

HRS 2016 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 1

FINAL VERSION — 8/15/2016

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.

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES *

THIS IS A REINTERVIEW R (Z076=1)

THIS IS A REINTERVIEW HH (X024=1)

THIS IS NOT A REINTERVIEW HH (possibly a new cohort) (X024=5)

THIS IS A SELF INTERVIEW (A009=1);

THIS IS A PROXY INTERVIEW (A009={2 or 3});

PROXY REPORTER IS SURVIVING SPOUSE (A009=2);

PROXY REPORTER IS NON-SPOUSE (A009=3)

R's FIRST NAME (per Respondents1X058AFName = X058)

R ELIGIBLE TO BE ASKED FOR SOCIAL SECURITY NUMBER THIS WAVE (Z120=1 or 3)

R NOT ELIGIBLE TO BE ASKED FOR SOCIAL SECURITY NUMBER THIS WAVE (Z120=5)

HH ASSIGNED ENHANCED TELEPHONE IW (X090=1)

HH ASSIGNED ENHANCED FACE-TO-FACE IW (X090=3)

R IS MARRIED (B063=1)

R IS SEPARATED (B063=3)

R IS WIDOWED (B063=5)

R HAS NEVER BEEN MARRIED (B063=6)

R ELIGIBLE TO BE ASKED PERMISSION TO ACCESS VA RECORDS (Z269=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.

W351 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO END OF SECTION W
BRANCHPOINT

W303

Do you regularly use the Internet (or the World Wide Web), for sending and receiving e-mail or for any other purpose, such as making purchases, searching for information, or making travel reservations?

1. YES

5. NO

8. DK

9. RF

W311

IWER: ENTER CURRENT MODE OF INTERVIEW:

1. TELEPHONE

2. FACE-TO-FACE

NOTE: A DIFFERENT ONE-HALF OF THE HRS SAMPLE IS DESIGNATED FOR AN ENHANCED FACE-TO-FACE INTERVIEW EACH WAVE, SO THAT OVER A TWO-WAVE PERIOD THE ENTIRE SAMPLE OF RESPONDENTS RECEIVES AN ENHANCED FACE-TO-FACE INTERVIEW.

W314_W306 BRANCHPOINT: IF THIS IS A NEW COHORT (X024 NOT 1), CONTINUE ON TO W314_W306 (SELF-IW)

IF R'S HOUSEHOLD IS NOT ASSIGNED ENHANCED FACE-TO-FACE THIS WAVE (X090 NOT), GO TO W319 BRANCHPOINT

IF R IS NOT ELIGIBLE TO BE ASKED FOR SOCIAL SECURITY NUMBER THIS WAVE (Z120=5), GO TO W319 BRANCHPOINT

IF THIS IS NOT A SELF INTERVIEW (A009 NOT 1), GO TO W314_W306 (PROXY-IW)

SELF INTERVIEW SCRIPT

W314_W306 (W306PT1) (SELF-IW)

READ TO ALL:

One of the most important parts of our study is to understand the financial situations of people in their retirement years. This is an important and challenging part of our research, and in order to obtain complete data for this research, we are asking our participants to complete a form authorizing us to obtain social security data on earnings and benefits.

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READ TO ALL:

We want to assure you that the Health and Retirement Study is committed to taking the utmost care to protect the confidentiality of any information you give us, including the information on the form.

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

W306 (W306PT2) (SELF-IW)

IF THIS IS A FACE-TO-FACE INTERVIEW (W311=2):

Please take a minute to read the form.

[IWER: HAND FORM TO R. GIVE R TIME TO READ THE FORM, THEN EXPLAIN IT AND ANSWER ANY QUESTIONS AS NEEDED.]

(I have a letter here from the Social Security Administration describing the purpose of our research and supporting our research efforts. Please take a minute to read it.)

IF THIS IS A REINTERVIEW R (Z076=1) AND R HAS REFUSED SSN IN PRIOR WAVE (Z120=1):

You may have been asked to provide this consent to us in the past. We are asking now that you allow us to update our records in order to obtain additional data from the Social Security Administration.

IF THIS IS A TELEPHONE INTERVIEW (W311=1):

I will be sending you a letter from the Social Security Administration describing the purpose of our research and supporting our research efforts.

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

W310 (SELF-IW)

OTHERWISE (Z120=1):

For the study's research purposes, would you authorize us to obtain your history of earnings and benefits administered by the Social Security Administration?

[IWER: USE THE SOCIAL SECURITY PERMISSION FORM FOR R'S SOCIAL SECURITY NUMBER.]

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(IF THIS IS A FACE-TO-FACE IW:) 1. R AGREES - SIGNED FORM OBTAINED BY INTERVIEWER	(IF THIS IS A TELEPHONE IW:) 2. R AGREES - FORM AND LETTER BEING MAILED TO R	
(IF THIS IS A FACE-TO-FACE IW:) 3. R AGREES - FORM (AND LETTER) LEFT WITH R	4. R REFUSED-GO TO THE W319 BRANCHPOINT	5. R NOT ABLE TO CONSENT-GO TO THE W319 BRANCHPOINT
(IF THIS IS A FACE-TO-FACE IW:) 9. R UNDECIDED - FORM AND LETTER LEFT WITH R		
(IF THIS IS A TELEPHONE IW:) 9. R UNDECIDED - FORM AND LETTER BEING MAILED TO R		

NOTE: NEITHER DK NOR RF ARE ALLOWABLE RESPONSES, EXCEPT INSOFAR AS CODE
"4. RESPONDENT REFUSED" SUBSTITUTES FOR THE USUAL CODE
"9. REFUSED".

W322 (SELF-IW)
IF THIS IS A FACE-TO-FACE INTERVIEW (W311=2):
[IWER: SCAN THE LOGGING ID [R'S LOGGING ID NUMBER FOR MAILED DOCUMENTS]
FROM THE SOCIAL SECURITY PERMISSION FORM. GIVE R THE FORM AND THE
PREPAID MAILER. EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

IF THIS IS A TELEPHONE INTERVIEW (W311=1):
[IWER: SCAN THE LOGGING ID [R'S LOGGING ID NUMBER FOR MAILED DOCUMENTS]
FROM THE SOCIAL SECURITY PERMISSION FORM AND SEND R THE FORM, LETTER,
AND THE PREPAID MAILER.]

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LIVING PROXY SCRIPT

W314_W306 (W306PT1) (PROXY-IW)

IF PRIOR WAVE REFUSER OR NEW R - 1st R (Z120=1)

One of the most important parts of our study is to understand the financial situations of people in their retirement years. This is an important and challenging part of our research, and in order to obtain complete data for this research, we are asking all our participants to complete a form authorizing us to obtain social security data on earnings and benefits.

(Again,) we want to assure you and *R's FIRST NAME* that the Health and Retirement Study is committed to taking the utmost care to protect the confidentiality of any information given to us, including all of the information on the form.

IF PRIOR WAVE REFUSER OR NEW R - 2nd R (Z120=1)

We are asking all our participants to complete a form authorizing us to obtain social security data on earnings and benefits, so we would also like to have *R's FIRST NAME* complete the form.

(Again,) we want to assure you and *R's FIRST NAME* that the Health and Retirement Study is committed to taking the utmost care to protect the confidentiality of any information given to us, including all of the information on the form.

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

W306 (W306PT2) (PROXY-IW)

IF THIS IS A FACE-TO-FACE INTERVIEW (W311=2):

IWER: HAND BLUE FORM AND LETTER TO PROXY AND GIVE THEM TIME TO READ THE FORM IF NEEDED. THEN ANSWER ANY QUESTIONS.

Please give this letter, form and self-addressed stamped envelope to *R's FIRST NAME* for [him/her] to read and sign and return to us.

IWER: IF R CAN SIGN NOW, YOU MAY TAKE THE SIGNED FORM.

IF THIS IS A REINTERVIEW (Z076=1) R AND R HAS REFUSED SSN IN PRIOR WAVE (Z120=1):

R's FIRST NAME may have been asked to provide this consent to us in the past. We are asking now that [he/she] allow us to update our records in order to obtain additional data from the Social Security Administration.

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IF THIS IS A TELEPHONE INTERVIEW (W311=1):

I have a letter from the Social Security Administration describing the purpose of our research and supporting our research efforts.

I will be sending the letter, the form, and a self-addressed stamped envelope to R's *FIRST NAME* for [him/her] to read and sign and return to us in the envelope provided.

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE	9. RF — PROXY REFUSED FOR R
GO TO W319 BRANCHPOINT W307 (ASSIST)	

W310 (PROXY-IW)

IF PRIOR WAVE REFUSER OR NEW R (Z120=1) AND MODE IS TELEPHONE (W311=1):

For the study's research purposes, we would like R's *FIRST NAME*'s authorization to obtain [his/her] history of earnings and benefits administered by the Social Security Administration.

SHOW ALL TELEPHONE IWS (W311=1):

[IWER: EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

SHOW ALL F-T-F IWS (W311=2):

[IWER: EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED. IF THE R IS AVAILABLE, USE CODES 1 OR 3; OTHERWISE USE PROXY CODES 5 - 8.]

SHOW FOR ALL:

[IWER: USE THE SOCIAL SECURITY PERMISSION FORM FOR R'S SOCIAL SECURITY NUMBER.]

(IF THIS IS A FACE-TO-FACE IW:) 1. IF R IS AVAILABLE: RESPONDENT AGREES - SIGNED FORM OBTAINED BY INTERVIEWER	(IF THIS IS A FACE-TO-FACE IW:) 3. IF R IS AVAILABLE: RESPONDENT AGREES - FORM AND LETTER LEFT WITH R
5. R NOT ABLE TO CONSENT-GO TO THE W309 BRANCHPOINT	(IF THIS IS A FACE-TO-FACE IW:) 6. FORM AND LETTER LEFT WITH PROXY TO GIVE TO R
(IF THIS IS A TELEPHONE IW:) 7. FORM AND LETTER BEING MAILED TO R	8. PROXY REFUSED FOR RESPONDENT-GO TO THE W319 BRANCHPOINT

NOTE: NEITHER DK NOR RF ARE ALLOWABLE RESPONSES, EXCEPT INSOFAR AS CODE "8. PROXY REFUSED FOR RESPONDENT" INCORPORATES A REFUSAL.

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W322 (PROXY-IW)

IF THIS IS A FACE-TO-FACE INTERVIEW (W311=2):

[IWER: SCAN THE LOGGING ID [R's LOGGING ID NUMBER FOR MAILED DOCUMENTS]
FROM THE SOCIAL SECURITY PERMISSION FORM. GIVE PROXY THE FORM AND THE
PREPAID MAILER. EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

IF THIS IS A TELEPHONE INTERVIEW (W311=1):

[IWER: SCAN THE LOGGING ID [R's LOGGING ID NUMBER FOR MAILED DOCUMENTS]
FROM THE SOCIAL SECURITY PERMISSION FORM AND SEND R THE FORM, LETTER,
AND THE PREPAID MAILER.]

VA Permission sequence

W319 BRANCHPOINT: ASK W319 IF THIS IS A REIW HH (X024=1) AND IS NOT AN EXIT
INTERVIEW (A007 = 1) AND IS NOT SPANISH (A012 NOT 2) AND
CURRENT MODE OF INTERVIEW IS F-T-F (W311=2) AND PREFERRED
MODE IS ENHANCED F-T-F (X090=3) AND EITHER:

RE-IW R WHO IS ELIGIBLE TO BE ASKED VA PERMISSION (Z269=1) OR
A NEW R WHO HAS SERVED IN THE MILITARY (B035 = 1)

IF THE ABOVE CONDITIONS ARE MET AND THIS IS A PROXY IW, GO TO
W319 (W319 PART1) (PROXY-IW)

ELSE, GO TO W307 (ASSIST)

SELF INTERVIEW SCRIPT

W319 (W319 Part1) (SELF-IW) Descriptor: VA CONSENT INTRO

The health of our Veterans is an important national concern. There is great interest in how Veterans get their health care, how they use or don't use the Veterans Affairs health care system and how the care they receive affects Veterans' health. We are working together with the Department of Veterans Affairs to study these important issues, and you can make an important contribution to those efforts.

We are asking our participants who have served in the active military of the United States to complete a form authorizing us to obtain information on the health care services that they may have obtained in the VA health care system. This information, when combined with the other information you have provided to us, will be a unique and valuable resource for answering key questions about the health of the country's military Veterans. Even if you don't normally use VA services it will be helpful to this research to have your authorization.

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We want to assure you that the Health and Retirement Study is committed to taking the utmost care to protect the confidentiality of any information you give us, including the information on your VA health care.

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

7. R DISPUTES HAVING EVER SERVED
IN MILITARY, GO TO W307 (ASSIST)

W320 (W319 Part2) (SELF-IW) PRESENT AND EXPLAIN CONSENT FORM
Please take a minute to read the form.

[IWER: HAND FORM TO R. GIVE R TIME TO READ THE FORM, THEN EXPLAIN IT
AND ANSWER ANY QUESTIONS AS NEEDED.]

(I have a letter here from the Veterans Affairs Health System
describing the purpose of our research and supporting our research
efforts. Please take a minute to read it.)

1. CONTINUE

W321 (SELF-IW) Descriptor: CODE (SCAN) VA CONSENT ID

For the study's research purposes, would you authorize us to obtain
information on the health care services that you may have obtained from
the VA health care system?

1. R AGREES - SIGNED FORM
OBTAINED BY INTERVIEWER

2. R AGREES - FORM AND LETTER BEING
MAILED TO R

3. R AGREES - FORM (AND
LETTER) LEFT WITH R

4. R REFUSED

5. R NOT ABLE TO
CONSENT

9. R UNDECIDED - FORM AND LETTER LEFT WITH R

W319 (W319 part 1) (Proxy-IW): GO TO W329 BRANCHPOINT

Living Proxy Script

W319 (W319 Part1) (Proxy-IW) Descriptor: VA CONSENT INTRO

The health of our Veterans is an important national concern. There is great interest in how Veterans get their health care, how they use or don't use the Veterans Affairs health care system and how the care they receive affects Veterans' health. We are working together with the Department of Veterans Affairs to study these important issues, and *R's FIRST NAME* can make an important contribution to those efforts.

We are asking our participants who have served in the active military of the United States to complete a form authorizing us to obtain information on the health care services that they may have obtained in the VA health care system. This information, when combined with the other information you have provided to us, will be a unique and valuable resource for answering key questions about the health of the country's military Veterans. Even if *R's FIRST NAME* doesn't normally use VA services it will be helpful to this research to have his authorization.

We want to assure you that the Health and Retirement Study is committed to taking the utmost care to protect the confidentiality of any information you give us, including the information on *R's FIRST NAME* VA health care.

[IWER: PRESS 1 TO CONTINUE]

W320 (W319 Part2) (Proxy-IW) PRESENT AND EXPLAIN CONSENT FORM

Please take a minute to read the form.

[IWER: HAND FORM TO THE PROXY. GIVE THE PROXY TIME TO READ THE FORM, THEN EXPLAIN IT AND ANSWER ANY QUESTIONS AS NEEDED.]

(I have a letter here from the Veterans Affairs Health System describing the purpose of our research and supporting our research efforts. Please take a minute to read it.)

1. CONTINUE

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W321 (Proxy-IW) Descriptor: CODE (SCAN) VA CONSENT ID

For the study's research purposes, would you ask [RESPONDENT NAME] to complete a form authorizing us to obtain information on the health care services that [he/she] may have obtained from the VA health care system.

[IWER: IF THE R IS AVAILABLE, USE CODES 1 OR 3; OTHERWISE USE CODES 4, 5 OR 9]

1. IF R IS AVAILABLE: R AGREES - SIGNED FORM OBTAINED BY INTERVIEWER	2. R AGREES - FORM AND LETTER BEING MAILED TO R	
3. IF R IS AVAILABLE: R AGREES - FORM (AND LETTER) LEFT WITH R	4. PROXY REFUSED FOR RESPONDENT	5. R NOT ABLE TO CONSENT
9. R UNDECIDED - FORM AND LETTER LEFT WITH PROXY TO GIVE TO R		

NOTE: NEITHER DK NOR RF ARE ALLOWABLE RESPONSES, EXCEPT INSOFAR AS CODE "4. RESPONDENT REFUSED" SUBSTITUTES FOR THE USUAL CODE "9. REFUSED".

W329 BRANCHPOINT: IF R REFUSED VA CONSENT (W321=4), or IF R WAS NOT ABLE TO CONSENT (W321=5), GO TO W307 (ASSIST)
OTHERWISE, CONTINUE TO W329

W329

[IWER: SCAN THE LOGGING ID (R's LOGGING ID NUMBER FOR MAILED DOCUMENTS) FROM THE VA FORM AND GIVE R/PROXY THE FORM AND THE PREPAID MAILER IF THE R WILL BE MAILING IT BACK. EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

End of new VA Permission sequence

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W307 W ASSIST

IWER: HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN
SECTION W — INTERNET USE/SOCIAL SECURITY PERMISSION?

1. NEVER

2. A FEW
TIMES

3. MOST OR ALL OF THE TIME

4. THE SECTION WAS DONE BY
A PROXY REPORTER

END OF SECTION W BRANCHPOINT: IF THIS IS A SELF INTERVIEW (A009=1),
GO TO MODULES (NEXT SECTION)

IF THIS IS A LIVING PROXY INTERVIEW (A009={2 or 3}), JUMP
BACK TO SECTION D AND ASK RELEVANT QUESTIONS OF THE PROXIED R

OTHERWISE, IF THIS IS NOT A SELF INTERVIEW (A009 NOT 1),
GO TO END OF INTERVIEW

END OF SECTION W