

LOUIS HARRIS AND ASSOCIATES INC
111 FIFTH AVENUE
NEW YORK, N.Y. 10003

FOR OFFICE USE ONLY

Questionnaire No: _____

(1 - 5)

STUDY NO: 528038
(109-114)

Card Number (6 - 7)

December 13, 1996

MEDICARE BENEFICIARIES

Time Started: _____ A.M. / P.M.

Interviewer: _____
(140-148)

Date: YYMMDD _____
(174-179)

Area Code: _____ Telephone No.: FROM SAMPLE (TELNUM1) _____
(117-119) (120-126)

Completed Interview (150 = 1)
Screen out (150 = 0)

Language of Interview:

English..... (208(____ - 1
Spanish..... ____ - 2

Screening Time Starts

Hello, I'm _____ from Louis Harris and Associates, the national survey research firm in New York. May I speak to (NAME FROM SAMPLE) please.

As you may recall from the letter that was sent to you recently, we are conducting a study to help researchers learn more about the experiences of people covered by the Medicare program. Your name was randomly selected from a list of Medicare beneficiaries provided to us by the Health Care Financing Administration, which administers the Medicare program, and your help with this survey would be most important. Participation in this survey will not affect your insurance status in any way. Let me assure you that everything you tell me will be kept in the strictest confidence. The survey will take about 25 minutes. (INTERVIEWER: IF RESPONDENT NOT ABLE TO PARTICIPATE, ASK TO SPEAK TO ADULT IN HOUSEHOLD MOST KNOWLEDGEABLE ABOUT HEALTH CARE RESPONDENT RECEIVES)

Continue Interview..... (209(____ - 1
Can not do survey and would not
give proxy..... ____ - 2

SECTIONS:

- X. PROXY INFORMATION (CARD 2)
- A. VERIFICATION OF INSURANCE (CARDS 3, 4, 5)
- B. HEALTH STATUS/UTILIZATION OF SERVICES (CARD 6)
- C. HMO ENROLLMENT AND DISENROLLMENT DECISIONS (CARD 7)
- D. ACCESS TO CARE (CARD 8 – 1ST HALF)
- E. SOURCES OF CARE (CARD 8 – 2ND HALF)
- F. EVALUATION OF PHYSICIAN RELATIONSHIP (CARD 9)
- G. EVALUATION OF HEALTH PLAN (CARD 10)
- H. INSURANCE COVERAGE (CARD 11)
- I. HEALTH CARE COSTS (CARD 12)
- J. FACTUALS (CARD 13)

TRANSFERRED FROM SAMPLE

Type of Health Plan: (QSMP1)

HMO (risk).....(1472(____ - 1
HMO (cost)..... - 2
Traditional Medicare..... - 3

Eligibility: (QSMP2)

Disability(1473(____ - 1
ESRD..... - 2
Disability & ESRD - 3
Other..... - 4

Age: / / (Range: 18-125)
(1474-1476)

Beneficiary Sex:

Male (1477(____ -1
Female -2

State Code:
(1478-1479)

Codes:

- 01 = Alabama
03 = Arizona
04 = Arkansas
05 = California
06 = Colorado
07 = Connecticut
08 = Delaware
09 = District of Columbia
10 = Florida
11 = Georgia
13 = Idaho
14 = Illinois
15 = Indiana
16 = Iowa
17 = Kansas
18 = Kentucky

- 19 = Louisiana
20 = Maine
21 = Maryland
22 = Massachusetts
23 = Michigan
24 = Minnesota
25 = Missouri
26 = Missouri
27 = Montana
28 = Nebraska
29 = Nevada
30 = New Hampshire
31 = New Jersey
32 = New Mexico
33 = New York
34 = North Carolina
35 = North Dakota

- 36 = Ohio
37 = Oklahoma
38 = Oregon
39 = Pennsylvania
41 = Rhode Island
42 = South Carolina
43 = South Dakota
44 = Tennessee
45 = Texas
46 = Utah
47 = Vermont
49 = Virginia
50 = Washington
51 = West Virginia
52 = Wisconsin
53 = Wyoming
Blank=No State Code

SMS KEY (SS#) [1463-1471]

X. PROXY INFORMATION

X1. Survey Conducted with:

Beneficiary(210(____ - 1 (SKIP TO Q.A1)

Proxy..... - 2 (ASK Q.X2)

X2. We would like to speak with someone who is knowledgeable about (INSERT NAME OF BENEFICIARY)'s daily health care needs, [her/his] experiences getting medical care, and with experiences with the Medicare program – would you be the best person to speak to?

Continue.....(211(____ - 1

[INTERVIEWER WILL RE-SCREEN FOR NEW PROXY AT THIS QUESTION IF NECESSARY)

BASE: Proxy Survey

X3. What is your relationship to (NAME OF BENEFICIARY)?

Husband/Wife.....(212(____ - 1
Child..... - 2
Grandchild..... - 3
Brother/Sister - 4
Other relative..... - 5
Paid caregiver - 6
Other (specify)
(213-215)..... - 7

BASE: Proxy Survey

X4. Reason for Proxy:

- Nursing home (216) ___ - 1
- In hospital ___ - 2
- Health ___ - 3
- Cognitive impairment/dementia ___ - 4
- Language (Other than Spanish) ___ - 5
- Other (217-219) ___ - 6

START TIMER FOR MAIN INTERVIEW

220-280Z

A. VERIFICATION OF INSURANCE

BASE: EVERYONE

A1. Overall, how satisfied [are you/is (s)he] with the Medicare program -- very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- Very satisfied.....(308(___ - 1
- Somewhat satisfied ___ - 2
- Somewhat dissatisfied..... ___ - 3
- Very dissatisfied ___ - 4
- Don't know ___ - &
- Refused..... ___ - -

ASK Q.A2 IF "HMO" SAMPLE (PAGE 2) – TRADITIONAL MEDICARE SKIP TO Q.A5

BASE: "HMO" SAMPLE (PAGE 2)

A2. I would like to clarify the type of Medicare coverage [you/(s)he] currently [have/has]. Our information indicates that [you are/(s)he is] enrolled in a Medicare HMO or Health Maintenance Organization. Is that correct? (READ IF NECESSARY: Which is an organization that provides a full range of health care services and generally requires [you/her/him] to choose doctors and hospitals on the plan's list.)

- Enrolled in HMO..... (309(___ - 1 (SKIP TO Q.A7)
- Not enrolled in HMO..... ___ - 2 (ASK Q.A3)
- Don't know ___ - & (ASK Q.A3)
- Refused..... ___ - - (ASK Q.A3)

BASE: "HMO" (SAMPLE PAGE 2) BUT "Not enrolled" "Don't know" OR "Refused" IN Q.A2.

A3. Our records show that as of December 1995 [you were/(s)he was] enrolled in a Medicare HMO plan -- do you recall changing [your/her/his] coverage since then, or not?

- Changed coverage..... (310(___ - 1 IF SAMPLE = X-SECTION CONTINUE WITH Q.A4 NON X-SEC SAMPLE S/O
- Have not..... ___ - 2 (SKIP TO Q.A7)
- Don't know ___ - & (SKIP TO Q.A7)
- Refused..... ___ - - (SKIP TO Q.A7)

IF SAMPLE = X-SECTION CONTINUE WITH Q.A4
NON X-SEC SAMPLE S/O

BASE: CHANGED MEDICARE COVERAGE (Q.A3/1)

A4. Why did [you/(s)he] drop that HMO membership? (DO NOT READ LIST -- MULTIPLE RECORD IF NECESSARY)

Financial/Benefits

- Out of pocket costs too high..... (311(____ - 1
- Premiums too high ____ - 2
- Exhausted the drug benefit ____ - 3
- Better benefits ____ - 4

Doctors/Facilities

- Doctor left the plan ____ - 5
- Doctors/facilities not convenient..... ____ - 6
- Did not like choice of doctors ____ - 7
- Doctor died or retired ____ - 8

Access/Availability

- Moved to another area ____ - 9
- Had to wait too long for an appointment..... (312(____ - 0
- Plan stopped serving Medicare ____ - 1
- Could not get care that was needed..... ____ - 2
- Could not get referral to specialist..... ____ - 3
- Could not get referral for home care ____ - 4

Quality

- Kept getting sicker..... ____ - 5
- Didn't like quality of doctors..... ____ - 6
- Didn't like quality of hospitals ____ - 7
- Quality of care was poor (unsp.)..... ____ - 8

Misc.

- Plan rules were confusing ____ - 9
- Retired (313(____ - 0
- Employer ____ - 1
- Other (SPECIFY) (314-316)..... ____ - 2
- Don't know (311(____ - & SP
- Refused..... ____ - - SP

SKIP TO Q.A9

BASE: "TRADITIONAL MEDICARE" SAMPLE

A5. Our records show that [you are/(s)he is] covered under the Medicare program, but not an HMO. Is that correct? (PROBE: [If you do/(s)he does] not belong to an HMO [you (s)he] can go to any doctor or hospital and Medicare will cover the bill?)

- Correct, enrolled in traditional Medicare..... (317(____ - 1 (SKIP TO Q.A9)
- Not enrolled in traditional Medicare ____ - 2 (ASK Q.A6)
- Don't know ____ - & (ASK Q.A6)
- Refused..... ____ - - (ASK Q.A6)

BASE: "TRADITIONAL MEDICARE" SAMPLE BUT "Not enrolled in traditional Medicare", "Don't know" OR "Refused" IN Q.A5

A6. [Do you/does (s)he] currently belong to a Medicare HMO or health maintenance organization, or not? (READ IF NECESSARY: Which is an organization that provides a full range of health care services and generally requires [you/her/him] to choose doctors and hospitals on the plan's list.)

- Belong to a Medicare HMO (318(____ - 1 (ASK Q.A7)
- Do not belong to an HMO..... ____ - 2 (SKIP TO Q.A9)
- Don't know ____ - & (SKIP TO Q.A9)
- Refused..... ____ - - (SKIP TO Q.A9)

NOTE:

HMO ENROLLEES INCLUDE:

ENROLLED IN MEDICARE HMO IN Q.A2 (Q.A2/1)

HAVE NOT TAKEN STEPS TO CHANGE INSURANCE COVERAGE OR DON'T KNOW/REFUSED IN Q.A3 (Q.A3/2 OR DK/REF) BELONG TO MEDICARE HMO IN Q.A6 (Q/A6/1) -- ALL OTHERS WILL QUALIFY AS NON-HMO ENROLLEES. THIS DEFINITION IS APPLICABLE FOR ANY INSTRUCTION IN THIS QUESTIONNAIRE THAT REFERS TO HMO AND NON-HMO ENROLLEES

BASE: HMO ENROLLEES (Q.A2/1, A3/2 OR,DK/REF, Q.A6/1)

A7. What is the name of [your/her/his] Medicare (HMO) health plan?
(IF NOT SURE ABOUT STATUS (Q.A3):DO NOT READ“HMO”)

AL (01)

Complete Health - Medicare Complete.....(319(____ - 1
Health Partners of Alabama - Seniors First - 2
Other (Specify)_____ (320-322) ____ -
3
Don't know..... - &
Refused..... - -

AR (04)

Healthsource Arkansas - Healthsource(323(____ - 1
HMO Partners - Medipak Advantage..... - 2
Other (Specify)_____ (324-326). ____
- 3
Don't know..... - &
Refused..... - -

AZ (03)

Blue Cross/Shield - Medicare Blue(327(____ - 1
Cigna Healthcare - Cigna Health Plan for Seniors..... - 2
FHP - FHP Senior Care..... - 3
Humana Health Plan - Humana Gold Plus Plan - 4
Intergroup Prepaid Health Serv. - Senior Care..... - 5
Maricopa County Health Plan - Maricopa Senior Select____ - 6
Partners Health Plan - Senior Choice..... - 7
Other (Specify)_____ (328-330) ____ - 8
Don't know..... - &
Refused..... - -

CA (05)

Aetna Health Plan - Senior Choice(331(____ - 1
California Physicians Services - Shield 65..... - 2
Californiacare Health Plans - Senior Californiacare..... - 3
Careamerica Health Plans -
Golden Outlook/Careamerica 65 Plus - 4
Chinese Community Health Plan - CCHP-Medicare..... - 5
Cigna Healthcare - Cigna Healthcare for Seniors..... - 6
Cigna Healthcare - Ross-Loos Med Group..... - 7
Contra Costa Health Plan - Contra Costa..... - 8
FHP - Senior Plan/Senior Plan Plus - 9
Foundation Health - Foundation Health Senior Value(332(____ -
0
Health Net - Health Net Seniority Plus..... - 1
Health Plan of the Redwoods - Mediprime - 2
Inter Valley Health Plan - Service to Senior - 3
Kaiser Foundation HP - Kaiser Permanente
Senior Advantage - 4
Kaiser Foundation - 5
Lifeguard - Lifeguard Seniorplan - 6
Maxicare - Max65 - 7
National Med - Securitycare - 8
PacifiCare - Secure Horizons - 9
Prudential Health Care Plan - Prudential Seniorcare(333(____ -
0
Sante Fe Employees Hospital Assn. - 1
Scan Health Plan..... - 2
Watts Health Foundation - United Health Plan for Seniors____ -
3
Other (Specify)_____ (334-336) ____ - 4
Don't Know (331(____ - &
Refused..... - -

CO (06)

Cigna Healthcare - Cigna Healthcare for Seniors. (337(____ - 1
FHP - FHP Senior Plan - 2
HMO Colorado - Senior First..... - 3
HMO Health Plans - 4
Kaiser Foundation - Kaiser Colorado - 5
Kaiser Foundation - Kaiser Permanente Senior Advantage____ -
6
Qual-med - Senior Security - 7
Rocky Mountain HMO - Rocky Mountain Medicare Plan____ - 8
Other (Specify)_____ (338-340) ____ -
9
Don't know - &
Refused..... - -

CT (07)

Kaiser Foundation HP - Kaiser FHP - (341(____ - 1
Oxford Health Plans - Medicare Advantage - 2
Physicians HLTH Svc - Carefree..... - 3
US Healthcare, Inc. - 4
Other (Specify)_____ (342-344). ____
- 5
Don't know - &
Refused..... - -

DC (09)

Humana Group Health Plan - Group Health Assn (345(____ - 1
Humana Group Health Plan - Humana Gold Plus Plan ____ - 2
United Mine Workers Of America - United Mine Wkrs . ____ - 3
Other (Specify)_____ (346-348) ____ -
4
Don't know - &
Refused..... - -

DE (08)

Amerihealth HMO - Keycare (349(____ - 1
Other (Specify)_____ (350-352). ____
- 2
Don't know - &
Refused..... - -

FL (10)

AV-MED Health Plan..... (353(____ - 1
Boro Medical Corporation..... - 2
CAC-United Health Care - Medicare Plus - 3
Capital Group Health Svc of FL - Capital Health Plan.. ____ - 4
Careflorida - Care Free Medicare Plan..... - 5
Cigna Healthcare - Cigna Healthcare for Seniors..... - 6
Florida Health Care Plan - Senior Care..... - 7
Health Options - Medicare and More - 8
HIP/HIP Medicare Advantage - 9
Humana Medical Plan - Humana Gold Plus Plan. (354(____ - 0
Neighborhood Health Partnership - 1
PCA Health Plans - PCA Qualicare..... - 2
Principal Healthcare - Principal Health Care 65 - 3
Prudential Health Care Plan - Prudential Senior care .. ____ - 4
Other (Specify)_____ (355-357) ____ -
5
Don't know (353(____ - &
Refused..... - -

GA (11)

Kaiser Foundation HP(358(____ - 1
United Healthcare - United for Seniors ____ - 2
Other (Specify) _____(359-361) ____ -
3
Don't know ____ - &
Refused ____ - -

HI (13)

Hawaii Med. Srv. Assn. - HMSA(362(____ - 1
Kaiser Foundation ____ - 2
Kaiser Foundation - Senior Plan ____ - 3
Other (Specify) _____(363-365) ____ -
4
Don't know ____ - &
Refused ____ - -

IA (16)

Medical Associates Health Plan - Med Assn Clinic HP... (366(____
- 1
Medical Associates Health Plan - Medicare Advantage ____ - 2
Principal Health Care - United Healthcare ____ - 3
Other (Specify) _____(367-369) ____ -
4
Don't know ____ - &
Refused ____ - -

IL (14)

Arnett HMO(370(____ - 1
 Deere Family Healthplan - 2
 Dreyer HMO - 3
 FHP of Illinois - FHP Senior Plan - 4
 Health Direct Insurance - Health Direct HMO Senior Plan____ - 5
 Heritage National HP - 6
 Humana Health Plan, Inc. - Humana Gold Plus Plan ...____ - 7
 Illinois Central Hospital Association - Medicare Supplement Plan - 8
 NYLCARE - NYLCARE 65 - 9
 Rush Prudential HMO - Medicare Program(371(____ - 0
 Share Health Plan - Share Seniorcare -1
 Sidney Hillman HC - Sidney Hillman Health Center..... - 2
 Union Health Services - UHS Medicare 65..... - 3
 Union Medical Center - 4
 Wabash Mem. Hospital - Wabash Area Hospital Assoc.____ - 5
 Welborn HMO..... - 6
 Other (Specify)_____ (372-374)____ - 7
 Don't know..... (370(____ - &
 Refused..... - -

IND (15)

Anthem Health Plan - Anthem Advantage(375(____ - 1
 Healthsource Indiana Managed Care - Senior Care..... - 2
 Maxicare Indiana - Max 65 Plus - 3
 The M Plan - Senior Securecare - 4
 Other (Specify)_____ (376-378)____ - 5
 Don't know..... - &
 Refused..... - -

KS (17)

AT & SF Employee Benefit Assoc(379(____ - 1
 Kaiser Foundation HP - 2
 Preferred Plus - Preferred Senior Care - 3
 Other (Specify)_____ (408-410).____ - 4
 Don't know..... - &
 Refused..... - -

KY (18)

Humana Health Plan - Humana Gold Plus Plan ... (411(____ - 1
 Other (Specify)_____ (412-414)____ - 2
 Don't know..... - &
 Refused..... - -

LA (19)

Advantage Health Plan - Advantage 65..... (415(____ - 1
 Community Hlth Network - Community 65..... - 2
 Gulf South Health Plans - 3
 Ochsner Health Plan - Total Health 65..... - 4
 Other (Specify)_____ (416-418)____ - 5
 Don't know..... - &
 Refused..... - -

MA (22)

Capital Area Community HP - Community Health Plan .. (419(____ - 1
 Evercare - Evercare..... - 2
 Fallon Community Health Plan - Senior Plan..... - 3

Harvard Community Health Plan - First Seniority..... - 4
 Harvard Community Health Plan - Senior Care..... - 5
 HMO Blue, Inc..... - 6
 HMO Blue - Blue Care 65..... - 7
 Neighborhood Health Plan - Senior Health Plus..... - 8
 Pilgrim Health Care - Pilgrim Prime..... - 9
 Tufts Associated HMO - Secure Horizons..... (420(____ - 0
 US Healthcare, Inc..... - 1
 Other (Specify)_____ (421-423)____ - 2
 Don't know (419(____ - &
 Refused..... - -

MD (20)

Chesapeake Health Plan - Advantage (424(____ - 1
 Evercare..... - 2
 Healthcare Corp - Carefirst - 3
 Kaiser Foundation HP - Medicare Plus - 4
 NYLCARE Health Plans - NYLCARE 65..... - 5
 Optimum Choice - Optimum Choice Advantage..... - 6
 Other (Specify)_____ (425-427)____ - 7
 Don't know - &
 Refused..... - -

MI (23)

Blue Care Network - Medicare Plus (428(____ - 1
 Comprehensive Health Services - The Wellness Plan .. ____ - 2
 Health Alliance Plan of Michigan - HAP Senior Plus ____ - 3
 Other (Specify)_____ (429-431)____ - 4
 Don't know - &
 Refused..... - -

MN (24)

Central Minnesota Group Health Plan - Central Minn GHP(432(____ - 1
 Community Health Center - CHC - 2
 Group Health Plan..... - 3
 Group Health Plan - Group Health Seniors - 4
 Healthpartners..... - 5
 HMO Midwest - Medicare and More..... - 6
 HMO Minnesota/Blue Plus - Medicare and More - 7
 HMO Minnesota/Blue Plus - Preferred Seniors - 8
 Medica - PHP Plus - 9
 Other (Specify)_____ (434-436) .. (433(____ - 0
 Don't know (432(____ - &
 Refused..... - -

MO (26)

Gencare Health Systems - Carus..... (437(____ - 1
 Good Health HMO - Blue Advantage 65 - 2
 Group Health Plan - GHP Senior Plan - 3
 HMO Missouri - Bluechoice Senior - 4
 Humana Kansas City - Humana Gold Plus Plan - 5
 Physicians HP - Carus - 6
 St. Louis Labor Health Institute - Labor Hlth Institute ... ____ - 7
 Total Health Care - Total Health Care 65..... - 8
 Other (Specify)_____ (438-440) (433(____ - 9
 Don't know - &

380Z

Refused - -

NC (34)

Kaiser Foundation HP - Kaiser N.C(441(____ - 1
 Kaiser Foundation HP - Medicare Plan - 2
 Kaiser Foundation HP - The Kaiser Permanente
 Medicare Plan - 3
 Partners National Health Plans - Partners Prime..... - 4
 Other (Specify)_____ (442-444) ____ -
 5
 Don't know..... - &
 Refused - -

ND (35)

Heart of America HMO - HA Medicare
 Coordinated Care Plan(445(____ - 1
 Other (Specify)_____ (446-448) ____ -
 2
 Don't know..... - &
 Refused - -

NE (28)

United Healthcare - Share Seniorcare(449(____ - 1
 Other (Specify)_____ (450-452) ____ - 2
 Don't know..... - &
 Refused - -

NJ
 Aetna Health Plans - Senior Choice(453(____ - 1
 Amerihealth HMO, Inc - Amerihealth 65 - 2
 Capital Area Community HP - Health Shield - 3
 First Option Health Plan of NJ - Senior Option - 4
 HIP of NJ, Inc - HIP VIP - 5
 HMO of New Jersey - US Health Medicare Plan - 6
 Medigroup, Inc. - Medicare Blue - 7
 Other (Specify) _____ (454-456) ____ - 8
 Don't know - &
 Refused - -

NM (32)
 FHP - FHP Senior Plan(457(____ - 1
 Lovelace Health Plan - Lovelace Senior Plan - 2
 Presbyterian Health Plan - Presbyterian Senior Health Plan .. ____ - 3
 Qualmed - Qualmed Senior Security - 4
 Other (Specify) _____ (458-460) ____ - 5
 Don't know - &
 Refused - -

NV
 Hometown Health Plan - Senior Care Plus Health Plan .(461(____ - 1
 Humana Health Plan - Humana Gold Plus Plan - 2
 Other (Specify) _____ (462-464) ____ - 3
 Don't know - &
 Refused - -

NY (33)
 BORO Medical Center(465(____ - 1
 Choicecare Long Island - VYTRA Medicare - 2
 Cigna Healthcare - Cigna Healthcare for Seniors - 3
 Finger Lakes Health Insurance - Blue Choice
 Senior/Seniorcare - 4
 Health Care Plan - Med Plus - 5
 Health Care Plan - Seniorchoice - 6
 HIP of Greater NY. - 7
 HIP of Greater NY - HIP VIP - 8
 Independent Health Association - Encompass 65 - 9
 Kaiser Foundation - Senior Advantage(466(____ - 0
 Kaiser Foundation HP - Kaiser FHP - 1
 Managed Health, Inc. - Managed Health 65 Plus - 2
 NYLcare Health Plans, Inc - NYLcare 65 - 3
 NYSA-ILA Coordinating Committee - NYSA-ILA - 4
 NYSA-PPGU Welfare Fund NYSA-PPGU - 5
 Oxford Health Plans - Oxford Medicare Advantage - 6
 Physician Health Service of NY - PHS/Medicare HMO ____ - 7
 Rochester Area HMO - Preferred Care Gold - 8
 Union Family Med Fund - Union Family Medical Fund . ____ - 9
 US Healthcare, Inc.(467(____ - 0
 Wellcare - Senior Health Plan - 1
 Other (Specify) _____ (468-470) ____ - 2
 Don't know - &
 Refused - -

OH (36)
 Aetna Health Plans - Senior Choice(471(____ - 1
 Community Insurance Company - HMP Medicare - 2
 Family Health Plan - Senior Plan - 3
 Family Health Plan - Seniorsense - 4
 Health Guard - Advantage Gold - 5
 Healthohio - 6
 Kaiser Foundation - Medicare Plus - 7

Paramount Care - Paramount Elite ____ - 8
 Prudential Health Care Plan - Prudential Seniorcare ... ____ - 9
 Qualchoice Health Plan - Qualchoice HMO Prime(472(____ - 0
 Summacare - Summacare Secure - 1
 United Healthcare - Medicare Complete - 2
 Other (Specify) _____ (473-475) . ____ - 3
 Don't know(471(____ - &
 Refused ____ - -

OKL (37)
 Community Care HMO - Senior Health Plan(476(____ - 1
 Pacificare - Secure Horizons ____ - 2
 Secure Horizons ____ - 3
 Senior Health Plan ____ - 4
 Other (Specify) _____ (477-479) ____ - 5
 Don't know ____ - &
 Refused ____ - -

480Z

ORE (38)
 HMO Oregon - First Choice 65(508(____ - 1
 HMO Oregon - Preferred Choice 65 ____ - 2
 Kaiser Foundation ____ - 3
 Kaiser Foundation - Kaiser Medicare - Plus II ____ - 4
 Kaiser Foundation - Kaiser NW ____ - 5
 PACC HMO - PACC Medicare HMO Plan ____ - 6
 Pacificare of Oregon - Secure Horizons ____ - 7
 Providence Health Plans - Providence Good Health Plan ____ - 8
 Selectcare Health Plans - Selectcare Senior Plus ____ - 9
 Other (Specify) _____ (510-512)(509(____ - 0
 Don't know(508(____ - &
 Refused ____ - -

PA (39)
 Aetna Health Plans - Aetna Medicare Program....(513(____ - 1
 Aetna Health Plans - Senior Choice - 2
 Geisinger Health Plan - Geisinger Gold - 3
 Greater Atlantic Health Service - Wise Choice - 4
 Healthamerica of Pittsburgh - Advantra - 5
 HMO of Northeastern PA - Priority 65 - 6
 Keystone Health Plan Central - Keycare 65 - 7
 Keystone Health Plan East - Keycare - 8
 Keystone Health Plan West - Security Blue - 9
 Phila AFL-CIO Hospital Association(514(____ - 0
 US Health Care Systems - US Healthcare - 1
 Other (Specify) _____ (515-517) ____ - 2
 Don't know(513(____ - &
 Refused ____ - -

RI (41)
 Harvard Community Health Plan - Careplus(518(____ - 1
 Harvard Community Health Plan of N.E. - First Seniority ____ - 2
 United Health Plans of N.E. - Seniorcare - 3
 Other (Specify) _____ (519-521) ____ - 4
 Don't know ____ - &
 Refused ____ - -

SC (42)
 Companion Healthcare Corporation - Prime Companion(522(____ - 1
 Other (Specify) _____ (523-525) ____ - 2
 Don't know ____ - &
 Refused ____ - -

TN (44)

Health 1*2*3 - Health 1*2*3 Platinum(526(___ - 1
Other (Specify)_____ (527-529)___ - 2
Don't know..... - &
Refused ___ - -

TX (45)

Harris Health Plan - Harris Methodist Senior Health Plan(530(___ - 1
Humana - Humana Gold Plus Plan..... ___ - 2
Kaiser Foundation - Kaiser Texas ___ - 3
NYLCare - NYLCARE 65..... ___ - 4
PacifiCare - Secure Horizons ___ - 5
PCA Health Plans - PCA Qualicare ___ - 6
Prudential Health Care Plan - Prudential Seniorcare.... ___ - 7
Santa Fe Employees Hospital Assoc..... ___ - 8
Scott and White Health Plan - Seniorcare ___ - 9
Other (Specify)_____ (532-534)(531(___ - 0
Don't know..... (530(___ - &
Refused ___ - -

UT (46)

Deseret Healthcare Trust - Senior Choice Health Plan ..(535(__ - 1
 FHP of Utah - Senior Advantage __ - 2
 IHC Group - IHC Senior Care..... __ - 3
 Union Pacific RR Employees Hlth Sys __ - 4
 Other (Specify)_____ (536-538) .. __ - 5
 Don't know..... __ - &
 Refused..... __ - -

VA (49)

Sentara Health Plans - Sentara Medicare Choice(539(__ - 1
 Other (Specify)_____ (540-542) __ - 2
 Don't know..... __ - &
 Refused..... __ - -

VT (47)

Capital Area Community HP(543(__ - 1
 Other (Specify)_____ (544-546) __ - 2
 Don't know..... __ - &
 Refused..... __ - -

WA (50)

Group Health COOP of Puget Sound - GHC/Puget Sound(547(__ - 1
 Group Health Northwest..... __ - 2
 Medical Service Corporation - MSC Classic Care __ - 3
 Options Health Care..... __ - 4
 PacifiCare of Washington - Secure Horizons __ - 5
 Providence Good Health Plan - Sound Choice
 Medicare Extra __ - 6
 Qual-Med - Senior Security __ - 7
 Virginia Mason Health Plan - Virginia Mason Medicare Choice ____ - 8
 Other (Specify)_____ (548-550) __ - 9
 Don't know..... __ - &
 Refused..... __ - -

WI (52)

Dean Health Plan - Deancare HMO(551(__ - 1
 Medical Associates Clinic Health Plan -
 Medicare Advantage..... __ - 2
 Network Health Plan..... __ - 3
 Primecare Health Plan - Primecare Gold..... __ - 4
 Other (Specify)_____ (552-554) __ - 5
 Don't know..... __ - &
 Refused..... __ - -

WV (51)

Health Plan of the Upper Ohio Valley(555(__ - 1
 Other (Specify)_____ (556-558) __ - 2
 Don't know..... __ - &
 Refused..... __ - -

Other States: (NO STATE CODE FROM SAMPLE)

Other (Specify)_____ (559(__ - 1
 Don't know..... __ - &
 Refused..... __ - -

<p>IF SICK OVERSAMPLE SKIP TO Q.B1 OTHERS CONTINUE WITH Q.A8</p>

BASE: ALL HMO ENROLLEES (NOTE: INCLUDING SICK OVERSAMPLE ROUTED FROM Q.B5)

A8. How long [have you/has (s)he] been a member of (INSERT NAME OF HEALTH PLAN Q.A7)? (IF HESITANT READ LIST)

- Less than one year..... (560(____ - 1
- 1 - 2 years ____ - 2
- 3 - 5 years ____ - 3
- 6 - 7 years ____ - 4
- 8 - 10 years ____ - 5
- More than 10 years ____ - 6
- Don't know ____ - &
- Refused..... ____ - -

BASE: EVERYONE

A9. [Were you/Was (s)he] ever enrolled in an HMO or health maintenance organization before becoming eligible for Medicare?

- Enrolled in an HMO before joining Medicare (561(____ - 1
- Was not enrolled in HMO before joining Medicare ____ - 2
- Don't know ____ - &
- Refused..... ____ - -

IF QUALIFIED SICK OVERSAMPLE SKIP TO Q.B2a
OTHERS CONTINUE WITH Q.B1

562-580Z

B. HEALTH STATUS/UTILIZATION OF SERVICES

BASE: EVERYONE

B1. Now I'd like to ask a few questions about [your/her/his] health. Overall, how would you describe [your/her/his] health -- excellent, good, fair or poor?

- Excellent..... (608(___ - 1
- Good ___ - 2
- Fair..... ___ - 3
- Poor ___ - 4
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

B2. Has a doctor or other health care provider ever told [you/her/him] that [you have/(s)he has] any of the following medical conditions?
(READ EACH ITEM)

ROTATE -- START AT "X"

	<u>Been Told</u>	<u>Have Not</u>	<u>Don't know</u>	<u>Refused</u>
B2-1 () 1. Diabetes or high levels of sugar in [your/her/his] blood	(609(___ - 1	___ - 2	___ - &	___ - -
B2-2 () 2. High blood pressure	(610(___ - 1	___ - 2	___ - &	___ - -
B2-3 () 3. Heart disease	(611(___ - 1	___ - 2	___ - &	___ - -
B2-4 () 4. Had a stroke	(612(___ - 1	___ - 2	___ - &	___ - -
B2-5 () 5. Cancer that still requires treatment or monitoring by a physician.....	(613(___ - 1	___ - 2	___ - &	___ - -
B2-6 () 6. Asthma	(614(___ - 1	___ - 2	___ - &	___ - -

READ LAST

B2-X 7. A serious mental health condition, such as depression, schizophrenia,
or Alzheimer's disease (615(___ - 1 ___ - 2 ___ - & ___ - -

IF SICK OVERSAMPLE SKIP TO Q.B5
OTHERS CONTINUE WITH Q.B2a

BASE: EVERYONE

B2a. [Do you/does (s)he] have any illnesses or health problems that cause [your/her/him] a lot of pain, or not?

- Have a lot of pain (616(___ - 1
- Do not ___ - 2
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

B3. In the past year, [have you/has (s)he] (READ EACH ITEM), or not?

ROTATE -- START AT "X"

	<u>Have had</u>	<u>Have not</u>	<u>Don't know</u>	<u>Refused</u>
B3-1 () 1. Had a physical exam or regular physician visit.....(617(___ - 1		___ - 2	___ - &	___ - -
B3-2 () 2. Been treated in a hospital emergency room.....(618(___ - 1		___ - 2	___ - &	___ - -
B3-3 () 3. Received a flu shot.....(619(___ - 1		___ - 2	___ - &	___ - -
B3-4 () 4. Been in a nursing home.....(620(___ - 1		___ - 2	___ - &	___ - -

ASK ITEM 5 OF WOMEN ONLY

B3-5 5. Had a mammogram or breast x-ray.....(621(___ - 1		___ - 2	___ - &	___ - -
---	--	---------	---------	---------

ASK ITEM 6 OF MEN ONLY

B3-6 6. Had a test or physical exam for prostate cancer.....(622(___ - 1		___ - 2	___ - &	___ - -
---	--	---------	---------	---------

ASK IF DIABETIC IN Q.B2-1

B3-7 7. Had an eye exam .....(623(___ - 1		___ - 2	___ - &	___ - -
B3-8 8. Had a blood test for your diabetes.....(624(___ - 1		___ - 2	___ - &	___ - -

BASE: EVERYONE

B4. Thinking about the past 12 months, approximately how many visits [have you/has (s)he] made to a doctor's office or clinic, please do not include any visits to the hospital or emergency room? Your best estimate will do.

/ / / / Visits (SKIP TO INSTRUCTIONS Q.B5)
(625-627)

Range: 0-365

Don't know(625(- & (ASK Q.B4a)
Refused..... - - (ASK Q.B4a)

BASE: UNSURE ABOUT NUMBER OF VISITS TO DOCTOR'S OFFICE OR CLINIC (Q.B4 = DK/REF)

B4a. Roughly how many visits [have you/has (s)he] made to a doctor's office or clinic in the past 3 months? Your best estimate will do.

/ / / / visits
(628-629)

Range: 0-90

Don't know(628(- &
Refused..... - -

IF SICK QUALIFIED OVERSAMPLE AND Q.B5 IS 1-200 SKIP TO Q.B5a
IF SICK QUALIFIED OVERSAMPLE AND Q.B5 IS NOT 1-200 SKIP TO Q.B7
OTHERS ASK Q.B5

BASE: EVERYONE

B5. How many times, if any, in the past 12 months [have you/has (s)he] been hospitalized for at least one night?

/ / / / /
(630-632)

Range: 0-200

Don't know(630(- &
Refused..... - -

IF 1-200 ASK Q.B5a. OTHERS SKIP TO Q.B7

NOTE: "SICK" BENEFICIARIES WILL BE DEFINED AS:
- FAIR OR POOR HEALTH (Q.B1)
OR HAVE BEEN DIAGNOSED WITH DIABETES, CANCER, HEART DISEASE OR STROKE (Q.B2)
OR HOSPITALIZED IN PAST YEAR (Q.B5)
- IF SICK OVERSAMPLE AND DO NOT QUALIFY ON DEFINITION OF SICK, SCREEN OUT
- IF SICK OVERSAMPLE AND DO QUALIFY ON DEFINITION OF SICK SKIP TO Q.A8
- ALL OTHER SAMPLE IF Q.B5 IS 1-200 ASK Q.B5a. OTHERS SKIP TO Q.B7

BASE: AT LEAST ONE HOSPITAL STAY IN PAST 12 MONTHS (Q.B5>0)

B5a. Was [your/her/his] most recent hospitalization a planned or an emergency admission?

Planned admission..... (633(- 1
Emergency admission..... - 2
Don't know - &
Refused..... - -

BASE: AT LEAST ONE HOSPITAL STAY IN PAST 12 MONTHS (Q.B5 >0)

B6. [Did you/(s)he] have any surgery during [your/his/her] stay(s) in the hospital, or not?

Had surgery during hospital stay..... (634(- 1
Did not..... - 2
Don't know - &
Refused..... - -

BASE: EVERYONE

B7. The next series of questions is about some everyday activities. Please tell me whether or not [you are/(s)he is] able to do the following things without the help of another person? (READ EACH ITEM) (IF RESPONDENT SAYS "Sometimes", READ THIS PROMPT: Well, would you say [you are/(s)he is] generally able or generally not able to do this without help?)

ROTATE -- START AT "X"

	<u>Able</u>	<u>Not Able</u>	<u>Don't know</u>	<u>Refused</u>
B7-1 () 1. Dress and undress	(635(___ - 1	___ - 2	___ - &	___ - -
B7-2 () 2. Get in and out of bed or chairs	(636(___ - 1	___ - 2	___ - &	___ - -
B7-3 () 3. Bathe or shower	(637(___ - 1	___ - 2	___ - &	___ - -
B7-4 () 4. Use the toilet.....	(638(___ - 1	___ - 2	___ - &	___ - -
B7-5 () 5. Eat without help	(639(___ - 1	___ - 2	___ - &	___ - -
B7-6 () 6. Walk short distances	(640(___ - 1	___ - 2	___ - &	___ - -

641-680Z

HMO ENROLLMENT AND DISENROLLMENT DECISIONS

Now I have some questions about HMOs, or health maintenance organizations.

BASE: EVERYONE

C1. Have you heard about or seen any ads on TV, radio, newspapers or billboards about Medicare HMOs, or not?

- Have seen ads (708(___ - 1
- Have not ___ - 2
- Don't know ___ - &
- Refused ___ - -

IF NON-HMO ENROLLEE SKIP TO INSTRUCTIONS ABOVE Q.C3

The next series of questions asks about [your/her/his] decision to join or not join a Medicare HMO.

IF BENEFICIARY COMPLETED SURVEY ASK. Q.C2a. IF PROXY SKIP TO Q.C2b

BASE: HMO ENROLLEES AND BENEFICIARY COMPLETED SURVEY

C2a. Who decided whether or not you would join a Medicare HMO - did you decide by yourself, did you and others decide together, or did someone else decide for you?

- Decided alone (709(___ - 1 (GO TO INSTRUCTIONS ABOVE Q.C3)
- Decided with others ___ - 2 (GO TO Q.C2e)
- Someone else decided ___ - 3 (GO TO Q.C2e)
- Never considered joining HMO (vol.) ___ - 4 (GO TO INSTRUCTIONS ABOVE Q.C3)
- Don't know ___ - & (GO TO INSTRUCTIONS ABOVE Q.C3)
- Refused ___ - - (GO TO INSTRUCTIONS ABOVE Q.C3)

BASE: HMO ENROLLEES AND PROXY COMPLETED SURVEY

C2b. Who decided whether or not (s)he would join a Medicare HMO – did (s)he make this decision on [her/his] own, did others help [her/him] decide or did others decide for [her/him]?

- Beneficiary decided alone (710(___ - 1 (GO TO INSTRUCTIONS ABOVE Q.C3)
- Beneficiary and others decided ___ - 2 (GO TO Q.C2c)
- Others decided for beneficiary ___ - 3 (GO TO Q.C2c)
- Never considered joining HMO (vol.) ___ - 4 (GO TO INSTRUCTIONS ABOVE Q.C3)
- Don't know ___ - & (GO TO INSTRUCTIONS ABOVE Q.C3)
- Refused ___ - - (GO TO INSTRUCTIONS ABOVE Q.C3)

BASE: (HMO ENROLLEES) PROXY COMPLETED SURVEY AND SOMEONE OTHER THAN BENEFICIARY INVOLVED IN MAKING DECISION ABOUT MEDICARE HMO (Q.C2b/2,3)

C2c. Who helped her/him decide whether or not (s)he would join a Medicare HMO – family, friends, [her/his] doctor or someone else? (MULTIPLE RECORD IF NECESSARY)

- Family (711(___ - 1
- Friends ___ - 2
- Doctor ___ - 3
- Other (SPECIFY)
- _____ (712-714) ___ - 4
- Don't know ___ - & SP
- Refused ___ - - SP

BASE: (HMO ENROLLEES) PROXY COMPLETED SURVEY AND SOMEONE OTHER THAN BENEFICIARY INVOLVED IN MAKING DECISION ABOUT MEDICARE HMO (Q.C2b/2,3)

C2d. Did you help decide whether or not (s)he would join a Medicare HMO?

- Proxy helped decide (715(___ - 1
- Did not ___ - 2
- Don't know ___ - &
- Refused ___ - -

GO TO INSTRUCTIONS ABOVE Q.C3

BASE: (HMO ENROLLEES) BENEFICIARY COMPLETED SURVEY AND OTHERS (HELPED) MAKE DECISIONS ABOUT MEDICARE (Q.C2a/2.3)

C2e. Who helped you decide whether or not to join a Medicare HMO – family, friends, your doctor or someone else? (MULTIPLE RECORD IF NECESSARY)

- Family (716(____ - 1
- Friends ____ - 2
- Doctor ____ - 3
- Other (SPECIFY) _____ (717-719) ____ - 4
- Don't know - & SP
- Refused..... ____ - - SP

BASE FOR INSTRUCTION = EVERYONE
 - HMO ENROLLEES SKIP TO INSTRUCTION ABOVE Q.C4
 - IF NON-HMO ENROLLEE BUT DROPPED HMO (Q.A3/1) SKIP TO Q.C3a

BASE: NON-HMO ENROLLEES – EXCLUDING THOSE WHO DROPPED HMO (Q.A3/ NOT 1)

C3. Since [you/(s)he] went on Medicare, [have you/has (s)he] ever been enrolled in an HMO or health maintenance organization -- which is an organization that provides a full range of health care services and generally requires you to choose doctors and hospitals on the plan's list? NOTE: DO NOT USE BENEFICIARY/PROXY TEXT SUBSTITUTION

- Have belonged to HMO at some time while on Medicare... (720(____ - 1 (ASK Q.C3a)
- Have not belonged to an HMO since joining Medicare..... ____ - 2 (SKIP TO Q.C9b)
- Don't know ____ - & (SKIP TO Q.C9b)
- Refused..... ____ - - (SKIP TO Q.C9b)

BASE: NON-HMO ENROLLEES WHO BELONGED TO HMO WHILE ON MEDICARE (Q.C3/1 OR Q.A3/1)

C3a. What was the main reason that [you/(s)he] decided to [have her/him] leave that plan for coverage under traditional Medicare? (DO NOT READ LIST-- SINGLE RECORD)

- Financial/Benefits
- Out of pocket costs too high..... (721(____ - 1
- Premiums too high ____ - 2
- Exhausted the drug benefit ____ - 3
- Better benefits ____ - 4
-
- Doctors/Facilities
- Doctor left the plan ____ - 5
- Doctors/facilities not convenient..... ____ - 6
- Did not like choice of doctors ____ - 7
- Doctor died or retired ____ - 8
-
- Access/Availability
- Moved to another area ____ - 9
- Had to wait too long for an appointment..... (722(____ - 0
- Plan stopped serving Medicare ____ - 1
- Could not get care that was needed..... ____ - 2
- Could not get referral to specialist..... ____ - 3
- Could not get referral for home care ____ - 4
-
- Quality
- Kept getting sicker..... ____ - 5
- Didn't like quality of doctors..... ____ - 6
- Didn't like quality of hospitals ____ - 7
- Quality of care was poor (unsp.)..... ____ - 8
-
- Misc.
- Plan rules were confusing ____ - 9
- Retired (723(____ - 0
- Employer ____ - 1
- Other (SPECIFY)
- _____ (724-726) ____ - 2
- Don't know ____ - &
- Refused..... ____ - -

- IF HMO ENROLLEE AND RESPONDENT WAS INVOLVED IN MAKING DECISION ABOUT JOINING HMO, ASK Q.C4
 (Q.C2a/1, 2 OR Q.C2b/1, 2 OR Q.C2d/1)
 - IF NON-HMO ENROLLEE WHO USED TO BELONG TO MEDICARE (Q.A3/1 OR Q.C3/1) ASK Q.C4
 - OTHERS SKIP TO INSTRUCTIONS AFTER Q.C4

BASE: NON-HMO ENROLLEES WHO USED TO BELONG TO MEDICARE HMO (Q.A3/1 OR Q.C3/1) OR HMO ENROLLEE AND HELPED MAKE DECISION TO JOIN HMO Q.C2a/1,2 OR Q.C2b/1,2 OR Q.C2d/1)

C4. How did [you/(s)he] first learn about the Medicare HMO[you/(s)he] joined? (DO NOT READ LIST -- SINGLE RECORD. NOTE: DO NOT USE BENEFICIARY/PROXY TEXT SUBSTITUTION)

Experience/Recommendation

- Belonged to plan before joining Medicare (727(___ - 1
- Doctor suggested plan ___ - 2
- Friend or family member suggested plan ___ - 3

Sales/Marketing

- By attending a marketing session or special event..... ___ - 4
- Marketing agent visited home ___ - 5
- Saw or heard advertisements..... ___ - 6

Employer

- Heard about it from an employer/former employer ___ - 7
- Current/past employer provide the plan ___ - 8
- Other (SPECIFY):

_____ (728-730)..... ___ - 9

- Don't know ___ - &
- Refused ___ - -

- HMO ENROLLEES WHO HELPED DECIDE ABOUT HMO (EXCLUDING Q.C2d/1) SKIP TO Q.C5a.
 OTHER HMO ENROLLEES SKIP TO INSTRUCTION ABOVE Q.C5b
 - NON-HMO ENROLLEES SKIP TO Q.C9B

BASE: HMO ENROLLEES AND HELPED DECIDE ABOUT HMO Q.C2a/1,2 OR Q.C2b/1,2)

C5a. What was the main reason that [you/(s)he] decided to become a member of a Medicare HMO?
(DO NOT READ LIST – SINGLE RECORD)

Financial/Benefits

- No premium, less expensive (731(____ - 1
- Better benefits or coverage ____ - 2
- Prescriptions would be paid for ____ - 3
- Would pay for health club or other social activities ____ - 4
- No paperwork ____ - 5
- Ease of using services ____ - 6

Doctors/Facilities

- Doctor joined the plan/was in the plan ____ - 7
- Doctor recommended the plan ____ - 8
- Wanted to see a doctor in the plan ____ - 9
- Liked the choice of doctors (732(____ - 0

Access/Availability

- Convenient location ____ - 1
- Plan provides transportation ____ - 2
- Convenient hours ____ - 3
- Accessible on nights and weekends ____ - 4
- Option was available through employer ____ - 5

Quality

- Quality of care ____ - 6
- Quality of primary care physicians ____ - 7
- Quality of specialists ____ - 8
- Quality of doctors (unspecified) ____ - 9
- Quality of hospitals (733(____ - 0

Sales/Reputation

- Recommended by friends or family ____ - 1
- Liked sales person or spokesperson ____ - 2
- Liked materials that came by mail ____ - 3
- Liked ads on TV or radio ____ - 4
- Hospitals had good reputation ____ - 5
- Doctors have good reputation ____ - 6
- Plan has a good reputation ____ - 7

Miscellaneous

- Wanted to stay in the same plan ____ - 8
- Other (SPECIFY)
- _____ (734-736) ____ - 9
- Don't know (731(____ - &
- Refused ____ - -

IF PROXY INTERVIEW AND PROXY HELPED DECIDE WHETHER BENEFICIARY WOULD JOIN MEDICARE HMO (Q.C2d/1)
ASK Q.C5b. OTHERS SKIP TO Q.C6

BASE: HMO ENROLLEES AND PROXY HELPED DECIDE ABOUT HMO (Q.C2d/1)

C5b. What was the main reason that you decided to enroll [her/him] in a Medicare HMO?
 (DO NOT READ LIST – SINGLE RECORD)

Financial/Benefits

- No premium, less expensive (737(___ - 1
- Better benefits or coverage ___ - 2
- Prescriptions would be paid for ___ - 3
- Would pay for health club or other social activities ___ - 4
- No paperwork ___ - 5
- Ease of using services ___ - 6

Doctors/Facilities

- Doctor joined the plan/was in the plan ___ - 7
- Doctor recommended the plan ___ - 8
- Wanted to see a doctor in the plan ___ - 9
- Liked the choice of doctors (738(___ - 0

Access/Availability

- Convenient location ___ - 1
- Plan provides transportation ___ - 2
- Convenient hours ___ - 3
- Accessible on nights and weekends ___ - 4
- Option was available through employer ___ - 5

Quality

- Quality of care ___ - 6
- Quality of primary care physicians ___ - 7
- Quality of specialists ___ - 8
- Quality of doctors (unspecified) ___ - 9
- Quality of hospitals (739(___ - 0

Sales/Reputation

- Recommended by friends or family ___ - 1
- Liked sales person or spokesperson ___ - 2
- Liked materials that came by mail ___ - 3
- Liked ads on TV or radio ___ - 4
- Hospitals had good reputation ___ - 5
- Doctors have good reputation ___ - 6
- Plan has a good reputation ___ - 7

Miscellaneous

- Wanted to stay in the same plan ___ - 8
- Other (SPECIFY)
- _____ (740-742) ___ - 9
- Don't know (737(___ - &
- Refused ___ - -

BASE: HMO ENROLLEES

C6. Does [your/her/his] Medicare HMO cover prescription drugs, or not?

- HMO covers prescriptions (743(___ - 1
- Does not..... ___ - 2
- Don't know ___ - &
- Refused..... ___ - -

- IF DID NOT HELP MAKE DECISION ABOUT MEDICARE (NOT Q.C2a/1 OR 2 OR Q.C2b/1 OR 2)
 SKIP TO Q.C9A
 - IF RESPONDENT ANY OF – DISABLED (SAMPLE DATA = DIS/DIS & ESRD) OR HAS DIFFICULTY
 WITH ADLS (Q.B7 “UNABLE” 2+ TIMES) OR MEETS DEFINITION OF “SICK” (FOLLOWING Q.B5)
 -- ASK Q.C7
 - OTHERS SKIP TO Q.C9a

BASE: HMO ENROLLEES WHO HELPED MAKE DECISION ABOUT MEDICARE WHO ARE DISABLED (SAMPLE) OR DIFFICULTY WITH ADLS (Q.B7) OR “SICK” (DEFINITION AFTER Q.B5)

C7. Was there anything in particular about [your/her/his] Medicare HMO that appealed to [you/her/him] as someone with health problems, or not?

- Appealed(744(___ - 1 (ASK Q.C8)
- Did not..... ___ - 2 (SKIP TO Q.C9a)
- Don't know ___ - & (SKIP TO Q.C9a)
- Refused..... ___ - - (SKIP TO Q.C9a)

BASE: HMO APPEALED BECAUSE OF HEALTH PROBLEMS (Q.C7/1)

C8. What was it that appealed to [you/her/him]? (DO NOT READ LIST – MULTIPLE RECORD IF NECESSARY)

Benefits/Coverage

- Home health care benefits(745(___ - 1
- Mental health services ___ - 2
- Physical therapy/rehabilitation..... ___ - 3
- Special expertise with condition or disability..... ___ - 4

Access/Availability

- Facilities are wheelchair accessible ___ - 5
- Plan provides transportation..... ___ - 6
- 24-hour nurse available by phone ___ - 7
- Accessible on nights or weekends ___ - 8

Cost

- Better price on medications..... ___ - 9
- Better price on durable equipment
 (ex: wheelchair, bed, walker).....(746(___ - 0
- Better price on devices (e.g. vision or hearing aids)..... ___ - 1
- Other (SPECIFY):

-(747-749..... - 2
- Don't know (745(___ - & SP
- Refused..... ___ - - SP

BASE: HMO ENROLLEES

C9a. When [you/(s)he] joined [your/her/his] Medicare HMO, did [you/(s)he] understand how the plan worked, including the rules and procedures that [you/(s)he] must follow for services to be covered by the plan, or not?

Understood how HMO worked(750(___ - 1
 Did not..... ___ - 2
 Don't know ___ - &
 Refused..... ___ - -

SKIP TO Q.C10a

BASE: NON-HMO ENROLLEES

C9b. When [you/(s)he] became eligible for Medicare, did [you/(s)he] understand how the program worked, including the rules and procedures that [you/(s)he] must follow for services to be covered by the program, or not?

Understood how the Medicare worked(751(___ - 1
 Did not..... ___ - 2
 Don't know ___ - &
 Refused..... ___ - -

SKIP TO Q.C10b

BASE: HMO ENROLLEES

C10a. [Have you/has (s)he] had a serious disagreement with a decision that [your/her/his] Medicare HMO made regarding [your/her/his] medical care or payment for services in the past two years, or not?

Had a serious disagreement(752(___ - 1 (SKIP TO Q.C11)
 Have not..... ___ - 2 (SKIP TO Q.C16)
 Don't know ___ - & (SKIP TO Q.C16)
 Refused..... ___ - - (SKIP TO Q.C16)

BASE: NON-HMO ENROLLEES

C10b. [Have you/has (s)he] had a serious disagreement with a decision that Medicare made regarding [your/her/his] medical care or payment for services in the past two years, or not?

Had a serious disagreement(753(___ - 1 (ASK Q.C11)
 Have not..... ___ - 2 (SKIP TO INSTRUCTIONS ABOVE Q.C12)
 Don't know ___ - & (SKIP TO INSTRUCTIONS ABOVE Q.C12)
 Refused..... ___ - - (SKIP TO INSTRUCTIONS ABOVE Q.C12)

BASE: BENEFICIARY HAD A SERIOUS DISAGREEMENT WITH MEDICARE (Q.C10a/1 OR C10b/1)

C11. Was the disagreement settled to [your/her/his] satisfaction, or not?

Reached a satisfactory settlement (754(___ - 1
 Did not ___ - 2
 Settlement in progress (vol.)..... ___ - 3
 Don't know ___ - &
 Refused ___ - -

- IF HMO ENROLLEE SKIP TO Q.C16
- IF NON-HMO ENROLLEE AND HAVE NOT BELONGED TO A MEDICARE HMO OR NOT SURE (Q.C3/2 OR DK/REF) ASK Q.C12. OTHER NON-HMO ENROLLEES SKIP TO Q.C13

BASE: NON-HMO ENROLLEES WHO HAVE NOT BELONGED TO A MEDICARE HMO OR NOT SURE (Q.C3/2 OR DK/REF)

C12. Have [you/(s)he] ever considered joining a Medicare HMO, or not?

Have considered joining a Medicare HMO..... (755(___ - 1
 Have not ___ - 2
 Don't know ___ - &
 Refused ___ - -

BASE: ALL NON-HMO ENROLLEES

C13. [Do you/does(s)he] intend to join a Medicare HMO in the future rather than stay in traditional Medicare?

- Intend to join..... (756(___ - 1 (SKIP TO Q.C15)
- Do not ___ - 2 (ASK Q.C14)
- Don't know ___ - & (ASK Q.C14)
- Refused..... ___ - - (ASK Q.C14)

BASE: NON-HMO ENROLLEES WHO DO NOT INTEND TO JOIN A MEDICARE HMO IN THE NEAR FUTURE (Q.C13/2 OR DK/REF)

C14. Why [don't you/doesn't (s)he] intend to join an HMO in the future? (DO NOT READ LIST -- SINGLE RECORD)

Knowledge

- Don't know enough about HMOs (757(___ - 1
- Don't have enough information to make that kind of decision..... ___ - 2
- Plan rules were confusing..... ___ - 3

Availability/Access to Plan

- HMOs not available in local area ___ - 4
- Discouraged from joining ___ - 5
- Because of medical condition ___ - 6

Cost

- Out of pocket costs too high ___ - 7
- Premiums too high..... ___ - 8

Benefits/Coverage

- Did not need it, employer supplements coverage ___ - 9
- Happy with current benefits, no need..... (758(___ - 0

Quality

- Didn't like quality of doctors ___ - 1
- Didn't like quality of hospitals..... ___ - 2
- Poor quality care (Unspecified)..... ___ - 3

Choice/Access to Providers

- Did not want to change doctors ___ - 4
- Access to specialists..... ___ - 5
- Did not want to have to change doctors/facilities ___ - 6
- Choice of hospitals ___ - 7
- Choice of doctors ___ - 8
- Other (SPECIFY)

- (759-761)..... ___ - 9
- Don't know (757(___ - &
- Refused ___ - -

SKIP TO Q.D1

BASE: NON-HMO ENROLLEES WHO INTEND TO JOIN A MEDICARE HMO (Q.C13/1)

C15. What is the main reason that [you are/(s)he is] now planning to become a member of an HMO?
(DO NOT READ LIST -- SINGLE RECORD)

Financial/Benefits

- No premium, less expensive (762(___ - 1
- Better benefits or coverage ___ - 2
- Prescriptions would be paid for ___ - 3
- Would pay for health club or other social activities..... ___ - 4

Doctors/Facilities

- Doctor joined the plan ___ - 5
- Doctor recommended the plan ___ - 6
- Wanted to see a doctor in the plan..... ___ - 7
- Liked the choice of doctors..... ___ - 8

Access/Availability

- Convenient location..... ___ - 9
- Plan provides transportation..... (763(___ - 0
- Convenient hours ___ - 1
- Accessible on nights and weekends..... ___ - 2
- Option was available through employer ___ - 3

Quality

- Quality of care ___ - 4
- Quality of primary care physicians..... ___ - 5
- Quality of specialists ___ - 6
- Quality of doctors (unspecified)..... ___ - 7
- Quality of hospitals..... ___ - 8

Sales/Reputation

- Recommended by friends or family ___ - 9
- Liked sales person or spokesperson..... (764(___ - 0
- Liked materials that came by mail ___ - 1
- Liked ads on TV or radio ___ - 2
- Hospitals had good reputation..... ___ - 3
- Doctors had good reputation ___ - 4
- Plan has a good reputation ___ - 5
- Other (SPECIFY)

-(765-767) ___ - 6
- Don't know (762(___ - &
- Refused..... ___ - -

SKIP TO Q.D1

BASE: HMO ENROLLEES

C16. In the future, [do you/does (s)he] plan to stay in [your/her/his] current Medicare HMO, move to a different HMO or go to traditional Medicare?

- Stay with current HMO (768(___ - 1 (SKIP TO Q.D1)
- Move to new HMO ___ - 2 (ASK Q.C17)
- Move to traditional Medicare ___ - 3 (SKIP TO Q.C18)
- Don't know ___ - & (SKIP TO Q.D1)
- Refused..... ___ - - (SKIP TO Q.D1)

BASE: HMO ENROLLEES PLANNING TO CHANGE HMOs (Q.C16/2)

C17. What is the main reason that [you are/(s)he is] planning to change HMOs?

Financial/Benefits

- No premium, less expensive(769(___ - 1
- Better benefits or coverage ___ - 2
- Prescriptions would be paid for ___ - 3
- Would pay for health club or other social activities ___ - 4
- Exhausted prescription drug coverage ___ - 5

Doctors/Facilities

- Doctor changed plans/joined new plan/dropped current plan ___ - 6
- Doctor recommended the plan ___ - 7
- Wanted to see a doctor in the plan ___ - 8
- Liked the choice of doctors ___ - 9

Access/Availability

- Convenient location(770(___ - 0
- Plan provides transportation ___ - 1
- Convenient hours ___ - 2
- Accessible on nights and weekends ___ - 3
- Option was available through employer ___ - 4

Quality

- Quality of care ___ - 5
- Quality of primary care physicians ___ - 6
- Quality of specialists ___ - 7
- Quality of doctors ___ - 8
- Quality of hospitals ___ - 9

Sales/Reputation

- Recommended by friends or family(771(___ - 0
- Liked sales person or spokesperson ___ - 1
- Liked materials that came by mail ___ - 2
- Liked ads on TV or radio ___ - 3
- Hospitals had good reputation ___ - 4
- Doctors had good reputation ___ - 5
- Plan has a good reputation ___ - 6
- Other (SPECIFY)

- _____ (772-774) ___ - 7
- Don't know (769(___ - &
- Refused ___ - -

SKIP TO Q.D1

BASE: HMO ENROLLEES PLANNING TO MOVE TO TRADITIONAL MEDICARE (Q.C16/3)

C18. What is the main reason that [you are/(s)he is] planning to move to traditional Medicare?

Financial/Benefits

- Out of pocket costs too high..... (775(____ - 1
- Premiums too high ____ - 2
- Exhausted the drug benefit ____ - 3
- Better benefits ____ - 4

Doctors/Facilities

- Doctor left the plan ____ - 5
- Doctors/facilities not convenient..... ____ - 6
- Did not like choice of doctors ____ - 7
- Doctor died or retired ____ - 8

Access/Availability

- Moved to another area ____ - 9
- Had to wait too long for an appointment..... (776(____ - 0
- Plan stopped serving Medicare ____ - 1
- Could not get care that was needed..... ____ - 2
- Could not get referral to specialist..... ____ - 3
- Could not get referral for home care ____ - 4

Quality

- Kept getting sicker..... ____ - 5
- Didn't like quality of doctors..... ____ - 6
- Didn't like quality of hospitals ____ - 7
- Quality of care was poor (unsp.)..... ____ - 8

Misc.

- Plan rules were confusing ____ - 9
- Retired (777(____ - 0
- Employer ____ - 1
- Other (SPECIFY) _____ (778-780) ____ - 2
- Don't know (775(____ - &
- Refused..... ____ - -

D. ACCESS TO CARE

BASE: EVERYONE

D1. In the past 12 months, was there a time when [you/(s)he] needed medical care but did not get it, or not?

- Needed care but did not get it (808(___ - 1 (ASK Q.D2)
- No such occasion ___ - 2 (SKIP TO Q.D3)
- Don't know ___ - & (SKIP TO Q.D3)
- Refused..... ___ - - (SKIP TO Q.D3)

BASE: DID NOT GET CARE WHEN IT WAS NEEDED (Q.D1/1)

D2. What were the results of not getting the care [you/(s)he] needed (READ LIST)? (PROMPT IF NECESSARY: How did not getting care affect [your/her/his] health?) (SINGLE RECORD)

- The condition got worse (809(___ - 1
- Recovered more slowly than expected..... ___ - 2
- Still not feeling well..... ___ - 3
- Symptoms went away without any problems ___ - 4
- No consequences ___ - 5
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

D3. In the past 12 months, [have you/has (s)he] ever put off or postponed seeking medical care [you/(s)he] felt [you/(s)(he)] needed, or not?

- Put off or postponed seeking medical care (810(___ - 1
- Did not postpone or put off..... ___ - 2
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

D4. In the last 12 months, [were you/was (s)he] unable to see a specialist when [you/(s)he] needed one, or not?

- Unable to see a specialist when one was needed (811(___ - 1 (ASK Q.D5)
- Did not have a problem ___ - 2 (SKIP TO Q.D7)
- Don't know ___ - & (SKIP TO Q.D9)
- Refused..... ___ - - (SKIP TO Q.D9)

BASE: HAVE BEEN UNABLE TO SEE A SPECIALIST WHEN ONE WAS NEEDED (Q.D4/1)

D5. What were the results of not getting the specialty care [you (s)he] needed (READ LIST)? (PROMPT IF NECESSARY: How did not getting specialty care affect [your/her/his] health?) (SINGLE RECORD)

- The condition got worse (812(___ - 1
- Recovered more slowly than expected..... ___ - 2
- Still not feeling well..... ___ - 3
- Symptoms went away without any problems ___ - 4
- No consequences ___ - 5
- Don't know ___ - &
- Refused..... ___ - -

BASE: HAVE BEEN UNABLE TO SEE A SPECIALIST WHEN ONE WAS NEEDED (Q.D4/1)

D6. What was the main reason why [you were/(s)he was] unable to see a specialist -- there were no specialists available, [you/(s)he] couldn't afford it, or [you were/(s)he was] unable to get a referral approved? (SINGLE RECORD)

- No specialists available (813(___ - 1
- Couldn't afford it ___ - 2
- Unable to get referral ___ - 3
- Don't know ___ - &
- Refused..... ___ - -

SKIP TO Q.D9

BASE: DID NOT HAVE PROBLEM GETTING TO A SPECIALIST (Q.D4/2)

D7. Was that because [you were/(s)he was] able to see a specialist when one was needed, or because [you have/(s)he has] not needed to see a specialist in the past 12 months?

- Always saw a specialist when needed.....(814(___ - 1
- No need for a specialist..... ___ - 2
- Don't know ___ - &
- Refused..... ___ - -

NOTE: NO Q.D8

BASE: EVERYONE

D9. Overall, how difficult is it for [you/her/him] to get medical care when [you/(s)(he)] need(s) it – extremely difficult, very difficult, somewhat difficult, not too difficult or not difficult at all?

- Extremely difficult (815(___ - 1
- Very difficult..... ___ - 2
- Somewhat difficult ___ - 3
- Not too difficult ___ - 4
- Not at all difficult..... ___ - 5
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

D10. How would you rate [your/her/his] ability to get (READ EACH ITEM) when [you/(s)he] need(s) it -- excellent, good, fair, or poor? ALWAYS READ THIS STATEMENT WITH THE FIRST ITEM: If [you haven't/(s)he hasn't] had any experience with a particular service, please say so.

<u>ROTATE -- START AT "X"</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Experience</u>	<u>Don't Know</u>	<u>Refused</u>
D10-1 () 1. Home health services .....(816(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ - -	
D10-2 () 2. An appointment in a doctor's office or clinic .....(817(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ - -	
D10-3 () 3. Mental health services.....(818(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ - -	
D10-4 () 4. Medical advice by phone .....(819(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ - -	
D10-5 () 5. Care from specialists, like cardiologists or neurologists.....(820(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ - -	
D10-6 () 6. Medical advice on nights and weekends ..(821(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ - -	

IF GAVE RATING FOR HOME HEALTH SERVICES (Q.D10 - 1/1-4) ASK Q.D11. OTHERS SKIP TO Q.E1

BASE: GAVE RATING FOR HOME HEALTH SERVICES (Q.D10-1/1, 2, 3, 4)

D11. In the past year, [have you/has (s)he] received any home health services, or not?

- Have received (822(___ - 1
- Have not..... ___ - 2
- Don't know ___ - &
- Refused..... ___ - -

823-849Z

E. SOURCES OF CARE

Now I want to ask about the places [you go/(s)he goes] when [you/(s)he] need(s) routine care or advice about [your/her/his] health.

BASE: EVERYONE

E1. [Do you/does (s)he] have one particular place that [you/(s)he] usually go(es) to when [you are/(s)he is] sick or need(s) advice about [your/her/his] health, or not? (PROMPT IF NECESSARY: This would be a place [you/(s)he] use(s) regularly for routine care or to get advice about [you/her/his] health)

- Have a usual source of care.....(850(__ - 1
- Do not have one..... __ - 2
- Don't know __ - &
- Refused..... __ - -

BASE: EVERYONE

E2. What kind of place [do you/does (s)he] usually go to when [you/(s)he] are sick or need advice about [your/his/her] health -- a doctor's office, a clinic or community health center, your HMO, a hospital emergency room, a hospital outpatient department or some other place? (PROBE, IF RESPONDENT SAYS "HMO": Is this a doctor's office, or a clinic or health center?)

- Doctor's office or group practice.....(851(__ - 1
- Clinic or community health center __ - 2
- HMO center..... __ - 3
- Hospital emergency room __ - 4
- Hospital outpatient department __ - 5
- V.A./military base hospital or clinic (vol.) __ - 6
- Doctor comes to home (vol.)..... __ - 7
- Call for medical advice (vol.)..... __ - 8
- Nowhere (vol.)..... __ - 9
- Other (SPECIFY)
- _____ (853-855).....(852(__ - 0
- Don't know (851(__ - &
- Refused..... __ - -

BASE: EVERYONE

E3. [Do you/Does(s)he] have a particular doctor or other health professional [you/(s)he] usually see(s) when [you/(s)he] go(es) for [your/her/his] care, or not? (PROMPT IF NECESSARY: Like a family doctor or some other kind of medical provider [you/(s)he] see(s) for routine medical care.)

- Have a particular doctor/health professional(856(__ - 1 (ASK Q.E4)
- Sometimes see different people..... __ - 2 (SEE INSTRUCTION BELOW)
- Don't know __ - & (SEE INSTRUCTION BELOW)
- Refused..... __ - - (SEE INSTRUCTION BELOW)

- IF NON-HMO ENROLLEE SKIP TO Q.F1
- IF HMO ENROLLEE SKIP TO Q.E8

BASE: HAVE ONE PARTICULAR HEALTH CARE PROVIDER (Q.E3/1)

E4. How long has this person been [your/her/his] regular physician or medical provider?
(IF HESITANT: Your best estimate will do)

/ / / Years Range: 0-99. Less than 1 year = 0
(857-858)

- Don't know (857(__ - &
- Refused..... __ - -

BASE: HAVE ONE PARTICULAR HEALTH CARE PROVIDER (Q.E3/1)

E4a. Is that medical provider a primary care doctor – like a family or general practitioner – a specialist – like a cardiologist – or some other kind of medical provider? (SINGLE RECORD)

Primary care doctor(859(____ - 1
 Specialist ____ - 2
 Other (SPECIFY)
 _____(860-862)..... ____ - 3
 Don't know ____ - &
 Refused ____ - -

BASE: HAVE ONE PARTICULAR HEALTH CARE PROVIDER (Q.E3/1)

E5. Not counting [your/her/his] regular doctor or medical provider, how many other doctors or medical professionals [do you/does (s)he] see at least once a year?

 / Range: 0 - 3; 3 = 3 or more
 (863)

Don't know (863(____ - &
 Refused..... ____ - -

• HMO ENROLLEES ASK Q.E6
 • NON-HMO ENROLLEES SKIP TO Q.F1

BASE: HMO ENROLLEES WITH ONE PARTICULAR HEALTH CARE PROVIDER (Q.E3/1) --

E6. When [you/(s)he] joined your (INSERT NAME OF PLAN FROM Q.A7) did [you/(s)he] have to change any of [your/her/his] regular doctors, or not?

Had to change.....(864(____ - 1 (ASK Q.E7)
 Did not..... ____ - 2 (SKIP TO Q.E8)
 Don't know ____ - & (SKIP TO Q.E8)
 Refused..... ____ - - (SKIP TO Q.E8)

BASE: HMO ENROLLEES WHO HAD TO SWITCH DOCTORS (Q.E6/1)

E7. Would you say that changing doctors was no problem at all, a minor problem, or a major problem?

No problem at all(865(____ - 1
 Minor problem ____ - 2
 Major problem ____ - 3
 Don't know ____ - &
 Refused..... ____ - -

BASE: HMO ENROLLEES

E8. In the past 12 months, other than for an emergency, [have you/has (s)he] chosen to go to a doctor or facility outside (INSERT NAME OF PLAN FROM Q.A7) even though [you/(s)he] had to pay more to do this, or not?

Have gone outside the plan (866(____ - 1 (ASK Q.E9)
 Have not ____ - 2 (SKIP TO Q.F1)
 Don't know ____ - & (SKIP TO Q.F1)
 Refused..... ____ - - (SKIP TO Q.F1)

BASE: HMO ENROLLEES WHO HAVE GONE OUTSIDE THE PLAN (Q.E8/1)

E9. Other than for an emergency, will (INSERT NAME OF PLAN FROM Q.A7) pay anything if [you/(s)he] use(s) a doctor or facility outside the plan? [IF WILL PAY: Will it generally pay something, or will it pay only if [you are/(s)he is] referred by one of the plan's doctor's?]

Will generally pay something (867(____ - 1
 Will pay for referrals only ____ - 2
 No, will not pay ____ - 3
 Don't know ____ - &
 Refused..... ____ - -

BASE: HMO ENROLLEES WHO HAVE GONE OUTSIDE THE PLAN (Q.E8/1)

E10. Why did [you/(s)he] go to a doctor or facility outside the plan? (DO NOT READ LIST -- MULTIPLE RECORD IF NECESSARY)

Doctor

- To see another doctor.....(868(___ - 1
- Could not get referral to a doctor, but went anyway ___ - 2
- Familiar with doctor..... ___ - 3
- Wanted a second opinion ___ - 4

Access/Availability

- On vacation/away from home ___ - 5
- Was living in second home ___ - 6
- Delay for appointment..... ___ - 7
- Service not covered by plan..... ___ - 8
- Plan refused care/services..... ___ - 9

Quality

- Dissatisfied with doctor or care provided(869(___ - 0
- To go to a different hospital ___ - 1
- Other (SPECIFY)

-(870-872)___ - 2
- Don't know ___ - & SP
- Refused ___ - - SP

BASE: HMO ENROLLEES WHO HAVE GONE OUTSIDE THE PLAN (Q.E8/1)

E11. How many times in the past 12 months [have you/has (s)he] seen a doctor or received other medical care outside (INSERT PLAN NAME FROM Q.A7)?

/ ___ / ___ / ___ / ___ / Times Range: 1 TO 200
(873-875)

- Don't know (873(___ - &
- Refused ___ - -

BASE: HMO ENROLLEES WHO HAVE GONE OUTSIDE THE PLAN (Q.E8/1)

E12. Please tell me how much [you have/(s)e has] had to pay for this care in the past year, please include any costs that were paid by other family members or friends? Your best estimate will do. (IF HESITANT READ LIST)

- \$100 or less (876(___ - 1
- \$101 - \$500..... ___ - 2
- \$501 - \$1,000..... ___ - 3
- \$1,001 - \$2,000..... ___ - 4
- More than \$2,000..... ___ - 5
- Don't know ___ - &
- Refused ___ - -

877-880Z

F. EVALUATION OF PHYSICIAN RELATIONSHIPS

This next series of questions is about [your/her/his] relationship with [your/her/his] doctor and the medical care facilities where [you/(s)he] receive(s) care. If [you/(s)he] see(s) more than one doctor on a regular basis, please answer about the doctor who provides most of [your/her/his] care, not about specialists [you/(s)he] may see only occasionally.

BASE: EVERYONE

F1. Overall, how would you rate the care provided by [your/her/his] doctor -- excellent, good, fair or poor?

- Excellent (908(___ - 1
- Good ___ - 2
- Fair ___ - 3
- Poor ___ - 4
- Don't know ___ - &
- Refused ___ - -

BASE: EVERYONE

F2. How would you rate [your/her/his] doctor on (READ EACH ITEM) -- excellent, good, fair or poor?

ALWAYS READ THIS STATEMENT WITH THE FIRST ITEM: If [you haven't/(s)he hasn't] had any experience with a particular service, please say so.

<u>ROTATE -- START AT "X"</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Experience</u>	<u>Don't Know</u>	<u>Refused</u>
F2-1 () 1. Taking the time to provide [you/her/him] with a thorough and careful examination (909(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2-2 () 2. Paying attention to preventive care such as physical exams or advice to stay healthy (910(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2-3 () 3. Coordinating care with other doctors so that nothing falls through the cracks..... (911(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2-4 () 4. Following-up with care after an initial treatment or operation (912(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2-5 () 5. Having a good understanding of [your/her/his] medical history..... (913(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2-6 () 6. Seeing [you/her/him] on time when [you/(s)he] arrive(s) for an appointment (914(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	

BASE: EVERYONE

F2a. Now let's talk about communications between [you/her/him] and [your/her/his] doctor. How would you rate [your/her/his] doctor on (READ EACH ITEM) -- excellent, good, fair or poor?

<u>ROTATE -- START AT "X"</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Experience</u>	<u>Don't Know</u>	<u>Refused</u>
F2a-1 () 1. Listening to [you/her/him] carefully..... (915(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2a-2 () 2. Making sure [you/(s)he] understand(s) what you've been told about your medical problems or treatment (916(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2a-3 () 3. Answering [your/her/his] questions completely . (917(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	
F2a-4 () 4. Informing [you/her/him] about drug side effects and possible interactions with other medications ... (918(___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ - &	___ -	

IF HAVE HEALTH PROBLEMS THAT CAUSE A LOT OF PAIN (Q.B2a/1) ASK Q. F3. ALL OTHERS SKIP TO Q.F4

BASE: HAVE HEALTH PROBLEMS THAT CAUSE A LOT OF PAIN (Q.B2a/1)

F3. You mentioned earlier that [you have/(s)he has] a condition or health problem that cause a lot of pain – how satisfied [are you/is (s)he] with the way this pain is being treated – are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- Very satisfied..... (919) ___ - 1
- Somewhat satisfied ___ - 2
- Somewhat dissatisfied..... ___ - 3
- Very dissatisfied..... ___ - 4
- Don't know ___ - &
- Refused..... ___ - --

BASE: EVERYONE

F4. Overall, how would you rate the health care services [you have/(s)he has] used in the past year – excellent, good, fair or poor?

- Excellent..... (920) ___ - 1
- Good ___ - 2
- Fair..... ___ - 3
- Poor ___ - 4
- Not used services in past year (vol.) ___ - 5
- Don't know ___ - &
- Refused..... ___ - -

921-980Z

G. EVALUATION OF HEALTH PLAN

Now I have some questions about [your/her/his] [HMO (PROG = IF HMO ENROLLEE)/Medicare (PROG = IF NON-HMO ENROLLEE)].

BASE: EVERYONE

G1. More specifically, how would you rate [(INSERT PLAN NAME FROM Q.A7)/Medicare] on (READ EACH ITEM) -- excellent, good, fair or poor? ALWAYS READ STATEMENT WITH THE FIRST ITEM: If [you haven't/(s)he hasn't] had any experience with a particular item, please say so.

<u>ROTATE -- START AT "X"</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>No Experience</u>	<u>Don't Know</u>	<u>Refused</u>
G1-1 () 1. The range of benefits provided.....(1008(	___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ -&	___ - -
G1-2 () 2. The ease of getting care when [you/(s)he] travel(s) away from home.....(1009(	___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ -&	___ - -
G1-3 () 3. Coverage for preventive care such as physical exams, blood pressure tests or [IF FEMALE: mammograms/ IF MALE: prostate exams] .....(1010(	___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ -&	___ - -
G1-4 () 4. The level of premiums and co-payments [you/(s)he] pay(s) (PROMPT: We are only talking about [Medicare/(your/her/his HMO)] not about supplements .....(1011(	___ - 1	___ - 2	___ - 3	___ - 4	___ - 5	___ -&	___ - -

BASE: EVERYONE

G2. How would you rate [INSERT PLAN NAME FROM Q.A7/Medicare] on the amount of paperwork that [you (s)he] must file in order to get coverage for [your/her/his] medical care – excellent, good, fair or poor?

- Excellent..... (1012(
- Good
- Fair.....
- Poor
- Do not have any paperwork (vol.).....
- Don't know
- Refused.....

BASE: EVERYONE

G3. How satisfied [are you/is (s)he] with [INSERT PLAN NAME FROM Q.A7/Medicare] on the [program's/plan's] choice of doctors – very satisfied, somewhat satisfied, somewhat dissatisfied or very dissatisfied?

- Very satisfied..... (1013(
- Somewhat satisfied
- Somewhat dissatisfied.....
- Very dissatisfied
- Don't know
- Refused.....

BASE: EVERYONE

G4. Overall, how would you rate (INSERT PLAN NAME FROM Q.A7/Medicare) – excellent, good, fair or poor?

- Excellent..... (1014(
- Good
- Fair.....
- Poor
- Don't know
- Refused.....

BASE: EVERYONE

G5. [Have you/Has (s)he] had any problems with (INSERT PLAN NAME FROM Q.A7/Medicare] not covering treatment that [your/her/his] doctor thought was necessary.

- Had a problem..... (1015(____ - 1 (ASK Q.G6)
- Have not had a problem..... ____ - 2 (SKIP TO Q.G7)
- Don't know ____ - & (SKIP TO Q.G7)
- Refused..... ____ - - (SKIP TO Q.G7)

BASE: HAD A PROBLEM WITH HMO/INSURANCE COVERAGE (Q.G5/1)

G6. What was the treatment or care [you/(s)he] needed that [your/her/his] [HMO/Medicare] wouldn't cover? Just tell me the general type of care they wouldn't cover.

(DO NOT READ LIST – MULTIPLE RECORD IF NECESSARY)

Equipment/Medication

- Eyeglasses or other visual aids.....(1016(____ - 1
- Durable medical equipment (ex: wheelchair, walker, bed) ____ - 2
- Prescription medications ____ - 3

Services

- Referral to a specialist..... ____ - 4
- Lab or diagnostic tests ____ - 5
- Physical therapy or rehabilitation..... ____ - 6
- Home health care ____ - 7
- Experimental treatments ____ - 8
- Mental health services ____ - 9
- Nursing home care(1017(____ - 0
- Long term care (Unspecified) ____ - 1
- Other (SPECIFY) _____ (1018-1020) ____ - 2
- Don't know (1016(____ - & SP
- Refused..... ____ - - SP

BASE:EVERYONE

G7. [Have you/has (s)he] had any problems with [INSERT PLAN NAME FROM Q.A7/Medicare] delaying care [you/(s)he] needed while you waited for approval, or not?

- Had problem with delays(1021(____ - 1
- Have not ____ - 2
- No experience with approval (vol.) ____ - 3
- Don't know ____ - &
- Refused..... ____ - -

1022-1080Z

H. INSURANCE COVERAGE

BASE: READ TO EVERYONE

The next series of questions asks you to describe [your/her/his] health insurance coverage, including any private health insurance plans (you/[s]he) may have, in addition to [INSERT PLAN NAME FROM Q.A7/Medicare].

BASE: EVERYONE

H1. You have told me that [you are/(s)he is] on Medicare. [Are you/is (s)he] also currently receiving benefits from Medicaid -- sometimes called Medical Assistance [CATI: insert "AHCCCS" for AZ sample, "TennCare" for TN sample, and "MediCal" for CA sample]? (PROBE: Medicaid is a public program funded on a state level that helps people pay medical bills when they can't afford medical care.)

- Currently receive Medicaid..... (1108(____ - 1
- Do not receive Medicaid..... ____ - 2
- Don't know ____ - &
- Refused..... ____ - --

BASE: EVERYONE

H2. [Are you/Is (s)he] covered by any public program other than Medicare or Medicaid that pays for medical care, or not? (PROMPT IF NECESSARY: Do not include state or federal retiree health insurance.)

- Covered by other public program (1109(____ - 1
- Not covered..... ____ - 2
- Don't know ____ - &
- Refused..... ____ - --

- IF HMO ENROLLEE ASK Q.H3
- NON-HMO ENROLLEE SKIP TO Q.H4

BASE: HMO ENROLLEES

H3. In addition to [your/her/his] Medicare (HMO) coverage, [are you/is (s)he] covered by a Medicare supplemental insurance policy, sometimes called a "Medi-gap" policy or by a supplementary policy from an employer or union sometimes called a retiree health plan.

- Medi-gap plan/Medicare supplement (1110(____ - 1 (SKIP TO Q.H5)
- Retiree health plan ____ - 2 (SKIP TO Q.H5)
- Have supplemental plan, not sure of type ____ - 3 (SKIP TO Q.H5)
- No supplemental plans..... ____ - 4 (SKIP TO Q.H11)
- Don't know ____ - & (SKIP TO Q.H11)
- Refused..... ____ - -- (SKIP TO Q.H11)

BASE: NON-HMO ENROLLEES

H4. Since Medicare does not cover all health care costs, many people have private insurance to help pay for deductibles, copayments and other expenses that are not fully paid by Medicare or have such a plan from a current or former employer. [Are you/is (s)he] currently covered by a Medicare supplemental insurance plan, sometimes called a "Medi-Gap" policy or by a supplementary policy from an employer or union, sometimes called a retiree health plan?

- Medi-gap/Medicare supplement..... (1111(____ - 1 (ASK Q.H5)
- Retiree health plan ____ - 2 (ASK Q.H5)
- Have supplemental plan, not sure of type ____ - 3 (ASK Q.H5)
- No supplemental plans..... ____ - 4 (SKIP TO Q.H11)
- Don't know ____ - & (SKIP TO Q.H11)
- Refused..... ____ - -- (SKIP TO Q.H11)

BASE: BENEFICIARIES WITH ANY SUPPLEMENTAL INSURANCE (Q.H3/1-3 OR Q.H4, 1-3)

H5. Did [you/(s)he] sign up directly with [your/her/his] private insurance plan, or [do you/does (s)he] get this insurance through an employer, a union, or some other way? (SINGLE RECORD -- CODE AARP AS "sign up directly")

- Sign up directly (1112(____ - 1
- Current or former employer..... ____ - 2
- Union ____ - 3
- Some other way..... ____ - 4
- Don't know ____ - &
- Refused ____ - --

BASE: BENEFICIARIES WITH ANY SUPPLEMENTAL INSURANCE (Q.H3/1,2,3 OR Q.H4/1,2,3)

H6. Does a current or former employer pay all, some or none of the premiums for [your/her/his] supplemental insurance?

- All.....(1113(___ - 1
- Some ___ - 2
- None ___ - 3
- Don't know ___ - &
- Refused ___ - -

BASE: BENEFICIARIES WITH ANY SUPPLEMENTAL INSURANCE (Q.H3/1,2,3 OR Q.H4/1,2,3)

H7. Does [your/her/his] Medicare supplemental, Medi-gap, or retiree plan provide coverage for prescription drugs, or not?

- Provides coverage(1114(___ - 1
- Does not ___ - 2
- Don't know ___ - &
- Refused ___ - -

IF HAVE MEDIGAP (Q.H3/1 OR Q.H4/1) ASK Q.H8. OTHERS SKIP TO Q.H9

BASE: BENEFICIARIES WITH MEDI-GAP PLAN (Q.H3/1 OR Q.H4/1)

H8. [Do you/does (s)he] have more than one Medi-Gap plan, or not?

- More than one.....(1115(___ - 1
- Only one ___ - 2
- Don't know ___ - &
- Refused ___ - -

BASE: BENEFICIARIES WITH ANY SUPPLEMENTAL INSURANCE (Q.H3/1,2,3 OR Q.H4/1,2,3)

H9. Does [your/her/his] supplemental plan require [you/her/him] to choose from a list of doctors or clinics in order to be fully covered for care and services, or not?

- Must choose from list.....(1116(___ - 1 (ASK Q.H10)
- Has a preferred list, but don't have to
choose from a list..... ___ - 2 (SKIP TO Q.H11)
- Do not have a list..... ___ - 3 (SKIP TO Q.H11)
- Don't know ___ - & (SKIP TO Q.H11)
- Refused ___ - - (SKIP TO Q.H11)

BASE: SUPPLEMENTAL INSURANCE IS A MANAGED CARE PLAN (Q.H9/1)

H10. Other than for an emergency, does [your/her/his] supplemental plan pay for any of your medical expenses when you use a doctor or hospital that is not on the plan's list?

- Will pay something.....(1117(___ - 1
- Will only pay if referred by plan (vol.) ___ - 2
- Will not pay ___ - 3
- Don't know ___ - &
- Refused ___ - -

BASE: EVERYONE [PROG = IF HAVE SUPPLEMENTAL INSURANCE, READ TEXT IN ()]

H11. (In addition to these plans), [do you/does (s)he] have any (other) policies that (READ EACH ITEM), or not?

ROTATE -- START AT "X"	Have Policies	Do Not	Don't Know	Refused
()1. Cover only services for a specific disease such as cancer.....(1118(___ - 1	___ - 2	___ - &	___ - -	
()2. Cover long-term care and nursing home or at home care.....(1119(___ - 1	___ - 2	___ - &	___ - -	
()3. Pay [you/her/him] money for each day [you are/(s)he is] in the hospital .....(1120(___ - 1	___ - 2	___ - &	___ - -	

IF HAVE SUPPLEMENTAL INSURANCE (Q.H3/1-3 OR Q.H4/1-3) OR
ADDITIONAL INSURANCE (Q.H11/1 TO ANY ITEM) ASK Q.H11a.
OTHERS SKIP TO Q.H12.

BASE: BENEFICIARIES WITH ANY SUPPLEMENTAL INSURANCE OR ADDITIONAL INSURANCE (Q.H3/1, 2, 3 OR Q.H4/1, 2, 3 OR Q.H11/1 TO ANY ITEM)

H11a. What is the name of [your/her/his] supplemental plan? If [you have/(s)/he has] more than one plan, please give me names of all [your/her/his] plans. (INTERVIEWER: IF MENTION AARP ASK FOR NAME FOR INSURANCE COMPANY THAT PROVIDES PLAN. IF RESPONDENT VOLUNTEERED NAME OF PLAN EARLIER, CONFIRM NAME HERE.)

TEXT ENTRY _____(1121-1123) DK/REF

BASE: EVERYONE

H12. Since becoming eligible for Medicare [have you/has (s)he] been denied coverage by a supplemental insurance plan, or not?

- Have been denied coverage(1124(____ - 1 (ASK Q.H13)
- Have not ____ - 2 (SKIP TO Q.I1txt)
- Don't know ____ - & (SKIP TO Q.I1txt)
- Refused ____ - - (SKIP TO Q.I1txt)

BASE: HAVE BEEN DENIED SUPPLEMENTAL COVERAGE (Q.H12/1)

H13. Why [were you/was (s)he] denied coverage? (DO NOT READ LIST – SINGLE RECORD)
(PROMPT IF NECESSARY: What was the primary reason you were denied coverage?)

- Medical problems.....(1125(____ - 1
- Health risks, such as smoking or
being overweight ____ - 2
- Age ____ - 3
- Disability ____ - 4
- Other (SPECIFY)
- _____ (1126-1128)... ____ - 5
- Don't know ____ - &
- Refused ____ - -

BASE: HAVE BEEN DENIED SUPPLEMENTAL COVERAGE (Q.H12/1)

H14. What kind of insurance [were you/was (s)he] denied – MediGap insurance, long term care, coverage for a specific disease or some other type of coverage? (MULTIPLE RECORD IF NECESSARY)

- MediGap(1129(____ - 1
- Long Term Care ____ - 2
- Specific Diseases ____ - 3
- Other (SPECIFY)
- _____ (1130-1132)... ____ - 4
- Don't know ____ - & SP
- Refused ____ - - SP

1133-1180Z

I. HEALTH CARE COSTS

I1txt = READ TO EVERYONE

The next question is about [your/her/his] out-of-pocket expenses for medical care, like the premiums [you pay/(s)he pays] for health insurance, or cash or checks [you/(s)he] give(s) to doctors' offices or pharmacists that are not reimbursed by an insurer.

IF HMO ENROLLEE ASK Q.I1. NON-HMO ENROLLEES SKIP TO INSTRUCTION ABOVE Q.I4

BASE: HMO ENROLLEES

I1. Does (INSERT PLAN NAME FROM Q.A7) charge a premium for [your/her/his] HMO coverage, or not? (IF HESITANT: Is there a monthly amount that [you/(s)he] or someone else must pay directly to the HMO?)

- HMO charges a premium (1208(____ - 1 (ASK Q.I2)
- Does not charge a premium ____ - 2 (SKIP TO INSTRUCTIONS ABOVE Q.I4)
- Don't know ____ - & (SKIP TO INSTRUCTIONS ABOVE Q.I4)
- Refused..... ____ - - (SKIP TO INSTRUCTIONS ABOVE Q.I4)

BASE: MEDICARE HMO CHARGES A PREMIUM (Q.I1/1)

I2. Does a current or past employer pay any of the HMO premium, or not?

- Employer pays premium.....(1209(____ - 1
- Does not pay any part of premium ____ - 2
- Don't know ____ - &
- Refused..... ____ - -

BASE: HMO ENROLLEES WHO PAY A PREMIUM (Q.I1/1)

I3. Other than [your/her/his] Medicare part B premium, what if anything [do you/does (s)he] pay for [your/her/his] HMO? (PROMPT IF NECESSARY: Your best estimate will do, and you can tell me what [you/(s)he] pay(s) per month, quarter or per year, whichever is easiest.)

RANGE: 0 - 99999

- I3-a. \$/____/____/____/____/____.00 (1210-1214) Don't Know (1210(____ - & Refused ____ - - (SKIP TO INSTRUCTIONS ABOVE

Is that per month, per quarter or per year?

- I3-b. Per: Month (1215(____ - 1
- Quarter ____ - 2
- Year ____ - 3

IF HAVE SUPPLEMENTAL INSURANCE (Q.H3/1,2,3 OR Q.H4/1,2,3) OR ADDITIONAL INSURANCE (Q.H11/1 TO ANY ITEM). ASK Q.I4. OTHERS SKIP TO Q.I5

BASE: BENEFICIARIES WITH SUPPLEMENTAL INSURANCE OR ADDITIONAL INSURANCE (Q.H3/1,2,3 OR Q.H4/1,2,3 OR Q.H11/1 TO ANY ITEM)

I4. Other than [your/her/his] Medicare part B premium, what if anything [do you/does (s)he] pay for any other health insurance coverage? By other insurance plans I mean any Medi-Gap policies or other health insurance policies [you/(s)he] may have. (PROMPT IF NECESSARY: Your best estimate will do, and you can tell me what [you/(s)he] pay(s) per month, quarter or per year, whichever is easiest.)

RANGE: 0 - 99999

- I4-a. \$/____/____/____/____/____.00 (1216-1220) Don't Know (1216(____ - & Refused ____ - - (SKIP TO Q.I5)

Is that per month, per quarter or per year?

- I4-b. Per: Month (1221(____ - 1
- Quarter ____ - 2
- Year ____ - 3

BASE: EVERYONE

15. [Do you/does (s)he] take any prescription drugs on a regular basis, or not?

- Take prescription drugs on regular basis (1222(____ - 1 (ASK Q.16)
- No, do not ____ - 2 (SKIP TO Q.18)
- Don't know ____ - & (SKIP TO Q.18)
- Refused ____ - - (SKIP TO Q.18)

BASE: TAKE PRESCRIPTION DRUGS ON REGULAR BASIS (Q.15)

16. How much [do you/does (s)he] pay each month for these drugs?
(IF HESITANT READ LIST)

- \$10 or less(1223(____ - 1
- \$11 to \$25 ____ - 2
- \$26 to \$50 ____ - 3
- \$51 to \$100 ____ - 4
- \$101 to \$250 ____ - 5
- \$251 to \$500 ____ - 6
- More than \$500 ____ - 7
- Don't know ____ - &
- Refused ____ - -

BASE: TAKE PRESCRIPTION DRUGS ON REGULAR BASIS (Q.15/1)

17. Do [you/does (s)he] ever buy or obtain prescription drugs through the mail or get them from some kind of discount program, or not?
(PROMPT IF NECESSARY: This does not include lab tests that you might get through the mail.)

- Buy prescription drugs through the mail.....(1224(____ - 1
- Do not ____ - 2
- Don't know ____ - &
- Refused ____ - -

BASE: EVERYONE

18. [Do you/Does (s)he] have any medical expenses other than the costs for health insurance or drugs? This could include things like oxygen or medical equipment, and any co-payments or deductibles you have to pay.

- Have additional costs.....(1225(____ - 1 (ASK Q.19)
- Do not ____ - 2 (SKIP TO Q.110)
- Don't know ____ - & (SKIP TO Q.110)
- Refused ____ - - (SKIP TO Q.110)

BASE: HAVE ADDITIONAL COSTS (Q.18/1)

19. In the past 12 months, would you estimate those expenses to have been less than \$500, \$500-\$999, \$1,000 - \$1,999, \$2,000 or more?

- Less than \$500.....(1226(____ - 1
- \$500 - \$999 ____ - 2
- \$1,000 - \$1,999 ____ - 3
- \$2,000 or more ____ - 4
- Don't know ____ - &
- Refused..... ____ - -

BASE: EVERYONE

110. In terms of the family budget, would you say that paying for [your/her/his] medical bills is very difficult, difficult but manageable, or not very difficult?

- Very difficult.....(1227(___ - 1 (ASK Q.I11)
- Difficult but manageable..... ___ - 2 (ASK Q.I11)
- Not very difficult..... ___ - 3 (SKIP TO Q.I12)
- Don't know ___ - & (SKIP TO Q.I12)
- Refused..... ___ - - (SKIP TO Q.I12)

BASE: PAYING MEDICAL BILLS IS DIFFICULT (Q.I10/1 OR 2)

111. As a result of those bills [have you/has (s)he] (READ EACH ITEM), or not?

<u>(ROTATE – START AT "X")</u>	<u>Have</u>	<u>Have Not</u>	<u>Don't Know</u>	<u>Refused</u>
I1-1 () 1.Had problems paying for basics like rent, mortgage or food.....(1228(___ - 1	___ - 2	___ - &	___ - -	
I1-2 () 2. Not purchased or delayed purchasing prescription drugs or medical supplies or equipment that [you/(s)he] needed for an ongoing medical problem .....(1229(___ - 1	___ - 2	___ - &	___ - -	
I1-3 () 3. Had a problem with collection or credit agencies.....(1230(___ - 1	___ - 2	___ - &	___ - -	
I1-4 () 4. Spent all of [your/her/his] savings.....(1231(___ - 1	___ - 2	___ - &	___ - -	

BASE: EVERYONE

112. In general, [do you/does (s)he] have a lot of trouble, some trouble or no trouble at all paying for basic needs such as food phone, and gas and electric bills:

- A lot of trouble.....(1232(___ - 1
- Some trouble..... ___ - 2
- Not trouble at all..... ___ - 3
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

113. After paying for basics, would you say that [you have/(s)he has] spent all, most or some of [your/her/his] monthly income?

- All.....(1233(___ - 1
- Most..... ___ - 2
- Some..... ___ - 3
- Don't know ___ - &
- Refused..... ___ - -

1234-1280Z

J. **FACTUALS**

BASE: EVERYONE

Now I have a few questions to help classify your answers.

J1. Are you presently single, married, living with someone as a couple, divorced, separated, or widowed? (MULTIPLE RECORD)

- Single (1308(____ - 1 (SKIP TO Q.J3)
- Married ____ - 2 (ASK Q.J2)
- Living with someone as couple..... ____ - 3 (SKIP TO Q.J3)
- Divorced..... ____ - 4 (SKIP TO Q.J3)
- Separated..... ____ - 5 (SKIP TO Q.J3)
- Widowed ____ - 6 (SKIP TO Q.J3)
- Don't know ____ - & (SKIP TO Q.J3)
- Refused..... ____ - - (SKIP TO Q.J3)

BASE: MARRIED (Q.J1/2)

J2. Is [your/her/his] spouse now covered by Medicare, by some other kind of health insurance, or is [(s)he] uninsured? (MULTIPLE RECORD)

- Covered by Medicare (1309(____ - 1 (SKIP TO Q.J3)
- Covered by other insurance ____ - 2 (ASK Q.J2a)
- Not insured..... ____ - 3 -SP (ASK Q.J2a)
- Don't know ____ - & -SP (ASK Q.J2a)
- Refused..... ____ - - -SP (ASK Q.J2a)

BASE: SPOUSE NOT COVERED BY MEDICARE OR NOT SURE ABOUT COVERAGE (Q.J2/2, 3 OR DK/REF)

J2a. How old is [your/her/his] spouse?

 / / years old
 (1310-1311)

Don't know(1310(____ - &
 Refused..... ____ - -

BASE: EVERYONE

J3. Which of these best describes your living arrangements -- [do you/does (s)he] live, (SKIP IF WIDOWED, DIVORCED, SEPARATED, SINGLE: with [your/her/his] spouse or partner only, with [your/her/his] spouse and other family members) with other family members, with unrelated people, or with family members and unrelated people, or [do you/does (s)he] live alone?

- With spouse/partner only..... (1312(____ - 1 (SKIP TO Q.J5)
- Spouse and other family members..... ____ - 2 (ASK Q.J4)
- With other family member ____ - 3 (ASK Q.J4)
- With unrelated people ____ - 4 (ASK Q.J4)
- Both with family and unrelated ____ - 5 (ASK Q.J4)
- Alone ____ - 6 (SKIP TO Q.J5)
- Don't know ____ - & (SKIP TO Q.J5)
- Refused..... ____ - - (SKIP TO Q.J5)

Display
answer to J1

BASE: LIVE WITH AT LEAST ONE OTHER PERSON (Q.J3/2,3,4,5)

J4. Including yourself, how many family members live in [your/her/his] household? (READ, IF NECESSARY: A family member is an individual related to you by birth, marriage, or adoption.)

 / /
 (1313-1314)

Don't know ____ - &
 Refused..... ____ - -

ASK EVERYONE

J5. Which of these best describes [your/her/his] current employment status? (READ LIST – MULTIPLE RECORD IF NECESSARY)

- Retired (1315(____ - 1
- Work full-time or part-time ____ - 2
- Disabled ____ - 3
- Something else ____ - 4
- Don't know. ____ - & SP
- Refused..... ____ - - SP

IF MARRIED (Q.J1/2) ASK Q.J6. OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J7

BASE: MARRIED (Q.J1/2)

J6. Which of these best describes [your/his/her] spouse's current employment status? (READ LIST – MULTIPLE RECORD IF NECESSARY)

- Retired (1316(____ - 1
- Work full-time or part-time ____ - 2
- Disabled ____ - 3
- Something else ____ - 4
- Don't know. ____ - & SP
- Refused..... ____ - - SP

IF BENEFICIARY OR SPOUSE EMPLOYED (Q.J5/2 OR Q.J6/2) ASK Q.J7. OTHERS SKIP TO Q.J8

BASE: BENEFICIARY OR SPOUSE IS EMPLOYED (Q.J5/2 OR Q.J6/2)

J7. [Do you/(s)he] have insurance that [you/(s)he] receive(s) from an employer that pays most of [your/his/her] health care bills, or is Medicare your primary insurance plan?

- Medicare primary insurer..... (1317(____ - 1
- Employer insurance primary insurer..... ____ - 2
- Don't know. ____ - &
- Refused..... ____ - -

BASE: EVERYONE

J8. What is the highest level of school [you/(s)he] have completed or the highest degree [you/(s)he] have received? (PROBE: IF RESPONDENT SAYS JUST "HIGH SCHOOL": What was the highest grade you completed? IF 12TH GRADE, CODE "GRADUATE". IF 11TH GRADE OR LESS, CODE "LESS THAN".)

- Less than high school (grades 1-11, grade 12 but no diploma) (1318(____ - 1
- High school graduate or equivalent (e.g. GED)..... ____ - 2
- Some college but no degree (incl. 2 yr. occupational or vocational programs)..... ____ - 3
- College graduate (e.g. BA, AB, BS) ____ - 4
- Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDS, DVM, LLB, JD, PhD, EdD) ____ - 5
- Don't know. ____ - &
- Refused..... ____ - -

BASE: EVERYONE

J9. [Are you/ls (s)he] of Hispanic origin or descent, or not?

- Yes, of Hispanic origin (1319(____ - 1
- No, not of Hispanic origin ____ - 2
- Don't know ____ - &
- Refused..... ____ - -

BASE: EVERYONE

J10. Do you consider yourself/Does (s)he consider (her/him)self white, black or African-American, Asian or Pacific Islander, Native American, some other race, or of mixed race?

- White (1320)___ - 1
- Black ___ - 2
- African-American..... ___ - 3
- Asian or Pacific Islander..... ___ - 4
- Native American or Alaskan native ___ - 5
- Mixed race..... ___ - 6
- Some other race (SPECIFY):
- _____ (1321-1323)..... ___ - 7
- Don't know. ___ - &
- Refused..... ___ - -

BASE: EVERYONE

J11. In what year [were you/was (s)he] born?

/ / / / /
 (1324-1327) Range: 1885-1980

- Don't know ___-&
- Refused ___--

PROPOSED REPLACEMENT INCOME QUESTIONS

“Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medial care services or have certain medical conditions more or less often than those in another group.”

BASE: Everyone

J12a. Which of the following income categories best describes your total 1995 household income? (ONLY READ LIST IF HESITANT; READ INCOME CATEGORIES APPROPRIATE FOR FAMILY SIZE)

(PROBE: “If you don’t know your annual income, your monthly income would be fine.”
USE CHART PROVIDED TO CONVERT MONTHLY INCOME TO ANNUAL INCOME)

Base:1 person in HH or number in HH not known	Base: 2 people in HH	Base: 3 people in HH
\$7,500 or less (1335(___-1	\$7,500 or less (1337(___-1	\$7,500 or less (1339(___-1
\$7,501-10,000 ___-2	\$7,501-10,000 ___-2	\$7,501-10,000 ___-2
\$10,001-12,500 ___-3	\$10,001-12,500 ___-3	\$10,001-12,500 ___-3
\$12,501-15,000 ___-4	\$12,501-15,000 ___-4	\$12,501-15,000 ___-4
\$15,001-19,000* ___-5	\$15,001-20,000 ___-5	\$15,001-20,000 ___-5
\$19,001-25,000 ___-6	\$20,001-25,000* ___-6	\$20,001-25,000 ___-6
\$25,001-30,000 ___-7	\$25,001-30,000 ___-7	\$25,001-30,000* ___-7
\$30,001-35,000 ___-8	\$30,001-35,000 ___-8	\$30,001-35,000 ___-8
\$35,001-45,000 ___-9	\$35,001-45,000 ___-9	\$35,001-45,000 ___-9
\$45,001-60,000 (1336(___-0	\$45,001-60,000 (1338(___-0	\$45,001-60,000 (1340(___-0
\$More than 60,000 ___-1	\$More than 60,000 ___-1	More than \$60,000 ___-1
Don't know ___-&	Don't know ___-&	Don't know ___-&
Refused ___--	Refused ___--	Refused ___--
Base: 4 people in HH	Base: 5 people in HH	Base: 6 people in HH
\$7,500 or less (1341(___-1	\$7,500 or less (1343(___-1	\$7,500 or less (1345(___-1
\$7,501-10,000 ___-2	\$7,501-10,000 ___-2	\$7,501-10,000 ___-2
\$10,001-12,500 ___-3	\$10,001-12,500 ___-3	\$10,001-12,500 ___-3
\$12,501-15,000 ___-4	\$12,501-15,000 ___-4	\$12,501-15,000 ___-4
\$15,001-20,000 ___-5	\$15,001-20,000 ___-5	\$15,001-20,000 ___-5
\$20,001-25,000 ___-6	\$20,001-25,000 ___-6	\$20,001-25,000 ___-6
\$25,001-30,000 ___-7	\$25,001-30,000 ___-7	\$25,001-30,000 ___-7
\$30,001-35,000 ___-8	\$30,001-35,000 ___-8	\$30,001-35,000 ___-8
\$35,001-40,000* ___-9	\$35,001-45,000* ___-9	\$35,001-45,000 ___-9
\$40,001-45,000 (1342(___-0	\$45,001-60,000 (1344(___-0	\$45,001-50,000* (1346(___-0
\$45,001-60,000 ___-1	More than \$60,000 ___-1	\$50,001-60,000 ___-1
More than \$60,000 ___-2	Don't know ___-&	More than \$60,000 ___-2
Don't know ___-&	Refused ___--	Don't know ___-&
Refused ___--		Refused ___--

ASK Q.J12b IF DK OR REFUSED TO Q.J12a AND ONE PERSON IN HOUSEHOLD OR HOUSEHOLD SIZE UNKNOWN; ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J12c

J12b. Can you tell me if your annual income was \$25,000 or less or more than \$25,000? (PROBE: That would be approximately \$2,000 a month. Was it \$2,000 a month or less, or more than \$2,000 a month?)

- \$25,000 or less (1508(___ - 1 ASK Q.J12b1
- More than \$25,000 ___ - 2 SKIP TO Q.J12b3
- Don't know ___ - 3 SKIP TO Q.J13
- Refused ___ - 4 SKIP TO Q.J13

J12b1. Would you say your income was \$15,000 or less or more than \$15,000? (PROBE: That would be \$1,250 a month. Was it \$1,250 a month or less, or more than \$1,250 a month?)

- \$15,000 or less (1509(___ - 1 ASK Q.J12b2
- More than \$15,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused ___ - -- SKIP TO Q.J13

J12b2. Was it is \$7,500 or less? (PROBE: That would be \$625 a month. Was it \$625 a month or less?)

- \$7,500 or less.....(1510(___ - 1 SKIP TO Q.J13
- \$7,500 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12b3. Would you say your income was more than \$60,000? (PROBE: That would be \$5,000 a month. Was it more than \$5,000 a month?)

- More than \$60,000(1511(___ - 1 SKIP TO Q.J13
- \$60,000 or less..... ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

ASK Q.J12c IF DK OR REFUSED TO Q.J12a AND TWO PEOPLE IN HOUSEHOLD; ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J12d

J12c. Can you tell me if your annual income was \$25,000 or less or more than \$25,000? (PROBE: That would be approximately \$2,000 a month. Was it \$2,000 a month or less, or more than \$2,000 a month?)

- \$25,000 or less.....(1512(___ - 1 ASK Q.J12c1
- More than \$25,000 ___ - 2 SKIP TO Q.J12c 4
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12c1. Would you say your income was \$20,000 or less or more than \$20,000? (PROBE: That would be approximately \$1,700 a month or less, or more than \$1,700 a month.)

- \$20,000 or less.....(1513(___ - 1 ASK Q.J12c2
- More than \$20,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12c2. Was it \$15,000 or less or more than \$15,000? (PROBE: That would be \$1,250 a month. Was it \$1,250 a month or less, or more than \$1,250 a month?)

- \$15,000 or less.....(1514(___ - 1 Ask Q.J12c3
- More than \$15,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12c3. Was it \$10,000 or less or more than \$10,000? (PROBE: That would be approximately \$800 a month. Was it \$800 a month or less?)

- \$10,000 or less.....(1515(___ - 1 SKIP TO Q.J13
- More than \$10,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12c4. Would you say your income was more than \$60,000? (PROBE: That would be \$5,000 a month. Was it more than \$5,000 a month?)

- More than \$60,000(1516(___ - 1 SKIP TO Q.J13
- \$60,000 or less..... ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

ASK Q.J12d IF DK OR REFUSED TO Q.J12a AND THREE PEOPLE IN HOUSEHOLD; ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J12e

J12d. Can you tell me if your annual income was \$25,000 or less or more than \$25,000? (PROBE: That would be approximately \$2,000 a month. Was it \$2,000 a month or less, or more than \$2,000 a month?)

- \$25,000 or less.....(1517(___ - 1 ASK Q.J12d1
- More than \$25,000 ___ - 2 SKIP TO Q.J12d3
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12d1. Would you say your income was \$15,000 or less or more than \$15,000? (PROBE: That would be \$1,250 a month. Was it \$1,250 a month or less, or more than \$1,250 a month?)

- \$15,000 or less.....(1518(___ - 1 ASK Q.J12d2
- More than \$15,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12d2. Was it \$12,000 or less? (PROBE: That would be \$1,000 a month. Was it \$1,000 a month or less?)

- \$12,000 or less.....(1519(___ - 1 SKIP TO Q.J13
- More than \$12,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12d3. Would you say your income was more than \$60,000? (PROBE: That would be \$5,000 a month. Was it more than \$5,000 a month?)

- More than \$60,000(1520(___ - 1 SKIP TO Q.J13
- \$60,000 or less..... ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

ASK Q.J12e IF DK OR REFUSED TO Q.J12a AND FOUR PEOPLE IN HOUSEHOLD;
ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q.J12f

J12e. Can you tell me if your annual income was \$25,000 or less or more than \$25,000? (PROBE: That would be approximately \$2,000 a month. Was it \$2,000 a month or less, or more than \$2,000 a month?)

- \$25,000 or less.....(1521(___ - 1 ASK Q.J12e1
- More than \$25,000 ___ - 2 SKIP TO Q.J12e2
- Don't know ___ - 3 SKIP TO Q.J13
- Refused..... ___ - 4 SKIP TO Q.J13

J12e1. Would you say your income was \$15,000 or less or more than \$15,000? (PROBE: That would be \$1,250 a month. Was it \$1,250 a month or less, or more than \$1,250 a month?)

- \$15,000 or less.....(1522(___ - 1 SKIP TO Q.J13
- More than \$15,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12e2. Would you say your income was \$30,000 or less or more than \$30,000? (PROBE: That would be \$2,500 a month. Was it \$2,500 a month or less, or more than \$2,500 a month?)

- \$30,000 or less.....(1523(___ - 1 SKIP TO Q.J13
- More than \$30,000 ___ - 2 SKIP TO Q.J2e3
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12e3. Was it more than \$60,000? (PROBE: That would be \$5,000 a month. Was it more than \$5,000 a month?)

- More than \$60,000(1524(___ - 1 SKIP TO Q.J13
- \$60,000 or less..... ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

ASK Q.J12f IF DK OR REFUSED TO Q.J12a AND FIVE PEOPLE IN HOUSEHOLD;
ALL OTHERS SKIP TO Q.J13

J12f. Can you tell me if your annual income was \$25,000 or less or more than \$25,000? (PROBE: That would be approximately \$2,000 a month. Was it \$2,000 a month or less, or more than \$2,000 a month?)

- \$25,000 or less.....(1525(___ - 1 ASK Q.J12f1
- More than \$25,000 ___ - 2 SKIP TO Q.J12f3
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12f1. Would you say your income was \$20,000 or less or more than \$20,000? (PROBE: That would be approximately \$1,700 a month or less, or more than \$1,700 a month.)

- \$20,000 or less.....(1526(___ - 1 ASK Q.J12f2
- More than \$20,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12f2. Was it \$15,000 or less or more than \$15,000? (PROBE: That would be \$1,250 a month. Was it \$1,250 a month or less, or more than \$1,250 a month?)

- \$15,000 or less.....(1527(___ - 1 SKIP TO Q.J13
- More than \$15,000 ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12f3. Would you say your income was \$40,000 or less or more than \$40,000? (PROBE: That would be \$3,300 a month. Was it \$3,00 a month or less or more?)

- \$40,000 or less.....(1528(___ - 1 SKIP TO Q.J13
- More than \$40,000 ___ - 2 ASK Q.J12f4
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

J12f4. Was it more than \$60,000? (PROBE: That would be \$5,000 a month. Was it more than \$5,000 a month?)

- More than \$60,000(1529(___ - 1 SKIP TO Q.J13
- \$60,000 or less..... ___ - 2 SKIP TO Q.J13
- Don't know ___ - & SKIP TO Q.J13
- Refused..... ___ - - SKIP TO Q.J13

BASE: ASK EVERYONE

J13. Which of these best describes [your/her/his] current residence – a private home, an apartment or condominium, a group home, nursing home or something else? (SINGLE RECORD)

- Private home(1347(___ - 1
- Apartment or condominium ___ - 2
- Group home ___ - 3
- Nursing home..... ___ - 4
- Other (SPECIFY) _____ (1348-1350)... ___ - 5
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

J14. Some Medicare beneficiaries spend summers in another city or state. [Do you/Does (s)he] spend at least 3 consecutive months a year away from home, or not?

- Spend at least 3 months away (1351(___ - 1
- Do not ___ - 2
- Don't know ___ - &
- Refused..... ___ - -

BASE: EVERYONE

J15. We may want to interview some people who participated in this survey again in a year or two, to find out about their more recent experiences with medical care and the Medicare program. Would it be all right for us to try to call [you/her/him] again? (IF HESITANT REITERATE CONFIDENTIALITY)

- Yes..... (1352(___ - 1 (ASK Q.J15a)
- No ___ - 2 (SKIP TO INSTRUCTION ABOVE Q.J16)
- Don't know ___ - & (SKIP TO INSTRUCTION ABOVE Q.J16)
- Refused..... ___ - - (SKIP TO INSTRUCTION ABOVE Q.J16)

BASE: AGREE TO BE RECONTACTED IN FUTURE (Q.J15/1)

J15a. Can you please give me the names and telephone numbers of two people who do not live with you who know where you are in case we cannot reach you at this number in the future? (IF HESITANT REITERATE CONFIDENTIALITY)

Name: TEXT FILE – (1353) IF DK/REF _____

Telephone Number: TEXT FILE – (1356) IF DK/REF _____

Name: TEXT FILE – (1359) IF DK/REF _____

Telephone Number: TEXT FILE – (1362) IF DK/REF _____

IF PROXY INTERVIEW SKIP TO END. OTHERS ASK Q.J16

BASE: BENEFICIARY INTERVIEWED

J16. Thank you for taking the time to complete this interview. We may be interested in talking with you more about your Medicare benefits and health care. Would you be willing to do this, or not?

- Yes, willing to talk more.....(1365(___ - 1 (COLLECT NAME)
- No, not willing to ___ - 2 (SKIP TO END)
- Don't know ___ - & (SKIP TO END)
- Refused..... ___ - - (SKIP TO END)

NAME: TEXT FILE – (1366) IF DK/REF _____

END OF SURVEY

That completes the interview. Thank you very much for your cooperation!

CATI LENGTH OF INTERVIEW:

MINS. (1411-1420)
SECS. (1421-1432)

RECORD FROM OBSERVATION

LANGUAGE:

English appears to be primary language (1369(____ - 1
English does not appear to be primary language ____ - 2

RESPONDENT HAD DIFFICULTY WITH:

Hearing (1370(____ - 1
Language ____ - 2
Understanding questions..... ____ - 3
No difficulties..... ____ - 4

PROXY HAD DIFFICULTY WITH:

Some questions (1371(____ - 1
Many questions ____ - 2
None of the questions ____ - 3

INTERVIEW CONDUCTED IN:

English (1372(____ - 1
Spanish ____ - 2

OBSERVATION:

Respondent had interesting experiences/story.(1373(____ - 1
Did not..... ____ - 2

END OF INTERVIEW SECTION TIMER

-- CATI CORRECTIONS/UPDATES (1434)
-- DATA LOCATION FIXING

END OF ADMIN SECTION TIMER

INTERVIEWER SPECIAL CODES (ONRESPS)

STOP (TO MAKE APPOINTMENT):

- STP:
- Definite appointment (1433(____ - 1
- Non-specific callback ____ - 2

TERM (TO TERMINATE INTERVIEW):

- TER:
- Hung-up – no reason (1378(____ - 1
- Terminated interview ____ - 2
- Other (SPECIFY)

TEXT ENTRY (1408-1410) _____ ____ - 3

REFUSED (REFUSAL BUT TO RECORD REASON)

- REFUSE:
- Too busy/not interested (1374(____ - 1
- Poor health/would not give proxy ____ - 2
- Too many healthcare surveys ____ - 3
- Other (SPECIFY)

TEXT ENTRY (1375-1377) _____ ____ - 4

1379-1380Z

PROXY (NEED PROXY)

PROXY (SETS VARIABLE PROXY “TRUE” IN SAMPLE RECORD AND QUESTIONNAIRE. DATA COLLECTED WITH INITIAL RESPONDENT WIPED OUT).

SPANISH (NEED LANGUAGE CHANGE)

SPAN (SETS LANGUAGE TO SPANISH IN SAMPLE RECORD AND QUESTIONNAIRE LANGUAGE NOW DISPLAYS IN SPANISH).