
NOTE ABOUT BRANCHPOINTS:

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

NOTE ABOUT COLORS:

ALL QUESTION TEXT IN BLACK IS FOR THE CORE INTERVIEW.

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

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

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

NOTE ABOUT EXIT INTERVIEW Rs:

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

NOTE ABOUT SECTION CONTENT:

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

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES *

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

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

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

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

R **CURRENTLY LIVES IN NURSING HOME** (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)

* 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.

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

N001 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 Part B of Medicare?

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

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

IF R IS COVERED BY MEDICARE (N001=1):

We are interested in how your Medicare health insurance works for routine care.

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

We are interested in how [his/her] Medicare health insurance worked for routine care.

Did R's FIRST NAME receive [his/her] Medicare benefits through a Medicare Advantage Plan, sometimes called a Medicare HMO, (that is a Health Maintenance Organization)?

OTHERWISE:

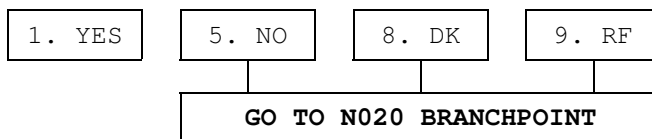
We are interested in how your (Medicaid/STATE NAME FOR MEDICAID) health insurance works for routine care.

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

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

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

{CORE AND EXIT} DEFINITION: WITH AN HMO, YOU MUST GENERALLY RECEIVE CARE FROM HMO DOCTORS, OTHERWISE THE EXPENSE IS NOT COVERED UNLESS YOU WERE REFERRED BY THE HMO OR THERE WAS A MEDICAL EMERGENCY.



N350 (Tag#=N009.3)
{CORE AND EXIT} What is the name of this plan?

NAME OF PLAN

N010 About how long have you been receiving your
[Medicare/(Medicaid/STATE NAME FOR MEDICAID)] benefits through this
plan?

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 plan?

_____ OR _____

N010 YEARS N011 MONTHS

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

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

N265 BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY MEDICARE (N001 NOT 1), GO TO N014

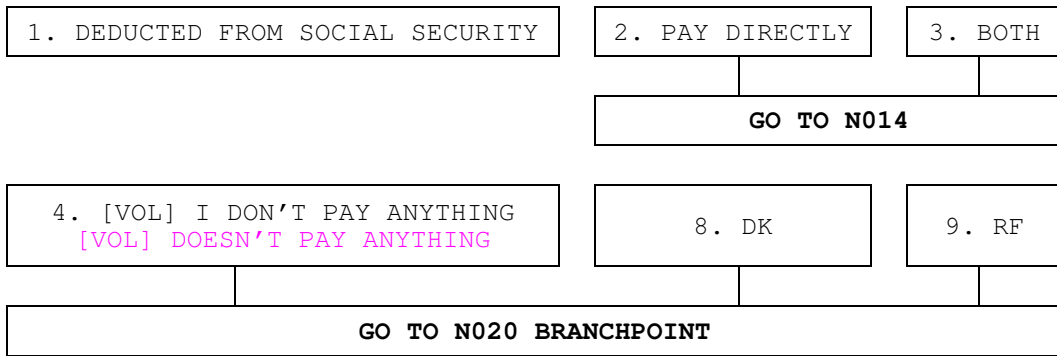
N265

Some people who have Medicare Advantage pay for their coverage with a deduction from their Social Security checks. Some pay directly to the insurance company.

How do you pay for yours?

Some people who have Medicare Advantage pay for their coverage with a deduction from their Social Security checks. Some pay directly to the insurance company.

How did [he/she] pay for [his/her]?

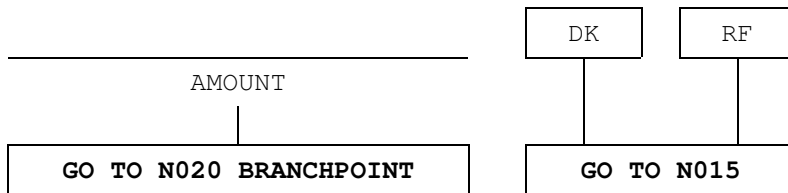


N266

About how much is your Social Security deduction per month for your Medicare Advantage coverage?

About how much was [his/her] Social Security deduction per month for [his/her] Medicare Advantage coverage?

[IWER: DO NOT PROBE DK/RF]



N014

IF R IS COVERED BY MEDICARE (N001=1):

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

How much did [he/she], [himself/herself], pay in premiums for this plan?

OTHERWISE:

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]

	0	DK	RF
AMOUNT			
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 or Medicare Advantage Plan 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 or Medicare Advantage Plan that delivered Medicare services?

1. YES	5. NO	8. DK	9. RF
<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;">GO TO N352 BRANCHPOINT</div>			

N021

Why did you leave that plan?

Why did [he/she] leave that plan?

[IWER: CHOOSE ALL THAT APPLY]

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

----- 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/MA
 PLAN (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. [VOL] ENROLLED
IN IT AUTOMATICALLY | 8. DK | 9. 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?

1. YES	3. SAME COMPANY, DIFFERENT PLAN	5. NO	8. DK	9. RF
GO TO N422 BRANCHPOINT			GO TO N422 BRANCHPOINT	

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	<input type="text" value="DK"/>	<input type="text" value="RF"/>
---------------------------------	---------------------------------	---------------------------------

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)

8. DK

9. RF

N416

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

GO TO N422
BRANCHPOINT

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

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/MA PLAN (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/MA PLAN COVERS PRESCRIPTION DRUGS (N351=1):
How much time would you say you have spent looking at other Medicare HMO or Medicare Advantage 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?

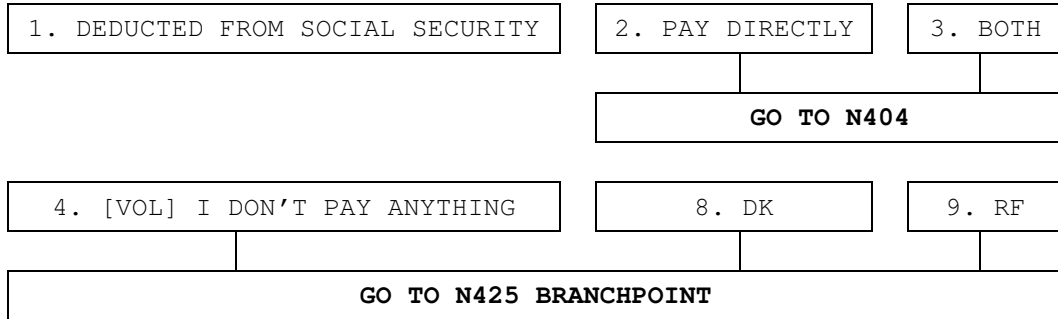
1. A LOT	2. SOME	3. A LITTLE	4. NONE AT ALL	8. DK	9. RF
----------	---------	-------------	----------------	-------	-------

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.

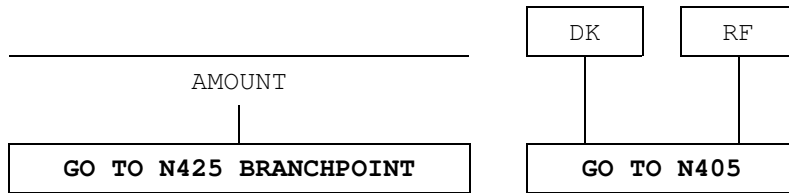
How do you pay for yours?



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]

AMOUNT

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/MA PLAN (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?

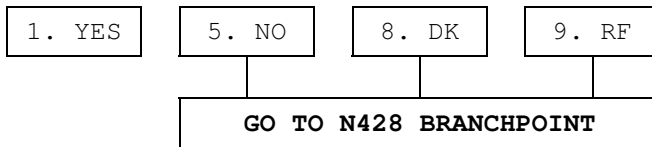
1. VERY LIKELY	2. SOMEWHAT LIKELY	3. NOT TOO LIKELY
4. NOT AT ALL LIKELY	6. [VOL] ALREADY SIGNED UP FOR NEXT YEAR	8. DK
		9. RF

----- 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/MA PLAN WITH PRESCRIPTION DRUG COVERAGE (N351 NOT 1) *and* R HAS COVERAGE FROM SOME OTHER SOURCE (N417=1)}, GO TO N428 BRANCHPOINT

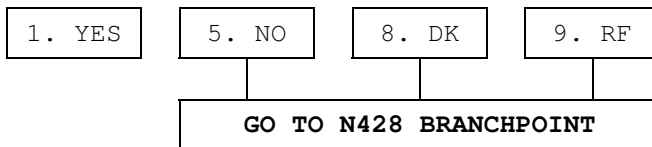
N425

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?



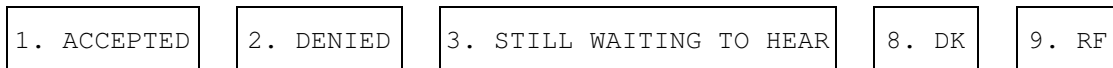
N426

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/MA PLAN 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/MA PLAN COVERS PRESCRIPTION DRUGS (N351=1):
How satisfied are you with drug coverage in your current Medicare HMO or
Medicare Advantage 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/MA PLAN COVERS PRESCRIPTION DRUGS (N351=1):
How likely is it that you will switch to a new Medicare HMO or Medicare
Advantage 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 LIKELY	4. NOT AT ALL LIKELY
6. [VOL] ALREADY SIGNED UP FOR NEXT YEAR, STAYED WITH SAME PLAN	7. [VOL] ALREADY SIGNED UP FOR NEXT 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/MA PLAN (N009=1):

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

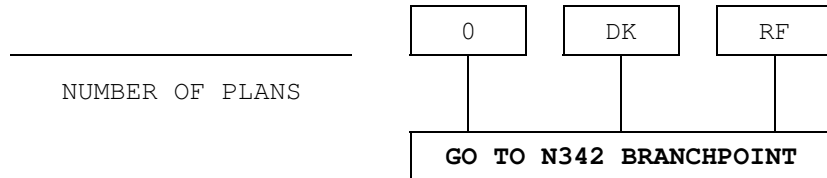
Do **NOT** include long-term care insurance. Other than [his/her] Medicare HMO or Medicare Advantage Plan you've just told me about, how many other plans did [he/she] have at the time of [his/her] death?

OTHERWISE:

Do **NOT** include long-term care insurance. How many other plans do you have?

Do **NOT** include long-term care insurance. How many other 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?

DK

RF

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)?

1. MEDICARE

2. NAME OF PLAN (N024_1)

8. DK

9. RF

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.]

1. YES

5. NO

8. DK

9. RF

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 N048 BRANCHPOINT

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 N048 BRANCHPOINT

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 [your/[his/her]
[husband's/wife'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 N048
BRANCHPOINT

N036

R IS 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 [your/[his/her]
[husband's/wife'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] former
[husband's/wife's/partner's] former employer?

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

GO TO N048
BRANCHPOINT

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) <hr/> N038. (How did you obtain this plan?) (How did [he/she] obtain this plan?)	8. DK	9. RF
--	-------	-------

N048 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N039

N048

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

1. YES	5. NO	8. DK	9. RF
GO TO N039			

N253_N049

Who besides yourself is covered?

[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 52. 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.

N039

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?

[IWER: IF LESS THAN 1 YEAR, ENTER NUMBER OF MONTHS; IF 1 YEAR OR MORE, ENTER IN YEARS. FOR PERIODS OF TIME BETWEEN 1-2 YEARS, ROUND TO THE NEAREST YEAR]

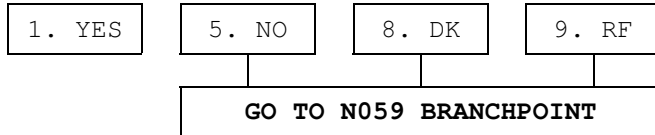
_____	OR	_____	<input type="text" value="DK"/>	<input type="text" value="RF"/>
N053		N054		
YEARS		MONTHS		

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?



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]?



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

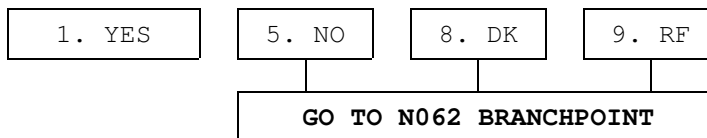
N059

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?

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

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?

1. YES	5. NO	8. DK	9. RF
GO TO N066			

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 N342 BRANCHPOINT

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

N342 BRANCHPOINT: IF R HAS ANY HEALTH INSURANCE PLAN(S) (N090>0), GO TO N431 BRANCHPOINT

N342 (Tag#=N091.3)

According to my information, you are not currently covered by any government or private health insurance plans that cover 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 cover medical care at the time of [his/her] death.

Is that correct?

1. YES	5. NO	8. DK	9. RF
	GO TO N343	GO TO N431 BRANCHPOINT	

N260

About how long has it been since you last had health care coverage?

About how long has it been since [he/she] last had health care coverage?

1. 6 MONTHS OR LESS	2. MORE THAN 6 MONTHS, BUT NOT MORE THAN 1 YEAR AGO	3. MORE THAN 1 YEAR, BUT NOT MORE THAN 3 YEARS AGO	
4. MORE THAN 3 YEARS	5. NEVER	8. DK	9. RF

N261

What is the main reason you don't have health care coverage?

What is the main reason [he/she] doesn't have health care coverage?

1. PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS	2. GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE	3. BECAME INELIGIBLE BECAUSE OF AGE
4. EMPLOYER DOES NOT OFFER COVERAGE/OR NOT ELIGIBLE FOR COVERAGE	5. COST IS TOO HIGH	6. INSURANCE COMPANY REFUSED COVERAGE
		7. LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB OR INCREASE IN INCOME
8. LOST MEDICAID (OTHER)	97. OTHER (SPECIFY) N262	98. DK
		99. RF

N343 BRANCHPOINT: GO TO N431 BRANCHPOINT

N343 (Tag#=N091.5)

Under which of the following plans are you covered?

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

{CORE & EXIT}
[IWER: READ LIST:]

Medicare
Medicaid
Tri-Care/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]

1. MEDICARE	2. MEDICAID	3. TRI-CARE/CHAMPUS/CHAMP VA	4. A PRIVATE PLAN FROM AN EMPLOYER
5. A PRIVATE PLAN PURCHASED DIRECTLY	6. OTHER PLAN	8. DK	9. RF

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 N067

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. 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 N067

N432

{CORE AND EXIT} (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.

----- begin sequence on dental coverage -----

N067

Do you have any insurance that covers dental bills?

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

1. YES	5. NO	8. DK	9. RF
GO TO N071			

N068

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

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

ASSIGN 27 TO N069 AND GO TO N070

GO TO N071

N069

{CORE AND EXIT} Which plan is that?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. 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. TRI-CARE/CHAMPUS/CHAMP-VA".

"18. MEDICARE PART D — NAME OF PART D PLAN", WILL APPEAR ON THE LIST IF R IS 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/MEDICARE ADVANTAGE PLAN — NAME OF PLAN", WILL APPEAR ON THE LIST IF R RECEIVES MEDICARE THROUGH AN HMO ({N001 & N009}=1) and R GAVE NAME OF PLAN (N350 HAS NAME).

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

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

OTHERWISE, GO TO N071

N070

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

DK	RF
----	----

NAME OF INSURANCE PLAN

NOTE: THIS PLAN IS NOT ADDED TO THE •PLAN COUNT (N090)..

----- end sequence on dental coverage -----

----- 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?

1. YES	5. NO	8. DK	9. RF
GO TO N090			

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?

1. PREVIOUSLY DESCRIBED PLAN	2. DIFFERENT PLAN	8. DK	9. RF
	ASSIGN 27 TO N073 AND GO TO N074	GO TO N075	

N073

{CORE AND EXIT} Which plan is that?

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

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

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

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

N077

{CORE}

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?

{EXIT}

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

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

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

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]

	0	DK	RF
AMOUNT			
GO TO N083	GO TO N090		

N080-N082 Unfolding Sequence

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

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

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:

1. MONTH	2. QUARTER (EVERY 3 MONTHS)	4. YEAR	7. OTHER (SPECIFY) _____ N084	8. DK	9. RF
----------	--------------------------------	---------	--	-------	-------

----- 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.

**** THIS VARIABLE IS NOT INTENDED FOR ANALYTIC PURPOSES. ****

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 N092 BRANCHPOINT

IF R DOES NOT HAVE ANY HEALTH INSURANCE PLAN(S) (N090=0), GO TO N092 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 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?

- | | | | |
|------------|-------|-------|-------|
| 1. YES | 5. NO | 8. DK | 9. RF |
| GO TO N099 | | | |

N093

Were you offered health insurance through your job?

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

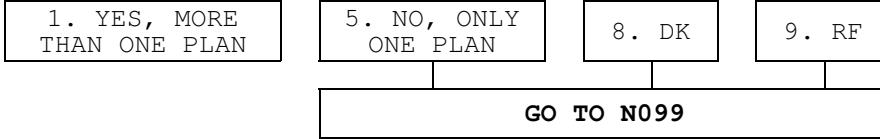
---- End sequence for working Rs NOT covered by own employer ins ----

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

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?



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

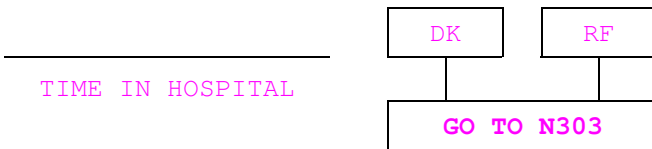
IF PROXY DID NOT REPORT THAT R WAS IN HOSPITAL AT TIME OF DEATH (A124 NOT 1), GO TO N099

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)

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. 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/MEDICARE ADVANTAGE PLAN[— NAME OF PLAN]", "20. MEDICARE", "21. MEDICAID" & "22. TRI-CARE/CHAMPUS/CHAMP-VA".

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 before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

AMOUNT

DK

RF

**GO TO N110
BRANCHPOINT**

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

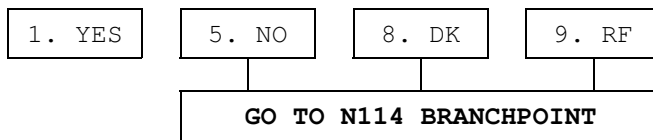
IF THIS IS A SELF INTERVIEW and R WAS HOSPITALIZED OVERNIGHT (N099=1), GO TO N263

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

IF R HAS (MEDICARE or MEDICAID/STATE NAME FOR MEDICAID or TRI-CARE/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?



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. 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/MEDICARE ADVANTAGE PLAN[— NAME OF PLAN]", "20. MEDICARE", "21. MEDICAID" & "22. TRI-CARE/CHAMPUS/CHAMP-VA".

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.

N263 BRANCHPOINT: GO TO N114 BRANCHPOINT

N263

Thinking about your most recent hospital stay, would you say that you chose which hospital to go to or did your doctor or health insurance provider tell you which hospital to use?

1. R (OR FAMILY) CHOSE	2. DOCTOR CHOSE	3. INSURANCE CHOSE
4. TAKEN BY AMBULANCE (VOL)	5. NO CHOICE TO MAKE—ONLY HOSPITAL IN AREA (VOL)	
7. OTHER (SPECIFY) _____ N264	8. DK	9. RF

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

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

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

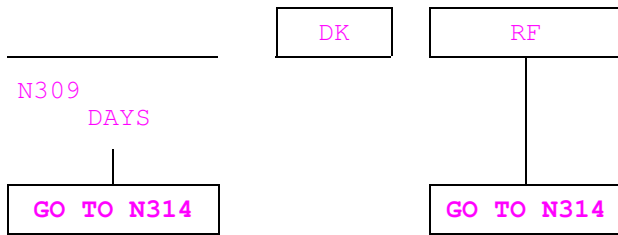
IF PROXY DID NOT REPORT THAT R DIED WHILE LIVING IN NURSING HOME (A167_A028 NOT 1) and DID NOT REPORT THAT R DIED IN NURSING HOME (A124 NOT 2)}, GO TO N114

N309

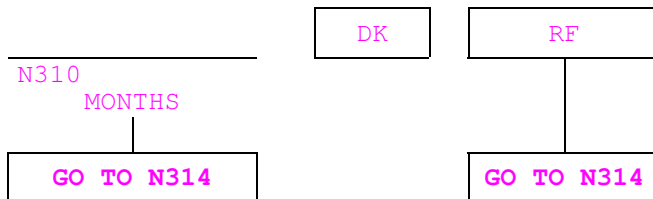
IF R DIED IN NURSING HOME (A124=2):
 Earlier you told me that R's FIRST NAME died while in a nursing home.

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.

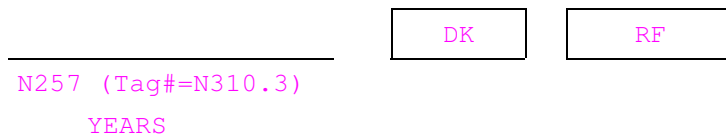
ASK ALL Rs:
 How long had [he/she] been a patient in that nursing home before [his/her] death?



OR



OR



N314

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



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	_____	<table border="1"><tr><td>996 CONTINUOUS SINCE ENTERED</td></tr></table>	996 CONTINUOUS SINCE ENTERED	<table border="1"><tr><td>DK</td></tr></table>	DK	<table border="1"><tr><td>RF</td></tr></table>	RF
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

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.

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)

Think about your current stay at the 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?

DK	RF
----	----

 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 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

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

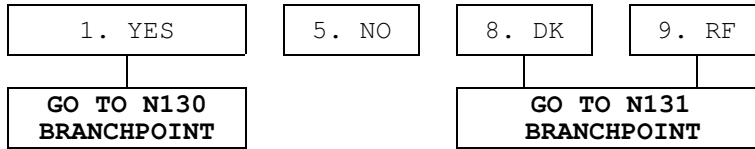
N125 (Tag#=N126)
 MONTH/SEASON: {CORE AND EXIT} (What month was that?)

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

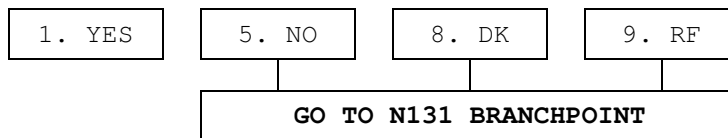
Was R's FIRST NAME eligible for (Medicaid/STATE NAME FOR MEDICAID) at the time [his/her] [first/second/last/current] nursing home stay started?



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 DID NOT SAY} (A167_A028={1 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) _____ N132	8. DK	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 52.	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 -----

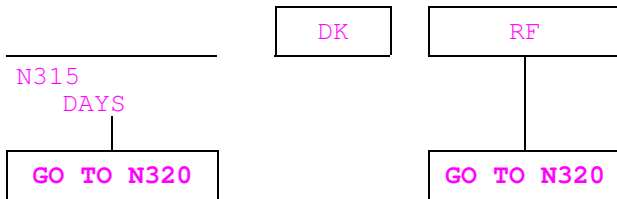
----- begin HOSPICE sequence -----

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

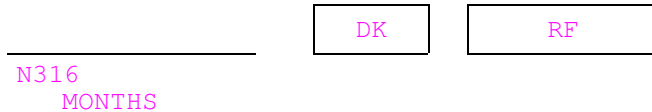
N315

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 N134

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]?

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 _____

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?

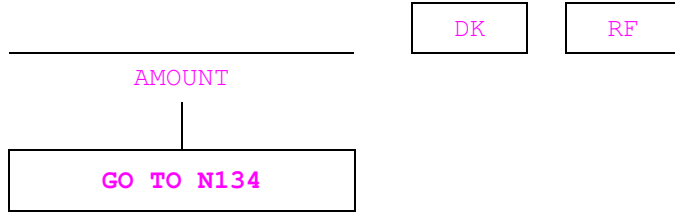
1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
GO TO N134		
5. NOT COVERED AT ALL	7. [VOL] COSTS NOT SETTLED YET	8. DK 9. RF

N328

About how much did [he/she] pay out-of-pocket for [his/her] hospice stays(s) [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

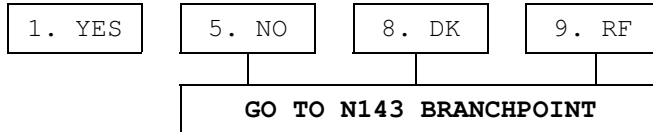
----- end HOSPICE sequence -----

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

N134

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

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

Were the expenses for [his/her] 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]?

About how much did [he/she] 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

{CORE AND EXIT} 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) or THIS IN AN EXIT IW, 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
--------	-------	-------	-------

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

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

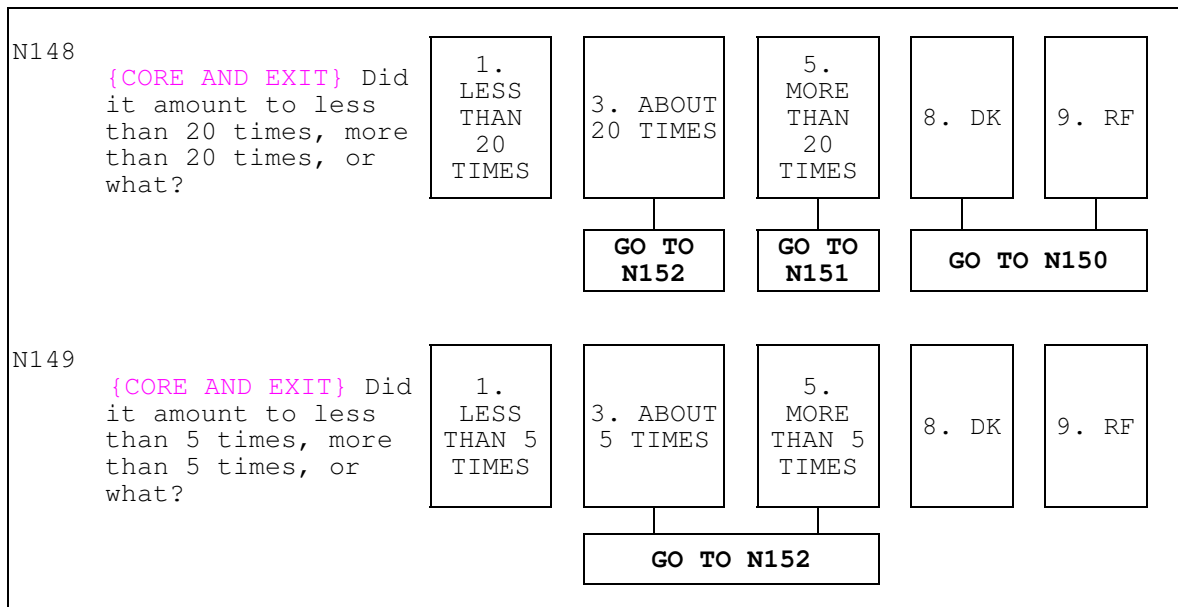
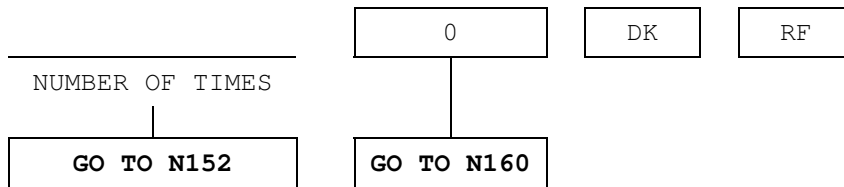
N147

(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, clinic visits, or house calls [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, clinic visits, or house calls [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: USE ZERO FOR NONE]

[IWER: INCLUDE VISITS WITH NURSE PRACTITIONERS AND MEDICAL TESTS OR PROCEDURES PERFORMED BY ANYONE PRACTICING UNDER A DOCTOR'S SUPERVISION SUCH AS MAMMOGRAMS OR X-RAYS. DO NOT INCLUDE PHYSICAL THERAPY OR REHABILITATION SERVICES]



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

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			
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

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

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

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

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

N164

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

[Since R's LAST IW MONTH, YEAR/In the last two years] had [he/she] seen a dentist for dental care, including dentures?

1. YES	5. NO	8. DK	9. RF
GO TO N175 BRANCHPOINT			

N165

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

Were [his/her] 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

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. 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

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

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

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/MA PLAN (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?

1. YES	2. [ASSIGN - PREVIOUSLY REPORTED DRUG COVERAGE]	5. NO	8. DK	9. RF	
<table border="1" style="width: 100%; text-align: center; margin-top: 10px;"> <tr> <td>GO TO N188</td> </tr> </table>					GO TO N188
GO TO N188					

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. NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
97. GET MEDS THROUGH THE VA (Not part of plan count)
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/MEDICARE ADVANTAGE PLAN[— NAME OF PLAN]", "20. MEDICARE", "21. MEDICAID" & "22. TRI-CARE/CHAMPUS/CHAMP-VA".

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

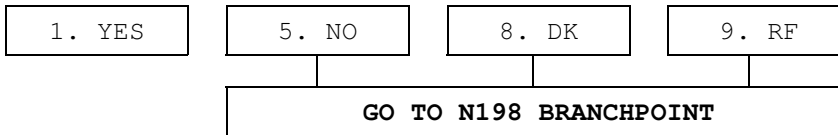
Since R's LAST IW MONTH, YEAR/in the last two years], has any medically-trained person come to your home to help you, yourself?

[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]

[IWER: INCLUDE HOSPICE CARE RECEIVED AT HOME]

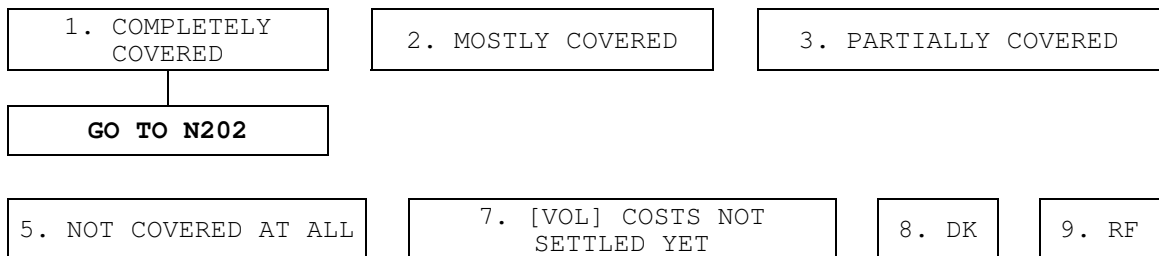
{CORE AND EXIT} DEFINITION: MEDICALLY-TRAINED PERSONS INCLUDE PROFESSIONAL NURSES, VISITING NURSE'S AIDES, PHYSICAL OR OCCUPATIONAL THERAPISTS, CHEMOTHERAPISTS, RESPIRATORY OXYGEN THERAPISTS, AND HOSPICE CAREGIVERS.



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

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

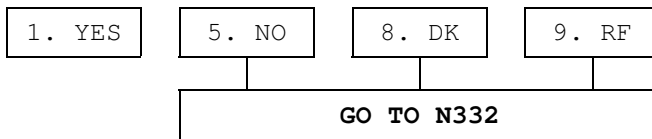
----- begin other health care services sequence -----

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, physical therapy, or transportation for the elderly or disabled?

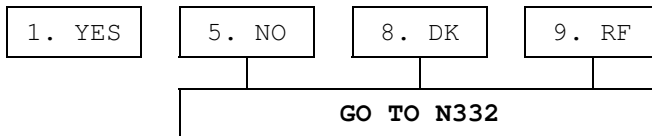
[Since R's LAST IW MONTH, YEAR/In the last two years], did [he/she] use any special facility or service which we haven't talked about, such as: an adult care center, a social worker, an outpatient rehabilitation program, physical therapy, or transportation for the elderly or disabled?



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]

AMOUNT

DK

RF

GO TO N332

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

[Since R's LAST IW MONTH, YEAR/In the last two years], aside from the medical expenses we already mentioned, have you had any other out-of-pocket expenses, that is, expenses not covered by insurance, such as medications, special food, equipment such as a special bed or chair, visits by health professionals, or other costs?

[Since R's LAST IW MONTH, YEAR/In the last two years], 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 health professionals, or other costs?

1. YES

5. NO

8. DK

9. RF

**GO TO N211 ASSIGNMENT
(AFTER N336)**

N333

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

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]

	DK	RF
AMOUNT		
GO TO N211 ASSIGNMENT (AFTER N336)		

{CORE AND EXIT} 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: THIS VARIABLE IS CALCULATED AS THE TOTAL OF THE OUT-OF-POCKET EXPENSES REPORTED IN THE FOLLOWING QUESTIONS: 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 - EXIT ONLY), AND OTHER SERVICES (N239). IF THE RESPONDENT WAS NOT ABLE TO PROVIDE AN EXACT FIGURE BUT ANSWERED THE UNFOLDING BRACKET QUESTIONS, THE MINIMUM VALUE FROM THE UNFOLDINGS IS USED. A VALUE OF 0 IS USED FOR ANY THAT THE RESPONDENT REFUSED OR WAS UNABLE TO ANSWER.

VARIABLE N211 IS CALCULATED BY ADDING THESE ASSIGNED VALUES AND IS USED TO EVALUATE THE N219 BRANCHPOINT. ** THIS VARIABLE IS NOT INTENDED FOR ANALYTIC PURPOSES.**

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, 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?



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?

1. CHILD/ CHILD-IN-LAW/ GRANDCHILD	2. OTHER RELATIVE	3. SOMEONE ELSE	8. DK	9. RF
GO TO N215				

N254_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 52. 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]

DK	RF
----	----

AMOUNT

|

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

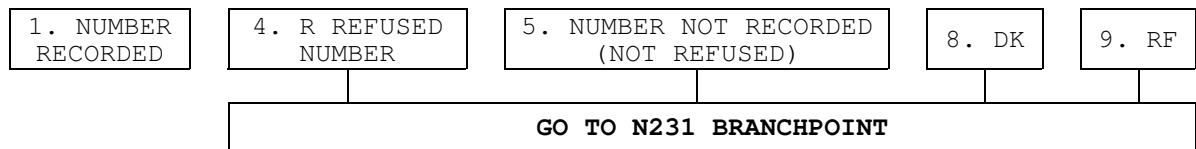
N226

{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.)



[IWER: IF R REPORTS A MEDICARE NUMBER MORE THAN 9 DIGITS LONG, ASK TO SEE THE CARD. IF THE NUMBER ON THE CARD IS LONGER THAN 9 DIGITS, (N227.) ENTER 999 HERE.]
 (N228.) ENTER 99 HERE.]
 (N229) TYPE THE NUMBER FROM THE CARD IN AN F2 COMMENT AND THEN ENTER 9997 IN THIS FIELD TO CONTINUE.]

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

[M229: IWER:]

_____	-	_____	-	_____	<input type="text" value="DK"/>	<input type="text" value="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]

_____	<input type="text" value="DK"/>	<input type="text" value="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 N267 BRANCHPOINT

N231

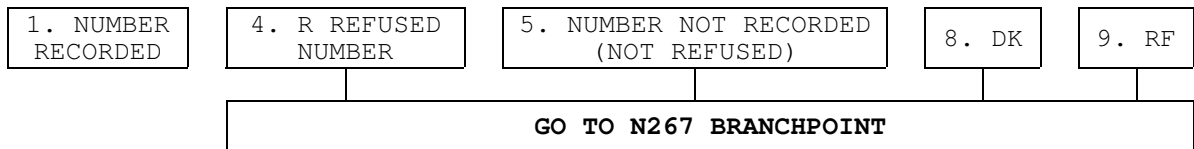
{CORE AND EXIT} (We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information 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, (N232.) ENTER 999 HERE.]
 (N233.) ENTER 99 HERE.]
 (N234.) TYPE THE NUMBER FROM THE CARD IN AN F2 COMMENT AND THEN ENTER 9997 IN THIS FIELD TO CONTINUE.]

_____	_____	_____	DK	RF
N232	N233	N234		
NUMBER PART 1	NUMBER PART 2	NUMBER PART 3		

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

N267 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N235

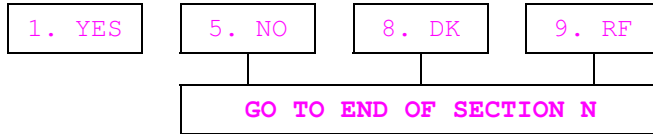
IF R LIVED IN A NURSING HOME AT HH's LAST INTERVIEW (X008=1) and HAS LIVED THERE CONTINUOUSLY SINCE (N116=996), GO TO END OF SECTION N

N267

[Since R's LAST IW MONTH, YEAR/In the last two years], did R's FIRST NAME have any out-of-pocket expenses for adding features to [his/her]

home to make it easier or safer for an older person or someone with a disability to live there?

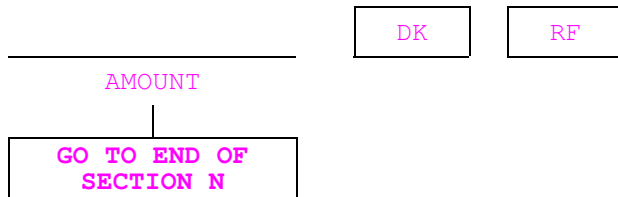
This includes changes to the home to make it easier to get around like a ramp, railings, or modifications for a wheelchair and features that make it safer such as grab bars, a shower seat, or a call device to get help when needed.



N268

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

[IWER: DO NOT PROBE DK/RF]



N269-N271 Unfolding Sequence

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$100, \$500, \$1,000, \$5,000, \$10,000

RANDOM ENTRY POINTS: \$500, \$1,000, \$5,000

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

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N235 BRANCHPOINT: IF THIS IS EXIT INTERVIEW, GO TO END OF SECTION N

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

CORE INTERVIEW: GO TO SECTION P

EXIT INTERVIEW: GO TO SECTION T