

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 1

Final VERSION — 10/15/2015

NOTE ABOUT BRANCHPOINTS:

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

MAJOR FLOW CONTROL, CONDITION AND FILL VARIABLES *

ASK PERMISSION TO ACCESS VA RECORDS (Z269=1)

THIS IS A REINTERVIEW R (Z076=1)

THIS IS A SELF INTERVIEW (A009=1);
THIS IS A PROXY INTERVIEW (A009={2 or 3});
PROXY REPORTER IS SURVIVING SPOUSE (A009=2);
PROXY REPORTER IS NON-SPOUSE (A009=3)

R's FIRST NAME (per Respondents1X058AFName = X058)

R ELIGIBLE TO BE ASKED FOR SOCIAL SECURITY NUMBER THIS WAVE (Z120=1 or 3)
R NOT ELIGIBLE TO BE ASKED FOR SOCIAL SECURITY NUMBER THIS WAVE (Z120=5)

HH ASSIGNED ENHANCED TELEPHONE IW (X090=1)
HH ASSIGNED ENHANCED FACE-TO-FACE IW (X090=3)

R IS MARRIED (B063=1)
R IS SEPARATED (B063=3)
R IS WIDOWED (B063=5)
R HAS NEVER BEEN MARRIED (B063=6)

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

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

W303

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

1. YES	5. NO	8. DK	9. RF
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W311

IWER: ENTER CURRENT MODE OF INTERVIEW:

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 2

Final VERSION — 10/15/2015

1. TELEPHONE

2. FACE-TO-FACE

NOTE: A DIFFERENT ONE-HALF OF THE RELEVANT SAMPLE IS DESIGNATED FOR A FACE-TO-FACE INTERVIEW IN 2006 AND 2008, SO THAT OVER THE TWO WAVES THE ENTIRE SAMPLE OF RESPONDENTS RECEIVES A FACE-TO-FACE INTERVIEW.

***Administration of the Social Security Permission sequence was suspended on 9/24/2014 for the remainder of the data collection period*

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

IF R'S HOUSEHOLD IS NOT ASSIGNED ENHANCED FACE-TO-FACE THIS WAVE AND HAS PROVIDED US WITH FULL SSN IN A PRIOR WAVE (X090 NOT 3 AND Z120 NOT 3), GO TO W319 BRANCHPOINT W307 (ASSIST)

IF R IS NOT ELIGIBLE TO BE ASKED FOR SOCIAL SECURITY NUMBER THIS WAVE (Z120=5), GO TO W319 BRANCHPOINT W307 (ASSIST)

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

SELF INTERVIEW SCRIPT

W314_W306 (W306PT1) (SELF-IW)

READ TO ALL:

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

IF SSN MISSING FROM PAST PERMISSION FORM(S) (Z120=3):

You were kind enough to provide us with this form in the past. However, in order to obtain the social security data, we need to have you include your full social security number on the form.

READ TO ALL:

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

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

W306 (W306PT2) (SELF-IW)

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

Please take a minute to read the form.

**HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 3**

Final VERSION — 10/15/2015

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

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

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

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

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

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

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

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

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

W310 (SELF-IW)

IF SSN MISSING FROM PAST PERMISSION FORM(S) (Z120=3):

For the study's research purposes, would you authorize us to obtain your history of earnings and benefits administered by the Social Security Administration, by signing a new consent form and including your Social Security number?

OTHERWISE (Z120=1):

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

[IWER: USE BLUE FORM FOR R'S OWN SOCIAL SECURITY NUMBER. GREEN FORM IS USED FOR DECEASED SPOUSE ONLY.]

(IF THIS IS A FACE-TO-FACE IW:)
1. R AGREES - SIGNED FORM
OBTAINED BY INTERVIEWER

(IF THIS IS A TELEPHONE IW:)
2. R AGREES - FORM AND LETTER BEING
MAILED TO R

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 4

Final VERSION — 10/15/2015

(IF THIS IS A FACE-TO-FACE IW:) 3. R AGREES - FORM (AND LETTER) LEFT WITH R	4. R REFUSED-GO TO THE W309 BRANCHPOINT	5. R NOT ABLE TO CONSENT-GO TO THE W309 BRANCHPOINT
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(IF THIS IS A FACE-TO-FACE IW:) 9. R UNDECIDED - FORM AND LETTER LEFT WITH R (IF THIS IS A TELEPHONE IW:) 9. R UNDECIDED - FORM AND LETTER BEING MAILED TO R

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

W322 (SELF-IW)
IF THIS IS A FACE-TO-FACE INTERVIEW (W311=2):
[IWER: SCAN THE LOGGING ID [R's LOGGING ID NUMBER FOR MAILED DOCUMENTS] FROM BLUE FORM. GIVE R THE FORM AND THE PREPAID MAILER IF THE R WILL BE MAILING IT BACK. EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

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

[IWER: THE BLUE FORM IS FOR R'S OWN SOCIAL SECURITY NUMBER. THE GREEN FORM IS USED FOR DECEASED SPOUSE ONLY.]

W314_W306 (PROXY-IW) BRANCHPOINT: GO TO W309 BRANCHPOINT (AFTER W310 (PROXY-IW))

LIVING PROXY SCRIPT

W314_W306 (W306PT1) (PROXY-IW)
IF SSN MISSING FROM PAST PERMISSION FORM(S) (Z120=3)(AND THIS IS 1st R OR THIS IS A NON-SPOUSE PROXY)

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

R's FIRST NAME was kind enough to provide us with this form in the past. However, in order to obtain the social security data, we need to have [him/her] include [his/her] full social security number on the form.

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

**HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 5**

Final VERSION — 10/15/2015

IF SSN MISSING FROM PAST PERMISSION FORM(S) AND 2ND R (Z120=3)

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

R's FIRST NAME was kind enough to provide us with this form in the past. However, in order to obtain the social security data, we need to have [him/her] include [his/her] full social security number on the form.

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

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

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

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

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

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

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

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

W306 (W306PT2) (PROXY-IW)

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

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

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

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

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 6

Final VERSION — 10/15/2015

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

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

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

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

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

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

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

[IWER: PRESS 1 TO CONTINUE]

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

W310 (PROXY-IW)

IF SSN MISSING FROM PAST PERMISSION FORM(S) (Z120=3) AND MODE IS TELEPHONE (W311=1):

For the study's research purposes, we would like R's FIRST NAME's authorization to obtain [his/her] history of earnings and benefits administered by the Social Security Administration, by asking [him/her] to sign a new consent form and include [his/her] Social Security number?

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

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

SHOW ALL TELEPHONE IWS (W311=1):

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

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

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

SHOW FOR ALL:

[IWER: USE BLUE FORM FOR R'S OWN SOCIAL SECURITY NUMBER. GREEN FORM IS USED FOR DECEASED SPOUSE ONLY.]

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 7

Final VERSION — 10/15/2015

(IF THIS IS A FACE-TO-FACE IW:)
1. IF R IS AVAILABLE:
RESPONDENT AGREES - SIGNED FORM
OBTAINED BY INTERVIEWER

(IF THIS IS A FACE-TO-FACE IW:)
3. IF R IS AVAILABLE:
RESPONDENT AGREES - FORM AND LETTER
LEFT WITH R

5. R NOT ABLE TO CONSENT-GO TO THE
W309 BRANCHPOINT

(IF THIS IS A FACE-TO-FACE IW:)
6. FORM AND LETTER
LEFT WITH PROXY TO GIVE TO R

(IF THIS IS A TELEPHONE IW:)
7. FORM AND LETTER BEING MAILED TO R

8. PROXY REFUSED FOR
RESPONDENT-GO TO THE W309
BRANCHPOINT

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

W322 (PROXY-IW)

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

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

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

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

[IWER: THE BLUE FORM IS FOR R'S OWN SOCIAL SECURITY NUMBER. THE GREEN
FORM IS USED FOR DECEASED SPOUSE ONLY.]

W309 BRANCHPOINT: IF THIS IS A LIVING PROXY INTERVIEW (A009={2 or 3}),
GO TO W319 BRANCHPOINT

IF R {IS CURRENTLY MARRIED or IS SEPARATED or HAS NEVER BEEN
MARRIED (B063={1 or 3 or 6})}, W319 BRANCHPOINT

IF R IS WIDOWED (B063=5), GO TO W312

W309

Researchers are also interested in obtaining authorization from our
study participants who may be eligible to receive Social Security
benefits from a deceased husband or wife. Were you ever married to
someone who is now deceased?

1. YES

5. NO

8. DK

9. RF

GO TO W319 BRANCHPOINT W307
(ASSIST)

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 8

Final VERSION — 10/15/2015

W312

IF R IS WIDOWED (B063=5):

Researchers are also interested in obtaining authorization from our study participants who may be eligible to receive Social Security benefits from a deceased husband or wife.

ASK EVERYONE:

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

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

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

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

[IWER: SEND R THE FORM, LETTER, AND THE PREPAID MAILER.]

[IWER: GREEN FORM IS USED FOR DECEASED SPOUSE ONLY]

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

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

W324

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

[IWER: SCAN THE LOGGING ID [R's LOGGING ID NUMBER FOR MAILED DOCUMENTS]
FROM THE GREEN FORM AND GIVE R THE FORM. EXPLAIN FORM AND ANSWER
QUESTIONS AS NEEDED.]

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

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

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 9

Final VERSION — 10/15/2015

[IWER: GREEN FORM IS USED FOR DECEASED SPOUSE ONLY]

W325

[IWER: DO YOU HAVE ANOTHER DECEASED SPOUSE FORM TO SCAN?]

1. YES	5. NO	8. DK	9. RF
GO TO W319 BRANCHPOINT			

W326

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

[IWER: SCAN THE LOGGING ID FOR BENEFITS [R's LOGGING ID NUMBER FOR MAILED DOCUMENTS] FROM THE GREEN FORM AND GIVE R THE FORM. EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

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

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

[IWER: GREEN FORM IS USED FOR DECEASED SPOUSE ONLY]

W327

[IWER: IS THERE ANOTHER DECEASED SPOUSE FORM TO SCAN?]

1. YES	5. NO	8. DK	9. RF
GO TO W319 BRANCHPOINT			

W328

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

[IWER: SCAN THE LOGGING ID FOR BENEFITS [R's LOGGING ID NUMBER FOR MAILED DOCUMENTS] FROM THE GREEN FORM AND GIVE R THE FORM. EXPLAIN FORM AND ANSWER QUESTIONS AS NEEDED.]

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

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

[IWER: GREEN FORM IS USED FOR DECEASED SPOUSE ONLY]

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 10

Final VERSION — 10/15/2015

VA Permission sequence

W319 BRANCHPOINT:

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

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

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

ELSE, GO TO W307 (ASSIST)

SELF INTERVIEW SCRIPT

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

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

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

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

[IWER: PRESS 1 TO CONTINUE]

1. CONTINUE

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

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 11

Final VERSION — 10/15/2015

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

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

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

1. CONTINUE

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

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

1. R AGREES - SIGNED FORM
OBTAINED BY INTERVIEWER

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

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

4. R REFUSED

5. R NOT ABLE TO
CONSENT

9. R UNDECIDED - FORM AND LETTER LEFT WITH R

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

Living Proxy Script

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

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

We are asking our participants who have served in the active military
of the United States to complete a form authorizing us to obtain
information on the health care services that they may have obtained in

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 12

Final VERSION — 10/15/2015

the VA health care system. This information, when combined with the other information you have provided to us, will be a unique and valuable resource for answering key questions about the health of the country's military Veterans. Even if R's *FIRST NAME* doesn't normally use VA services it will be helpful to this research to have his authorization.

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

[IWER: PRESS 1 TO CONTINUE]

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

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

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

1. CONTINUE

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

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

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

1. IF R IS AVAILABLE:
R AGREES - SIGNED FORM
OBTAINED BY INTERVIEWER

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

3. IF R IS AVAILABLE:
R AGREES - FORM (AND LETTER)
LEFT WITH R

4. PROXY REFUSED FOR
RESPONDENT

5. R NOT ABLE TO
CONSENT

9. R UNDECIDED - FORM AND LETTER LEFT WITH PROXY TO GIVE TO R

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

HRS 2014 — SECTION W:
INTERNET USE & SOCIAL SECURITY PERMISSION — PAGE 13

Final VERSION — 10/15/2015

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

OTHERWISE, CONTINUE TO W329

W329

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

End of new VA Permission sequence

W307 W ASSIST

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

1. NEVER

2. A FEW TIMES

3. MOST OR ALL OF THE TIME

4. THE SECTION WAS DONE BY
A PROXY REPORTER

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

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

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

END OF SECTION W