MAIN STUDY - ROUND 4

COMMUNITY COMPONENT

HI. HEALTH INSURANCE

BOX HIS1A	GO TO HIINTRO IF NO PREVIOUS HEALTH INSURANCE DATA . OTHERWISE, GO TO HISINTRO

HISINTRO.   Now I'd like to review with you the information we have about health insurance plans that (you/SP) had at the time of the last interview.
[HAND HEALTH INSURANCE SUMMARY PAGE TO R.]
[PRESS ENTER TO CONTINUE.]

HIS1.   [Let's see if there are any other changes we need to make to the health insurance coverage (you/SP) had as of the (PREVIOUS ROUND INTERVIEW DATE).] [(You/SP) had Medicare coverage and (you were/he was/she was) also covered by (READ PLAN NAMES BELOW)/The only health insurance coverage (you/SP) had was Medicare] on (PREVIOUS ROUND INTERVIEW DATE). Is that correct?

YES, ALL CORRECT AS SHOWN	1	(HISCLOSE)
NO, PLAN MISSING	2	(HIS3)
NO, PLAN NAME INCORRECT	3	(HIS2)
NO, PLAN NEEDS DELETION	4	(BOX HIS2)
DON'T KNOW	-8	(HISCLOSE)

HIS2.   [What is the name of the plan that (is incorrect/needs deletion)?]

BOX HIS1	RETURN TO HIS1.

HIS3.   [What type of insurance plan needs to be added?]

MEDICAID	1	***BOX HIS2***
PUBLIC PLAN OTHER THAN MEDICAID	2	***BOX HIS2***
PRIVATE HEALTH INSURANCE PLAN	3	***BOX HIS2***

BOX HIS2	IF 1, ASK HIS6 - HIS10, THEN RETURN TO HIS1.
	IF 2, ASK HIS12 - HIS16, THEN RETURN TO HIS1.
	IF 3, ASK HIS20 - HIS33, THEN RETURN TO HIS1.

HIS4 and HIS5 omitted.

HIS6.   (Were you/Was SP) covered by Medicaid the whole time between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

COVTIME   The whole time 1   (HIS10)
                       Part of the time   2   (HIS7)
                       REFUSED .... -7 (HIS1)
                       DON'T KNOW .... -8 (HIS1)

HIS7.   (Were you/Was SP) covered by Medicaid on (PREVIOUS ROUND INTERVIEW DATE)?

COVNOW   YES 1   (HIS8)
                       NO   2   (HIS9)
                       REFUSED .... -7 (HIS1)
                       DON'T KNOW .... -8 (HIS1)

HIS8.   On what date did (your/SP's) MEDICAID start between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

COVBEGMM   _____/_____/_____   (HIS10)
COVBEGDD   MONTH   DAY   YEAR
COVBEGYY

HIS9.   On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did (your/SP's) MEDICAID coverage stop?

COVENDMM   _____/_____/_____   (HIS1)
COVENDDD   MONTH   DAY   YEAR
COVENDYY

HIS10.   May I please see (your/SP's) MEDICAID card to verify the date of coverage?
         [IF DATE NOT SHOWN, CODE AS "CURRENT."]

AIDTYPE   CARD AVAILABLE, CURRENT 1   (HIS1)
                       CARD AVAILABLE, EXPIRED 2   (HIS1)
                       CARD NOT AVAILABLE, OR NOT SEEN 3   (HIS1)
AIDTYPOS   OTHER CARD SEEN (SPECIFY) 91 (HIS1)

HIS11 OMITTED.

HIS12.   What is the name of the public program that covered (you/SP)?
          [ENTER ALL PUBLIC PROGRAMS.]

HIS13.   (Were you/Was SP) covered by (HIS12 PUBLIC PLAN NAME) the whole time between (PREVIOUS ROUND REF.
          DATE) and (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

          COVTIME   THE WHOLE TIME .... 1 ***BOX HIS3***
                                     PART OF THE TIME 2 (HIS14)
                                     REFUSED.. -7 ***BOX HIS3***
                                     DON'T KNOW.. -8 ***BOX HIS3***

HIS14.   (Were you/Was SP) covered by (HIS12 PUBLIC PLAN NAME) on (PREVIOUS ROUND INTERVIEW DATE)?

          COVNOW   YES 1 (HIS15)
                                    NO 2 (HIS16)
                                    REFUSED .... -7 ***BOX HIS3***
                                    DON'T KNOW .... -8 ***BOX HIS3***

HIS15.   On what date did (your/SP's) (HIS12 PUBLIC PLAN NAME) coverage start between (PREVIOUS ROUND REF.
          DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

          COVBEGMM   _____/_____/_____   ***BOX HIS3***
          COVBEGDD   MONTH   DAY   YEAR
          COVBEGYY

HIS16.   On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did
          (your/SP's) (HIS12 PUBLIC PLAN NAME) coverage stop?

          COVENDMM   _____/_____/_____   ***BOX HIS3***
          COVENDDD   MONTH   DAY   YEAR
          COVENDYY

HIS17/HIS18 OMITTED.

BOX HIS3	GO TO HIS13 FOR NEXT PUBLIC PLAN ADDED AT HIS12. IF NO OTHER PUBLIC PLAN, THEN GO TO HIS1.

HIS20.   What is the name of each of the other private plans that provide (your/SP's) medical insurance coverage? [ENTER
          ALL PRIVATE PLANS.]
          PLNAME
          PLANSUMM

HIS21.   (Were you/Was SP) covered by (HIS20 PLAN NAME) the whole time between (PREVIOUS ROUND REF. DATE) and
          (PREVIOUS ROUND INTERVIEW DATE), or only part of the time?

          COVTIME   The whole time 1   (HIS25)
                                               Part of the time 2   (HIS22)
                                               REFUSED .... -7   (HIS25)
                                               DON'T KNOW .... -8   (HIS25)

HIS22.   (Were you/Was SP) covered by (HIS20 PLAN NAME) on (PREVIOUS ROUND INTERVIEW DATE)?

          COVNOW   YES 1   (HIS23)
                                               NO 2   (HIS24)
                                               REFUSED .... -7   (HIS25)
                                               DON'T KNOW .... -8   (HIS25)

HIS23.   On what date did (your/SP's) coverage under (HIS20 PLAN NAME) start between (PREVIOUS ROUND REF. DATE)
          and (PREVIOUS ROUND INTERVIEW DATE)?

          COVBEGMM   _____/_____/_____   (HIS25)
          COVBEGDD   MONTH   DAY   YEAR
          COVBEGYY

HIS24.   On what date between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE) did
          (your/SP's) coverage under (HIS20 PLAN NAME) stop?

          COVENDMM   _____/_____/_____   (HIS25)
          COVENDDD   MONTH   DAY   YEAR
          COVENDYY

HIS25.   [CODE WITHOUT ASKING IF VOLUNTEERED.]
          (Is/Was) this an HMO (Health Maintenance Organization)?
          [HMO stands for Health Maintenance Organization, an organization that, for a prepaid fee, provides a full range of
          health care services.]

          PRVHMO   YES 1
          PLHMOERR   NO 2
                                               REFUSED .... -7
                                               DON'T KNOW .... -8

HIS26.   Who (is/was) listed as the main insured person on the (HIS20 PLAN NAME) policy or contract?
          [ENTER ONLY ONE PERSON.]
          PLMIPNUM
          MIPNUM

HIS27.   For the (HIS20 PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way?

PRVGET	DIRECTLY	1	(HIS29)
PPRVGET	(MIP's) CURRENT EMPLOYER	2	(HIS28)
	(MIP'S) FORMER EMPLOYER	3	(HIS28)
	(MIP'S) UNION	4	(HIS29)
	(MIP'S) FAMILY BUSINESS	5	(HIS28)
	AARP..	6	(HIS29)
	DECEASED SPOUSE'S EMPLOYER	7	(HIS28)
	DECEASED SPOUSE'S UNION	8	(HIS29)
	PROFESSIONAL/FRATERNAL ORGANIZATION	9	(HIS29)
	SOME OTHER WAY (SPECIFY)	91	(HIS29)
PRVGETOS	REFUSED	-7	(HIS29)
PPRVGTOS	DON'T KNOW	-8	(HIS29)

HIS28.   What kind of business or industry is (RESPONSE IN HIS27)? That is, what does (RESPONSE IN HIS27) make or do?
RECORD VERBATIM.

PRVBUS1   _____   **PPRVBUS1**
PRVBUS2   **PPRVBUS2**
PRVBUS3   _____   **PPRVBUS3**
INDCODE   **PINDCODE**

HIS29.   How many family members, including (yourself/SP), were covered by (your/MIP's) (HIS20 PLAN NAME) between (PREVIOUS ROUND REF. DATE) and (PREVIOUS ROUND INTERVIEW DATE)?

PRVNMCOV   NUMBER COVERED: _____

HIS30.   Did (your/MIP's) (HIS20 PLAN NAME) plan cover medicines prescribed by a doctor?

PRVRXCOV	YES	1
	NO	2
	REFUSED	-7
	DON'T KNOW	-8

HIS31.   Would (your/MIP's) (HIS20 PLAN NAME) plan have covered any part of a stay in a nursing home?

PRVNHCOV	YES ……………………………1
	NO ……………………………..2
	REFUSED …………………..-7
	DON'T KNOW …………….-8

5

HIS32. Did (you/MIP) pay any or all of the premium or cost for the (HIS20 PLAN NAME) coverage?
[Do not include the cost of any deductibles (you/SP) or (your/SP's) family may have had to pay.]

MIPPINS   YES …………………………………1   (HIS33)
                       NO ……………………………..2   BOX HIS4
                       REFUSED ………………….....-7   BOX HIS4
                       DON'T KNOW ………………….-8   BOX HIS4

HIS33. How much did (you/MIP) pay for the (HIS20 PLAN NAME) coverage?
[PROBE IF NECESSARY: Was that per year, per month, per week, or what?]

                       AMOUNT: $_____._____
MIPPAMT   PER YEAR ………………………………..1   BOX HIS4
MIPPUNIT   QUARTERLY/EVERY 3 MONTHS ………….2   BOX HIS4
                          BIMONTHLY/EVERY 2 MONTHS …………..3 BOX HIS4
                          PER MONTH ……………………………….4   BOX HIS4
                          PER WEEK ……………………………………5   BOX HIS4
                          SEMI-ANNUALLY/2 TIMES PER YEAR ……6 BOX HIS4
                          SEMIMONTHLY/2 TIMES PER MONTH ……7   BOX HIS4
                          REFUSED ………………………………..-7   BOX HIS4
                          DON'T KNOW ………………………………-8   BOX HIS4
MIPPUNOS   OTHER (SPECIFY) _____91   BOX HIS4

BOX HIS4	CYCLE THROUGH QUESTIONS HIS21 - HIS33 FOR EACH PRIVATE PLAN REPORTED AT HIS20. WHEN ALL PLANS ADDED HAVE BEEN DISCUSSED RETURN TO HIS1, LISTING EACH PLAN NAME REPORTED IN HIS20.

HISCLOSE   That covers the health insurance (you/SP) had at the time of the last interview. The next questions are about the time between (PREVIOUS ROUND INTERVIEW DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION).
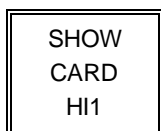
BOX HI1	IF SP COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI6 FOR THIS ROUND. IF SP NOT COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI5INTRO.

HIINTRO. **[PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:]**

In this study, we are asking the participants for their Medicare numbers, so that their Medicare records can be easily and accurately located and identified for statistical research purposes. Under the Privacy Act of 1974, providing us (your/SP's) number is a voluntary decision and the benefits (you/SP) may be receiving under this program will not be affected by your decision.
[PRESS ENTER TO CONTINUE.]

HI1.   People covered by Medicare usually have a card that looks like this. (Do you/Does SP) have such a card?
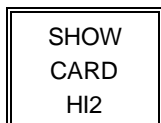
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 ┌──────────┐
 │  SHOW    │   MCCARD     YES ........................................................... 1  (H14)
 │  CARD    │              NO ............................................................ 2  (H12)
 │  HI1     │
 └──────────┘              (SP/PROXY) REPORTS THAT (HE/SHE/SP)
                           IS NOT ELIGIBLE FOR MEDICARE ...................  3  (HI2)
                           REFUSED................................................... -7  (HI5INTRO)
                           DON'T KNOW .......................................... -8  (HI2)
```

HI2.   (Are you/Is SP) eligible for benefits from the Railroad Retirement Board?

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        RRBELIG      YES ........................................... 1  (H13)
                     NO ............................................ 2  (HI5INTRO)
                     REFUSED ............................... -7  (HI5INTRO)
                     DON'T KNOW ......................... -8  (HI5INTRO)
```

HI3.   (Do you/Does SP) have an RRB card?

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 ┌──────────┐
 │  SHOW    │   RRBCARD    YES ........................................................... 1  (H14)
 │  CARD    │              NO ............................................................ 2  (HI5INTRO)
 │  HI2     │              REFUSED ................................................. -7  (HI5INTRO)
 └──────────┘
                           DON'T KNOW .......................................... -8  (HI5INTRO)
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HI4.

   a.   INTERVIEWER: IS (SP'S) CARD AVAILABLE?

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           CARDAVAL     YES ........................................... 1  (b)
                        NO ........................................... 2  (HI5INTRO)
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   b.   NUMBER: (DISPLAY NUMBER FROM HCFA FILES.)
           INTERVIEWER: VERIFY THE NUMBER AGAINST (SP'S) CARD. DO THE NUMBERS MATCH?

```
           CARDMATC     YES ........................................... 1  (HI5INTRO)
                        NO ........................................... 2  (c)
```

   c.   DOES (SP'S) CARD NUMBER BEGIN WITH A LETTER OR A NUMBER?

```
           CARDLN       LETTER .................................. 1  (HI4d1)
           CARDFORM     NUMBER ................................ 2  (HI4d2: DISPLAY MEDICARE ENTRY FIELD)
```

d1.   IS THE NUMBER ON THE CARD SEPARATED BY HYPHENS?
        [DOES THE NUMBER LOOK SIMILAR TO THE SOCIAL SECURITY NUMBER?] I.E. (000-00-0000)

CARDSET   HYPHENS 1   (H14d2:
                            NO HYPHENS 2   DISPLAY
                                                                                                     APPROPRIATE RRB
                                                                                                     ENTRY FIELD)

d2.   WHAT IS THE NUMBER ON THE CARD?

        MEDICARE NUMBER: (   ) - (   )   - (   ) - (   )

            OR

        RRB NUMBER: (   ) - (   )   - (   ) - (   )

            OR
                                    (   )
        NEWMCRRB

e.   WHAT TYPE OF COVERAGE DOES (SP) HAVE?

CARDTYPE   HOSPITAL ONLY ………………… 1
              MEDICAL AND HOSPITAL ………. 2
              MEDICAL ONLY …………………… 3

f.   WHAT IS THE DATE OF COVERAGE?

CARDMM   _____/_____/_____
CARDDD   MONTH   DAY   YEAR
CARDYY

HI5INTRO.   [PLEASE READ THIS INTRODUCTION SLOWLY AND CLEARLY:]

Medicaid [,also known as (STATE NAME FOR MEDICAID),] is a state program for low income persons or for persons on public assistance. Sometimes persons with very large medical bills are also covered by Medicaid. People covered by Medicaid usually have a card that looks like this.

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┌─────────────┐
│    SHOW     │
│    CARD     │
│    HI3      │
└─────────────┘
```
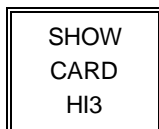
[PRESS ENTER TO CONTINUE.]

HI5.   At any time [since (REF. DATE), (have you/has SP) been/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION) was (SP) covered by Medicaid?

AIDCOVER   YES …………………………1   (HI6)
                NO …………………………2 BOX HI2
                REFUSED ……………….-7 BOX HI2
                DON'T KNOW …………..-8 BOX HI2

BOX HI2	IF 2, -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF 2, -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.

HI6.   [At the time of the last interview (you were/SP was) covered by Medicaid, [also known as (STATE NAME FOR MEDICAID).]] (Were you/Was SP) covered by Medicaid the whole time between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

COVTIME   THE WHOLE TIME …………………1   (HI10)
                PART OF THE TIME ………………..2 (HI7)
                 REFUSED ………………………….-7   BOX HI3
                DON'T KNOW ………………………-8 BOX HI3

BOX HI3	IF -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.

HI7.   (Are you/Is SP) now covered by Medicaid?
        Was (SP) covered by Medicaid on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW   YES …………………………1   BOX HI4
                NO …………………………..2   (HI9)
                REFUSED ………………...-7   BOX HI4
                DON'T KNOW ……………-8   BOX HI4

BOX HI4	IF 1 AND SP COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI10. IF 1 AND SP NOT COVERED BY MEDICAID IN PREVIOUS ROUND, GO TO HI8. IF -7 OR -8 AND SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13. IF -7 OR -8 AND SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11.

HI8.   On what date did (your/SP's) Medicaid start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM   _____/_____/_____   BOX HI5
COVBEGDD   MONTH   DAY   YEAR
COVBEGYY

BOX HI5	IF SP IS DECEASED OR INSTITUTIONALIZED AND WAS COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF SP IS DECEASED OR INSTITUTIONALIZED AND WAS NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND. IF SP IS NOT DECEASED OR INSTITUTIONALIZED, GO TO HI10.

HI9.   On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], did (your/SP's) Medicaid coverage (most recently/last) stop?

COVENDMM   _____/_____/_____   BOX HI6
COVENDDD   MONTH   DAY   YEAR
COVENDYY

BOX HI6	IF SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.

HI10.   May I please see (your/SP's) Medicaid card to verify the date of coverage?
            [IF DATE NOT SHOWN, CODE AS "CURRENT".]

AIDTYPE   CARD AVAILABLE, CURRENT …………………………………………………1
            CARD AVAILABLE, EXPIRED …………………………………………………2
            CARD NOT AVAILABLE, OR NOT SEEN …………………………………3
AIDTYPOS   OTHER CARD SEEN (SPECIFY)_____ 91

BOX HI7	IF SP COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR THIS ROUND. IF SP NOT COVERED BY PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI11 FOR THIS ROUND.

HI11.   At any time [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
          INSTITUTIONALIZATION)], [(have you/has SP) been/was (SP)] covered by any <u>other</u> public program that pays for
          medical care [for example (STATE PHARMACEUTICAL ASSISTANCE PROGRAM), a public program that pays for
          prescribed medicine]?

PUBCOVER   YES ………………………………1   (HI12)
                                      NO ………………………………..2   BOX HI8
                                      REFUSED ………………………-7   BOX HI8
                                      DON'T KNOW ………………....-8   BOX HI8

BOX HI8	IF 2, -7, OR -8 AND SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR THIS ROUND. IF 2, -7 OR -8 AND SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17 FOR THIS ROUND.

HI12.   What is the name of the public program that covered (you/SP)?
          ENTER ALL PUBLIC PROGRAMS.]
          PLNAME

HI13.   [At the time of the last interview (you were/SP was) covered by (PUBLIC PLAN NAME).] (Were you/Was SP) covered
          by (PUBLIC PLAN NAME) the whole time between (REF. DATE) and (today/DATE OF DEATH/DATE OF
          INSTITUTIONALIZATION), or only part of the time?

COVTIME   THE WHOLE TIME …………………………………1   BOX HI9
                   PART OF THE TIME …………………………...2   (HI14)
                   REFUSED ………………………………………..-7   BOX HI9
                   DON'T KNOW ………………………………..-8   BOX HI9

BOX HI9	IF 1, -7 OR -8 AND HI13 BEING ASKED FOR PUBLIC PLAN FROM PREVIOUS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN FROM PREVIOUS ROUND. IF NO MORE PUBLIC PLANS FROM PREVIOUS ROUND, GO TO HI11 TO COLLECT ANY NEW PUBLIC PLANS FOR THIS ROUND. IF 1, -7 OR -8 AND HI13 BEING ASKED FOR PUBLIC PLAN COVERAGE FOR THIS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN; (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.

11

HI14.   [(Are you/Is SP) now covered by (PUBLIC PLAN NAME)?] [Was (SP) covered by (PUBLIC PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW	YES	1	*BOX HI10*
	NO	2	(HI16)
	REFUSED	-7	*BOX HI10*
	DON'T KNOW	-8	*BOX HI10*

BOX HI10	IF 1, -7 OR -8 AND SP WAS COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI13 FOR NEXT PREVIOUS ROUND PUBLIC PLAN OR GO TO HI11 FOR THIS ROUND. IF 1 AND SP WAS NOT COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI15. IF -7 OR -8 AND SP WAS NOT COVERED BY THIS PUBLIC PLAN IN PREVIOUS ROUND, GO TO HI17.

HI15.   On what date did (your/SP's) (PUBLIC PLAN NAME) coverage start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM	_____/_____/_____			*BOX HI11*
COVBEGDD	MONTH	DAY	YEAR	
COVBEGYY				

BOX HI11	GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN. (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.

HI16.   On what date [since (REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and [DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (your/SP's) (PUBLIC PLAN NAME) coverage (most recently/last) stop?

COVENDMM	_____/_____/_____			*BOX HI12*
COVENDDD	MONTH	DAY	YEAR	
COVENDYY				

BOX HI12	IF HI16 BEING ASKED FOR PUBLIC PLAN FROM PREVIOUS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN FROM PREVIOUS ROUND. IF NO MORE PUBLIC PLANS FROM PREVIOUS ROUND, GO TO HI11 TO COLLECT ANY NEW PUBLIC PLANS FOR THIS ROUND. IF HI16 BEING ASKED FOR PUBLIC PLAN COVERAGE FOR THIS ROUND, GO TO HI13 FOR NEXT PUBLIC PLAN ADDED THIS ROUND. IF NO MORE PUBLIC PLAN COVERAGE FOR THIS ROUND, FOLLOW THESE SKIP PATTERNS: (1) IF SP COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI21 FOR FIRST PRIVATE PLAN. (2) IF SP NOT COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, GO TO HI17.

HI17.   (I would like to ask about other types of health insurance.) At any time [since (REF. DATE)/between (PREVIOUS
         ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)], [(have you/has SP)
         been/was (SP)] covered by (any other) private health insurance (that is, a plan that pays hospital or doctor bills or
         covers the cost of prescribed medicines)?

         PRVCOVER   YES 1 (HI20)
                                   NO .... 2 *BOX HI13*
                                   REFUSED .... -7 *BOX HI13*
                                   DON'T KNOW .... -8 *BOX HI13*

BOX HI13	IF 2, -7 OR -8 AND SP WAS COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, AND SP SERVED IN THE ARMED FORCES (I.E., EN9 OR EN11=1), GO TO BOX HI20. IF 2, -7 OR -8 AND SP WAS COVERED BY PRIVATE HEALTH INSURANCE IN PREVIOUS ROUND, AND SP DID NOT SERVE IN THE ARMED FORCES (I.E., 1 EN9 OR EN11=2), GO TO BOX HI21. OTHERWISE, GO TO HI18.

HI18.   [Since (REF. DATE)/Between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF
         INSTITUTIONALIZATION)], [(have you/has SP) belonged/did (SP) belong] to a Health Maintenance Organization –
         that is, an HMO for a private health insurance plan -- or any kind of private prepaid medical plan?

         HMOCOVER   YES 1 (HI20)
                                   NO .... 2 *BOX HI13A*
                                   REFUSED .... -7 *BOX HI13A*
                                   DON'T KNOW .... -8 *BOX HI13A*

BOX HI13A	IF 2, -7, -8 AND SUPPLEMENTAL SAMPLE OR 1ST COMMUNITY INTERVIEW, GO TO HI19. OTHERWISE, GO TO HI34.

HI19.   Some people who are eligible for Medicare have additional coverage through a private insurance carrier. This is
         sometimes referred to as Medigap or Medicare Supplement. At any time since (REF. DATE) did (you/SP) have this
         type of health insurance coverage?

         GAPCOVER   YES 1 (HI20)
                                   NO 2 (HI34)
                                   REFUSED .... -7 (HI34)
                                   DON'T KNOW .... -8 (HI34)

HI20.   What is the name of each of the other private plans that provide(d) (your/SP's) medical insurance coverage?
         ENTER ALL PRIVATE PLANS.]
         PLNAME

BOX HI14	ASK HI21 - HI33 FOR EACH PLAN COLLECTED IN HI20.

HI21.   [At the time of the last interview (you were/SP was) covered by (PLAN NAME).] (Were you/Was SP) covered by (PLAN NAME) the whole time between (REF. DATE) and (today/ DATE OF DEATH/DATE OF INSTITUTIONALIZATION), or only part of the time?

COVTIME	THE WHOLE TIME	1	***BOX HI14a***
	PART OF THE TIME	2	(HI22)
	REFUSED	-7	***BOX HI14a***
	DON'T KNOW	-8	***BOX HI14a***

BOX HI14a	IF THIS PRIVATE PLAN "CURRENT" IN PREVIOUS ROUND, GO TO HI22A.
	IF THIS PRIVATE PLAN NOT "CURRENT" IN PREVIOUS ROUND, GO TO HI25.

BOX HI15 omitted.

HI22.   [(Are you/Is SP) now covered by (PLAN NAME)?] [Was (SP) covered by PLAN NAME) on (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?]

COVNOW	YES	1	***BOX HI15A***
	NO	2	(HI24)
	REFUSED	-7	***BOX HI15A***
	DON'T KNOW	-8	***BOX HI15A***

BOX HI15A	IF THIS PLAN "CURRENT" IN PREVIOUS ROUND, GO TO HI22A..
	IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND AND HI22 = 1, GO TO HI23.
	IF THIS PLAN NOT "CURRENT" IN PREVIOUS ROUND, AND HI22=-7 OR –8, GO TO HI25.

HI22a.   [Do you/Does (MIP)/Did (SP)/Did (MIP)] pay any or all of the premium or cost for the (PLAN NAME) coverage?
[Do not include the cost of any deductibles (you/SP) or (your/SP's) family may (have/have had) to pay.]

MIPPINS	YES………………………………….1	(HI22b)
	NO…………………………………..2	BOX HI16
	REFUSED…………………………..-7	BOX HI16
	DON'T KNOW………………………-8	BOX HI16

HI22b.   How much [do you / does (MIP) / did (SP) / did (MIP)]pay for the (PLAN NAME) coverage?
           [PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]

PRVGET	AMOUNT: $_____._____	
	PER YEAR…………………………………..	1
PPRVGET	QUARTERLY/EVERY 3 MONTHS	2
	BIMONTHLY/EVERY 2 MONTHS	3
	PER MONTH	4
	PER WEEK	5
	SEMI-ANNUALLY/2 TIMES PER YEAR	6
	SEMI-MONTHLY/2 TIMES PER MONTH	7
PRVGETOS	REFUSED	-7
PPRVGTOS	DON'T KNOW	-8
	SOME OTHER WAY (SPECIFY)	91

BOX HI16	GO TO HI21 FOR NEXT PREVIOUS ROUND PRIVATE PLAN OR GO TO HI17 FOR THIS ROUND.

HI23.   On what date did (your/SP's) coverage under (PLAN NAME) start between (REF. DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION)?

COVBEGMM   _____/_____/_____   (HI25)
COVBEGDD   MONTH   DAY   YEAR
COVBEGYY

HI24.   On what date since [(REF. DATE)/between (PREVIOUS ROUND INTERVIEW DATE) and (DATE OF DEATH/DATE OF INSTITUTIONALIZATION)] did (your/SP's) coverage under (PLAN NAME) stop?

COVENDMM   _____/_____/_____
COVENDDD   MONTH   DAY   YEAR
COVENDYY

BOX HI17	IF HI24 BEING ASKED FOR PRIVATE PLAN FROM PREVIOUS ROUND, GO TO HI21 FOR NEXT PRIVATE PLAN FROM PREVIOUS ROUND. IF NO MORE PRIVATE PLANS FROM PREVIOUS ROUND, GO TO HI17 TO COLLECT ANY NEW PRIVATE PLANS FOR THIS ROUND. IF HI24 BEING ASKED FOR PRIVATE PLAN COVERAGE FOR THIS ROUND, GO TO HI25.

HI25.   [CODE WITHOUT ASKING IF VOLUNTEERED.]
        (Is/Was) this an HMO (Health Maintenance Organization)?
        [HMO stands for Health Maintenance Organization, an organization that, for a prepaid fee, provides a full range of
        health care services.]

PRVHMO	YES	1
PLHMOERR	NO	2
PPRVHMO	REFUSED	-7
	DON'T KNOW	-8

HI26.   Who (is/was) listed as the main insured person on the (PLAN NAME) policy or contract?
        ENTER ONLY ONE PERSON.]
PLMIPNUM
MIPNUM

HI27.   For the (PLAN NAME) plan, did (you/MIP) sign up directly with the (insurance company/HMO), or did (you/MIP) get
        this insurance through a current employer, a former employer, a union, a family business, AARP, or some other
        way?

PRVGET	DIRECTLY	1	(HI29)
PPRVGET	(MIP'S) CURRENT EMPLOYER	2	(HI28)
	(MIP'S) FORMER EMPLOYER	3	(HI28)
	(MIP'S) UNION	4	(HI29)
	(MIP'S) FAMILY BUSINESS	5	(HI28)
	AARP	6	(HI29)
	DECEASED SPOUSE'S EMPLOYER	7	(HI28)
	DECEASED SPOUSE'S UNION	8	(HI29)
PRVGETOS	REFUSED	-7	(HI29)
PPRVGTOS	DON'T KNOW	-8	(HI29)
	SOME OTHER WAY (SPECIFY)	91	(HI29)

HI28.   What kind of business or industry is (RESPONSE IN HI27)? That is, what does (RESPONSE IN HI27) make or do?
        RECORD VERBATIM.]

PRVBUS1	_____	**PPRVBUS1**
PRVBUS2		**PPRVBUS2**
PRVBUS3	_____	**PPRVBUS3**
INDCODE		**PINDCODE**
	_____	

HI29.   How many family members, including (yourself/SP), (are/were) covered by (your/MIP's) (PLAN NAME)?

        PRVNMCOV   NUMBER COVERED_____

HI30.   (Does/Did) (your/MIP's) (PLAN NAME) plan cover medicines prescribed by a doctor?

PRVRXCOV   YES 1
                          NO 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

HI31.   Would (your/MIP's) (PLAN NAME) plan (cover/have covered) any part of a stay in a nursing home?

PRVNHCOV   YES 1
                          NO 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

HI32.   [Do you/Does (MIP)/Did (you/MIP)/Did (MIP)] pay any or all of the premium or cost for the (PLAN NAME) coverage?
         [Do not include the cost of any deductibles (you/SP) or (your/SP's) family may (have/have had) to pay.]

MIPPINS   YES 1   (HI33)
                          NO 2   ***BOX HI18***
                          REFUSED .... -7 ***BOX HI18***
                          DON'T KNOW .... -8 ***BOX HI18***

BOX HI18	IF 2, -7 OR -8, CYCLE THROUGH QUESTIONS HI21-HI33 FOR EACH PRIVATE PLAN REPORTED IN HI20. IF HI34=1 IN PREVIOUS ROUND OR IF HI34=1 OR 2 OR MISSING FOR THIS ROUND, GO TO HI35. IF HI34=2 OR MISSING (-7, -8, -9) IN PREVIOUS ROUND OR =-1 (INAPPLICABLE) FOR THIS ROUND, GO TO HI34.

HI33.   How much [do you/does (MIP)/did (you/MIP)/did (MIP)] pay for the (PLAN NAME) coverage?
         [PROBE IF NECESSARY: (Is/Was) that per year, per month, per week, or what?]

                          AMOUNT $_____._____

MIPPAMT   PER YEAR 1
                          QUARTERLY/EVERY 3 MONTHS 2
                          BIMONTHLY/EVERY 2 MONTHS 3
                          PER MONTH 4
                          PER WEEK 5
MIPPUNIT   SEMI-ANNUALLY/2 TIMES PER YEAR 6
MIPPUNOS   SEMI-MONTHLY/2 TIMES PER MONTH 7
                          REFUSED .... -7
                          DON'T KNOW .... -8
                          OTHER (SPECIFY) 91

BOX HI19	CYCLE THROUGH QUESTIONS HI21-HI33 FOR EACH PRIVATE PLAN REPORTED IN HI20. IF HI34=1 IN PREVIOUS ROUND OR IF HI34=1 or 2 OR MISSING FOR THIS ROUND, GO TO HI35. IF HI34=2 OR MISSING (-7, -8, -9) IN PREVIOUS ROUND OR -1 (INAPPLICABLE) FOR THIS ROUND, GO TO HI34.

HI34.   (Other than the plans you have already told me about,) (do you/does SP/did SP) have any insurance that (pays/paid) just for nursing home care or other long term care?

OTHNHCOV   YES 1   (HI20)
                          NO 2   (HI35)
                          REFUSED .... -7   (HI35)
                          DON'T KNOW .... -8   (HI35)

HI35.   We've talked about [READ PLANS LISTED BELOW]. (Do you/Does SP/Did SP) have medical coverage under any other private insurance plans we haven't talked about?

PRVOCOV   YES 1   (HI20)
                          NO 2   ***BOX HI20***
                          REFUSED .... -7   ***BOX HI20***
                          DON'T KNOW .... -8   ***BOX HI20***

BOX HI20	IF SP SERVED IN THE ARMED FORCES (I.E., SP SERVED IN ARMED FORCES AND EN9 OR EN11=1) AND HI36 = 2, -7, -8, OR -9 IN PREVIOUS ROUND, OR THIS IS FIRST UTILIZATION INTERVIEW FOR SP, GO TO HI36. IF SP DID NOT SERVE IN THE ARMED FORCES (I.E., EN9 OR EN11=2, -7, -8, OR -9) OR SP SERVED IN THE ARMED FORCES AND HI36 = 1 IN PREVIOUS ROUND, OR SP SERVED IN ARMED FORCES AND THIS IS FIRST COMMUNITY INTERVIEW, GO TO BOX HI21.

HI36.   We recorded that (you/SP) served in the Armed Forces of the United States. Since January 1, (CURRENT YEAR), [(have you/has SP) received/did (SP) receive] health care or health services at a Veterans Administration facility?

VACOVER   YES 1
                          NO 2
                          REFUSED .... -7
                          DON'T KNOW .... -8

BOX HI21	IF SUPPLEMENTAL SAMPLE, GO TO ACINTRO. IF NOT SUPPLEMENTAL SAMPLE AND PREVIOUS INTERVIEW WAS COMMUNITY, GO TO BOX UTS1A. OTHERWISE, GO TO DUINTRO.