

NOTE ABOUT BRANCHPOINTS:

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

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NOTE ABOUT COLORS:

ALL QUESTION TEXT IN BLACK IS FOR THE CORE INTERVIEW.

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

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

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

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NOTE ABOUT EXIT INTERVIEW Rs:

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

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NOTE ABOUT SECTION CONTENT:

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

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N001 BRANCHPOINT: IF POST-EXIT INTERVIEW, GO TO SECTION T

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

N001

Q6238

R1.MEDICARE COVERAGE [W1 and W2]

Q2585X

R1. {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 covered by Medicare health insurance at the time of [his/her] death?

1. YES

5. NO

8. DK

9. RF

R1a/N002 BRANCHPOINT: IF {R IS/WAS UNDER 65 and HAS/HAD MEDICARE COVERAGE (R1/N001=1)} or {R IS/WAS {65 OR OLDER} and DOES/DID NOT HAVE MEDICARE (R1/N001=5)}, CONTINUE ON TO R1a/N002

OTHERWISE, GO TO R2/N004 BRANCHPOINT

N002

Q6239U

R1a.WHY MEDICARE [W10a]

Q2586X

R1a. Why is that?

IF R'S AGE IS MORE THAN 65 (A019 > 65):

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

IF R'S AGE IS 65 OR LESS (A019 ≤ 65):

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

Why is that?

IF R WAS MORE THAN 65 WHEN S/HE DIED (A019 > 65):

[IWER: R WAS AGE R'S AGE (per A019), SO PROBE WHY R WAS NOT COVERED BY MEDICARE]

IF R WAS 65 OR LESS WHEN S/HE DIED (A019 ≤ 65):

[IWER: R WAS AGE R'S AGE (per A019), SO PROBE WHY R WAS COVERED BY MEDICARE]

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


R2/N004 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1/N001 NOT 1), GO TO R4/N005

N004

Q6240

6238

R2.MEDICARE PART B COVERAGE [W3]

Q2587X

R2. 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
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N005

Q6241

6238

R4.MEDICAID SINCE PREV WAVE? [W4]

Q2588X

R4. 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, YEAR/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 R9/N007			

N006  
Q6242 6238 R5.CURRENTLY COVERED BY MEDICAID [W5]  
Q2589X

R5. 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
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N007  
Q6251 6238 R9.CHAMPUS/CHAMPVA COVERAGE [W6]  
Q2598X

R9. 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} DEF: 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
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R11/N009 BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY MEDICARE (R1/N001 NOT 1), and DID NOT REPORT THAT IS COVERED BY MEDICAID (R5/N006 NOT 1), GO TO W21/N023

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

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

N009  
Q6254 6238 R11.MEDICARE THROUGH HMO [W16\_1]  
Q2601X

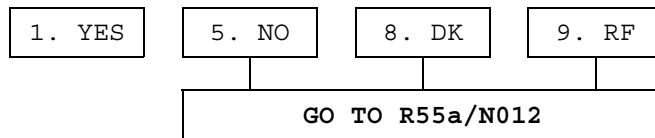
R11. We are interested in how your [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] health insurance works for routine care.

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

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

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

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



N243 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1/N001 NOT 1), GO TO R11a/N010

N243 (Tag#=N009.5)  
Q10089  
Q3043X

Did you have to join this HMO in order to receive supplemental benefits from another plan?

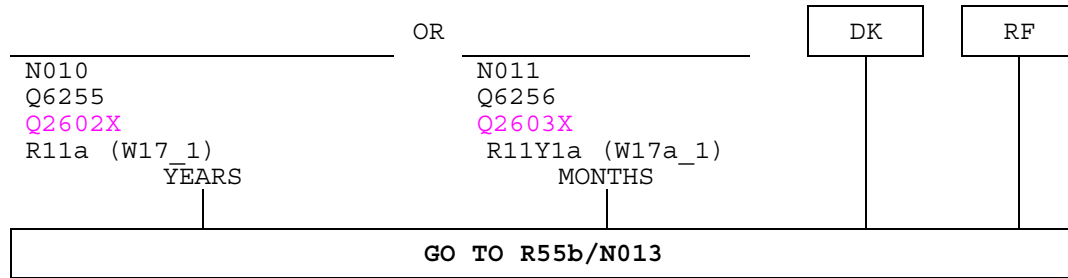
Did [he/she] have to join this HMO in order to receive supplemental benefits from another plan?



N010  
 Q6255UB 2 R11a.HOW LONG-YEARS [W17\_1]  
 Q2602X

R11a. About how long have you been receiving your  
 [Medicare/(Medicaid/STATE NAME FOR MEDICAID)] benefits through this HMO?

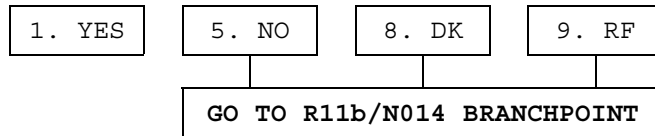
At the time of [his/her] death, about how long had [he/she] been  
 receiving [his/her] [Medicare/(Medicaid/STATE NAME FOR MEDICAID)]  
 benefits through this HMO?



N012  
 Q6334 6238 R55a.IF LIST OF DOCTORS (W18\_1)  
 Q2655X

R55a. Does this health insurance plan have a list or book of doctors that you  
 are encouraged or required to use?

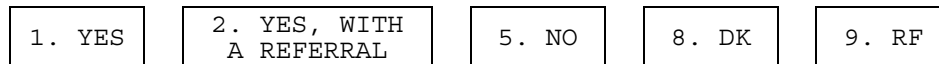
Did this health insurance plan have a list or book of doctors that one  
 is encouraged or required to use?



N013  
 Q6335 6282 R55b.PAY ROUTINE CARE (W18a\_1)  
 Q2656X

R55b. Does [this health insurance plan/the HMO] plan pay any of the costs of  
 routine care if you see a doctor who is not [on this list/in the HMO]?

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



R11b/N014 BRANCHPOINT: PRIOR TO 7/1/2002 RELEASE (DATAMODELS 1-4): IF R DID  
 NOT REPORT THAT HAS MEDICARE {R1/N001 NOT 1}, GO TO W21/N023

AFTER 7/1/2002 RELEASE (DATAMODEL 5): IF R DID NOT REPORT  
 THAT HAS MEDICARE (AND/OR MEDICAID) COVERAGE THROUGH AN HMO  
 {R11/N009 NOT 1}, GO TO W21/N023

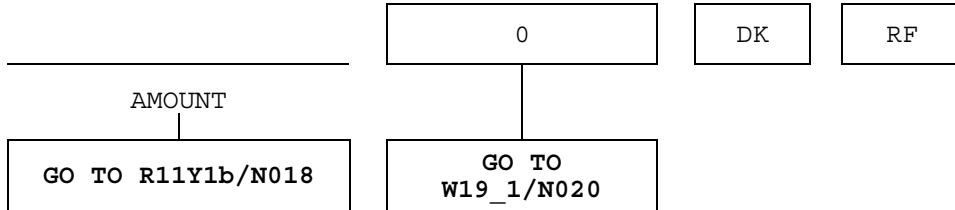
N014  
 Q6258UB 4 R11b.AMOUNT PAY FOR PLAN

Q2605X

R11b. 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]



N015-N017 Unfolding Sequence

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

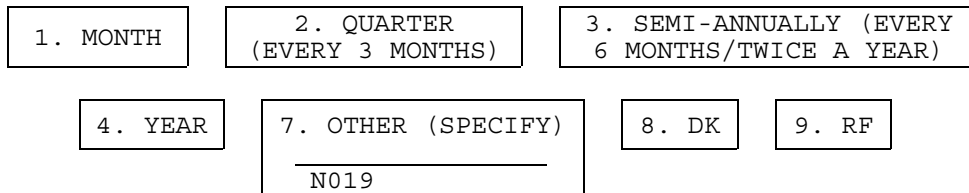
Did it amount to less than \$\_\_\_ per month, more than \$\_\_\_ per month, or what?

PROCEDURE: 2Up1Down  
 BREAKPOINTS: \$15, \$30, \$60, \$120  
 ENTRY POINT: \$30

R11Y1b/N018 BRANCHPOINT: GO TO W19\_1/N020

N018  
 Q6259B  
 Q2606X  
 R11Y1b.

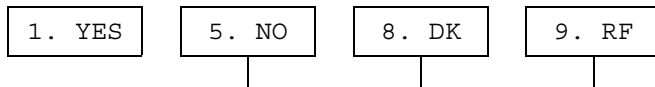
R11Y1b.PER



N020  
 Q9968  
 Q3048X

W19\_1. At any time [since R's LAST IW MONTH, YEAR/in the last two years] have you left an HMO that delivered Medicare services?

At any time [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], had [he/she] left an HMO that delivered Medicare services?



GO TO W21/N023

N021

Q6376MC

5

R80.WHY LEAVE HMO (W20\_1)

Q2690X

R80. Why did you leave that HMO?

Why did [he/she] leave that HMO?

[IWER: CHOOSE ALL THAT APPLY]

1. OWN PHYSICIAN  
LEFT PLAN

2. HMO DIDN'T PROVIDE  
NEEDED SERVICES

3. HMO COSTS INCREASED

4. HMO ENCOURAGED ME TO  
LEAVE

7. OTHER (SPECIFY)  
\_\_\_\_\_  
W20\_2/N022

8. DK

9. RF

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



----- begin private plans sequence -----

N023  
Q9971  
Q3050X

W21. 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 the other types of health insurance plans [he/she] 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.

IF R HAS MEDICARE COVERAGE (R1/N001=1) and R RECEIVES MEDICARE/MEDICAID THROUGH AN HMO (R11/N009=1):

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

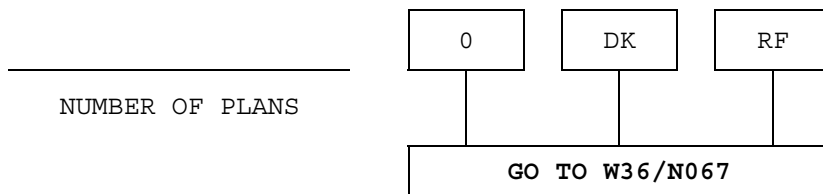
Do **NOT** include long-term care insurance. Other than [his/her] Medicare HMO you've just told me about, how many other such plans did [he/she] have at the time of [his/her] death?

OTHERWISE:

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

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

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



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

\*\*\*BEGINNING OF W22/N024 LOOP: QUESTIONS W22/N024 THROUGH R46h/N066 ARE REPEATED FOR UP TO THREE HEALTH INSURANCE PLANS (W21/N023).\*\*\*

N024  
Q9972  
Q3051X

W22. {CORE AND EXIT}  
IF R HAS ONE PLAN (W21/N023=1):  
Let's talk about that plan.

IF FIRST TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (W21/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  
(W21/N023=>1):  
Let's talk about the [second/third] of those plans.

What is the name of this plan?

\_\_\_\_\_

NAME OF INSURANCE PLAN

W22b/N025 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE (R1/N001 NOT 1), GO TO R15 (W25)/N032

IF THIS IS NOT FIRST TIME THROUGH W22/N024 LOOP,  
GO TO R15 (W25)/N032

N025  
Q9973  
Q3052X

W22b. Which is your primary plan, Medicare or NAME OF FIRST PLAN  
(W22\_1/N024\_1)?

Which was [his/her] primary plan, Medicare or NAME OF FIRST PLAN  
(W22\_1/N024\_1)?

1. MEDICARE	2. NAME OF PLAN (W22_1/N024_1)	8. DK	9. RF
GO TO (W25)/N032			

----- Begin "medigap" sub-sequence (covered by Medicare and Medicare is most important plan) -----

N026

Q6277UB

1

R19b.PLAN LETTER [W22f]

Q2624X

W22f. Many Medicare supplemental or Medigap plans are referred to by a plan letter. Do you know the plan letter for your plan?

Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter. Do you know the Plan Letter for [his/her] plan?

[IWER: PROBE]

{CORE AND EXIT} What is it?

[{CORE AND EXIT} IWER: IF NO PLAN LETTER, ENTER 'Z']

1. A	2. B	3. C	4. D	5. E	6. F	7. G
8. H	9. I	10. J	11. Z	98. DK	99. RF	

N027  
Q9974  
Q3053X

W23. Tell me how that plan works with Medicare.  
Tell me how that plan worked with Medicare.

	1. YES	5. NO	8. DK	9. RF
N027 Q9974 Q3053X W23. Does it provide help with copayments and deductibles for hospitalizations?  Did it provide help with copayments and deductibles for hospitalizations?				
N028 Q9975 Q3054X W23b. (Does it provide help with...) paying for skilled nursing care?  (Did it provide help with...) paying for skilled nursing care?				
N029 Q9976 Q3055X W23c. (Does it provide help with...) paying for home health or hospice care?  (Did it provide help with...) paying for home health or hospice care?				
N030 Q9977 Q3056X W24. (Does it provide help with...) paying for doctor visits?  (Did it provide help with...) paying for doctor visits?				
N031 Q9978 Q3057X W24b. (Does it provide help with...) paying for outpatient care?  (Did it provide help with...) paying for outpatient care?				

-----End "medigap" sub-sequence in the block -----

N032  
Q9979  
Q3058X

W25. (Does it provide help with...) paying for regular prescription drugs?

(Did it provide help with...) paying for regular prescription drugs?

1. YES	5. NO	8. DK	9. RF
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R15a(W26a)/N033 BRANCHPOINT: IF {THIS IS A CORE INTERVIEW and R DID NOT REPORT THAT IS WORKING FOR PAY (G2/J020 NOT 1)}, GO TO R15b(W26b)/N034 BRANCHPOINT

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 R15c(W26c)/N035 BRANCHPOINT

N033

Q6269

R15.HOW OBTAIN INSURANCE [W26a-e\_1.]

Q2616X

R15a(W26a). IF R IS SELF-EMPLOYED (G3/J021=2):

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

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

IF R IS WORKING FOR SOMEONE ELSE (G3/J021=1):

Do you obtain this health insurance through your current employer?

Did [he/she] obtain this health insurance through [his/her] last employer?

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

1. YES	5. NO	8. DK	9. RF
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GO TO  
R16/N039

R15b(W26b)/N034 BRANCHPOINT: IF THIS IS AN EXIT IW, GO TO R15c(W26c)/N035 BRANCHPOINT

N034  
Q8216  
Q3059X

R15b(W26b). Do you obtain this health insurance through a former employer of yours?

1. YES	5. NO	8. DK	9. RF
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GO TO R16/N039
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R15c/N035 BRANCHPOINT: IF THIS IS AN EXIT IW and {R WAS NOT COUPLED AT THE TIME OF DEATH or IF LIVING R IS NOT COUPLED} (X065 {NOT 1 and NOT 3}), GO TO W26f 1/N037

N035  
Q8217  
Q3060X

R15c(W26c). Do you obtain this health insurance through your [husband's/wife's/partner's] current employer?

Did [he/she] obtain this health insurance through [your/his/her] current employer?

1. YES	5. NO	8. DK	9. RF
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GO TO R16/N039
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N036  
Q8218  
Q3061X

R15d(W26d). Do you obtain this health insurance through your [husband's/wife's/partner's] former employer?

Did [he/she] obtain this health insurance through [your/his/her] former employer?

1. YES	5. NO	8. DK	9. RF
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GO TO R16/N039
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N037  
Q8202  
Q3062X

W26f\_1. 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)		8. DK	9. RF
<hr style="width: 80%; margin: 0 auto;"/> W26g_1/N038. (How did you obtain that plan?) (How did [he/she] obtain that plan?)			

N039  
Q6272  
Q2619X

R16.PAY COSTS FOR HEALTH INSURANCE [W27b\_1]

R16. Including any help from your family, do you (or your [husband/wife/partner]) pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

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

1. ALL	2. SOME	3. NONE	8. DK	9. RF
 GO TO R19c/N048				

N040  
Q9982  
Q3064X

W27. How much do you (or your [husband/wife/partner]) pay every month in premiums for this plan?

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

IF R IS COVERED BY INSURANCE THROUGH {OWN OR SP/P'S} EMPLOYER}  
({R15a(W26a)/N033 or R15b(W26b)/N034 or R15c(W26c)/N035 or R15d(W26d)/N036}=1):  
{CORE AND EXIT} [IWER: COUNT ANY PAYROLL DEDUCTIONS, BUT DO NOT INCLUDE ANY AMOUNT PAID BY THE EMPLOYER]

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT PER MONTH

DK

RF

GO TO R19c/N048

N041-N043 Unfolding Sequence

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

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

PROCEDURE: 2Up1Down  
BREAKPOINTS: \$25, \$50, \$100, \$150  
ENTRY POINT: \$50

N048 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N052

N048  
Q6278 6238 R19c.ANYONE ELSE COVERED [W28\_1]  
R19c. Besides you, is anyone else covered on this health insurance?

1. YES

5. NO

8. DK

9. RF

GO TO R54b/N051 BRANCHPOINT



N049  
 Q6279 10 R19d.WHO COVERED? [W28a\_1]  
 R19d. Who besides yourself is covered?

[IWER: CHOOSE ALL THAT APPLY]

CHILD NAME(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42. CHILD NAME(S) [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 AND DEAD CHILDREN ARE DISPLAYED. NAMES OF SPOUSE/PARTNERS OF CHILDREN ARE NOT DISPLAYED.

R54b/N051 BRANCHPOINT: IF R IS NOT MARRIED or {R IS MARRIED and R's SPOUSE/PARTNER IS COVERED (R19d/N049=91)}, GO TO R20/N052

N051  
 Q6332 6238 R54b.OBTAIN COVERAGE FOR SPOUSE  
 R54b. Could you have obtained coverage for your spouse through this health insurance plan?

1. YES	5. NO	8. DK	9. RF
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N052  
 Q6280 6238 R20.MEDICARE SUPP/MEDIGAP AN HMO? [W30\_1]  
 Q2625X  
 R20. Is this plan an HMO, that is, a Health Maintenance Organization?

Was [his/her] 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
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N053  
Q9987  
Q3068X

W31. How long have you been with this plan?

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

_____	OR	_____	DK	RF
N053 Q9987 Q3068X W31. YEARS		N054 Q9988 Q3069X W31a. MONTHS		

N055  
Q6281 6238 R21.IF LIST OF DOCTORS [W32]  
Q2626X

R21. Does this health insurance plan have a list or book of doctors that you are encouraged or required to use?

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

1. YES	5. NO	8. DK	9. RF
GO TO R34/N059 BRANCHPOINT			

N056  
Q6282 R22.PLAN PAY FOR DOCTORS NOT ON LIST  
Q2627X

R22. Does this health insurance plan pay any of the costs for routine care if you see a doctor who is not [on this list/in the HMO]?

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

1. YES	2. YES, WITH A REFERRAL	5. NO	8. DK	9. RF
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R34/N059 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N066

IF R {IS NOT COVERED BY CURRENT EMPLOYER (R15a(W26a)/N033 NOT 1) or R IS NOT WORKING FOR SOMEONE ELSE (G3/J021 NOT 1) } and R IS NOT COVERED BY FORMER EMPLOYER (R15b(W26b)/N034 NOT 1), GO TO R46h/N066

IF R's AGE IS 65 OR OVER, GO TO R34b/N062 BRANCHPOINT

N059

Q6297 6238 R34.COVERAGE CONTINUE TO 65

R34. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/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?

1. YES	5. NO	8. DK	9. RF
GO TO R34b/N062			

N060

Q6298 6238 R34a.COVRRGE OFFER BY EMPLYR AFT 65

R34a. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/N034=1):  
Does your 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
--------	-------	-------	-------

R34b/N062 BRANCHPOINT: IF SPOUSE'S AGE IS 65 OR OVER *or* R IS NOT MARRIED, GO TO R46h/N066

N062

Q6300 6238 R34b.COVERAGE CONTINUE FOR SP TO 65

R34b. IF R IS COVERED BY FORMER EMPLOYER (R15b(W26b)/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 R46h/N066			

N063

Q6301

6238

R34c.COVERAGE FOR SPOUSE AFTER 65

R34c. IF R IS COVERED BY FORMER EMPLOYER (R15b/W26b)/N034=1):

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

OTHERWISE:

If you left your current employer now could you continue your current health insurance coverage for your spouse your employer offer some type of health insurance coverage for your spouse after the age of 65 [sic]?

NOTE: THIS QUESTION SHOULD HAVE READ:

"If you left your current employer now, would 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

Q6322

6238

R46h.LIMITS ON HEALTH INSURANCE

Q3070X

R46h. 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 W22/N024 LOOP: IF MORE HEALTH INSURANCE PLANS WERE MENTIONED AT W21/N023, REPEAT QUESTIONS W22/N024 THROUGH R46h/N066 FOR UP TO THREE PLANS. IF NOT, CONTINUE ON TO W36/N067\*\*\*

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

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

N067  
Q8213  
Q3071X

W36. 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 R85/N071			

W36a/N068 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN {2 TO W36a/N068 AND 27 TO W36b/N069} AND GO TO W36c/N070

N068  
Q9997  
Q3072X

W36a. {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 W36b/N069 AND GO TO W36c/N070	GO TO R87/N075	

N069  
Q9998  
Q3073X

W36b. {CORE AND EXIT} Which plan is that?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

W36c/N070 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (W36b/N069=27), CONTINUE ON TO W36c/N070  
  
OTHERWISE, ASSIGN TO W36c/N070 PLAN NAME SELECTED AT W36b/N069 AND GO TO R85/N071

N070  
Q9999  
Q3074X

W36c. {CORE AND EXIT} What is the name of the 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 (W38/N090) IS INCREMENTED BY 1.

----- end sequence on dental insurance -----

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

N071  
Q6393  
Q2700X

R85. 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 insurance which specifically covered nursing home care for a year or more or any part of personal or medical care in [his/her] home?

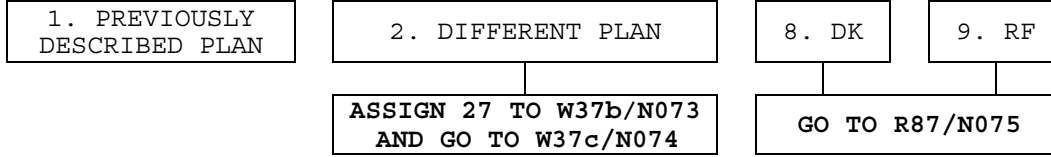
1. YES	5. NO	8. DK	9. RF
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GO TO R92/N087

W37a/N072 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN {2 TO W37a/N072 AND 27 TO W37b/N073} AND GO TO W37c/N074

N072  
Q8001  
Q3075X

W37a. {CORE AND EXIT} Is that one of the plans you have already described, or a different plan?



N073  
Q8002  
Q3076X

W37b. {CORE AND EXIT} Which plan is that?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

W37c/N074 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (W37b/N073=27), CONTINUE ON TO W37c/N074

OTHERWISE, ASSIGN TO W37c/N074 PLAN NAME SELECTED AT W37b/N073 AND GO TO R87/N075

N074  
Q8003  
Q3077X

W37c. {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 (W38/N090) IS INCREMENTED BY 1.

N075  
Q6394  
Q3071X

R87.COVER NURSING HOME/IN-HOME CARE

R87. Does this plan cover care in a nursing home facility only, personal or long-term care at home, or both in-home and nursing home care?

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

1. NURSING HOME CARE ONLY	2. IN-HOME CARE ONLY	3. BOTH	7. OTHER (SPECIFY) N076	8. DK	9. RF
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R87/N238 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO R88/N077

IF R IS NOT {MARRIED OR PARTNERED} (X065={1 or 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 (W37b/N073 NOT 27)}, GO TO R88/N077

N238 (Tag#=N076.5)  
Q6394

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  
Q6395  
Q3072X

6238

R88.RECD BENEFITS UNDER LTC

R88. IF R's SPOUSE/PARTNER HAS LONG-TERM CARE COVERAGE (R87/N238=1): Have you or your [husband/wife/partner] ever received benefits under your long-term care policy?

OTHERWISE:

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

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

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

R89/N078 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO R90/N079 BRANCHPOINT

N078  
Q6396

6238

R89.PAYMENTS INCREASE WITH INFLATION

R89. Does this plan increase payments with inflation?

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

R90/N079 BRANCHPOINT: IF R DID NOT SAY THAT PLAN WAS ALREADY DESCRIBED (W37a/N072=1), GO TO R91Y1/N086 BRANCHPOINT

N079



Q6397 R90.AMT PAY FOR LTC

Q2704X

R90. IF R NAMED A PLAN THAT IS NOT ON THE LIST (W37b/N073=27):  
How much do you (or your [husband/wife/partner]) pay per month for this plan?

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

OTHERWISE:

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

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

[IWER: ENTER 0 IF NO PAYMENTS ARE MADE]

	0	DK	RF
AMOUNT			
GO TO R90Y1b/N083	GO TO R91Y1/N086 BRANCHPOINT		

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?

PROCEDURE: 2Up1Down

BREAKPOINTS: \$25, \$100, \$200, \$400

ENTRY POINT: \$100

R90Y1/N083 BRANCHPOINT: GO TO W38/N090

N083

Q6398

R90Y1.PER

Q2705X

R90Y1. PER:

1. YEAR	2. QUARTER (EVERY 3 MONTHS)	4. MONTH	7. OTHER (SPECIFY) _____ N084	8. DK	9. RF
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R91Y1/N086 BRANCHPOINT: IF EXIT INTERVIEW, GO TO W38/N090

N086

Q6401

R91Y1. About how long have you had this long-term care insurance?

[IWER: ENTER YEARS HERE OR MOVE TO THE NEXT SCREEN TO ENTER MONTHS]

\_\_\_\_\_    
N086  
Q6401  
R91Y1. YEARS

OR

[IWER: ENTER MONTHS HERE OR BACK UP TO THE PREVIOUS SCREEN TO ENTER YEARS]

\_\_\_\_\_    
N085  
(Tag#=N086.5)  
Q6400  
R91. MONTHS

N087  
Q6403            6238                    R92.LTC CANCELED/LAPSED  
R92. Have you ever been covered by any long-term care insurance that you cancelled or let lapse?

1. YES	5. NO	8. DK	9. RF
GO TO W38/N090			

N088  
Q6404                                    R93.WHY LTC COVERAGE LAPSE  
R93. Did your coverage lapse because the premiums were too high, because you didn't think you needed to carry it any longer, or what?

1. PREMIUMS TOO HIGH	5. DIDN'T NEED IT	7. OTHER (SPECIFY) _____ N089	8. DK	9. RF
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----- end sequence on home care/Nursing Home insurance -----

N090

Q8004

Q3303X

W38: PLAN COUNT

IWER: CALCULATE NUMBER OF SUPPLEMENT PLANS FOR THOSE WITH MEDICARE, OR NUMBER OF PRIVATE PLANS FOR THOSE WITHOUT MEDICARE

**NOTE: W38/N090 IS CONTINUALLY UPDATED THROUGHOUT SECTION N WHENEVER A NEW HEALTH INSURANCE PLAN IS NAMED. THE VALUE OF W38/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.**

R58/N091 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N301 BRANCHPOINT

IF R DOES NOT HAVE ANY HEALTH INSURANCE PLAN(S) (W38/N090=0),  
GO TO R71/N092 BRANCHPOINT

N091

Q6357

6238

R58.WITHOUT INSUR

Q2678X

R58. 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 before [his/her] death]?

1. YES

5. NO

8. DK

9. RF

----- BEGIN SERIES OF NEWLY ADDED QUESTIONS 9/27 -----

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

R71/N092 BRANCHPOINT: IF EXIT INTERVIEW, GO TO N301 BRANCHPOINT

IF R IS NOT WORKING FOR SOMEONE ELSE (G3/J021 NOT 1),  
GO TO E1/N099

IF R REPORTED HAS HEALTH INSURANCE FROM CURRENT EMPLOYER  
(R15a(W26a)/N033=1), GO TO R31/N094 BRANCHPOINT

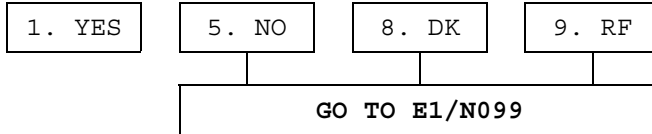
N092

Q6369

6238

R71.EMP OFFER HEALTH INSURANCE

R71. Does your employer or union offer a health insurance plan to any of its employees?



N093

Q6370

6238

R72.OFFERED INSURANCE THROUGH JOB

R72. Were you offered health insurance through your job?



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

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

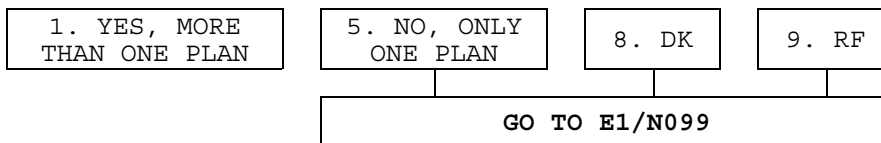
R31/N094 BRANCHPOINT: IF R IS NOT WORKING FOR SOMEONE ELSE (G3/J021 NOT 1) *or* R DID NOT REPORT THAT HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (R15a(W26a)/N033 NOT 1), GO TO E1/N099

N094

Q6291

R31.CHOICE IN PLANS

R31. 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

Q6292B

6238

R33a.BETTER COVERAGE?

R33a. Compared to your current coverage through your employer,

	1. YES	5. NO	8. DK	9. RF
N095 Q6292 R33a. did any of these other plans... Provide better coverage?				
N096 Q6293 R33b. (Did any of these other plans...) Provide greater choice of physicians?				
N097 Q6294 R33c. (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 -----

Ex1/N301 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E1/N099  
IF PROXY DID NOT REPORT THAT R WAS IN HOSPITAL AT TIME OF DEATH (CS2cx/A124 NOT 1), GO TO E1/N099

N301  
Q1735X

Ex1. 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]

\_\_\_\_\_    
TIME IN HOSPITAL

N302  
Q1736X

EX1a. UNIT:

N303  
Q1737X

Ex2.REASON IN HOSPITAL

Ex2. Why had [he/she] been admitted to the hospital? Was it to have surgery, receive other treatments, relieve [his/her] symptoms, or what?

\_\_\_\_\_ N304

N099

Q2567

Q1739X

E1. HOSPITAL-YR

E1. 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 (CS2cx/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
--------	-------	-------	-------

E2/N100 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW and R DID NOT DIE IN HOSPITAL (CS2cx/A124 NOT 1) and PROXY DID NOT REPORT THAT R HAD A HOSPITAL STAY (E1/N099={5 or DK or RF}), GO TO E4x/N309 BRANCHPOINT

IF THIS IS NOT AN EXIT INTERVIEW and R DID NOT REPORT THAT R HAD HOSPITAL STAY (E1/N099={5 or DK or RF}), GO TO WE1a/N110 BRANCHPOINT

N100

Q2568U

Q1740X

2

E2. HOSPITAL TIMES

E2. 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 before [his/her] death]?

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 before [his/her] death]?

_____	DK	RF
-------	----	----

NUMBER OF TIMES

N101  
 Q2569U 3 E3. HOSP-1 #NIGHTS  
 Q1741X

E3. (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 many nights was [he/she] a patient in a hospital [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

\_\_\_\_\_

NUMBER OF NIGHTS

E3ax/N305 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E4/N102

N305  
 Q1742X

E3ax. IF R HAD MORE THAN ONE HOSPITAL STAY (E2/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?

N306  
 Q1743X

E3bx. ([During any of those hospital stays/During [his/her] hospital stay])  
 did [he/she] use life support equipment, such as a respirator?

N307  
 Q1744X

E3cx. ([During any of those hospital stays/During [his/her] hospital stay])  
 did [he/she] use kidney dialysis services?



N308

Q1745X

E3dx. ([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

Q2570

E4. HOSP \$ NOT COV

Q1746X

E4. 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, partly covered by insurance, or not covered at all by insurance?

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
GO TO WE4d/N106 BRANCHPOINT			

WE4b-v1/N103 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO WE4d/N106 BRANCHPOINT

IF R'S PRIMARY PLAN IS MEDICARE (W22b/N025=1), GO TO WE4d/N106 BRANCHPOINT

IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE4b-v2/N104 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE4b-v2/N104

N103

Q9959

Q3083X

WE4b-v1. Were your hospitalization costs covered by *NAME OF PLAN*?

1. YES	5. NO	8. DK	9. RF
GO TO WE4d/N106 BRANCHPOINT	ASSIGN 27 TO WE4b-v2/N104 AND GO TO WE4c/N105		

WE4b-v2/N104 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE4b-v2/N104 AND GO TO WE4c/N105

N104

Q9958

Q3084X

WE4b-v2. Which of your health insurance plans covered the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

WE4c/N105 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST  
(WE4b-v2/N104=27, CONTINUE ON TO WE4c/N105  
  
OTHERWISE, ASSIGN TO WE4c/N105 PLAN NAME SELECTED AT WE4b-v2/N104 AND GO TO WE4d/N106 BRANCHPOINT

N105  
Q9957  
~~Q3085X~~

WE4c. What is the name of the plan that covered those costs?

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

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.

WE4d/N106 BRANCHPOINT: IF HOSPITALIZATION COSTS WERE COMPLETELY COVERED (E4/N102=1), GO TO WE41a/N110 BRANCHPOINT

N106  
Q9967  
Q3086X

WE4d. 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 E5/N114

N107-N109 Unfolding Sequence

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

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

PROCEDURES: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
 BREAKPOINTS: \$500, \$5,000, \$10,000, \$20,000, \$50,000  
 RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000  
 ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE1a/N110 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E4x/N309 BRANCHPOINT

IF R WAS HOSPITALIZED OVERNIGHT (E1/N099=1), GO TO E5/N114 BRANCHPOINT

IF R HAS (MEDICARE or MEDICAID/STATE NAME FOR MEDICAID or CHAMPUS/CHAMP-VA) (R1/N001 or R5/N006 or R9/N007), GO TO E5/N114 BRANCHPOINT

N110  
Q9963

WE1a. If you did need to stay in a hospital overnight, would you expect any of the costs to be covered by insurance?

1. YES

5. NO

8. DK

9. RF

GO TO E5/N114 BRANCHPOINT

WE1b-v1/N111 BRANCHPOINT: IF HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE1b-v2/N112 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE1b-v2/N112

N111  
Q9964

WE1b-v1. Would your hospitalization costs be covered by *NAME OF ONLY PLAN?*

1. YES	5. NO	8. DK	9. RF
GO TO E5/N114 BRANCHPOINT	ASSIGN 27 TO WE1b-v2/N112 AND GO TO WE1c/N113		

WE1b-v2/N112 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE1b-v2/N112 AND GO TO WE1c/N113

N112  
Q9965

WE1b-v2. Which of your health insurance plans would cover the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

WE1c/N113 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE1b-v2/N112=27), CONTINUE ON TO WE1c/N113  
  
OTHERWISE, ASSIGN TO WE1c/N113 PLAN NAME SELECTED AT WE1b-v2/N112 AND GO TO E5/N114 BRANCHPOINT

N113  
Q9966

WE1c. What is the name of the plan that would cover those costs?

\_\_\_\_\_

DK
----

RF
----

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE PLAN COUNT (W38/N090) IS INCREMENTED BY 1.

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

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

E4x/N309 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E5/N114 BRANCHPOINT

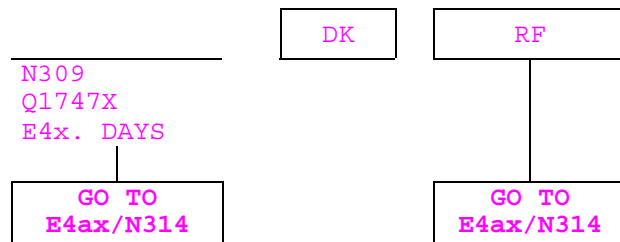
IF THIS IS AN EXIT INTERVIEW and PROXY DID NOT REPORT THAT R DIED WHILE IN NURSING HOME ({CS2cx/A124 NOT 2} and {CS11/A028 NOT 1}), GO TO E5/N114

N309  
Q1747X

E4x. IF R DIED IN NURSING HOME (CS2cx/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 (CS11/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

_____	DK	RF
N310 Q1748X E4xax. MONTHS		
GO TO E4ax/N314		GO TO E4ax/N314

OR SINCE DATE:

N311  
Q1749X  
E4xbx. MONTH

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

_____	DK	RF
N312 Q1750X E4xcx. DAY		

_____	DK	RF
N313 Q1751X E4xdx. YEAR		

N314  
Q1753X  
E4ax. Why had [he/she] been admitted to the nursing home?

_____	DK	RF
REASON FOR ADMITTANCE		

E5/N114 BRANCHPOINT: IF R {CURRENTLY LIVES IN A NURSING HOME (CS11/A028=1) or R DIED WHILE IN NURSING HOME {(CS2cx/A124=2) or (CS11/A028=1)}, ASSIGN 1 TO E5/N114 AND GO TO E6/N115

NOTE: PRIOR TO EXIT DATAMODEL 3, 9/17/02, ONLY CORE INTERVIEW Rs WERE ASSIGNED 1 AT E5/N114 IF THEY CURRENTLY LIVED IN A NURSING HOME. EXIT PROXIES FOR THE R WHO WAS IN A NURSING HOME WHEN S/HE DIED WERE ASKED AT E5/N114 IF R HAD ANY NURSING HOME STAYS **BESIDES THE ONE WHEN S/HE DIED**, AND, IF NOT, SKIPPED QUESTIONS E6/N115 - E7a/N117. THEREFORE, THEY WERE SKIPPED OVER THE E10f1N123 LOOP AND MISSED QUESTIONS R6/N127- E10k1/N133 SINCE (E6/N115=0).

N114  
Q2571  
Q1754X

E5. [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?

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



N115

Q2572U

2

E6. NURHM # TIMES

Q1755X

E6. IF R LIVES IN A NURSING HOME {CS11/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 IN NURSING HOME {(CS11/A028=1) or (CS2cx/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 before [his/her] death]?

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 before [his/her] death]?

DK

RF

\_\_\_\_\_  
NUMBER OF TIMES



N116  
Q2573  
Q1756X

E7. IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INLCUDING CURRENT STAY (CS11/A028=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 HAS HAD MORE THAN ONE NURSING HOME STAY, INLCUDING STAY IN WHICH S/HE DIED (CS11/A028=1):

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

OTHERWISE:

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

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

[IWER: IF R ANSWERS IN MONTHS RATHER THAN NIGHTS, ENTER 0 FOR NIGHTS]

OR	996 CONTINUOUS SINCE ENTERED	DK	RF
<hr style="width: 100%;"/> N116 Q2573 Q1756X E7. NIGHTS	<hr style="width: 100%;"/> N117 Q2574 Q1757X E7a. MONTHS		

N118  
 Q2576 2570 E8.NURHM NOT COV  
 Q1759X

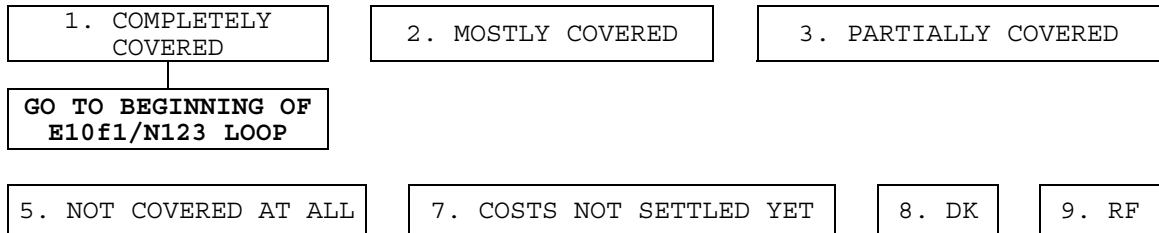
E8. IF R {LIVES IN A NURSING HOME NOW OR WAS LIVING IN A NURSING HOME WHEN S/HE DIED} (CSA11/A028=1):  
 Have the costs for your nursing home stay(s) been completely covered by insurance, only partially covered, or not covered at all by insurance?

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

OTHERWISE:

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

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



**NOTE:** QUESTIONS N240 THROUGH N242 WERE INCLUDED IN THE EARLY CORE PRODUCTION DATAMODELS VERSIONS 1 THROUGH 4 FOR 2002. THESE QUESTIONS WERE DELETED FROM CORE VERSION DATAMODEL 5 (7/01/2002) AND LATER, AND FROM ALL EXIT VERSIONS.

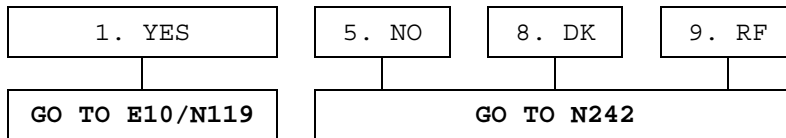
N240 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E10/N119

IF HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO N241 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO N241

N240 (Tag=N118.1)  
 Q10090

Were the costs for your nursing home stay(s) covered by NAME OF PLAN?



N241 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO N241 AND GO TO N242

N241 (Tag=N118.2)  
 Q10091

Which of your health insurance plans covered the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

N242 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N241=27), CONTINUE ON TO N242  
OTHERWISE, ASSIGN TO N242 PLAN NAME SELECTED AT N241 AND GO TO E10/N119

N242 (Tag=N118.3)

Q10020

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

\_\_\_\_\_

DK

RF

NAME OF INSURANCE PLAN

NOTE: IN SUBSEQUENT DISPLAYS THIS NAME IS ADDED TO THE LIST OF CHOICES FROM ALL PREVIOUSLY-MENTIONED PLANS, AND THE •PLAN COUNT (W38/N090)• IS INCREMENTED BY 1.

N119

Q2577UB

7

E10. NURHM OR HOSP R PAY \$

Q1760X

E10. 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 before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]

[IWER: INCLUDE ANY AMOUNT PAID BY OTHERS]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

↓

GO TO BEGINNING OF E10f1/N123 LOOP
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N120-N122 Unfolding Sequence

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

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

PROCEDURES: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
BREAKPOINTS: \$500, \$5,000, \$10,000, \$20,000, \$50,000  
RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000  
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

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

\*\*\*BEGINNING OF E10f1/N123 LOOP: QUESTIONS E10f1/N123 THROUGH E10k1/N133 ARE REPEATED FOR UP TO THREE NURSING HOME STAYS (E6/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.\*\*\*

E10f1/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} (E7/N116=996), GO TO R6/N127 BRANCHPOINT

IF R {LIVES IN NURSING HOME OR WAS LIVING IN A NURSING HOME WHEN S/HE DIED} (CS11/A028=1) and R/PROXY DID NOT REPORT THAT R HAD ANOTHER NURSING HOME STAY (E6/N115={<2 or DK or RF}), GO TO R6/N127 BRANCHPOINT

N123  
Q2585B  
Q3093X

E10f1. MONTH NH ENTRY

E10f1. IF THIS IS FIRST TIME THROUGH LOOP and R HAD MORE THAN ONE NURSING HOME STAY (E6/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 before [his/her] death] 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 (E6/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 before [his/her] death] 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 E6/N115)} and R HAD MORE THAN ONE NURSING HOME STAY (E6/N115>1) and R {LIVES IN A NURSING HOME OR DIED WHILE LIVING IN A NURSING HOME} (CS11/A028=1):

Think about your current stay at the nursing home or other long-term care facility.

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per E6/N115)} and R HAD MORE THAN ONE NURSING HOME STAY (E6/N115>1) and R {DOES NOT LIVE IN A NURSING HOME OR DID NOT DIE WHILE LIVING IN A NURSING HOME} (CS11/A028 NOT 1):

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 before [his/her] death] that [he/she] was a patient in a nursing home or other long-term care facility.

OTHERWISE:

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

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

ASK ALL Rs:

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

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

N123

Q2585

Q3093X

E10f1. MONTH/SEASON:

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

DK	RF
----	----

\_\_\_\_\_  
 N124  
 Q2586  
 Q3094X  
 E10g1. YEAR

N125  
 Q2587 2585 E10h1.MONTH NH LEFT  
 Q3095X

E10h1. In about what month and year did you move out of the nursing home or health care facility?

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

N125  
 Q2587  
 Q3095X  
 E10h1. MONTH/SEASON:

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

DK	RF
----	----

\_\_\_\_\_  
 N126  
 Q2588  
 Q3096X  
 E10i1. YEAR

R6/N127 BRANCHPOINT: IF R DID NOT REPORT THAT HAS BEEN COVERED BY ANY MEDICAID PROGRAM SINCE LAST IW/ IN LAST 2 YEARS (R4/N005 NOT 1), GO TO E10j1/N131 BRANCHPOINT

N127  
 Q6244 R6.ELIG MEDICAID START NH STAY  
 Q2591X

R6. Were you eligible for (Medicaid/STATE NAME FOR MEDICAID) at the time your [first/second/last/current] nursing home stay started?

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

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

GO TO R8c/N130 BRANCHPOINT	GO TO E10j1/N131 BRANCHPOINT
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N128

Q6245

R7.BEC ELIG MEDICAID DUR STAY

Q2592X

R7. 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?

1. YES	5. NO	8. DK	9. RF
GO TO E10j1/N131 BRANCHPOINT			

R8c/N130 BRANCHPOINT: IF R {WAS NOT ELIGIBLE AT START OF STAY (R7/N127 NOT 1) and DID NOT BECOME ELIGIBLE DURING STAY (R6/N128 NOT 1)} or HAS NOT BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per E6/N115) or R {{LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME} or DID NOT SAY} (CS11/A167\_A028={1 or DK or RF}), GO TO E10j1/N131 BRANCHPOINT

N130

Q6250

6238

R8c.LOSE ELIGIBILITY WHEN LEFT-LAST NH STAY

Q2597X

R8c. 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?

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

E10j1/N131 BRANCHPOINT: IF R HAS BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per E6/N115) and {LIVES IN NURSING HOME NOW OR WAS LIVING IN A NURSING HOME WHEN S/HE DIED} (CS11/A028=1), GO TO E10xf/N315 BRANCHPOINT (OUT OF LOOP)



N131  
Q2589  
Q3097X

E10j1.LIVE AFTER NH STAY

E10j1. 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) _____	8. DK
	N132	9. RF

E10k1/N133 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (E10j1/N131 NOT 3), GO TO END OF E10f1/N123 LOOP (AFTER E10k1/N133)

N133  
 Q2590MC 1962 10 E10k1.WHICH CHILD?  
 E10k1. (Which child is that?)  
 (Which child is that?)

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

CHILD NAME(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42. CHILD NAME(S)
[ROWS PROVIDED BY BLAISE AS NECESSARY]
92. DECEASED CHILD
93. ALL CHILDREN EQUALLY
96. ALL CHILDREN - "EQUALLY" NOT MENTIONED
98. DK
99. RF

NOTE: NAMES OF ALL LIVING AND DEAD CHILDREN ARE DISPLAYED. NAMES OF SPOUSE/PARTNERS OF CHILDREN ARE NOT DISPLAYED.

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

\*\*\*END OF E10f1/N123 LOOP: IF MORE NURSING HOME STAYS WERE MENTIONED AT E6/N115, REPEAT QUESTIONS E10f1/N123 THROUGH E10k1/N133 FOR UP TO THREE STAYS. IF NOT, CONTINUE ON TO E10xf/N315 BRANCHPOINT.\*\*\*

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

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

E10xf/N315 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E14/N134

IF R DID NOT DIE IN A HOSPICE (CS2cx/A124 NOT 4),  
GO TO Ex10g/N320

N315

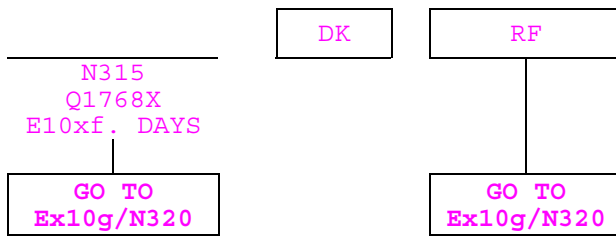
Q1768X

E10xf. IF R DIED IN A HOSPICE (CS2cx/A124=4):

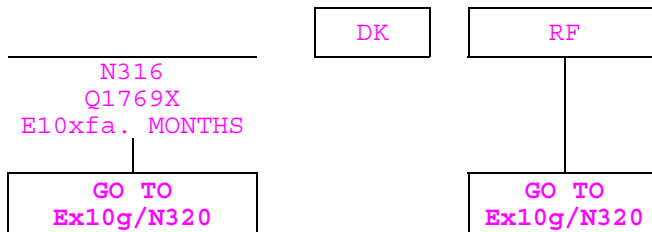
Earlier you told me that R's *FIRST NAME* died while in a hospice.

ASK ALL Rs:

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



OR



OR SINCE DATE:

N317  
Q1770X  
E10xbf. MONTH

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

DK	RF
----	----

N318  
Q1771X  
E10xfc. DAY

DK	RF
----	----

N319  
Q1772X  
E10xfd. YEAR

N320  
Q1775X

Ex10g. IF R DIED IN A HOSPICE (CS2cx/A124=4):  
In addition to that hospice stay, [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], had [he/she] been a patient overnight in a hospice?

OTHERWISE:

[since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], had [he/she] been a patient overnight in a hospice?

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

Ex10h/N321 BRANCHPOINT: IF R DIED IN A HOSPICE (CS2cx/A124=4) and PROXY DID NOT REPORT THAT R HAD ANOTHER HOSPICE STAY (Ex10g/N320={5 or DK or RF}), GO TO Ex10k/N324

ELSE IF PROXY DID NOT REPORT THAT R HAD ANY HOSPICE STAY (Ex10g/N319={5 or DK or RF}), GO TO E11/N147

N321  
Q1776X

Ex10h. 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 before [his/her] death]?

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 before [his/her] death]?

\_\_\_\_\_

DK	RF
----	----

NUMBER OF TIMES

N322

Q1777XUB 3 Ex10j. HOSPICE-1 NIGHTS

Ex10j. IF R HAS HAD MORE THAN ONE HOSPICE STAY (Ex10h/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 before [his/her] death]?

OTHERWISE:

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

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

_____	OR	_____	996 CONTINUOUS SINCE ENTERED	DK	RF
N322		N323			
Q1777X		Q1778X			
Ex10j.		Ex10ja.			
NIGHTS		MONTHS			

N324

Q1780X 1746 Ex10k.HOSPICE NOT COV

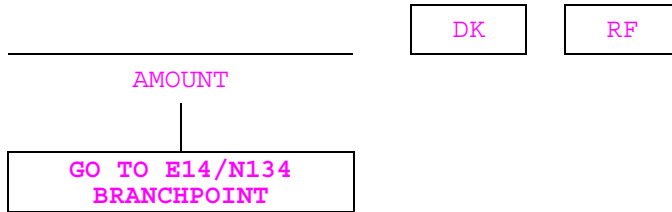
Ex10k. Were the costs for [his/her] hospice stay(s) completely covered by health insurance, partly covered by insurance, or not covered at all by insurance?

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
GO TO E14/N134 BRANCHPOINT		
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK
		9. RF

N328  
Q1781X

Ex10m. About how much did [he/she] pay out-of-pocket for hospice bills [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]



N329 - N331 Unfolding Sequence

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

PROCEDURES: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
BREAKPOINTS: \$500, \$5,000, \$10,000, \$20,000, \$50,000  
RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000  
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

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

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

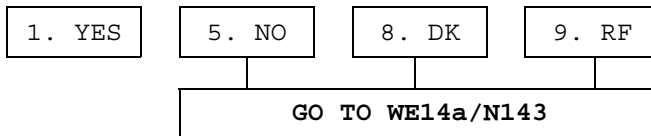
E14/N134 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E11/N147

N134  
Q2610

2567

E14. OUTPATIENT SURGERY-YR

E14. (Not counting overnight hospital stays,) [since R's LAST IW MONTH, YEAR/in the last two years], have you had outpatient surgery?



N135  
Q2611

E16. OUTSURG-NOT COVERED

E16. Were the expenses for your outpatient surgery completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
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|

GO TO E11/N147

5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
-----------------------	--------------------------	-------	-------

N139  
Q9075

WE16d. About how much did you pay out-of-pocket for outpatient surgery [since R's LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT

DK	RF
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|

GO TO E11/N147

N140 - N142 Unfolding Sequence

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

PROCEDURES: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
 BREAKPOINTS: \$500, \$2,000, \$5,000, \$10,000, \$20,000  
 RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000  
 ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE14a/N143 BRANCHPOINT: IF R HAD OUTPATIENT SURGERY (E14/N134=1), GO TO E11/N147

N143  
Q9076

WE14a. If you did need to have outpatient surgery, would you expect any of the costs to be covered by insurance?

1. YES	5. NO	8. DK	9. RF
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GO TO E11/N147

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

----- begin DOCTOR VISIT sequence -----

N147

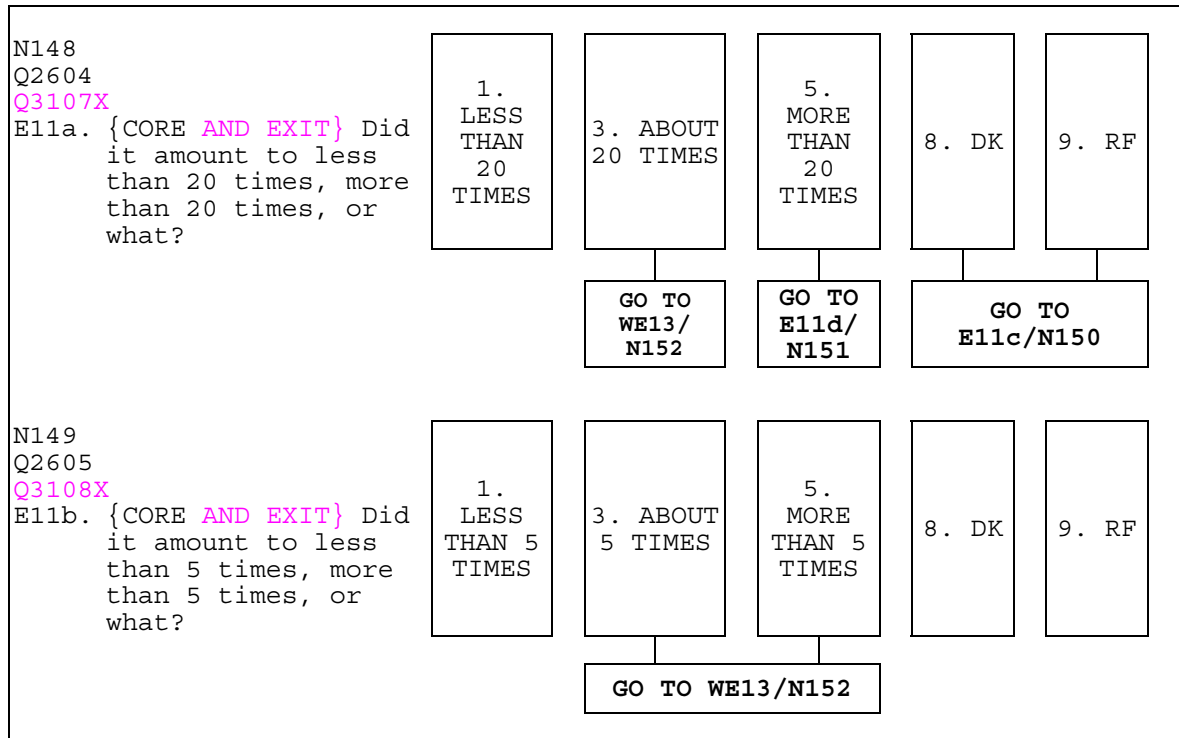
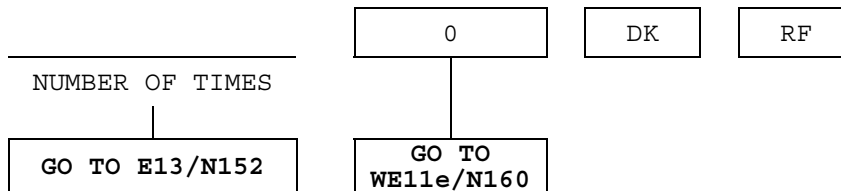
Q2603U 3 E11. DR TIMES

Q1789X

E11. (Aside from any [hospital stays,/outpatient surgery,/hospital stays and outpatient surgery,]) How many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits [since R's LAST IW MONTH, YEAR/in the last two years]?

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

[IWER: USE ZERO FOR NONE]



N150 Q2606 E11c. DR ANY TIME

Q3109X

E11c. 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 before [his/her] death]?

1. YES	5. NO	8. DK	9. RF
GO TO E13/N152 BRANCHPOINT			

N151  
Q2607 E11d. DR 50 TIMES

Q3110X

E11d. {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
--------------------------	----------------------	--------------------------	-------	-------

WE13/N152 BRANCHPOINT: IF R HAS NOT HAD ANY {DOCTOR OR CLINIC VISITS} SINCE R's LAST IW YEAR/IN THE LAST 2 YEARS (E11c/N150=5), GO TO WE11e/N160

N152  
Q2609 E13.DR-NOT COVERED

Q1795X

E13. Were the costs for your doctor or clinic bill(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 bill(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 E17/N164 BRANCHPOINT		

5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
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**NOTE:** QUESTIONS N153 THROUGH N155 WERE INCLUDED IN THE EARLY CORE PRODUCTION DATAMODELS VERSIONS 1 THROUGH 4 FOR 2002. THESE QUESTIONS WERE DELETED FROM CORE VERSION DATAMODEL 5 (7/01/2002) AND LATER, AND FROM ALL EXIT VERSIONS.

WE13f-v1/N153 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE13b-v2/N154 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE13b-v2/N154

N153  
Q9106  
Q3111X

WE13f-v1. Were your doctor bills covered by NAME OF ONLY PLAN?

Were [his/her] doctor bills covered by NAME OF ONLY PLAN?

1. YES	5. NO	8. DK	9. RF
GO TO WE13d/N156	GO TO WE13c/N155		

WE13b-v2/N154 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE13b-v2/N154 AND GO TO WE13c/N155

N154  
Q9107  
Q3112X

WE13f-v2. Which of your health insurance plans covered the largest share of the costs?

Which of [his/her] health insurance plans covered the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). NAME(S) OF INSURANCE PLAN(S)
27. NOT ON LIST
98. DK
99. RF

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

WE13c/N155 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE13f-v2/N154=27), CONTINUE ON TO WE13c/N155  
  
OTHERWISE, ASSIGN TO WE13c/N155 PLAN NAME SELECTED AT WE13b-v2/N154 AND GO TO WE13d/N156

N155  
Q9108  
Q3113X

WE13c. {CORE AND EXIT} 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 (W38/N090) IS INCREMENTED BY 1.

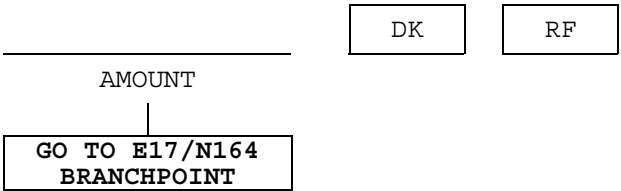
N156  
Q9109

Q1800X

WE13d. 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 before [his/her] death]?

[IWER: DO NOT PROBE DK/RF]



N157-N159 Unfolding Sequence

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

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

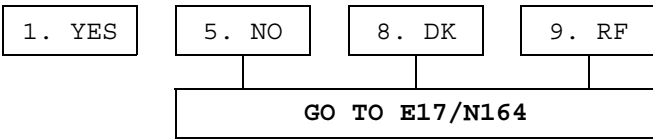
PROCEDURES: UNFM 3Up1Down, UNFM 2Up2Down, UNFM 1Up3Down  
 BREAKPOINTS: \$500, \$2,000, \$5,000, \$10,000, \$20,000  
 RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000  
 ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE11e/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 ({E11/N147>0} or {E11c/N150 NOT=5}), GO TO E17/N164 BRANCHPOINT

N160

Q9113

WE11e. If you did need to see a medical doctor, would you expect any of the costs to be covered by insurance?



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

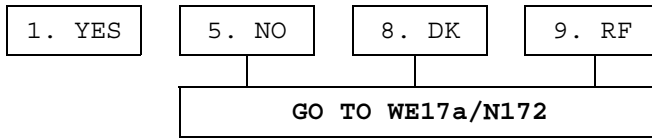
----- begin DENTAL sequence -----

E17/N164 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E20/N175 BRANCHPOINT

N164

Q2612 2567 E17.DENTIST-YR

E17. [Since R's LAST IW MONTH, YEAR/in the last two years] have you seen a dentist for dental care, including dentures?

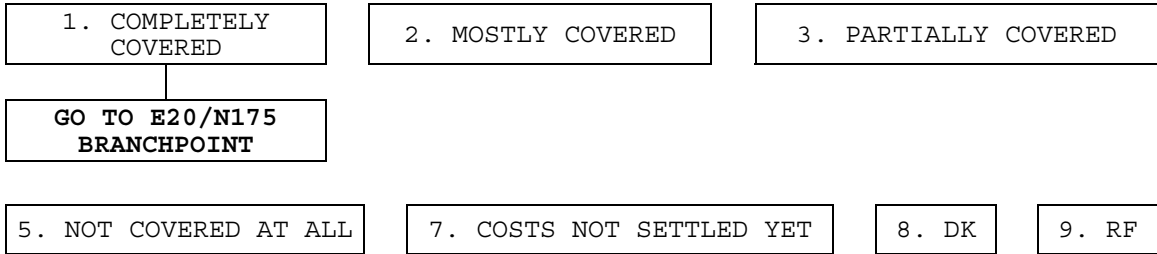


N165

Q2613

E18. DENTIST-NOT COVERED

E18. Were your dental expenses completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?



N168

Q9119

WE18c. About how much did you pay out-of-pocket for dental bills [since R's  
LAST IW MONTH, YEAR/in the last two years]?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

AMOUNT

|

DK	RF
----	----

|

<b>GO TO E20/N175 BRANCHPOINT</b>
---------------------------------------

N169-N171 Unfolding Sequence

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

PROCEDURES: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
BREAKPOINTS: \$100, \$500, \$1,500, \$3,000, \$5,000  
RANDOM ENTRY POINTS: \$500, \$1,500, \$3,000  
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE17a/N172 BRANCHPOINT: GO TO E20/N175 BRANCHPOINT
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N172

Q9545

WE17a. If you did need to see a dentist, would you expect any of the costs to  
be covered by insurance?

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

<b>GO TO E20/N175 BRANCHPOINT</b>
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----- END DENTAL sequence -----

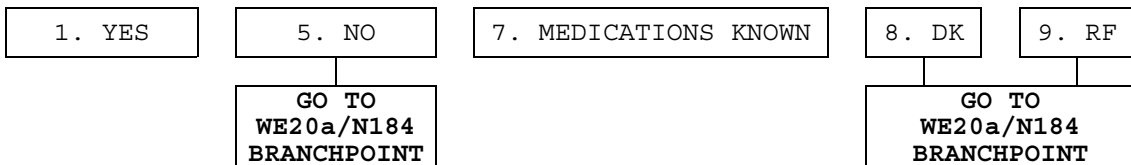
----- begin PRESCRIPTION DRUG sequence -----

E20/N175 BRANCHPOINT: IF R HAS REPORTED {TAKING OR CARRYING} MEDICATION REGULARLY ({B3a/C006 or B4a/C011 or B4b/C012 or B7a/C037 or B7j/C046 or B7n/C050 or B9g/C060 or B10c/C068}=1), ASSIGN 7 FOR E20/N175 AND GO TO E21/N176

N175  
Q2622 E20. DRUGS-YR

Q1808X  
E20. Do you regularly take prescription medications?

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



N176  
Q2623 E21. DRUGS-NOT COVERED

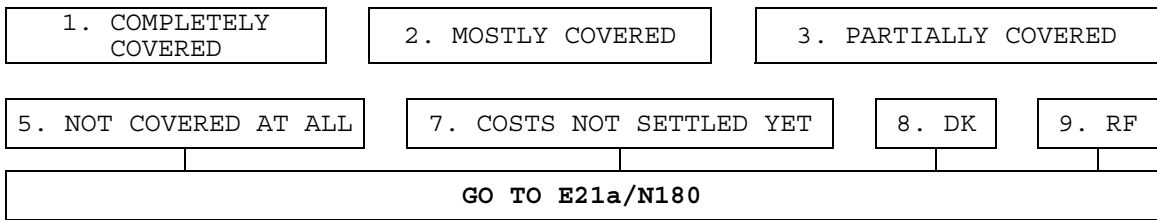
Q1809X  
E21. IF R'S MEDICATIONS ARE KNOWN (N175=7):  
Earlier you said you are taking prescription medications.

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 health insurance?

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



WE21c/N177 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E21a/N180 BRANCHPOINT

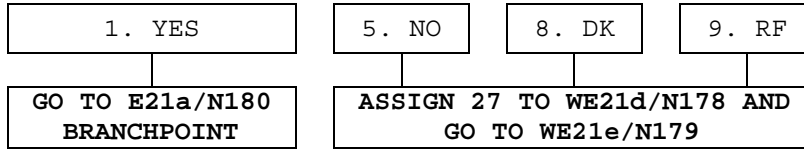
IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE21d/N178 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE21d/N178

N177

Q9579

WE21c. Were your medications covered by *NAME OF ONLY PLAN?*



WE21d/N178 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE21d/N178 AND GO TO WE21e/N179

N178

Q9580

WE21d. Which of your health insurance plans covered the largest share of the costs?

NAME(S) OF INSURANCE PLAN(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. (NUMBER OF PLANS IN PLAN COUNT (W38/N090)). <i>NAME(S) OF INSURANCE PLAN(S)</i>
27. NOT ON LIST
98. DK
99. RF

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

WE21e/N179 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (WE21d/N178=27), CONTINUE ON TO WE21e/N179  
  
OTHERWISE, ASSIGN TO WE21e/N179 PLAN NAME SELECTED AT WE21d/N178 AND GO TO E21a/N180 BRANCHPOINT

N179  
Q9921

WE21e. 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 (W38/N090)• IS INCREMENTED BY 1.

E21a/N180 BRANCHPOINT: IF R'S MEDICATION COSTS WERE COMPLETELY COVERED (E21/N176=1), GO TO E21g/N188

N180  
Q2624UB 5 E21a.PRESCR R PAY \$  
Q1810X

E21a. 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 has [he/she] paid out-of-pocket per month for these prescriptions [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

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

\_\_\_\_\_

AMOUNT

GO TO E21g/N188

N181-N183 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: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
BREAKPOINTS: \$5, \$10, \$20, \$100, \$500  
RANDOM ENTRY POINTS: \$10, \$20, \$100  
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q127/Z086

WE20a/N184 BRANCHPOINT: IF EXIT INTERVIEW, GO TO E22/N189 BRANCHPOINT

IF R TAKES PRESCRIPTION MEDICATIONS or R'S MEDICATIONS ARE KNOWN (E20/N175={1 or 7}), GO TO E21g/N188

N184  
Q9934

WE20a. If your doctor did prescribe medication, would you expect any of the costs to be covered by insurance?





---

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 (W38/N090) IS INCREMENTED BY 1.*

N188

Q2632            2567                    E21g.FILL DRUGS

E21g. 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?

1. YES	5. NO	8. DK	9. RF
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----- end PRESCRIPTION DRUG sequence -----

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

E22/N189 BRANCHPOINT: IF R HAS LIVED IN NURSING HOME CONTINUOUSLY SINCE R'S  
LAST IW (E7/N116=996), GO TO E24/N202

N189  
Q2634 2567 E22.IN-HOME SERV

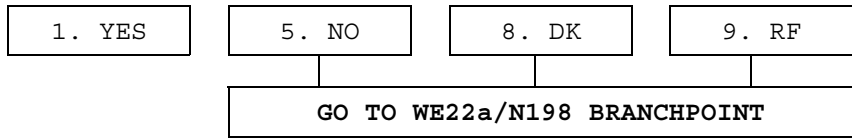
Q1820X

E22. [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 before [his/her] death], did any medically-trained person come to [his/her] home to help [him/her]?

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

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

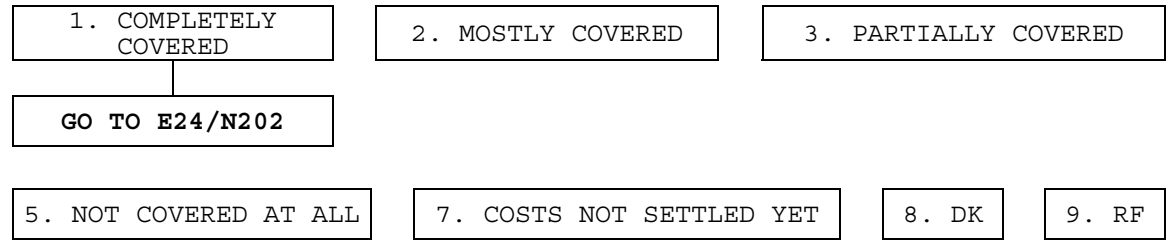


N190  
Q2636 E23. IN-HOME R PAY \$

Q1822X

E23. 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

Q2641UB

6

E24a.SPECIAL R PAY \$

Q3127X

E24a. 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 before [his/her] death]?

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

DK

RF

AMOUNT

GO TO E24/N202

N195-N197 Unfolding Sequence

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

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

PROCEDURES: UNFM 3Up1Down, UNFM 2Up2Down, UNFM 1Up3Down  
BREAKPOINTS: \$500, \$2,000, \$5,000, \$10,000, \$20,000  
RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000  
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q125/Z084

WE22a/N198 BRANCHPOINT: IF EXIT INTERVIEW or R HAD MEDICALLY-TRAINED HELP IN HOME (E22/N189=1), GO TO E24/N202

N198

Q9944

WE22a. 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 -----

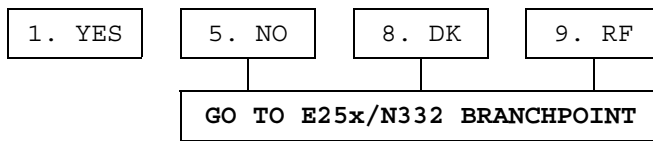
N202  
Q2638 2567 E24.R USE SERVICE

Q1824X

E24. IWER: READ SLOWLY:

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

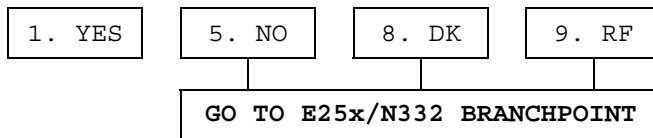
[Since R's LAST IW MONTH, YEAR/In the last two years before [his/her] death], did [he/she] use any special facility or service which we haven't talked about, such as: an adult care center, a social worker, an outpatient rehabilitation program, or transportation or meals for the elderly or disabled?



N203  
Q9948  
Q3130X

E24a. 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)

Q10198

Q3131X

E24b. 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 E25x/N332  
BRANCHPOINT

N246-N248 Unfolding Sequence

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

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

PROCEDURE: 2Up2Down

BREAKPOINTS: \$500, \$1,000, \$5,000, \$10,000, \$20,000

ENTRY POINT: \$5,000

E25x/N332 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO E24Y5/N211  
ASSIGNMENT

N332

Q1834X

E25x. Aside from the medical expenses we already mentioned, did R's FIRST NAME have any other out-of-pocket medical expenses, that is, expenses not covered by insurance, such as medications, special food, equipment such as a special bed or chair, visits by doctors or other health professionals, or other costs?

1. YES

5. NO

8. DK

9. RF

GO TO E24Y5/N211 ASSIGNMENT

N333

Q1835X

E25ax. About how much did [he/she] pay out-of-pocket for these [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 E24Y5/N211 ASSIGNMENT
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N334-N336 Unfolding Sequence

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

PROCEDURE: 2Up2Down

BREAKPOINTS: \$500, \$1,000, \$5,000, \$10,000, \$20,000

ENTRY POINT: \$5,000

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

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

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

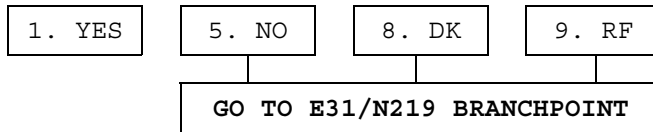
**E24Y5/N211 ASSIGNMENT: SUM-MAJOR MEDICAL EXPENSES**

**CALCULATED VARIABLE — E24Y5/Q2652/N211: THE VALUE FROM PREVIOUS QUESTIONS REGARDING OUT-OF-POCKET MEDICAL EXPENSES (WHETHER AN AMOUNT IS GIVEN, OR FROM THE FOLLOWING UNFOLDING QUESTIONS) IS ASSIGNED BY THE PROGRAM TO UP TO EIGHT VARIABLES (NINE FOR EXIT INTERVIEWS) (WE25a/N204-WE25g/N210 & E24b/N239 & Ex10m/N328). MEDICAL EXPENSES CONSIDERED ARE FOR HOSPITAL CARE (WE4d/N106), NURSING HOME CARE (E10/N119), OUTPATIENT SURGERY (WE16d/N139), DOCTOR VISITS (WE13d/N156), DENTAL CARE (WE18c/N168), PRESCRIPTIONS (E21a/N180), IN-HOME HEALTH CARE (E24a/N194), HOSPICE CARE (Ex10m/N328) & OTHER SERVICES (E24b/N239). A VALUE OF 0 IS USED FOR ANY THAT THE RESPONDENT REFUSED OR WAS UNABLE TO ANSWER. VARIABLE E24Y5/Q2652/N211 IS CALCULATED BY ADDING THE VALUE OF THE [EIGHT/NINE] PRECEDING VALUES, AND IS USED TO EVALUATE THE NEXT FEW BRANCHPOINTS.**

N212  
Q2654            2567                    E27. OTHERS HELP \$  
Q1848X

E27. Besides any costs covered by insurance, has anyone helped you (and your [husband/wife/partner]) pay for your health care costs [since R's LAST IW MONTH, YEAR/in the last two years], or helped you pay the cost of health insurance or for long-term care insurance?

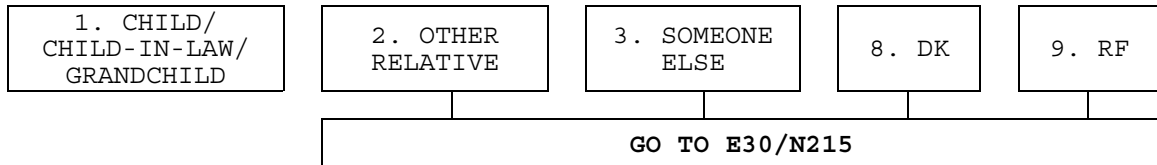
Besides any costs covered by insurance, did anyone help [him/her] (and [you/[his/her] [husband/wife/partner]]) pay for [his/her] health care costs [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], or help [him/her] pay the cost of health insurance or for long-term care insurance?



N213  
Q2655MC                            E28. WHO HELP  
Q1849X

E28. 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 is that someone else?



N214  
Q2656MC            10                    E29. WHICH CHILD HELP PAY HC-1  
Q1850X

E29. (Which child is that?)  
(Which child is that?)



[IWER: CHOOSE ALL THAT APPLY]

IWER: ACCEPT MORE THAN 1 CHILD ONLY AFTER PROBE:

Which child helps the most?

Which child helps the most?

IF GRANDCHILD:

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

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

CHILD NAME(S)	[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
3. TO 42.	CHILD 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 ARE DISPLAYED. NAMES OF SPOUSE/PARTNERS OF CHILDREN ARE NOT DISPLAYED. '93. ALL CHILDREN EQUALLY' CANNOT BE SELECTED WITH ANY OTHER RESPONSE

N215

Q2658UB

6

E30.AMOUNT OF OTH HELP

Q1852X

E30. {CORE AND EXIT} Altogether, about how much money did that help amount to?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_

DK	RF
----	----

AMOUNT

GO TO E31/N219  
BRANCHPOINT

N216-N218 Unfolding Sequence

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

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

PROCEDURE: 2Up1Down

BREAKPOINTS: \$500, \$1,000, \$3,000, \$10,000

ENTRY POINT: \$1,000

E31/N219 BRANCHPOINT:IF SUM-MAJOR MEDICAL EXPENSES (per E27/N211 ASSIGNMENT)  
IS LESS THAN \$10,000, GO TO E26/N221 BRANCHPOINT

N219  
Q2659  
Q1853X

E31. 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 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 did [he/she] finance these -- did [he/she] pay directly from [his/her] savings or earnings, did [he/she] take out a loan, has [he/she] not yet paid these bills, 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. MADE OR MAKING PAYMENTS	7. OTHER (SPECIFY) N220	8. DK
		9. RF

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

<p>E26/N221 BRANCHPOINT: IF R'S MEDICAL EXPENSES HAVE NOT BEEN {COMPLETELY, MOSTLY, or PARTIALLY} COVERED BY INSURANCE and R HAS NOT REPORTED THAT COSTS HAVE NOT BEEN SETTLED ({E4/N102 and E8/N118 and Ex10k/N324 and E13/N152 and E16/N135 and E18/N165 and E21/N176 and E23/N190} ALL {NOT 1 and NOT 2 AND NOT 3 and NOT 7}) and R HAS NOT USED SPECIAL SERVICES (E24/N202 NOT 1), GO TO E32/N225</p>
---

NOTE: AT E26/N221 THE IWER MENTIONS ALL TYPES OF HEALTH CARE THAT THE R REPORTED HAVING AT QUESTIONS E1/N099, E5/N114 or CS11/A028, E11/N147, E14/N134, E17/N164, E20/N175 and E22/N189.

N221

Q2660

E26.TOTAL COST MEDICAL-5K

Q1854X

E26. We would like to get a very rough idea of the total cost of your

(hospital stays  
nursing home stays  
doctor and clinic visits  
outpatient surgery  
dental visits  
prescriptions  
in-home-medical care  
other services)

(and) all other medical costs for you [since R's LAST IW MONTH, YEAR/ in the last two years], including costs covered by health insurance.

We would like to get a very rough idea of the total cost of [his/her]

(hospital stays  
nursing home stays  
hospice stay  
doctor and clinic visits  
outpatient surgery  
dental visits  
prescriptions  
in-home-medical care  
other services)

(and) all other medical costs for [him/her] [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], including costs covered by health insurance.

1. CONTINUE	DK	RF
-------------	----	----

NOTE: ALL RESPONDENTS WERE RANDOMLY ASSIGNED A NUMBER FROM 1-3 FOR VARIABLE 122. THIS VARIABLE DETERMINES WHICH SERIES OF UNFOLDINGS EACH R WAS ASKED. EACH SERIES IS GIVEN HEREIN IN ITS ENTIRETY.

N222-N224 Unfolding Sequence

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

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

PROCEDURES: UNFM\_3Up1Down, UNFM\_2Up2Down, UNFM\_1Up3Down  
BREAKPOINTS: \$1,000, \$5,000, \$25,000, \$100,000, \$500,000  
RANDOM ENTRY POINTS: \$5,000, \$25,000, \$100,000  
ENTRY POINT ASSIGNMENT 1, 2 OR 3 AT Q122/Z083

<p>E32/N225 BRANCHPOINT: IF EXIT INTERVIEW, GO TO R117/N226 BRANCHPOINT</p> <p>IF R LIVES IN A NURSING HOME (CS11/A028=1), GO TO R117/N226 BRANCHPOINT</p>
--

N225

Q2686U

2

E32.(OLD E31) DAYS IN BED

~~Q3138X~~

E32. (Aside from any [hospital or nursing home/hospital/nursing home] stays,) about how many days did you stay in bed more than half the day because of illness or injury during the last month?

[IWER: USE ZERO FOR NONE]

\_\_\_\_\_  
AMOUNT

DK

RF

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

R117/N226 BRANCHPOINT: IF THIS IS A PROXY IW FOR A LIVING PERSON, GO TO R93a/N235

IF WE HAVE R's MEDICARE NUMBER FROM A PREVIOUS WAVE IW or R DOES NOT HAVE MEDICARE NOW (R1/N001 NOT 1), GO TO R118/N231 BRANCHPOINT

N226  
Q6501B

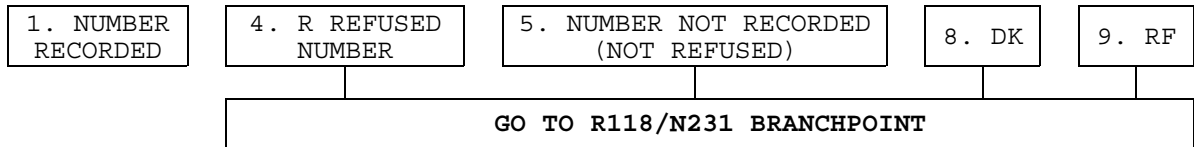
R117.MEDICARE NUMBER RECORDED?

R117. {CORE & 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.

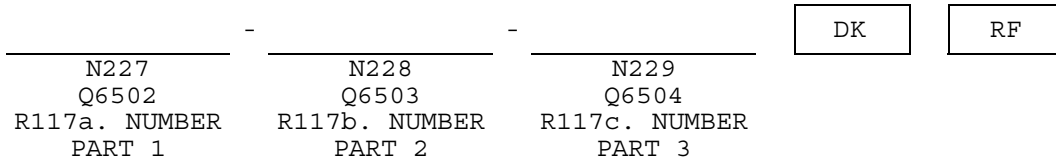
Could you give me your Medicare number for this purpose?  
Could you give me [his/her] Medicare number for this purpose?

(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. The benefits [he/she] may be receiving under this program will not be affected in any way by your decision.)



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



N230

Q6505

R117d. [IWER: PROBE]

{CORE & EXIT} Is there a letter included as part of your Medicare number?

[IWER: PRESS [ENTER] IF THERE IS NOT A LETTER]

1. A	2. B	3. C	4. D	5. E	6. F	7. G
8. H	9. I	10. J	11. K	12. L	13. M	14. N
15. O	16. P	17. Q	18. R	19. S	20. T	21. U
22. V	23. W	24. X	25. Y	26. Z	98. DK	99. RF

R118/N231 BRANCHPOINT: IF R IS COVERED BY MEDICARE (R1/N001=1) *or* R IS NOT COVERED BY MEDICAID/STATE NAME FOR MEDICAID (R5/N006 NOT 1), GO TO R93a/N235 BRANCHPOINT

N231

Q6507B 6501

R118.MEDICAID NUMBER RECORDED?

R118. (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.)

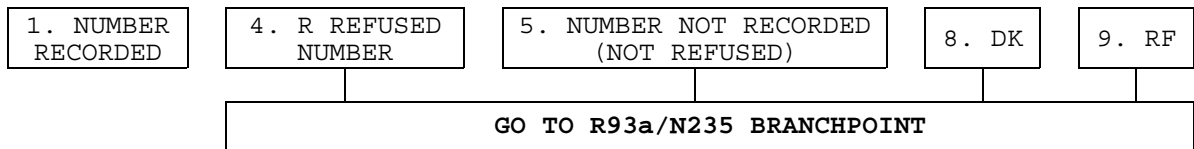
(We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicaid 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 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. The benefits [he/she] may be receiving under this program will not be affected in any way by your decision.)

NUMBER:



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

_____ N232 Q6508 R118a. NUMBER PART 1	-	_____ N233 Q6509 R118b. NUMBER PART 2	-	_____ N234 Q6510 R118c. NUMBER PART 3	<div style="border: 1px solid black; padding: 2px; display: inline-block;">DK</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">RF</div>
---	---	---	---	---	---	---

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

R93a/N235 BRANCHPOINT: IF THIS IS EXIT INTERVIEW, GO TO E26dx/N337



N235

Q6405

R93a.HOW SATISFIED WITH HEALTH CARE

R93a. 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
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N236

Q6515/Q8214

R119.

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
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R26dx/N337 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO END OF SECTION N

N337

Q1863X

E26dx. IF R's DEATH WAS UNEXPECTED (CS2jx/A131=2) and THE TIME FROM FINAL ILLNESS TO DEATH WAS LESS THAN A WEEK (CS2mx/A134={1 or 2 or 3}):  
In addition to medical expenses, persons may have other health-related non-medical expenses.

OTHERWISE:

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

ASK ALL Rs:

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

1. YES	5. NO	8. DK	9. RF
GO TO END OF SECTION N			

N338

Q1864X

E26dax. About how much did [he/she] (or [you/[his/her]  
[husband/wife/partner]]) pay out-of-pocket for non-medical expenses  
[Since R's LAST IW MONTH, YEAR/In the last two years before [his/her]  
death]?

[IWER: DO NOT PROBE DK/RF]

DK

RF

AMOUNT

GO TO END OF  
SECTION N

N339-N341 Unfolding Sequence

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

PROCEDURE: 2Up2Down

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

ENTRY POINT: \$25,000

GO TO SECTION P