

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|-------------------|----------------|---------------|---|--|--|
| | | | HEALTH INSURANCE SUMMARY QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C004, C007, C010, C009 SPALIVE=ALL SEASON=ALL SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> If SEASON=FALL, administer after HAQ. If SEASON=WINTER or SUMMER, administer after ENS. | | |
| HISINT | HISINTRO | no entry | Now I'd like to review with you the information that we have about health insurance plans that [you/(SP)] had at the time of the last interview. | | HIS1 - HISCORRB |
| HISCORRB | HIS1 | code one | [Let's see if there are any other changes we need to make to the health insurance coverage [you/(SP)] had as of (REFERENCE DATE).] [(You/(SP)] had Medicare coverage (through a managed care plan) and (you were/he was/she was) also covered by [READ PLAN NAMES BELOW]./The only health insurance coverage [you/(SP)] had was Medicare (through a managed care plan)] on (REFERENCE DATE). Is that correct? THIS QUESTION IS ASKING ABOUT PLANS THAT WERE CURRENT BETWEEN [SUMMARY REFERENCE DATE] AND [REFERENCE DATE]. | (01) YES, ALL CORRECT AS SHOWN (02) NO, PLAN MISSING (03) NO, PLAN NAME INCORRECT (04) NO, PLAN NEEDS DELETION (05) NO, PLAN STOPPED PRIOR TO (REFERENCE DATE) (-8) Don't Know (-9) Refused | (01) HISCLOSE - ENDHIS (02) HIS3 - ADDHITYPE (03) HIS2B - PLAN_CORRECT (04) HIS2 - PLAN_DELETION (05) HIS2C - PLAN_STOPPED (-8) HISCLOSE - ENDHIS (-9) HISCLOSE - ENDHIS |
| PLAN_DELETION | HIS2 | roster | What is the name of the plan that needs deletion? SELECT ONLY ONE PLAN FOR DELETION AT THIS ROSTER. | (01) continuous answer | HIS2A - PLANDVB |
| PLANDVB | HIS2A | verbatim text | BRIEFLY EXPLAIN WHY THE PLAN NEEDS TO BE DELETED. IF THE SP WAS EVER COVERED BY THIS INSURANCE PLAN, PRESS [PgUp] TO GO BACK ONE SCREEN AND SELECT A DIFFERENT RESPONSE. | (01) continuous answer | HIS1 - HISCORRB |
| PLAN_CORRECT | HIS2B | code one | What is the name of the plan that is incorrect? EDIT ALL PLAN NAMES AT THIS ROSTER. | (01) continuous answer | PLAN_CORRECT_NAME |
| PLAN_CORRECT_NAME | HIS2B | verbatim text | What is the correct name of the plan listed below? | (01) continuous answer | HIS1 - HISCORRB |
| PLAN_STOPPED | HIS2C | roster | What is the name of the plan that (you were/he was/she was) no longer covered by as of (REFERENCE DATE)? SELECT ONLY ONE PLAN TO STOP IN THE PREVIOUS ROUND AT THIS ROSTER. | (01) continuous answer | HIS2D - HISSTPMM |
| HISSTPMM | HIS2D | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS2D - HISSTPDD |
| HISSTPDD | HIS2D | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS2D - HISSTPY Y |
| HISSTPY Y | HIS2D | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS2E - PLANSVB |
| PLANSVB | HIS2E | verbatim text | BRIEFLY EXPLAIN WHY THE PLAN SHOULD BE STOPPED. IF DATE WHEN PLAN STOPPED IS NOT KNOWN, PROVIDE ANY ADDITIONAL INFORMATION ABOUT WHEN THE PLAN STOPPED. | (01) continuous answer | HIS1 - HISCORRB |
| ADDHITYPE | HIS3 | code one | What type of insurance plan needs to be added? | (01) MEDICAID/MEDICAID MANAGED CARE PLAN (02) PUBLIC PLAN OTHER THAN MEDICAID (03) PRIVATE HEALTH INSURANCE PLAN (04) MEDICARE ADVANTAGE PLAN (05) TRICARE (06) MEDICARE PRESCRIPTION DRUG PLAN | (01) BOX HIS2AA (02) HIS12 - PLAN_HISPUBLIC (03) HIS18A - EXCHGCOV (04) HISMC1 - PLAN_HISMHMO (05) BOX HIST1A (06) HIS34 - PLAN_HISMPDP |
| PLAN_HISMHMO | HISMC1 | roster | What is the name of the Medicare Advantage Plan that covered [you/(SP)]? SELECT OR ADD ONLY ONE MEDICARE ADVANTAGE PLAN AT THIS ROSTER. [MEDICARE ADVANTAGE PLAN LOOKUP CALLED AT THIS SCREEN] | (01) continuous answer | HISMC2 - HISMHMOCURR |
| HISMHMOCURR | HISMC2 | yes/no | [Were you/Was (SP)] covered by or enrolled in (MEDICARE MANAGED CARE PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HISMC1 (02) BOX HISMC2 (-8) BOX HISMC2 (-9) BOX HISMC2 |
| | BOX HISMC1 | routing | OTHER THAN THE PLAN SELECTED AT HISMC1, IF ANOTHER MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HISMC3 - HISMHMOCHNG. ELSE GO TO BOX HISMC2. | | |
| HISMHMOCHNG | HISMC3 | yes/no | I recorded previously that (PREVIOUS ROUND CURRENT MEDICARE MANAGED CARE PLAN NAME) was [your/(SP's)] current Medicare Advantage Plan on (REFERENCE DATE). Has this information changed? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HISMC2 |

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| | BOX HISMC2 | routing | IF THE PLAN SELECTED AT HIMC1 HAS BEEN IDENTIFIED AS THE SP'S CURRENT MEDICARE MANAGED CARE PLAN AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "CURRENT". OTHERWISE, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "NOT CURRENT" GO TO BOX HISMC2A. | | |
| | BOX HISMC2A | routing | IF THIS MEDICARE MANAGED CARE PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HISMC4 - MHMORX. ELSE GO TO HIS1 - HISCORRB. | | |
| MHMORX | HISMC4 | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have prescribed medicine coverage through (MEDICARE MANAGED CARE PLAN NAME)? [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HISMC5 - MHMODENT |
| MHMODENT | HISMC5 | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [you/(SP)] have dental coverage through (MEDICARE MANAGED CARE PLAN NAME)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HISMC6 - MHMOEYE |
| MHMOEYE | HISMC6 | yes/no | Did [you/(SP)] have optical coverage through (MEDICARE MANAGED CARE PLAN NAME), that is, for eyeglasses or contact lenses? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HISMC8 - MHMONH |
| MHMONH | HISMC8 | yes/no | Did [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage include nursing home care above and beyond what Medicare normally covers? [EXPLAIN IF NECESSARY: Under regular fee-for-service, Medicare pays for limited skilled nursing facility (SNF) care during a benefit period. In 2016, the first 20 days are paid in full and the next 80 days require a copayment of up to \$161 per day.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HISMC9 - MHMOPAY |
| MHMOPAY | HISMC9 | yes/no | Besides the cost of [your/(SP's)] Medicare Part B premium, was there an additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage? Please do not include any amount that [you/(SP)] may have paid as a co-payment for an office visit or a prescribed medicine. [EXPLAIN IF NECESSARY: Some managed care plans may charge a monthly premium to cover the cost of the deductibles and coinsurance for Medicare-covered services or because they provide services that are not covered by Medicare such as prescribed medicines, routine exams, and dental, eye, or hearing. Plans that have premiums typically charge from \$50 to \$75 per month.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HISMC10 - MHMOAMT (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| MHMOAMT | HISMC10 | numeric | Not including the cost of [your/(SP's)] Medicare Part B premium, what was the additional amount that [you/(SP)] paid for (your/his/her) (MEDICARE MANAGED CARE PLAN NAME) coverage? [Please do not include any copayments or any amount that may be paid for anyone other than [you/(SP)].] [PROBE IF NECESSARY: Was that per year, per month, per week, or what?] | (01) continuous answer (-8) Don't Know (-9) Refused | (01) HISMC10 - MHMOUNIT (-8) HISMC11 - MHMOCOST (-9) HISMC11 - MHMOCOST |
| MHMOUNIT | HISMC10 | code one | | (01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER (-8) Don't Know (-9) Refused | (01) HISMC11 - MHMOCOST (02) HISMC11 - MHMOCOST (03) HISMC11 - MHMOCOST (04) HISMC11 - MHMOCOST (05) HISMC11 - MHMOCOST (06) HISMC11 - MHMOCOST (07) HISMC11 - MHMOCOST (91) HISMC10 - MHMOUNOS (-8) HISMC11 - MHMOCOST (-9) HISMC11 - MHMOCOST |
| MHMOUNOS | HISMC10 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | HISMC11 - MHMOCOST |
| MHMOCOST | HISMC11 | yes/no | Did anyone else, such as an employer, a union or professional organization pay all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage? [DO NOT INCLUDE AMOUNTS PAID BY FAMILY MEMBERS.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HISMC12 - MHMOWHO (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| MHMOWHO | HISMC12 | code one | Who else paid all or some portion of the additional cost for [your/(SP's)] (MEDICARE MANAGED CARE PLAN NAME) coverage? | (01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (91) OTHER (-8) Don't Know (-9) Refused | (01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (05) HIS1 - HISCORRB (06) HIS1 - HISCORRB (07) HIS1 - HISCORRB (91) HISMC12 - MHMOWHOS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| MHMOWHOS | HISMC12 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | HIS1 - HISCORRB |
| | BOX HIS2AA | routing | CREATE MEDICAID PLAN IN THE PREVIOUS ROUND GO TO HIS6 - COVTIME. | | |
| COVTIME | HIS6 | code one | [Were you/Was (SP)] covered by Medicaid the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | (01) HIS10A - MCAIDHMO (02) HIS7 - COVNOW (-8) HIS7 - COVNOW (-9) HIS7 - COVNOW |

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| COVNOW | HIS7 | yes/no | [Were you/Was (SP)] covered by Medicaid on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIS8 - COVBEGMM (02) HIS9 - COVENDMM (-8) HIS10A - MCAIDHMO (-9) HIS10A - MCAIDHMO |
| COVBEGMM | HIS8 | date | On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS8 - COVBEGDD |
| COVBEGDD | HIS8 | date | On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS8 - COVBEGYY |
| COVBEGYY | HIS8 | date | On what date did [your/(SP's)] Medicaid start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS10A - MCAIDHMO |
| COVENDMM | HIS9 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS9 - COVENDDD |
| COVENDDD | HIS9 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS9 - COVENDYY |
| COVENDYY | HIS9 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] Medicaid coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS10A - MCAIDHMO |
| MCAIDHMO | HIS10A | yes/no | Some states now use managed care plans, such as HMOs (Health Maintenance Organizations), to provide some or all health care for Medicaid beneficiaries. [Were you/Was (SP)] enrolled in a Medicaid Managed Care Plan on [(REFERENCE DATE)/(PLAN COVERAGE STOP DATE)/the date [your/(SP's)] Medicaid coverage stopped]? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HIS2C |
| | BOX HIS2C | routing | IF THERE IS A MEDICARE PRESCRIPTION DRUG PLAN THAT WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIS1 - HISCORRB. ELSE GO TO HIS10B1 - HISMPDCOVER. | | |
| HISMPDCOVER | HIS10B1 | yes/no | Some people who receive Medicaid benefits are also enrolled in a Medicare Prescription Drug plan, or Medicare Part D plan, that pays for some or all of their prescribed medicines. The Medicare program automatically enrolls such beneficiaries into a Prescription Drug plan, although the beneficiary may choose to switch to a different plan. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a Medicare Prescription Drug plan that covered medicines prescribed by a doctor or other health professional? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIS34 - PLAN_HISMPDP (02) HIS10C - MCDRXCOV (-8) HIS10C - MCDRXCOV (-9) HIS10C - MCDRXCOV |
| MCDRXCOV | HIS10C | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] Medicaid plan cover medicines prescribed by a doctor or other health professional? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS1 - HISCORRB |
| | BOX HIST1A | routing | CREATE TRICARE PLAN IN THE PREVIOUS ROUND GO TO HIST1 - COVTIME. | | |
| COVTIME | HIST1 | code one | [Were you/Was (SP)] covered by TRICARE the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | (01) HIST3 - TRIRXCOV (02) HIST2 - COVNOW (-8) HIST2 - COVNOW (-9) HIST2 - COVNOW |
| COVNOW | HIST2 | yes/no | [Were you/Was (SP)] covered by TRICARE on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIST3 - TRIRXCOV |
| TRIRXCOV | HIST3 | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] TRICARE plan cover medicines prescribed by a doctor or other health professional? [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offers everyone.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIST3AA - TRIMEDS (02) HIS1 - HISCORRB (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| TRIMEDS | HIST3AA | code one | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), where did [you/(SP)] usually obtain (your/his/her) medicines? Did [you/(SP)] usually obtain them at a TRICARE mail order pharmacy (TMOP), a TRICARE retail pharmacy network pharmacy (TRRx), a military treatment facility pharmacy (MTF), a non-network retail pharmacy, or somewhere else? | (01) A TRICARE MAIL ORDER PHARMACY (TMOP) (02) A TRICARE RETAIL PHARMACY NETWORK PHARMACY (TRRx) (03) A MILITARY TREATMENT FACILITY PHARMACY (MTF) (04) A NON-NETWORK RETAIL PHARMACY (91) SOMEWHERE ELSE (-8) Don't Know (-9) Refused | (01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (91) HIST3AA - TRIMEDOS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| TRIMEDOS | HIST3AA | verbatim text | SOMEWHERE ELSE (SPECIFY) | (01) continuous answer | HIS1 - HISCORRB |
| PLAN_HISPUBLIC | HIS12 | roster | What is the name of the public program that covered [you/(SP)]? SELECT OR ADD ALL PUBLIC PROGRAM NAMES AT THIS ROSTER. | (01) continuous answer | HIS12_IN - NAVIGATOR |
| NAVIGATOR | HIS12_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | (01) HIS13 - COVTIME (02) HIS1 - HISCORRB |
| COVTIME | HIS13 | code one | [Were you/Was (SP)] covered by (PUBLIC PLAN NAME) the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | (01) BOX HIS2B1 (02) HIS14 - COVNOW (-8) HIS14 - COVNOW (-9) HIS14 - COVNOW |

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|-----------------|----------------|--------------------|---|---|--|
| COVNOW | HIS14 | yes/no | [Were you/Was (SP)] covered by (PUBLIC PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIS15 - COVBEGMM (02) HIS16 - COVENDMM (-8) BOX HIS2B1 (-9) BOX HIS2B1 |
| COVBEGMM | HIS15 | date | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS15 - COVBEGDD |
| COVBEGDD | HIS15 | date | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS15 - COVBEGYY |
| COVBEGYY | HIS15 | date | On what date did [your/(SP's)] (PUBLIC PLAN NAME) coverage start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | BOX HIS2B1 |
| COVENDMM | HIS16 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS16 - COVENDDD |
| COVENDDD | HIS16 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS16 - COVENDYY |
| COVENDYY | HIS16 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] (PUBLIC PLAN NAME) coverage stop? | (01) continuous answer (-8) Don't Know (-9) Refused | BOX HIS2B1 |
| | BOX HIS2B1 | routing | GO TO HIS16A - PUBRXCOV. | | |
| PUBRXCOV | HIS16A | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did [your/(SP's)] (PUBLIC PLAN NAME) plan cover medicines prescribed by a doctor or other health professional? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HIS3 |
| | BOX HIS3 | routing | GO TO HIS12_IN - NAVIGATOR. | | |
| EXCHGCOV | HIS18A | yes/no | SHOW CARD HI5 As you may know, every state now offers a health insurance marketplace, also referred to as an exchange. The marketplace, known as (STATE MARKETPLACE NAME), allows residents to compare and purchase available health insurance options that meet their needs. While most Medicare beneficiaries are not eligible for insurance from a health insurance marketplace, there are some special circumstances that allow enrollment. Please look at this card. At any time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) [were you/was (SP)] enrolled in or covered by one of these exchange plans? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS20 - PLAN_HISPRIVATE |
| PLAN_HISPRIVATE | HIS20 | roster | What is the name of each of the (other) private plans that provided [your/(SP's)] medical insurance coverage between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? SELECT OR ADD ONE PRIVATE PLAN NAME AT THIS ROSTER. | (01) continuous answer | HIS20_IN - NAVIGATOR |
| NAVIGATOR | HIS20_IN | instance navigator | | (01) ITEM SELECTED IN INSTANCE NAVIGATOR (02) CONTINUE INTERVIEW SELECTED | (01) HIS21 - COVTIME (02) HIS1 - HISCORRB |
| COVTIME | HIS21 | code one | [Were you/Was (SP)] covered by (PRIVATE PLAN NAME) the whole time between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), or only part of the time? | (01) THE WHOLE TIME (02) PART OF THE TIME (-8) Don't Know (-9) Refused | (01) BOX HIS3A1 (02) HIS22 - COVNOW (-8) HIS22 - COVNOW (-9) HIS22 - COVNOW |
| COVNOW | HIS22 | yes/no | [Were you/Was (SP)] covered by (PRIVATE PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIS23 - COVBEGMM (02) HIS24 - COVENDMM (-8) BOX HIS3A1 (-9) BOX HIS3A1 |
| COVBEGMM | HIS23 | date | On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS23 - COVBEGDD |
| COVBEGDD | HIS23 | date | On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS23 - COVBEGYY |
| COVBEGYY | HIS23 | date | On what date did [your/(SP's)] coverage under (PRIVATE PLAN NAME) start between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | BOX HIS3A1 |
| COVENDMM | HIS24 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS24 - COVENDDD |
| COVENDDD | HIS24 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS24 - COVENDYY |
| COVENDYY | HIS24 | date | On what date between (SUMMARY REFERENCE DATE) and (REFERENCE DATE) did [your/(SP's)] coverage under (PRIVATE PLAN NAME) stop? | (01) continuous answer (-8) Don't Know (-9) Refused | BOX HIS3A1 |
| | BOX HIS3A1 | routing | GO TO HIS25 - PPRVHMO. | | |

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| PPRVHMO | HIS25 | yes/no | CODE WITHOUT ASKING IF VOLUNTEERED. Was this a managed care plan, such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization)? [EXPLAIN IF NECESSARY: Managed care plans generally provide a full range of health care services for a prepaid fee. Health care is generally provided by primary care doctors, specialists, or hospitals on the plan's list (network) except in an emergency.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS26 - PERS_HISMIPNUM |
| PERS_HISMIPNUM | HIS26 | roster | Who was listed as the main insured person on the (PRIVATE PLAN NAME) policy or contract? SELECT OR ADD ONLY ONE PERSON. | (01) continuous answer | HIS27 - PPRVGET |
| PPRVGET | HIS27 | code one | For the (PRIVATE PLAN NAME) plan, did [you/(MIP)] sign up directly with the (insurance company/managed care plan), or did [you/(MIP)] get this insurance through a current employer, a former employer, a union, a family business, AARP, or some other way? | (01) DIRECTLY (02) (MIP'S) CURRENT EMPLOYER (03) (MIP'S) FORMER EMPLOYER (04) (MIP'S) UNION (05) (MIP'S) FAMILY BUSINESS (06) AARP (07) DECEASED SPOUSE'S EMPLOYER (08) DECEASED SPOUSE'S UNION (09) PROFESSIONAL/FRATERNAL ORGANIZATION (91) SOME OTHER WAY (-8) Don't Know (-9) Refused | (01) HIS29 - PRVNMCOV (02) HIS29 - PRVNMCOV (03) HIS29 - PRVNMCOV (04) HIS29 - PRVNMCOV (05) HIS29 - PRVNMCOV (06) HIS29 - PRVNMCOV (07) HIS29 - PRVNMCOV (08) HIS29 - PRVNMCOV (09) HIS29 - PRVNMCOV (91) HIS27 - PPRVGTOS (-8) HIS29 - PRVNMCOV (-9) HIS29 - PRVNMCOV |
| PPRVGTOS | HIS27 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | HIS29 - PRVNMCOV |
| PRVNMCOV | HIS29 | numeric | How many family members, including [yourself/(SP)], were covered by [your/(MIP's)] (PRIVATE PLAN NAME) between (SUMMARY REFERENCE DATE) and (REFERENCE DATE)? | (01) continuous answer (-8) Don't Know (-9) Refused | HIS31A - PRVRXCOV |
| PRVRXCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... prescribed medicines? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS31A - PRVMSCOV |
| PRVMSCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... doctor visits or lab work? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS31A - PRVIPCOV |
| PRVIPCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... inpatient hospital care? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS31A - PRVNHCOV |
| PRVNHCOV | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... nursing home or long term care? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS31A - MHMODENT |
| MHMODENT | HIS31A | list | Supplemental insurance plans may cover a variety of services or may be specific to only certain services, such as prescribed medicines or dental coverage. I'd like to know what [your/(SP's)] (PRIVATE PLAN NAME) coverage included between (SUMMARY REFERENCE DATE) and (REFERENCE DATE). [PROBE: I am asking about the type of insurance coverage that [you/(SP)] personally had, not what the plan offered everyone.] Did [your/(MIP's)] (PRIVATE PLAN NAME) cover... dental care? | (01) YES (02) NO (-8) Don't Know (-9) Refused | HIS32 - MIPPINS |
| MIPPINS | HIS32 | yes/no | Was there a premium or cost for the (PRIVATE PLAN NAME) coverage? [Do not include the cost of any deductibles [you/(SP)] or [your/(SP's)] family may have had to pay.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIS33 - MIPPAMT (02) HIS33A - MHMOCOST (-8) HIS33A - MHMOCOST (-9) HIS33A - MHMOCOST |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|--|---|
| MIPPAMT | HIS33 | numeric | How much did [you/(MIP)] pay for the (PRIVATE PLAN NAME) coverage? [Please do not include any amount that may be paid for anyone other than [you/(SP)].] [PROBE IF NECESSARY: Was that per year, per month, per week, or what?] | (01) continuous answer (-8) Don't Know (-9) Refused | (01) HIS33 - MIPPUNIT (-8) HIS33A - MHMOCOST (-9) HIS33A - MHMOCOST |
| MIPPUNIT | HIS33 | code one | | (01) PER YEAR (02) QUARTERLY/EVERY 3 MONTHS (03) BIMONTHLY/EVERY 2 MONTHS (04) PER MONTH (05) PER WEEK (06) SEMI-ANNUALLY/2 TIMES PER YEAR (07) SEMI-MONTHLY/2 TIMES PER MONTH (91) OTHER (-8) Don't Know (-9) Refused | (01) HIS33A - MHMOCOST (02) HIS33A - MHMOCOST (03) HIS33A - MHMOCOST (04) HIS33A - MHMOCOST (05) HIS33A - MHMOCOST (06) HIS33A - MHMOCOST (07) HIS33A - MHMOCOST (91) HIS33 - MIPPUNOS (-8) HIS33A - MHMOCOST (-9) HIS33A - MHMOCOST |
| MIPPUNOS | HIS33 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | HIS33A - MHMOCOST |
| MHMOCOST | HIS33A | yes/no | Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), did anyone else, such as an employer, a union or professional organization pay all or some portion of the premium or cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage? [DO NOT INCLUDE AMOUNTS PAID BY FAMILY MEMBERS.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) HIS33B - MHMOWHO (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B |
| MHMOWHO | HIS33B | code one | Who else paid all or some portion of the cost for [your/(MIP's)] (PRIVATE PLAN NAME) coverage? | (01) [(SP's)/(MIP's)] CURRENT EMPLOYER (02) (SP's/MIP's) FORMER EMPLOYER (03) (SP's/MIP's) UNION (04) SPOUSE'S CURRENT EMPLOYER (05) SPOUSE'S FORMER EMPLOYER (06) PROFESSIONAL/FRATERNAL ORGANIZATION (07) MEDICAID/MEDICAL ASSISTANCE (91) OTHER (-8) Don't Know (-9) Refused | (01) BOX HIS3B (02) BOX HIS3B (03) BOX HIS3B (04) BOX HIS3B (05) BOX HIS3B (06) BOX HIS3B (07) BOX HIS3B (91) HIS33B - MHMOWHOS (-8) BOX HIS3B (-9) BOX HIS3B |
| MHMOWHOS | HIS33B | verbatim text | OTHER (SPECIFY) | (01) continuous answer | BOX HIS3B |
| | BOX HIS3B | routing | IF THIS PRIVATE PLAN IS A MANAGED CARE PLAN, GO TO HIS33C - MHMOPOS. ELSE GO TO BOX HIS4. | | |
| MHMOPOS | HIS33C | yes/no | Some managed care plans offer a point-of-service option which allows members to receive services from out-of-plan providers even in non-emergency situations. Between (SUMMARY REFERENCE DATE) and (REFERENCE DATE), [were you/was (SP)] enrolled in a point-of-service option offered by (PRIVATE PLAN NAME)? [EXPLAIN IF NECESSARY: In a point-of-service option, the member typically pays a higher copayment when seeing an out-of-plan provider. For example, if a member sees an in-plan provider, there may only be a \$10 copayment. However, the member may have to pay 20 percent of the cost and the managed care plan will pay 80 percent of the cost to receive the same service from an out-of-plan provider.] | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HIS4 |
| | BOX HIS4 | routing | GO TO HIS20_IN - NAVIGATOR. | | |
| PLAN_HISMPDP | HIS34 | roster | What is the name of the Medicare Prescription Drug plan that covered [you/(SP)]? SELECT OR ADD ONLY ONE MEDICARE PRESCRIPTION DRUG PLAN AT THIS ROSTER. [PRESCRIPTION DRUG PLAN LOOKUP CALLED AT THIS SCREEN] | (01) continuous answer | HIS35 - HISMPDPCURR |
| HISMPDPCURR | HIS35 | yes/no | [Were you/Was (SP)] covered by or enrolled in (MEDICARE PRESCRIPTION DRUG PLAN NAME) on (REFERENCE DATE)? | (01) YES (02) NO (-8) Don't Know (-9) Refused | (01) BOX HIS5A (02) BOX HIS6 (-8) BOX HIS6 (-9) BOX HIS6 |
| | BOX HIS5A | routing | OTHER THAN THE PLAN SELECTED AT HIS34, IF ANOTHER MEDICARE PRESCRIPTION DRUG PLAN WAS "CURRENT" AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, GO TO HIS36 - HISMPDPCHNG. ELSE GO TO BOX HIS6. | | |
| HISMPDPCHNG | HIS36 | yes/no | I recorded previously that (PREVIOUS ROUND CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME) was [your/(SP's)] current Medicare Prescription Drug Plan on (REFERENCE DATE). Has this information changed? | (01) YES (02) NO (-8) Don't Know (-9) Refused | BOX HIS6 |
| | BOX HIS6 | routing | IF THE PLAN SELECTED AT HIS34 HAS BEEN IDENTIFIED AS THE SP'S CURRENT MEDICARE PRESCRIPTION DRUG PLAN AT THE TIME OF THE PREVIOUS ROUND INTERVIEW, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "CURRENT". OTHERWISE, SET THE PREVIOUS ROUND STATUS OF THIS PLAN TO "NOT CURRENT" GO TO BOX HIS6A. | | |
| | BOX HIS6A | routing | IF ((HIS35 - HISMPDPCURR = 2/No) OR (HIS36 - HISMPDPCHNG = 2/No)), GO TO HIS37 - PDPYSTOP. ELSE GO TO HIS1 - HISCORRB. | | |

| Variable Name | MR Screen Name | Question Type | Question Text/Description | Code List | Routing |
|---------------|----------------|---------------|---|---|---|
| PDPYSTOP | HIS37 | code one | What is the most important reason [you/(SP)] stopped the (MEDICARE PRESCRIPTION DRUG PLAN NAME) coverage? | (01) TOO EXPENSIVE OR COULDN'T AFFORD (02) SP DISSATISFIED WITH PLAN'S COVERAGE (03) TO GET RX COVERAGE IN ANOTHER PLAN (04) TO GET DIFFERENT HEALTH CARE COVERAGE (05) PLAN NO LONGER CONTRACTS FOR MEDICARE RX COVERAGE (06) PLAN NAME CHANGED OR PLAN WAS BOUGHT BY/MERGED WITH ANOTHER PLAN (07) SP MOVED OUT OF PLAN AREA (91) OTHER (-8) Don't Know (-9) Refused | (01) HIS1 - HISCORRB (02) HIS1 - HISCORRB (03) HIS1 - HISCORRB (04) HIS1 - HISCORRB (05) HIS1 - HISCORRB (06) HIS1 - HISCORRB (07) HIS1 - HISCORRB (91) HIS37 - PDPYSTOS (-8) HIS1 - HISCORRB (-9) HIS1 - HISCORRB |
| PDPYSTOS | HIS37 | verbatim text | OTHER (SPECIFY) | (01) continuous answer | HIS1 - HISCORRB |
| ENDHIS | HISCLOSE | no entry | That covers the health insurance [you/(SP)] had at the time of the last interview. The next questions are about [your/(SP's)] insurance coverage between (REFERENCE DATE) and (today/DATE OF DEATH/DATE OF INSTITUTIONALIZATION). | | BOX HIS5 |
| | BOX HIS5 | routing | GO TO HIQ. | | |