

Health Insurance (HX) Section

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| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI |  
| SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE |  
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, |  
| CAPI DISPLAYS THE {END DATE} ONLY FOR ROUND 5. IN |  
| ANY OTHER ROUND, CAPI DOES NOT DISPLAY THE {END |  
| DATE} IN THE CONTEXT HEADER. FOR MOST PERSONS, THE |  
| END DATE FOR ROUND 5 WILL BE DECEMBER 31 OF THE |  
| SECOND YEAR OF THE PANEL. |  
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BOX_00

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| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| FOR MONTH DISPLAY 3 CHAR MONTH (EG. JAN, FEB) |  
| |  
| ROUNDS 1-4, DISPLAY ONLY THE BEGIN DATE RATHER |  
| THAN BOTH THE BEGIN AND END DATE. IF ROUND 5 THEN |  
| DISPLAY BOTH THE BEGIN AND END DATE. |  
| |  
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |  
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |  
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY |  
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HX01

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{STR-DT}  
{END-DT}
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Now I'd like to talk with you about health insurance, an important topic for most persons. We want to know about all the health coverage that anyone in the family may have had to help pay the costs of medical care at any time {since (START DATE)/between (START DATE) and (END DATE)}.

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{ASK RESPONDENT TO GET INSURANCE CARDS/IDENTIFYING INFORMATION  
IF NOT ALREADY AVAILABLE.}
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PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

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| DISPLAY 'ASK....AVAILABLE.' IF ROUND 1. |  
| OTHERWISE, USE A NULL DISPLAY. |  
| |  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
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| IF ROUND 1, GO TO BOX_03 |  
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| OTHERWISE, CONTINUE WITH BOX_01 |  
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BOX_01
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-----  
| ASK THE OLD EMPLOYMENT AND PRIVATE RELATED |  
| INSURANCE (OE) SECTION. |  
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| AT COMPLETION OF OE SECTION, CONTINUE WITH BOX_02 |  
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BOX_02
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| ASK THE OLD PUBLIC RELATED INSURANCE (PR) SECTION. |  
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| AT COMPLETION OF PR SECTION, CONTINUE WITH BOX_03 |  
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BOX_03

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| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' |  
| OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |  
| SIZE-GREATER-THAN-1, |  
| CONTINUE WITH LOOP_01 |  
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| OTHERWISE, GO TO BOX_05 |  
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LOOP_01

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| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS- |  
| ROSTER, ASK HX02-END_LP01 |  
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| LOOP DEFINITION: LOOP_01 COLLECTS INFORMATION |  
| ABOUT PRIVATE HEALTH INSURANCE OBTAINED THROUGH |  
| AN EMPLOYER. THIS LOOP CYCLES ON ESTABLISHMENT- |  
| PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'NOT SELF-EMPLOYED' |  
| OR IS FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM- |  
| SIZE-GREATER-THAN-1. |  
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HX02

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{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

You mentioned that (PERSON) (were/was) covered by health insurance from (ESTABLISHMENT) **{at some point after (START DATE)/between (START DATE) and (END DATE)}**.

SELECT 'CONTINUE' UNLESS RESPONDENT VOLUNTEERS INSURANCE REPORTED IN ERROR.

CONTINUE 1 {BOX_04}
INSURANCE REPORTED IN ERROR 2 {END_LP01}

[Code One]

| IF ROUND 1 THROUGH ROUND 4, DISPLAY '**at some point**
| **after (START DATE)**'. IF ROUND 5, DISPLAY '**between**
(START DATE) and (END DATE)'.

| '(ESTABLISHMENT)' AND '(START DATE)' IN RESPONSE |
LABELS SHOULD BE PURPLE.

| IF CODED '2' (INSURANCE REPORTED IN ERROR) FLAG |
| THIS ESTABLISHMENT-PERSON-PAIR AS 'NOT SEPARATE |
SOURCE OF INSURANCE' AND GO TO END_LP01

OTHERWISE, CONTINUE WITH BOX_04

BOX_04

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-----  
| ASK THE PRIVATE HEALTH INSURANCE DETAIL (HP) |  
| SECTION FOR THIS ESTABLISHMENT-PERSON-PAIR. |  
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| AT COMPLETION OF HP SECTION, CONTINUE WITH |  
| END_LP01 |  
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END_LP01

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-----  
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
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| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |  
| END LOOP_01 AND CONTINUE WITH BOX_05 |  
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BOX_05

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-----  
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS MEET |  
| THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' |  
| AND |  
| - FIRM SIZE OF ESTABLISHMENT = 1, |  
| CONTINUE WITH LOOP_02 |  
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-----  
| OTHERWISE, GO TO BOX_07 |  
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LOOP_02

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| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON-PAIRS- |  
| ROSTER, ASK LOOP_03-END_LP02 |  
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| LOOP DEFINITION: LOOP_02 COLLECTS INFORMATION |  
| ABOUT THE SOURCES OF DIRECTLY PURCHASED HEALTH |  
| INSURANCE ASSOCIATED WITH A SELF-EMPLOYED JOB |  
| WHERE FIRM SIZE = 1. THIS LOOP CYCLES ON |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |  
| FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS FLAGGED DURING THIS ROUND AS |  
| PROVIDING HEALTH INSURANCE |  
| AND |  
| - ESTABLISHMENT IS AN EMPLOYER |  
| AND |  
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT |  
| AND |  
| - ESTABLISHMENT IS FLAGGED AS 'SELF-EMPLOYED' |  
| - FIRM SIZE OF ESTABLISHMENT = 1 |  
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LOOP_03

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-----  
| FOR EACH OF THE FOLLOWING: |  
| |  
| INSURANCE CATEGORY 1 |  
| INSURANCE CATEGORY 2 |  
| INSURANCE CATEGORY 3 |  
| INSURANCE CATEGORY 4 |  
| INSURANCE CATEGORY 5 |  
| INSURANCE CATEGORY 6 |  
| |  
| ASK HX03 - END_LP03 |  
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| LOOP DEFINITION: LOOP_03 COLLECTS INFORMATION |
| ABOUT THE WAYS PERSON PURCHASED HEALTH INSURANCE |
| (INSURANCE CATEGORIES AT HX03) ASSOCIATED WITH A |
| SELF-EMPLOYED JOB WITH FIRM-SIZE = 1. THE FIRST |
| CYCLE OF THIS LOOP COLLECTS THE MAIN WAY PERSON |
| PURCHASES INSURANCE. SUBSEQUENT CYCLES COLLECT |
| ADDITIONAL WAYS PERSON PURCHASES INSURANCE. |
| |
| THE RESPONSE AT HX04 DETERMINES WHETHER THE LOOP |
| CYCLES AGAIN. IF HX04 IS CODED '1' (YES), THE |
| LOOP CYCLES TO COLLECT THE NEXT INSURANCE |
| CATEGORY. IF HX04 IS CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW), THE LOOP ENDS. |

HX03
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

SHOW CARD HX-1.

{You mentioned that (PERSON) {(are/is)/(were/was)} self-employed
and had health insurance through that business.} Which
category on this card comes closest to {the **main**/another} way
(PERSON) (purchase/purchases) this insurance?

FROM A PROFESSIONAL ASSOCIATION 1 {BOX_06}
FROM A SMALL BUSINESS GROUP 2 {BOX_06}
FROM A UNION 3 {BOX_06}
DIRECTLY FROM AN INSURANCE AGENT 5 {BOX_06}
DIRECTLY FROM INSURANCE COMPANY 6 {BOX_06}
DIRECTLY FROM AN HMO 7 {BOX_06}
FROM A PREVIOUS EMPLOYER 8 {BOX_06}
FROM A PREVIOUS EMPLOYER (COBRA) 9 {BOX_06}
OTHER 91 {HX03OV}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

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-----  
| STARTING IN PANEL 12 ROUND 2, CATEGORY '4' (FROM |  
| A HEALTH INSURANCE PURCHASING ALLIANCE) WAS |  
| OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS. |  
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-----  
| DISPLAY 'you mentioned that (PERSON) {(are/is)/ |  
| (were/was)} self-employed and had health insurance |  
| through that business.' IF FIRST CYCLE THROUGH |  
| LOOP_03. OTHERWISE USE A NULL DISPLAY. |  
|
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```
| DISPLAY '(are/is)' IF ESTABLISHMENT IS FLAGGED AS |  
| A CURRENT EMPLOYER. DISPLAY '(were/was)' IF |  
| ESTABLISHMENT IS NOT FLAGGED AS A CURRENT |  
| EMPLOYER, OR IF CURRENT ROUND IS ROUND 5. |  
|
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| DISPLAY 'the main' IF FIRST CYCLE THROUGH LOOP_03. |  
| OTHERWISE (I.E., NOT FIRST CYCLE), DISPLAY |  
| 'another'. |  
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HX030V

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OTHER:

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[Enter Other Specify] ..... {BOX_06}  
DK ..... -8 {BOX_06}
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BOX_06

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| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |  
| FOR THE RESPONSE CATEGORY SELECTED AT HX03. |  
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-----  
| AT COMPLETION OF HP SECTION, CONTINUE WITH HX04 |  
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HX04
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

SHOW CARD HX-1.

Aside from what you already told me about, is there another
category on this card which describes the way (PERSON)
(purchase/purchases) health insurance for (ESTABLISHMENT)?

YES 1 {END_LP03}
NO 2 {END_LP03}
REF -7 {END_LP03}
DK -8 {END_LP03}

HELP AVAILABLE FOR DEFINITION OF ITEMS ON SHOW CARD.

END_LP03
=====

| IF HX04 IS CODED '1' (YES), CYCLE TO COLLECT THE |
NEXT WAY OF PURCHASING INSURANCE.

OTHERWISE, END LOOP_03 AND CONTINUE WITH END_LP02

END_LP02
=====

| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
THE LOOP DEFINITION.

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_02 AND CONTINUE WITH BOX_07

BOX_07

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IF ROUND 1, GO TO HX06

OTHERWISE, CONTINUE WITH BOX_08

BOX_08

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| IF: |
| |
| ANY NEW RU MEMBERS ADDED TO RU THIS ROUND, |
| OR |
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING |
| MEDICARE TURNED 65 SINCE START DATE (USE REAL |
| DATE OF BIRTH ONLY), |
| OR |
| ANY RU MEMBERS NOT ALREADY FLAGGED AS RECEIVING |
| MEDICARE WERE = OR > 65 (OR IN AGE CATEGORY 9) IN |
| PREVIOUS ROUND, |
CONTINUE WITH HX05

OTHERWISE, GO TO BOX_12

HX05
=====

{STR-DT}
{END-DT}

My records indicate that (READ NAMES BELOW) {(are/is)}
{either} {65 years old or older} {or} {joined the household
since our last interview}.

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

(Has (READ NAME ABOVE)/Have any of these people) been covered
by Medicare {since (START DATE)/between (START DATE) and (END DATE)}?

YES 1
NO 2 {LOOP_04}
REF -7 {LOOP_04}
DK -8 {LOOP_04}

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

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-----  
| DISPLAY '(are/is)' AND '65 years old' IF ANY RU |  
| MEMBERS NOT ALREADY FLAGGED AS RECEIVING |  
| MEDICARE TURNED 65 SINCE START DATE OR IF ANY RU |  
| MEMBERS NOT ALREADY FLAGGED AS RECEIVING |  
| MEDICARE WERE = OR > 65 PREVIOUS ROUND. |  
| |  
| DISPLAY 'joined the household since our last |  
| interview' IF ANY NEW RU MEMBERS ADDED TO THE RU |  
| THIS ROUND. |  
| |  
| DISPLAY 'either' AND 'or' IF ANY NEW RU MEMBERS |  
| ADDED TO THE RU THIS ROUND AND IF ANY RU MEMBERS |  
| NOT ALREADY FLAGGED AS RECEIVING MEDICARE TURNED |  
| 65 SINCE START DATE OR ANY RU MEMBERS NOT ALREADY |  
| FLAGGED AS RECEIVING MEDICARE WERE = OR > 65 |  
| PREVIOUS ROUND. |  
| |  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
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```

| IF HX05 IS CODED '1' (YES) AND ONLY ONE RU MEMBER |
| ELIGIBLE FOR HX05, SELECT THAT PERSON |
AUTOMATICALLY BY CAPI AT HX07 AND GO TO LOOP_04

| IF HX05 IS CODED '1' (YES) AND MORE THAN ONE RU |
MEMBER ELIGIBLE FOR HX05, GO TO HX07

| ROSTER DETAILS: |
| Title: RU_MEMBERS_1 |
| |
| COL #1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR DISPLAY |
OF RU-MEMBERS.

| ROSTER BEHAVIOR: |
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| OTHERWISE, DISPLAY RU-MEMBERS WHO MEET ONE OF THE |
| FOLLOWING CONDITIONS: |
| 1. PERSON IS A NEW RU MEMBER THIS ROUND, |
| |
| 2. PERSON TURNED 65 YEARS OLD THIS ROUND AND IS |
| NOT FLAGGED AS COVERED BY MEDICARE DURING ANY |
| ROUND, |
| |
| 3. OR PERSON >= 65 (OR IN AGE CATEGORY 9) LAST |
| ROUND AND NOT FLAGGED AS COVERED BY MEDICARE |
DURING ANY ROUND.

HX06
====

{STR-DT}

There are several large public health insurance programs {with similar names} that are easily confused.

Medicare is a health insurance program for persons 65 years or over and for disabled persons. Other programs, such as {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}, are state programs which cover low income families and individuals or children who do not have private health insurance.

SHOW CARD HX-2.

Let me first ask about Medicare. People covered by Medicare usually have a card that looks like this.

At any time since (START DATE), has anyone in the family been covered by Medicare?

YES	1
NO	2
REF	-7
DK	-8

HELP AVAILABLE FOR DEFINITION OF MEDICARE.

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-----  
| DISPLAY 'or Denali KidCare' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| ALASKA. |  
| |  
| DISPLAY 'or ALL Kids' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| ALABAMA. |  
| |  
| DISPLAY 'or KidsCare' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| ARIZONA. |  
| |  
| DISPLAY 'or ARKids First' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| ARKANSAS. |  
| |  
| DISPLAY 'or Healthy Families' FOR 'STATE CHIP |  
| NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS CALIFORNIA. |  
| |  
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-----  
| DISPLAY 'or Child Health Plan Plus (CHP+)' FOR |  
| 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED IS COLORADO. |  
|  
| DISPLAY 'or HUSKY' FOR 'STATE CHIP NAME' IF STATE |  
| IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| CONNECTICUT. |  
|  
| DISPLAY 'or DC Healthy Families' FOR 'STATE |  
| CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS WASHINGTON, DC. |  
|  
| DISPLAY 'or DE Healthy Children Program' FOR |  
| 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED IS DELAWARE. |  
|  
| DISPLAY 'or Florida KidCare' FOR 'STATE CHIP |  
| NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS FLORIDA. |  
|  
| DISPLAY 'or PeachCare for Kids' FOR 'STATE CHIP |  
| NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS GEORGIA. |  
|  
| DISPLAY 'or QUEST' FOR 'STATE CHIP NAME' IF STATE |  
| IN WHICH INTERVIEW IS BEING CONDUCTED IS HAWAII. |  
|  
| DISPLAY 'or hawk-i' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW |  
| IS BEING CONDUCTED IS IOWA. |  
|  
| DISPLAY 'or Children's Health Insurance Program' |  
| FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW |  
| IS BEING CONDUCTED IS IDAHO. |  
|  
| DISPLAY 'or All Kids' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| ILLINOIS. |  
|  
| DISPLAY 'or Hoosier Healthwise' FOR 'STATE CHIP |  
| NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS INDIANA. |  
|  
| DISPLAY 'or Heathwave 21' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |  
| IS KANSAS. |  
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-----  
| DISPLAY 'or KY Children's Hlth Insurance  
| Prgm (KCHIP)' FOR 'STATE CHIP NAME' IF STATE IN  
| WHICH INTERVIEW IS BEING CONDUCTED IS KENTUCKY.  
|  
| DISPLAY 'or LaCHIP' FOR 'STATE CHIP NAME' IF  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS  
| LOUISIANA.  
|  
| DISPLAY 'or Maryland Children's Health Program'  
| FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW  
| IS BEING CONDUCTED IS MARYLAND.  
|  
| DISPLAY 'or Children's Medical Sec. Plan'  
| FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW  
| IS BEING CONDUCTED IS MASSACHUSETTS.  
|  
| DISPLAY 'or MICHild' FOR 'STATE CHIP NAME' IF  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS  
| MICHIGAN.  
|  
| DISPLAY 'or MO HealthNet for Kids' FOR 'STATE  
| CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING  
| CONDUCTED IS MISSOURI.  
|  
| DISPLAY 'or Children's Health Insurance Program'  
| FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW  
| IS BEING CONDUCTED IS MISSISSIPPI.  
|  
| DISPLAY 'or Healthy Montana Kids Plan' FOR 'STATE  
| CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING  
| CONDUCTED IS MONTANA.  
|  
| DISPLAY 'or Kids Connection' FOR 'STATE CHIP NAME'  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS  
| NEBRASKA.  
|  
| DISPLAY 'or Nevada Check Up' FOR 'STATE CHIP NAME'  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS  
| NEVADA.  
|  
| DISPLAY 'or NH Healthy Kids' FOR 'STATE CHIP  
| NAME' IF STATE IN WHICH INTERVIEW IS BEING  
| CONDUCTED IS NEW HAMPSHIRE.  
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-----  
| DISPLAY 'or NJ Family Care' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| NEW JERSEY. |  
|  
| DISPLAY 'or New MexiKids' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| NEW MEXICO. |  
|  
| DISPLAY 'or Child Health Plus (CHPlus)' FOR |  
| 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED IS NEW YORK. |  
|  
| DISPLAY 'or NC Health Choice for Children' FOR |  
| 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED IS NORTH CAROLINA. |  
|  
| DISPLAY 'or Healthy Steps' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| NORTH DAKOTA. |  
|  
| DISPLAY 'or Healthy Start' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| OHIO. |  
|  
| DISPLAY 'or PA Children's Health Insurance |  
| Program' FOR 'STATE CHIP NAME' IF STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED IS PENNSYLVANIA. |  
|  
| DISPLAY 'or Rite Care' FOR 'STATE CHIP |  
| NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS RHODE ISLAND. |  
|  
| DISPLAY 'or Healthy Connections Kids' FOR 'STATE |  
| CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS SOUTH CAROLINA. |  
|  
| DISPLAY 'or Children's Health Insurance Program' |  
| FOR 'STATE CHIP NAME' IF STATE IN WHICH INTERVIEW |  
| IS BEING CONDUCTED IS SOUTH DAKOTA. |  
|  
| DISPLAY 'or CoverKids' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| TENNESSEE. |  
|  
| DISPLAY 'or Children's Health Insurance Program |  
| (SCHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED IS TEXAS. |  
|  
| DISPLAY 'or Children's Health Insurance Program |  
| (SCHIP)' FOR 'STATE CHIP NAME' IF STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED IS UTAH. |  
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-----  
| DISPLAY 'or Dr. Dynasaur' FOR 'STATE CHIP NAME' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |  
| IS VERMONT. |  
|  
| DISPLAY 'or FAMIS' FOR 'STATE CHIP NAME' IF STATE |  
| IN WHICH INTERVIEW IS BEING CONDUCTED IS VIRGINIA. |  
|  
| DISPLAY 'or West Virginia Children's Health |  
| Insurance Program' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| WEST VIRGINIA. |  
|  
| DISPLAY 'or BadgerCare' FOR 'STATE CHIP NAME' IF |  
| STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| WISCONSIN. |  
|  
| DISPLAY 'or Wyoming Kid Care (CHIP)' FOR 'STATE |  
| CHIP NAME' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS WYOMING. |  
|  
| OTHERWISE (I.E., STATE IS ME, MN, OK, OR, WA) |  
| DISPLAY 'or State Children's Health Insurance |  
| Program' FOR 'STATE CHIP NAME.' |  
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-----  
| DISPLAY 'with similar names' IF STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED USES 'MEDICAID' OR A |  
| NAME SIMILAR TO MEDICARE (WHICH INCLUDES CA: |  
| MEDI-CAL AND ME: MAINECARE). |  
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-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED IS ONE OF THE FOLLOWING: |  
| ALASKA                    LOUISIANA                    OHIO |  
| ALABAMA                   MICHIGAN                    SOUTH CAROLINA |  
| ARKANSAS                   MISSISSIPPI                   TEXAS |  
| COLORADO                   MONTANA                    UTAH |  
| DELAWARE                   NEBRASKA                    VERMONT |  
| FLORIDA                   NEVADA                      VIRGINIA |  
| GEORGIA                   NEW HAMPSHIRE                   WASHINGTON |  
| IDAHO                    NEW JERSEY                   WEST VIRGINIA |  
| ILLINOIS                   NEW MEXICO                   WISCONSIN |  
| INDIANA                   NEW YORK |  
| IOWA                    NORTH CAROLINA |  
| KANSAS                   NORTH DAKOTA |  
-----
```

```
-----  
| DISPLAY 'Medical Assistance' FOR 'STATE NAME FOR |  
| MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS ONE OF THE FOLLOWING: |  
| CONNECTICUT MARYLAND RHODE ISLAND |  
| DISTRICT OF COLUMBIA MINNESOTA SOUTH DAKOTA |  
| HAWAII PENNSYLVANIA |  
|  
| DISPLAY 'AZ Hlth Care Cost Containment System' |  
| FOR 'STATE NAME FOR MEDICAID' IF STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED IS ARIZONA. |  
|  
| DISPLAY 'Medi-Cal' FOR 'STATE NAME FOR MEDICAID' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| CALIFORNIA. |  
|  
| DISPLAY 'KYHealth Choices' FOR 'STATE NAME FOR |  
| MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS KENTUCKY. |  
|  
| DISPLAY 'MaineCare' FOR 'STATE NAME FOR MEDICAID' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| MAINE. |  
|  
| DISPLAY 'MassHealth' FOR 'STATE NAME FOR MEDICAID' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| MASSACHUSETTS. |  
|  
| DISPLAY 'MO HealthNet' FOR 'STATE NAME FOR |  
| MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS MISSOURI. |  
|  
| DISPLAY 'OR Health Plan' FOR 'STATE NAME FOR |  
| MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS OREGON. |  
|  
| DISPLAY 'SoonerCare' FOR 'STATE NAME FOR MEDICAID' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| OKLAHOMA. |  
|  
| DISPLAY 'TennCare' FOR 'STATE NAME FOR MEDICAID' |  
| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED IS |  
| TENNESSEE. |  
|  
| DISPLAY 'EqualityCare' FOR 'STATE NAME FOR |  
| MEDICAID' IF STATE IN WHICH INTERVIEW IS BEING |  
| CONDUCTED IS WYOMING. |  
|-----
```

```
-----  
| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT |  
| PERSON AUTOMATICALLY BY CAPI AT HX07 AND GO TO |  
| LOOP_04 |  
-----
```

```
-----  
| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |  
| WITH HX07 |  
-----
```

```
-----  
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |  
| KNOW) AND ONE OR MORE RU MEMBER = > 65 YEARS OLD, |  
| GO TO LOOP_04 |  
-----
```

```
-----  
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |  
| KNOW) AND NO RU MEMBER = > 65 YEARS OLD, GO |  
| TO BOX_12 |  
-----
```

HX07

=====

```
{STR-DT}  
{END-DT}
```

Who is covered by Medicare?

PROBE: Who else is covered by Medicare?

```
[1. First Name, [Middle Name], Last Name-65]  
[2. First Name, [Middle Name], Last Name-65]  
[3. First Name, [Middle Name], Last Name-65] {LOOP_04}
```

```
-----  
| ROSTER DETAILS: |  
| TITLE: RU_MEMBERS_SELECTONE |  
| |  
| COL # 1 HEADER: PERSON-TYPE-PROVIDER |  
| INSTRUCTIONS: DISPLAY RU MEMBERS' FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
-----
```

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| ONE OR MORE FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
| IN ROUND 1, NONE. DISPLAY ALL. |
| IN ROUNDS 2-5, DISPLAY RU MEMBERS WHO MEET ONE OF |
| THE FOLLOWING CONDITIONS: |
| 1. PERSON IS A NEW RU MEMBER THIS ROUND, |
| |
| 2. PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT |
| FLAGGED AS COVERED BY MEDICARE DURING ANY ROUND, |
| |
| 3. OR PERSON >= 65 YEARS OLD (OR IN AGE CATEGORY |
| 9) LAST ROUND AND NOT FLAGGED AS COVERED BY |
MEDICARE DURING ANY ROUND.

LOOP_04
=====

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
BOX_09-END_LP04

```
-----  
| LOOP DEFINITION: LOOP_04 DETERMINES IF REASON FOR |  
| MEDICARE IS CONDITION/DISABILITY FOR PERSONS < 65 |  
| WHO RECEIVE MEDICARE AND COLLECTS SOCIAL SECURITY |  
| STATUS FOR PERSONS = > 65 WHO ARE NOT COVERED BY |  
| MEDICARE. THIS LOOP CYCLES ON PERSONS WHO MEET |  
| ANY OF THE FOLLOWING CONDITIONS: |  
| - IF ROUND 1: ALL CURRENT RU MEMBERS |  
| - IF NOT ROUND 1: ALL CURRENT RU MEMBERS WHO |  
| MEET ONE OF THE FOLLOWING CONDITIONS: |  
| - PERSON IS A NEW RU MEMBER THIS ROUND, |  
| OR |  
| - PERSON TURNED 65 YEARS OLD THIS ROUND AND NOT |  
| FLAGGED AS COVERED BY MEDICARE DURING ANY |  
| ROUND |  
| OR |  
| - PERSON => 65 YEARS OLD (OR IN AGE CATEGORY 9) |  
| LAST ROUND AND NOT FLAGGED AS COVERED BY |  
| MEDICARE DURING ANY ROUND. |  
-----
```

BOX_09

=====

```
-----  
| IF ROUND 1, GO TO BOX_11 |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH BOX_10 |  
-----
```

BOX_10

=====

```
-----  
| IF PERSON ADDED THIS ROUND, CONTINUE WITH BOX_11 |  
-----
```

```
-----  
| IF HX05 IS CODED '2' (NO), '-7' (REFUSED), OR |  
| '-8' (DON'T KNOW) AND RU MEMBER TURNED 65 THIS |  
| ROUND, GO TO HX09 |  
-----
```

```
-----  
| OTHERWISE, GO TO END_LP04 |  
-----
```

```
-----  
| NOTE: HX09 IS NOT RE-ASKED OF PERSONS WHO WERE |  
| OVER 65 DURING THE PREVIOUS ROUND AND DID NOT |  
| RECEIVE MEDICARE AND WHO CONTINUE NOT RECEIVING |  
| MEDICARE DURING THE CURRENT ROUND. |  
-----
```

BOX_11

=====

```
-----  
| IF PERSON IS SELECTED AT HX07 AND IS < 65 YEARS |  
| OLD (OR IN AGE CATEGORIES 1-8), CONTINUE WITH HX08 |  
-----
```

```
-----  
| IF PERSON IS SELECTED AT HX07 AND IS = > 65 YEARS |  
| OLD (OR IN AGE CATEGORY 9), GO TO END_LP04 |  
-----
```

```
-----  
| IF PERSON IS NOT SELECTED AT HX07 AND IS < 65 |  
| YEARS OLD (OR IN AGE CATEGORIES 1-8), GO TO |  
| END_LP04 |  
-----
```

```
-----  
| IF PERSON IS NOT SELECTED AT HX07 AND IS = > 65 |  
| YEARS OLD (OR IN AGE CATEGORY 9), GO TO HX09 |  
-----
```

```
-----  
| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |  
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) |  
| AND PERSON IS < 65 YEARS OLD (OR IN AGE CATEGORIES |  
| 1-8), GO TO END_LP04 |  
-----
```

```
-----  
| IF HX07 IS NOT ASKED (I.E., HX05 OR HX06 IS CODED |  
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)) |  
| AND PERSON IS = > 65 YEARS OLD (OR IN AGE CATEGORY |  
| 9), GO TO HX09 |  
-----
```

HX08
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

(Do/Does) (PERSON) receive **Medicare** because of a medical condition or a disability?

YES 1 {END_LP04}
NO 2 {END_LP04}
REF -7 {END_LP04}
DK -8 {END_LP04}

HELP AVAILABLE FOR DEFINITION OF CONDITION/DISABILITY.

HX09
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

People with Social Security usually get **Medicare**. (Do/Does) (PERSON) receive Social Security?

YES 1 {END_LP04}
NO 2 {END_LP04}
REF -7 {END_LP04}
DK -8 {END_LP04}

HELP AVAILABLE FOR DEFINITION OF SOCIAL SECURITY.

END_LP04
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER WHO |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_04 AND CONTINUE WITH BOX_12

BOX_12

=====

| IF MEDICAID/SCHIP PROVIDED TO ANY RU MEMBER |
DURING THE PREVIOUS ROUND, GO TO BOX_14

OTHERWISE, CONTINUE WITH BOX_12A

BOX_12A

=====

| IF GOVT-HOSPITAL/PHYSICIAN IS A SOURCE OF |
| INSURANCE FOR ANY RU MEMBER DURING THE CURRENT |
ROUND, GO TO BOX_14

OTHERWISE, CONTINUE WITH HX10

HX10
=====

{STR-DT}
{END-DT}

{Some people are covered by programs called **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}**. These are state programs for low income families and individuals or children who do not have private health insurance. They sometimes cover persons with very large medical bills or those in nursing homes.}

{SHOW CARD HX-3.}
{People covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}** usually have a (piece of paper/card) that looks something like this.}

{During the last interview, we recorded that no one in the family was covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}**.}

Has anyone in the family been covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}** at any time {since (START DATE)/between (START DATE) and (END DATE)}?

YES	1
NO	2 {BOX_14}
REF	-7 {BOX_14}
DK	-8 {BOX_14}

HELP AVAILABLE FOR DEFINITION OF MEDICAID/SCHIP.

| DISPLAY FIRST PARAGRAPH ('Some homes.') ONLY |
IF ROUND 1. OTHERWISE, USE A NULL DISPLAY.

| DISPLAY SECOND PARAGRAPH (INCLUDING REFERENCE TO |
| SHOW CARD) ONLY IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED ISSUES A CARD OR PIECE OF PAPER TO |
| MEDICAID RECIPIENTS. THIS INCLUDES ALL STATES |
| EXCEPT TENNESSEE. IF THE INTERVIEW IS BEING |
CONDUCTED IN TENNESSEE, USE A NULL DISPLAY.

```
-----  
| DISPLAY THIRD PARAGRAPH ('During... CHIP NAME}}}') |  
| ONLY IF NOT ROUND 1. OTHERWISE, USE A NULL |  
| DISPLAY. |  
-----
```

```
-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |  
| STATE, SEE BOX ON HX06. |  
-----
```

```
-----  
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |  
| SUBSTITUTING THE REAL NAME FOR PROGRAM. FOR THE |  
| SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06. |  
-----
```

```
-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```

```
-----  
| IF CODED '1' (YES) AND SINGLE-PERSON RU, SELECT |  
| PERSON AUTOMATICALLY BY CAPI AT HX11 AND GO TO |  
| LOOP_05 |  
-----
```

```
-----  
| IF CODED '1' (YES) AND MULTI-PERSON RU, CONTINUE |  
| WITH HX11 |  
-----
```

HX11
=====

{STR-DT}
{END-DT}

Who is covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}**?

PROBE: Who else is covered by **{Medicaid/{STATE NAME FOR MEDICAID}}** or **{STATE CHIP NAME}**?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
STATE, SEE BOX ON HX06.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| SUBSTITUTING THE REAL NAME FOR PROGRAM. FOR THE |
SPECIFIC NAME TO USE BY STATE, SEE BOX ON HX06.

GO TO LOOP_05

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_05
=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK BOX_13 - END_LP05

| LOOP DEFINITION: LOOP_05 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY MEDICAID/ |
| SCHIP. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON- |
| PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS MEDICAID/SCHIP |
| AND |
| - PERSON IS FLAGGED AS COVERED BY MEDICAID/SCHIP |
| DURING THE CURRENT ROUND (I.E., SELECTED IN |
HX11)

BOX_13
=====

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
FOR THIS PERSON.

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP05

END_LP05
=====

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT- |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS |
STATED IN THE LOOP DEFINITION.

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_05 AND CONTINUE WITH BOX_14

BOX_14
=====

| IF TRICARE/CHAMPVA PROVIDED TO ANY RU MEMBER |
DURING THE PREVIOUS ROUND, GO TO BOX_16

OTHERWISE, CONTINUE WITH HX12

HX12
=====

{STR-DT}
{END-DT}

{During the last interview, we recorded that no one in the family was covered by TRICARE or CHAMPVA.}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family been covered by TRICARE or CHAMPVA?

YES 1 {HX12A}
NO 2 {BOX_16}
REF -7 {BOX_16}
DK -8 {BOX_16}

HELP AVAILABLE FOR DEFINITION OF TRICARE/CHAMPVA.

| DISPLAY FIRST PARAGRAPH ('During TRICARE or |
| CHAMPVA.') IF NOT ROUND 1. OTHERWISE, USE A |
| NULL DISPLAY. |
| |
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |
| DISPLAY 'between (START DATE) and (END DATE)' IF |
ROUND 5.

HX12A
=====

{STR-DT}
{END-DT}

Which plan is it? Is it...

INTERVIEWER:
CODE MORE THAN ONE PLAN ONLY IF DIFFERENT RU MEMBERS
HAVE DIFFERENT PLANS.

CHECK ALL THAT APPLY.

TRICARE Standard; 1
TRICARE Prime; 2
TRICARE Extra; 3
TRICARE for Life; or 4
CHAMPVA? 5

[Code All That Apply]

| IF HX12 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
| SELECT PERSON AT HX13 AUTOMATICALLY BY CAPI AND |
GO TO LOOP_06

| IF HX12 IS CODED '1' (YES) AND MULTI-PERSON RU, |
CONTINUE WITH HX13

HX13

=====

{STR-DT}
{END-DT}

Who is covered by TRICARE or CHAMPVA?

PROBE: Who else is covered by TRICARE or CHAMPVA?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

GO TO LOOP_06

| ROSTER DETAILS: |
| Title: RU_MEMBERS_1 |
| |
| COL #1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |
OF RU-MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_06

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK BOX_15-END_LP06

| LOOP DEFINITION: LOOP_06 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY TRICARE |
| OR CHAMPVA. THIS LOOP CYCLES ON ESTABLISHMENT- |
| PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS TRICARE/CHAMPVA |
| AND |
| - PERSON IS FLAGGED AS COVERED BY TRICARE/CHAMPVA |
| DURING THE CURRENT ROUND (I.E., SELECTED AT |
HX13)

BOX_15

=====

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
FOR THIS PERSON.

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP06

END_LP06

=====

| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED |
IN THE LOOP DEFINITION.

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_06 AND CONTINUE WITH BOX_16

BOX_16

=====

| IF MEDICAID/SCHIP IS A SOURCE OF INSURANCE FOR |
ANY RU MEMBER DURING CURRENT ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH BOX_17

BOX_17

=====

| IF GOVT-HOSPITAL/PHYSICIAN PROVIDED TO ANY RU |
MEMBER DURING THE PREVIOUS ROUND, GO TO BOX_19

OTHERWISE, CONTINUE WITH HX14

HX14
====

{STR-DT}
{END-DT}

{During the last interview, we recorded that no one in the family was covered by any other state sponsored program which **provided hospital and physician benefits.**}

At any time {since (START DATE)/between (START DATE) and (END DATE)}, has anyone in the family had any other type of health insurance obtained through any state or local government agency which **provided hospital and physician benefits?**

YES 1 {HX14A}
NO 2 {BOX_19}
REF -7 {BOX_19}
DK -8 {BOX_19}

HELP AVAILABLE FOR DESCRIPTION OF INSURANCE TYPES TO INCLUDE.

```
-----  
| DISPLAY FIRST PARAGRAPH ('During .... benefits.') |  
| IF NOT ROUND 1. OTHERWISE, USE A NULL DISPLAY. |  
| |  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```

HX14A
=====

{STR-DT}

What is the name of the plan?

[Enter text]

| NOTE: 'GOVT-HOSPITAL/PHYSICIAN' SHOULD BE USED |
| FOR THE ESTABLISHMENT NAME IN THE CONTEXT HEADER |
(WHERE APPROPRIATE).

| IF HX14 IS CODED '1' (YES) AND SINGLE-PERSON RU, |
| SELECT PERSON AT HX15 AUTOMATICALLY BY CAPI AND |
GO TO LOOP_07

| IF HX14 IS CODED '1' (YES) AND MULTI-PERSON RU, |
CONTINUE WITH HX15

HX15
=====

{STR-DT}
{END-DT}

Who is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

PROBE: Who else is covered by a program sponsored by a state or local government agency which provided hospital and physician benefits?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

GO TO LOOP_07

| ROSTER DETAILS: |
| TITLE: RU_MEMBERS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_07

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK BOX_18-END_LP07

| LOOP DEFINITION: LOOP_07 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| AND |
| - PERSON IS FLAGGED AS BEING COVERED BY GOVT- |
| HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND |
(I.E., SELECTED AT HX15)

BOX_18

=====

| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION |
FOR THIS PERSON.

| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH |
END_LP07

END_LP07

=====

| CYCLE ON NEXT PAIR ON THE RU-ESTABLISHMENT- |
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS |
STATED IN THE LOOP DEFINITION.

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_07 AND CONTINUE WITH BOX_19

BOX_19

=====

| IF ANY TYPE OF OTHER PUBLIC INSURANCE PROVIDED TO |
| ANY RU MEMBER AT ANY TIME DURING THE PREVIOUS |
ROUND, GO TO HX21

OTHERWISE, CONTINUE WITH HX16

HX16
=====

{STR-DT}
{END-DT}

{During the last interview, we recorded that no one in the family/Some people} receive{d} health benefits from other state programs such as (READ PROGRAM NAMES BELOW) or other public programs that provide coverage for health care services.

{STATE NAME FOR PROGRAM #1.....}
{STATE NAME FOR PROGRAM #2.....}
{STATE NAME FOR PROGRAM #3.....}
{STATE NAME FOR PROGRAM #4.....}

At any time {since (START DATE)}/between (START DATE) and (END DATE)}, has anyone in the family been covered by any program like this?

YES 1 {LOOP_08}
NO 2 {HX21}
REF -7 {HX21}
DK -8 {HX21}

HELP AVAILABLE FOR A LIST OF OTHER STATE PROGRAMS.

```
-----  
| DISPLAY 'During the last interview, we recorded |  
| that no one in the family' AND THE 'd' ON |  
| 'receive' IF NOT ROUND 1. OTHERWISE, DISPLAY |  
| 'Some people'. |  
| |  
| DISPLAY THE LIST OF UP TO FOUR ACTUAL NAMES OF |  
| STATE PROGRAMS (AS LISTED IN NEXT BOX) FOR 'STATE |  
| NAME FOR PROGRAM #N' IF STATE HAS OTHER STATE |  
| PROGRAMS. OTHERWISE, USE A NULL DISPLAY. |  
| |  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```


STATE	OTHER PUBLIC PROGRAM(S)
ALASKA	Chronic and Acute Medical Assistance AK AIDS Drug Assistance Program AK Breast and Cervical Health Check Senior Benefits Program
ALABAMA	Senior Rx AL AIDS Drug Assistance Program (ADAP) Breast/Cervical Cancer Early Detect Alabama Perinatal Hepatitis B Prog
ARIZONA	CoppeRx Card Non-Renal Transplant Medication Prgm AZ AIDS Drug Assistance Program Well Woman HealthCheck Program
ARKANSAS	Arkansas Kidney Disease Commission AR AIDS Drug Assistance Program Breast Care
CALIFORNIA	AIDS Drug Assistance Program CA Discount Rx Drug Program Cancer Detection Programs: Every Woman Counts
COLORADO	Colorado Indigent Care Program Women's Wellness Connection CO AIDS Drug Assistance Program
CONNECTICUT	ConnPACE CT AIDS Drug Assistance Program Healthy Start Breast/Cervical Cancer Early Detect.
DELAWARE	DE Prescription Assistance Program DE AIDS Drug Assistance Program Chronic Renal Disease Program Breast and Cervical Cancer Program
DISTRICT OF COLUMBIA	DC AIDS Drug Assistance Program Breast/Cervical Cancer Early Detect.
FLORIDA	AIDS Drug Assistance Program Breast/Cervical Cancer Early Detect. Positive Healthcare Florida Discount Drug Card Program
GEORGIA	AIDS Drug Assistance Program Cancer Screening Program

HAWAII	HIV Drug Assistance Program Breast/Cervical Cancer Control Pgrm Hawaii Rx Plus
IDAHO	ID AIDS Drug Assistance Program Family Support 360 Project Women's Health Check Rx Idaho
ILLINOIS	Chronic Renal Disease Program IL Breast and Cervical Cancer Program IL AID Drug Assistance Program Illinois Cares Rx
INDIANA	Hoosier Rx Children's Special Hlth Care Service IN AIDS Drug Assistance Program IN Breast and Cervical Cancer Program
IOWA	AIDS Drug Assistance Program Care for Yourself BCCED Pgrm
KANSAS	MediKan KS AIDS Drug Assistance Program Early Detection Works Program
KENTUCKY	KY AIDS Drug Assistance Program Kentucky Rx Drug Assistance Prgm KY Women's Cancer Screening Program
LOUISIANA	Breast and Cervical Cancer Screening Program LA AIDS Drug Assistance Program
MAINE	Maine AIDS Drug Assistance Program Maine Breast and Cervical Health Program Drugs for the Elderly Medical Eye Care
MARYLAND	Kidney Disease Program MD AIDS Drug Assistance Program Breast/Cervical Cancer Early Detect. Maryland Primary Adult Care Program
MASSACHUSETTS	Prescription Advantage Plan MA HIV Drug Assistance Program Women's Health Network
MICHIGAN	MiRx Card Adult Medical Program MI Rx Prescription Savings Program Breast/Cervical Cancer Control Prgm

MINNESOTA	MN AIDS Drug Assistance Program Sage Screening Program
MISSISSIPPI	MS AIDS Drug Assistance Program Breast/Cervical Cancer Early Detect. First Steps: Early Intervention Program
MISSOURI	MO AIDS Drug Assistance Program Show Me Healthy Women Extended Women's Health MoRx
MONTANA	End-Stage Renal Disease Program MT AIDS Drug Assistance Program MT Breast and Cervical Health Program The Mental Health Services Plan
NEBRASKA	Chronic Renal Disease Program NE AIDS Drug Assistance Program Every Woman Matters Program
NEW HAMPSHIRE	Catastrophic Illness Program Ryan White CARE Program Let No Woman Be Overlooked
NEVADA	Senior Rx NV AIDS Drug Assistance Program Women's Health Connection Program Children w/Special Hlth Care Needs
NEW JERSEY	Rx Assist. for the Aged and Disabled NJ AIDS Drug Distribution Program End Stage Renal Disease Ptnt Assist. NJ Cancer Education/Early Detection
NEW MEXICO	NM AIDS Drug Assistance Program Family Infant Toddler Program Breast/Cervical Cancer Early Detect. Discount Prescription Drug Program
NEW YORK	Elderly Pharmaceutical Insurance Coverage Program APIC NY AIDS Drugs Assistance Program Cancer Services Prgm Partnerships
NORTH CAROLINA	State Kidney Program Breast/Cervical Cancer Control Prgm School Health Fund Sickle Cell Syndrome Program

NORTH DAKOTA	Women's Way ND AIDS Drug Assistance Program Health Tracks Children's Special Health Services
OHIO	OH Disability Assist Medical Prgm Ohio HIV Drug Assistance Program Ohio's Best Rx Discount Card Breast and Cervical Cancer Project
OKLAHOMA	HIV Drug Assistance Program Take Charge! Oklahoma Family Planning Program
OREGON	CAREAssit/AIDS Drug Assist Prgm Senior Rx Drug Assist Prgm OR Breast/Cervical Cancer Program
PENNSYLVANIA	Special Pharmaceutical Benefits Prgm Pharma. Assist Contract for Elderly The Healthy Woman Program Chronic Renal Disease Program
RHODE ISLAND	General Public Assistance Program RI Pharma. Assist to the Elderly RI AIDS Drug Assistance Program RI Women's Cancer Screening Prgm
SOUTH CAROLINA	Best Chance Network Gap Assist. Pharmacy Prog for Seniors Medically Indigent Assistance Prog. Family Planning Program
SOUTH DAKOTA	SD Chronic Renal Disease Program All Women Count! Program Rx Access AIDS Drug Assistance Program
TENNESSEE	Tennessee Renal Disease Program Breast/Cervical Cancer Screen Prgm CoverRx HIV Drug Assistance Program
TEXAS	Kidney Health Care Program Texas HIV Medication Program Breast and Cervical Cancer Services Children w/Special Hlth Care Needs
UTAH	Children w/Special Hlth Care Needs Utah AIDS Drug Assistance Program Utah Cancer Control Program Primary Care Network of Utah

VIRGINIA	VA AIDS Drug Assistance Program Every Woman's Life Child Development Services Program State/Local Hospitalization Program
VERMONT	Ladies First VT End Stage Renal Disease Program General Assistance Vpharm
WASHINGTON	WA State Kidney Disease Program Early Intervention Program WA Breast and Cervical Health Program General Assistance
WEST VIRGINIA	WV AIDS Drug Assistance Program Children w/Special Hlth Care Needs WV Breast/Cervical Cancer Scrng Pgrm Right from the Start Project
WISCONSIN	WI Sr. Care Rx Drug Assistance Program WI AIDS Drug Assistance Program WI Chronic Renal Disease Program Well-Woman Program
WYOMING	Prescription Drug Assistance Program WY HIV/AIDS/Hepatitis Program WY End Stage Renal Disease Program Breast/Cervical Cancer Early Detect.

LOOP_08

=====

FOR EACH OF THE FOLLOWING:
GROUP 1
GROUP 2
ASK BOX_20-END_LP08

```
-----  
| LOOP DEFINITION: LOOP_08 COLLECTS INFORMATION ON |  
| OTHER STATE OR PUBLIC PROGRAMS. THE FIRST CYCLE |  
| OF THIS LOOP COLLECTS GROUP 1 OTHER PUBLIC |  
| INSURANCE PROGRAMS OR, IF NO GROUP 1, GROUP 2 |  
| OTHER PUBLIC INSURANCE PROGRAMS. |  
| |  
| THIS LOOP CAN CYCLE A MAXIMUM OF TWICE. THE |  
| SUBSEQUENT CYCLE OF THE LOOP IS DETERMINED BY THE |  
| RESPONSE AT HX20. IF HX20 IS CODED '1' (YES), |  
| THE LOOP CYCLES AGAIN TO COLLECT GROUP 2 PUBLIC |  
| INSURANCE INFORMATION. IF HX20 IS CODED '2' (NO), |  
| '-7' (REFUSED), '-8' (DON'T KNOW), OR IS NOT |  
| ASKED, THE LOOP ENDS. |  
-----
```

BOX_20

=====

```
-----  
| IF FIRST CYCLE OF LOOP_08, CONTINUE WITH HX17 |  
-----
```

```
-----  
| OTHERWISE (I.E., IF SECOND CYCLE OF LOOP_08), GO |  
| TO HX18 |  
-----
```

HX17
=====

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

NOTE: IF ONLY TANF, SSI, WIC, IHS, PUBLIC HEALTH CLINIC, OR VA
IS MENTIONED, CODE 95.

{STATE SPECIFIC PLAN 1}	.....	1	
{STATE SPECIFIC PLAN 2}	.....	2	
{STATE SPECIFIC PLAN 3}	.....	3	
{STATE SPECIFIC PLAN 4}	.....	4	
OTHER	.....	91	{HX17OV}
NONE OF THESE	.....	95	{HX18}
REF	.....	-7	{BOX_21}
DK	.....	-8	{BOX_21}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| FOR 'STATE SPECIFIC PLAN N', DISPLAY AN ACTUAL |
| NAME OF A STATE PLAN WHEN INTERVIEW IS BEING |
| CONDUCTED IN A STATE THAT HAS OTHER STATE |
| PROGRAMS. FOR THE SPECIFIC NAMES OF PROGRAMS BY |
STATE, SEE BOX ON HX16.

| ANY PROGRAM SELECTED IN HX17 IS CONSIDERED A GROUP |
| 1 PROGRAM AND WILL BE GROUPED TOGETHER WHEN ASKED |
ABOUT IN HX19.

| CODES '1', '2', '3', '4', '5', AND '6' ARE |
| RESERVED FOR STATE SPECIFIC PLANS. IF THE STATE |
| HAS LESS THAN 6 PLANS, DO NOT ADJUST THE OTHER |
| CODES. (I.E., FOR A STATE WITH NO STATE-SPECIFIC |
| PLANS, CODES WOULD START WITH '91' AT HX17 OR '7' |
AT HX18.)

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX17OV

IF CODED '95' (NONE OF THESE), GO TO HX18

OTHERWISE, GO TO BOX_21

| HARD CHECK: |
| EDIT: CODE '95' (NONE OF THESE) CANNOT BE ENTERED |
| WITH ANY OTHER CODES. IF CODED '95' (NONE OF |
| THESE) WITH ANY OTHER CODES, DISPLAY THE |
| FOLLOWING MESSAGE: "95 CANNOT BE CODED WITH ANY |
OTHER RESPONSES. VERIFY AND RE-ENTER. CONTINUE."

HX17OV
=====

OTHER:

[Enter Other Specify] {BOX_21}
REF -7 {BOX_21}
DK -8 {BOX_21}

HX18
=====

{STR-DT}
{END-DT}

What is the name of the program?

PROBE: Any other state program?

TANF (TEMPORARY ASSISTANCE FOR NEEDY
FAMILIES) 7
SSI (SUPPLEMENTAL SECURITY INCOME) 8
WIC (WOMEN, INFANTS AND CHILDREN) 9
IHS (INDIAN HEALTH SERVICE) 10
PUBLIC HEALTH CLINIC 11
VA (VETERANS ADMINISTRATION) 12
REF -7 {END_LP08}
DK -8 {END_LP08}

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

[Code All That Apply]

| ANY PROGRAM SELECTED IN HX18 IS CONSIDERED A |
| GROUP 2 PROGRAM AND WILL BE GROUPED TOGETHER WHEN |
ASKED ABOUT IN HX19

| IF: |
| NO CURRENT RU MEMBER COVERED BY MEDICAID OR GOVT- |
| HOSPITAL/PHYSICIAN DURING CURRENT ROUND |
| AND |
| HX18 IS CODED '7' (TANF), '8' (SSI), OR '9' |
| (WIC), ALONE OR WITH ANY OTHER COMBINATION OF |
CODES, CONTINUE WITH BOX_21

OTHERWISE, GO TO END_LP08

BOX_21
=====

```
-----  
| IF SINGLE-PERSON RU, SELECT PERSON AT HX19 |  
| AUTOMATICALLY BY CAPI AND GO TO LOOP_09 |  
-----
```

```
-----  
| IF MULTI-PERSON RU, CONTINUE WITH HX19 |  
-----
```

HX19
=====

{STR-DT}
{END-DT}

PROGRAM:
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}
{STATE PROGRAM PROVIDING COVERAGE}

Who is covered by (READ PROGRAMS ABOVE)?

PROBE: Who else is covered by (READ PROGRAMS ABOVE)?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

```
-----  
| IF COMING FROM HX17, DISPLAY ALL PROGRAMS SELECTED |  
| AT HX17. IF COMING FROM HX18, DISPLAY ALL |  
| PROGRAMS SELECTED AT HX18. |  
-----
```

```
-----  
| ROSTER DETAILS: |  
| TITLE: RU_MEMBERS_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
-----
```

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR |
SELECTION OF RU MEMBERS.

| ROSTER BEHAVIOR: |
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |
| FROM THE LISTED MEMBERS. |
| |
2. ADD, DELETE, AND EDIT DISALLOWED.

| ROSTER FILTER: |
NONE, DISPLAY ALL.

LOOP_09
=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS ROSTER, ASK BOX_22-END_LP09

| LOOP DEFINITION: LOOP_09 COLLECTS TIME PERIOD |
| COVERAGE DETAIL FOR RU MEMBERS COVERED BY OTHER |
| PUBLIC PROGRAMS. THIS LOOP CYCLES ON ESTABLISHMENT |
| -PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER |
| PUBLIC PROGRAM |
| AND |
| - PERSON IS FLAGGED AS BEING COVERED BY GROUP 1 |
| OR GROUP 2 OTHER PUBLIC PROGRAM DURING THE |
CURRENT ROUND (I.E., SELECTED IN HX19)

| IF FIRST TIME THROUGH LOOP_08 AND HX17 IS NOT |
| CODED '95' (NONE OF THESE), THIS LOOP CYCLES ON A |
| ESTABLISHMENT-PERSON-PAIR WHERE ESTABLISHMENT IS A |
GROUP 1 OTHER PUBLIC PROGRAM.

```
-----  
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF SECOND |  
| CYCLE OF LOOP_08, THEN THE ESTABLISHMENT IS A      |  
| GROUP 2 OTHER PUBLIC PROGRAM.                      |  
-----
```

BOX_22

=====

```
-----  
| ASK THE TIME PERIOD COVERED DETAIL (HQ) SECTION    |  
| FOR THIS PERSON.                                   |  
-----
```

```
-----  
| AT COMPLETION OF THE HQ SECTION, CONTINUE WITH    |  
| END_LP09                                           |  
-----
```

END_LP09

=====

```
-----  
| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-          |  
| PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS    |  
| STATED IN THE LOOP DEFINITION.                   |  
-----
```

```
-----  
| IF NO MORE PAIRS MEET THE STATED CONDITIONS,     |  
| END LOOP_09 AND CONTINUE WITH BOX_23              |  
-----
```

BOX_23

=====

```
-----  
| IF HX17 IS CODED '95' (NONE OF THESE) OR IF ON  |  
| SECOND CYCLE OF LOOP_08, GO TO END_LP08          |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH HX20                     |  
-----
```

HX20
=====

{STR-DT}
{END-DT}

Are there any other state programs that provide coverage for health care services to anyone else in the family?

YES 1 {END_LP08}
NO 2 {END_LP08}
REF -7 {END_LP08}
DK -8 {END_LP08}

END_LP08
=====

| IF HX20 IS CODED '1' (YES), CYCLE TO COLLECT GROUP |
2 PUBLIC INSURANCE INFORMATION.

| IF HX20 IS CODED '2' (NO), '-7' (REFUSED), '-8' |
| (DON'T KNOW), OR IS NOT ASKED, END LOOP_08 AND |
CONTINUE WITH HX21

HX21
=====

{STR-DT}
{END-DT}

Next, I have some questions about other sources of health insurance anyone in the family may have had {since (START DATE)/between (START DATE) and (END DATE)} to help pay hospital and doctor bills and other health expenses such as nursing home care or prescribed medicines. {This includes Medigap or Medicare Supplements, plans through a private insurance carrier, which some people who are eligible for Medicare have as additional coverage.}

PRESS ENTER OR SELECT NEXT PAGE TO CONTINUE.

```
-----  
| DISPLAY 'This includes...coverage.' IF ANYONE IN |  
| RU HAS MEDICARE AS A SOURCE OF INSURANCE DURING |  
| THE CURRENT ROUND. |  
| |  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```

HX22
=====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Please look at this card. It lists various ways people can obtain health insurance.

{Not counting insurance you already told me about, at/At} any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any {other} source, such as those listed on the card?

YES	1	{LOOP_10}
NO	2	{BOX_25}
REF	-7	{BOX_25}
DK	-8	{BOX_25}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

```
-----  
| DISPLAY 'Not counting insurance you already told |  
| me about, at' AND 'other' IF ANY SOURCES OF |  
| INSURANCE ARE RECORDED FOR THIS RU. |  
| |  
| IF NO SOURCES OF INSURANCE ARE RECORDED FOR THIS |  
| RU, DISPLAY 'At'. |  
| |  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```

LOOP_10

=====

```
-----  
| FOR EACH OF THE FOLLOWING: |  
| |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 1 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 2 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 3 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 4 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 5 |  
| PRIVATELY PURCHASED INSURANCE CATEGORY 6 |  
| |  
| ASK HX23 - END_LP10 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_10 COLLECTS INFORMATION |  
| ABOUT PRIVATELY PURCHASED HEALTH INSURANCE |  
| OBTAINED FROM SOURCES OTHER THAN EMPLOYERS |  
| MENTIONED IN THE EMPLOYMENT SECTION OF THE |  
| INTERVIEW. THIS LOOP CYCLES ON SOURCES OF |  
| PRIVATELY PURCHASED INSURANCE LISTED AT HX23. THE |  
| FIRST CYCLE OF THIS LOOP COLLECTS THE FIRST SOURCE |  
| OF PRIVATELY PURCHASED INSURANCE. SUBSEQUENT |  
| CYCLES OF THE LOOP ARE DETERMINED BY THE RESPONSE |  
| AT HX24. IF HX24 IS CODED '1' (YES), THE LOOP |  
| CYCLES AGAIN TO COLLECT THE NEXT SOURCE OF |  
| PRIVATELY PURCHASED INSURANCE. IF HX24 IS CODED |  
| '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW), |  
| THE LOOP ENDS. |  
-----
```

HX23
=====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

From which of the sources on this card did anyone in the family purchase health insurance?

FROM A GROUP OR ASSOCIATION	1	{BOX_24}
DIRECTLY THROUGH A SCHOOL	3	{BOX_24}
DIRECTLY FROM AN INSURANCE AGENT	4	{BOX_24}
DIRECTLY FROM INSURANCE COMPANY	5	{BOX_24}
DIRECTLY FROM AN HMO	6	{BOX_24}
FROM A UNION	7	{BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (COBRA) ..	8	{BOX_24}
FROM ANYONE'S PREVIOUS EMPLOYER (NOT COBRA)	9	{BOX_24}
FROM SPOUSE'S/DECEASED SPOUSE'S PREVIOUS EMPLOYER	10	{BOX_24}
FROM SOME OTHER EMPLOYER	11	{BOX_24}
UNDER PLAN OF SOMEONE NOT LIVING HERE ...	12	{BOX_24}
OTHER SOURCE	91	{HX23OV}
REF	-7	{BOX_24}
DK	-8	{BOX_24}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

| STARTING IN PANEL 12 ROUND 2, CATEGORY '2' (FROM |
| A HEALTH INSURANCE PURCHASING ALLIANCE) WAS |
OMITTED AND WILL BE OMITTED IN ALL FUTURE ROUNDS.

| DISPLAY AN 'ADD OTHER SOURCE' BUTTON ON THIS |
SCREEN.

| IF 'ADD OTHER SOURCE' IS SELECTED, PRESENT 'ADD |
| OTHER SOURCE' POP-UP (HX23OV) AND THEN GO TO |
BOX_24.

HX23OV
=====

ENTER OTHER:

[Enter Other Specify]
REF -7
DK -8

BOX_24
=====

| ASK PRIVATE HEALTH INSURANCE DETAIL (HP) SECTION |
| FOR THE RESPONSE CATEGORY SELECTED AT HX23 AND |
FLAGGED THIS ROUND AS PROVIDING HEALTH INSURANCE.

| AT COMPLETION OF THE HP SECTION, CONTINUE WITH |
HX24

HX24
=====

{STR-DT}
{END-DT}

SHOW CARD HX-4.

Aside from what you already told me about, at any time {since (START DATE)/between (START DATE) and (END DATE)}, was anyone in the family covered by health insurance from any other source listed on this card?

PROBE: Please include any type of health insurance anyone in the family is covered by which has not been discussed yet. This includes health insurance that was obtained from a source not listed on this card.

YES 1 {END_LP10}
NO 2 {END_LP10}
REF -7 {END_LP10}
DK -8 {END_LP10}

HELP AVAILABLE FOR DEFINITIONS OF ITEMS ON SHOW CARD.

```
-----  
| DISPLAY 'since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```

END_LP10

=====

```
-----  
| IF HX24 IS CODED '1' (YES), CYCLE TO COLLECT THE |  
| NEXT INSURANCE CATEGORY. |  
-----
```

```
-----  
| OTHERWISE END LOOP_10, AND CONTINUE WITH BOX_25 |  
-----
```

BOX_25

=====

```
-----  
| IF NO PUBLIC OR PRIVATE INSURANCE RECORDED FOR ANY |  
| CURRENT RU MEMBER, GO TO BOX_45 |  
-----
```

```
-----  
| OTHERWISE, CONTINUE WITH BOX_26 |  
-----
```

BOX_26

=====

```
-----  
| IF ANY RU MEMBER HAS MEDICARE AS A SOURCE OF |  
| INSURANCE DURING THE CURRENT ROUND, CONTINUE WITH |  
| BOX_27 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_29 |  
-----
```

BOX_27
=====

```
-----  
| IF ROUND 1, GO TO LOOP_11 |  
-----  
  
-----  
| OTHERWISE, CONTINUE WITH BOX_28 |  
-----
```

BOX_28
=====

```
-----  
| IF NOT ROUND 1, CONTINUE WITH LOOP_11 ONLY FOR RU |  
| MEMBERS WHERE MEDICARE WAS RECORDED AS BEING |  
| RECEIVED THIS ROUND. THAT IS, CONTINUE WITH |  
| LOOP_11 ONLY IF THERE IS AT LEAST ONE |  
| ESTABLISHMENT-PERSON-PAIR WHERE THE ESTABLISHMENT |  
| IS MEDICARE AND THE PAIR WAS CREATED THIS ROUND. |  
-----  
  
-----  
| OTHERWISE, GO TO BOX_29 |  
-----
```

LOOP_11
=====

```
-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER, ASK HX25-END_LP11 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_11 COLLECTS MEDICARE CARD |  
| AND MANAGED CARE INFORMATION FOR RU MEMBERS |  
| COVERED BY MEDICARE. THIS LOOP CYCLES ON |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING |  
| CONDITIONS: |  
| IF ROUND 1: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - PERSON IS AN RU MEMBER FLAGGED AS COVERED BY |  
| MEDICARE DURING THE ROUND |  
| IF NOT ROUND 1: |  
| - ESTABLISHMENT IS MEDICARE |  
| AND |  
| - PERSON IS AN RU MEMBER |  
| AND |  
| - ESTABLISHMENT-PERSON-PAIR WAS CREATED THIS ROUND |  
-----
```

HX25
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

May I please see (PERSON)'s Medicare card?

IF NECESSARY, SAY: We do not need (PERSON)'s Medicare number, but would like to record the exact date (PERSON)'s Medicare coverage became effective and what type of coverage (PERSON) has through Medicare.

CARD AVAILABLE 1 {HX26}
CARD NOT AVAILABLE 2 {HX28A}
REF -7 {HX28A}
DK -8 {HX28A}

[Code One]

```
-----  
| STARTING IN PANEL 13 ROUND 1/PANEL 12 ROUND 3, |  
| CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN). |  
-----
```

HX26
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

INTERVIEWER:
CODE MEDICARE CARD(S) SHOWN/AVAILABLE.

MEDICARE CARD (RED, WHITE AND BLUE) 1
RAILROAD RETIREMENT BOARD CARD (RED,
WHITE AND BLUE) 2
SOME OTHER CARD 3

[Code All That Apply]

| NOTE: INTERVIEWERS WILL BE TRAINED TO CODE ANY |
| TYPE OF MANAGED CARE CARD COLLECTED HERE AS SOME |
OTHER CARD.

| IF CODED '1' (MEDICARE CARD) OR '2' (RAILROAD |
RETIREMENT BOARD CARD), CONTINUE WITH HX27

IF CODED '3' (SOME OTHER CARD) ONLY, GO TO HX28A

HX27
====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

INTERVIEWER:

RECORD THE FOLLOWING INFORMATION FROM THE CARD:

EFFECTIVE DATE:

[Enter Month,Day,Year-4]

TYPE OF COVERAGE (IS ENTITLED TO):

HOSPITAL ONLY	1
MEDICAL AND HOSPITAL	2
MEDICAL ONLY	3

[Code One]

| STARTING IN PANEL 13, ROUND 1/PANEL 12, ROUND 3, |
CAPI NO LONGER COLLECTS MEDICARE NUMBERS (SSN).

GO TO BOX_28A

| HARD CHECK: |
| CHECK EFFECTIVE DATE. DATE MUST BE ON OR BEFORE |
| (I.E., < OR =) THE INTERVIEW DATE. IF EFFECTIVE |
| DATE IS ON OR BEFORE JANUARY 1, {YEAR}, WHERE |
| 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, |
| FLAG RU MEMBER AS 'WITH HEALTH INSURANCE COVERAGE |
ON JAN 1, {YEAR}'.

| SOFT RANGE CHECK: MEDICARE EFFECTIVE DATE MUST |
BE = OR > BIRTH DATE OF PERSON.

HX28
=====

OMITTED.

HX28A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

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

(Are/Is) (PERSON) covered under Part B of Medicare?

YES 1 {HX29}
NO 2 {HX29}
REF -7 {HX29}
DK -8 {HX29}

HX29
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

When did (PERSON)'s Medicare coverage start?

[Enter Month,Year-4] {HX30}
REF -7 {HX29OV}
DK -8 {HX29OV}

| IF EFFECTIVE DATE IS: |
| - A VALID DATE (I.E., NOT 'RF' (REFUSED) OR 'DK' |
| (DON'T KNOW) IN THE MONTH OR YEAR FIELDS |
| AND |
| - ON OR BEFORE JANUARY 1, {YEAR}, WHERE 'YEAR' IS |
| THE FIRST CALENDAR YEAR OF THE PANEL, |
| THEN FLAG RU MEMBER AS 'WITH HEALTH INSURANCE |
COVERAGE ON JAN 1, {YEAR}.

| HARD CHECK: |
| DATE MUST BE ON OR BEFORE (I.E., < OR =) INTERVIEW |
| DATE OR 12/31/{YEAR}, WHERE YEAR IS THE SECOND |
| CALENDAR YEAR OF THE PANEL, IF ROUND 5. '-7' |
| (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED ON THE |
| MONTH AND YEAR FIELDS. |
| |
| MEDICARE EFFECTIVE DATE MUST BE = OR > BIRTH DATE |
OF PERSON.

HX290V
=====

Did (PERSON) have Medicare coverage on January 1, {YEAR}?

YES 1 {HX30}
NO 2 {HX30}
REF -7 {HX30}
DK -8 {HX30}

| IF HX290V CODED '1' (YES), FLAG PERSON AS 'WITH |
| HEALTH INSURANCE COVERAGE ON JAN 1, {YEAR}, WHERE |
'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL.

HX290V2
=====

OMITTED.

HX30
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

SHOW CARD HX-2.

(Do/Does) (PERSON) have a Medicare card that looks like this?

YES 1 {BOX_28A}
NO 2 {BOX_28A}
REF -7 {BOX_28A}
DK -8 {BOX_28A}

HX30A
=====

OMITTED. MOVED AND RENUMBERED TO HX35A

BOX_28A
=====

| NOTE: CURRENTLY ALL STATES OFFER MEDICARE |
MANAGED CARE PLANS.

| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |
| DOES NOT OFFER A MEDICARE MANAGED CARE PLAN, CODE |
| HX31 AND HX32 '2' (NO) AUTOMATICALLY BY CAPI AND |
GO TO HX35A

OTHERWISE, CONTINUE WITH HX31

HX31

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

SHOW CARD HX-5.

As you may know, Medicare allows beneficiaries to enroll in Medicare Advantage or managed care plans, such as HMOs (Health Maintenance Organizations) or PPOs (Preferred Provider Organizations) to receive their Medicare-funded health care. These plans have names like those listed on this card.

Is the name of (PERSON)'s insurance through Medicare{, as of (END DATE),} listed on this card?

YES 1 {HX31OV}
NO 2 {HX32}
REF -7 {HX32}
DK -8 {HX32}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

| DISPLAY ', as of (END DATE),' IF ROUND 5. |
OTHERWISE, USE A NULL DISPLAY.

HX31OV

=====

Which insurance plan {is/was} (PERSON)'s Medicare managed care plan {as of (END DATE)}?

CODE LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card] {HX33A}

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. |
| |
| DISPLAY 'as of (END DATE),' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

```
-----  
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |  
| THE FOLLOWING MESSAGE: "PLEASE VERIFY PLAN |  
| SELECTED: {DISPLAY PLAN NAME SELECTED}." WHEN |  
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |  
| PROCEED TO THE NEXT LOGICAL SCREEN. |  
| |  
| FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE |  
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |  
| ENTERED FOR THIS STATE. |  
-----
```

```
-----  
| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |  
| MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON- |  
| PAIR. |  
-----
```

HX32
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Even though (PERSON)'s Medicare plan is not listed on the card, {(are/is) (PERSON) currently/(were/was) (PERSON)} enrolled in a Medicare managed care plan such as an HMO (Health Maintenance Organization) or PPO (Preferred Provider Organization) {as of (END DATE)}? When answering this question, please include only insurance from Medicare, not any privately purchased insurance and not any job-related insurance.

YES 1 {HX33}
NO 2 {HX35A}
REF -7 {HX35A}
DK -8 {HX35A}

HELP AVAILABLE FOR DEFINITION OF MEDICARE MANAGED CARE.

```
-----  
| DISPLAY '(are/is) (PERSON) currently' IF NOT ROUND |  
| 5. DISPLAY (were/was) (PERSON)' IF ROUND 5. |  
| |  
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |  
| USE A NULL DISPLAY. |  
-----
```

HX32A
=====

OMITTED.

HX33
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

What {is/was} the name of (PERSON)'s Medicare managed care plan
{as of (END DATE)}?

[Enter Plan Name] {HX33A}
REF -7 {HX33A}
DK -8 {HX33A}

| DISPLAY 'is' IF NOT ROUND 5. DISPLAY 'was' IF |
| ROUND 5. |
| |
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| MEDICARE INSURER' FOR THIS ESTABLISHMENT-PERSON- |
PAIR.

HX33A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{(Do/Does)/Did} (PERSON) have prescribed medicine coverage through
{{{PLAN NAME ENTERED AT HX31OV-50}/{NAME OF PLAN FROM HX33}}/
(PERSON)'s Medicare managed care plan} {as of (END DATE)}?

YES 1
NO 2
REF -7
DK -8

```
-----  
| DISPLAY '(Do/Does)' IF NOT ROUND 5. DISPLAY 'Did' |  
| IF ROUND 5. |  
| |  
| DISPLAY '{{PLAN NAME ENTERED AT HX31OV-50}}/{NAME |  
| OF PLAN FROM HX33}}' IF A PLAN NAME WAS CODED AT |  
| HX31OV OR HX33. DISPLAY '(PERSON)'s Medicare |  
| managed care plan' IF HX33 IS CODED '-7' (REF) |  
| OR '-8' (DK). |  
| |  
| DISPLAY '{{PLAN NAME ENTERED AT HX31OV-50}}' IF A |  
| PLAN LETTER WAS ENTERED AT HX31OV. DISPLAY THE |  
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |  
| ENTERED AT HX31OV FOR THIS STATE. |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |  
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |  
| ENTERED. |  
| |  
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |  
| USE A NULL DISPLAY. |  
-----
```

```
-----  
| IF ROUND 1 OR ROUND 3, CONTINUE WITH HX34 |  
-----
```

```
-----  
| OTHERWISE, GO TO END_LP11 |  
-----
```

HX34

====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything else for {the coverage with {{PLAN NAME ENTERED AT HX310V}}/{NAME OF PLAN FROM HX33}}/this Medicare Managed Care plan}?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES	1 {HX34A}
NO	2 {END_LP11}
REF	-7 {END_LP11}
DK	-8 {END_LP11}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

```
-----  
| DISPLAY 'the coverage with {{PLAN NAME ENTERED AT |  
| HX310V}}/{NAME OF PLAN FROM HX33}}' IF A MEDICARE |  
| PLAN NAME WAS SELECTED AT HX310V OR ENTERED AT |  
| HX33. DISPLAY 'this Medicare managed care plan' |  
| IF HX33 WAS CODED '-7' (REF) OR '-8' (DK). |  
| |  
| DISPLAY '{{PLAN NAME ENTERED AT HX310V}}' IF A PLAN |  
| LETTER WAS ENTERED AT HX310V. DISPLAY THE ACTUAL |  
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |  
| AT HX310V FOR THIS STATE. |  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |  
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |  
| ENTERED. |  
-----
```

HX34A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Many Medicare beneficiaries pay the premium for their Medicare Advantage coverage through their Social Security checks. Some pay directly to the provider. How (do/does) (PERSON) pay for (PERSON)'s {{{PLAN NAME ENTERED AT HX31OV}}/{NAME OF PLAN FROM HX33}}/Medicare managed care} premium?

DEDUCTED FROM SOCIAL SECURITY 1 {HX35}
PAY DIRECTLY 2 {HX35}
BOTH 3 {HX35}
REF -7 {END_LP11}
DK -8 {END_LP11}

| DISPLAY '{{PLAN NAME ENTERED AT HX31OV}}/{NAME OF |
| PLAN FROM HX33}} IF A MEDICARE PLAN NAME WAS |
| SELECTED AT HX31OV OR ENTERED AT HX33. DISPLAY |
| 'Medicare managed care' IF HX33 WAS CODED '-7' |
| (REF) OR '-8' (DK). |
| |
| DISPLAY '{{PLAN NAME ENTERED AT HX31OV}}' IF A PLAN |
| LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX31OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
ENTERED.

HX35

=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

How much {is (PERSON)'s Social Security deduction/(do/does)
(PERSON) pay in premiums} for (PERSON)'s {{PLAN NAME ENTERED AT
HX31OV}/{NAME OF PLAN FROM HX33}} plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW'.

[Enter Amount in Dollars] {HX35OV1}
REF -7 {HX35AA}
DK -8 {HX35AA}

| DISPLAY 'is (PERSON)'s Social Security deduction' |
| IF HX34A IS CODED '1' (DEDUCTED FROM SOCIAL |
| SECURITY'. DISPLAY '(do/does) (PERSON) pay in |
| premiums' IF HX34A IS CODED '2' (PAY DIRECTLY) OR |
'3' (BOTH).

| DISPLAY '{{PLAN NAME ENTERED AT HX31OV}/{NAME OF |
| PLAN FROM HX33}}' IF A MEDICARE PLAN NAME WAS |
| SELECTED AT HX31OV OR ENTERED AT HX33. OTHERWISE |
| (I.E., IF HX33 WAS CODED '-7' (REF) OR '-8' (DK)), |
| USE A NULL DISPLAY. |
| |
| DISPLAY '{{PLAN NAME ENTERED AT HX31OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX31OV FOR THIS STATE. |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR |
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS |
ENTERED.

HX350V1
=====

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

PER YEAR	1	{END_LP11}
QUARTERLY/EVERY 3 MONTHS	2	{END_LP11}
BIMONTHLY/EVERY 2 MONTHS	3	{END_LP11}
PER MONTH	4	{END_LP11}
PER WEEK	5	{END_LP11}
BIWEEKLY/EVERY 2 WEEKS	6	{END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{END_LP11}
OTHER	91	{HX350V2}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

[Code One]

HX350V2
=====

OTHER:

[Enter Other Specify]		{END_LP11}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

HX35AA
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX31OV}}/{NAME OF PLAN FROM HX33}}}

SHOW CARD HX-5A.

Which category on the card best indicates the cost of this
plan per month?

1 - 50	1	{END_LP11}
51 - 100	2	{END_LP11}
101 - 200	3	{END_LP11}
201 - 300	4	{END_LP11}
301 OR MORE	5	{END_LP11}
REF	-7	{END_LP11}
DK	-8	{END_LP11}

```
-----  
| DISPLAY 'PLAN NAME: {{PLAN NAME ENTERED AT  
| HX31OV}}/{NAME OF PLAN FROM HX33}}' IF A MEDICARE  
| PLAN NAME WAS SELECTED AT HX31OV OR ENTERED AT  
| HX33. OTHERWISE (I.E., IF HX33 WAS CODED '-7'  
| (REF) OR '-8' (DK)), USE A NULL DISPLAY.  
|  
| DISPLAY '{PLAN NAME ENTERED AT HX31OV}' IF A PLAN  
| LETTER WAS ENTERED AT HX31OV. DISPLAY THE ACTUAL  
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED  
| AT HX31OV FOR THIS STATE.  
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX33 FOR  
| 'NAME OF PLAN FROM HX33' IF A PLAN NAME WAS  
| ENTERED.  
|  
-----
```

HX35A
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

{(Are/Is)/(Were/Was)} (PERSON) enrolled in Medicare Part D,
also known as the Medicare Prescription Drug Plan {as of
(END DATE)}?

YES 1
NO 2
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF MEDICARE PART D.

| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY |
| '(Were/Was)' IF ROUND 5. |
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

| IF CODED '1' (YES) AND ROUND 1 OR ROUND 3, |
CONTINUE WITH HX35B

OTHERWISE, GO TO END_LP11

HX35B
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Most Medicare beneficiaries pay their Part B premiums through their Social Security checks. In addition, (do/does) (PERSON) (or anyone in the family) pay anything else for (PERSON)'s Medicare Prescription Drug Plan (also known as Part D)?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

YES 1 {HX35C}
NO 2 {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

HX35C
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Many Medicare beneficiaries pay the premium for their Medicare drug coverage through their Social Security checks. Some pay directly to the provider? How (do/does) (PERSON) pay for (PERSON)'s Part D premium?

DEDUCTED FROM SOCIAL SECURITY 1 {HX35D}
PAY DIRECTLY 2 {HX35D}
BOTH 3 {HX35D}
REF -7 {END_LP11}
DK -8 {END_LP11}

HX35D
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

How much {is (PERSON)'s Social Security deduction/(do/does)
(PERSON) pay in premiums} for (PERSON)'s Part D plan?

IF RESPONDENT IS NOT SURE, DO NOT PROBE. CODE 'DON'T KNOW'.

[Enter Amount in Dollars] {HX35DOV1}
REF -7 {HX35E}
DK -8 {HX35E}

| DISPLAY 'is (PERSON)'s Social Security deduction' |
| IF HX35C IS CODED '1' (DEDUCTED FROM SOCIAL |
| SECURITY'. DISPLAY '(do/does) (PERSON) pay in |
| premiums' IF HX35C IS CODED '2' (PAY DIRECTLY) OR |
'3' (BOTH).

HX35DOV1
=====

Is that per year, per month, per week, or what?

ENTER UNIT OF COVERAGE:

PER YEAR 1 {END_LP11}
QUARTERLY/EVERY 3 MONTHS 2 {END_LP11}
BIMONTHLY/EVERY 2 MONTHS 3 {END_LP11}
PER MONTH 4 {END_LP11}
PER WEEK 5 {END_LP11}
BIWEEKLY/EVERY 2 WEEKS 6 {END_LP11}
SEMI-ANNUALLY/2 TIMES PER YEAR 7 {END_LP11}
SEMI-MONTHLY/2 TIMES PER MONTH 8 {END_LP11}
OTHER 91 {HX35DOV2}
REF -7 {END_LP11}
DK -8 {END_LP11}

[Code One]

HX35DOV2
=====

OTHER:

[Enter Other Specify] {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

HX35E
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

SHOW CARD HX-5B.

Which category on the card best indicates the cost of this
plan per month?

1 - 30 1 {END_LP11}
31 - 60 2 {END_LP11}
61 - 90 3 {END_LP11}
91 - 120 4 {END_LP11}
121 OR MORE 5 {END_LP11}
REF -7 {END_LP11}
DK -8 {END_LP11}

END_LP11
=====

| CYCLE ON NEXT PAIR ON RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
THE LOOP DEFINITION.

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_11 AND CONTINUE WITH BOX_29

BOX_29

=====

| IF ANY RU MEMBER HAS MEDICAID/SCHIP OR GOVT- |
| HOSPITAL/PHYSICIAN AS A SOURCE OF INSURANCE |
DURING THE CURRENT ROUND, CONTINUE WITH BOX_30

OTHERWISE, GO TO BOX_31C

BOX_30

=====

| IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS |
| ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY |
| MEDICAID/SCHIP DURING THE CURRENT ROUND |
| OR |
| IF NO ONE IN THE RU WAS COVERED BY MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN DURING THE PREVIOUS |
| ROUND AND AT LEAST ONE RU MEMBER IS COVERED BY |
| GOVT-HOSPITAL/PHYSICIAN DURING THE CURRENT ROUND, |
GO TO BOX_31AA

OTHERWISE, GO TO BOX_31C

| NOTE: SINCE AN RU CANNOT HAVE BOTH MEDICAID/SCHIP |
| AND GOVT-HOSPITAL/PHYSICIAN, HX41-HX47OV WILL BE |
| ASKED ONLY ONCE; EITHER FOR A 'YES' TO HX10 |
| (MEDICAID/SCHIP) OR A 'YES' TO HX14 (GOVT- |
HOSPITAL/PHYSICIAN).

HX36

=====

OMITTED.

BOX_31
=====

OMITTED.

HX37
=====

OMITTED.

HX38
=====

OMITTED.

HX38OV1
=====

OMITTED.

HX38OV2
=====

OMITTED.

HX39
=====

OMITTED.

HX40
=====

OMITTED.

BOX_31AA
=====

| NOTE: STATES THAT DO NOT OFFER MEDICAID MANAGED |
| CARE PLANS INCLUDE THE FOLLOWING: |
| ALASKA MISSISSIPPI |
| WYOMING |
| |
| ARKANSAS AND NEW HAMPSHIRE WERE REMOVED FROM THIS |
LIST STARTING IN PANEL 12 ROUND 3.

| IF STATE IN WHICH INTERVIEW IS BEING CONDUCTED |
| DOES NOT OFFER A MEDICAID MANAGED CARE PLAN, CODE |
HX41 '2' (NO) AUTOMATICALLY BY CAPI AND GO TO HX42

OTHERWISE, CONTINUE WITH HX41

HX41
=====

{STR-DT}
{END-DT}

{Some people on {Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME} can enroll in plans called HMOs. These plans have names like those listed on this card.}

SHOW CARD HX-6.

Is the name of the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits}{, between (START DATE) and (END DATE)}, listed on this card?

YES 1 {HX41OV}
NO 2 {HX42}
REF -7 {HX42}
DK -8 {HX42}

| DISPLAY 'Some people on...on this card.' IF |
| ASKING ABOUT MEDICAID/SCHIP. OTHERWISE, USE A |
NULL DISPLAY.

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/ |
| SCHIP. DISPLAY 'the program....benefits' IF |
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

| DISPLAY ', between (START DATE) and (END DATE),' |
IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
STATE, SEE BOX ON HX06.

```
-----  
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |  
| (SUSTITUTING THE REAL STATE NAME FOR PROGRAM). |  
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |  
| ON HX06. |  
-----
```

HX410V
=====

Which plan is the health insurance through {{Medicaid/{STATE NAME FOR MEDICAID}}} or {STATE CHIP NAME}/that program)?

LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card]

```
-----  
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}}' |  
| IF ASKING ABOUT MEDICAID/SCHIP. |  
| DISPLAY 'that program' IF ASKING ABOUT GOVT- |  
| HOSPITAL/PHYSICIAN. |  
-----
```

```
-----  
| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |  
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |  
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |  
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |  
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |  
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |  
| STATE, SEE BOX ON HX06. |  
-----
```

```
-----  
| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |  
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). |  
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |  
| ON HX06. |  
-----
```

```
-----  
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |  
| THE FOLLOWING MESSAGE: "PLEASE VERIFY PLAN |  
| SELECTED: {DISPLAY PLAN NAME SELECTED}." WHEN |  
| INTERVIEWER PRESSES ENTER TO CLEAR THE MESSAGE, |  
| PROCEED TO THE NEXT LOGICAL SCREEN. |  
| |  
| FOR 'DISPLAY PLAN NAME SELECTED', DISPLAY THE |  
| ACTUAL PLAN NAME THAT CORRESPONDS TO THE LETTER |  
| ENTERED FOR THIS STATE. |  
-----
```

| FLAG INSURER CODED ABOVE AS 'CURRENT ROUND'S |
| INSURER FOR MEDICAID/SCHIP OR GOVT-HOSPITAL/ |
PHYSICIAN' .

| IF ASKING ABOUT MEDICAID/SCHIP, CONTINUE WITH |
BOX _31B

OTHERWISE, GO TO HX45

HX42
=====

{STR-DT}
{END-DT}

Under {{Medicaid/{STATE NAME FOR MEDICAID}}} or {STATE CHIP NAME}/
the program sponsored by a state or local government agency which
provides hospital and physician benefits} {(are/is)/(were/was)}
(READ NAME(S) FROM BELOW) signed up with an HMO, that is a Health
Maintenance Organization {between (START DATE) and (END DATE)}?

[With an HMO, you must generally receive care from HMO
physicians. If another doctor is seen, the expense is not
covered unless you were referred by the HMO, or there was a
medical emergency.]

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

YES, ALL ARE 1 {HX44}
YES, SOME ARE 2 {HX44}
NO, NONE ARE 3 {HX43}
REF -7 {HX43}
DK -8 {HX43}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HMO.

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/ |
| SCHIP. DISPLAY 'the program....benefits' IF |
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

| DISPLAY '(are/is)' IF NOT ROUND 5. DISPLAY |
'(were/was)' IF ROUND 5.

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
STATE, SEE BOX ON HX06.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX ON |
HX06.

| DISPLAY 'between (START DATE) and (END DATE)' IF |
ROUND 5. OTHERWISE, USE A NULL DISPLAY.

| ROSTER DETAILS: |
| TITLE: RU_ESTB_PERS_PAIRS_1 |
| |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |
AND LAST NAMES (PERS.FULLNAME)

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |
ROSTER FOR SELECTION OF RU MEMBERS.

```
-----  
| ROSTER BEHAVIOR: |  
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |  
-----
```

```
-----  
| ROSTER FILTER: |  
| 1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT- |  
| HOSPITAL/PHYSICIAN, |  
| AND |  
| 2. PERSON IS AN RU MMBBER FLAGGED AS COVERED BY |  
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING |  
| THE CURRENT ROUND. |  
-----
```

HX43

=====

{STR-DT}
{END-DT}

{Does/Between (START DATE) and (END DATE), did} {{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE CHIP NAME}/the program sponsored by a state or local government agency which provides hospital and physician benefits} require (READ NAME(S) BELOW) to sign up with a certain primary care doctor, group of doctors, or with a certain clinic which they must go to for all of their routine care?

PROBE: Do not include emergency care or care from a specialist they were referred to.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

YES, ALL REQUIRED 1 {HX44}
YES, SOME REQUIRED 2 {HX44}
NO, NONE REQUIRED 3
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

```
-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE), did' IF ROUND 5. |  
-----
```

| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} or |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/SCHIP. |
| DISPLAY 'the program....benefits' IF ASKING ABOUT |
GOVT-HOSPITAL/PHYSICIAN.

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
STATE, SEE BOX ON HX06.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
ON HX06.

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW), THERE IS NO INSURER |
| ASSOCIATED WITH THE CURRENT ROUND FOR MEDICAID/ |
SCHIP OR GOVT-HOSPITAL/PHYSICIAN.

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND IF ASKING ABOUT MEDICAID/ |
SCHIP, GO TO BOX_31B

| IF CODED '3' (NO, NONE REQUIRED), '-7' (REFUSED), |
| OR '-8' (DON'T KNOW) AND ASKING ABOUT GOVT- |
HOSPITAL/PHYSICIAN, GO TO HX45

| OTHERWISE, (I.E., IF CODED '1' (YES, ALL REQUIRED) |
OR '2' (YES, SOME REQUIRED)), CONTINUE WITH HX44

```
-----  
| ROSTER DETAILS: |  
| TITLE: RU_ESTB_PERS_PAIRS_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
-----
```

```
-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS- |  
| ROSTER FOR SELECTION OF RU-MEMBERS. |  
-----
```

```
-----  
| ROSTER BEHAVIOR: |  
| 1. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |  
-----
```

```
-----  
| ROSTER FILTER: |  
| 1. ESTABLISHMENT IS MEDICAID/SCHIP OR GOVT- |  
| HOSPITAL/PHYSICIAN, |  
| AND |  
| 2. PERSON IS AN RU MMBER FLAGGED AS COVERED BY |  
| MEDICAID/SCHIP OR GOVT-HOSPITAL/PHYSICIAN DURING |  
| THE CURRENT ROUND. |  
-----
```

HX44
=====

{STR-DT}
{END-DT}

What is the name of the {{Medicaid/{STATE NAME FOR MEDICAID}} or
{STATE CHIP NAME}} {HMO/health insurance} {from the program
sponsored by a state or local government agency which provides
hospital and physician benefits}?

[Enter Plan Name]
REF -7
DK -8

| DISPLAY `{Medicaid/{STATE NAME FOR MEDICAID}} or |
| {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/ |
| SCHIP. IF ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN, |
| USE A NULL DISPLAY. |
| DISPLAY `from the....benefits' IF ASKING ABOUT |
| GOVT-HOSPITAL/PHYSICIAN. IF ASKING ABOUT MEDICAID/ |
| SCHIP, USE A NULL DISPLAY. |
| |
| DISPLAY `HMO' IF HX42 IS CODED `1' (YES, ALL ARE) |
| OR `2' (YES, SOME ARE). |
| DISPLAY `health insurance' IF HX43 IS CODED `1' |
(YES, ALL REQUIRED) OR `2' (YES, SOME REQUIRED).

| DISPLAY `Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME `MEDICAID'. DISPLAY |
| `STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| `MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
STATE, SEE BOX ON HX06.

| DISPLAY `or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
ON HX06.

| FLAG INSURER CODED ABOVE AS CURRENT ROUND'S |
| INSURER FOR MEDICAID/SCHIP OR GOVT-HOSPITAL/ |
PHYSICIAN.

| IF ASKING ABOUT MEDICAID/SCHIP, CONTINUE WITH |
BOX_31B

OTHERWISE, GO TO HX45

BOX_31B
=====

| IF ROUND 1 OR ROUND 3 (AND ASKING ABOUT MEDICAID/ |
SCHIP), CONTINUE WITH HX45

| OTHERWISE (I.E., IF ROUNDS 2, 4, OR 5 AND ASKING |
ABOUT MEDICAID/SCHIP), GO TO BOX_31C

HX45
=====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}}/{NAME OF PLAN FROM
HX44}}}

Does anyone in the family pay anything for the coverage through
{(PLAN NAME)}/{Medicaid/{STATE NAME FOR MEDICAID}} or {STATE
CHIP NAME}/the program sponsored by a state or local government
agency which provides hospital and physician benefits}?

[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]

YES 1 {HX46}
NO 2 {HX47}
REF -7 {BOX_31C}
DK -8 {BOX_31C}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| USE A NULL DISPLAY. |
| |
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX41OV FOR THIS STATE. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |
| ENTERED. |
| |
| DISPLAY '(PLAN NAME)' IF THERE IS A CURRENT ROUND |
| INSURER ASSOCIATED WITH THE MEDICAID/SCHIP OR |
| GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| DISPLAY, {{Medicaid/... and physician benefits}}'. |
| DISPLAY '{Medicaid/{STATE NAME FOR MEDICAID}} |
| or {STATE CHIP NAME}' IF ASKING ABOUT MEDICAID/ |
| SCHIP. DISPLAY 'the program ... benefits' IF |
ASKING ABOUT GOVT-HOSPITAL/PHYSICIAN.

| DISPLAY 'Medicaid' IF STATE IN WHICH INTERVIEW IS |
| BEING CONDUCTED USES THE NAME 'MEDICAID'. DISPLAY |
| 'STATE NAME FOR MEDICAID' (SUBSTITUTING THE REAL |
| STATE NAME FOR THE PROGRAM) IF THE STATE IN WHICH |
| INTERVIEW IS BEING CONDUCTED DOES NOT USE THE NAME |
| 'MEDICAID.' FOR THE SPECIFIC NAME TO USE BY |
STATE, SEE BOX ON HX06.

| DISPLAY 'or STATE CHIP NAME' UNDER ALL CONDITIONS |
| (SUBSTITUTING THE REAL STATE NAME FOR PROGRAM). |
| FOR THE SPECIFIC NAME TO USE BY STATE, SEE BOX |
ON HX06.

HX46
=====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}}/{NAME OF PLAN FROM
HX44}}}

How much does anyone in the family pay for {the (PLAN NAME)/
that} coverage?

[Enter Amount in Dollars] {HX46OV1}
REF -7 {HX47}
DK -8 {HX47}

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| USE A NULL DISPLAY. |
| |
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX41OV FOR THIS STATE. |
| |
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |
| ENTERED. |
| |
| DISPLAY 'the (PLAN NAME)' IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| DISPLAY, 'that'. |

HX460V1
=====

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR	1	{HX47}
QUARTERLY/EVERY 3 MONTHS	2	{HX47}
BIMONTHLY/EVERY 2 MONTHS	3	{HX47}
PER MONTH	4	{HX47}
PER WEEK	5	{HX47}
BIWEEKLY/EVERY 2 WEEKS	6	{HX47}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{HX47}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{HX47}
OTHER	91	{HX460V2}
REF	-7	{HX47}
DK	-8	{HX47}

[Code One]

HX460V2
=====

OTHER:

[Enter Other Specify]		{HX47}
REF	-7	{HX47}
DK	-8	{HX47}

BOX_31A
=====

OMITTED.

HX47
=====

{STR-DT}
{END-DT}

{PLAN NAME: {{PLAN NAME ENTERED AT HX41OV}}/{NAME OF PLAN FROM
HX44}}}

Who {else} pays {some of/for} the premium or cost
of this insurance?

FEDERAL GOVERNMENT	1	
STATE GOVERNMENT	2	
LOCAL GOVERNMENT	3	
SOME GOVERNMENT	4	
OTHER	91	{HX47OV}
REF	-7	{BOX_31C}
DK	-8	{BOX_31C}

[Code All That Apply]

| DISPLAY 'PLAN NAME: ...' IF THERE IS A CURRENT |
| ROUND INSURER ASSOCIATED WITH THE MEDICAID/SCHIP |
| OR GOVT-HOSPITAL/PHYSICIAN INSURANCE. OTHERWISE, |
| USE A NULL DISPLAY. |
|
| DISPLAY '{PLAN NAME ENTERED IN HX41OV}' IF A PLAN |
| LETTER WAS ENTERED AT HX41OV. DISPLAY THE ACTUAL |
| PLAN NAME THAT CORRESPONDS TO THE LETTER ENTERED |
| AT HX41OV FOR THIS STATE. |
|
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT HX44 FOR |
| 'NAME OF PLAN FROM HX44' IF A PLAN NAME WAS |
| ENTERED. |
|
| DISPLAY 'else' IF HX45 IS CODED '1' (YES). |
| OTHERWISE, USE A NULL DISPLAY. |
|
| DISPLAY 'some of' IF HX45 IS CODED '1' (YES). |
| DISPLAY 'for' IF HX45 IS CODED '2' (NO). |
|
|-----

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX470V

OTHERWISE, GO TO BOX_31C

HX470V

=====

OTHER:

[Enter Other Specify] {BOX_31C}
REF -7 {BOX_31C}
DK -8 {BOX_31C}

BOX_31C

=====

IF ROUND 1 OR ROUND 3, CONTINUE WITH BOX_31D

| OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO |
BOX_32

BOX_31D

=====

| IF ANY RU MEMBER HAS TRICARE/CHAMPVA AS A SOURCE |
| OF INSURANCE DURING THE CURRENT ROUND, CONTINUE |
WITH BOX_31E

OTHERWISE, GO TO BOX_32

BOX_31E
=====

| IF NO ONE IN THE RU WAS COVERED BY TRICARE/CHAMPVA |
| DURING THE PREVIOUS ROUND AND AT LEAST ONE RU |
| MEMBER IS COVERED BY TRICARE/CHAMPVA DURING THE |
CURRENT ROUND CONTINUE WITH HX47A

OTHERWISE, GO TO BOX_32

HX47A
=====

{STR-DT}
{END-DT}

[Now, let's talk about the coverage someone in the family has
through TRICARE or CHAMPVA.]

Does anyone in the family pay anything for the coverage through
TRICARE or CHAMPVA?

[Do not include the cost of any copayments, coinsurance or
deductibles anyone in the family may have had to pay.]

YES 1 {HX47B}
NO 2 {BOX_32}
REF -7 {BOX_32}
DK -8 {BOX_32}

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

HX47B
=====

{STR-DT}
{END-DT}

How much does anyone in the family pay for the coverage through
TRICARE or CHAMPVA?

[Enter Amount in Dollars] {HX47BOV1}
REF -7 {BOX_32}
DK -8 {BOX_32}

HX47BOV1
=====

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR	1	{BOX_32}
QUARTERLY/EVERY 3 MONTHS	2	{BOX_32}
BIMONTHLY/EVERY 2 MONTHS	3	{BOX_32}
PER MONTH	4	{BOX_32}
PER WEEK	5	{BOX_32}
BIWEEKLY/EVERY 2 WEEKS	6	{BOX_32}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{BOX_32}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{BOX_32}
OTHER	91	{HX47BOV2}
REF	-7	{BOX_32}
DK	-8	{BOX_32}

[Code One]

HX47BOV2
=====

OTHER:

[Enter Other Specify]		{BOX_32}
REF	-7	{BOX_32}
DK	-8	{BOX_32}

BOX_32
=====

| IF ANY ESTABLISHMENT RECORDED AS PROVIDING PRIVATE |
| INSURANCE (THAT WAS CREATED DURING THE CURRENT |
| ROUND) TO A CURRENT RU MEMBER, CONTINUE WITH |
LOOP_12

OTHERWISE, GO TO BOX_45

LOOP_12

=====

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
PAIRS-ROSTER, ASK HX48-END_LP12

| LOOP DEFINITION: LOOP_12 COLLECTS PRIVATE HEALTH |
| INSURANCE INFORMATION. THIS LOOP CYCLES ON |
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE HEALTH |
| INSURANCE TO A CURRENT RU MEMBER |
| AND |
| - THE INSURANCE COVERAGE PROVIDED BY THE |
ESTABLISHMENT IS CREATED DURING THE CURRENT ROUND

HX48
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

SHOW CARD HX-7.

Now I'd like to ask a few questions about (POLICYHOLDER)'s health insurance through (ESTABLISHMENT). What type of health insurance {(do/does)/did} (POLICYHOLDER) get through (ESTABLISHMENT) {as of (END DATE)}?

CHECK ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO	1	
DENTAL	2	
PRESCRIPTION DRUGS	3	
VISION	4	
MEDICARE SUPPLEMENT/MEDIGAP	5	
LONG TERM CARE IN A NURSING HOME	6	
EXTRA CASH FOR HOSPITAL STAYS	7	
SERIOUS DISEASE OR DREAD DISEASE	8	
DISABILITY	9	
WORKER'S COMPENSATION	10	
ACCIDENT	11	
OTHER	91	{HX48OV}
REF	-7	{BOX_33}
DK	-8	{BOX_33}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

| DISPLAY '(do/does)' IF INSURANCE BEING ASKED |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES, |
| COVERED NOW) FOR THE POLICYHOLDER, AND THE CURRENT |
| ROUND IS NOT ROUND 5. OTHERWISE, DISPLAY 'did'. |
| |
| DISPLAY 'as of (END DATE)' IF ROUND 5. OTHERWISE, |
USE A NULL DISPLAY.

| NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE |
SHOW CARD.

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH ANY OTHER CODE, CONTINUE WITH HX48OV

OTHERWISE, GO TO BOX_33

HX48OV

=====

OTHER:

[Enter Other Specify] {BOX_33}
REF -7 {BOX_33}
DK -8 {BOX_33}

BOX_33

=====

| IF ESTABLISHMENT TYPE IS NOT INSURANCE CO. OR HMO |
| AND HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR |
| MEDIGAP) ONLY OR '5' AND ANY OTHER CODES, CONTINUE |
WITH HX49

| IF ESTABLISHMENT TYPE IS INSURANCE CO. OR HMO AND |
| HX48 IS CODED '5' (MEDICARE SUPPLEMENT OR MEDIGAP) |
| ONLY OR '5' AND ANY OTHER CODES, AUTOMATICALLY |
| CODE HX49 WITH APPROPRIATE RESPONSES BY CAPI AND |
THEN GO TO LOOP_13

| OTHERWISE (I.E., HX48 IS NOT CODED '5' (MEDICARE |
SUPPLEMENT OR MEDIGAP)), GO TO BOX_35

HX49

=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

What is the name of the insurance company or HMO from which
(POLICYHOLDER) receives the **Medicare Supplement or Medigap**
benefits?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which (POLICYHOLDER) receives the **Medicare Supplement
or Medigap** benefits?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer]
REF -7
DK -8

TYPE: 1 = INSURANCE COMPANY
2 = HMO
3 = SELF-INSURED COMPANY
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS'. ALSO FLAG AS |
| CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT- |
PERSON-PAIR.

| BOTH INSURER NAME AND INSURER TYPE MUST BE |
ENTERED.

IF INSURER NAME IS ENTERED, CONTINUE WITH LOOP_13

| IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK), |
GO TO BOX_35

BOX_34
=====

OMITTED.

LOOP_13
=====

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |
INSURER-TRIPLES-ROSTER, ASK HX50-END_LP13

| LOOP DEFINITION: LOOP_13 COLLECTS OTHER POLICY |
| NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOs |
| PROVIDING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS |
| (THAT IS, INSURERS ENUMERATED AT HX49). |
| THIS LOOP CYCLES ON TRIPLES THAT MEET THE |
| FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
| WHICH PROVIDES MEDICARE SUPPLEMENT/MEDIGAP |
| BENEFITS |
| AND |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
| PROVIDED THROUGH THIS ESTABLISHMENT |
| AND |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
| TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
INSURANCE COMPANY, HMO, OR SELF-INSURED COMPANY)

HX50
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as Option A, \$100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME 1 {HX50OV}
NO OTHER NAME 2 {END_LP13}
REF -7 {END_LP13}
DK -8 {END_LP13}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

```
-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN HX49_01 WHICH IS BEING LOOPED ON FOR |  
| 'INSURANCE...NAME.' |  
-----
```

HX500V

=====

OTHER NAME:

```
[Enter Insurance Company or HMO] ..... {END_LP13}  
REF ..... -7 {END_LP13}  
DK ..... -8 {END_LP13}
```

END_LP13

=====

```
-----  
| CYCLE ON NEXT TRIPLE ON THE RU-ESTABLISHMENT- |  
| PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE |  
| CONDITIONS STATED IN THE LOOP DEFINITION |  
-----
```

```
-----  
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |  
| END LOOP_13 AND CONTINUE WITH BOX_35 |  
-----
```

BOX_35

=====

```
-----  
| IF ESTABLISHMENT TYPE IS INSURANCE COMPANY, |  
| INSURANCE COMPANY - FROM AGENT, OR HMO, |  
| AND HX48 IS CODED '1' (HOSPITAL AND |  
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |  
| HMO) (BUT NOT '5' (MEDIGAP)), FLAG INSURANCE |  
| COMPANY/HMO AS 'SUPPLYING HOSPITAL AND PHYSICIAN |  
| BENEFITS' AND AUTOMATICALLY CODE HX51 WITH |  
| APPROPRIATE RESPONSES BY CAPI AND GO TO LOOP_14 |  
-----
```

| IF ESTABLISHMENT TYPE IS NOT INSURANCE COMPANY, |
| INSURANCE COMPANY - FROM AGENT, OR HMO, |
| AND HX48 IS CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) AND |
| NOT ALSO CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
CONTINUE WITH HX51

| IF ROUND 1 AND HX48 IS CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN |
| HMO) AND '5' (MEDICARE SUPPLEMENT/MEDIGAP) (IN |
COMBINATION WITH ANY OTHER CODES), GO TO BOX_38

| IF HX48 IS NOT CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS, INCLUDING COVERAGE THROUGH AN HMO) BUT |
| IS CODED '2' (DENTAL), '3' (PRESCRIPTION DRUGS), |
| '4' (VISION), '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| '6' (LONG TERM CARE IN A NURSING HOME), '7' (EXTRA |
| CASH FOR HOSPITAL STAYS), '8' (SERIOUS DISEASE OR |
DREAD DISEASE), OR '91' (OTHER), GO TO BOX_38

| IF HX48 IS CODED ANY COMBINATION OF ONLY CODES '9' |
| (DISABILITY), '10' (WORKER'S COMPENSATION) OR '11' |
(ACCIDENT), GO TO END_LP12

| IF ROUND 1 AND HX48 IS CODED '-7' (REFUSED) OR |
'-8' (DON'T KNOW), GO TO BOX_39

| IF ROUND 2, 3, 4, OR 5 AND HX48 IS CODED '-7' |
(REFUSED) OR '-8' (DON'T KNOW), GO TO BOX_38

HX51
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

What is the name of the insurance company or HMO from which
(POLICYHOLDER) receives **hospital and physician benefits**?

IF MORE THAN ONE NAME, PROBE: What is the main insurance company
or HMO from which (POLICYHOLDER) receives **hospital and physician
benefits**?

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer]
REF -7
DK -8

TYPE: 1 = INSURANCE COMPANY
2 = HMO
3 = SELF-INSURED COMPANY
REF -7
DK -8

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

| FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL AND |
| PHYSICIAN BENEFITS'. ALSO FLAG AS CURRENT ROUND'S |
INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

| BOTH INSURER NAME AND INSURER TYPE MUST BE |
ENTERED.

IF INSURER NAME IS ENTERED, CONTINUE WITH LOOP_14

| IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK), |
GO TO BOX_38

BOX_36
=====

OMITTED.

LOOP_14
=====

| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |
INSURER-TRIPLES-ROSTER, ASK HX52-END_LP14

| LOOP DEFINITION: LOOP_14 COLLECTS OTHER POLICY |
| NAMES FOR THE HEALTH INSURANCE COMPANIES OR HMOS |
| PROVIDING HOSPITAL/PHYSICIAN BENEFITS BUT NOT |
| MEDICARE SUPPLEMENT OR MEDIGAP. THIS LOOP CYCLES |
| ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |
| - ESTABLISHMENT IS PROVIDER OF PRIVATE INSURANCE |
| WHICH PROVIDES HOSPITAL/PHYSICIAN BENEFITS BUT |
| NOT MEDICARE SUPPLEMENT OR MEDIGAP |
| AND |
| - PERSON IS THE POLICYHOLDER FOR THE INSURANCE |
| PROVIDED THROUGH THIS ESTABLISHMENT |
| AND |
| - INSURER IS THE SOURCE OF THE BENEFITS PROVIDED |
| TO PERSON THROUGH THE ESTABLISHMENT (I.E., THE |
INSURANCE COMPANY, HMO OR SELF-INSURED COMPANY)

HX52
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME.} policy, such as Option A, \$100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME 1 {HX52OV}
NO OTHER NAME 2 {END_LP14}
REF -7 {END_LP14}
DK -8 {END_LP14}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

```
-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN HX51_01 WHICH IS BEING LOOPED ON FOR |  
| 'INSURANCE...NAME.' |  
-----
```

HX52OV

=====

OTHER NAME:

```
[Enter Insurance Company or HMO] ..... {END_LP14}  
REF ..... -7 {END_LP14}  
DK ..... -8 {END_LP14}
```

END_LP14

=====

```
-----  
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION |  
-----
```

```
-----  
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |  
| END LOOP_14 AND CONTINUE WITH BOX_38 |  
-----
```

BOX_37

=====

```
-----  
| Omitted. |  
| |  
| NOTE: ALL ROUNDS, CONTINUE WITH BOX_38 |  
-----
```

HX53

=====

OMITTED.

HX54

=====

OMITTED.

LOOP_15
=====

OMITTED.

HX55
=====

OMITTED.

HX55OV
=====

OMITTED.

END_LP15
=====

OMITTED.

BOX_38
=====

IF ROUND 1, CONTINUE WITH BOX_39

OTHERWISE, GO TO BOX_40

HX56
=====

OMITTED.

LOOP_16
=====

OMITTED.

HX57
=====

OMITTED.

HX57OV
=====

OMITTED.

HX58
=====

OMITTED.

END_LP16
=====

OMITTED.

BOX_39
=====

| IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT |
| IS FLAGGED AS THROUGH THE FEDERAL GOVERNMENT |
| (EM96 IS CODED '2' (THE FEDERAL GOVERNMENT) OR |
| HP13 IS CODED '1' (YES)), |
CONTINUE WITH HX59

OTHERWISE, GO TO BOX_40

HX59
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

SHOW CARD HX-8.

Is the name of (POLICYHOLDER)'s insurance plan through
(ESTABLISHMENT) listed on this card?

YES 1 {HX59OV}
NO 2 {BOX_40}
REF -7 {BOX_40}
DK -8 {BOX_40}

HX59OV
=====

Which insurance plan is (POLICYHOLDER)'s (ESTABLISHMENT)
insurance?

CODE LETTER OF PLAN FROM SHOW CARD:

[Enter Plan Letter From Card] {BOX_40}

```
-----  
| WHEN INTERVIEWER ENTERS LETTER OF PLAN, DISPLAY |  
| THE FOLLOWING MESSAGE: "PLEASE VERIFY PLAN |  
| ENTERED." WHEN INTERVIEWER PRESSES CLEARS THE |  
| MESSAGE, PROCEED TO THE NEXT LOGICAL SCREEN. |  
-----
```

BOX_40

=====

```
-----  
| IF THIS ESTABLISHMENT-PERSON-PAIR HAS AT LEAST ONE |  
| INSURER THAT PROVIDES HOSPITAL AND PHYSICIAN |  
| BENEFITS OR THAT PROVIDES MEDICARE SUPPLEMENT/ |  
| MEDIGAP COVERAGE AND THE POLICYHOLDER IS NOT |  
| LISTED AS A COVERED PERSON WITH MEDICAID OR GOVT- |  
| HOSPITAL/PHYSICIAN FOR THE CURRENT ROUND, |  
| CONTINUE WITH LOOP_17 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_42 |  
-----
```

LOOP_17

=====

```
-----  
| FOR EACH ELEMENT IN RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER, ASK BOX_40A - END_LP17 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_17 COLLECTS INFORMATION ON |  
| PLANS THAT PROVIDE HOSPITAL/PHYSICIAN BENEFITS OR |  
| MEDICARE SUPPLEMENT/MEDIGAP COVERAGE TO EACH |  
| POLICYHOLDER NOT ALSO COVERED BY MEDICAID OR GOVT- |  
| HOSPITAL/PHYSICIAN TO DETERMINE IF THAT PLAN IS AN |  
| HMO/MANAGED CARE PLAN. THIS LOOP CYCLES ON |  
| TRIPLES THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS PROVIDER OF HOSPITAL/PHYSICIAN |  
| BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP COVERAGE |  
| AND |  
| - PERSON IS NOT LISTED AS A COVERED PERSON WITH |  
| MEDICAID OR GOVT-HOSPITAL/PHYSICIAN |  
| AND |  
| - INSURER IS THE SOURCE OF THE HOSPITAL AND |  
| PHYSICIAN BENEFITS PROVIDED TO PERSON THROUGH |  
| THE ESTABLISHMENT (I.E., THE INSURANCE COMPANY |  
| OR SELF-INSURED COMPANY) |  
-----
```

BOX_40A
=====

| IF INSURER IS AN HMO (EPIN.INSTYPE = 2), CONTINUE |
WITH HX60A

| OTHERWISE (I.E., IF INSURER IS NOT AN HMO), GO |
TO BOX_41

HX60A
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of
visits to doctors who are **not** part of (POLICYHOLDER)'s
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES 1 {END_LP17}
NO 2 {END_LP17}
REF -7 {END_LP17}
DK -8 {END_LP17}

BOX_41
=====

PRESENT MANAGED CARE (MC) SECTION FOR THIS INSURER

| AT COMPLETION OF THE MC SECTION, CONTINUE WITH |
END_LP17

END_LP17
=====

```
-----  
| CYCLE ON NEXT TRIPLE ON RU-ESTABLISHMENT-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO MORE TRIPLES MEET THE STATED CONDITIONS, |  
| END LOOP_17 AND CONTINUE WITH BOX_42 |  
-----
```

BOX_42
=====

```
-----  
| IF ROUND 1 OR ROUND 3 AND IF HX48 IS CODED '5' |  
| (MEDICARE SUPPLEMENT/MEDIGAP), CONTINUE WITH HX60 |  
-----
```

```
-----  
| OTHERWISE, GO TO BOX_43 |  
-----
```

HX60
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

CODE WITHOUT ASKING IF ANSWER IS KNOWN.

Many **Medicare Supplemental** or **Medigap** Plans are referred to by
a Plan Letter. Do you know the Plan Letter for (PERSON)'s
plan?

PROBE: What is it?

[Enter Plan Letter] {BOX_43}
REF -7 {BOX_43}
DK -8 {BOX_43}

HELP AVAILABLE FOR DEFINITION OF PLAN LETTER.

```
-----  
|  HARD CHECK: MEDICARE SUPPLEMENTAL OR MEDIGAP  |  
|  PLANS: MEDICARE SUPPLEMENTAL OR MEDIGAP PLAN  |  
|  LETTER MUST BE 1 CHARACTER LONG, A-L, UPPER OR  |  
|  LOWER CASE. IF CODED OTHER THAN A-L DISPLAY THE  |  
|  FOLLOWING MESSAGE: "Medicare Supplemental or  |  
|  Medigap Plan letter must be A through L. Verify  |  
|  and re-enter plan letter."  |  
-----
```

BOX_43

=====

```
-----  
|  IF ROUND 1 OR ROUND 3, CONTINUE WITH HX61  |  
-----
```

```
-----  
|  OTHERWISE, (I.E., IF ROUNDS 2, 4, OR 5), GO TO  |  
|  END_LP12  |  
-----
```

BOX_44

=====

OMITTED.

HX61
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST 1 {HX62}
YES, PAY SOME OF PREMIUM/COST 2 {HX62}
YES, BUT DON'T KNOW IF PAY ALL OR SOME
OF PREMIUM/COST 3 {HX62}
NO, DO NOT PAY 4 {HX63}
REF -7 {END_LP12}
DK -8 {END_LP12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
| DISPLAYED HERE FOR THE INSURANCE FROM A |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
DIRECTLY PURCHASED CATEGORY.

HX62
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

How much {(do/does)/did} (POLICYHOLDER) pay for the
(ESTABLISHMENT) coverage?

[Enter Amount in Dollars] {HX62OV1}
REF -7 {BOX_44A}
DK -8 {BOX_44A}

| DISPLAY '(do/does)' IF INSURANCE BEING ASKED |
| ABOUT IS CURRENT (I.E., HQ02 IS CODED '1' (YES, |
| COVERED NOW)) FOR THE POLICYHOLDER. OTHERWISE, |
DISPLAY 'did'.

| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |
| DISPLAYED HERE FOR THE INSURANCE FROM A |
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |
DIRECTLY PURCHASED CATEGORY.

HX62OV1
=====

{Is/Was} that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR	1	{BOX_44A}
QUARTERLY/EVERY 3 MONTHS	2	{BOX_44A}
BIMONTHLY/EVERY 2 MONTHS	3	{BOX_44A}
PER MONTH	4	{BOX_44A}
PER WEEK	5	{BOX_44A}
BIWEEKLY/EVERY 2 WEEKS	6	{BOX_44A}
SEMI-ANNUALLY/2 TIMES PER YEAR	7	{BOX_44A}
SEMI-MONTHLY/2 TIMES PER MONTH	8	{BOX_44A}
OTHER	91	{HX62OV2}
REF	-7	{BOX_44A}
DK	-8	{BOX_44A}

[Code One]

| DISPLAY 'Is' IF INSURANCE BEING ASKED ABOUT IS |
| CURRENT (I.E., HQ02 IS CODED '1' (YES, COVERED |
| NOW)) FOR THE POLICYHOLDER. OTHERWISE, DISPLAY |
'Was' .

HX62OV2
=====

OTHER:

[Enter Other Specify]	{BOX_44A}
REF	-7 {BOX_44A}
DK	-8 {BOX_44A}

BOX_44A
=====

| IF HX61 IS CODED '1' (YES, PAY ALL OF PREMIUM/ |
COST), GO TO END_LP12

OTHERWISE, CONTINUE WITH HX63

HX63

====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {NAME OF
ESTABLISHMENT} {STR-DT}
{END-DT}

Who {else} pays {some of/for} the premium or cost
of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT	1	
STATE GOVERNMENT	2	
LOCAL GOVERNMENT	3	
SOME GOVERNMENT	4	
EMPLOYER	5	
UNION	6	
OTHER	91	{HX63OV}
REF	-7	{END_LP12}
DK	-8	{END_LP12}

[Code All That Apply]

| DISPLAY 'else' IF HX61 IS CODED '2' (YES, PAY SOME |
| OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW IF |
| PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, USE |
| A NULL DISPLAY |
|

| DISPLAY 'some of' IF HX61 IS CODED '2' (YES, PAY |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |
| IF HX61 IS CODED '4' (NO, DO NOT PAY). |
|

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
| COMBINATION WITH ANY OTHER CODE. |
|

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
| WITH ANY OTHER CODE, CONTINUE WITH HX63OV |
|

| OTHERWISE, GO TO END_LP12 |
|

HX630V
=====

OTHER:

[Enter Other Specify] {END_LP12}
REF -7 {END_LP12}
DK -8 {END_LP12}

END_LP12
=====

| CYCLE ON NEXT PAIR IN RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |
THE LOOP DEFINITION.

| IF NO MORE PAIRS MEET THE STATED CONDITIONS, |
END LOOP_12 AND CONTINUE WITH BOX_45

BOX_45
=====

IF ROUND 1, CONTINUE WITH BOX_46

OTHERWISE, GO TO BOX_51

BOX_46
=====

| IF ALL PERSONS IN RU HAVE HEALTH INSURANCE (I.E., |
| FLAGGED AS HAVING MEDICARE, MEDICAID/SCHIP, |
| GOVT-HOSPITAL/PHYSICIAN, TRICARE/CHAMPVA, OTHER |
| PUBLIC OR PRIVATE INSURANCE) COVERAGE ON JANUARY 1, |
| {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF |
THE PANEL, GO TO BOX_48

```
-----  
| OTHERWISE, (AT LEAST ONE RU MEMBER BORN BEFORE |  
| 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE |  
| FIRST CALENDAR YEAR OF THE PANEL, IS WITHOUT HEALTH |  
| INSURANCE ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE |  
| FIRST CALENDAR YEAR OF THE PANEL), CONTINUE WITH |  
| LOOP_18 |  
-----
```

LOOP_18

=====

```
-----  
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |  
| HX64-END_LP18 |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_18 COLLECTS INFORMATION |  
| ABOUT RU MEMBERS WITH NO HEALTH INSURANCE ON |  
| JANUARY 1, {YEAR}, WHERE YEAR IS THE FIRST |  
| CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES ON RU |  
| MEMBERS WHO ARE NOT A COVERED PERSON IN ANY |  
| ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON-TRIPLE |  
| THAT MEETS THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS MEDICARE, MEDICAID/SCHIP, GOVT- |  
| HOSPITAL/PHYSICIAN, OTHER PUBLIC, |  
| TRICARE/CHAMPVA, OR PRIVATE INSURANCE |  
| AND |  
| - PERSON IS A CURRENT RU MEMBER WITH A BIRTH DATE |  
| PRIOR TO DECEMBER 31, {YEAR}, WHERE 'YEAR' IS |  
| THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE |  
| PANEL (OR AGE CATEGORY > 1) |  
| AND |  
| - PERIOD OF COVERAGE INCLUDES JANUARY 1, {YEAR}, |  
| WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF THE |  
| PANEL. |  
-----
```

HX64
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

I have recorded that (PERSON) (were/was) without insurance on January 1, {YEAR}. (Were/Was) (PERSON) covered by a health insurance plan or program at any time in the years {YEAR} or {YEAR}?

YES 1 {HX65}
NO 2 {END_LP18}
REF -7 {END_LP18}
DK -8 {END_LP18}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): IN THE QUESTION TEXT, "... on |
| JANUARY 1, {YEAR}," 'YEAR' IS THE FIRST CALENDAR |
| YEAR OF THE PANEL. IN THE QUESTION TEXT, "... at |
| any time in the years {YEAR} or {YEAR}?" CAPI |
| DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR |
| YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS |
WOULD BE '2005 or 2006?').

HX65
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

When (were/was) (PERSON) most recently covered by health insurance? That is, in what month and year did that health insurance end **for the last time** in {YEAR} or {YEAR}?

[Enter Month,Year-4] {HX66}
REF -7 {HX66}
DK -8 {HX66}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR |
| TO THE FIRST CALENDAR YEAR OF THE PANEL FOR |
| ``YEAR' OR 'YEAR'?". (FOR PANEL 12 FOR EXAMPLE, |
THIS WOULD BE '2005 or 2006?').

| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED |
ON THE MONTH AND YEAR FIELDS.

HX66
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {STR-DT}
{END-DT}

Was (PERSON)'s health insurance that ended in {MONTH AND YEAR
FROM HX65/{YEAR} or {YEAR}} obtained through an employer or a
union, was it a government program such as Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE
EMPLOYER OR PUBLIC EMPLOYER (FEDERAL,
STATE, OR LOCAL GOVT.) 1
MEDICARE 2
MEDICAID 3
TRICARE/CHAMPVA 4
VA OR MILITARY HEALTH CARE 5
PURCHASED DIRECTLY FROM GROUP, ASSOC.,
OR INS. AGENT, INS. CO. OR HMO 6
OTHER TYPE OF GOVERNMENT SPONSORED
PROGRAM 7
OTHER PUBLIC PROGRAM:
 TANF 8
 SSI 9
 {STATE PROGRAM 1} 10
 {STATE PROGRAM 2} 11
 {STATE PROGRAM 3} 12
 {STATE PROGRAM 4} 13
OTHER 91 {HX66OV}
REF -7 {END_LP18}
DK -8 {END_LP18}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

| IF HX65 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T
| KNOW), DISPLAY THE DATE ENTERED AT HX65 FOR 'MONTH
| AND YEAR FROM HX65'. DISPLAY '{YEAR} or
| {YEAR}' IF HX65 IS CODED '-7' (REFUSED) OR '-8'
| (DON'T KNOW), WHERE 'YEAR' AND 'YEAR' DISPLAYS
| THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF
| THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE
'2005' or '2006'.

| FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF
| A STATE PLAN. FOR THE SPECIFIC NAMES OF PLANS
BY STATE, SEE BOX ON HX16.

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION
WITH OTHER CODES, CONTINUE WITH HX66OV

OTHERWISE, GO TO END_LP18

HX66OV

=====

OTHER:

[Enter Other Specify] {END_LP18}
REF -7 {END_LP18}
DK -8 {END_LP18}

HX67

=====

OMITTED.

HX68

=====

OMITTED.

HX68OV

=====

OMITTED.

BOX_47

=====

OMITTED.

HX69

=====

OMITTED.

END_LP18

=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_18 AND CONTINUE WITH BOX_48

BOX_48

=====

| IF NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |
| DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |
| HAVE ANY TYPE OF COMPREHENSIVE PUBLIC INSURANCE |
| (I.E., MEDICARE, MEDICAID/SCHIP, GOVT- |
| HOSPITAL/PHYSICIAN, OR TRICARE/CHAMPVA) |
| AND |
| NO CURRENT RU MEMBERS WHO WERE BORN BEFORE |
| DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |
| HAVE ANY PRIVATE INSURANCE THAT INCLUDED HOSPITAL |
| AND PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/ |
| MEDIGAP BENEFITS ON 1/1/{YEAR}, WHERE 'YEAR' IS |
| THE FIRST CALENDAR YEAR OF THE PANEL, GO TO |
BOX_49

OTHERWISE, CONTINUE WITH LOOP_19

LOOP_19

=====

| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, ASK |
HX70-END_LP19

| LOOP DEFINITION: LOOP_19 COLLECTS INFORMATION ON |
| ALL RU MEMBERS WITH PUBLIC AND PRIVATE HEALTH |
| INSURANCE PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR |
| MEDICARE SUPPLEMENT/MEDIGAP BENEFITS ON JANUARY 1, |
| {YEAR}, WHERE 'YEAR' IS THE FIRST CALENDAR YEAR OF |
| THE PANEL, TO DETERMINE PERIODS OF COVERAGE IN |
| {YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO THE |
| FIRST CALENDAR YEAR OF THE PANEL. THIS LOOP CYCLES |
| ON PERSONS THAT MEET THE FOLLOWING CONDITIONS: |
| - PERSON IS A CURRENT RU MEMBER |
| AND |
| - PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, |
| WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST |
| CALENDAR YEAR OF THE PANEL, OR PERSON'S AGE IS |
| AGE CATEGORIES 2-9 |
| AND |
| - PERSON HAD COMPREHENSIVE HEALTH INSURANCE |
| COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR' IS THE |
| FIRST CALENDAR YEAR OF THE PANEL. COMPREHENSIVE |
| HEALTH INSURANCE REFERS TO THE PERSON BEING A |
| COVERED PERSON ON AT LEAST ONE OF THE FOLLOWING |
| ESTABLISHMENT-POLICYHOLDER-COVERED-PERSON- |
| TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS THE FIRST |
| CALENDAR YEAR OF THE PANEL: |
| - ESTABLISHMENT IS MEDICARE |
| - ESTABLISHMENT IS MEDICAID/SCHIP |
| - ESTABLISHMENT IS TRICARE |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND |
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR |
MEDIGAP (I.E., HX48 = 1 OR 5)

HX70
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {STR-DT}
{END-DT}

I have recorded that (PERSON) had health insurance coverage on
January 1, {YEAR}. (Were/Was) (PERSON) **ever without** health
insurance coverage at any time in {YEAR}?

YES 1 {HX71}
NO 2 {END_LP19}
REF -7 {END_LP19}
DK -8 {END_LP19}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN, "... on JANUARY 1, |
| {YEAR}," DISPLAY THE FIRST CALENDAR YEAR OF THE |
| PANEL. FOR 'YEAR' IN "... at any time in {YEAR}," |
| DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR |
OF THE PANEL.

HX71
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME} {STR-DT}
{END-DT}

Altogether, how many weeks or months (were/was) (PERSON)
without health insurance coverage in the year {YEAR}?

[Enter Small Number] {HX71OV}
REF -7 {END_LP19}
DK -8 {END_LP19}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): FOR 'YEAR' IN THE QUESTION TEXT, |
| DISPLAY THE YEAR PRIOR TO THE FIRST CALENDAR YEAR |
OF THE PANEL.

HX71OV
=====

ENTER UNIT:

WEEKS 1 {END_LP19}
MONTHS 2 {END_LP19}
REF -7 {END_LP19}
DK -8 {END_LP19}

[Code One]

HX72
=====

OMITTED.

HX73
=====

OMITTED.

HX73OV
=====

OMITTED.

HX74
=====

OMITTED.

HX75
=====

OMITTED.

HX75OV
=====

OMITTED.

END_LP19
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_19 AND CONTINUE WITH BOX_49

BOX_49

=====

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-----  
| IF ALL CURRENT RU MEMBERS WHO WERE BORN BEFORE |  
| DECEMBER 31, {YEAR}, WHERE 'YEAR' IS THE YEAR |  
| PRIOR TO THE FIRST CALENDAR YEAR OF THE PANEL, |  
| HAVE ONLY PRIVATE INSURANCE THAT INCLUDES HOSPITAL |  
| AND PHYSICIAN BENEFITS |  
| AND/OR |  
| ALL CURRENT RU MEMBERS HAVE ONLY COMPREHENSIVE |  
| PUBLIC INSURANCE ON JANUARY 1, {YEAR}, WHERE |  
| 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL, |  
| GO TO BOX_51 |  
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-----  
| OTHERWISE, CONTINUE WITH LOOP_20 |  
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LOOP_20

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-----  
| FOR EACH ELEMENT IN RU-MEMBERS-ROSTER, |  
| ASK HX76-END_LP20 |  
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| LOOP DEFINITION: LOOP_20 COLLECTS INFORMATION FOR |
| EACH RU MEMBER WHOSE DATE OF BIRTH IS PRIOR TO |
| 12/31/{YEAR}, WHERE 'YEAR' IS THE YEAR PRIOR TO |
| THE FIRST CALENDAR YEAR OF THE PANEL, (OR AGE |
| CATEGORY > 1), AND WHO IS COVERED BY PRIVATE |
| INSURANCE THAT DOES NOT INCLUDE EITHER HOSPITAL/ |
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT/MEDIGAP |
| BENEFITS ON JANUARY 1, {YEAR}, WHERE 'YEAR' IS THE |
| FIRST CALENDAR YEAR OF THE PANEL. THE LOOP CYCLES |
| ON PERSONS WERE EVER COVERED BY A MORE |
| COMPREHENSIVE PLAN THAT PROVIDED HOSPITAL/ |
| PHYSICIAN COVERAGE DURING {YEAR}, WHERE 'YEAR' IS |
| THE YEAR PRIOR TO THE FIRST CALENDAR YEAR OF THE |
| PANEL, OR {YEAR}, WHERE 'YEAR' IS TWO YEARS PRIOR |
| TO THE FIRST CALENDAR YEAR OF THE PANEL. THE LOOP |
| CYCLES ON PERSONS THAT MEET THE FOLLOWING |
| CONDITIONS: |
| - PERSON IS A CURRENT RU MEMBER |
| AND |
| - PERSON'S DATE OF BIRTH IS BEFORE 12/31/{YEAR}, |
| WHERE 'YEAR' IS THE YEAR PRIOR TO THE FIRST |
| CALENDAR YEAR OF THE PANEL, OR IN AGE CATEGORIES |
| 2-9 |
| AND |
| - PERSON DID NOT HAVE COMPREHENSIVE HEALTH |
| INSURANCE COVERAGE ON 1/1/{YEAR}, WHERE 'YEAR' |
| IS THE FIRST CALENDAR YEAR OF THE PANEL. |
| COMPREHENSIVE HEALTH INSURANCE REFERS TO THE |
| PERSON BEING A COVERED PERSON ON AT LEAST ONE OF |
| THE FOLLOWING ESTABLISHMENT-POLICYHOLDER- |
| COVERED-PERSON-TRIPLES ON 1/1/{YEAR}, WHERE |
| 'YEAR' IS THE FIRST CALENDAR YEAR OF THE PANEL: |
| - ESTABLISHMENT IS MEDICARE |
| - ESTABLISHMENT IS MEDICAID |
| - ESTABLISHMENT IS TRICARE |
| - ESTABLISHMENT IS GOVT-HOSPITAL/PHYSICIAN |
| - ESTABLISHMENT IS PRIVATE WITH HOSPITAL AND |
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR |
| MEDIGAP (I.E., HX48 = 1 OR 5) |
| AND |
| - PERSON IS COVERED PERSON ON AT LEAST ONE OF THE |
| FOLLOWING ESTABLISHMENT-POLICYHOLDER-COVERED- |
| PERSON-TRIPLES ON 1/1/{YEAR}, WHERE 'YEAR' IS |
THE FIRST CALENDAR YEAR OF THE PANEL:

```
-----  
| - ESTABLISHMENT IS GROUP 1 OR GROUP 2 OTHER |  
| PUBLIC |  
| - ESTABLISHMENT IS PRIVATE WITHOUT HOSPITAL AND |  
| PHYSICIAN BENEFITS OR MEDICARE SUPPLEMENT OR |  
| MEDIGAP (I.E., HX48 IS NOT CODED 1 OR 5) |  
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HX76
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

I have recorded that (PERSON) {had health insurance coverage for (READ TYPES OF INSURANCE BELOW) coverage} {and} {was covered by a public program} on January 1, {YEAR}. (Were/Was) (PERSON) ever covered by a more comprehensive health insurance plan or program that paid for medical and doctor's bills at any time in the years {YEAR} or {YEAR}?

{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}
{TYPE OF INSURANCE IN HX48} {TYPE OF INSURANCE IN HX48}

YES 1 {HX77}
NO 2 {END_LP20}
REF -7 {END_LP20}
DK -8 {END_LP20}

| DISPLAY 'had health...(BELOW)' IF PERSON |
| CONFIRMED AS POLICYHOLDER (HP09 IS CODED '1' |
| (YES)) OR SELECTED AS POLICYHOLDER (SELECTED AT |
| HP11) OR SELECTED AS A DEPENDENT (SELECTED AT |
| HP16) FOR ANY PRIVATE ESTABLISHMENT-POLICYHOLDER |
| PAIR WHERE HX48 IS NOT CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS) AND NOT CODED '5' (MEDICARE |
| SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY |
| COMBINATION OF CODES FOR ALL OF THOSE PRIVATE |
| ESTABLISHMENT-POLICYHOLDER PAIRS. OTHERWISE, USE |
| A NULL DISPLAY. |

| DISPLAY 'was....program' IF PERSON SELECTED AT |
| HX19 (FOR EITHER GROUP 1 OR GROUP 2 PROGRAM). |
| OTHERWISE, USE A NULL DISPLAY. |

| DISPLAY 'and' IF PERSON CONFIRMED AS POLICYHOLDER |
| (HP09 IS CODED '1' (YES)) OR SELECTED AS |
| POLICYHOLDER (SELECTED AT HP11) OR SELECTED AS A |
| DEPENDENT (SELECTED AT HP16) FOR ANY PRIVATE |
| ESTABLISHMENT-POLICYHOLDER PAIR WHERE HX48 IS NOT |
| CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS) AND |
| NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER |
| ALONE OR WITH ANY COMBINATION OF CODES FOR ALL OF |
| THOSE PRIVATE ESTABLISHMENT-POLICYHOLDER PAIRS |
| AND PERSON SELECTED AT HX19 (FOR EITHER GROUP 1 |
| OR GROUP 2 PROGRAM). |

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): IN THE QUESTION TEXT, "... on |
| JANUARY 1, {YEAR}," 'YEAR' IS THE FIRST CALENDAR |
| YEAR OF THE PANEL. IN THE QUESTION TEXT, "... at |
| any time in the years {YEAR} or {YEAR}?" CAPI |
| DISPLAYS THE TWO YEARS PRIOR TO THE FIRST CALENDAR |
| YEAR OF THE PANEL. (FOR PANEL 12 FOR EXAMPLE, THIS |
WOULD BE '2005 or 2006?').

HX77

====

{PERSON'S FIRST MIDDLE AND LAST NAME}

When (were/was) (PERSON) most recently covered by this kind of health insurance? That is, in what month and year did the health insurance that paid for medical and doctor's bills end **for the last time** in {YEAR} or {YEAR}?

[Enter Month,Year-4] {HX78}
REF -7 {HX78}
DK -8 {HX78}

| (FOR SPECIFICATIONS PURPOSES ONLY; CAPI HANDLES |
| AUTOMATICALLY): CAPI DISPLAYS THE TWO YEARS PRIOR |
| TO THE FIRST CALENDAR YEAR OF THE PANEL FOR |
| ``YEAR' OR 'YEAR?'. (FOR PANEL 12 FOR EXAMPLE, |
THIS WOULD BE '2005 or 2006?').

| '-7' (REFUSED) AND '-8' (DON'T KNOW) ARE ALLOWED |
ON THE MONTH AND YEAR FIELDS.

HX78
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}

Was (PERSON)'s health insurance that ended in {DATE FROM
HX77/{YEAR} or {YEAR}} obtained through an employer or union, was
it a government program such as Medicare or Medicaid, or what?

CHECK ALL THAT APPLY.

OBTAINED THROUGH UNION, PRIVATE
EMPLOYER OR PUBLIC EMPLOYER (FEDERAL,
STATE, OR LOCAL GOVERNMENT) 1
MEDICARE 2
MEDICAID 3
TRICARE/CHAMPVA 4
VA OR MILITARY HEALTH CARE 5
PURCHASED DIRECTLY FROM GROUP,
ASSOCIATION, OR INSURANCE AGENT,
INSURANCE COMPANY OR HMO 6
OTHER TYPE OF GOVERNMENT SPONSORED
PROGRAM 7
OTHER PUBLIC PROGRAM:
 TANF 8
 SSI 9
 {STATE PROGRAM 1}..... 10
 {STATE PROGRAM 2} 11
 {STATE PROGRAM 3} 12
 {STATE PROGRAM 4} 13
OTHER 91 {HX78OV}
REF -7 {END_LP20}
DK -8 {END_LP20}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

| IF HX77 IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T |
| KNOW), DISPLAY THE DATE ENTERED AT HX77 FOR 'MONTH |
| AND YEAR FROM HX77'. DISPLAY 'in {YEAR} or |
| {YEAR}' IF HX77 IS CODED '-7' (REFUSED) OR '-8' |
| (DON'T KNOW), WHERE "'YEAR' or 'YEAR'" DISPLAYS |
| THE TWO YEARS PRIOR TO THE FIRST CALENDAR YEAR OF |
| THE PANEL. FOR PANEL 12 FOR EXAMPLE, THIS WOULD BE |
'2005' or '2006'.

| FOR 'STATE PROGRAM N', DISPLAY AN ACTUAL NAME OF |
| STATE PLAN WHEN INTERVIEW IS BEING CONDUCTED IN A |
| STATE THAT HAS OTHER STATE PROGRAMS. FOR THE |
| SPECIFIC NAMES OF PROGRAMS BY STATE, SEE BOX ON |
HX16.

| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |
COMBINATION WITH ANY OTHER CODE.

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |
WITH OTHER CODES, CONTINUE WITH HX78OV

OTHERWISE, GO TO END_LP20

HX78OV
=====

OTHER:

[Enter Other Specify] {END_LP20}
REF -7 {END_LP20}
DK -8 {END_LP20}

HX79
=====

OMITTED.

HX80
=====

OMITTED.

HX80OV
=====

OMITTED.

END_LP20
=====

| CYCLE ON NEXT PERSON ON RU-MEMBERS-ROSTER THAT |
MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION

| IF NO MORE PERSONS MEET THE STATED CONDITIONS, |
END LOOP_20 AND CONTINUE WITH BOX_51

BOX_50
=====

OMITTED.

LOOP_21
=====

OMITTED.

HX81
=====

OMITTED.

END_LP21
=====

OMITTED.

BOX_51
=====

GO TO NEXT QUESTIONNAIRE SECTION