

NOTE ABOUT BRANCHPOINTS:

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

NOTE ABOUT COLORS:

ALL QUESTION TEXT IN BLACK IS FOR THE CORE INTERVIEW.

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

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

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

NOTE ABOUT EXIT INTERVIEW Rs:

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

NOTE ABOUT SECTION CONTENT:

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

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES *

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

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

R's FIRST NAME (per X058)

R's AGE (per A019)

R CURRENTLY LIVES IN NURSING HOME (CS11/A167_A028=1);
R LIVED IN NURSING HOME WHEN DIED (CS11/A167_A028=1);
R LIVED IN HOSPICE WHEN DIED (CS11/A167_A028=2)

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

R DIED IN NURSING HOME (CS2cx/A124=2);
R DIED IN HOSPITAL (CS2cx/A124=1);
R DIED IN HOSPICE (CS2cx/A124=4)

R's DEATH WAS UNEXPECTED (CS2jx/A131=2);

LESS THAN A WEEK FROM FINAL ILLNESS TO DEATH (CS2mx/A134={1 or 2 or 3})

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

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

R IS WORKING FOR PAY (G2/J020=1);
R IS NOT CURRENTLY WORKING (G2/J020=5 or {G2/J020 NOT 1})

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

R IS WORKING FOR SOMEONE ELSE (G3/J021=1);
R IS SELF-EMPLOYED (G3/J021=2)

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

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

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

IF POST-EXIT INTERVIEW, GO TO SECTION T

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 (per X058) 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 YEARS OF AGE (A019<65) and HAS/HAD MEDICARE COVERAGE (R1/N001=1)} or {R IS/WAS {65 OR OLDER} (A019 ≥ 65) 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 AT LEAST 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 LESS THAN 65 (A019 < 65):
IWER: R IS AGE R's AGE (per A019), SO PROBE WHY R IS COVERED BY MEDICARE

Why was that?

IF R WAS AT LEAST 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 LESS THAN 65 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 (per Z092), YEAR (per Z093)/in the last two years]?

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

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

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/(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.

- | | | | |
|----------------------------|-------|-------|-------|
| 1. YES | 5. NO | 8. DK | 9. RF |
| GO TO W19/N020 BRANCHPOINT | | | |

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

NAME OF HMO

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?

_____ OR _____
N010 N011
Q6255 Q6256
Q2602X Q2603X
R11a (W17_1) YEARS R11Y1a (W17a_1)
MONTHS

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

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

N014
Q6258UB
Q2605X

R11b.AMOUNT PAY FOR PLAN

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]

	0	DK	RF
AMOUNT			
GO TO R11Y1b/N018	GO TO W19_1/N020 BRANCHPOINT		

N015-N017 Unfolding Sequence

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

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

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

R11Y1b/N018 BRANCHPOINT: GO TO W19_1/N020 BRANCHPOINT

N018
Q6259B
Q2606X
R11Y1b.

R11Y1b.PER

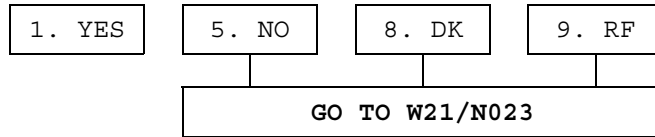
1. MONTH	2. QUARTER (EVERY 3 MONTHS)	3. SEMI-ANNUALLY (EVERY 6 MONTHS/TWICE A YEAR)	
4. YEAR	7. OTHER (SPECIFY) _____ N019	8. DK	9. RF

W19_1/N020 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (R1/N001 NOT 1), GO TO W21/N023

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], did [he/she] leave an HMO that delivered Medicare services?

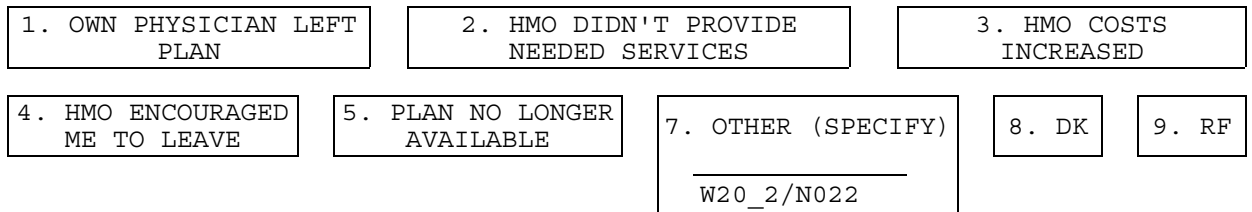


N021
Q6376MC 5 R80.WHY LEAVE HMO (W20_1)
Q2690X

R80. Why did you leave that HMO?

Why did [he/she] leave that HMO?

[IWER: CHOOSE ALL THAT APPLY]



----- 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 had, such as insurance through an employer or a business, coverage for retirees, or health insurance [he/she] might have bought for [himself/herself], including any (Medigap or) other supplemental coverage.

IF R HAS MEDICARE COVERAGE (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?

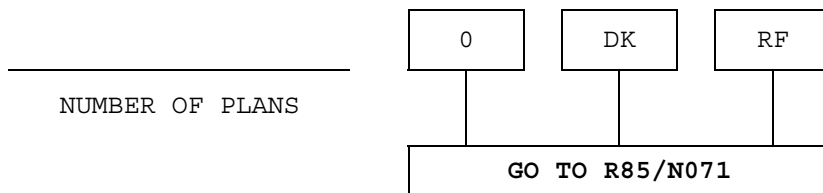
Do **NOT** include long-term care insurance. Other than [his/her] Medicare HMO you've just told me about, how many other such plans did [he/she] have at the time of [his/her] death?

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?

DK	RF
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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
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GO TO (W25) /N032

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

N026 (Tag#=N026.5)
Q6277UB 1 R19b.PLAN LETTER [W22f]
Q2624X

W22f. IF THIS IS THE FIRST TIME THROUGH THE LOOP:
Many Medicare supplemental or Medigap plans are referred to by a plan
letter.

Many Medicare Supplemental or Medigap Plans are referred to by a Plan
Letter.

ASK FOR ALL LOOPS:
Do you know the plan letter for your plan?

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']

LETTER

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

N032
Q9979
Q3058X

W25. Does this plan provide help with paying for regular prescription drugs?

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

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

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 R15b(W26b)/N034

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

N034

Q8216

Q3059X

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

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

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

R15c/N035 BRANCHPOINT: IF { {THIS IS AN EXIT IW and R WAS NOT COUPLED AT THE TIME OF DEATH} or 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] [husband's/wife's/partner's]] current employer?

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

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] [husband's/wife's/partner's]] former employer?

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

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
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7. OTHER (SPECIFY) <hr/> W26g_1/N038. (How did you obtain that plan?) (How did [he/she] obtain that plan?)	8. DK	9. RF
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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
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GO TO R19c/N048
BRANCHPOINT

N040
Q9982
Q3064X

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

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

{CORE AND EXIT} IF R IS COVERED BY INSURANCE THROUGH {OWN or SP/P's} EMPLOYER ({R15a(W26a)/N033 or R15b(W26b)/N034 or R15c(W26c)/N035 or R15d(W26d)/N036}=1):

[IWER: PROBE IF NECESSARY]
Count any payroll deductions, but do not include any amount paid by the employer.

[IWER: DO NOT PROBE DK/RF]

DK	RF
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AMOUNT PER MONTH

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GO TO R19c/N048
BRANCHPOINT

N041-N043 Unfolding Sequence

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

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

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

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

R54b/N051 BRANCHPOINT: IF R IS NOT MARRIED (X065 NOT 1) or {R RECEIVES COVERAGE THROUGH R'S SPOUSE'S/PARTNER'S {EMPLOYER ({R15c/N035 or R15d(W26d)/N036}=1) or UNION (W26f_1/N037=3)} or R REPORTED THAT 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 this plan an HMO, that is, a Health Maintenance Organization?

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

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

R21/N055 BRANCHPOINT: IF THIS PLAN IS AN HMO (R20/N052=1)}, GO TO R22/N056

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

N063

Q6301 6238 R34c.COVERAGE FOR SPOUSE AFTER 65

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

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

OTHERWISE:

If you left your current employer now, 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
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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
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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 R85/N071

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

----- 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?

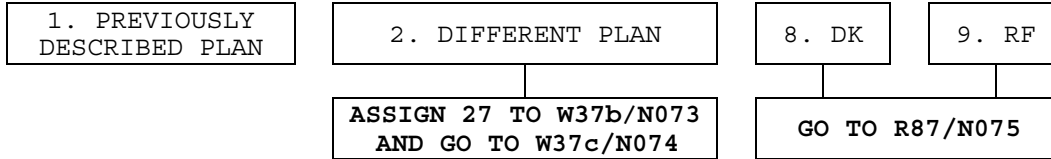
Not including government programs, did R's FIRST NAME have any long-term care insurance which specifically covered nursing home care for a year or more or any part of personal or medical care in [his/her] home?

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

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

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

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

N074
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 {NOT 1 and NOT 3}) or {R DID NOT REPORT THAT HAD A DIFFERENT PLAN (W37a/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 6238
Q3072X

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 NAMED PREVIOUSLY LISTED PLAN ({W37a/N072=1} and {W37b/N073 NOT 27}), GO TO W38/N090

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 for this plan?

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

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

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

[IWER: ENTER 0 IF NO PAYMENTS ARE MADE]

[IWER: DO NOT PROBE DK/RF]

	0	DK	RF
AMOUNT			
GO TO R90Y1b/N083	GO TO W38/N090		

N080-N082 Unfolding Sequence

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

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

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

IF R DOES NOT HAVE ANY HEALTH INSURANCE PLAN(S) (W38/N090=0), GO TO N342 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 [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 -----

N342 BRANCHPOINT: IF EXIT INTERVIEW, GO TO Ex1/N301 BRANCHPOINT

IF R HAS ANY HEALTH INSURANCE PLAN(S) (W38/N090>0), GO TO R71/N092 BRANCHPOINT

N342 (Tag#=N091.3)

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

Is that correct?

- | | | | |
|---|-------|---|-------|
| 1. YES | 5. NO | 8. DK | 9. RF |
| GO TO R71/N092
BRANCHPOINT
(AFTER N343) | | GO TO R71/N092
BRANCHPOINT
(AFTER N343) | |

N343 (Tag#=N091.5)

Under which of the following plans are you covered?

[IWER: READ LIST:]

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

[IWER: CHOOSE ALL THAT APPLY]

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

1. Medicare	2. Medicaid	3. Champus/ChampVA	4. A private plan from an employer
5. A private plan purchased directly	6. Other plan	8. DK	9. RF

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

R71/N092 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?

1. YES	5. NO	8. DK	9. RF
GO TO E1/N099			

N093

Q6370

6238

R72.OFFERED INSURANCE THROUGH JOB

R72. Were you offered health insurance through your job?

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

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

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

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?

1. YES, MORE THAN ONE PLAN	5. NO, ONLY ONE PLAN	8. DK	9. RF
GO TO E1/N099			

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

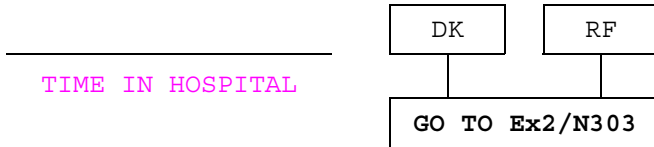
IF PROXY DID NOT REPORT THAT R WAS IN HOSPITAL AT TIME OF DEATH (CS2cx/A124 NOT 1), GO TO E1/N099

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]



N302
Q1736X

EX1a. UNIT:

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

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?

- | | | | | | |
|------------|---------------------|---------------------|-------------------------------------|-------|-------|
| 1. SURGERY | 2. OTHER TREATMENTS | 3. RELIEVE SYMPTOMS | 7. OTHER (SPECIFY)

N304 | 8. DK | 9. RF |
|------------|---------------------|---------------------|-------------------------------------|-------|-------|

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

IF THIS IS AN EXIT INTERVIEW and R DIED IN HOSPITAL (CS2cx/A124=1) and PROXY DID NOT REPORT THAT R HAD ANOTHER HOSPITAL STAY (E1/N099={5 or DK or RF}), ASSIGN 1 TO N100 AND GO TO E3ax/N305

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]?

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

_____	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/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?

N102
Q2570
Q1746X

E4. HOSP \$ NOT COV

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, mostly covered, only partially covered, or not covered at all by insurance?

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
5. NOT COVERED AT ALL	7. 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 N106 BRANCHPOINT

IF R HAS/HAD MEDICARE COVERAGE (R1/N001=1) and {R's PRIMARY PLAN IS MEDICARE (W22b/N025=1) or R HAS NO HEALTH INSURANCE PLAN OTHER THAN MEDICARE {(W21/N023=0) and ({R5/N006 and R9/N007} NOT 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

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

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 "19. MEDICARE HMO[— NAME OF HMO] ", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N105
Q9957

WE4c. 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.

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]

_____	DK	RF
AMOUNT		
GO TO E5/N114		

N107-N109 Unfolding Sequence

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

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

PROCEDURES: 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 EMPTY 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}=1), 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 R 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 "19. MEDICARE HMO[— NAME OF HMO] ", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

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

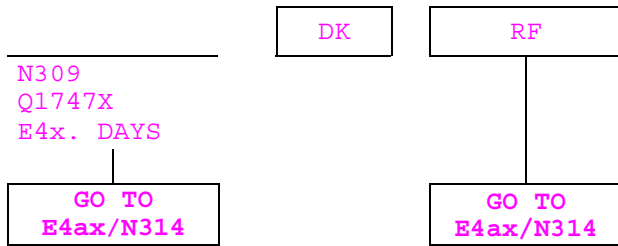
IF PROXY {DID NOT REPORT THAT R DIED WHILE LIVING IN NURSING HOME (CS11/A167_A028 NOT 1) and DID NOT REPORT THAT R DIED IN NURSING HOME (CS2cx/A124 NOT 2)}, GO TO E5/N114

N309
Q1747X

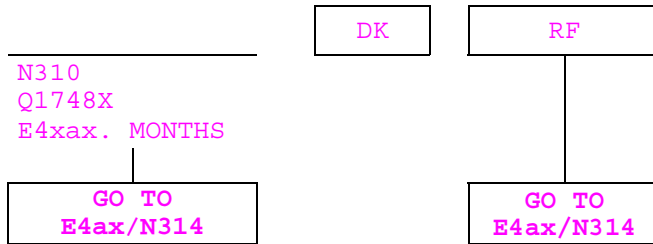
E4x. IF R DIED IN NURSING HOME (CS2cx/A124=2):
Earlier you told me that R's FIRST NAME died while in a nursing home.

IF R DIED WHILE LIVING IN NURSING HOME (CS11/A167_A028=1):
Earlier you told me that R's FIRST NAME was living in a nursing home.

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



OR



OR



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

	DK	RF
YEAR		
GO TO E4ax/N314		

N259 BRANCHPOINT: IF YEAR AT N258 WAS MORE THAN 2 YEARS AGO}, GO TO E4ax/N314

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

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

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

	DK	RF
REASON FOR ADMITTANCE		

E5/N114 BRANCHPOINT: IF THIS IS A CORE IW and R CURRENTLY LIVES IN A NURSING HOME (CS11/A167_A028=1), ASSIGN 1 TO E5/N114 AND GO TO E6/N115

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?

IF R DIED WHILE IN NURSING HOME {(CS2cx/A124=2) or (CS11/A167_A028=1)}:
 Other than this nursing home stay and excluding any hospice stays, had [he/she] been a patient overnight in a nursing home, convalescent home, or other long-term health care facility [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death]?

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

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

E6/N115 BRANCHPOINT: IF THIS IS AN EXIT IW and R {DIED WHILE LIVING IN NURSING HOME (CS11/A167_A028=1) or DIED IN NURSING HOME (CS2cx/A124=2)} and PROXY DID NOT REPORT THAT R WAS A PATIENT OVERNIGHT (E5/N114 NOT 1), ASSIGN 1 TO E6/N115 AND GO TO E8/N118

IF R DID NOT REPORT THAT WAS A PATIENT OVERNIGHT (E5/N114 NOT 1), GO TO E10xf/N315 BRANCHPOINT

N115

Q2572U

2

E6. NURHM # TIMES

Q1755X

E6. IF R LIVES IN A NURSING HOME (CS11/A167_A028=1):
How many times, including now, have you been a patient in a nursing home or other long-term care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

IF R DIED WHILE IN NURSING HOME {(CS11/A167_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 (E6/N115>1):
Altogether, how many nights or months have you been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

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

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

IF R HAD MORE THAN ONE NURSING HOME STAY, INLCUDING STAY IN WHICH S/HE DIED (E6/N115>1):

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

OTHERWISE:

How many nights or months has [he/she] been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years 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, PRESS ENTER AND ANSWER IN MONTH FIELD]

_____	OR	_____	996 CONTINUOUS SINCE ENTERED	DK	RF
N116		N117			
Q2573		Q2574			
Q1756X		Q1757X			
E7. NIGHTS		E7a. MONTHS			

N118

Q2576

2570

E8.NURHM NOT COV

Q1759X

E8. IF R LIVES IN A NURSING HOME (CSA11/A167_A028=1) or R DIED WHILE IN NURSING HOME {(CS11/A167_A028=1) or (CS2cx/A124=2)}:

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

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

OTHERWISE:

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

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
GO TO BEGINNING OF E10g1/N124 (Tag#=N123) LOOP			
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF

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
E10g1/N124
(Tag#=N123) LOOP

N120-N122 Unfolding Sequence

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

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

PROCEDURES: 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 EMPTY AT Q125/Z084

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

BEGINNING OF E10g1/N124 (Tag#=N123) LOOP: QUESTIONS E10g1/N124 (Tag#=N123) 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.

E10g1/N124 (Tag#=N123) BRANCHPOINT: IF R LIVED IN NURSING HOME AT HH's LAST IW (X008=1) and R HAS LIVED IN NURSING HOME {CONTINUOUSLY SINCE THEN OR UNTIL HIS/HER DEATH (E7/N116=996)}, GO TO R6/N127 BRANCHPOINT

IF {R {LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME} (CS11/A167_A028=1)} or DIED IN A NURSING HOME (CS2cx/A124=2)} 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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {= 3 or = NUMBER OF NURSING HOME STAYS (per E6/N115)} and {R {LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME} (CS11/A167_A028=1) or DIED IN A NURSING HOME (CS2cx/A124=2)}}, GO TO R6/N127 BRANCHPOINT

N124 (Tag#=N123)
Q2586
Q3094X

E10g1. 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 {DOES NOT LIVE IN A NURSING HOME (CS11/A167_A028 NOT 1) or DID NOT DIE WHILE IN A NURSING HOME {(CS11/A167_A028 NOT 1) and (CS2cx/A124 NOT 2)}}}:

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

Think back to the last time [since R's LAST IW MONTH, YEAR/in the last two years 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 what year did you go into the nursing home or health care facility?

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

DK

RF

YEAR

E10f1/N123 BRANCHPOINT: IF YEAR AT E10g1/N124 WAS MORE THAN 2 YEARS AGO, GO TO E10i1/N126

N123 (Tag#=N124)

Q2585

Q3093X

E10f1. {CORE AND EXIT} (What month was that?)

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

N126 (Tag#=N125)

Q2588

Q3096X

E10i1. In what year did you move out of the nursing home or health care facility?

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

_____ YEAR

DK	RF
----	----

E10h1/N125 (Tag#=N126) BRANCHPOINT: IF YEAR AT E10i1/N126 WAS MORE THAN 2 YEARS AGO, GO TO R6/N127 BRANCHPOINT

N125 (Tag#=N126)

Q2587

Q3095X

E10h1. MONTH/SEASON: {CORE AND EXIT} (What month was that?)

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

R6/N127 BRANCHPOINT: IF R DID NOT REPORT HAVING MEDICAID COVERAGE SINCE LAST IW (R4/N005 NOT 1), GO TO E10j1/N131 BRANCHPOINT

N127

Q6244

R6.ELIG MEDICAID START NH STAY

Q2591X

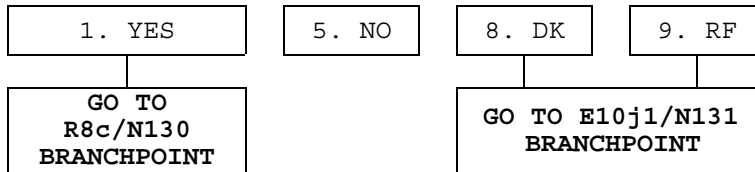
R6. IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {= 3 or = NUMBER OF NURSING HOME STAYS (per E6/N115)} and R HAD MORE THAN ONE NURSING HOME STAY (E6/N115>1) and R {LIVES IN A NURSING HOME (CS11/A167_A028=1) or DIED WHILE IN A NURSING HOME {(CS11/A167_A028=1) or (CS2cx/A124=2)}}}:
 Think about your current stay at the nursing home or other long-term care facility.

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

ASK ALL Rs:

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

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



N128

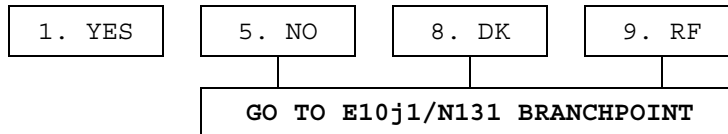
Q6245

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?



R8c/N130 BRANCHPOINT: IF R 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}) or R DIED IN NURSING HOME (CS2cx/A124=2), 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 {R {LIVES IN NURSING HOME or WAS LIVING IN NURSING HOME WHEN DIED} (CS11/A167_A028=1)} or DIED IN NURSING HOME (CS2cx/A124=2)}, GO TO E10xf/N315 BRANCHPOINT (OUT OF LOOP)

N131

Q2589

E10j1.LIVE AFTER NH STAY

Q3097X

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)
N132 | 8. DK |
| | | 9. RF |

E10k1/N133 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (E10j1/N131 NOT 3), GO TO END OF E10g1/N124 (Tag#=N123) LOOP (AFTER E10k1/N133)

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

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

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

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

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

END OF E10g1/N124 (Tag#=N123) LOOP: IF MORE NURSING HOME STAYS WERE MENTIONED AT E6/N115, REPEAT QUESTIONS E10g1/N124 (Tag#=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

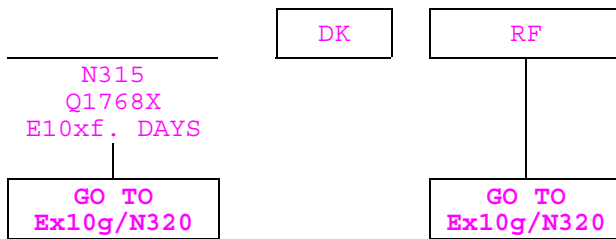
Q1768X

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

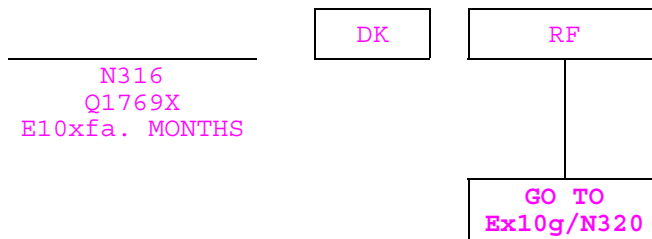
Earlier you told me that R's FIRST NAME died while in a hospice.

ASK ALL Rs:

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



OR



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?



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

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]?

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 _____

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, mostly covered, only partially covered, or not covered at all by insurance?

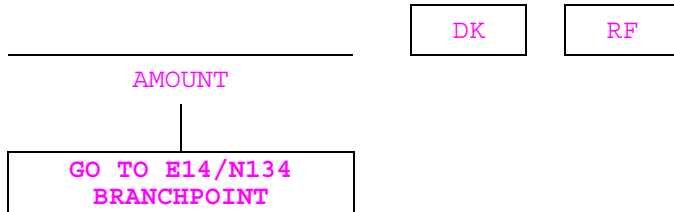
1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED
GO TO E14/N134 BRANCHPOINT		
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK
		9. RF

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]

[IWER: INCLUDE ANY AMOUNTS PAID BY OTHERS]



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 EMPTY AT Q125/Z084

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

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

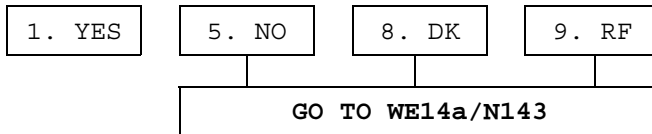
E14/N134 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO E11/N147

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
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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

|

GO TO E11/N147

DK	RF
----	----

N140 - N142 Unfolding Sequence

Question text: Did 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 EMPTY 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 VISITS sequence -----

N147

Q2603U

3

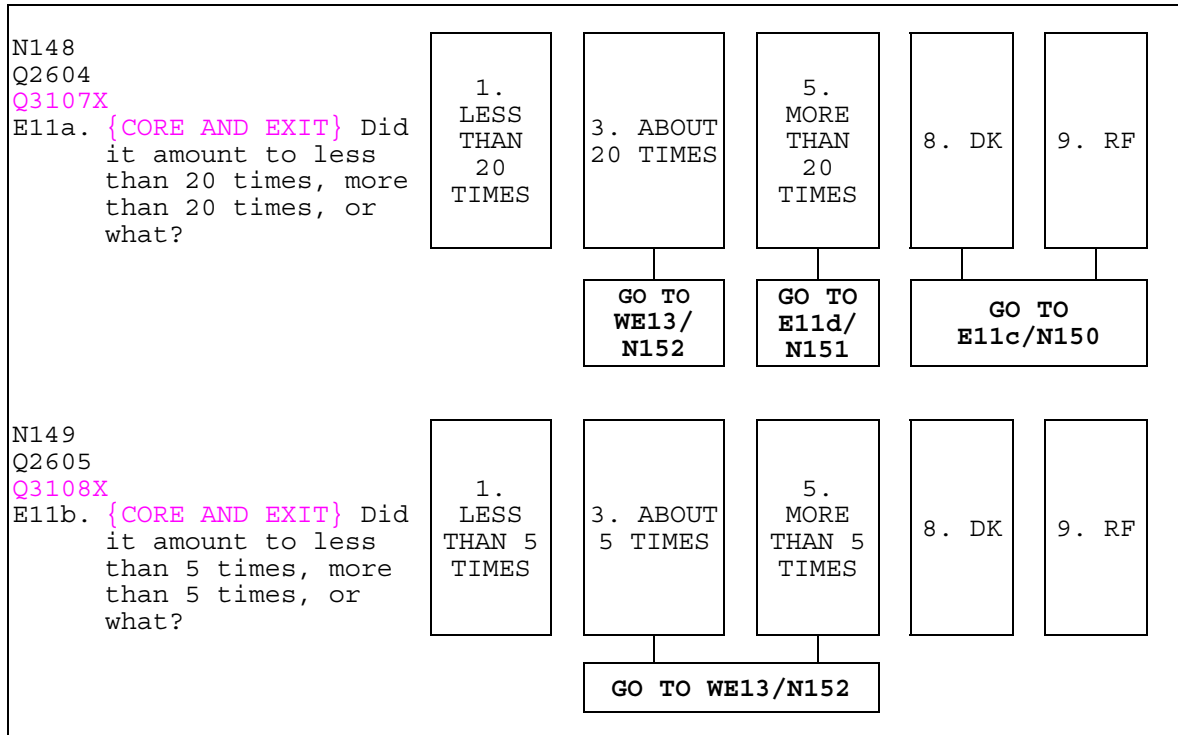
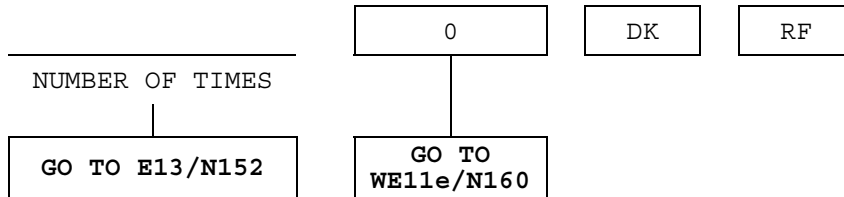
E11. DR TIMES

Q1789X

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

(Aside from any [hospital stays,/hospital stays and outpatient surgery,]) [how/How] many times did [he/she] see or talk to a medical doctor about [his/her] health, including emergency room or clinic visits [since R's LAST IW MONTH, YEAR/in the last two years 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
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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 NOT 1), GO TO WE11e/N160

N152

Q2609

E13.DR-NOT COVERED

Q1795X

E13. Were the costs for your doctor or clinic visit(s) completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?

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

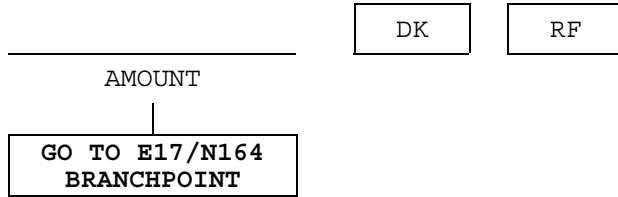
1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
GO TO E17/N164 BRANCHPOINT			
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF

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

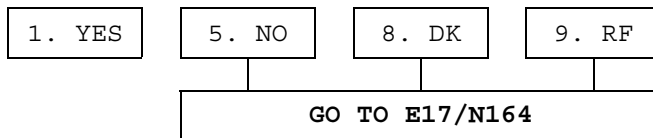
Did it amount to less than \$____ , more than \$____ , or what?

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 EMPTY 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?

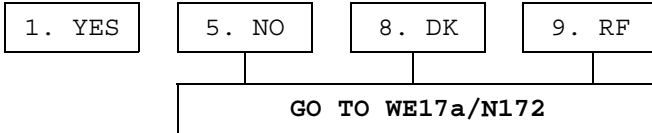


----- END DOCTOR VISITS sequence -----

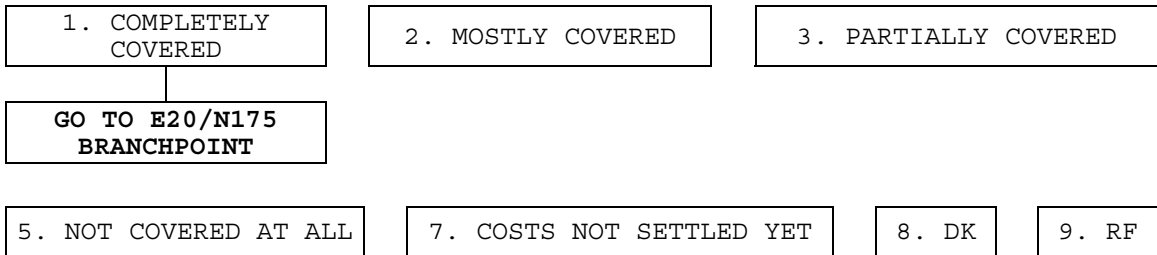
----- begin DENTAL sequence -----

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?

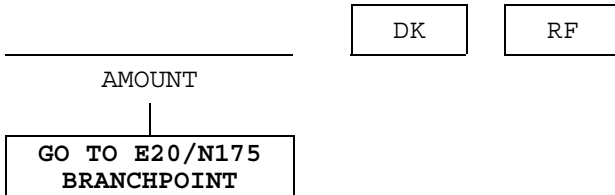


N165
Q2613 E18. DENTIST-NOT COVERED
E18. Were your dental expenses completely covered by health insurance, mostly covered, only partially covered, or not covered at all by insurance?



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]



N169-N171 Unfolding Sequence

Question text: Did 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 EMPTY AT Q125/Z084

WE17a/N172 BRANCHPOINT: GO TO E20/N175 BRANCHPOINT

N172

Q9545

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



----- 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

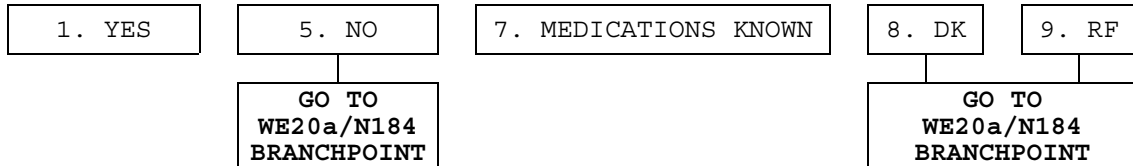
Q2622

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
Q1809X

E21. DRUGS-NOT COVERED

E21. IF R'S MEDICATIONS ARE KNOWN (E20/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 insurance?

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

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF
GO TO E21a/N180			

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?

1. YES	5. NO	8. DK	9. RF
GO TO E21a/N180 BRANCHPOINT	ASSIGN 27 TO WE21d/N178 AND GO TO WE21e/N179		

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)). 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 "19. MEDICARE HMO[— NAME OF HMO] ", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N179

Q9921

WE21e. 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.

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 did [he/she] pay 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

DK

RF

GO TO E21g/N188

N181-N183 Unfolding Sequence

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

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

PROCEDURES: UNFM_3Up1Down, UNFM_2Up2Down, UNFM_1Up3Down
 BREAKPOINTS: \$5, \$10, \$20, \$100, \$500
 RANDOM ENTRY POINTS: \$10, \$20, \$100
 ENTRY POINT ASSIGNMENT 1, 2 OR EMPTY 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?

1. YES

5. NO

8. DK

9. RF

GO TO E21g/N188

WE20b/N185 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), GO TO WE20c/N186 BRANCHPOINT

IF R HAS MORE THAN ONE PLAN (W38/N090>1), GO TO WE20c/N186

N185
Q9935

WE20b. Would your prescription be covered by *NAME OF ONLY PLAN?*

1. YES	5. NO	8. DK	9. RF
GO TO E21g/N188	ASSIGN 27 TO WE20c/N186 AND GO TO WE20d/N187		

WE20c/N186 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (W38/N090=0), ASSIGN 27 TO WE20c/N186 AND GO TO WE20d/N187

N186
Q9936

WE20c. What is the name of the plan that would cover those 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 "19. MEDICARE HMO[— NAME OF HMO] ", "20. MEDICARE", "21. MEDICAID" & "22. CHAMPUS".

N187
Q9937

WE20d. 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.

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 LIVED IN NURSING HOME AT HH's LAST IW (X008=1) and HAS LIVED THERE CONTINUOUSLY SINCE (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.

1. YES	5. NO	8. DK	9. RF
GO TO WE22a/N198 BRANCHPOINT			

N190
Q2636
Q1822X

E23. IN-HOME R PAY \$

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?

1. COMPLETELY COVERED	2. MOSTLY COVERED	3. PARTIALLY COVERED	
GO TO E24/N202			
5. NOT COVERED AT ALL	7. COSTS NOT SETTLED YET	8. DK	9. RF

N194
Q2641UB
Q3127X

6

E24a.SPECIAL R PAY \$

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: Did 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 EMPTY 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
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----- 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?

1. YES	5. NO	8. DK	9. RF
GO TO E25x/N332 BRANCHPOINT			

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?

1. YES	5. NO	8. DK	9. RF
GO TO E25x/N332 BRANCHPOINT			

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]

DK	RF
----	----

AMOUNT

GO TO E25x/N332
BRANCHPOINT

N246-N248 Unfolding Sequence

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

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

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
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GO TO E24Y5/N211 ASSIGNMENT

N333
Q1835X

E25ax. About how much did [he/she] pay out-of-pocket for these expenses
[since R's LAST IW MONTH, YEAR/in the last two years before [his/her]
death]?

[IWER: DO NOT PROBE DK/RF]

	DK	RF
AMOUNT		
GO TO E24Y5/N211 ASSIGNMENT		

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 -----

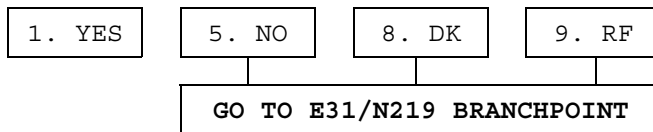
E24Y5/N211 ASSIGNMENT: SUM-MAJOR MEDICAL EXPENSES

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?

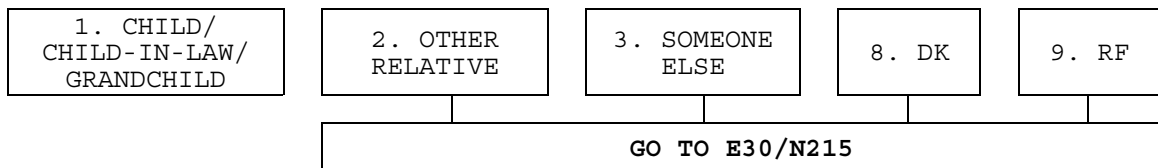
Besides any costs covered by insurance, did anyone help [him/her] (and [you/[his/her] [husband/wife/partner]]) pay for [his/her] health care costs [since R's LAST IW MONTH, YEAR/in the last two years before [his/her] death], or help [him/her] pay the cost of health insurance or for long-term care insurance?



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 was that someone else?



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

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

[IWER: CHOOSE ALL THAT APPLY]

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

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

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

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

N215
 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: Did 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 R117/N226 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/How] did you finance these — Did you pay directly from your savings or earnings, did you take out a loan, have you not yet paid these bills, or what?

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

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

[IWER: CHOOSE ALL THAT APPLY]

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

1. PAID USING SAVINGS/EARNINGS	2. TOOK OUT A LOAN	3. HAVE NOT YET PAID
4. MAKING PAYMENTS	7. OTHER (SPECIFY) _____ N220	8. DK
		9. RF

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

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

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 (Z113=1) or R DOES NOT HAVE MEDICARE NOW (R1/N001 NOT 1), GO TO R118/N231 BRANCHPOINT

N226
Q6501B

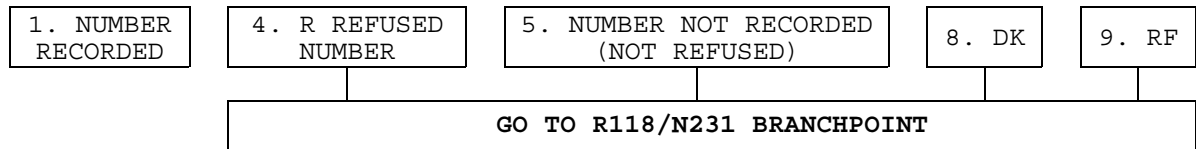
R117.MEDICARE NUMBER RECORDED?

R117. {CORE AND EXIT} We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files.

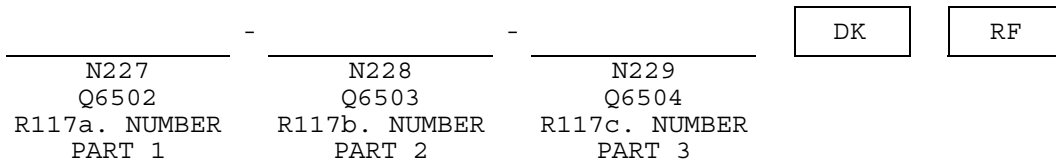
Could you give me your Medicare number for this purpose?
Could you give me [his/her] Medicare number for this purpose?

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

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



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



N230
Q6505

R117d. [IWER: PROBE]
{CORE AND EXIT} Is there a letter included as part of your Medicare number?

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

DK	RF
----	----

LETTER

R118/N231 BRANCHPOINT: IF R IS NOT COVERED BY MEDICAID/STATE NAME FOR MEDICAID (R5/N006 NOT 1) or R REFUSED TO GIVE MEDICARE NUMBER (R117/N226=4), GO TO R93a/N235 BRANCHPOINT

N231

Q6507B 6501 R118.MEDICAID NUMBER RECORDED?

R118. {CORE AND EXIT} (We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the (Medicaid/STATE NAME FOR MEDICAID) files.)

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

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

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

NUMBER:

1. NUMBER RECORDED	4. R REFUSED NUMBER	5. NUMBER NOT RECORDED (NOT REFUSED)	8. DK	9. RF
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GO TO R93a/N235 BRANCHPOINT

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

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

_____	_____	_____	DK	RF
N232 Q6508 R118a. NUMBER PART 1	N233 Q6509 R118b. NUMBER PART 2	N234 Q6510 R118c. NUMBER PART 3		

----- 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

CORE INTERVIEW: GO TO SECTION P

EXIT INTERVIEW: GO TO SECTION T