

HRS 2020 -- SECTION N: HEALTH SERVICES & INSURANCE
FINAL VERSION -- 04/29/2020

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 TEXT IN TEAL IS SPECIFIC TO A WEB INTERVIEW.

ALL TEXT IN FUCHSIA IS SPECIFIC TO THE EXIT INTERVIEW.

THE CORE INTERVIEW IS DOCUMENTED USING BLACK TEXT, BUT BLACK TEXT CAN ALSO APPLY TO THE EXIT OR WEB INTERVIEW WHEN THERE ARE NO DIFFERENCES FROM THE CORE.

NOTE ABOUT BOLD/UNDERLINE TEXT:

ANY QUESTION THAT IS UNDERLINED IN THE B&A WILL APPEAR IN BOLD IN CAPI AND WILL BE UNDERLINED FOR CAWI.

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. SIMILARLY, A SPOUSE/PARTNER WHO WAS REPORTED IN A PREVIOUS WAVE BUT WHO HAS NEVER BEEN INTERVIEWED WILL NOT HAVE AN EXIT INTERVIEW.

SINCE EXIT INTERVIEW Rs ARE REINTERVIEW Rs, QUESTIONS NOT ASKED OF REINTERVIEW Rs ALSO ARE NOT ASKED OF EXIT Rs, UNLESS OTHERWISE NOTED.

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 *

Unfoldings

X501_1Random1_2: 1-2

X502_2Random1_2: 1-2

X511_1Random1_3: 1-3

X512_2Random1_3: 1-3

X513_3Random1_3: 1-3

X514_4Random1_3: 1-3

X515_5Random1_3: 1-3

X516_6Random1_3: 1-3

X517_7Random1_3: 1-3

X518_8Random1_3: 1-3

X519_9Random1_3: 1-3

X520_10Random1_3: 1-3

THIS IS A **SELF INTERVIEW** (A009=1);

THIS IS A **PROXY INTERVIEW** (A009={2 or 3}) or (A009 NOT 1);

PROXY REPORTER IS SURVIVING SPOUSE (A009=2);

PROXY REPORTER IS NON-SPOUSE (A009=3)

R IS **MARRIED** (X065=1);

R IS **PARTNERED** (X065=3);

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

R IS **MARRIED/PARTNERED** (A034=1);

R IS **SEPARATED** (A034=2)

TOTAL CHILDREN (PER A101)

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

CURRENT DATE YEAR (PER A501)

YEAR TWO YEARS AGO (PER A062)

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

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

SPOUSE AGE (PER A044)

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

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

R's **YEAR OF DEATH THIS IW** (per A123);
R's **YEAR OF DEATH PREVIOUS IW** (per Z131)

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

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

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

PREVIOUS WAVE **MEDICAL PLAN NAME** (PER Z245)

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

PW HAVE MEDICAID NUMBER (Z277=1)

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

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

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

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

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

R HAS **SERVED IN THE MILITARY** (Z240=1) or (B035=1)

MAJOR FLOW CONTROL: OTHER SECTIONS

MARITAL STATUS ASSIGNED (B063=1, 2, 3, 4, 5, or 6);

R IS **TAKING BLOOD PRESSURE MEDICATION** (C006=1);
R IS **TAKING MEDICATION THAT YOU SWALLOW FOR DIABETES** (C011=1);
R IS **USING INSULIN SHOTS OR PUMP** (C012=1);
R IS **TAKING MEDICATION FOR HEART PROBLEM** (C037=1);
R IS **TAKING OR CARRYING MEDICATION BECAUSE OF ANGINA OR CHEST PAIN** (C046=1);

R IS TAKING OR CARRYING MEDICATION FOR CONGESTIVE HEART FAILURE (C050=1);
R IS TAKING OR CARRYING MEDICATION FOR STROKE OR COMPLICATIONS (C060=1);

R IS WORKING FOR PAY AT THE PRESENT TIME (J020=1);
R IS NOT WORKING FOR PAY AT THE PRESENT TIME (J020=5)

R WORKS FOR SOMEONE ELSE (J021=1);
R WORKS FOR SELF/SELF-EMPLOYED (J021=5)

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

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

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

N001

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, which may be called something different in your state, is a public health insurance program for people with low incomes.

Are you currently covered by Medicare health insurance?

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, which may be called something different in [his/her] state, is a public health insurance program for people with low incomes.

Was R's FIRST NAME (per X058) covered by Medicare health insurance at the time of [his/her] death?

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

N002 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N004 BRANCHPOINT

IF {R IS/WAS UNDER 65 YEARS OF AGE (A019<65) and HAS/HAD MEDICARE COVERAGE (N001=1)} or {R IS/WAS {70 OR OLDER} (A019 >= 70) and DOES/DID NOT HAVE MEDICARE (N001 NOT 1)}, CONTINUE ON TO N002

OTHERWISE, GO TO N004 BRANCHPOINT

N002

IF R's AGE IS AT LEAST 70 (A019 >= 70):

Most people become eligible for Medicare when they turn 65. Our records show you are at least 65 years of age. Can you tell us why you are not covered by Medicare?

IF R's AGE IS LESS THAN 65 (A019 < 65):

Most people become eligible for Medicare when they turn 65. Our records show that you are not yet 65. Can you tell us more about the reason why you are eligible?

OPEN

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

N004

Part A of Medicare covers most hospital expenses. Part B covers many doctors' expenses including doctor visits, and the premium is usually deducted from your Social Security.

Are you covered under Part B of Medicare?

Part A of Medicare covers most hospital expenses. Part B covers many doctors' expenses including doctor visits, and the premium is usually deducted from [his/her] Social Security.

At the time of R's FIRST NAME's death, was [he/she] covered under Part B of Medicare?

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

N005

Have you been covered by health insurance through Medicaid [(State name for Medicaid)] or any other Medicaid program at any time [since R's LAST IW MONTH (per Z092), YEAR (per Z093)/ in the last two years]?

DEF: By Medicaid we mean the public health insurance program for people with low incomes.

Note: See State Name for Medicaid tab for current list of fill

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 (per Z092), YEAR (per Z093) , and when [he/she] died/in the two years before [his/her] death (per Z093> 2 YEARS)]?

DEF: By Medicaid we mean the public health insurance program for people with low incomes.

Note: See State Name for Medicaid tab for current list of fill

- 1. YES
- 5. NO GO TO N007
- 8. DK GO TO N007
- 9. RF GO TO N007

N006

Are you currently covered by Medicaid [(State name for Medicaid)]?

DEF: By Medicaid we mean the public health insurance program for people with low incomes.

Was [he/she] covered by Medicaid [(State name for Medicaid)] at the time [he/she] (died/passed away)?

DEF: By Medicaid we mean the public health insurance program for people with low incomes.

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

N007

Are you currently covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan?

[INSTR: IF R USES VA SERVICES, BUT DOES NOT HAVE ANY OTHER FORM OF MILITARY HEALTH CARE COVERAGE, ENTER "NO" HERE. WE WILL ASK ABOUT USE OF VA SERVICES LATER IN THE SURVEY.]

DEF: TRI-CARE is the name for the military's health insurance program. It includes what used to be known as CHAMPUS and CHAMP-VA.

Are you currently covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan?

[INSTR:IF YOU USE VA SERVICES, BUT DO NOT HAVE ANY OTHER FORM OF MILITARY HEALTH CARE COVERAGE, PLEASE ANSWER "NO" HERE. WE WILL ASK ABOUT USE OF VA SERVICES LATER IN THE SURVEY.]

DEF: TRI-CARE is the name for the military's health insurance program. It includes what used to be known as CHAMPUS and CHAMP-VA.

At the time of [his/her] death, was [he/she] covered by TRI-CARE, CHAMPUS, CHAMP-VA, or any other military health care plan?

DEF : TRI-CARE is the name for the military's health insurance program. It includes what used to be known as CHAMPUS and CHAMP-VA.

[INSTR: IF R USED VA SERVICES, BUT DID NOT HAVE ANY OTHER FORM OF MILITARY HEALTH CARE COVERAGE, ENTER "NO" HERE. WE WILL ASK ABOUT USE OF VA SERVICES LATER IN THE SURVEY.]

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

N285

[Since [MONTH], [[YEAR]]/in the last two years] have you obtained medical care or prescription drugs from a Veterans' Administration facility?

Had [she/he] obtained medical care or prescription drugs from a Veteran's Administration facility?

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

N286 BRANCHPOINT: IF R DID NOT OBTAIN MEDICAL CARE OR PRESCRIPTION DRUGS FROM A VETERAN ADMINISTRATION FACILITY (N285 NOT 1), GO TO N009 BRANCHPOINT

N286

What kind of care did you obtain from the VA? Hospital stay, doctor visit, prescription drugs, eye care or what?

[INSTR: SELECT ALL THAT APPLY.]

What kind of care did you obtain from the VA?

[INSTR: SELECT ALL THAT APPLY.]

What kind of care did [she/he] obtain from the VA? Hospital stay, doctor visit, prescription drugs, eye care or what?

[INSTR: SELECT ALL THAT APPLY.]

- 1. HOSPITAL STAY
- 2. DOCTOR OR CLINIC VISIT, OUTPATIENT SURGERY
- 3. PRESCRIPTION DRUGS
- 4. OTHER SERVICES SUCH AS EMERGENCY CARE, COUNSELING, EYE CARE, EYEGASSES, OR PHYSICAL THERAPY
- 8. DK
- 9. RF

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

N009 BRANCHPOINT: IF R DID NOT REPORT THAT IS COVERED BY MEDICARE (N001 NOT 1), and DID NOT REPORT THAT IS COVERED BY MEDICAID (N006 NOT 1), GO TO N023

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

N009

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

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

Do you receive these benefits through a Medicare Advantage Plan, sometimes called a Medicare HMO (that is a Health Maintenance Organization) or Medicare Managed Care?

OTHERWISE:

We are interested in how your Medicaid [(State name for Medicaid)] health insurance works for routine care.

Do you receive these benefits through an HMO (that is a Health Maintenance Organization) or Managed Care Plan?

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

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

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

OTHERWISE:

We are interested in how [his/her] Medicaid [(State name for Medicaid)] health insurance worked for routine care.

Did R's FIRST NAME receive these benefits through an HMO (that is a Health Maintenance Organization) or Managed Care Plan?

1. YES N350_____ [What is the name of this plan?]
5. NO GO TO N352 BRANCHPOINT
8. DK GO TO N352 BRANCHPOINT
9. RF GO TO N352 BRANCHPOINT

N351 BRANCHPOINT: IF R IS COVERED BY MEDICARE HMO (N001 and N009 = 1), CONTINUE

ELSE, GO TO N014

N351
(Tag#=N
011.3)

[Banner: [Medicare/Medicaid] Managed Care]

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

[Banner: [Medicare/Medicaid] Managed Care]

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

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

N014

[Banner: [Medicare/Medicaid] Managed Care]

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

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

OTHERWISE:

Not including co-pays or deductions from your Social Security, how much do you, yourself, pay in premiums for this plan?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

[Banner: [Medicare/Medicaid] Managed Care]

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

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

OTHERWISE:

Not including co-pays or deductions from your Social Security, how much do you, yourself, pay in premiums for this plan?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[Banner: [Medicare/Medicaid] Managed Care]

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

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

OTHERWISE:

Not including co-pays or deductions from [his/her] Social Security, how much did [he/she], himself/herself, pay in premiums for this plan?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

\$_____. 00 GO TO N018

0 GO TO N352 BRANCHPOINT

DK

RF

N015-
N017

(Thinking about your [Medicare/Medicaid] Managed Care Plan premiums:)

Thinking about your [Medicare/Medicaid] Managed Care Plan premiums:

(Thinking about your [Medicare/Medicaid] Managed Care Plan premiums:)

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

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: \$30, \$60, \$100, \$200

RANDOM ENTRY POINTS: \$60, \$100

ENTRY POINT ASSIGNMENT: 1 or {NOT 1} AT X501 ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N018

PER:

- 1. MONTH
- 2. QUARTER (EVERY 3 MONTHS)
- 3. SEMI-ANNUALLY (EVERY 6 MONTHS OR TWICE A YEAR)
- 4. YEAR
- 7. OTHER (SPECIFY) N019S_____
- 8. DK
- 9. RF

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

----- Start of New Medicare Part D Sequence -----

N352 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE COVERAGE (N001 NOT 1), GO TO N023

IF THIS IS AN EXIT INTERVIEW AND R DIED BEFORE 2007 (A123< 2007), GO TO N023

IF R HAS PRESCRIPTION DRUG COVERAGE THROUGH A MEDICARE HMO/MA PLAN (N351={1 OR DK OR RF}), GO TO N404 BRANCHPOINT

N352
(Tag#=N
004.1) 1

Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider.

Are you enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

Part D of Medicare provides coverage for prescription drugs, usually through a private insurance provider.

Had R's FIRST NAME enrolled in Medicare Part D, also known as the Medicare Prescription Drug Plan?

- 1. YES
- 5. NO GO TO N417
- 8. DK GO TO N023
- 9. RF GO TO N023

N414 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N023
IF R DID NOT NAME A MEDICARE PART D PLAN LAST WAVE (Z245 = EMPTY), GO TO N353

N414

The last time we asked you about Part D, you told us that [PLAN NAME in Z245] provided your Medicare drug coverage.

Do you still get your Medicare drug coverage through this plan?

- 1. YES GO TO N404 BRANCHPOINT
- 3. SAME COMPANY, DIFFERENT PLAN
- 5. NO
- 8. DK GO TO N404 BRANCHPOINT
- 9. RF GO TO N404 BRANCHPOINT

N353

(Tag#=N004.2)

What is the plan name and the company or organization that provides your Medicare drug coverage?

[INSTR: PLANS OTHER THAN THOSE PROVIDED BY AARP SHOULD END WITH A DESIGNATION SUCH AS 'PLUS' OR 'PREMIER' OR SOMETHING SIMILAR. PROBE AS NEEDED TO GET THE FULL PLAN NAME.]

What is the plan name and the company or organization that provides your Medicare drug coverage?

[INSTR: PLEASE PROVIDE THE FULL PLAN NAME]

OPEN

DK

RF

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

"18. MEDICARE PART D ¾ NAME OF PART D PLAN", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1) and R GAVE NAME OF PART D PLAN (N353 HAS NAME) or HAS VERIFIED THEY STILL HAVE COVERAGE THROUGH PART D PLAN NAMED IN THE PREVIOUS INTERVIEW (PLAN NAME in Z245).

"18 MEDICARE PART D", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1) and R IS NOT COVERED BY THE SAME PLAN AS LAST WAVE (N414 NOT 1)] and R DID NOT GIVE CURRENT PLAN NAME (N353={DK or RF or EMPTY}).

OTHERWISE, CODE 18 WILL NOT APPEAR ON THE PLAN LIST.

N415 BRANCHPOINT: IF R DID NOT SWITCH MEDICARE PART D PLANS SINCE LAST WAVE (N414 {NOT 3 and NOT 5}), GO TO N417 BRANCHPOINT

N415

Why did you change to your new Part D plan?

[INSTR: SELECT ALL THAT APPLY.]

1. OLD ONE CLOSED
2. LOWER PREMIUMS
5. NO GAP IN COVERAGE
7. OTHER (SPECIFY) N416 _____
8. DK
9. RF

N417 BRANCHPOINT: GO TO N404 BRANCHPOINT

----- Start of new sequence for those who did not enroll in Part D -----

N417

Do you have prescription drug coverage from some other source?

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

N404 BRANCHPOINT: IF R NOT ENROLLED IN A MEDICARE PART D PLAN (N352 {NOT 1 and NOT 3}), GO TO N023

N404

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

[INSTR: ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

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

[INSTR: ENTER "0" FOR NOTHING]

\$_____.00 GO TO N023

DK

RF

N405-

N407

(Thinking about how much you pay per month in premiums for your Medicare part D plan:)

Thinking about how much you pay per month in premiums for your Medicare part D plan:

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

PROCEDURES: 2Up1Down, 1Up2Down

BREAKPOINTS: \$20, \$30, \$45, \$60

RANDOM ENTRY POINTS: \$30, \$45

ENTRY POINT ASSIGNMENT: 1 OR {NOT 1} AT X503 ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

----- End of New Medicare Part D Sequence -----

----- Begin private plans sequence -----

N023

Now, we'd like to ask about all the other types of health insurance plans you might have, such as insurance through an employer or a business, coverage for retirees, or health insurance you buy for yourself, including any [Medigap or] other supplemental coverage.

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

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

OTHERWISE:

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

[INSTR: ENTER "0" FOR NONE.]

Now, we'd like to ask about all the other types of health insurance plans [he/she] might have had, such as insurance through an employer or a business, coverage for retirees, or health insurance [he/she] might have bought for [himself/herself], including any [Medigap or] other supplemental coverage.

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

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

OTHERWISE:

Do not include long-term care insurance. How many other plans did [he/she] have at the time of [his/her] death?

[INSTR: ENTER "0" FOR NONE.]

NUMBER OF PLANS

0 GO TO N279 BRANCHPOINT
DK GO TO N279 BRANCHPOINT
RF GO TO N279 BRANCHPOINT

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

****BEGINNING OF N024 LOOP: QUESTIONS N024 THROUGH N284 ARE REPEATED FOR UP TO THREE HEALTH INSURANCE PLANS (N023).****

IF R HAS ONE PLAN (N023=1):

What is the name of this plan?

IF FIRST TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023>1):

What is the name of the most important of those plans?

IF [SECOND/THIRD] TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023=>1):

What is the name of the [second/third] most important of those plans?

[INSTR: IF THE RESPONDENT SELECTS A PLAN ALREADY ON THE LIST, BE SURE TO CONFIRM THE ENTIRE PLAN NAME HAS REMAINED THE SAME. IF NOT, ADD AS A NEW PLAN.]

[INSTR: IF THE R DOESN'T KNOW THEIR PLAN NAME OR REFUSES TO GIVE A NAME, SELECT 'NOT ON LIST' AND ENTER 'PLAN 1', 'PLAN 2' OR 'PLAN 3' CORRESPONDING TO THE PASS THROUGH THE PRIVATE PLAN QUESTION LOOP.]

IF R HAS ONE PLAN (N023=1):

What is the name of this plan?

IF FIRST TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023>1):

What is the name of the most important of those plans?

IF [SECOND/THIRD] TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023=>1):

What is the name of the [second/third] most important of those plans?

[INSTR: FOR YOUR REFERENCE, HERE ARE THE PLANS YOU'VE MENTIONED BEFORE.]

[INSTR: IF YOU SELECT A PLAN ALREADY ON THE LIST, BE SURE TO CONFIRM THE ENTIRE PLAN NAME HAS REMAINED THE SAME. IF NOT, SELECT "ADD A PLAN" AND ENTER THE NEW PLAN NAME IN THE SPACE PROVIDED.]

[INSTR: IF YOU DON'T KNOW YOUR PLAN NAME, SELECT "ADD A PLAN" AND ENTER "PLAN 1" IN THE SPACE PROVIDED.]

NOTE: FOR CAWI, INSTRS 1 AND 2 ONLY SHOW IF R HAS PRE-LOADED PLANS (Z551 > 0).

1. PREVIOUS WAVE PLAN 1
2. PREVIOUS WAVE PLAN 2
3. PREVIOUS WAVE PLAN 3
27. PREVIOUS WAVE PLAN NOT ON THE LIST
8. DK
9. RF

1. PREVIOUS WAVE PLAN 1
2. PREVIOUS WAVE PLAN 2
3. PREVIOUS WAVE PLAN 3
27. ADD A PLAN N024 _____ [PLAN NAME]
8. DK
9. RF

N024 BRANCHPOINT: IF PW PLAN SELECTED (N280 = 1, 2, OR 3), GO TO N485 BRANCHPOINT

N024

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

IF FIRST TIME THROUGH LOOP and R HAS MORE THAN ONE PLAN (N023>1):
(Let's talk about the most important of those plans.)

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

(What is the name of this plan?)

[INSTR: IF THE R DOESN'T KNOW THEIR PLAN NAME OR REFUSES TO GIVE A NAME , ENTER "PLAN 1," "PLAN 2," OR "PLAN 3" CORRESPONDING TO THE PASS THROUGH THE PRIVATE PLAN QUESTION LOOP.]

_____ [PLAN NAME]

DK
RF

N485 BRANCHPOINT: ASK IF R PICKS A PRELOADED PLAN FROM LAST WAVE (N280 = 1, 2, 3) and PLAN SOURCE IS NOT EMPTY (Z553 NOT EMPTY)

ELSE, GO TO N033 BRANCHPOINT

N485

[Banner: [Main Plan Name-N024]]

IF PRIVATE PLAN SOURCE IS THROUGH PW CURRENT EMPLOYER (Z553 = 1):

Last time you told us you got this plan from the employer, business, or professional organization you had at that time. Is your plan still provided by this organization?

IF PRIVATE PLAN SOURCE IS THROUGH SPOUSE/PARTNER'S PW CURRENT EMPLOYER (Z553 = 3):

Last time you told us you got this plan from the employer your spouse or partner had at that time. Is your plan still provided by this organization?

ELSE:

Last time you told us you get this plan from [Z553_plansource]. Is this still the case?

[Banner: [Main Plan Name-N024]]

IF PRIVATE PLAN SOURCE IS THROUGH PW CURRENT EMPLOYER (Z553 = 1):

Last time [he/she] told us [he/she] got this plan from the employer, business, or professional organization [he/she] had at that time. Was [his/her] plan still provided by this organization?

IF PRIVATE PLAN SOURCE IS THROUGH SPOUSE/PARTNER'S PW CURRENT EMPLOYER (Z553 = 3):

Last time [he/she] told us [he/she] got this plan from the employer [his/her] spouse or partner had at that time. Was [his/her] plan still provided by this organization?

ELSE:

Last time [he/she] told us [he/she] got this plan from [Z553_plansource]. Was this still the case?

1. YES GO TO N025 BRANCHPOINT

5. NO

N033 BRANCHPOINT: IF {THIS IS A CORE INTERVIEW *and* R DID NOT REPORT THAT IS WORKING FOR PAY (J020 NOT 1)}, GO TO N034

IF {THIS IS AN EXIT INTERVIEW *and* R DID NOT REPORT WAS WORKING FOR PAY AT R's LAST IW (Z123 NOT 1)}, GO TO N034

N033

[Banner: [Main Plan Name-N024]]

IF R IS SELF-EMPLOYED (J021=2):

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

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

Do you obtain this health insurance through your current employer?

[Banner: [Main Plan Name-N024]]

IF THIS IS AN EXIT IW:

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

[INSTR: ASK 'WHOSE EMPLOYER?' IF NOT CLEAR.]

- 1. YES GO TO N282
- 5. NO
- 8. DK
- 9. RF

N034

[Banner: [Main Plan Name-N024]]

Do you obtain this health insurance through a former employer of yours?

[Banner: [Main Plan Name-N024]]

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

- 1. YES GO TO N282
- 5. NO
- 8. DK
- 9. RF

N035 BRANCHPOINT: IF R IS COUPLED (B063 = 1) or MARRIAGE WAS ANNULLED (B063=2) or IS SEPARATED (B063=3) or IS DIVORCED (B063=4), CONTINUE ON TO N035

IF R IS WIDOWED (B063=5), GO TO N036

OTHERWISE, GO TO N037

N035

[Banner: [Main Plan Name-N024]]

IF R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):

Do you obtain this health insurance through your (spouse/partner's) current employer?

OTHERWISE, IF R IS {DIVORCED (B063=4) or MARRIAGE WAS ANNULLED (B063=2):

Do you obtain this health insurance through your [(late)/former] (spouse/partner's) current employer?

[Banner: [Main Plan Name-N024]]

IF R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):

Do you obtain this health insurance through your spouse or partner's current employer?

OTHERWISE, IF R IS {DIVORCED (B063=4) or MARRIAGE WAS ANNULLED (B063=2):

Do you obtain this health insurance through your [late/former] spouse or partner's current employer?

[Banner: [Main Plan Name-N024]]

IF R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):

Did [he/she] obtain this health insurance through [your/[his/her] (spouse/partner's)] current employer?

OTHERWISE, IF R IS {DIVORCED (B063=4) or MARRIAGE WAS ANNULLED (B063=2):

Did [he/she] obtain this health insurance through [his/her] [(late)/former] (spouse/partner's) current employer?

- 1. YES GO TO N282
- 5. NO
- 8. DK
- 9. RF

N036

[Banner: [Main Plan Name-N024]]

IF R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):

Do you obtain this health insurance through your (spouse/partner's) former employer?

OTHERWISE, IF R IS DIVORCED (B063=4) or WIDOWED (B063=5) or MARRIAGE WAS ANNULLED (B063=2):

Do you obtain this health insurance through your [(late)/former] (spouse/partner's) former employer?

[Banner: [Main Plan Name-N024]]

IF R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):

Do you obtain this health insurance through your spouse or partner’s former employer?

OTHERWISE, IF R IS DIVORCED (B063=4) or WIDOWED (B063=5) or MARRIAGE WAS ANNULLED (B063=2):

Do you obtain this health insurance through your [late/former] spouse or partner’s former employer?

[Banner: [Main Plan Name-N024]]

R IS COUPLED (X065={1 or 3}) or SEPARATED (B063=3):

Did [he/she] obtain this health insurance through [your/[his/her] (spouse/partner's)] former employer?

OTHERWISE, IF R IS DIVORCED (B063=4) or WIDOWED (B063=5) or MARRIAGE WAS ANNULLED (B063=2):

Did [he/she] obtain this health insurance through [his/her] [(late)/former] (spouse/partner's) former employer?

- 1. YES GO TO N282
- 5. NO
- 8. DK
- 9. RF

N037

[Banner: [Main Plan Name-N024]]

Did you purchase this plan directly from an insurance company, through an insurance marketplace or exchange, through your (or your [husband's/wife's/partner's]) union, through a group such as AARP, a church, or other organization?

[Banner: [Main Plan Name-N024]]

Did you purchase this plan directly from an insurance company, through an insurance marketplace or exchange, through your or your [husband's/wife's/partner's] union, through a group such as AARP, a church, or other organization?

[Banner: [Main Plan Name-N024]]

Did [he/she] purchase this plan directly from an insurance company, through an insurance marketplace or exchange, 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?

- 1. INSURANCE COMPANY
- 2. R'S UNION
- 3. SPOUSE'S UNION [ONLY SHOWS WHEN R IS MARRIED]
- 4. GROUP
- 5. THROUGH AN INSURANCE MARKETPLACE OR EXCHANGE
- 7. OTHER (SPECIFY) N038 _____(How did you obtain this plan?)
- 8. DK
- 9. RF

- 1. INSURANCE COMPANY
- 2. MY UNION
- 3. MY [HUSBAND'S/WIFE'S/PARTNER'S] UNION [ONLY SHOWS WHEN R IS MARRIED]
- 4. GROUP
- 5. THROUGH AN INSURANCE MARKETPLACE OR EXCHANGE
- 7. OTHER ORGANIZATION N038 _____
- 8. DK
- 9. RF

- 1. INSURANCE COMPANY
- 2. R'S UNION
- 3. SPOUSE'S UNION [ONLY SHOWS WHEN R IS MARRIED]
- 4. GROUP
- 5. THROUGH AN INSURANCE MARKETPLACE OR EXCHANGE
- 7. OTHER (SPECIFY) N038 _____(How did [he/she] obtain this plan?)
- 8. DK
- 9. RF

N282

[Banner: [Main Plan Name-N024]]

When did this coverage start? (That is, when did coverage from the plan with this name start?)

[Banner: [Main Plan Name-N024]]

When did this coverage start? That is, when did coverage from the plan with this name start?

YEAR ____ [YYYY]

DK GO TO N482

RF GO TO N025 BRANCHPOINT

YEAR ____ [YYYY]

AT AGE ____

DK GO TO N482

N453

RF GO TO N025 BRANCHPOINT

AT AGE ____

N473

YEARS AGO ____

Null.....GO TO N025 BRANCHPOINT

N281 BRANCHPOINT: ASK IF YEAR IS WITHIN LAST TWO YEARS
ELSE: GO TO N025 BRANCHPOINT

N281

In what month was that?

DK GO TO N025 BRANCHPOINT

RF GO TO N025 BRANCHPOINT

In what month was that?

[INSTR: IF YOU DON'T KNOW THE MONTH, PLEASE SELECT A SEASON FROM THE BOTTOM OF THE LIST.]

DK GO TO N025 BRANCHPOINT

RF GO TO N025 BRANCHPOINT

N482

[Banner: [Main Plan Name-N024]]

Even if you cannot remember the exact date this coverage started, please give us your best guess.

Was it less than 5 years ago, more than 5 years ago, or what?

1. LESS THAN 5 YEARS AGO GO TO N483

3.ABOUT 5 YEARS AGO GO TO N025BRANCHPOINT

5. MORE THAN 5 YEARS AGO GO TO N484

8. DK GO TO N025 BRANCHPOINT

9. RF GO TO N025 BRANCHPOINT

N483

[Banner: [Main Plan Name-N024]]

Was it less than 2 years ago, more than 2 years ago, or what?

1. LESS THAN 2 YEARS AGO GO TO N025 BRANCHPOINT

3.ABOUT 2 YEARS AGO GO TO N025 BRANCHPOINT

5. MORE THAN 2 YEARS AGO GO TO N025 BRANCHPOINT

8. DK GO TO N025 BRANCHPOINT

9. RF GO TO N025 BRANCHPOINT

N484

[Banner: [Main Plan Name-N024]]

Was it less than 10 years ago, more than 10 years ago, or what?

1. LESS THAN 10 YEARS AGO
3. ABOUT 10 YEARS AGO
5. MORE THAN 10 YEARS AGO
8. DK
9. RF

N025 BRANCHPOINT: IF R DID NOT REPORT THAT HAS MEDICARE (N001 NOT 1), GO TO N032

IF THIS IS NOT FIRST TIME THROUGH N024 LOOP, GO TO N032

N025

Which is your primary plan, Medicare or *NAME OF FIRST PLAN (N024_1)* ?

Which was [his/her] primary plan, Medicare or *NAME OF FIRST PLAN (N024_1)* ?

1. MEDICARE
2. NAME OF PLAN (N024_1)
8. DK
9. RF

N032

Does *NAME OF PLAN (per N024)* provide help with paying for regular prescription drugs?

[INSTR: PLEASE NOTE, THE FOLLOW-UP QUESTIONS REFER TO THE PRIVATE PLAN, NOT TO MEDICARE.]

Did *NAME OF FIRST PLAN (per N024)* provide help with paying for regular prescription drugs?

[INSTR: PLEASE NOTE, THE FOLLOW-UP QUESTIONS REFER TO THE PRIVATE PLAN, NOT TO MEDICARE.]

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

N040

[Banner: [Main Plan Name-N024]]

How much do you (or your [husband/wife/partner]) pay per month in premiums for this plan (for you and any members of your household that are also covered)?

IF R IS COVERED BY INSURANCE THROUGH {OWN or SP/P's} EMPLOYER (N033 or N034 or N035 or N036)=1):

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

[Banner: [Main Plan Name-N024]]

How much do you or your [husband/wife/partner] pay per month in premiums for this plan for you and any members of your household that are also covered?

IF R IS COVERED BY INSURANCE THROUGH {OWN or SP/P's} EMPLOYER (N033 or N034 or N035 or N036)=1):

[INSTR: COUNT ANY PAYROLL DEDUCTIONS, BUT DO NOT INCLUDE ANY AMOUNT PAID BY THE EMPLOYER.]

[INSTR: ENTER "0" FOR NOTHING.]

[Banner: [Main Plan Name-N024]]

How much did [he/she] (or [you/[his/her] [husband/wife/partner]]) pay per month in premiums for this plan for [himself/herself] and any members of [his/her] household that were also covered?

IF R IS COVERED BY INSURANCE THROUGH {OWN or SP/P's} EMPLOYER (N033 or N034 or N035 or N036)=1):

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____ .00 per month GO TO N296 BRANCHPOINT

DK

RF

N041-
N043

(Thinking about the amount you (or your [husband/wife/partner]) pay per month in premiums for this plan:)

Thinking about the amount you (or your [husband/wife/partner]) pay per month in premiums for this plan:

(Thinking about the amount [he/she] (or [you/[his/her] [husband/wife/partner]]) paid per month in premiums for this plan:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$50, \$100, \$150, \$300, \$500

RANDOM ENTRY POINTS: \$100, \$150, \$300

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X515 ORDER OF ENTRY POINT

ASSIGNMENTS AND PROCEDURES CORRESPOND

N296 BRANCHPOINT: IF R REPORTED PURCHASING INSURANCE THROUGH AN INSURANCE EXCHANGE (N037=5), CONTINUE ON TO N296

OTHERWISE, GO TO N048 BRANCHPOINT

N296

[Banner: [Main Plan Name-N024]]

Was the cost of the premium subsidized based on your (family) income?

[Banner: [Main Plan Name-N024]]

Was the cost of the premium subsidized based on your family income?

[Banner: [Main Plan Name-N024]]

Was the cost of the premium subsidized based on [his/her] (family) income?

1. YES

5. NO

8. DK

9. RF

N048 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N284

N048

[Banner: [Main Plan Name-N024]]

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

- 1. YES
- 5. NO GO TO N051 BRANCHPOINT
- 8. DK GO TO N051 BRANCHPOINT
- 9. RF GO TO N051 BRANCHPOINT

N253-_
N049

[Banner: [Main Plan Name-N024]]

Who besides yourself is covered?

[INSTR: SELECT ALL THAT APPLY.]

CHILD NAME(S)

[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

3. TO 52. CHILD NAME(S) & SPOUSE/PARTNER NAME(S)

[ROWS PROVIDED BY BLAISE AS NECESSARY]

91. R'S SPOUSE OR 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.

CHILD NAME(S)

[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

3. TO 52. CHILD NAME(S) & SPOUSE/PARTNER NAME(S)

[ROWS PROVIDED BY BLAISE AS NECESSARY]

91. MY SPOUSE OR 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.

N051 BRANCHPOINT: IF R IS NOT MARRIED (X065 NOT 1) or {R RECEIVES COVERAGE THROUGH R'S SPOUSE'S/PARTNER'S {EMPLOYER (N035 or N036)=1} or UNION (N037=3)} or R REPORTED THAT SPOUSE/PARTNER IS COVERED (N049=91), GO TO N059 BRANCHPOINT

N051

[Banner: [Main Plan Name-N024]]

Could you have obtained coverage for your spouse through this health insurance plan?

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

N059 BRANCHPOINT: IF R {IS NOT COVERED BY CURRENT EMPLOYER (N033 NOT 1) *or* R IS NOT WORKING FOR SOMEONE ELSE (J021 NOT 1)} *and* R IS NOT COVERED BY FORMER EMPLOYER (N034 NOT 1), GO TO N284

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

N059

[Banner: [Main Plan Name-N024]]

IF R IS COVERED BY FORMER EMPLOYER (N034=1):

Can you continue this insurance coverage for yourself up to the age of 65?

OTHERWISE:

If you left your current employer now, could you continue this insurance coverage for yourself up to the age of 65?

- 1. YES
- 5. NO GO TO N062 BRANCHPOINT
- 8. DK GO TO N062 BRANCHPOINT
- 9. RF GO TO N062 BRANCHPOINT

N060

[Banner: [Main Plan Name-N024]]

IF R IS COVERED BY FORMER EMPLOYER (N034=1):

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

OTHERWISE:

If you left your current employer now, does your employer offer this type of health insurance coverage for you after the age of 65?

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

N062 BRANCHPOINT: IF SPOUSE'S AGE IS 65 OR OVER *or* R IS NOT MARRIED (X065 NOT 1) *or* R {COULD NOT CONTINUE INSURANCE COVERAGE IF LEFT EMPLOYER (N059=5) *or* DID NOT REPORT THAT COULD OBTAIN COVERAGE FOR SPOUSE THROUGH PLAN (N051 NOT 1 or Blank)}, GO TO N284

N062

[Banner: [Main Plan Name-N024]]

IF R IS COVERED BY FORMER EMPLOYER (N034=1):

Could your spouse be covered by this plan until [he/she] is age 65?

OTHERWISE:

If you left your current employer now, could you continue this type of health insurance coverage for your spouse until [he/she] is age 65?

- 1. YES
- 5. NO GO TO N284
- 8. DK GO TO N284
- 9. RF GO TO N284

N063

[Banner: [Main Plan Name-N024]]

IF R IS COVERED BY FORMER EMPLOYER (N034=1):

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

OTHERWISE:

If you left your current employer now, does your employer offer this type of health insurance coverage for your spouse after the age of 65?

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

N284

[Banner: [Main Plan Name-N024]]

Overall, how satisfied are you with this health plan? Are you very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, or very dissatisfied?

[Banner: [Main Plan Name-N024]]

Overall, how satisfied are you with this health plan?

[Banner: [Main Plan Name-N024]]

Overall, how satisfied was [he/she] with this health plan? Was [he/she] very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED
2. SOMEWHAT SATISFIED
3. NEUTRAL
4. SOMEWHAT DISSATISFIED
5. VERY DISSATISFIED
8. DK
9. RF

END OF N024 LOOP: IF MORE HEALTH INSURANCE PLANS WERE MENTIONED AT N023, REPEAT QUESTIONS N024 THROUGH N284 FOR UP TO THREE PLANS. IF NOT, CONTINUE ON TO N279 BRANCHPOINT

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

-----Begin Previous Interview Plan Loop (N279-N278)-----

N274 BRANCHPOINT: ASK IF PREVIOUS INTERVIEW PLAN(S) (Z550/Z551 CONTAINING PLAN NAMES FROM PREVIOUS INTERVIEW) IS/ARE NOT SELECTED IN CURRENT INTERVIEW (N280), UP TO THREE MENTIONS

ELSE GO TO N342 BRANCHPOINT

N274

In a previous interview, you mentioned other health insurance plans.

Are you still covered by [PLAN NAME]?

In a previous interview, [he/she] mentioned other health insurance plans.

Was [he/she] still covered by [PLAN NAME] at the time of [his/her] death?

1. YES
5. NO GO TO N277
7. [VOL] THIS PLAN IS THE OLD NAME OF A NEWLY ADDED PLAN
8. DK GO TO N277
9. RF GO TO N277
1. YES
5. NO GO TO N277
7. THIS PLAN IS THE OLD NAME OF A NEWLY ADDED PLAN
8. DK GO TO N277
9. RF GO TO N277

N277 BRANCHPOINT: GO TO END OF LOOP

N277

When did this coverage stop?

N278 MONTH [Drop down]

YEAR _____ [YYYY]

DK

RF

-----End Previous Interview Plan Loop (N279-N278)-----

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

N342
(Tag#=N
091.3)

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

Is that correct?

According to our information, R's FIRST NAME was not covered by any government or private health insurance plans that cover medical care at the time of [his/her] death.

Is that correct?

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

N260

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

- 1. LESS THAN 3 MONTHS
- 2. MORE THAN 3 MONTHS, BUT LESS THAN 1 YEAR
- 3. 1-3 YEARS
- 4. MORE THAN 3 YEARS
- 5. NEVER
- 8. DK
- 9. RF

N261

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

1. PERSON IN FAMILY WITH HEALTH INSURANCE LOST JOB OR CHANGED EMPLOYERS
4. EMPLOYER DOES NOT OFFER COVERAGE OR NOT ELIGIBLE FOR COVERAGE
5. COST IS TOO HIGH
97. OTHER (SPECIFY) N262 _____
98. DK
99. RF

N343 BRANCHPOINT: GO TO N431 BRANCHPOINT

N343
(Tag#=N
091.5)

Under which of the following plans are you covered?

[INSTR: READ CODEFRAME:]

[INSTR: SELECT ALL THAT APPLY.]

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

Under which of the following plans are you covered?

[INSTR: SELECT ALL THAT APPLY.]

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

[INSTR: READ CODEFRAME.]

[INSTR: SELECT ALL THAT APPLY.]

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

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

N431 BRANCHPOINT: IF R DID NOT SIGN UP FOR MEDICARE PART D BECAUSE ALREADY HAS GOOD COVERAGE (N417=1) and R DID NOT SAY ANY PRIVATE PLAN PROVIDES HELP WITH PAYING FOR PRESCRIPTION DRUGS ({N032_1 and N032_2 and N032_3} NOT 1), CONTINUE ON TO N431

OTHERWISE, GO TO N067

N431

Earlier you told us that you have prescription drug coverage. Which plan is that?

Earlier you told us that you have prescription drug coverage. Which plan is that?

[INSTR: FOR YOUR REFERENCE, HERE ARE THE PLANS YOU'VE MENTIONED BEFORE.]

[INSTR: IF YOU SELECT A PLAN ALREADY ON THE LIST, BE SURE TO CONFIRM THE ENTIRE PLAN NAME HAS REMAINED THE SAME. IF NOT, ADD AS A NEW PLAN SELECT "ADD A PLAN" AND ENTER THE NEW PLAN NAME IN THE SPACE PROVIDED.]

[INSTR: IF YOU DON'T KNOW YOUR PLAN NAME, SELECT "ADD A PLAN" AND ENTER "DRUG PLAN" IN THE SPACE PROVIDED.]

Earlier you told us that [he/she] had prescription drug coverage. Which plan is that?

NAME(S) OF INSURANCE PLAN(S)

[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

01. THROUGH 22. NAME(S) OF INSURANCE PLAN(S)

27. PLAN NOT ON LIST

97. GET MEDS THROUGH THE VA (Not part of plan count, N090)

98. DK

99. RF

NAME(S) OF INSURANCE PLAN(S)

[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

01. THROUGH 22. NAME(S) OF INSURANCE PLAN(S)

27. ADD A PLAN N432 _____

97. GET MEDS THROUGH THE VA (Not part of plan count, N090)

98. DK

99. RF

N432 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N431=27), CONTINUE ON TO N432

OTHERWISE, GO TO N067

N432

{CORE AND EXIT} (What is the name of the plan that provides prescription drug coverage?)

(What is the name of the plan that provides prescription drug coverage?)

_____ [PLAN NAME]

DK

RF

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

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

N067

Do you have any insurance that covers dental bills?

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

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

N068 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (N090=0)
FOR CAPI: ASSIGN {27 TO N069}} AND GO TO N070
FOR CAWI: GO TO N069

N069

Which of these plans provides this coverage?

Which of these plans provides this coverage?

[INSTR: FOR YOUR REFERENCE, HERE ARE THE PLANS YOU'VE MENTIONED BEFORE.]

[INSTR: IF YOU SELECT A PLAN ALREADY ON THE LIST, BE SURE TO CONFIRM THE ENTIRE PLAN NAME HAS REMAINED THE SAME. IF NOT, ADD AS A NEW PLAN SELECT "ADD A PLAN" AND ENTER THE NEW PLAN NAME IN THE SPACE PROVIDED.]

[INSTR: IF YOU DON'T KNOW YOUR PLAN NAME, SELECT "ADD A PLAN" AND ENTER "DENTAL PLAN" IN THE SPACE PROVIDED.]

NOTE: SHOW 1ST AND 2ND INSTRUCTIONS ONLY IF R HAS PRELOADED HEALTH PLAN (Z551 > 0) OR IF N090 > 0.

NAME(S) OF INSURANCE PLAN(S)
[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

01. THROUGH 22.

NAME(S) OF INSURANCE PLAN(S)

27. NOT ON LIST

98. DK

99. RF

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

"18. MEDICARE PART D ¾ NAME OF PART D PLAN", WILL APPEAR ON THE LIST IF R IS ENROLLED IN MEDICARE PART D and R GAVE NAME OF PART D PLAN.

"18 MEDICARE PART D", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1)and R DID NOT GIVE NAME OF PLAN.

OTHERWISE, CODE 18 WILL NOT APPEAR ON THE PLAN LIST.

"19. MEDICARE HMO/MEDICARE ADVANTAGE PLAN ¾ NAME OF PLAN", WILL APPEAR ON THE LIST IF R RECEIVES MEDICARE THROUGH AN HMO ({N001 & N009}=1) and R GAVE NAME OF PLAN (N350 HAS NAME).

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

OTHERWISE, CODE 19 WILL NOT APPEAR ON THE PLAN LIST.

NAME(S) OF INSURANCE PLAN(S)
[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22.

NAME(S) OF INSURANCE PLAN(S)
27. ADD A PLAN N070 _____
98. DK
99. RF

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

"18. MEDICARE PART D ¾ NAME OF PART D PLAN", WILL APPEAR ON THE LIST IF R IS ENROLLED IN MEDICARE PART D and R GAVE NAME OF PART D PLAN.

"18 MEDICARE PART D", WILL APPEAR ON THE LIST IF R IN ENROLLED IN MEDICARE PART D (N352=1)and R DID NOT GIVE NAME OF PLAN. OTHERWISE, CODE 18 WILL NOT APPEAR ON THE PLAN LIST.

"19. MEDICARE HMO/MEDICARE ADVANTAGE PLAN ¾ NAME OF PLAN", WILL APPEAR ON THE LIST IF R RECEIVES MEDICARE THROUGH AN HMO ({N001 & N009}=1) and R GAVE NAME OF PLAN (N350 HAS NAME).

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

N070 BRANCHPOINT: IF THIS IS A CAWI INTERVIEW, GO TO N071

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

OTHERWISE, GO TO N071

N070

(What is the name of that plan?)

NAME OF INSURANCE PLAN

DK
RF

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

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

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

N071

Not including government programs, do you now have any long-term care insurance which specifically covers nursing home care for a year or more or any part of personal or medical care in your home?

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

- 1. YES
- 5. NO GO TO N090 (Plan Count)
- 8. DK GO TO N090 (Plan Count)
- 9. RF GO TO N090 (Plan Count)

N072 BRANCHPOINT: IF R HAS NOT REPORTED THAT HAS INSURANCE PLAN (N090=0),
FOR CAPI: ASSIGN {27 TO N073}} AND GO TO N074

FOR CAWI: GO TO N073

N073

Which of these plans provides this coverage?

Which of these plans provides this coverage?

[INSTR: FOR YOUR REFERENCE, HERE ARE THE PLANS YOU'VE MENTIONED BEFORE.]

[INSTR: IF YOU SELECT A PLAN ALREADY ON THE LIST, BE SURE TO CONFIRM THE ENTIRE PLAN NAME HAS REMAINED THE SAME. IF NOT, ADD AS A NEW PLAN SELECT "ADD A PLAN" AND ENTER THE NEW PLAN NAME IN THE SPACE PROVIDED.]

[INSTR: IF YOU DON'T KNOW YOUR PLAN NAME, SELECT "ADD A PLAN" AND ENTER "LTC PLAN" IN THE SPACE PROVIDED.]

NOTE: SHOW 1ST AND 2ND INSTRUCTIONS ONLY IF R HAS PRELOADED HEALTH PLAN (Z551 > 0) OR IF N090 > 0.

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

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

NAME(S) OF INSURANCE PLAN(S)
[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]
01. THROUGH 22. NAME(S) OF INSURANCE PLAN(S)
27. ADD A PLAN N074 _____
98. DK
99. RF

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

N074 BRANCHPOINT: IF THIS IS A CAWI INTERVIEW, GO TO N075

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

OTHERWISE, GO TO N075

N074

What is the name of that plan?

NAME OF INSURANCE PLAN

DK
RF

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

N075

[Banner-[LTC Plan Name]]

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?

[Banner-[LTC Plan Name]]

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
8. DK
9. RF

N238 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N077

IF R IS NOT {MARRIED OR PARTNERED} (X065 {NOT 1 and NOT 3}) or R DID NOT SAY THAT PLAN THAT WAS NOT PREVIOUSLY LISTED (N073 NOT 27)}, GO TO N077

N238
(Tag#=N
076.5)

[Banner-[LTC Plan Name]]

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

[Banner-[LTC Plan Name]]

IF R's SPOUSE/PARTNER HAS LONG-TERM CARE COVERAGE (N238=1):

Have you or your [husband/wife/partner] ever received benefits under your long-term care policy?

OTHERWISE:

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

[Banner-[LTC Plan Name]]

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

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

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

N078

[Banner-[LTC Plan Name]]

Does this plan increase payments with inflation?

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

N079 BRANCHPOINT: IF R DID NOT SAY THAT PLAN THAT WAS NOT PREVIOUSLY LISTED {N073 NOT 27}}, GO TO N090

N079

[Banner-[LTC Plan Name]]

IF R NAMED A PLAN THAT IS NOT ON THE LIST (N073=27):

How much do you (or your [husband/wife/partner]) pay for this plan?

OTHERWISE:

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

[INSTR: ENTER 0 IF NO PAYMENTS ARE MADE.]

[INSTR: DO NOT PROBE DK/RF.]

[Banner-[LTC Plan Name]]

IF R NAMED A PLAN THAT IS NOT ON THE LIST (N073=27):

How much do you or your [husband/wife/partner] pay for this plan?

OTHERWISE:

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

[INSTR: ENTER 0 IF NO PAYMENTS ARE MADE.]

[Banner-[LTC Plan Name]]

IF R NAMED A PLAN THAT IS NOT ON THE LIST (N073=27):

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

OTHERWISE:

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

[INSTR: ENTER 0 IF NO PAYMENTS ARE MADE.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____00 GO TO N083

0 GO TO N090

DK

RF

N080-
N082

(Thinking about how much you pay for your long-term care plan:)

Thinking about how much you pay for your long-term care plan:

(Thinking about how much [he/she] paid for [his/her] long-term care plan:)

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

PROCEDURES: 2Up1Down, 1Up2Down
BREAKPOINTS: \$50, \$100, \$200, \$300
RANDOM ENTRY POINTS: \$100, \$200
ENTRY POINT ASSIGNMENT: 1 or {NOT 1} AT X502
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N083 BRANCHPOINT: GO TO N090

N083

PER:

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

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

N090

PLAN COUNT

NOTE: N090 IS CONTINUALLY UPDATED THROUGHOUT SECTION N WHENEVER A NEW HEALTH INSURANCE PLAN IS NAMED. THE VALUE OF N090 AT THIS POINT IS NOT NECESSARILY ITS VALUE AT PREVIOUS LOCATIONS IN THE QUESTIONNAIRE. ITS VALUE COULD ALSO INCREASE LATER IN THE QUESTIONNAIRE AS MORE PLANS ARE NAMED.

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

N091 BRANCHPOINT: IF R {WAS AT LEAST 65 YEARS OF AGE and {WAS COVERED BY MEDICARE (Z201=1)}} AT R's LAST IW, GO TO N092 BRANCHPOINT

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

N091

Were you ever without health insurance coverage at any time [since R's LAST IW MONTH, YEAR /in the last two years]?

Was R's FIRST NAME ever without health insurance coverage at any time [since R's LAST IW MONTH, YEAR /in the last two years]?

1. YES
5. NO GO TO N092 BRANCHPOINT
8. DK GO TO N092 BRANCHPOINT
9. RF GO TO N092 BRANCHPOINT

N294

Altogether, how many months were you without health insurance [since R's LAST IW MONTH, YEAR/in the last two years]?

Altogether, how many months was [she/he] without health insurance [since[MONTH], [[YEAR]]/in the last two years]

NUMBER OF MONTHS _____

DK

RF

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

N092 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N301 BRANCHPOINT

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

IF R REPORTED HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (N033=1) OR R REPORTED DURING A PW THAT HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (Z553=1), GO TO N094 BRANCHPOINT

N092

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

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

N093

Were you offered health insurance through your job?

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

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

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

N094 BRANCHPOINT: IF R IS NOT WORKING FOR SOMEONE ELSE (J021 NOT 1) or R DID NOT REPORT THAT HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (N033 NOT 1) AND R DID NOT REPORT DURING A PW THAT HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (Z553 NOT 1), GO TO N099

N094

In the last two years, has your employer offered a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered to you?

- 1. MORE THAN ONE PLAN
- 5. ONLY ONE PLAN GO TO N099
- 8. DK GO TO N099
- 9. RF GO TO N099

-----END sequence for Rs who ARE covered by employer insurance -----

----- begin sequence on services and insurance coverage -----

----- begin hospital -----

N301 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N099

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

N301

The next questions are about health care [he/she] had received.

Earlier you told me that R's FIRST NAME (died/passed away) while in a hospital. How long had [he/she] been a patient in that hospital before [his/her] death?

[INSTR: ENTER '1 HOUR' IF LESS THAN ONE HOUR.]

TIME IN HOSPITAL

DK GO TO N303

RF GO TO N303

N302

UNIT:

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

N303

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

1. SURGERY
2. OTHER TREATMENTS
3. RELIEVE SYMPTOMS
7. OTHER (SPECIFY) N304 _____
8. DK
9. RF

N099

The next questions are about health care you have received.

[Since R's LAST IW MONTH, YEAR/In the last two years], have you been a patient in a hospital overnight?

IF R DIED IN HOSPITAL (A124=1):

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

OTHERWISE:

The next questions are about health care [he/she] had received.

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

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

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

IF THIS IS NOT AN EXIT INTERVIEW and R DID NOT REPORT THAT R HAD OVERNIGHT HOSPITAL STAY (N099={5 or DK or RF}), GO TO N114 BRANCHPOINT

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

N100

Hospitalizations

How many different times were you a patient in a hospital overnight [since R's LAST IW MONTH, YEAR/in the last two years]?

Hospitalizations

IF R DIED IN HOSPITAL (A124=1):

Including [his/her] final hospitalization, how many different times was [he/she] a patient in a hospital overnight [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

How many different times was [he/she] a patient in a hospital overnight [since R's LAST IW MONTH, YEAR/in the last two years]?

NUMBER OF TIMES

DK

RF

N101

Hospitalizations

Altogether, how many nights were you a patient in the hospital [since R's LAST IW MONTH, YEAR /in the last two years]?

Hospitalizations

Altogether, how many nights was [he/she] a patient in a hospital [since R's LAST IW MONTH, YEAR /in the last two years]?

NUMBER OF NIGHTS

DK

RF

N305 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N433

N305

IF R HAD MORE THAN ONE HOSPITAL STAY (N100>1):

During any of those hospital stays did R's FIRST NAME spend any time in an intensive care unit?

OTHERWISE:

During [his/her] hospital stay did R's FIRST NAME spend any time in an intensive care unit?

1. YES

5. NO

8. DK

9. RF

N306

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

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

N307

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

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

N308

((During any of those hospital stays/During [his/her] hospital stay)) did [he/she] receive antibiotics to treat pneumonia or other infection?

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

N433

Hospitalizations

Did insurance pay for any of that?

- 1. YES
- 5. NO GO TO N106
- 8. DK GO TO N106
- 9. RF GO TO N106

N434

Hospitalizations

Did insurance pay for all of it?

- 1. YES GO TO N309 BRANCHPOINT
- 5. NO
- 8. DK
- 9. RF

N435

Hospitalizations

Did insurance pay for more than half of it?

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

N106

Hospitalizations

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

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

Hospitalizations

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

[INSTR: PLEASE ENTER "0" FOR NOTHING]

Hospitalizations

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N309 BRANCHPOINT

- DK
- RF

N107-
N109

(Thinking about how much you paid in hospital bills [since R's LAST IW MONTH, YEAR/in the last two years]:)

Thinking about how much you paid in hospital bills [since R's LAST IW MONTH, YEAR/in the last two years]:

(Thinking about how much [he/she] paid in hospital bills [since R's LAST IW MONTH, YEAR/in the last two years]:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down
BREAKPOINTS: \$500, \$5,000, \$10,000, \$20,000, \$50,000
RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X511
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

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

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

IF PROXY REPORTED THAT R DIED WHILE LIVING IN NURSING HOME (A237 =1) OR REPORTED THAT R DIED IN NURSING HOME (A124 = 2)}, CONTINUE,

ELSE, GO TO N114 BRANCHPOINT

N309

IF R DIED IN NURSING HOME (A124=2):

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

IF R DIED WHILE LIVING IN NURSING HOME (A237 = 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?

_____, GO TO N314

DAYS

DK

RF GO TO N314

OR

N310

_____, GO TO N314

MONTHS

DK

RF GO TO N314

OR

N257

YEARS

DK
RF

N314

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

REASON FOR ADMITTANCE

DK
RF

N114 BRANCHPOINT: IF THIS IS A CORE IW *and* R CURRENTLY LIVES IN A NURSING HOME (A237 =1), ASSIGN 1 TO N114 AND GO TO N115

N114

[Since R's *LAST IW MONTH, YEAR* /in the last two years] have you been a patient overnight in a nursing home, or other long-term health care facility?

DEF: By "nursing home or other long-term health care facility" we mean a facility that provides all of the following services for its residents: 24-hour nursing assistance and supervision, dispensing of medication, personal assistance, and room & meals.

IF R {DIED WHILE LIVING IN NURSING HOME (A237 =1) or DIED IN NURSING HOME (A124=2)}:
Other than this nursing home stay and excluding any hospice stays, had [he/she] been a patient overnight in a nursing home, or other long-term health care facility [since R's *LAST IW MONTH, YEAR*/in the last two years]?

OTHERWISE:

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

DEF: By "nursing home or other long-term health care facility" we mean a facility that provides all of the following services for its residents: 24-hour nursing assistance and supervision, dispensing of medication, personal assistance, and room & meals.

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

N115 BRANCHPOINT: IF THIS IS AN EXIT IW and R {DIED WHILE LIVING IN NURSING HOME (A237 =1) or DIED IN NURSING HOME (A124=2)} and PROXY DID NOT REPORT THAT R WAS A PATIENT OVERNIGHT IN FACILITY (N114 NOT 1), ASSIGN 1 TO N115 AND GO TO N433

IF R DID NOT REPORT THAT WAS A PATIENT OVERNIGHT (N114 NOT 1), GO TO N436 BRANCHPOINT

N115

Nursing Home

IF R LIVES IN A NURSING HOME (A237 =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]?

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]?

Nursing Home

IF R {DIED WHILE LIVING IN NURSING HOME (A237=1) or DIED IN NURSING HOME (A124=2)}:

Including [his/her] final stay, how many different times was [he/she] a patient in a nursing home or other long-term care facility [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

How many 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]?

NUMBER OF TIMES

DK

RF

N116

Nursing Home

IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INLCUDING CURRENT STAY (N115>1):
Altogether, how many nights or months have you been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

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

[INSTR: ENTER 996 FOR CONTINUOUS SINCE ENTERED OR [since R's LAST IW MONTH, YEAR/in the last two years.]]

[INSTR: IF R ANSWERS IN MONTHS RATHER THAN NIGHTS, PRESS ENTER AND ANSWER IN MONTH FIELD.]

Nursing Home

IF R HAS HAD MORE THAN ONE NURSING HOME STAY, INLCUDING CURRENT STAY (N115>1):
Altogether, how many nights or months have you been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

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

Nursing Home

IF R HAD MORE THAN ONE NURSING HOME STAY, INLCUDING STAY IN WHICH S/HE DIED (N115>1):
Altogether, how many nights or months has [he/she] been a patient in a nursing home [since R's LAST IW MONTH, YEAR/in the last two years]?

OTHERWISE:

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

[INSTR: ENTER 996 FOR CONTINUOUS SINCE ENTERED OR [since R's LAST IW MONTH, YEAR/in the last two years.]]

[INSTR: IF R ANSWERS IN MONTHS RATHER THAN NIGHTS, PRESS ENTER AND ANSWER IN MONTH FIELD.]

NIGHTS

OR

N117

MONTHS

996. CONTINUOUS SINCE ENTERED

DK

RF

N433

Nursing Home

Did insurance pay for any of that?

1. YES

5. NO GO TO N119

8. DK GO TO N119

9. RF GO TO N119

N434

Nursing Home

Did insurance pay for all of it?

1. YES GO TO N124

5. NO

8. DK

9. RF

N435

Nursing Home

Did insurance pay for more than half of it?

1. YES

5. NO

8. DK

9. RF

N119

Nursing Home

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]?

[INSTR: DO NOT PROBE DK/RF.]

[INSTR: INCLUDE ANY AMOUNT PAID BY OTHERS.]

Nursing Home

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]?

[INSTR: INCLUDE ANY AMOUNT PAID BY OTHERS.]

Nursing Home

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]?

[INSTR: DO NOT PROBE DK/RF.]

[INSTR: INCLUDE ANY AMOUNT PAID BY OTHERS.]

\$_____.00 GO TO BEGINNING OF N124 (Tag#=N123)

DK

RF

N120-
N122

(Thinking about how much you paid in nursing home bills [since R's LAST IW MONTH, YEAR/in the last two years]:)

Thinking about how much you paid in nursing home bills [since R's LAST IW MONTH, YEAR/in the last two years]:

(Thinking about how much [he/she] paid in nursing home bills [since R's LAST IW MONTH, YEAR/in the last two years]:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$500, \$5,000, \$10,000, \$20,000, \$50,000

RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X512

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

****BEGINNING OF N124 LOOP: QUESTIONS N124 N133/N255_ N133 ARE REPEATED FOR UP TO THREE NURSING HOME STAYS (N115) BEGINNING WITH THE FIRST STAY. IF R HAD MORE THAN THREE NURSING HOME STAYS, ON THE THIRD TIME THROUGH THE LOOP R IS ASKED ABOUT THE LAST OR CURRENT NURSING HOME STAY.****

N124 (Tag#=N123) BRANCHPOINT: IF R HAS NOT LIVED IN A NURSING HOME CONTINUOUSLY SINCE LAST IW (N116 OR N117 NOT 996) and R HAS AT LEAST 1 NURSING HOME STAY (N115 NOT 0, DK, RF) CONTINUE, ELSE GO TO N131 BRANCHPOINT

IF (R DOES NOT LIVE IN NURSING HOME (A167_A028 NOT 1 OR A237 =NOT 1) and R DID NOT DIE IN A NURSING HOME (A124 <> 2))

or ((R LIVES IN NURSING HOME (A237 =1) or R DIED IN NURSING HOME (A124=2)) and R HAS MORE THAN 1 NURSING HOME STAY (N115 >1)) ASK N123-N126

ELSE, GO TO N127 BRANCHPOINT

N124
(Tag#=N
123)

IF THIS IS FIRST TIME THROUGH LOOP):

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.

IF THIS IS SECOND TIME THROUGH LOOP and R HAD MORE THAN TWO NURSING HOME STAYS (N115>2):

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) and R {DOES NOT LIVE IN A NURSING HOME (A167_A028 NOT 1 OR A237 = NOT 1):

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) and R {LIVES IN A NURSING HOME (A237 =1)

Think about your current stay at the 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?

IF THIS IS FIRST TIME THROUGH LOOP):

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.

IF THIS IS SECOND TIME THROUGH LOOP and R HAD MORE THAN TWO NURSING HOME STAYS (N115>2):

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) and R {DOES NOT LIVE IN A NURSING HOME (A167_A028 NOT 1 OR A237 = NOT 1)}:

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) and R {LIVES IN A NURSING HOME (A237 =1)

Think about your current stay at the 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?

IF THIS IS FIRST TIME THROUGH LOOP):

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

IF THIS IS SECOND TIME THROUGH LOOP and R HAD MORE THAN TWO NURSING HOME STAYS (N115>2):

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

IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {=3 or = NUMBER OF NURSING HOME STAYS (per N115)} and R HAD MORE THAN ONE NURSING HOME STAY (N115>1) or DID NOT DIE WHILE IN A NURSING HOME {(A167_A028 NOT 1 OR A237 = NOT 1) and (A124 NOT 2)}}:

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

ASK ALL Rs:

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

YEAR _____ [YYYY]

DK

RF

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

N123
(Tag#=N
124)

(What month was that?)

What month was that?

[INSTR: IF YOU DON'T KNOW THE MONTH, PLEASE SELECT A SEASON FROM THE BOTTOM OF THE LIST.]

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

N126 BRANCHPOINT: IF THIS IS THE LAST TIME THROUGH THE LOOP {(LOOP COUNTER {= 3 or = NUMBER OF NURSING HOME STAYS (per N115)} and {R {LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME} (A237 =1) or DIED IN NURSING HOME (A124=2)}}, GO TO N127 BRANCHPOINT

N126
(Tag#=N
125)

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 _____ [YYYY]

DK
RF

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

N125
(Tag#=N
126)

(What month was that?)

What month was that?

[INSTR: IF YOU DON'T KNOW THE MONTH, PLEASE SELECT A SEASON FROM THE BOTTOM OF THE LIST.]

MONTH/SEASON:

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

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

N127

Were you eligible for Medicaid [(State name for Medicaid)] at the time your [first/second/last/current] nursing home stay started?

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

1. YES GO TO N130 BRANCHPOINT
5. NO
8. DK GO TO N131 BRANCHPOINT
9. RF GO TO N131 BRANCHPOINT

N128

Did you become eligible for Medicaid [(State name for Medicaid)] during that nursing home stay?

Did [he/she] become eligible for Medicaid [(State name for Medicaid)] during that nursing home stay?

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

N130 BRANCHPOINT: IF R HAS NOT BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per N115) or R {{LIVES IN NURSING HOME or DIED WHILE LIVING IN NURSING HOME} or DID NOT SAY} (A167_A028={1 or DK or RF or empty AND A237 = 1 or DK or RF or empty}) or R DIED IN NURSING HOME (A124=2), GO TO N131 BRANCHPOINT

N130

Did you lose your eligibility for Medicaid [(State name for Medicaid)] when you were discharged from your [last] nursing home stay?

Did [he/she] lose [his/her] eligibility for Medicaid [(State name for Medicaid)] when [he/she] was discharged from [his/her] [last] nursing home stay?

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

N131 BRANCHPOINT: IF R HAS BEEN THROUGH THE LOOP FOR ALL NURSING HOME STAYS (per N115) and {R LIVES IN NURSING HOME (A237 =1) or R DIED WHILE IN NURSING HOME {(A237 =1) or (A124=2)}}, GO TO N436 BRANCHPOINT(OUT OF LOOP)

N131

Who did you live with 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?)

Who did you live with after leaving the nursing home or health care facility?

Who did [he/she] live with 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. LIVED ALONE
- 2. LIVED WITH SPOUSE OR PARTNER ONLY
- 3. LIVED WITH CHILD AND CHILD'S FAMILY
- 4. LIVED WITH OTHER RELATIVE(S)
- 5. LIVED IN RETIREMENT CENTER
- 6. ANOTHER NURSING HOME, HOSPITAL, ASSISTED LIVING, REHAB CENTER
- 7. OTHER (SPECIFY) N132_____
- 8. DK
- 9. RF

N480 BRANCHPOINT: ASK IF R LIVED WITH CHILD AND CHILD'S FAMILY OR LIVED WITH OTHER RELATIVE(S) (N131=3 OR 4)

ELSE: GO TO N133/N255_N133 BRANCHPOINT

N480

Did your family live with you, in your home, or did you live with them in their home?

Did [his/her] family live with [him/her], in [his/her] home, or did [he/she] live with them in their home?

1. Own home
2. Family member's home
8. DK
9. RF

N133/N255_N133 BRANCHPOINT: IF R DID NOT REPORT THAT LIVED WITH CHILD (N131 NOT 3), GO TO END OF N124 (Tag#=N123) LOOP (AFTER N133/N255_N133)

N133/N
255_N1
33

(Which child is that?)

[INSTR: IF GRANDCHILD:]

Which of your children is the parent of that grandchild?

Which child is that?

[INSTR: IF GRANDCHILD:]

Which of your children is the parent of that grandchild?

(Which child was that?)

[INSTR: IF GRANDCHILD:]

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

CHILD NAME(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

3. TO 52. CHILD & SPOUSE/PARTNER NAME(S)

[ROWS PROVIDED BY BLAISE AS NECESSARY]

92. UNLISTED CHILD WHO IS DECEASED

98. DK

99. RF

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

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

END OF N124 LOOP: IF MORE NURSING HOME STAYS WERE MENTIONED AT N115, REPEAT QUESTIONS N124 THROUGH N133/N255_ N133 FOR UP TO THREE STAYS. IF NOT, CONTINUE ON TO N436 BRANCHPOINT.

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

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

N436 BRANCHPOINT: IF THIS IS NOT AN EXIT INTERVIEW, GO TO N134

IF R DIED IN A HOSPICE (A124=4) THEN ASSIGN 1 TO N436, GO TO N437

N436

[Since R's LAST IW MONTH, YEAR / In the last two years], had [he/she] received any hospice services?

DEF: Hospice specializes in taking care of patients with terminal illness and their families. Hospice care is typically given by a nurse trained in hospice care. It is not the same as home health.

- 1. YES
- 5. NO GO TO N442
- 8. DK GO TO N442
- 9. RF GO TO N442

N437

How long (in total) were hospice services in place before [his/her] death?

DAYS _____

N438

MONTHS _____

- DK
- RF

N439

Where did [he/she] stay while receiving hospice services?

[INSTR: SELECT ALL THAT APPLY.]

- 1. HOSPITAL
- 2. NUSRING HOME
- 3. HOME
- 4. HOSPICE FACILITY
- 5. OTHER HEALTH CARE FACILITY (ASSISTED LIVING FACILITY/REST HOME/RETIREMENT HOME/SENIOR CARE HOME)
- 7. OTHER (SPECIFY) N440 _____
- 8. DK
- 9. RF

N328

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

[INSTR: DO NOT PROBE DK/RF.]

[INSTR: INCLUDE ANY AMOUNTS PAID BY OTHERS.]

\$_____.00 GO TO N441 BRANCHPOINT

DK

RF

N329 –

N331

(Thinking about the amount [he/she] paid for [his/her] hospice stays(s):)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$500, \$5,000, \$10,000, \$20,000, \$50,000

RANDOM ENTRY POINTS: \$5,000, \$10,000, \$20,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X511

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N441 BRANCHPOINT: IF R COVERED BY MEDICARE (N001=1), GO TO N441

OTHERWISE, GO TO N442

N441

Did [he/she] enroll in hospice through Medicare?

1. YES

5. NO

8. DK

9. RF

N442

[Aside from hospice,] Did [R Name] receive palliative care in the months or years prior to death?

DEF: Palliative care, which is sometimes called "supportive care", focuses on providing relief from the symptoms and stress of a serious illness, with the goal to improve quality of life for both the patient and the family.

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

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

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

N134

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

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

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

N433

Outpatient Surgery

Did insurance pay for any of that?

- 1. YES
- 5. NO GO TO N139
- 8. DK GO TO N139
- 9. RF GO TO N139

N434

Outpatient Surgery

Did insurance pay for all of it?

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

N435

Outpatient Surgery

Did insurance pay for more than half of it?

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

N139

Outpatient Surgery

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

Outpatient Surgery

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

Outpatient Surgery

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N147

DK
RF

N140 –
N142

(Thinking about how much you paid in outpatient surgery bills [since R's LASTIW MONTH, YEAR/in the last two year]:)

Thinking about how much you paid in outpatient surgery bills [since R's LASTIW MONTH, YEAR/in the last two year]:

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$500, **\$2,000**, **\$5,000**, **\$10,000**, \$20,000

RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X514

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

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

N147

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

[INSTR: DO NOT PROBE DK/RF.]

[INSTR: ENTER "0" FOR NONE.]

[INSTR: IF R ANSWERS IN MONTHS OR YEARS ENTER DK.]

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

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

[INSTR: ENTER "0" FOR NONE.]

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

[INSTR: DO NOT PROBE DK/RF.]

[INSTR: ENTER "0" FOR NONE.]

[INSTR: IF R ANSWERS IN MONTHS OR YEARS ENTER DK.]

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

_____, GO TO N433

NUMBER OF TIMES

0, GO TO N164

DK

RF

N148

Even if you cannot remember the exact number of times you saw a doctor (in total [since R's last IW month, year / in the last two years]), please give us your best guess.

Did it amount to less than 20 times, more than 20 times, or what?

Even if you cannot remember the exact number of times you saw a doctor in total [since R's last IW month, year / in the last two years], please give us your best guess.

Did it amount to less than 20 times, more than 20 times, or what?

- 1. LESS THAN 20 TIMES
- 3. ABOUT 20 TIMES GO TO N433
- 5. MORE THAN 20 TIMES GO TO N151
- 8. DK GO TO N150
- 9. RF GO TO N150

N149

Doctor Visits

Did it amount to less than 5 times, more than 5 times, or what?

- 1. LESS THAN 5 TIMES
- 3. ABOUT 5 TIMES GO TO N433
- 5. MORE THAN 5 TIMES GO TO N433
- 8. DK
- 9. RF

N150

Doctor Visits

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]?

Doctor Visits

Do you think [he/she] saw a medical doctor about [his/her] health at least once [since R's LAST IW MONTH, YEAR /in the last two years]?

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

N151

Doctor Visits

Did it amount to less than 50 times, more than 50 times, or what?

- 1. LESS THAN 50 TIMES
- 3. ABOUT 50 TIMES
- 5. MORE THAN 50 TIMES
- 8. DK
- 9. RF

N152 BRANCHPOINT: IF R HAS NOT HAD ANY {DOCTOR OR CLINIC VISITS} SINCE R's LAST IW YEAR/IN THE LAST 2 YEARS (N150 NOT 1 *and* NOT EMPTY), GO TO N164

N457/N
433

Doctor Visits

Did insurance pay for any of that?

- 1. YES
- 5. NO GO TO N156
- 8. DK GO TO N156
- 9. RF GO TO N156

N458/N
434

Doctor Visits

Did insurance pay for all of it?

- 1. YES GO TO N164
- 5. NO
- 8. DK
- 9. RF

N459/N
435

Doctor Visits

Did insurance pay for more than half of it?

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

N156

Doctor Visits

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

Doctor Visits

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

Doctor Visits

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N164

DK

RF

N157-

N159

(Thinking about how much you paid for doctor or clinic visits [since R's LAST IW MONTH, YEAR/ in the last two years]:

Thinking about how much you paid for doctor or clinic visits [since R's LAST IW MONTH, YEAR/ in the last two years]:

(Thinking about how much [he/she] paid for doctor or clinic visits [since R's LAST IW MONTH, YEAR/ in the last two years]:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$500, \$2,000, \$5,000, \$10,000, \$20,000

RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X515

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

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

N164

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

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

- 1. YES
- 5. NO, N175 BRANCHPOINT
- 8. DK, N175 BRANCHPOINT
- 9. RF, N175 BRANCHPOINT

N433

Dental Care

Did insurance pay for any of that?

- 1. YES
- 5. NO GO TO N168
- 8. DK GO TO N168
- 9. RF GO TO N168

N434

Dental Care

Did insurance pay for all of it?

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

N435

Dental Care

Did insurance pay for more than half of it?

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

N168

Dental Care

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

Dental Care

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

Dental Care

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

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N175 BRANCHPOINT

DK

RF

N169-
N171

(Thinking about how much you paid in dental bills [since R'S LAST IW MONTH, YEAR/ in the last two years]:)

Thinking about how much you paid in dental bills [since R'S LAST IW MONTH, YEAR/ in the last two years]:

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$100, \$200, \$400, \$1,000, \$3,000

RANDOM ENTRY POINTS: \$200, \$400, \$1,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X516

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

----- END DENTAL sequence -----

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

N175 BRANCHPOINT: IF R HAS REPORTED {TAKING OR CARRYING} MEDICATION REGULARLY ({C006 or C011 or C012 or C037 or C046 or C050 or C060 or C068}=1), ASSIGN 7 TO N175 AND GO TO N360 BRANCHPOINT

N175

Do you regularly take prescription medications?

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

- 1. YES
- 5. NO GO TO N188 BRANCHPOINT (AFTER N370)
- 7. MEDICATIONS KNOWN
- 8. DK GO TO N188 BRANCHPOINT (AFTER N370)
- 9. RF GO TO N188 BRANCHPOINT (AFTER N370)

N360 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N472

N360
(Tag#=N
175.1)

Do you regularly take prescription medications for any of the following common health problems:

To help lower your cholesterol?

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

N361
(Tag#=N
175.2)

(Do you regularly take prescription medications for any of the following common health problems:)

For pain in your joints or muscles?

For pain in your joints or muscles?

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

N362
(Tag#=N
175.3)

(Do you regularly take prescription medications for any of the following common health problems:)

For asthma or allergies or other breathing problems?

For asthma or allergies or other breathing problems?

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

N363
(Tag#=N
175.4)

(Do you regularly take prescription medications for any of the following common health problems:)

For stomach problems?

For stomach problems?

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

N364

(Tag#=N
175.5)

(Do you regularly take prescription medications for any of the following common health problems:)

To help you sleep?

To help you sleep?

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

N365

(Tag#=N
175.6)

(Do you regularly take prescription medications for any of the following common health problems:)

To help relieve anxiety or depression?

To help relieve anxiety or depression?

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

N283

Do you regularly take prescription medications other than aspirin to thin your blood or to prevent blood clots?

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

N433

IF R'S MEDICATIONS ARE KNOWN (N175=7) AND NONE IS REPORTED FOR THE MEDICAL CONDITIONS IN SECTION N (N360-N365 AND N283) ALL NOT 1 THEN:
Earlier you said you are taking prescription medications.

OTHERWISE:

You have mentioned you are taking prescription medications.

IF R'S MEDICATIONS ARE KNOWN (N175=7) AND NONE IS REPORTED FOR THE MEDICAL CONDITIONS IN SECTION N (N360-N365 AND N283) ALL NOT 1 THEN:

Earlier you said [he/she] was taking prescription medications.

OTHERWISE:

You have mentioned [he/she] was taking prescription medications.

Prescription Medications

Did insurance pay for any of that?

- 1. YES
- 5. NO GO TO N180
- 8. DK GO TO N180
- 9. RF GO TO N180

N434

Prescription Medications

Did insurance pay for all of it?

- 1. YES GO TO N178 BRANCHPOINT
- 5. NO
- 8. DK
- 9. RF

N435

Prescription Medications

Did insurance pay for more than half of it?

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

N178 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N180 BRANCHPOINT

N178

Prescription Medications

What is the name of the health insurance plan that covered the largest share of the costs?

Prescription Medications

What is the name of the health insurance plan that covered the largest share of the costs?

[INSTR: FOR YOUR REFERENCE, HERE ARE THE PLANS YOU'VE MENTIONED BEFORE.]

[INSTR: IF YOU SELECT A PLAN ALREADY ON THE LIST, BE SURE TO CONFIRM THE ENTIRE PLAN NAME HAS REMAINED THE SAME. IF NOT, ADD AS A NEW PLAN SELECT "ADD A PLAN" AND ENTER THE NEW PLAN NAME IN THE SPACE PROVIDED.]

[INSTR: IF YOU DON'T KNOW YOUR PLAN NAME, SELECT "ADD A PLAN" AND ENTER "DRUG PLAN" IN THE SPACE PROVIDED.]

NOTE: INSTR'S 1 & 2 SHOULD ONLY DISPLAY IF THERE ARE PRELOADED PLANS (Z551 > 0) OR IF N090 > 0.

NAME(S) OF INSURANCE PLAN(S)
[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

01. THROUGH 22.

NAME(S) OF INSURANCE PLAN(S)

27. NOT ON LIST

97. GET MEDS THROUGH THE VA (Not part of plan count, N090)

98. DK

99. RF

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

NAME(S) OF INSURANCE PLAN(S)
[DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

01. THROUGH 22.

NAME(S) OF INSURANCE PLAN(S)

27. ADD A PLAN N179 _____

97. GET MEDS THROUGH THE VA (Not part of plan count, N090)

98. DK

99. RF

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

N179 BRANCHPOINT: IF R NAMED A PLAN THAT IS NOT ON THE LIST (N178=27), CONTINUE ON TO N179

OTHERWISE, GO TO N180 BRANCHPOINT

N179

Prescription Medications

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

NAME OF INSURANCE PLAN

DK

RF

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

N180 BRANCHPOINT: IF R'S MEDICATION COSTS WERE COMPLETELY COVERED (N434=1),GO TO N188 BRANCHPOINT

N443_N
180

Prescription Medications

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

Prescription Medications

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

Prescription Medications

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00

0.....GO TO N368 BRANCHPOINT

DK..... GO TO N181 (UNFOLDING)

RF..... GO TO N181 (UNFOLDING)

N444

PER:

1. MONTH

2. 90 DAYS/3MONTHS

3. SEMI-ANNUALLY (EVERY 6 MONTHS OR TWICE A YEAR)

4. YEAR

7. OTHER (SPECIFY) N445S _____

8. DK

9. RF

N181 BRANCHPOINT: IF N443 = DK,RF, OR EMPTY CONTINUE

ELSE, GO TO N368 BRANCHPOINT

N181-

N183

(Thinking about how much you paid for prescriptions:)

Thinking about how much you paid for prescriptions:

(Thinking about how much [he/she] paid for prescriptions:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$20, \$40, \$100, \$200, \$500

RANDOM ENTRY POINTS: \$40, \$100, \$200

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X517

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N368 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N189 BRANCHPOINT

IF R PAID MORE THAN \$500 OUT-OF-POCKET FOR PRESCRIPTIONS IN UNFOLDING SEQUENCE (per N181-N183) or R DID NOT INDICATE AN AMOUNT ({N180 and N181-N183}={DK or RF OR EMPTY}),

OR IF N444 = (OTHER SPECIFY, DK, RF, OR EMPTY)

GO TO N188 BRANCHPOINT (AFTER N370)

N368

(Tag#=N

183.1)

Prescription Medications

You said your average payment for prescription drugs has been

[\$ AMOUNT (per N180)

/about \$ *SINGLE BRACKETED AMOUNT WHERE MIN=MAX*

/between \$ *MINIMUM BRACKETED AMOUNT (per N181)*

and \$ *MAXIMUM BRACKETED AMOUNT (per N182)*] per month [since *R's LAST IW MONTH, YEAR* /in the last two years].

Have there been some months when your out-of-pocket payments were much higher than this?

1. YES

5. NO GO TO N188 BRANCHPOINT

8. DK GO TO N188 BRANCHPOINT

9. RF GO TO N188 BRANCHPOINT

N188 BRANCHPOINT: IF THIS IS AN EXIT INTERVIEW, GO TO N189 BRANCHPOINT

N188

Prescription Medications

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

----- end PRESCRIPTION DRUG sequence -----

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

N189 BRANCHPOINT: IF R LIVED IN NURSING HOME AT HH's LAST IW (X008=1) and HAS LIVED THERE CONTINUOUSLY SINCE (N116=996), GO TO N202

N189

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

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

[INSTR: INCLUDE HOSPICE CARE RECEIVED AT HOME.]

DEFINITION: MEDICALLY-TRAINED PERSONS INCLUDE PROFESSIONAL NURSES, PHYSICIAN ASSISTANTS, VISITING NURSE'S AIDES, PHYSICAL OR OCCUPATIONAL THERAPISTS, CHEMOTHERAPISTS, RESPIRATORY OXYGEN THERAPISTS, AND HOSPICE CAREGIVERS. DO NOT INCLUDE CHORE SERVICES.

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

[INSTR: PLEASE ONLY INCLUDE HELP GIVEN TO YOU. DO NOT INCLUDE HELP THAT YOU RECEIVED IN ORDER TO CARE FOR SOMEONE ELSE.]

[INSTR: INCLUDE HOSPICE CARE RECEIVED AT HOME.]

[Since R's LAST IW MONTH, YEAR/In the last two years], did any medically-trained person come to [his/her] home to help [him/her]?

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

[INSTR: INCLUDE HOSPICE CARE RECEIVED AT HOME.]

DEF: MEDICALLY-TRAINED PERSONS INCLUDE PROFESSIONAL NURSES, PHYSICIAN ASSISTANTS, VISITING NURSE'S AIDES, PHYSICAL OR OCCUPATIONAL THERAPISTS, CHEMOTHERAPISTS, RESPIRATORY OXYGEN THERAPISTS, AND HOSPICE CAREGIVERS. DO NOT INCLUDE CHORE SERVICES.

- 1. YES
- 5. NO GO TO N202
- 8. DK GO TO N202
- 9. RF GO TO N202

N433

In-home Medical Care

Did insurance pay for any of that?

- 1. YES
- 5. NO GO TO N194
- 8. DK GO TO N194
- 9. RF GO TO N194

N434

In-home Medical Care

Did insurance pay for all of it?

- 1. YES GO TO N202
- 5. NO
- 8. DK
- 9. RF

N435

In-home Medical Care

Did insurance pay for more than half of it?

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

N194

In-home Medical Care

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

In-home Medical Care

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

In-home Medical Care

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N202

- DK
- RF

N195-
N197

(Thinking about how much you paid for in-home medical care [since R's LAST IW MONTH, YEAR/in the last two years]:)

Thinking about how much you paid for in-home medical care [since R's LAST IW MONTH, YEAR/in the last two years]:

(Thinking about how much [he/she] paid for in-home medical care [since R's LAST IW MONTH, YEAR/in the last two years]:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

BREAKPOINTS: \$500, **\$2,000**, **\$5,000**, **\$10,000**, \$20,000

RANDOM ENTRY POINTS: \$2,000, \$5,000, \$10,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X518

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

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

N202

[INSTR: READ SLOWLY:]

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

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

[INSTR: READ SLOWLY:]

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

- 1. YES
- 5. NO GO TO N332
- 8. DK GO TO N332
- 9. RF GO TO N332

N203

Other Health Care Services

Did you (or your [husband/wife/partner]) have to pay for any of these services?

Other Health Care Services

Did you or your [husband/wife/partner] have to pay for any of these services?

Other Health Care Services

Did [he/she] (or [you/[his/her] [husband/wife/partner]]) have to pay for any of these services?

- 1. YES
- 5. NO GO TO N332
- 8. DK GO TO N332
- 9. RF GO TO N332

N239
(Tag=20
3.5)

Other Health Care Services

Altogether, about how much did you have to pay?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

Other Health Care Services

Altogether, about how much did you have to pay?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

Other Health Care Services

Altogether, about how much did [he/she] have to pay?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N332

DK
RF

N246-
N248

(Thinking about how much you paid for other health care services [since R's LAST IW MONTH, YEAR/in the last two years]:)

Thinking about how much you paid for other health care services [since R's LAST IW MONTH, YEAR/in the last two years]:

(Thinking about how much [he/she] paid for other health care services [since R's LAST IW MONTH, YEAR/in the last two years]:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

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

RANDOM ENTRY POINTS: \$1,000, \$5,000, \$10,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X519

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N332

Other Medical Expenses

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

Other Medical Expenses

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

- 1. YES
- 5. NO GO TO N211 ASSIGNMENT (AFTER N336)
- 8. DK GO TO N211 ASSIGNMENT (AFTER N336)
- 9. RF GO TO N211 ASSIGNMENT (AFTER N336)

N333

Other Medical Expenses

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

[INSTR: PLEASE ENTER "0" FOR NOTHING]

[INSTR: DO NOT PROBE DK/RF.]

Other Medical Expenses

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

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

Other Medical Expenses

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]?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

\$_____.00 GO TO N211 ASSIGNMENT (AFTER N336)

DK

RF

N334-
N336

(Thinking about how much you paid for other medical expenses [since R's LAST IW MONTH, YEAR/in the last two years]:)

Thinking about how much you paid for other medical expenses [since R's LAST IW MONTH, YEAR/in the last two years]:

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down

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

RANDOM ENTRY POINTS: \$1,000, \$5,000, \$10,000

ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X520

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

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

N211

N211 ASSIGNMENT: SUM-MAJOR MEDICAL EXPENSES

CALCULATED VARIABLE – N211: THIS VARIABLE IS CALCULATED AS THE TOTAL OF THE OUT-OF-POCKET EXPENSES REPORTED IN THE FOLLOWING QUESTIONS: HOSPITAL CARE (N106), NURSING HOME CARE (N119), OUTPATIENT SURGERY (N139), DOCTOR VISITS (N156), DENTAL CARE (N168), PRESCRIPTIONS (N180), IN-HOME HEALTH CARE (N194), HOSPICE CARE (N328 - EXIT ONLY), AND OTHER SERVICES (N239). IF THE RESPONDENT WAS NOT ABLE TO PROVIDE AN EXACT FIGURE BUT ANSWERED THE UNFOLDING BRACKET QUESTIONS, THE MINIMUM VALUE FROM THE UNFOLDINGS IS USED. A VALUE OF 0 IS USED FOR ANY THAT THE RESPONDENT REFUSED OR WAS UNABLE TO ANSWER.

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

N212 BRANCHPOINT: IF TOTAL MAJOR MEDICAL EXPENSES ARE LESS THAN \$10,000 (N211 < 10,000), GO TO N451 BRANCHPOINT

N212

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

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

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], or help [him/her] pay the cost of health insurance or for long-term care insurance?

- 1. YES
- 5. NO GO TO N451 BRANCHPOINT
- 8. DK GO TO N451 BRANCHPOINT
- 9. RF GO TO N451 BRANCHPOINT

N213

Help with Medical Expenses

Is that a (child or other) relative of yours {and your [husband's/ wife's/partner's]}, or is that someone else?

[INSTR: SELECT ALL THAT APPLY.]

Help with Medical Expenses

Is that a [child or other relative] of yours and your [husband's/ wife's/partner's], or is that someone else?

[INSTR: SELECT ALL THAT APPLY.]

Help with Medical Expenses

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?

[INSTR: SELECT ALL THAT APPLY.]

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

N254_N
214

Help with Medical Expenses

(Which child is that?)

[INSTR: SELECT ALL THAT APPLY.]

IF GRANDCHILD:

Which of your children is the parent of that grandchild?

Help with Medical Expenses

Which child is that?

[INSTR: SELECT ALL THAT APPLY.]

IF GRANDCHILD:

Which of your children is the parent of that grandchild?

Help with Medical Expenses

(Which child was that?)

[INSTR: SELECT ALL THAT APPLY]

IF GRANDCHILD:

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

CHILD NAME(S) [DISPLAYED BY BLAISE FROM PREVIOUS RESPONSES]

3. TO 52. CHILD & SPOUSE/PARTNER NAME(S)

[ROWS PROVIDED BY BLAISE AS NECESSARY]

92. UNLISTED CHILD WHO IS NOW DECEASED

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

Help with Medical Expenses

Altogether, about how much money did that help amount to?

[INSTR: PLEASE ENTER "0" FOR NOTHING.]

[INSTR: DO NOT PROBE DK/RF.]

Help with Medical Expenses

Altogether, about how much money did that help amount to?

[INSTR: PLEASE ENTER "0" FOR NOTHING]

\$ _____ .00 GO TO N451 BRANCHPOINT

DK

RF

N216-

N218

(Thinking about how much you received in help for medical expenses [since R's LAST IW MONTH, YEAR/in the last two years]:)

Thinking about how much you received in help for medical expenses [since R's LAST IW MONTH, YEAR/in the last two years]:

Question text: (Thinking about how much [he/she] received in help for medical expenses [since R's LAST IW MONTH, YEAR/in the last two years]:)

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

PROCEDURES: 2Up1Down, 1Up2Down

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

RANDOM ENTRY POINTS: \$1,000, \$3,000

ENTRY POINT ASSIGNMENT: 1 or {NOT 1} AT X503

ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

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

****Begin Medicare/Medicaid combined consent sequence (No consents on record)****

N451 BRANCHPOINT: IF THIS IS A PROXY IW FOR A LIVING PERSON, GO TO N235

IF THIS IS AN EXIT INTERVIEW GO TO N267 BP

IF WE DO NOT HAVE MEDICARE CONSENT FROM A PW AND ARE ASKING CONSENT THIS WAVE (Z113 NOT 1 OR 9) OR DO NOT HAVE MEDICAID CONSENT FROM A PW AND ARE ASKING CONSENT THIS WAVE (Z277 NOT 1 OR 9), AND R HAS/HAD MEDICARE OR MEDICAID NOW (N001=1 OR N005=1 OR N343 = 1 OR 2), CONTINUE

ELSE, GO TO N267 BRANCHPOINT

N451

ALL:

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.

IF WE DO NOT HAVE R's MEDICARE CONSENT FROM A PREVIOUS WAVE IW (Z113 NOT 1) AND DO NOT HAVE MEDICAID CONSENT FROM A PREVIOUS WAVE (Z277_PWHAVEMEDICAID NOT 1 :

The best place to get this information without taking up a lot more of your time is in the records from the Centers for Medicare & Medicaid Services. Would you allow us to link to these data using your name and other information?

IF WE HAVE R's MEDICARE CONSENT FROM A PREVIOUS WAVE IW (Z113=1) AND DO NOT HAVE R'S MEDICAID CONSENT FROM A PREVIOUS WAVE IW (Z277_PWHAVEMEDICAID NOT 1)

You have already given permission to access your Medicare records. Would you allow us to access any Medicaid records you may have?

IF WE DO NOT HAVE R's MEDICARE CONSENT FROM A PREVIOUS WAVE IW (Z113 NOT 1) AND HAVE R'S MEDICAID CONSENT FROM A PREVIOUS WAVE IW (Z277_PWHAVEMEDICAID = 1)

You have already given permission to access your Medicaid records. Would you allow us to access any Medicare records you may have?

DEF: Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease. Medicaid is a public health insurance program for people with low incomes.

1. CONSENT TO LINKAGE
5. REFUSE LINKAGE.....GO TO N267 BRANCHPOINT

N452 BRANCHPOINT: IF WE HAVE R's MEDICARE CONSENT FROM A PREVIOUS WAVE IW (Z113=1) or R IS FLAGGED TO BE SKIPPED THIS WAVE (Z113=9) OR IF R DOES NOT HAVE MEDICARE NOW (N001 AND N343 NOT 1), GO TO N232 BRANCHPOINT

N452_N
227_

What is your Medicare number?

(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.)

[INSTR: THE MEDICARE CARD IS USUALLY A RED, WHITE, AND BLUE CARD THAT SAYS "MEDICARE HEALTH INSURANCE" ACROSS THE TOP.]

[INSTR: THE MEDICARE ID NUMBER CAN CONTAIN BOTH LETTERS AND NUMBERS.]

[INSTR: ENTER ID NUMBER WITHOUT SPACES OR DASHES.]

N452
ALLOW 20 DIGITS ALPHA/NUMERIC

DK
RF

Please record your Medicare number below.

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.

[INSTR: THE MEDICARE CARD IS USUALLY A RED, WHITE, AND BLUE CARD THAT SAYS "MEDICARE HEALTH INSURANCE" ACROSS THE TOP.]

[INSTR: THE MEDICARE ID NUMBER CAN CONTAIN BOTH LETTERS AND NUMBERS.]

[INSTR: ENTER ID NUMBER WITHOUT SPACES OR DASHES.]

N452
ALLOW 20 DIGITS ALPHA/NUMERIC

DK
RF

N230

LETTER/NUMBER

DK
RF

N232 BRANCHPOINT: ASK IF R HAS/HAD MEDICAID (N005 OR N006 =1 OR N343 =2) AND WE DO NOT HAVE R'S MEDICAID CONSENT FROM A PREVIOUS WAVE IW AND ARE ASKING CONSENT THIS WAVE (Z277_PWHAVEMEDICAID NOT 1 or 9)
ELSE, GO TO N267 BRANCHPOINT

N232

(According to our records, you are or have been covered by health insurance through Medicaid [(State name for Medicaid)].)

What is your Medicaid number?

(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.)

MEDICAID NUMBER:

[INSTR: ENTER ID NUMBER WITHOUT SPACES OR DASHES.]

[INSTR: DO NOT ENTER A GROUP ID, CLAIM NUMBER, CONTROL NUMBER, PLAN NUMBER, OR PHONE NUMBER IN THIS FIELD.]

N232
ALLOW 20 DIGITS ALPHA/NUMERIC

DK
RF

According to our records, you are or have been covered by health insurance through Medicaid [(State name for Medicaid)].

Please enter your Medicaid number below.

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.

MEDICAID NUMBER:

[INSTR: ENTER ID NUMBER WITHOUT SPACES OR DASHES.]

[INSTR: DO NOT ENTER A GROUP ID, CLAIM NUMBER, CONTROL NUMBER, PLAN NUMBER, OR PHONE NUMBER IN THIS FIELD.]

N232
ALLOW 20 DIGITS ALPHA/NUMERIC

DK
RF

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

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

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

N267

[Since R's LAST IW MONTH, YEAR/In the last two years], did R's FIRST NAME have any out-of-pocket expenses for adding features to [his/her] home to make it easier or safer for an older person or someone with a disability to live there?

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

- 1. YES
- 5. NO GO TO N235
- 8. DK GO TO N235
- 9. RF GO TO N235

N268

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

[INSTR: DO NOT PROBE DK/RF.]

\$ _____ .00 GO TO N235

DK
RF

N269-
N271

(Thinking about the amount[he/she] (or [you/[his/her] [husband/wife/partner]]) paid for these home modifications:)

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

PROCEDURES: 3Up1Down, 2Up2Down, 1Up3Down
BREAKPOINTS: \$100, **\$500**, **\$1,000**, **\$5,000**, \$10,000
RANDOM ENTRY POINTS: \$500, \$1,000, \$5,000
ENTRY POINT ASSIGNMENT: 1 or 2 or {NOT 1 and NOT 2} AT X513
ORDER OF ENTRY POINT ASSIGNMENTS AND PROCEDURES CORRESPOND

N235

Thinking about the quality, cost, and convenience of your health care, how satisfied are you overall, very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, or very dissatisfied?

Thinking about the quality, cost, and convenience of your health care, how satisfied are you overall?

Thinking about the quality, cost, and convenience of [his/her] health care, how satisfied was [he/she] overall, very satisfied, somewhat satisfied, neutral, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED
2. SOMEWHAT SATISFIED
3. NEUTRAL
4. SOMEWHAT DISSATISFIED
5. VERY DISSATISFIED
8. DK
9. RF

N295

Thinking about your experiences with the health care system over the past year, how often were your wishes for care taken into account, never, sometimes, usually, or always?

DEF: By "wishes for care taken into account" we mean your medical provider(s) asked about and considered your values and what matters most to you as a person when recommending a plan for your care.

Thinking about your experiences with the health care system over the past year, how often were your wishes for care taken into account?

DEF: By "wishes for care taken into account" we mean your medical provider(s) asked about and considered your values and what matters most to you as a person when recommending a plan for your care.

Thinking about [his/her] experiences with the health care system in the last year before [he/she] died, how often were [his/her] wishes for care taken into account, never, sometimes, usually, or always?

DEF: By "wishes for care taken into account" we mean [his/her] medical provider(s) asked about and considered [his/her] values and what mattered most to [him/her] as a person when recommending a plan for [his/her] care.

1. NEVER
2. SOMETIMES
3. USUALLY
4. ALWAYS
5. NO EXPERIENCES IN PAST YEAR
8. DK
9. RF

N290

(Since R's LAST IW MONTH, YEAR/in the last two years), was there any time when you needed medical care, but did not get it because you couldn't afford it?

[DEF: By "Medical Care" we mean visits with any medical professional, including dentists and psychologists]

Since R's LAST IW MONTH, YEAR/in the last two years, was there any time when you needed medical care, but did not get it because you couldn't afford it?

[DEF: By "Medical Care" we mean visits with any medical professional, including dentists and psychologists]

(Since R's LAST IW MONTH, YEAR/in the last two years), was there any time when [he/she] needed medical care, but did not get it because [he/she] couldn't afford it?

[DEF: By "Medical Care" we mean visits with any medical professional, including dentists and psychologists]

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

N291

Is there a place that you **usually** go to when you are sick or need advice about your health?

Is there a place that [she/he] usually went to when [she/he] was sick or needed advice about [her/his] health?

1. YES
5. THERE IS NO PLACE
8. DK
9. RF

N292 BRANCHPOINT: IF R DID NOT SAY THAT THERE IS A PLACE WHERE R USUALLY GOES TO WHEN SICK (N291 NOT 1 or 3) , GO TO N293

N292

What kind of place [is it/do you go to most often] - a clinic, doctor's office, emergency room, or some other place?

[INSTR: INSTRUCT THE RESPONDENT TO SELECT THE PLACE USED MOST OFTEN IF NEEDED.]

What kind of place [is it/do you go to most often] - a clinic, doctor's office, emergency room, or some other place?

[INSTR: IF THERE IS MORE THAN ONE PLACE YOU USUALLY GO, SELECT THE PLACE YOU USE MOST OFTEN.]

What kind of place [is it] - a clinic, doctor's office, emergency room, or some other place?

[INSTR: INSTRUCT THE RESPONDENT TO SELECT THE PLACE USED MOST OFTEN IF NEEDED.]

1. CLINIC OR HEALTH CENTER
2. DOCTOR'S OFFICE OR HMO
3. HOSPITAL EMERGENCY ROOM
4. HOSPITAL OUTPATIENT DEPARTMENT
5. SOME OTHER PLACE
6. DOES NOT GO TO ONE PLACE MOST OFTEN
10. VETERANS ADMINISTRATION (VA)
11. URGENT CARE
8. DK
9. RF

N293

(Since R's LAST IW MONTH, YEAR/in the last two years,) did you have any trouble finding a general doctor or provider who would see you?

Since [R's LAST IW MONTH, YEAR/in the last two years], did you have any trouble finding a general doctor or provider who would see you?

(Since R's LAST IW MONTH, YEAR/in the last two years,) did [he/she] have any trouble finding a general doctor or provider who would see [him/her]?

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

N236

N_ASSIST

[INSTR:

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS IN SECTION N – HEALTH SERVICES AND INSURANCE?]

1. NEVER
2. A FEW TIMES
3. MOST OR ALL OF THE TIME
4. THE SECTION WAS DONE BY A PROXY REPORTER

CORE INTERVIEW: GO TO SECTION P

EXIT INTERVIEW: GO TO SECTION T