program, or transportation or meals for the elderly or disabled?



N203

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

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





N239 (Tag=203.5)

Altogether, about how much did you have to pay?

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

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO N332  
BRANCHPOINT

N246-N248 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
BREAKPOINTS: \$500, \$1,000, \$5,000, \$10,000, \$20,000  
RANDOM ENTRY POINTS: \$1,000, \$5,000, \$10,000  
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X519  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

N332

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

1. YES	5. NO	8. DK	9. RF
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GO TO N211 ASSIGNMENT

N333

About how much did [he/she] pay out-of-pocket for these expenses—[since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT

|

DK	RF
----	----

|

<b>GO TO N211 ASSIGNMENT</b>
----------------------------------

N334-N336 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down  
BREAKPOINTS: \$500, **\$1,000**, **\$5,000**, **\$10,000**, \$20,000  
RANDOM ENTRY POINTS: \$1,000, \$5,000, \$10,000  
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X520  
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

----- END sequence on services and insurance coverage -----

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

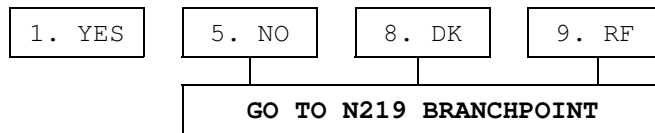
**N211 ASSIGNMENT: SUM-MAJOR MEDICAL EXPENSES**

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

N212

Besides any costs covered by insurance, has anyone helped you (and your [husband/wife/partner]) pay for your health care costs [since *R's LAST IW MONTH, YEAR*/in the last two years], or helped you pay the cost of health insurance or for long-term care insurance?

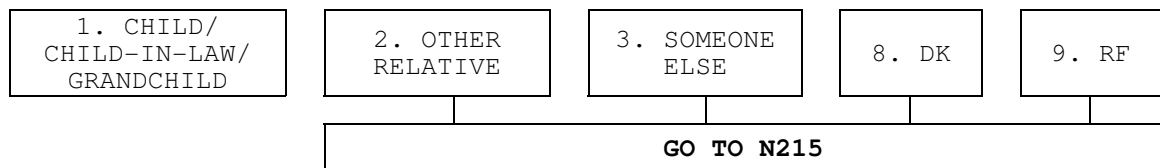
Besides any costs covered by insurance, did anyone help [him/her] (and [you/[his/her] [husband/wife/partner]]) pay for [his/her] health care costs [since *R's LAST IW MONTH, YEAR*/in the last two years], or help [him/her] pay the cost of health insurance or for long-term care insurance?



N213

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

Was that a (child or other) relative of [his/hers] (and [yours/[his/her] [husband's/wife's/partner's]]), or was that someone else?



N214

(Which child is that?)  
 (Which child was that?)

[IWER: CHOOSE ALL THAT APPLY]

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

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

CHILD NAME(S)	[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42. CHILD & SPOUSE/PARTNER NAME(S)	
[ROWS PROVIDED BY BLAISE AS NECESSARY]	
92. DECEASED CHILD	
93. ALL CHILDREN EQUALLY	
98. DK	
99. RF	

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN AND THEIR SPOUSES/PARTNERS ARE DISPLAYED AS COUPLES, ON THE SAME LINE.

N215

{CORE AND EXIT} Altogether, about how much money did that help amount to?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT

DK

RF

**GO TO N219  
BRANCHPOINT**

N216-N218 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_ , more than \$\_\_\_\_ , or what?

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

PROCEDURES: 2Up1Down, 1Up2Down  
 BREAKPOINTS: \$500, **\$1,000**, **\$3,000**, \$10,000  
 RANDOM ENTRY POINTS: \$1,000, \$3,000  
 ENTRY POINT ASSIGNMENT: 1 or {NOT 1} AT X503  
 ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N219 BRANCHPOINT: IF SUM-MAJOR MEDICAL EXPENSES (per N211 ASSIGNMENT) IS LESS THAN \$10,000, GO TO N226 BRANCHPOINT

N219

You have just told me that you have had some rather large out-of-pocket medical expenditures.

(Apart from what you received from others,) [how/How] did you finance these — Did you pay directly from your savings or earnings, did you take out a loan, have you not yet paid these bills, or what?

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

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

[IWER: CHOOSE ALL THAT APPLY]

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

1. PAID USING SAVINGS/EARNINGS

2. TOOK OUT A LOAN

3. HAVE NOT YET PAID

4. MAKING PAYMENTS

7. OTHER (SPECIFY)  
\_\_\_\_\_  
N220

8. DK

9. RF

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

----- begin sequence on medicare/medicaid numbers -----

N226 BRANCHPOINT: IF THIS IS A PROXY IW FOR A LIVING PERSON, GO TO N235  
 IF WE HAVE R's MEDICARE NUMBER FROM A PREVIOUS WAVE IW  
 (Z113=1) or R DOES NOT HAVE MEDICARE NOW (N001 NOT 1), GO TO  
 N231 BRANCHPOINT

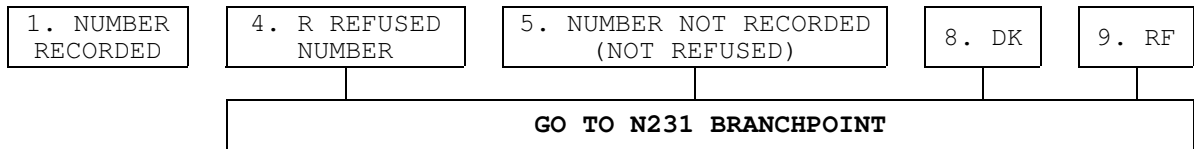
N226

{CORE AND EXIT} We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files.

Could you give me your Medicare number for this purpose?  
 Could you give me [his/her] Medicare number for this purpose?

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

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



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

_____	_____	_____	DK	RF
N227	N228	N229		
NUMBER PART 1	NUMBER PART 2	NUMBER PART 3		

N230

[IWER: PROBE]  
{CORE AND EXIT} Is there a letter or a letter and number combination at  
the end of your Medicare number?

[IWER: PRESS [ENTER] IF THERE IS NOT A LETTER OR LETTER/NUMBER  
COMBINATION]

DK

RF

\_\_\_\_\_   
LETTER/NUMBER

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

N231

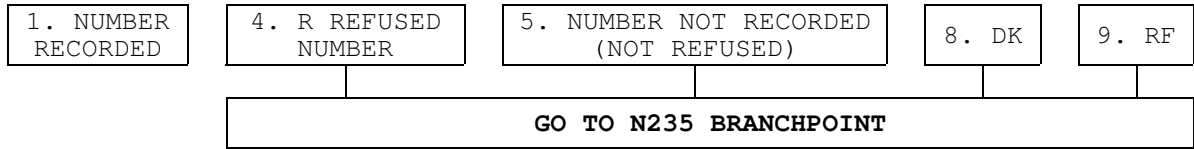
{CORE AND EXIT} (We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the (Medicaid/STATE NAME FOR MEDICAID) files.)

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

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

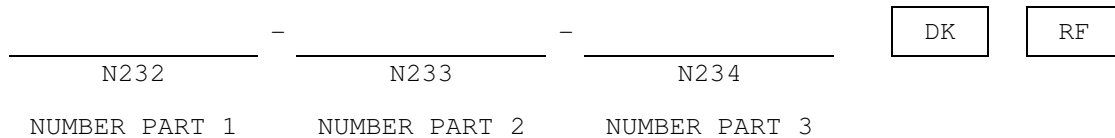
(Under the Privacy Act of 1974, providing [his/her] number is a voluntary decision. Any remaining benefits under this program will not be affected in any way by your decision.)

NUMBER:



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

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



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



N235 BRANCHPOINT: IF THIS IS EXIT INTERVIEW, GO TO N337

N235

Now, thinking about the quality, cost, and convenience of your health care, altogether would you say that you are very satisfied, somewhat satisfied, or not satisfied at all with your health care?

1. VERY  
SATISFIED

3. SOMEWHAT  
SATISFIED

5. NOT SATISFIED  
AT ALL

8. DK

9. RF

N236

N\_ASSIST

IWER:

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION N - HEALTH SERVICES AND INSURANCE?

1. NEVER

2. A FEW TIMES

3. MOST OR ALL  
OF THE TIME

4. THE SECTION WAS DONE  
BY A PROXY REPORTER

N337 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO END OF SECTION N

N337

IF R's DEATH WAS UNEXPECTED (A131=2) and THE TIME FROM FINAL ILLNESS TO DEATH WAS LESS THAN A WEEK (A134={1 or 2 or 3}):

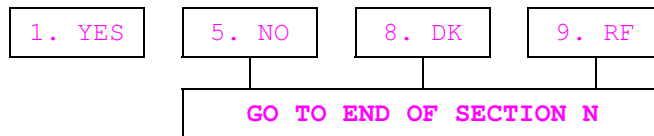
In addition to medical expenses, persons may have other health-related non-medical expenses.

OTHERWISE:

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

ASK ALL Rs:

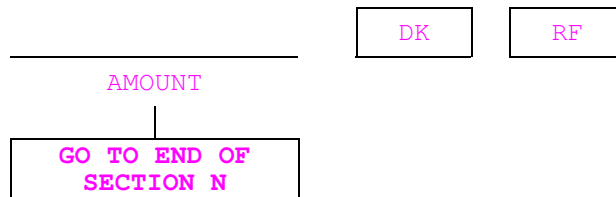
[Since R's LAST IW MONTH, YEAR/In the last two years], did R's FIRST NAME have any out-of-pocket non-medical expenses such as modifying the house with ramps or lifts, hiring help for housekeeping or other household chores or for assisting with personal needs?



N338

About how much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay out-of-pocket for non-medical expenses [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]



N339-N341 Unfolding Sequence

Question text: Did it amount to less than \$\_\_\_\_, more than \$\_\_\_\_, or what?

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$1,000, \$5,000, \$25,000, \$100,000, \$500,000

RANDOM ENTRY POINTS: \$5,000, \$25,000, \$100,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X513

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

**CORE INTERVIEW: GO TO SECTION P**

**EXIT INTERVIEW: GO TO SECTION T**