

**SURVEY OF VETERAN ENROLLEES' HEALTH AND RELIANCE UPON VA - HEALTH INSURANCE MODULE**

<b>ENROLLMENT SCREENER</b>	
(For Enrollment Section of Key Drivers Module)	
<b>I</b>	
PREQ 1	<p>Are you enrolled in VA health care?</p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> I don't remember enrolling                  98 <input type="checkbox"/> Don't Know                  99 <input type="checkbox"/> Refused</p>
<b>HEALTH INSURANCE QUESTIONS</b>	
1	<p>Are you covered by Medicare?</p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No (SKIP to Q7)                  98 <input type="checkbox"/> Don't Know (SKIP to Q7)                  99 <input type="checkbox"/> Refused (SKIP to Q7)</p>
2	<p>Did you choose to receive your Medicare coverage through a Medicare Advantage Plan and not through the Original Medicare Plan? Medicare Advantage Plans include Medicare HMOs (Health Maintenance Organizations), Medicare PPOs (Preferred Provider Organizations), Medicare Special Needs Plans, and Medicare Private Fee-for-Service Plans.</p> <p>1 <input type="checkbox"/> Yes (SKIP to Q6)                  2 <input type="checkbox"/> No                  98 <input type="checkbox"/> Don't Know                  99 <input type="checkbox"/> Refused</p>
3	<p>Does your Medicare coverage pay for care if you are hospitalized?</p> <p>Interviewer Note: This type of Medicare is also sometimes called "Part A"; if they have it , there is generally no premium because they or a spouse paid for it through payroll taxes while they were working.</p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  98 <input type="checkbox"/> Don't Know                  99 <input type="checkbox"/> Refused</p>
4	<p>Does your Medicare coverage pay for doctor's office visits?</p> <p>Interviewer Note: This type of Medicare is also sometimes called "Part B"; if they have it , they generally pay a monthly fee or premium which may be directly deducted from their Social Security check.</p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  98 <input type="checkbox"/> Don't Know                  99 <input type="checkbox"/> Refused</p>
5	<p>Do you purchase any private health care coverage to supplement Medicare; that is to pay for services Medicare does not pay for?</p> <p>Interviewer Note: "Yes" - Types of private insurance a person can purchase to supplement Medicare include Medigap or Medicare Supplement. Does not include Medicare Advantage or Medicare + Choice.</p> <p>Interviewer Note: "No" - A type of insurance that does not count is the Department of Defense's TRICARE for Life plan for Medicare eligible military retirees.</p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  98 <input type="checkbox"/> Don't Know                  99 <input type="checkbox"/> Refused</p>
6	<p>Do you have Medicare prescription drug coverage ("Part D")?</p> <p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  98 <input type="checkbox"/> Don't Know                  99 <input type="checkbox"/> Refused</p>

7	<p>Are you currently covered by Medicaid for any of your health care?</p> <p>Interviewer, if necessary: Medicaid is a program that pays for Medical Assistance for certain individuals with low incomes and resources and is provided by your State governments's social services department.</p> <p>Interviewer Note: "Medical Assistance" = "Medicaid" in some States.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>98 <input type="checkbox"/> Don't Know</p> <p>99 <input type="checkbox"/> Refused</p>
8	<p>Are you currently covered by the Department of Defense's TRICARE or TRICARE for Life health care programs?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>98 <input type="checkbox"/> Don't Know</p> <p>99 <input type="checkbox"/> Refused</p>
9	<p>Are you currently covered by any other individual or group health plan that either you, or an employer, or someone else, such as a family member obtains for you?</p> <p>Interviewer Note: "Yes" - Do count any private retiree health insurance plan.</p> <p>Interviewer Note: "No" - Do not count private Medigap, Medicare Supplement, Medicare Advantage, or Medicare + Choice plans.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No (SKIP to Q13)</p> <p>98 <input type="checkbox"/> Don't Know (SKIP to Q13)</p> <p>99 <input type="checkbox"/> Refused (SKIP to Q13)</p>
10	<p>Who provides this coverage? If more than one source applies, please indicate the primary source.</p> <p>(Interviewer read list)</p>	<p>1 <input type="checkbox"/> Current employer (including COBRA coverage)</p> <p>2 <input type="checkbox"/> Former employer</p> <p>3 <input type="checkbox"/> Individually purchased coverage</p> <p>4 <input type="checkbox"/> Federal, State, County, or local community health services program</p> <p>5 <input type="checkbox"/> Family member (spouse, parent, etc.)</p> <p>6 <input type="checkbox"/> Other (allow text input here).....</p> <p>98 <input type="checkbox"/> Don't Know</p> <p>99 <input type="checkbox"/> Refused</p>
11	<p>Does this coverage include prescription drug coverage?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>98 <input type="checkbox"/> Don't Know</p> <p>99 <input type="checkbox"/> Refused</p>
12	<p>Is this coverage provided through an HMO or other managed care organization?</p> <p>Interviewer Note: An HMO or Health Maintenance Organization or other managed care coverage requires you to use certain doctors, hospitals, and other providers. If you use health care services or providers who are not in the plan, you pay more, or all of the cost for that health care.</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>98 <input type="checkbox"/> Don't Know</p> <p>99 <input type="checkbox"/> Refused</p>
13	<p>Do you currently have prescription drug coverage from VA?</p>	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>98 <input type="checkbox"/> Don't Know</p> <p>99 <input type="checkbox"/> Refused</p>
14a.	<p>How many different over the counter medications did you use in the last 30 days?</p>	<p>## <input type="checkbox"/> Enter Number (Range=0-97; If "0" SKIP to Q15a, Else Continue).</p> <p>98 <input type="checkbox"/> Don't Know (SKIP to Q15a)</p> <p>99 <input type="checkbox"/> Refused (SKIP to Q15a)</p>



14b	Of these over the counter medications, how many did you obtain from VA?	##	Enter Number (Range=0-97)
		98	Don't Know
		99	Refused
15a	How many different prescription medications did you use in the last 30 days?	##	Enter Number (Range=0-97, If "0" SKIP to Q16, Else Continue)
		98	Don't Know (SKIP to Q16)
		99	Refused (SKIP to Q16)
15b	Of these prescription medications, how many did you obtain from VA?	##	Enter Number (Range=0-97)
		98	Don't Know
		99	Refused
16	On average, how much do you spend out-of-pocket for all your over the counter and prescription medications on a monthly basis, not including any health insurance premiums you may pay?	####	Enter Number (Range=0-9997)
		9998	Don't Know
		9999	Refused