
MEMORANDUM**TO:** Christopher Silanskis and Robert Weathers**FROM:** AB Project Team**DATE:** 2/25/2008
ABD - 016**SUBJECT:** Accelerated Benefits Baseline Questionnaire Changes

The current version of the Accelerated Benefits baseline questionnaire, highlighting changes made between the version that was submitted with the OMB package and the current version, is attached for your information (see Attachment 1). In addition to showing the changes discussed during our briefing with OMB on January 10, 2008, changes that were made as a result of pretesting, CATI testing, and interviewer feedback are also highlighted. The vast majority of changes made to the questionnaire reflect the following:

- All wording appropriate for proxy respondents was removed.
- Valid values and edit checks were added.
- Skip logic was added.
- Programmer checks were added.
- Minor wording changes were made.
- Probes were incorporated into some questions.
- Coding of some items was moved to after the interview was completed to facilitate interviewing and reduce burden.

These changes, along with our rationale for implementing each of them, are summarized in Attachment 2, "Summary of Changes to the AB Baseline Questionnaire".

Current versions of the advance letter, notification materials, frequently asked questions (FAQs), and Understanding of Benefits forms which will be sent to sample members are also included as attachments to this memo.

The revised burden estimate for the baseline interview is presented in Table 1. The burden estimate has been revised to eliminate the focus groups and pilot survey, which were dropped from the design, and to show the two phases of baseline data collection. The revised table shows the expected number of participants to both phases of the baseline survey, the number of screening and full interviews expected, hours per response, and the total response burden associated with each data collection effort.

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TABLE 1
REVISED RESPONSE BURDEN

Data Collection Point	Number of Respondents	Responses per Respondent	Hours per Response	Total Response Burden (Hours)
Phase 1 Baseline Screener	284	1	0.17	48
Phase 1 Baseline Interview	66	1	0.66	44
Phase 2 Baseline Screener	16,673	1	0.17	2,834
Phase 2 Baseline Interview	1,934	1	0.66	1,276
Early Use Survey/ Six-Month Followup Survey	480	1	0.5	240
Total	19,437	1	NA	4,442

We are seeking 2,000 total responses to the baseline survey and 480 responses to the six-month follow-up survey. We will screen 16,957 respondents to achieve our baseline enrollment goals. We estimate 0.17 hours per completed screener and 0.66 hours per completed baseline interview. Respondents will incur no monetary costs for completing the interview.

Please let us know if you have any questions about any of these materials or information.

ATTACHMENTS:

1. Baseline Questionnaire Comparison Documents
2. Summary of Changes to the AB Baseline Questionnaire
3. Advance Mailing
4. Notification Materials – AB Health Plan
5. Notification Materials – AB Health Plan *Plus*
6. Notification Materials – Control Group
7. POMCO Welcome Letters

ATTACHMENT 1

BASELINE QUESTIONNAIRE COMPARISON DOCUMENTS

SECTION B: HEALTH INSURANCE COVERAGE AND CONSENT

(All)

B1. First, I'd like to ask about different types of health insurance coverage you might have. Are you currently covered by

~~PROBE: Medicaid Medicaid? Medicaid is a program that pays for the health care of persons in need. In your state, you may also hear it called {STATEMED FROM (NAME's) CURRENT STATE}. Your Medicaid looks like {DESCRIBE STATE CARD}.~~

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

B2. Are you currently covered by Medicare?

~~PROBE: Medicare Medicare? Medicare is the health insurance plan for people 65 years old and older or for people with certain disabilities. The Medicare card is red, white and blue and says "Medicare Health Insurance" in the white section across the top.~~

YES 01 (B4)
NO 00
DON'T KNOW d
REFUSED r

(B2=00, d or r)

B3. Are you currently covered by a Medi-Gap plan? A Medi-Gap plan pays for costs not covered by Medicare.

~~PROBE: A Medi-Gap plan pays for costs not covered by Medicare.~~

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B4. Are you currently covered by military health care, through Armed Forces retirement benefits, the VA, TRICARE, CHAMPUS, or CHAMP-VA?

PROBE: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. CHAMPUS is a health care program for dependents of active or retired military personnel. CHAMP-VA is health insurance for dependents or survivors of disabled veterans.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B5. Are you currently covered by a plan from the Indian Health Service?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B6. Are you currently covered by Workers Compensation?

PROBE: Workers Compensation provides wage replacement benefits, medical treatment, vocational rehabilitation, and other benefits to workers or their dependents who are injured at work or acquire an occupational disease.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B7. Are you currently covered by a COBRA plan?

PROBE: COBRA (The Consolidated Omnibus Budget Reconciliation Act) gives workers and their families who lose health benefits the right to continue health benefits provided by their former employer's group plan for a limited period of time.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B8. Are you currently covered by a state government program other than Medicaid?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B9. Not counting COBRA, dental, optical, or prescription plans, are you currently covered by private health insurance, for example, private insurance that you get through a former employer, a family member, or that you purchase on your own?

YES 01
NO 00 (B12)
DON'T KNOW d (B12)
REFUSED r (B12)

(B9=01)
B10. Is your private health insurance provided through your current or former employer or through your spouse or partner's current or former employer?

YOUR EMPLOYER 01 (B13)
SPOUSE/PARTNER'S EMPLOYER 02 (B13)
NO, NOT PROVIDED BY CURRENT OR
FORMER EMPLOYER 00
DON'T KNOW d
REFUSED r

(B9=01)
B11. Is your private health insurance paid for by you, a family member, by both you and a family member, or by someone else?

PAID BY YOU 01 (B13)
PAID BY FAMILY MEMBER(S) 02 (B13)
PAID BY YOU AND FAMILY MEMBER 03 (B13)
SOMEONE ELSE 04
DON'T KNOW d (B13)
REFUSED r (B13)

(B11=04)

B11_Other. Who or what is the other source?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

GO TO B13

(B1, B2, B3, B4, B5, B6, B7, B8, AND B9 =00, d, or r)

B12. Let me confirm. Do you have any health insurance coverage to help pay for services from hospitals or doctors? This kind of health insurance covers doctor visits, trips to the emergency room, and hospital stays.

YES	01
NO	00 (B15) ELIGIBLE
DON'T KNOW	d (B15) INELIGIBLE
REFUSED	r (B15) INELIGIBLE

(B12=01)

B12a. What kind of health insurance coverage do you have? Do you have . .

PROBE: Anything else?

INTERVIEWER: DO NOT ACCEPT LIMITED COVERAGE PLANS LIKE DENTAL ONLY, PRESCRIPTION ONLY, ETC.

CODE ALL THAT APPLY

Medicaid,	01
Medicare,.....	02
Medi-Gap,.....	03
VA/TRICARE/CHAMPUS/CHAMP-VA,.....	04
Indian Health Service,	05
Worker's Compensation,	06
COBRA,.....	07
State Government Program,	08
Private health insurance purchased on own,	09
Private health insurance purchased through employer,....	10
Private health insurance through your spouse/partner's plan, or	11
Some other kind of health insurance	12
DON'T KNOW	d
REFUSED	r

(B1, B2, B3, B4, B5, B6, B7, B8, B9 OR B12=01) OR (B12a=ANSWER)

B13. Does someone from your health plan such as a nurse or caseworker call or visit you on a regular basis to check on your condition?

- YES 01
- NO 00 (B16)
- DON'T KNOW d (B16)
- REFUSED r (B16)

(B13=01)

B14. How often does someone from your health plan call or visit you? Would you say . . .

- once per week, 01 (B16)
- twice per month, 02 (B16)
- once per month, 03 (B16)
- once every 3 months, or 04 (B16)
- some other schedule? 05
- DON'T KNOW d (B16)
- REFUSED r (B16)

(B14=05)

B14_Other. What is the other schedule?

PROBE: Your best estimate is fine.

____ TIMES PER
(01-12)

CODE ONE

- WEEK 01
 - MONTH 02
 - QUARTER 03
 - YEAR 04
 - OTHER (SPECIFY) 05
-
- DON'T KNOW d
 - REFUSED r

GO TO B16

(B12=d, r, OR 00)

B15. In what month and year did you last have health insurance coverage?

PROGRAMMER: ALLOW ANY YEAR TO BE ENTERED.

PROGRAMMER: ADD PROMPT: IF YEAR IS BEFORE, 1990, SAY, I want to be sure I recorded your answer correctly. Did you say [fill YEAR]?

|_|_| |_|_|_|_|
MONTH YEAR
(01-12) (1990-2009)

NEVER HAD INSURANCE 00 (B16)
DON'T KNOW d
REFUSED r

(B15=DATE, d OR r)

B15a. When you had insurance {in FILL MONTH/YEAR/the last time} what kind of insurance did you have? Did you have . . .

PROBE: Anything else?

INTERVIEWER: DO NOT ACCEPT LIMITED COVERAGE PLANS LIKE DENTAL ONLY, PRESCRIPTION ONLY, ETC.

READ LIST IF NECESSARY

	<u>CODE ALL THAT APPLY</u>
Medicaid,	01
Medicare,.....	02
Medi-Gap,.....	03
VA/TRICARE/CHAMPUS/CHAMP-VA,.....	04
Indian Health Service,	05
Worker's Compensation,	06
COBRA,.....	07
State Government Program,	08
Private health insurance purchased on own,	09
Private health insurance purchased through employer,....	10
Private health insurance through your spouse/partner's plan, or	11
Some other kind of health insurance?.....	12
DON'T KNOW	d
REFUSED	r

(All)

B16. Sometimes people have (IF INSURED “additional”) health plans that cover specific health needs like prescription drugs or dental care. These next questions are about these kinds of limited coverage plans.

Do you have Medicare Part D coverage for prescription drugs?

IF NEEDED: Medicare Part D is prescription drug insurance coverage that is provided by private companies and available to everyone with Medicare.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

B16a. IF ANY OF B1 TO B9=01, OR B12=01, OR B16=01 SAY:
Not counting the health plan(s) that you already told me about, do you have a separate insurance plan that helps pay for prescription medications?

IF B12=00, SAY:
(Although you don't currently have coverage that helps pay for services from hospitals or doctors) do you have insurance that helps pay for prescription medications?

PROBE: Do not include Medi-Gap or Medicare Part D plans here.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

B17. IF ANY OF B1 TO B9=01, OR B12=01:
Not counting the health plan(s) that you already told me about, do you have coverage for dental care?

IF B12=00, SAY:
(Although you don't currently have coverage that helps pay for services from hospitals or doctors) do you have coverage for dental care?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

B18. IF ANY OF B1 TO B9=01, OR B12=01 SAY:
Not counting the health plan(s) that you already told me about, do you have optical coverage for eyeglasses or contact lenses?

IF B12=00, SAY:
(Although you don't currently have coverage that helps pay for services from hospitals or doctors) do you have optical coverage for eyeglasses or contact lenses?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

ELIG_ck. PROGRAMMER: DO ANY OF QUESTIONS B1, B2, B3, B4, B5, B6, B7, B8, B9=01, OR DOES B12=01, d or r?

TURN OFF RECORDER IF INELIGIBLE

YES 01 (END1)
NO 00 (B19)

CONSENT

B19. Thank you for taking the time to answer my questions, [Mr./Ms.] {LAST NAME}. Based on your answers, you can take part in the Accelerated Benefits research study or AB for short. I would like to tell you a little more about this. Please stop me at any time if you have a question.

The purpose of the study is to learn if receiving a generous health care benefit and other services improves the health and ability of people with disabilities to return to work, if they choose to do so. The Social Security Administration is paying for the study.

If you agree to participate in the AB study, you will be placed into one of three groups. One group will be given health benefits. A second group will be given the same health benefits and will also be offered services to help them meet their health needs and make it easier for them to return to work, if they choose to do so. The third group will not get any extra benefits. Picking which group you are in will be done randomly, like flipping a coin. You will have the same chance of being assigned to any of the three groups as everyone else in the study.

Do you have any questions about what I've read so far?

YES 01 (B19a)
NO 00 (B20)

(B19=01)

B19a. **INTERVIEWER: ASK IF NECESSARY:** What is your question?

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

_(All)

B20. Being in the study will not change any of the rules that determine whether you receive Disability Insurance cash benefits. If you agree to be in this study, we will conduct a 30 minute interview with you now for which you will receive \$25. We may also contact you in about six months and then again in about a year ~~and a half~~ to find out about your health and the care you are receiving. You will receive \$25 for each of the interviews you complete. You can refuse to answer any question. This will not affect your ability to take part in AB.

If you are selected to receive the AB health benefits, they could be very valuable to you. You will be able to use up to \$100,000 in health care services. The AB health benefits will cover treatments that could help improve your health so that you can enjoy more independence and an increased level of activity.

If you are assigned to one of the groups that receives the AB health benefits, we will send you a description of the study and the benefits in writing. We will give your information to the organizations that will be managing the health benefits and services. Someone from POMCO, the organization managing your health benefits, will be available to answer any questions you might have about the benefits package. You will be able to use these health benefits until you become eligible for Medicare.

Do you have any questions at this time?

YES 01 (B20a)
NO 00 (B21)

(B20=01)

B20a. **INTERVIEWER: ASK IF NECESSARY:** What is your question?

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

(All)

B21. In addition to your answers during our interviews, if you agree to be in the study, we will get information from administrative records about your benefits and your earnings from work. We will also get information about your use of health care and other services from the organizations providing AB services. We will get the information for up to ten years.

Only members of the study team will have access to your information. The study team includes researchers at MDRC and Mathematica, and at the Social Security Administration's Office of Program Development and Research.

The information collected as part of this study will be used for research purposes only and will be kept private and confidential to the extent provided by law. The Social Security Administration will never use your information to determine your eligibility for Social Security benefits, the amount of benefits you receive, or your eligibility for Medicare. Your name will never appear in any public document.

Taking part in the study is up to you, and it does not require you to do anything. If you agree to be in the study, you do not have to use the health benefits or any other services that are offered. Being in the study will not change any Social Security program rules that determine whether you receive Social Security benefits.

You may leave the study at any time, but if you leave the study, you will no longer receive the AB health care benefits. We will use any information we collect while you are in the study.

If you have any questions about the program or your rights as a participant, you may contact program staff at 1-866-907-1936.

Do you have any questions now?

YES 01 (B21a)
NO 00 (B22)

(B21=01)

B21a. **INTERVIEWER: ASK IF NECESSARY:** What is your question?

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

(All)

B22. Do you understand everything I have read to you?

YES 01 (B23)
NO 00 (B22a)

(B22=01)

B22a. **INTERVIEWER: ASK IF NECESSARY:** What questions can I answer for you?

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

B23. Do you agree to be in the study?

YES 01 (C1)
NO 00

(B23=00)

B24. Please remember that by agreeing to be in the study today you are only agreeing to be randomly assigned to one of the three study groups. If you are assigned to one of the groups that receives health benefits, you do not have to use those benefits. Being in the study will not change any of the rules that determine whether you receive Disability Insurance cash benefits. Your information will be kept confidential. Your participation in this study is very important because it will allow SSA to learn how to better serve individuals with a disability. You will receive \$25 for completing the interview. Will you reconsider your decision?

YES, I WILL PARTICIPATE 01 (C1)
NO, I WILL NOT PARTICIPATE 00

(B24=00)

B25. I'd like to mail you some information about the study so that you can take some more time to review it and reconsider whether you would like to participate. I will check back with you in about a week to see if you have any questions. The materials I send will also include a toll free number you can call to get answers to any questions you may have before I call you again. Please let me confirm your mailing address. RECORD ADDRESS INFORMATION. Thank you very much for your time.

**GO TO THANKS
STATUS AS 831**

(B1, B2, B3, B4, B5, B6, B7, B8, B9, OR B12=01, d, OR r)

>END1< Thank you very much for your time. Those are all the questions I have. Based on the information that you provided, you are not eligible for the AB Program. Best wishes to you.

IF ASKED WHY: At this time, the AB program is only for persons who do not currently have health insurance.

STATE MEDICAID PROGRAM NAMES

STATE	PROGRAM NAME	STATE	PROGRAM NAME
Alabama	Alabama Medicaid	Nebraska	Nebraska Medical Assistance Program
Alaska	Alaska Medicaid	Nevada	HIWA (Health Insurance for Work Enhancement)
Arizona	Arizona Health Care Cost Containment System (AHCCCS)	New Hampshire	Medicaid
Arkansas	Arkansas Medical Assistance/ /Connect Care	New Jersey	New Jersey FamilyCare
California	Medi-Cal	New Mexico	SALUD/Molina/Lovelace/Presbyterian
Colorado	Medicaid	New York	New York Medicaid CHOICE/Family Health Plus
Connecticut	CT Medicaid	North Carolina	Carolina ACCESS
Delaware	Diamond State Health Plan	North Dakota	Medicaid
District of Columbia	Medical Assistance (MA)	Ohio	Aged, Blind, or Disabled (ABD) Program/Covered Families and Children (CFC) Program
Florida	MediPass	Oklahoma	SoonerCare
Georgia	Georgia Better Health Care	Oregon	Oregon Health Plan
Hawaii	Hawaii Medicaid:FFS (fee for Service) and Med-QUEST	Pennsylvania	HealthChoices/Lancaster Community Health Plan'
Idaho	Idaho Medicaid Access Card	Rhode Island	RlTe Care
Illinois	Family Care/Medical Assistance/MediPlan	South Carolina	Partners for Health
Indiana	Hoosier Healthwise	South Dakota	Medicaid/Medical Assistance
Iowa	Medical Assistance	Tennessee	TennCare
Kansas	MediKan, HealthWave	Texas	Texas Health Steps (THSteps) (STEPs)
Kentucky	KYHealthChoices/Kentucky Patient Access and Care System(KenPAC)	Utah	Utah Medical Assistance Program (UMAP)
Louisiana	CommunityCARE Program/LaMedicaid	Vermont	Vermont Health Access Plan (VHAP)
Maine	MaineCare	Virginia	Medicaid/Medallion/Medallion II
Maryland	HealthChoice Program	Washington	Healthy Options/medical coupons
Massachusetts	MassHealth		
Michigan	PROGRAMMER: HIDE SENTENCE "In your state" FOR MICHIGAN RESPONDENTS Community Choice Michigan, Great Lakes Health Plan, Health Plan of Michigan, HealthPlus Partners, M-CAID, McLaren Health Plan, Midwest Health Plan, Molina Health Care, OmniCare Health Plan, PHP-MM Family Care, Priority Health Government Programs, Total Health Care, UP Health Plan		
Minnesota	Medical Assistance (MA)	West Virginia	West Virginia Physician Assured Access System (PAAS)/Mountain Health Trust-(MHT)
Mississippi	Mississippi Medicaid	Wisconsin	Badger Care/Medical Assistance
Missouri	Missouri Medicaid	Wyoming	Medicaid
Montana	Montana Medicaid/PASSPORT to Health		

SECTION C: HEALTH AND FUNCTIONAL STATUS

(All)
C1. ~~Now I will~~ Let's continue with the survey-interview. The next questions are about your health.

In general, would you say your health is...

- excellent, 01
- very good, 02
- good, 03
- fair, or 04
- poor? 05
- DON'T KNOW d
- REFUSED r

(All)
C2ft. How tall are you?

INTERVIEWER: ENTER FEET ON THIS SCREEN AND INCHES ON THE NEXT.

|_| FEET
(3-8)

- DON'T KNOW d (C3)
- REFUSED r (C3)

(C2ft≥3)
C2in. PROBE: ROUND TO NEAREST WHOLE NUMBER (E.G., ENTER 6 FOR 5 ½ INCHES).

INTERVIEWER: ENTER INCHES ON THIS SCREEN.

|_|_| INCHES
~~(0-12)~~
(00-11)

- DON'T KNOW d
- REFUSED r

(All)
C3. How much do you weigh?

|_|_|_| ~~(50-999)~~ POUNDS
(050-997)

- DON'T KNOW d
- REFUSED r

(All)

C4. What physical, mental, or sensory disability is the main reason {you/(NAME)} applied for disability benefits?

PROBE 1: What do doctors call {your/(NAME's)} health condition?

PROBE 2: What causes this condition?

RECORD VERBATIM RESPONSE.

(All)

C5. {Do you/Does (NAME)} have any other physical, mental or sensory conditions that make {you/him/her} eligible for disability benefits?

YES 01
 NO 00 (C7)
 DON'T KNOW d (C7)
 REFUSED r (C7)

(C5=01)

C6. What are those conditions?

PROBE 1: What do doctors call {your/(NAME's)} health condition?

PROBE 2: What causes this condition?

INTERVIEWER: RECORD VERBATIM RESPONSE.

CONDITION 1 _____
 CONDITION 2 _____
 CONDITION 3 _____

NO C4, C4a, C4b, C5 OR C6 THIS VERSION.

(All)

C7. Do you use a wheelchair, scooter, walker, crutches or cane to move around?

YES 01
 NO 00
UNABLE TO DO 02
DON'T KNOW d
REFUSED r

(IF NOT CONDUCTING INTERVIEW OVER TTY OR TTD)

C8. Some people use things to help hear or speak, such as a hearing aid, American sign language or ASL, TTY or TTD, or speech recognition software. Do you use anything like this?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

C8a. Some people use things to help them read, ~~hear or speak,~~ such as large print or Braille, ~~a screen reader, hearing aid, American sign language or ASL, TTY or TTD, or speech recognition software.~~ or a screen reader. Do you use anything like this?

- YES 01
- NO 00
- UNABLE TO DO 02
- DON'T KNOW d
- REFUSED r

(C8 OR C8a =01)

C9. What do you use?

CODE ALL THAT APPLY

- LARGE PRINT OR BRAILLE 01
 - SCREEN READER 02
 - ADAPTED COMPUTER KEYBOARD 03
 - HEARING AID OR HEARING DEVICE 04
 - AMERICAN SIGN LANGUAGE (ASL) 05
 - TTD/TTY 06
 - SPEECH RECOGNITION SOFTWARE 07
 - OTHER (SPECIFY) 08
-
- DON'T KNOW d
 - REFUSED r

SF6D:3A

(All)

C10a-C9a. These next questions are about activities ~~and whether (you need/he/she needs) help from others with these activities.~~ you might do during a typical day.

~~(Do you/Does (NAME)) need help or supervision from others with bathing or showering?~~

- ~~YES 01~~
- ~~NO 00~~
- ~~DON'T KNOW d~~
- ~~REFUSED r~~

(All)

~~C10b. (Do you/Does (NAME)) need help or supervision from others with dressing?~~

- ~~YES 01~~
- ~~NO 00~~
- ~~DON'T KNOW d~~
- ~~REFUSED r~~

(All)

C10c. (Do you/Does (NAME)) need help or supervision from others with preparing meals?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

C10d. (Do you/Does (NAME)) need help or supervision from others with eating?

YES 01
 NO 00

How much does your health now limit your participation in **vigorous** activities, such as running, lifting heavy objects, or participating in strenuous sports? Would you say that you are limited a lot, limited a little, or not limited at all?

LIMITED A LOT 01
 LIMITED A LITTLE 02
 NOT LIMITED AT ALL 03
 DON'T KNOW d
 REFUSED r

SF6D:3B

(All)

C9b. How much does your health now limit your participation in **moderate** activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

PROBE AS NEEDED: Would you say that you are limited a lot, limited a little, or not limited at all?

LIMITED A LOT 01
 LIMITED A LITTLE 02
 NOT LIMITED AT ALL 03
 DON'T KNOW d
 REFUSED r

(SF6D:3J

(All)

C9c. How much does your health now limit you from **bathing or dressing** yourself?

PROBE AS NEEDED: Would you say that you are limited a lot, limited a little, or not limited at all?

LIMITED A LOT 01
 LIMITED A LITTLE 02
 NOT LIMITED AT ALL 03
 DON'T KNOW d
 REFUSED r

(All)

C10b. Now, please tell me whether you need help from others with these other activities that you might do during a typical day.

C10e. Do you need help or supervision from others with using the toilet? **preparing meals?**

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

C10f. ~~{Do you/Does (NAME)}~~C10c. Do you need help or supervision from others with using the telephone? **eating?**

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

C10g. ~~{Do you/Does (NAME)}~~ need help or supervision from others with using public transportation or riding in an automobile?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

C10h. ~~{Do you/Does (NAME)}~~ need help or supervision from others to get in and out of bed or chairs?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

C10i. ~~{Do you/Does (NAME)}~~ have difficulty walking?

(All)

C10d. (Do you need help or supervision from others) with using the toilet?

<u>YES</u>	<u>01</u>
<u>NO</u>	<u>00</u>
<u>DON'T KNOW</u>	<u>d</u>
<u>REFUSED</u>	<u>r</u>

(All)

C10e. (Do you need help or supervision from others) with using the telephone?

YES 01
 NO 00
UNABLE TO DO 02
 DON'T KNOW d
 REFUSED r

(All)

C10j. {Do you/Does (NAME)} need help or supervision from others to get around inside the home?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

C10k. {Do you/Does (NAME)} need help or supervision from others with taking medication?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

C10l. {Do you/Does (NAME)} have difficulty lifting or carrying a 10 pound package?

(C7 NE 02)

C10f. Do you need help or supervision from others with using public transportation?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(C7 NE 02)

C10g. (Do you need help or supervision from others) with riding as a passenger in a car?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

C10m. (Do you/Does (NAME)) have difficulty climbing stairs?

(All)

C10h. (Do you need help or supervision from others) **to get in and out of bed or a chair?**

YES 01
 NO 00
UNABLE TO DO 02
DON'T KNOW d
REFUSED r

(C7 NE 02)

C10i. Do you need help or supervision from others **to get around inside the home?**

DON'T KNOW d
 REFUSED r
 YES 01
 NO 00
UNABLE TO DO 02
DON'T KNOW d
REFUSED r

(All)

C10n. (Do you/Does (NAME)) have difficulty standing for long periods of time?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

C11a. Now, please think about the past 4 weeks. During the past 4 weeks, how much difficulty did (you/(NAME)) have doing (your/his/her) daily work, both at home and away from home, because of (your/his/her) physical health? Would you say ...

None, 01
 A little, 02
 Some, 03
 A lot, or 04
 Could (you/he/she) not do daily work? 05
 DON'T KNOW d
 REFUSED r

(All)

C11b. How much bodily pain {have you/has NAME} had in the past 4 weeks? Would you say ...

- None, 01
- A little, 02
- Some, or 03
- A lot? 04
- DON'T KNOW d
- REFUSED r

(All)

C11c. During the past 4 weeks, how much energy did {you/(NAME)} have? Would you say ...

- None, 01
- A little, 02
- Some, or 03
- A lot? 04
- DON'T KNOW d
- REFUSED r

(All)

C11d. During the past 4 weeks, how much did {your/(NAME's)} physical health or emotional problems limit {your/his/her} usual social activities with family or friends? Would you say ...

- None, 01
- A little, 02
- Some, 03
- A lot, or 04
- Could {you/he/she} not do social activities? 05
- DON'T KNOW d
- REFUSED r

(All)

C12. During the past 4 weeks, how often have {you/(NAME)} been bothered by emotional problems, such as feeling unhappy, anxious, depressed, or irritable? Would you say ...

- All of the time, 01
- Most of the time, 02
- Some of the time, 03
- A little of the time, or 04
- None of the time? 00
- DON'T KNOW d
- REFUSED r

(All)

C13. During the past 4 weeks, how much of the time have (you/(NAME)) felt downhearted and blue? Would you say ...

- All of the time, 01
- Most of the time, 02
- Some of the time, 03
- A little of the time, or 04
- None of the time? 00
- DON'T KNOW d
- REFUSED r

(All)

C14. During the past 4 weeks, how much did personal or emotional problems keep (you/(NAME)) from doing (your/his/her) usual work, school or other daily activities? Would you say ...

- Not at all, 01
- A little, 02
- Some, 03
- A lot, or 04
- Could (you/he/she) not do daily activities? 05
- DON'T KNOW d
- REFUSED r

(C12 AND C13-NE 00, d OR r)

C15. During the past 4 weeks, how often have physical health problems been the main cause of these feelings? Would you say ...

- All of the time, 01
- Most of the time, 02
- Some of the time, 03
- A little of the time, or 04
- None of the time? 00
- DON'T KNOW d
- REFUSED r

(All)

C10j. Do you need reminders, help or supervision from others **to take your medication?**

- YES 01
- NO 00
- DO NOT TAKE MEDICATION 02
- DON'T KNOW d
- REFUSED r

(C7 NE 01 OR 02)

C10k. Do you have difficulty **walking**?

YES 01

NO 00

NOT APPLICABLE/UNABLE TO DO 02

DON'T KNOW d

REFUSED r

(All)

C10l. Do you have difficulty **lifting or carrying a 10 pound package**?

YES 01

NO 00

UNABLE TO DO 02

DON'T KNOW d

REFUSED r

(C7 NE 01 OR 02)

C10m. Do you have difficulty **climbing a flight of stairs**?

YES 01

NO 00

UNABLE TO DO 02

DON'T KNOW d

REFUSED r

(C7 NE 01 OR 02)

C10n. Do you have difficulty **standing for long periods of time**?

YES 01

NO 00

UNABLE TO DO 02

DON'T KNOW d

REFUSED r

SF6D:4C

(All)

C10o. Now, please think about the past 4 weeks. During the past 4 weeks, were you limited in the kind of work or other activities you could do as a result of your physical health?

YES 01

NO 00

DON'T KNOW d

REFUSED r

SF6D: 7

(All)

C10p. How much bodily pain have you had during the past 4 weeks? Would you say none at all, slight pain, moderate pain, quite a bit of pain, or an extreme amount of pain?

<u>NONE AT ALL</u>	<u>01</u>
<u>SLIGHT</u>	<u>02</u>
<u>MODERATE</u>	<u>03</u>
<u>QUITE A BIT</u>	<u>04</u>
<u>EXTREME</u>	<u>05</u>
<u>DON'T KNOW</u>	<u>d</u>
<u>REFUSED</u>	<u>r</u>

SF6D:8

(All)

C10q. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Would you say not at all, slightly, moderately, quite a bit, or extremely?

<u>NOT AT ALL</u>	<u>01</u>
<u>SLIGHTLY</u>	<u>02</u>
<u>MODERATELY</u>	<u>03</u>
<u>QUITE A BIT</u>	<u>04</u>
<u>EXTREMELY</u>	<u>05</u>
<u>DON'T KNOW</u>	<u>d</u>
<u>REFUSED</u>	<u>r</u>

SF6D:9e

(All)

C10r. During the past 4 weeks, how often did you have a lot of energy? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

<u>ALL OF THE TIME</u>	<u>01</u>
<u>MOST OF THE TIME</u>	<u>02</u>
<u>A GOOD BIT OF THE TIME</u>	<u>03</u>
<u>SOME OF THE TIME</u>	<u>04</u>
<u>A LITTLE OF THE TIME</u>	<u>05</u>
<u>NONE OF THE TIME</u>	<u>06</u>
<u>DON'T KNOW</u>	<u>d</u>
<u>REFUSED</u>	<u>r</u>

SF6D:9f

(All)

C10s. During the past 4 weeks, how often have you felt downhearted and blue? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

- ALL OF THE TIME 01
- MOST OF THE TIME 02
- A GOOD BIT OF THE TIME 03
- SOME OF THE TIME 04
- A LITTLE OF THE TIME 05
- NONE OF THE TIME 06
- DON'T KNOW d
- REFUSED r

Was C14

(C10r=06, d, or r OR C10s NE 06, d or r)

C10s a. During the past 4 weeks, how often have physical health problems been the main cause of these feelings? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

- ALL OF THE TIME, 01
- MOST OF THE TIME, 02
- A GOOD BIT OF THE TIME 03
- SOME OF THE TIME 04
- A LITTLE OF THE TIME 05
- NONE OF THE TIME 06
- DON'T KNOW d
- REFUSED r

SF6D:10

(All)

C10t. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting friends or relatives? Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

- ALL OF THE TIME 01
- MOST OF THE TIME 02
- A GOOD BIT OF THE TIME 03
- SOME OF THE TIME 04
- A LITTLE OF THE TIME 05
- NONE OF THE TIME 06
- DON'T KNOW d
- REFUSED r

SF6D:5

(All)

C14a. During the past 4 weeks, did personal or emotional problems cause you to accomplish less than you would like in your work or other regular daily activities?

YES 01
NO 00
DON'T KNOW d
REFUSED r

Was C13

(All)

C15. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities? Would you say not at all a little, some, a lot or could you not do daily activities?

NOT AT ALL 01
A LITTLE 02
SOME 03
A LOT 04
COULD NOT DO DAILY ACTIVITIES 05
DON'T KNOW d
REFUSED r

SECTION D: USE OF MEDICAL SERVICES

(All)

D1. INTERVIEWER CHECKPOINT: DOES THE RESPONDENT SEEM FATIGUED, CONFUSED, OR IN NEED OF ENCOURAGEMENT?

SEEMS FATIGUED/CONFUSED 01 (D1a)
 NEEDS ENCOURAGEMENT 02 (D1c)
~~NO/NEITHER/NOT SURE 00 (D1a)~~
~~(D1=01 OR 00) NOT SURE 03 (D1c)~~
NO 00 (D2)

(D1=01)

D1a. Are you feeling tired, or can we continue?

TIRED..... 01
 CONTINUE..... 02 (D1d)

(D1a=01)

D1b. Would you like to take a break? I can either hold on or call you back and continue the interview at another time?

YES, BREAK, HOLD ON 01 (D1d)
 YES, BREAK AND CALL BACK 02 (D1d)
 NO, CONTINUE NOW 03 (D1d)

(D1=02)

(D1=02 OR 03)

D1c. You're doing fine. (Your answers are very helpful to this study./There are no right or wrong answers to these questions.)

(All)

(D1=01, 02 OR 03)

D1d. INTERVIEWER ACTION: WHAT DID YOU DO?

NOT FATIGUED; NO ENCOURAGEMENT
 PROVIDED..... 01
 FATIGUED; HELD ON 02
 FATIGUED; SCHEDULED CALL BACK..... 03 (GO TO CALL BACK SCREEN)
 FATIGUED, BUT WANTED TO CONTINUE 04
 PROVIDED ENCOURAGEMENT AND CONTINUED... 05

(All)

(D1d NE 03)

D2. These next questions are about your usual sources of medical care.

Do you have a doctor whom you see or a place you go to regularly to receive medical care?

- YES 01
- NO 00 (D3)
- DON'T KNOW d (D3)
- REFUSED r (D3)

(D2=01)

D2a. Which one of the following kinds of doctors or places do you see or go to most often? Do you see . . .

~~IF NEEDED: PROBE:~~ Specialists include doctors such as surgeons, allergists, (IF FEMALE: obstetricians, gynecologists), orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.

IF RESPONDS WITH MORE THAN ONE: Please tell me which one of these you go to most frequently?

CODE ONE

- ~~a~~A general practitioner, an internist, or family doctor, 01 (D3)
- ~~a~~A specialist, 02 (D3)
- ~~a~~A psychiatrist or psychologist, or 03 (D3)
- ~~de~~Do you go to a clinic, or 04 (D3)
- ~~some~~Some other kind of place or doctor? 05
- DON'T KNOW d (D3)
- REFUSED r (D3)

(D2a=05)

D2_Other. What is this other place or type of doctor you go to most often?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(All)

D3. How many times have you seen ({this/a} doctor/visited this place) in the past six months, that is since {FILL DATE}?

PROBE: Your best estimate is fine.

PROGRAMMER: ALLOW THE INTERVIEWER TO ENTER ANY NUMBER UP TO 98, BUT SHOW PROMPT IF MORE THAN 30.

INTERVIEWER: IF NUMBER OF VISITS IS MORE THAN 30, SAY: I want to be sure I recorded your answer correctly. Did you say that you have (seen a doctor/visited this place) [fill NUMBER] times in the past 6 months?

____|____| NUMBER OF VISITS PAST 6 MONTHS (D3b)
(01-98)

ZERO 00 (D3c)
DON'T KNOW d
REFUSED r

(D3=d OR r)

D3a. In the past 6 months, would you say you saw {this/a} {doctor/visited {this/a} ~~clinic~~...clinic} . . .

1 to 2 times, 01
3 to 4 times, 02
5 to 6 times, or 03
more than 6 times? 04

CODE ONE

zero times, 00 (D3c)
1 to 5 times, 01
6 to 10 times, 02
11 to 15 times, 03
16 to 20 times, or 04
more than 20 times? 05
DON'T KNOW d
REFUSED r

(D3>01) (D3a NE 00)

D3b. How would you rate the medical care you received in the past 6 months in terms of overall quality of care and services? Would you say it was excellent, very good, good, fair, or poor?

- EXCELLENT 01
- VERY GOOD..... 02
- GOOD 03
- FAIR 04
- POOR..... 05
- DID NOT RECEIVE MEDICAL CARE n
- DON'T KNOW d
- REFUSED r

(All)

~~D3b-D3c.~~ In the past 6 months, that is since [FILLDATE], was there any time when you didn't see a doctor or get the medical care you needed?

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

(All)

~~D3c-D3d.~~ In the past 6 months, was there any time when you put off or postponed seeing a doctor or getting medical care you needed?

- YES 01
- NO 00 (D4)
- DON'T KNOW d (D4)
- REFUSED r (D4)

(D3b-OR-D3c=01)

(D3c-OR-D3d=01)

~~D3d-D3e.~~ In the past 6 months, why is it that you did not see a doctor at all or postponed seeing a doctor?

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

PROBE: WereD3e a. Were there any other reasons?

CODE ALL THAT APPLY

COST/INSURANCE

- COULD NOT AFFORD IT/TOO EXPENSIVE..... 01
- NO INSURANCE 02
- INSURANCE DID NOT COVER..... 03
- DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE..... 04
- DENIED APPROVAL OR REFERRAL TO SEE SPECIALIST BY
—INSURANCE COMPANY..... 05
- AWAITING APPROVAL OR REFERRAL FROM INSURANCE
—COMPANY TO SEE SPECIALIST..... 06

ACCESS

- COULD NOT GET CONVENIENT APPOINTMENT..... 07
- TRANSPORTATION PROBLEM 08
- WAITING FOR UPCOMING APPOINTMENT..... 09
- COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
—ABOUT CONDITION 10
- PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR RAMP,
—ACCESSIBLE MEDICAL EQUIPMENT)..... 11
- DOCTORS DON'T WANT TO TREAT PEOPLE WITH
—(MY/(NAME'S)-DISABILITY)..... 12

QUALITY

- DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE..... 13
- WENT TO ANOTHER DOCTOR INSTEAD..... 14
- PROBLEMS AT PLACE —LONG WAIT, NO BATHROOM,
—NOT ACCESSIBLE..... 15
- CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD..... 16
- DOCTORS DON'T SPEND ENOUGH TIME..... 17
- INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL STAFF
—(NEGATIVE ATTITUDES, MISPERCEPTION ABOUT DISABILITY) 18
- POOR COORDINATION OF CARE WITH OTHER MEDICAL
—PROVIDERS..... 19

AVOIDANCE/ALTERNATIVES

- THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM
WENT AWAY..... 20
- USED HOME REMEDY..... 21
- HEALTH GOT WORSE 22
- HEALTH OF OTHER FAMILY MEMBER INTERFERED 23

OTHER REASONS

- DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT
—(DME) OR REPAIR OF DME..... 24
- AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT
—(DME) OR REPAIR OF DME..... 25
- OTHER 26
- DON'T KNOW..... d
- REFUSED..... f

(All) PROBE: Anything else?

YES 01
DON'T KNOW d (D3)
REFUSED r (D3)

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

NO MORE REASONS 00

D4. In the past 6 months, were you referred to another doctor, specialist, therapist, psychologist, or medical professional, ~~or sent for tests or x rays by a doctor or clinic (you/he/she) visited?~~

YES 01
NO 00 (D6a)
 DON'T KNOW d (D6a)
 REFUSED r (D6a)

(D4=01)

D5. ~~Did (you/(NAME)) or will (you/he/she) go for all, some, or none of the visits or tests for which (you were/he/she was) referred?~~

ALL 01 (D6a)
SOME 02
NONE 03
DON'T KNOW d (D6a)
REFUSED r (D6a)

(D5=02 OR 03)

D6. ~~Why did or will (you/(NAME)) not go for all of (your/his/her) recommended visits or tests?~~

~~PROBE: Were there any other reasons?~~

CODE ALL THAT APPLY

COST/INSURANCE

COULD NOT AFFORD IT/TOO EXPENSIVE 01
NO INSURANCE 02
INSURANCE DID NOT COVER 03
DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE 04
DENIED APPROVAL OR REFERRAL TO SEE SPECIALIST BY
—INSURANCE COMPANY 05
AWAITING APPROVAL OR REFERRAL FROM INSURANCE
—COMPANY TO SEE SPECIALIST 06

ACCESS

COULD NOT GET CONVENIENT APPOINTMENT 07
TRANSPORTATION PROBLEM 08
WAITING FOR UPCOMING APPOINTMENT 09
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
—ABOUT CONDITION 10

PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR RAMP, —ACCESSIBLE MEDICAL EQUIPMENT).....	11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH —(MY/(NAME'S) DISABILITY).....	12

QUALITY

— DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE	13
WENT TO ANOTHER DOCTOR INSTEAD.....	14
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM, —NOT ACCESSIBLE.....	15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD.....	16
DOCTORS DON'T SPEND ENOUGH TIME.....	17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL STAFF —(NEGATIVE ATTITUDES, MISPERCEPTION ABOUT DISABILITY).....	18
POOR COORDINATION OF CARE WITH OTHER MEDICAL —PROVIDERS.....	19

AVOIDANCE/ALTERNATIVES

— THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM WENT AWAY.....	20
USED HOME REMEDY.....	21
HEALTH GOT WORSE.....	22
HEALTH OF OTHER FAMILY MEMBER INTERFERED.....	23

OTHER REASONS

DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT —(DME) OR REPAIR OF DME.....	24
AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT —(DME) OR REPAIR OF DME.....	25
OTHER.....	26
DON'T KNOW.....	d
REFUSED.....	r

(All)(D5)

<u>DON'T KNOW</u>	d (D5)
<u>REFUSED</u>	r (D5)

(D4=01)

D4a. Did you go for all of the visits for which you were referred?

<u>YES</u>	01 (D5)
<u>NO</u>	00
<u>DON'T KNOW</u>	d (D5)
<u>REFUSED</u>	r (D5)

(D4a=00)

D4b. Why is it that you did not go for all of your recommended visits?

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

DON'T KNOW d (D3)
REFUSED r (D3)

D4b a. Were there any other reasons?

PROBE: Anything else?

YES 01

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

NO MORE REASONS 00
DON'T KNOW d (D3)
REFUSED r (D3)

(All)

D5. In the past 6 months, that is since [FILLDATE], did a doctor or clinic send you for tests or x-rays?

YES 01
NO 00 (D6)
DON'T KNOW d (D6)
REFUSED r (D6)

(D5=01)

D5a. Did you go for all of the tests or x-rays for which you were sent?

YES 01 (D6)
NO 00
DON'T KNOW d (D6)
REFUSED r (D6)

(D5a=00)

D5b. Why is it that you did not go for all of your recommended tests or x-rays?

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

DON'T KNOW d (D3)
REFUSED r (D3)

D5b a. Were there any other reasons?

PROBE: Anything else?

YES 01
DON'T KNOW d (D3)
REFUSED r (D3)

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

NO MORE REASONS 00

(All)

D6a. In the past 6 months, D6. In the past 6 months, that is since [FILL DATE], did a doctor order or recommend any medical procedures or surgery for you?

YES 01
NO 00 (D7)
DON'T KNOW d (D7)
REFUSED r (D7)

(D6a=01)

D6b. Did (you/(NAME)) have the procedure or surgery when the doctor ordered it, did (you/he/she) put off getting the procedure or surgery, or did (you/he/she) not have it at all?

~~YES - GOT PROCEDURE OR SURGERY 01 - (D7)~~
~~NO - PUT OFF HAVING PROCEDURE OR~~
~~-SURGERY 02~~
~~NO - DIDN'T HAVE IT AT ALL 03~~

(D6=01)

D6a. Did you have all of the procedures or surgeries your doctor recommended?

YES 01 (D7)
NO 00
DON'T KNOW d (D7)
REFUSED r (D7)

(D6b=02 OR 03)

D6c. Why did {you/(NAME)} not get or postpone having the recommended procedure or surgery?

CODE ALL THAT APPLY

COST/INSURANCE

COULD NOT AFFORD IT/TOO EXPENSIVE..... 01
NO INSURANCE 02
INSURANCE DID NOT COVER 03
DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE..... 04
DENIED APPROVAL OR REFERRAL TO HAVE
—SURGERY/PROCEDURE BY INSURANCE COMPANY 05
AWAITING APPROVAL OR REFERRAL FROM INSURANCE
—COMPANY TO HAVE SURGERY/PROCEDURE 06

ACCESS

COULD NOT GET CONVENIENT APPOINTMENT 07
TRANSPORTATION PROBLEM 08
WAITING FOR UPCOMING APPOINTMENT 09
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
—ABOUT CONDITION 10
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR RAMP,
—ACCESSIBLE MEDICAL EQUIPMENT)..... 11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH
—(MY/(NAME'S)-DISABILITY 12

QUALITY

DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE 13
WENT TO ANOTHER DOCTOR INSTEAD..... 14
PROBLEMS AT PLACE —LONG WAIT, NO BATHROOM,
—NOT ACCESSIBLE..... 15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD..... 16
DOCTORS DON'T SPEND ENOUGH TIME 17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL STAFF
—(NEGATIVE ATTITUDES, MISPERCEPTION ABOUT DISABILITY) 18
POOR COORDINATION OF CARE WITH OTHER MEDICAL
—PROVIDERS..... 19

AVOIDANCE/ALTERNATIVES

THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM
WENT AWAY..... 20
USED HOME REMEDY..... 21
HEALTH GOT WORSE 22
HEALTH OF OTHER FAMILY MEMBER INTERFERED 23

OTHER REASONS

DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT
—(DME) OR REPAIR OF DME 24
AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT
—(DME) OR REPAIR OF DME 25
OTHER 26
DON'T KNOW d
REFUSED f

(D6c=16)

D6_Other. What is this other reason?

<OPEN>

DON'T KNOW d

REFUSED f

(D6a=00)

D6b. Why is it that you did not have the recommended procedures or surgeries?

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

D6b a. Were there any other reasons?

PROBE: Anything else?

YES 01

INTERVIEWER: RECORD VERBATIM RESPONSE NOW AND CODE LATER

NO MORE REASONS 00

DON'T KNOW d (D3)

REFUSED r (D3)

(All)

D7. How many times in the last 6 months (were you/was (NAME)) a patient in a hospital overnight? past 6 months were you admitted for an overnight or longer stay in a hospital? Would you say . . .

PROBE: Your best estimate is fine.

Never 00 (D8)

1 to 2 times 01

3 to 5 times 02

6 to 10 times, or 03

More than 10 times? 04

DON'T KNOW d

REFUSED r

(D7=01,02,03,04.d.or(D7=01, 02, 03, 04, d, or r)

D7a. All together, how many nights did you spend in the hospital last year? in the past 6 months?

|_|_| NUMBER OF HOSPITAL NIGHT STAYS

(01-99)

DON'T KNOW d

REFUSED r

(All)

D8. How many times in the ~~last 6 months (were you/was (NAME))~~ past 6 months were you a patient ~~overnight~~ in a nursing home, convalescent home, or other long-term health care facility? Please include skilled nursing facilities and rehabilitation facilities. Would you say . . .

- Never 00
- 1 to 2 times 01
- 3 to 5 times 02
- 6 to 10 times, or 03
- More than 10 times? 04
- DON'T KNOW d
- REFUSED r

(All)

D9. {INTERVIEWER: IF D7 OR D8 NE 00, SAY: Aside from hospital stays and outpatient surgery} how many times in the ~~last~~ past 6 months did you see or talk to a medical doctor about your health? Please include visits to clinics or psychiatrists but do not include visits to other mental health professionals such as therapists or counselors. Would you say . . .

- Never 00
- 1 to 2 times 01
- 3 to 5 times 02
- 6 to 10 times, or 03
- More than 10 times? 04
- DON'T KNOW d
- REFUSED r

(All)

D10. How many times did you visit an emergency room in the past 6 months? Would you say . . .

- Never 00
- 1 to 2 times 01
- 3 to 5 times 02
- 6 to 10 times, or 03
- More than 10 times? 04
- DON'T KNOW d
- REFUSED r

(All)

D11. The next few questions are about filling prescriptions. In the past 6 months, were there any prescription medicines that you were supposed to use, but did not get when first prescribed because of the cost?

PROBE: That is, you did not fill the prescription at all when you got it.

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

(All)

D12. In the past 6 months, were there any prescription medicines that you were supposed to use, but did not get the entire prescription filled because of the cost?

PROBE: That is, you filled the prescription but got less than the prescribed amount, for example, if the prescription was written for 30 pills you got a lesser amount.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

D13. In the past 6 months, were there any prescription medicines that you were supposed to use, but did not refill when you ran out because of the cost?

PROBE: That is, you went some time without being able to take the needed medication because it was finished.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

D14. In the past 6 months, were there any prescription medicines that you used less often than prescribed in order to stretch them out because of the cost?

PROBE: That is, you used less of the medication or skipped days of taking the medication.

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION E: EMPLOYMENT HISTORY AND SUPPORTS

(All)

E1. Now I'd like to talk a little about your employment history. Are you currently working at a job for pay? Include both part-time and full-time jobs, as well as any self-employment, but only include jobs for pay or profit.

- YES 01
- NO 00 (E7)
- DON'T KNOW d (E7)
- REFUSED r (E7)

(E1=01)

E2. How many jobs do you currently have? Include both part-time and full-time jobs, as well as any self-employment, but only include jobs for pay or profit.

|__| NUMBER OF JOBS
(1-5)

- DON'T KNOW d
- REFUSED r

(E1=01)

E3. (IF E2 > 1, SAY: For these questions, please answer about your main job; that is, the job on which you work the most hours for pay.)

What kind of work do you do on {this job/your main job}?

PROBE: That is, what is your occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(E1=01)

E4. What kind of business is ~~this?~~ {this/the one where you work} the most hours for pay}?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry do you work? For example, accounting firm, daycare center, educational facility, food services.

PROBE 2: What does the company you work for make, sell, or do?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(E1=01)

E4mth. In what month and year did you start working at {this job/your main job}?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|_|_| MONTH
(01-12)

DON'T KNOW d (E4a)

REFUSED r (E4a)

(E1=01)

E4yr. INTERVIEWER: ENTER YEAR

|_|_|_|_| YEAR (E5)
~~(1970 - 2008)~~

DON'T KNOW d

REFUSED r

(E4yr=d OR r)

E4a. Would you say you began working at {this job/your main job} . . .

PROBE: Your best estimate is fine.

within the past ~~12 months, year~~ 01

~~13 to 18 months ago, between a year and a year and a half~~ 02

~~19 to 24 months~~ between a year and a half and two years ago, or 03

more than ~~24 months~~ 2 years ago? 04

DON'T KNOW d

REFUSED r

(E1=01)

E5. How many hours per week do you usually work at {this job/(your main job)}?

PROBE: Include overtime if you usually work overtime.

|_|_| HOURS PER ~~WEEK (1-60)~~ (E6)
~~WEEK~~ (E6)
~~(1-168)~~

(01-80)

DON'T KNOW d

REFUSED r

(E5=d OR r)

E5a. Would you say you work . . .

	<u>CODE ONE</u>
Less than 10 hours per week,	01
between 10 and 15 hours per week,	02
between 16 and 20 hours per week,	03
between 21 and 25 hours per week,	04
between 26 and 30 hours per week,	05
between 31 and 35 hours per week, or	06
more than 35 hours per week?	07
DON'T KNOW	d
REFUSED	r

(E1=01)

E6. Are you self-employed {at this job/as your main job}?

PROBE: Self-employed means that you work for yourself or own your own business.

YES	01 (E7a)
NO	00 (E7a)
DON'T KNOW	d (E7a)
REFUSED	r (E7a)

E7. Now please think about the ~~time just prior to when {you/{NAME}} applied for Social Security Disability, or SSDI, benefits last time you worked for pay.~~ How many jobs did ~~{you/{NAME}} have just before {you/he/she} applied for SSDI benefits?~~ you have when you last worked? Include both part-time and full-time jobs, as well as any self-employment, but only include jobs you held for pay or profit.

~~PROBE: SSDI is the Social Security Disability Insurance program sponsored by the Social Security Administration. SSDI pays benefits to persons who worked long enough to pay social security taxes.~~

~~ZERO/NONE~~ 00 (E11)

 NUMBER OF JOBS
(1-5)

NEVER WORKED	00 (FLAG AND CONTINUE TO E17)
DON'T KNOW	d (E8)
REFUSED	r (E8)

(All)

E7a. PROGRAMMER: CHECK E1. IS E1=01 (YES, CURRENTLY EMPLOYED)?

YES	01 (E7b)
NO	00 (E8)

(E7a=01)

E7b. ~~Was this job with~~ Do you currently work for the same employer (you/(NAME)) currently (have/has)? that you had before you started getting Social Security Disability Benefits?

YES	01	(E12) (E13)
NO	00	
DON'T KNOW	d	
REFUSED	r	

(E7b=00, d OR r)

(E7 NE 00 AND E7b NE 01)

E8. What kind of work did ~~(you/(NAME)) do on that job?~~ you do [IF E7a=01 FILL "on that job?", IF E7a=00. FILL "when you last worked for pay or profit?"]

PROBE: That is, what was your occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(E7b=00, d OR r)

(E7 NE 00 AND E7b NE 01)

E9. What kind of business ~~is this?~~ did you work for?

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry did you work? For example, accounting firm, daycare center, educational facility, food services.

PROBE 2: What does the company you worked for make, sell, or do?

PROBE 3: Please think of the main job you had before applying for SSDI.

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(E7b=00, d OR r)

(E7 NE 00 AND E7b NE 01)

E9mth. In what month and year did you start working ~~here~~ at {that job/your main job}?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

| | | | MONTH
(01-12)

DON'T KNOW d

REFUSED r

(E7b=00, d OR r)

(E7 NE 00 AND E7b NE 01)

E9yr. **INTERVIEWER: ENTER YEAR**

| | | | | | YEAR (E10)
(1970-2009)

DON'T KNOW d

REFUSED r

(E9yr=d OR r)

E9a. Would you say you began working at ~~this job~~ that job . . .

PROBE: Your best estimate is fine.

- within the past ~~12 months~~ year 01
- ~~13 to 18 months ago~~ between a year and a year and a half 02
- ~~19 to 24 months ago~~ between a year and a half and two years ago, or 03
- more than ~~24 months~~ 2 years ago? 04
- DON'T KNOW d
- REFUSED r

(E7 NE 00 AND E7b NE 01)

E10. How many hours per week did you usually work at your {main} job?

PROBE: Include overtime if you usually worked overtime.

| | | | HOURS PER WEEK (E12)
(01-80)

DON'T KNOW d

REFUSED r

(E10=d OR r)

E11. Would you say you worked . . .

CODE ONE

- less than 10 hours per week, 01
- between 10 to 15 hours per week, 02
- between 16 to 20 hours per week, 03
- between 21 to 25 hours per week, 04
- between 26 to 30 hours per week, 05
- between 31 to 35 hours per week, or 06
- more than 35 hours per week? 07
- DON'T KNOW d
- REFUSED r

(E7 NE 00 AND E7b NE 01)

E12. Were you self-employed at that job?

PROBE: Self-employed means that you worked for yourself or owned your own business.

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

(E7 NE 00)

E13. There are a number of special work programs available to people with disabilities. [IF E1=01 FILL "Is your current" IF E7 ≥ 1 FILL "Was your last" job] part of a sheltered workshop program, transitional employment program, the Business Enterprise Program for the blind, or a supported employment program?

PROBE: A sheltered workshop is a program that provides employment with subsidized wages (or special wages that would not be available in a regular job) for people with disabilities.

PROBE: A transitional employment program allows workers with disabilities to work at reduced levels while they ease back into the workplace.

PROBE: The Business Enterprise Program for the blind offers legally blind persons the opportunity to own their own businesses.

PROBE: Supported employment programs provide job coaches or other on-the-job supports to help individuals with disabilities get and keep jobs.

- YES 01
- NO 00
- DON'T KNOW d
- REFUSED r

GO TO E12

(E1=00, d OR r) (E7=00, d OR r)

E11. Now think about the past three years, that is, between 2003 and 2006. {Were you/Was (NAME)} employed at anytime during those years?

- YES 01
- NO 00 (E17a)
- DON'T KNOW d (E17a)
- REFUSED r (E17a)

(E11=01)

E11a. {Were you/Was (NAME)} working mostly full time or mostly part time during those years?

- CODE ONE
- MOSTLY FULL TIME 01
 - MOSTLY PART TIME 02
 - DON'T KNOW d
 - REFUSED r

(E7 ≥ 01)

E13. How many hours per week did {you/(NAME)} usually work at {your/his/her} (main) job?

----- PROBE: Include overtime if {you/he/she} usually worked overtime.

||_||_||_ HOURS PER WEEK (1-60) ----- (E14)
 ----- (1-168)

- DON'T KNOW d
- REFUSED r

(E13=d OR r)

E13a. Would you say {you/NAME} worked...

- CODE ONE
- less than 10 hours per week, 01
 - between 10 to 15 hours per week, 02
 - between 16 to 20 hours per week, 03
 - between 21 to 25 hours per week, 04
 - between 26 to 30 hours per week, 05
 - between 31 to 35 hours per week, or 06
 - more than 35 hours per week? 07
 - DON'T KNOW d
 - REFUSED r

(E7 >= 01)NE 00)

E14. For the purpose of this survey, it is important to collect some information about how much (you were/(NAME) was) paid on this job so that we can compare the amounts different people earned before becoming disabled. For these next questions please think about the (main) job (you/he/she) had just before applying for SSDI benefits. (YOUR current job/the {main} job you had [IF E7 > 1 FILL "when you last worked for pay or profit)." IF E7b NE 01, FILL "before you started getting Social Security Disability Benefits."]

What would be the easiest way for you to report your total earnings before taxes or other deductions for that (this/that) job—would that be hourly, weekly, bi-weekly, twice monthly, monthly, annually, or on some other basis? way?

PROBE: Your main job is the one at which worked the most hours before applying for SSDI you worked the most hours.

- HOURLY 01 (E15)
- WEEKLY 02 (E15)
- BI-WEEKLY 03 (E15)
- TWICE MONTHLY 04 (E15)
- MONTHLY 05 (E15)
- ANNUALLY 06 (E15)
- OTHER 07
- DON'T KNOW d (E16)
- REFUSED r (E16)

(E14=07)

E14_Other. What is this other basis?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(E14=NE d OR r) (E14_Other=ANSWER, d, r)

E15. What was your usual (hourly/weekly/bi weekly/twice monthly/monthly/annual) pay, including tips and commissions on this job before taxes or other deductions were taken?

PROBE: Your best estimate is fine.

INTERVIEWER: PLEASE ENTER CENTS AFTER DECIMAL POINT, INCLUDING 00.

\$|_|_|_|_|,|_|_|_|_|.|_|_|_|_| (E17a)

(5.00 – 300,000.00) (E17)

- DON'T KNOW d
- REFUSED r

(E14=d OR r) (E15=d OR r)

E16. I'll read you some ranges. Please try to estimate ~~(your/(NAME's)) regular earnings per hour~~ your annual pay. Would you say you earned . . .

PROBE: ~~IF LESS THAN \$5.00 AN HOUR~~ Does this include tips and commissions?

- ~~less than \$5.00 an hour,~~ 01
- ~~between \$5.01 and \$7.00 an hour,~~ 02
- ~~between \$7.01 and \$9.00 an hour,~~ 03
- ~~between \$9.01 and \$11.00 an hour, or~~ 04
- ~~more than \$11.00 an hour?~~ 05 Less than \$10,000,
- ~~.....~~ 01
- \$10,000 or more, but less than \$20,000, 02
- \$20,000 or more but less than \$30,000, 03
- \$30,000 or more but less than \$40,000, 04
- \$40,000 or more but less than \$50,000, 05
- \$50,000 or more but less than \$75,000, 06
- \$75,000 or more but less than \$100,000, or 07
- more than \$100,000? 08
- DON'T KNOW d
- REFUSED r

(All)

E17a. Now, please tell me how true the following statements are for you.

You see yourself working for pay in the next ~~year?~~

~~PROBE AS NEEDED: two years.~~ Would you say this is definitely true, somewhat true, or not at all true for you?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(All)

~~E17b. You see (yourself/(NAME)) working for pay in the next two years?~~

(All)

E17a. You see yourself working and earning enough to stop receiving disability benefits in the next two years.

~~PROBE AS NEEDED:~~ Would you say this is definitely true, somewhat true, or not at all true for you?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(All)

~~E17c. — You see (yourself/(NAME)) working and earning enough to stop receiving disability benefits in the next two years?~~

(E1 NE 01; PROGRAMMER: IF E1=01, GO TO E21)

E18. Now, I am going to read you some reasons why people are sometimes unable to work. Please tell me how true these reasons are for you.

You would need special equipment or medical devices that you do not currently have in order to work.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(E1 NE 01)

E18a. You do not have the personal assistance you need to get ready for work each day.

PROBE: This includes things like dressing and bathing.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(E1 NE 01)

E18b. You cannot get the help that you need caring for children or others.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(E1 NE 01)

E18c. You do not have reliable transportation to and from a job.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18d. Most jobs don't offer a flexible enough schedule.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18e. Most jobs you would be offered don't pay enough.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18f. Most jobs don't offer health insurance benefits.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18g. You would lose benefits you need like Social Security, private disability insurance, workers' compensation, or Medicaid, if you accepted a job.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18h. You are too sick to work.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18i. You have too much pain to work.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

DEFINITELY TRUE.....	01
SOMEWHAT TRUE	02
NOT AT ALL TRUE.....	03
DON'T KNOW	d
REFUSED	r

(E1 NE 01)

E18j. You have a hard time getting along with people at work.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(E1 NE 01)

E18k. You have trouble dealing with stress at work.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for you for why you are unable to work?

- DEFINITELY TRUE..... 01
- SOMEWHAT TRUE 02
- NOT AT ALL TRUE..... 03
- DON'T KNOW d
- REFUSED r

(E18g=01 or 02)

E19. You said that you believe that if you accepted a job you would lose benefits you needed such as Social Security, disability insurance, workers' compensation, or Medicaid.

What benefits were you worried about losing?

PROBE: Anything else?

READ IF NECESSARY

CODE ALL THAT APPLY

- PRIVATE DISABILITY INSURANCE 01
- WORKERS' COMPENSATION..... 02
- VETERANS' BENEFITS 03
- MEDICARE 04
- MEDICAID..... 05
- SSA DISABILITY BENEFITS 06
- PUBLIC ASSISTANCE OR WELFARE 07
- FOOD STAMPS 08
- PERSONAL ASSISTANCE SERVICES (PAS)..... 09
- UNEMPLOYMENT BENEFITS 10
- OTHER STATE DISABILITY BENEFITS..... 11
- OTHER GOVERNMENT BENEFITS 12
- OTHER..... 13
- DON'T KNOW d
- REFUSED r

(E19=13)

E19_other. What other benefits?

<OPEN> _____

DON'T KNOW d
REFUSED r

(E18g=01 or 02)

E20. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the internet, and others contact disability service organizations. Did you contact anyone or do any of these things in order to find out how your benefits would be affected if you went to work?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

E21. Now I would like to ask you a few general questions about the rules for receiving Social Security Disability Benefits. You can tell me what your best guess is in response to these questions. Don't worry about it if you don't know the exact answer.

ADD IF NECESSARY: The Social Security Administration would like to know how well people understand SSDI rules and regulations.

In general, once a person starts receiving Social Security Disability cash benefits, how many months does he or she need to wait before becoming eligible for Medicare?

| | | NUMBER OF MONTHS (0-98)
IT VARIES 99
NONE, CAN RECEIVE IMMEDIATELY 00
DON'T KNOW d
REFUSED r

(All)

E22. As of today, how many months will you have to wait until you become eligible for Medicare?

PROBE: Your best estimate is fine.

| | | NUMBER OF MONTHS (0-98)
DON'T KNOW d
REFUSED r

(All)

E23. Can a person who is getting Social Security Disability Benefits continue to receive Medicare while working?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

E24. Can a person continue to receive Social Security cash benefits while working?

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)

E25. If you take a job or become self-employed and you are still disabled, you will be eligible for a trial work period. For how many months can you continue to receive cash benefits during a trial work period?

PROBE: Your best estimate is fine.

|_|_| NUMBER OF MONTHS (0-98)

IT VARIES 99
 DON'T KNOW d
 REFUSED r

(All)

E26. In what month and year will {you/(NAME)} begin to receive Medicare?

INTERVIEWER: SELECT MONTH

JANUARY 01
FEBRUARY 02
MARCH 03
APRIL 04
MAY 05
JUNE 06
JULY 07
AUGUST 08
SEPTEMBER 09
OCTOBER 10
NOVEMBER 11
DECEMBER 12

INTERVIEWER: ENTER YEAR

2 0 YEAR (2007-2009)

DON'T KNOW d
REFUSED r

(All)

E27. If (you take/(NAME) takes) a job or (become/becomes) self-employed and (you are/(he/she) is) still disabled, (you/he/she) will be eligible for a trial work period. For how many months can (you/he/she) continue to receive cash benefits during a trial work period?

NUMBER OF MONTHS (0-98)

IT VARIES 99
DON'T KNOW d
REFUSED r

(All)

E26. If you continue to work beyond the trial work period, you can continue to receive Social Security Disability benefits for another 36 months provided your earnings are not "substantial." How much money can you earn each month and continue to receive benefits?

PROBE: Your best estimate is fine.

\$,.00 AMOUNT PER MONTH (0-5,000)

DON'T KNOW d
REFUSED r

(All)

E27. Can a person who is receiving Social Security Disability benefits get help with education, training or rehabilitation so that he or she can start a new line of work?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

E28. Do you remember whether you received an information booklet called "What you need to know when you get Social Security disability benefits" when you received your award notice?

YES 01
NO 00 (F1)
DON'T KNOW d (F1)
REFUSED r (F1)

(E28=01)

E28a. Have you had a chance to read the information booklet?

<u>YES</u>	<u>01</u>
<u>SOME OF IT/SKIMMED IT.....</u>	<u>02</u>
<u>NO</u>	<u>00</u>
<u>DON'T KNOW</u>	<u>d</u>
<u>REFUSED</u>	<u>r</u>

SECTION F: HOUSEHOLD COMPOSITION AND INCOME

(All)

F1. My next questions are about your household. By household I mean people who live with you and share living expenses, for whom you provide financial support, or who provide you with financial support.

How many adults 18 years of age or older live in your household, including yourself?

PROBE: This includes all adults who usually live there, even if they are temporarily away on business, on vacation, in a hospital, away at school, or on military duty.

|_|_|	ADULTS	_____	(1-4)
		_____	(1-20)
			(01-10)
	<u>LIVES IN A GROUP HOME</u>	.....	<u>99 (F8)</u>
	DON'T KNOW	.....	d
	REFUSED	.....	r

~~(All)~~

(F1 NE 99)

F2. How many children under 18 years of age live in your household?

PROBE: This includes all children who usually live there, even if they are temporarily away on vacation, in a hospital, or away at school.

	ZERO/NONE	.....	00 (F5)
|_|_|	CHILDREN	_____	(1-6)
		_____	(0-20)(01-10)
	DON'T KNOW	.....	d (F4a)
	REFUSED	.....	r (F4a)

(F2 ≥ 01)

F3. For how many children under age 18 are you a primary provider or caregiver?

	ZERO	.....	00 <u>(F5)</u>
	ONE	.....	01
	TWO	.....	02
	THREE	.....	03
	FOUR	.....	04
	FIVE OR MORE	.....	05
	DON'T KNOW	.....	d
	REFUSED	.....	r

(F3 ≥ 01) OR (F2= d OR r)

F4a. How old is the (youngest) child you care for?

PROGRAMMER: FILL YOUNGEST IF F3>01

|_|_| ENTER AGE IN YEARS

(01-17)

LESS THAN ONE YEAR.....	01
DON'T KNOW	d
REFUSED	r

PROGRAMMER: IF F3 < 02, GO TO F5. IF F3 ≥ 02, GO TO F4b.

(F3 ≥ 01)

F4b. How old is the oldest child you care for?

|_|_| ENTER AGE IN YEARS

(01-17)

(All)

F5. PROGRAMMER: DOES SAMPLE MEMBER LIVE ALONE; THAT IS, F1=01 AND F2=00?

YES	01 (F7)
NO	00

~~(All)~~

~~(PROGRAMMER: IF F1=01 AND F2=01 GO TO F7)~~

F6. Now please think back to last year. How many of the {FILL SUM OF F1 PLUS F2} people in your household worked at a job for pay last year?

|_|_|
(01-10)

ZERO/NONE	00
DON'T KNOW	d
REFUSED	r

(All)

F7. ~~Now, please think back to last year.~~ (IF F6>1, SAY: Counting everyone in your household who worked for pay last year], what was your total household income in ~~2006~~2007 ~~was~~...? Please include benefits, earnings, and all other sources of income.

Was it:

Less than \$10,000,.....	01
\$10,000 to <u>\$20,000</u> ,.....	<u>02</u>
\$20,000 to <u>\$30,000</u> ,.....	<u>03</u>
\$30,000 to <u>\$40,000</u> ,.....	<u>04</u>
\$40,000 to <u>\$50,000</u> ,.....	<u>05</u>
\$50,000 to <u>or more, but less than \$20,000</u> ,.....	<u>02</u>
\$20,000 or more but less than \$30,000 ,	<u>03</u>
\$30,000 or more but less than \$40,000 ,	<u>04</u>
\$40,000 or more but less than \$50,000 ,	<u>05</u>
\$50,000 or more but less than \$75,000 ,	06
\$75,000 to <u>or more but less than \$100,000</u> , or.....	07
more than \$100,000?	08
DON'T KNOW	d
REFUSED	r

(All)

F8. Do you...

own your home,.....	01	(G1)
rent your home,	02	(F9)
Live with family or friends and contribute <u>pay</u> part of the rent or mortgage,.....	03	(F9)
Live with family or friends and not pay,	04	(F9)
Live in a group shelter,	05	(G1)
<u>Live in an assisted living facility, or</u>	<u>06</u>	<u>(G1)</u>
Live in some other housing arrangement?.....	07	
DON'T KNOW	d	(F9)
REFUSED	r	(F9)

(F8=06)

(F8=07)

F8_Other. What is your living arrangement?

<OPEN>_____

DON'T KNOW	d
REFUSED	r

(F8-NE-04)

GO TO G1

(F8=02,03,04,d OR r)

F9. Do you live in public housing, for example, housing owned by the Housing Authority or the Housing Commission?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(F8-NE-01 OR 05)

(F8=02,03,04,d OR r)

F10. Does your household receive Section 8 rental assistance?

PROBE: This voucher program lets you choose where you live and, if the landlord agrees, the Housing Authority or the Housing Commission or other city rental assistance program will pay part of your rent.

YES 01
NO 00
DON'T KNOW d
REFUSED r

(F8-NE-01)

(F8=02,03,04,d OR r)

F11. Does your household pay a reduced rent because it meets low-income eligibility requirements?

YES 01
NO 00
DON'T KNOW d
REFUSED r

SECTION G: BACKGROUND

(All)
G1.

We're almost finished. I just have a few final questions about you.

What is the highest year or grade you finished in school?

INTERVIEWER: IF ATTENDED SCHOOL BUT COMPLETED LESS THAN HIGH SCHOOL, CODE AS 1. IF NEVER ATTENDED SCHOOL, CODE AS 10.

INTERVIEWER: IF RESPONDENT SAYS THEY WERE HOME SCHOOLED, PROBE FOR HIGHEST YEAR, GRADE, DEGREE, OR CERTIFICATE COMPLETED.

INTERVIEWER: IF RESPONDENT SAYS HIGH SCHOOL, PROBE: Did {you/(NAME)} receive a diploma, GED, or certificate of completion?

CODE ONE

DID NOT COMPLETE HIGH SCHOOL OR GED	01
HIGH SCHOOL: DIPLOMA	02
HIGH SCHOOL: GED	03
CERTIFICATE OF COMPLETION.....	04
SOME COLLEGE/SOME POSTSECONDARY VOCATIONAL COURSES	05
2-YEAR OR 3-YEAR COLLEGE DEGREE (ASSOCIATE'S DEGREE) OR VOCATIONAL SCHOOL DIPLOMA.....	06
4-YEAR COLLEGE DEGREE (BACHELOR'S DEGREE)	07
SOME GRADUATE WORK/NO GRADUATE DEGREE.....	08
GRADUATE OR PROFESSIONAL DEGREE (e.g., MA, MBA, Ph.D., JD, MD).....	09
NEVER ATTENDED SCHOOL	10
DON'T KNOW	d
REFUSED	r

(All)
G2.

Are you now married, living with a partner, separated, divorced, widowed, or have you never been married?

CODE ONE

MARRIED	01
LIVING WITH PARTNER	02
SEPARATED.....	03
DIVORCED	04
WIDOWED	05
NEVER MARRIED	06
DON'T KNOW	d
REFUSED	r

(All)

G3. Are you of Hispanic, Latino, or Spanish origin?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

G4. I'm going to read you a list of races. {In addition to being Hispanic, please/Please} tell me which best describes your race. Are you . . .

CODE ALL THAT APPLY

White,	01
Black or African-American,	02
Asian,	03
American Indian or Alaskan Native, or	04
Native Hawaiian or Pacific Islander?	05
MULTIRACIAL	06
HISPANIC	07
OTHER (SPECIFY)	08
<hr/>	
DON'T KNOW	d
REFUSED	r

SECTION H: CONTACT INFORMATION AND STUDY GROUP ASSIGNMENT

(All)
H1.

PROGRAMMER: IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Please verify your current contact information so that I can send you the consent materials. Is your current address and phone number . . . READ FROM PRELOADS

SAME AS PROVIDED 00 (H3)
INCORRECT INFORMATION ABOVE, NEED TO ENTER
NEW INFORMATION..... 01
DON'T KNOW d
REFUSED r

(H1=01, d, OR r)

H2. UPDATE INFORMATION BELOW

What is the correct spelling of your name and your current mailing address and phone number?

PROBE: Is there an apartment number?

NAME (VERIFY SPELLING) _____
ADDRESS LINE 1 _____
ADDRESS LINE 2 _____
CITY/TOWN _____
STATE _____
ZIP CODE _____
TELEPHONE _____

H2ck. PROGRAMMER: CHECK PRELOADED ADDRESS AT H1 AND ENTERED ADDRESS LINES 1 AND 2 AT H2. ARE THESE FIELDS LONGER THAN 25-30 CHARACTERS?

YES 01 (ADDck1)
NO 00 (H2a)

ADDck1. Your address is longer than my computer will accept. Please tell me how to best abbreviate your street address.

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

PROGRAMMER: DON'T ALLOW INTERVIEWER TO MOVE FORWARD UNTIL ADDRESS FILLED MEETS LENGTH CRITERION.

(All)

H2a. Do you have a cell phone number?

YES 01
NO 00 (H3)
DON'T KNOW d (H3)
REFUSED r (H3)

(H2a=01)

H2b. What is your cell phone number?

<OPEN> _____

DON'T KNOW d
REFUSED r

(All)

H3. Do you have an email address?

YES 01
NO 00 (H5)
DON'T KNOW d (H5)
REFUSED r (H5)

(H3=01)

H4. What is your email address?

<OPEN> _____

DON'T KNOW d
REFUSED r

(All)
H5.

INTERVIEWER: ARE YOU SPEAKING WITH ~~OR A PROXY~~(NAME) OR AN INTERPRETER?

NAME 01 (H10)
INTERPRETER 02
~~PROXY 03~~

(H5=02)
H6.

What is the correct spelling of your full name?

INTERVIEWER: PRESS 1 TO CONTINUE

~~NAME: DISPLAY PROXY'S/INTERPRETER'S~~ NAME: DISPLAY INTERPRETER'S FULL
NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRSTFULL NAME
BOLD}

FIRSTFULL NAME: <OPEN> _____

DON'T KNOW d
REFUSED r

(H5=02)
H7.

What is the correct spelling of your name and your current mailing address and phone number?

PROGRAMMER: DISPLAY ~~PROXY'S~~INTERPRETER'S FULL ADDRESS IF AVAILABLE

PROGRAMMER: ADD OPTION TO FILL "SAME AS R"

PROBE: Is there an apartment number?

~~NAME (VERIFY SPELLING)~~ _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY/TOWN _____

STATE _____

ZIP CODE _____

TELEPHONE _____

H7ck. PROGRAMMER: CHECK ADDRESS LINES 1 AND 2 FIELDS AT H7. ARE THESE FIELDS LONGER THAN 25-30 CHARACTERS?

YES 01 (ADDck2)
NO 00 (H7a)

ADDck2. Your address is longer than my computer will accept. Please tell me how to best abbreviate your street address.

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

PROGRAMMER: DON'T ALLOW INTERVIEWER TO MOVE FORWARD UNTIL ADDRESS FILLED MEETS LENGTH CRITERION.

(H5=02)

H7a. Do you have a cell phone number?

YES 01
NO 00 (H8)
DON'T KNOW d (H8)
REFUSED r (H8)

(H7a=01)

H7b. What is your cell phone number?

<OPEN>

DON'T KNOW d
REFUSED r

(H5=02)

H8. Do you have an email address?

YES 01
NO 00 (H10)
DON'T KNOW d (H10)
REFUSED r (H10)

(H8=01)

H9. What is your email address?

<OPEN> _____

DON'T KNOW d
REFUSED r

(All)

H10. To whom should we make the \$25.00 check for completing the interview payable?

SAMPLE MEMBER 01 (H12)
INTERPRETER 02 (H12)
SOMEONE ELSE 03
DON'T KNOW d (H12)
REFUSED r (H12)

(H10=03)

H11. What is the name and address of the person we should send the check to?

NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY/TOWN _____

STATE _____

ZIP CODE _____

TELEPHONE _____

H11ck. PROGRAMMER: CHECK ADDRESS LINES 1 AND 2 FIELDS AT H11. ARE THESE FIELDS LONGER THAN 25-30 CHARACTERS?

YES 01 (ADDck3)
NO 00 (H11a)

ADDck3. Your address is longer than my computer will accept. Please tell me how to best abbreviate your street address.

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

PROGRAMMER: DON'T ALLOW INTERVIEWER TO MOVE FORWARD UNTIL ADDRESS FILLED MEETS LENGTH CRITERION.

H11a. What is {FILL NAME FROM H11} relationship to you?

- (NAME's) SPOUSE/PARTNER..... 01
- (NAME's) MOTHER 02
- (NAME's) FATHER..... 03
- (NAME's) CHILD 04
- GRANDPARENT OF (NAME)..... 05
- BROTHER/SISTER OF (NAME)..... 06
- AUNT/UNCLE OF (NAME) 07
- OTHER RELATIVE OF (NAME) 08
- NOT RELATED 09
- STAFF AT RESIDENCE 10
- DON'T KNOW d
- REFUSED r

H12. We will mail the check for \$25.00 to you at {FILL ADDRESS} within the next two weeks. We would like to contact you again in about six months and then again in about a year ~~and a half~~ to see how you are doing and update our information. In case we have trouble reaching you, what is the name, address, and phone number of a close relative or friend who is not living with you and is likely to know your location in the future? For example, your mother, father, brother, sister, aunt, uncle, or close friend.

Who is your contact person?

CONTACT PERSON 1

- ADD CONTACT 01
- NO CONTACT..... 00 (H17)
- DON'T KNOW d (H17)
- REFUSED r (H17)

(H12=01)

H13. What is that person's name and address?

NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY/TOWN _____

STATE _____

ZIP CODE _____

H13ck. PROGRAMMER: CHECK ADDRESS LINES 1 AND 2 FIELDS AT H13. ARE THESE FIELDS LONGER THAN 25-30 CHARACTERS?

YES 01 (ADDck4)
NO 00 (H2a)

ADDck4. Your address is longer than my computer will accept. Please tell me how to best abbreviate your street address.

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

PROGRAMMER: DON'T ALLOW INTERVIEWER TO MOVE FORWARD UNTIL ADDRESS FILLED MEETS LENGTH CRITERION.

(H12=01)

H13a. Please give me the telephone number, area code first.

<OPEN> _____

DON'T KNOW d
REFUSED r

(H12=01)

H13b. Do you have a cell phone, pager number or email address for [NAME AT H13]?

YES 01
NO 00 (H14)
DON'T KNOW d (H14)
REFUSED r (H14)

(H13b=01)

H13c. What is [NAME AT H13]'s cell phone number? Please give me the number, area code first.

<OPEN> _____

What is {his/her} pager number? Please give me the number, area code first.

<OPEN> _____

What is {his/her} email address?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(H12=01)

H14. How is [NAME AT H13] related to you, if at all?

(NAME's) SPOUSE/PARTNER.....	01	(H15)
(NAME's) MOTHER	02	(H15)
(NAME's) FATHER.....	03	(H15)
(NAME's) CHILD	04	(H15)
GRANDPARENT OF (NAME).....	05	(H15)
BROTHER/SISTER OF (NAME).....	06	(H15)
AUNT/UNCLE OF (NAME)	07	(H15)
OTHER RELATIVE OF (NAME)	08	(H15)
NOT RELATED	09	(H15)
STAFF AT RESIDENCE	10	(H15)
DON'T KNOW	d	(H15)
REFUSED	r	(H15)

(H14=08)

H14_Other. How is CP1 related to {you/(NAME)}?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

CONTACT PERSON 2

H15. Please give me the name and address of another person who would always know how to reach you.

YES 01
 NO 00 (H17)
 DON'T KNOW d (H17)
 REFUSED r (H17)

NAME _____
 ADDRESS LINE 1 _____
 ADDRESS LINE 2 _____
 CITY/TOWN _____
 STATE _____
 ZIP CODE _____
 FIRST NAME: <OPEN> _____

DON'T KNOW d (H17)
 REFUSED r (H17)

H15ck. PROGRAMMER: CHECK ADDRESS LINES 1 AND 2 FIELDS AT H15. ARE THESE FIELDS LONGER THAN 25-30 CHARACTERS?

YES 01 (ADDck5)
NO 00 (H15a)

ADDck5. Your address is longer than my computer will accept. Please tell me how to best abbreviate your street address.

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

PROGRAMMER: DON'T ALLOW INTERVIEWER TO MOVE FORWARD UNTIL ADDRESS FILLED MEETS LENGTH CRITERION.

(H15=01)

H15a. Please give me the telephone number, area code first.

<OPEN> _____

DON'T KNOW d
REFUSED r

(H15=01)

H15b. Do you have a cell phone, pager number or email address for [NAME AT H15]?

YES 01
NO 00 (H16)
DON'T KNOW d (H16)
REFUSED r (H16)

(H15b=01)

H15c. What is {his/her} cell phone number? Please give me the number, area code first.

<OPEN> _____

What is {his/her} pager number? Please give me the number, area code first.

<OPEN> _____

What is {his/her} email address?

<OPEN> _____

DON'T KNOW d
REFUSED r

(H15=01)

H16. How is {he/she} related to you, if at all?

(NAME's) SPOUSE/PARTNER..... 01-~~(H17)~~
(NAME's) MOTHER 02-~~(H17)~~
(NAME's) FATHER..... 03-~~(H17)~~
(NAME's) CHILD 04-~~(H17)~~
GRANDPARENT OF (NAME)..... 05-~~(H17)~~
BROTHER/SISTER OF (NAME)..... 06-~~(H17)~~
AUNT/UNCLE OF (NAME) 07-~~(H17)~~
OTHER RELATIVE OF (NAME) 08-~~(H17)~~
NOT RELATED 09-~~(H17)~~
STAFF AT RESIDENCE 10-~~(H17)~~
DON'T KNOW d-~~(H17)~~
REFUSED r-~~(H17)~~

(H16=08)

H16_Other. How is CP2 related to (you/(NAME))?

<OPEN>

DON'T KNOW.....d

REFUSED.....f

ASSIGNED TO AB BASIC HEALTH PLAN

H17. That was the last question I had. As I mentioned at the beginning of the interview, our computer randomly assigns participants to one of three groups. At this point I have very good news: you have been randomly assigned to the group that is eligible to receive health benefits. I'd like to tell you a little bit about your benefits:

As a member of the **AB group**, you will receive a health plan that pays for most of your health care costs. You will be asked to pay \$12 whenever you see a doctor in the AB network. You can use up to \$100,000 in health care benefits. You can use the health benefit until you become eligible for Medicare, or until the project ends.

Do you understand these benefits?

YES 01 (H17b)
NO 00 (ANSWER QUESTIONS, THEN GO TO H17a)

PROGRAMMER: MAKE HEALTH PLAN FAQs AVAILABLE FROM THIS SCREEN.

H17a. Did the information I provided answer your question(s)?

YES 01 (H17b)
NO 00 (INTERVIEWER: PROVIDE CLARIFICATIONS THEN, GO TO H17b)

H17b. We will be mailing you further information about the benefits. The information includes a toll free number for POMCO, the benefits administrator, that you can call if you have any questions. Please review the information when you receive it.

Once again, congratulations, and we will be in touch with you in the future to see how you are doing.

GO TO THNX

ASSIGNED TO AB HEALTH PLAN PLUS

H18. That was the last question I had. As I mentioned at the beginning of the interview, our computer randomly assigns participants to one of three groups. At this point I have very good news: you have been randomly assigned to the group that is eligible to receive health benefits and additional services that may make it easier for you to gain more independence. I'd like to tell you a little bit about your benefits:

As a member of the **AB Plus** group, you will receive a health plan that pays for most of your health care costs. You will be asked to pay \$12 whenever you see a doctor in the AB network. You can use up to \$100,000 in health care benefits. In addition, you will be able to work with a team of health coaches, nurses and employment counselors, who can help you improve your health, achieve your goals and access the supports that you need. You can use the health benefit until you become eligible for Medicare, or until the project ends.

Do you understand these benefits?

YES 01 (H18b)
NO 00 (ANSWER QUESTIONS, THEN GO TO H18a)

PROGRAMMER: MAKE HEALTH PLAN FAQs AVAILABLE FROM THIS SCREEN.

H18a. Did the information I provided answer your question(s)?

YES 01 (H18b)
NO 00 (INTERVIEWER: PROVIDE CLARIFICATIONS THEN GO TO H18b)

H18b. We will be mailing you further information about the benefits. The information includes a toll free number for POMCO, the benefits administrator that you can call if you have any questions. Please review the information when you receive it.

Once again, congratulations, and we will be in touch with you in the future to see how you are doing.

GO TO THNX

ASSIGNED TO CONTROL GROUP

H19aa. That was the last question I had. As I mentioned at the beginning of the interview, our computer will randomly assign participants to one of three groups. The answers you provided today will not affect which group you are in. We will send you a letter that notifies you of your assignment when we mail the \$25 we promised to send to thank you for completing this interview.

(All)

THNX. (That was my last question.) Thank you very much for your time. Best wishes to you.

INTERVIEWER: TURN OFF THE RECORDER

H19. INTERVIEWER: CHECK APPROPRIATE BOX BELOW.

PROGRAMMER: MAKE FAQs AVAILABLE FROM THIS SCREEN.

SAMPLE MEMBER ACCEPTS ASSIGNMENT	01	
SAMPLE MEMBER REFUSES AFTER ASSIGNMENT.....	02	FLAG FOR SUPERVISOR REVIEW/SPECIAL HANDLING.

H20. PROGRAMMER: CHECK D3e, D3e a, D4b, D4b a, D5b, D5b a, D6b, and D6b a FOR VERBATIM RESPONSE ENTRIES. IF VERBATIM RESPONSES WERE ENTERED, GO BACK TO EACH ITEM AND ALLOW INTERVIEWER TO BACK CODE THESE ITEMS. THEN, GO TO 11.

CODE ALL THAT APPLY

COST/INSURANCE

COULD NOT AFFORD IT/TOO EXPENSIVE.....	01
NO INSURANCE	02
INSURANCE DID NOT COVER	03
DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE.....	04
DENIED APPROVAL OR REFERRAL TO SEE SPECIALIST BY INSURANCE COMPANY	05
AWAITING APPROVAL OR REFERRAL FROM INSURANCE COMPANY TO SEE SPECIALIST.	06

ACCESS

COULD NOT GET CONVENIENT APPOINTMENT	07
TRANSPORTATION PROBLEM	08
WAITING FOR UPCOMING APPOINTMENT/SCHEDULED	09
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE ABOUT CONDITION	10
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR RAMP, ACCESSIBLE MEDICAL EQUIPMENT).....	11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH THIS DISABILITY	12

QUALITY

DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE	13
WENT TO ANOTHER DOCTOR INSTEAD	14
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM, NOT ACCESSIBLE	15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD.....	16
DOCTORS DON'T SPEND ENOUGH TIME	17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL STAFF (NEGATIVE ATTITUDES, MISPERCEPTION ABOUT DISABILITY).....	18
POOR COORDINATION OF CARE WITH OTHER MEDICAL PROVIDERS.....	19

AVOIDANCE/ALTERNATIVES

WAS AFRAID	20
THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM WENT AWAY	21
USED HOME REMEDY	22
HEALTH GOT WORSE	23
HEALTH OF OTHER FAMILY MEMBER INTERFERED	24

OTHER REASONS

DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME) OR REPAIR OF DME	25
AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME) OR REPAIR OF DME ...	26
OTHER.....	27
DON'T KNOW	d
REFUSED	r

ATTACHMENT 2

SUMMARY OF CHANGES TO THE AB BASELINE QUESTIONNAIRE

SUMMARY OF CHANGES TO THE AB BASELINE QUESTIONNAIRE

Section	Change	Rationale
A. Screener	<ul style="list-style-type: none"> – For people who volunteer at the introduction that they have health insurance, train interviewers to collect the type of insurance held by the sample member, and allow interviewers to enter data in Section B (automatic screen out in Section A). – We will attempt to convince sample members to complete Section B and would only allow interviewers to enter data for sample members when the only alternative would be a non-interview. 	<ul style="list-style-type: none"> – Ten people reported that they had insurance during the introduction. These people did not complete Section B (the insurance screener) and therefore were not counted in our estimate of insurance rates. Our suggested change will improve our estimate of insurance rates while minimizing burden on sample members.
B. Insurance Screener	<ul style="list-style-type: none"> – Removed all wording appropriate for proxy interviews. – Incorporated probe into the question (B1, B2). – Deleted description of state Medicaid cards (B1). – Moved information about plans that are excluded to the beginning of the question (B9). – Added sample member’s name to first sentence of consent script (B19). – Updated toll-free telephone number (B21). – Revise consent (B20 and B24). We previously said, “Participating in this study will not in any way affect the amount of cash benefits you receive even if you return to work.” Revised to “Being in the study will not change any of the rules that determine whether you receive Disability Insurance cash benefits”. – Revised B21 to incorporate language required by SSA. – Revised <END1> so that sample members who screen out are not told that they are ineligible because they have insurance unless they specifically ask for a reason for ineligibility. 	<ul style="list-style-type: none"> – We are not allowing proxy respondents for the baseline interview. – Improves question clarity and consistency. – Cards change too frequently, and there are too many variations within a state for this to be useful. – Make exclusions more salient and improve flow of question. – Increases sample member’s attention. – The revision improves the accuracy of the information we are providing to beneficiaries. – Improves clarity about SSA’s role on the project, uses of data, and the duration in which SSA will obtain administrative data for sample members. – Intended to reduce the likelihood that sample members would offer to drop their insurance coverage in order to get into the demonstration, and reduces the likelihood that interviewers will need to explain that in order to be eligible, sample members must be uninsured at the time we first speak to them.

Section	Change	Rationale
C. Health and Functional Status	<ul style="list-style-type: none"> – Made minor wording changes. – Added valid values. – Removed all wording appropriate for proxy interviews. – Removed questions that ask respondents to self-report the main and secondary impairments that qualify them for SSDI (C4-C6). – Previously asked about devices used for reading, hearing, and speaking in one question. Separated the question to ask separately about devices used for reading (C8, C8a). – Revised to ask about limitations using public transportation and riding as a passenger in a car separately (C10f, C10g). – Added SF-6D questions. – Reordered questions when the SF-6D was added to improve overall flow of this section. – Removed the PHQ-9. 	<ul style="list-style-type: none"> – We are not allowing proxy respondents for the baseline interview. – Based on information from the NBS, we do not expect self-reported condition to match the impairment of record with SSA. Only the impairment of record will be used in our analyses. – The question was double barreled. Some respondents who use devices for reading may not need a device for hearing or speaking. Respondents were confused about how to answer. – The question was double barreled. Some respondents who had trouble with one transportation mode had no problem with the other and were confused about how to answer. – OMB requested that these questions be added to the baseline because they will be included on the follow-up survey to inform the cost-utility analysis. – There is some overlap between the PHQ-9 and SF-6D questions required by OMB. Respondents gave inconsistent answers across the two measures, complicating the analysis. Because OMB mandated the SF-6D, we retained these questions and dropped the PHQ-9, which is being administered periodically by CareGuide.
D. Use of Medical Services	<ul style="list-style-type: none"> – Added skip logic. – Added probes to improve question clarity. – Added valid values and edit checks. – Added reference date (D3). – Revised range response options (D3a). – Removed response options (D3e, D6, D6c) and added instruction for interviewer to enter verbatim response. Interviewers will code verbatim responses into code frame (original range response options) at the end of the interview after ending the call with the respondent. 	<ul style="list-style-type: none"> – Improves sample member’s recall. – Based on feedback from researchers. – The list of response options was too long to code during the interview.

Section	Change	Rationale
	<ul style="list-style-type: none"> – Revised wording of question D5 to ask about referrals separately from tests and x-rays. – Revised wording of question D6b and related follow-up questions. 	<ul style="list-style-type: none"> – Pretest respondents had difficulty answering a question that asked about visits (i.e., referrals) and tests in a single question. – During pretesting, sample members were confused by the question wording about postponing or not getting recommended medical procedures. Respondents did not know how to answer if they hadn't had the procedure yet because they were waiting to get an appointment. We revised the question to first ask if the respondent got the recommended procedures (we dropped the reference to postponement).
	<ul style="list-style-type: none"> – Changed the reference period from a year to six months (D7a). 	<ul style="list-style-type: none"> – Makes time frame consistent with other questions.
E. Employment History and Supports	<ul style="list-style-type: none"> – Made minor wording changes. – Added valid values. – Added explanation of jobs to the question (E2). – Revised time reference from months to year (E4a, E9a). – Added alternate wording to accommodate multiple jobs (E4). – Changed reference to last time worked for pay (E7, E7b, E8). – Added question about usual number of hours worked per week (E10 or E11). – Deleted questions E11, E11a, E13 and E13a, which asked about employment over the past three years, in favor of the last time worked questions. – The question was changed to determine the easiest way for respondents to provide earnings information (E14). – The response options for earnings were changed so that wages are reported annually, rather than hourly (E16). – Deleted the question about working in the next year, to ask only about the next two years. 	<ul style="list-style-type: none"> – Improve question clarity and consistency. – We believe that “years” is easier for respondents to focus on. – Accommodates coding of multiple jobs. – Pretest respondents found using “before you applied for SSDI” a confusing reference period, so these questions were reworded to ask respondents about the last time they worked for pay. – Omission revealed during pretesting. – The revision to the E7-E8 series described above made these questions unnecessary. – This accommodates respondents by allowing them to answer using the basis that is easiest for them. – The interviewers reported that this method is generally easier for respondents. By increasing the number of ranges it allows respondents to give a more precise response. – Respondents found the questions about one and two years redundant. Respondents will be asked only if they see themselves working in the next two years, which corresponds to the duration of the demonstration.

Section	Change	Rationale
	<ul style="list-style-type: none"> – Switched the order of questions to ask knowledge questions first, then to ask about the information booklet. – Incorporated the probe into the question (E21). – Deleted questions (E25 and E26). – The introduction to this series of questions at E21 was softened to emphasize that it is acceptable for the respondent to guess if he or she does not know the exact answer. 	<ul style="list-style-type: none"> – Did not want to make respondents feel that if they read the booklet they should know the answers. – Improves question clarity and consistency. – Information available from administrative records. – Interviewers reported that some respondents had trouble with the questions regarding rules for receiving SSDI. Many did not know the answers and were reluctant to guess.
F. Household Composition and Income	<ul style="list-style-type: none"> – Added skip logic. – Added valid values and edit checks. – Added answer category for sample members who reside in group homes. – Added reference period (F6). – Revised annual salary ranges to above \$100,000 (F7). – Added assisted living as a housing option. 	<ul style="list-style-type: none"> – Improves coding accuracy. – Narrows the reference period for the respondent. – By increasing the ranges it allows respondents to give a more precise response. – Improves coding accuracy.
G. Background	<ul style="list-style-type: none"> – Added race and ethnicity questions (G3, G4). 	<ul style="list-style-type: none"> – Initially we were going to rely on SSA records for these data. However, these data are sometimes missing from administrative records. To gather complete information, we added race and ethnicity questions to the baseline survey.
H. Contact Information and Study Group Assignment	<ul style="list-style-type: none"> – Added programmer checks. – Added skip logic. – Made minor wording changes. – Deleted references to proxies. – Added questions to collect cell phone numbers for respondent and contact persons (H2a, H2b). – Revised assignment scripts to give sample members some information about the health benefit, services, and co-pays that apply to the AB Health Plan and AB Health Plan Plus groups (H17, H18). – Added a question to determine if sample members understood their assignment status. 	<ul style="list-style-type: none"> – Proxy respondents are not allowed for the baseline interview. – Improves our ability to contact sample members for follow up surveys. – Improves clarity of health plan benefits. – Allows sample members to confirm that they understand the benefits and limitations of participation.

Section	Change	Rationale
	<ul style="list-style-type: none"> – Revised the control group assignment script to tell the control group that they will be notified of their assignment by mail (H19aa). 	<ul style="list-style-type: none"> – We believed that the news of being assigned to the control group would be too disappointing and that some control group members would ask to withdraw from the study at this point. Mailing the assignment letter along with the incentive check is meant to limit attrition.
	<ul style="list-style-type: none"> – Added coding choices at H20 from questions D3e, D4b, D5b, D6b and related follow-up questions to the end after the interviewer has terminated the call. 	<ul style="list-style-type: none"> – These questions would take too much time to code during the interview. Interviewers will review their verbatim responses for these items and enter codes at the end after terminating the call.
	<ul style="list-style-type: none"> – Added code 20 (“was afraid”) as an answer choice. 	<ul style="list-style-type: none"> – Feedback from pretest.

ATTACHMENT 3

ADVANCE MAILING

- Advance Letter
- Advance Mailing FAQs

Date

Dear _____:

The Social Security Administration (SSA) is sponsoring a new research study called the Accelerated Benefits Demonstration. This study will provide health benefits to people who have recently been approved to receive Social Security Disability Insurance (SSDI). The purpose of this research study is to see if people are helped by getting health care benefits before they are eligible for Medicare.

The study is being conducted by **researchers at two independent research organizations, MDRC and Mathematica Policy Research, Inc. (MPR), and researchers at SSA's Office of Program Development and Research.** An interviewer from MPR will call you in a few days to conduct a short telephone interview with you. The interview is to see if you are eligible for the Accelerated Benefits Demonstration.

You are not required to do the interview. If you decide that you do not want to be interviewed, your Social Security benefits will not be affected by that decision. We would like to encourage you to complete the interview, however, as you might be eligible for health care benefits. The research study will help SSA learn how they can help people with disabilities get better health care.

The information that we collect from you for this study will be used for research purposes only and will be kept private and confidential to the extent provided by law. Only members of the study team will have access to your information. The Social Security Administration will never use your information to determine your eligibility for Social Security benefits, the amount of benefits you receive, or your eligibility for Medicare. Your name will never be used in any reports. All of the people working on this study are trained to protect your privacy and must sign a privacy pledge.

Thank you very much for taking the time to consider our request. An information sheet about the study is enclosed. If you have any questions about the survey, please call MPR toll free at 1-866-275-8659, and ask for Amy Bates. For more information about the study, please visit the SSA website at <http://www.socialsecurity.gov/disabilityresearch/accelerated.htm>.

Sincerely,



David Butler, Project Director
Accelerated Benefits Demonstration

Enclosure

ON REVERSE SIDE OF THIS LETTER

Privacy Act Statement -- The person(s) completing the interview will remain confidential as provided in the Privacy Act (5 U.S.C. 552a). You do not have to provide the information requested. However, the information you provide will allow the Social Security Administration (SSA) to better foster independence and community participation among persons with disabilities. The Privacy Act says that SSA will keep personally identifying information confidential unless disclosing that information is required by law or is necessary for purposes of litigation or other legal proceedings. The Privacy Act also allows SSA to share personally identifiable information with other agencies or researchers under specified circumstances. If you want information about the circumstances under which your information can be shared, please call MDRC toll free at 1-866-907-1936.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this study is 0960-0526. We estimate that it will take about **30** minutes to participate in this activity. Send **only** comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

QUESTIONS AND ANSWERS ABOUT THE ACCELERATED BENEFITS DEMONSTRATION

WHAT IS THE ACCELERATED BENEFITS DEMONSTRATION?

The Accelerated Benefits (AB) Demonstration is a special study being sponsored by the Social Security Administration (SSA). The AB Demonstration will look at how providing immediate health benefits and additional supports to new Social Security Disability Insurance (SSDI) beneficiaries affects their health, independence, employment, and quality of life.

DO ALL NEW SSDI BENEFICIARIES GET INTO THE AB DEMONSTRATION?

No. The demonstration project does not have the resources to serve everyone who is eligible. The AB demonstration will enroll about 2,000 participants. Everyone who is eligible **and** who agrees to take part in the demonstration will be randomly assigned to participate in either the AB demonstration or in the regular SSDI program.

HOW IS AB DIFFERENT FROM REGULAR DISABILITY INSURANCE?

New SSDI beneficiaries must currently wait 24 months before qualifying for health coverage through Medicare. Participants who are randomly assigned to receive the AB or AB Plus Health Plans will have health benefits while they are waiting for their Medicare coverage to start. All other **Social Security** benefits remain the same.

WHAT IS THE AB HEALTH BENEFIT?

The AB health benefit will cover most of the medical expenses of participants who are randomly assigned to receive it, up to a maximum of \$100,000 per person.

WILL MY PARTICIPATION IN AB **CHANGE ANY SSDI RULES?**

No. The AB demonstration program will **not change any of the rules that determine whether you receive Social Security benefits.**

WILL MY PARTICIPATION AFFECT MY ABILITY TO GET MEDICARE LATER ON?

No. Participating in AB will not affect your eligibility for Medicare.

HOW DID YOU GET MY NAME?

Your name was provided by SSA from among persons who recently became disabled and started receiving Social Security benefits.

WHAT HAPPENS IF I DON'T PARTICIPATE IN THE SURVEY?

Your participation is voluntary and will not change the rules that determine your eligibility to receive your regular Social Security benefits. However, you cannot be enrolled in the AB program without first completing a telephone interview. Your experiences and opinions are very important to the success and improvement of programs like this.

HOW LONG WILL IT TAKE TO COMPLETE THE TELEPHONE INTERVIEW?

The interview will take approximately 40 minutes to complete.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Yes. **The information that we collect from you for this study will be used for research purposes only and will be kept private and confidential to the extent provided by law. The Social Security Administration will never use your information to determine your eligibility for Social Security benefits, the amount of benefits you receive, or your eligibility for Medicare.** Your answers will be combined with the answers of other survey participants. Your name will never be used in any reports. Only members of the study team will have information about you. **The study team includes researchers at MDRC and Mathematica, and the Social Security Administration's Office of Program Development and Research.**

WHO CAN I CONTACT FOR MORE INFORMATION?

For more information about the survey, please call Mathematica toll free at 1-866-275-8659 and ask for Amy Bates. For information about Mathematica, visit their website at <http://www.mathematica-mpr.com>. For more information about the study, please visit the SSA website at <http://www.socialsecurity.gov/disabilityresearch/accelerated.htm>.

ATTACHMENT 4

NOTIFICATION MATERIALS – AB HEALTH PLAN

- Assignment Script (H17)
- Notification Letter
- Understanding of Benefits
- POMCO Authorization Letter

ASSIGNED TO AB BASIC HEALTH PLAN

H17. That was the last question I had. As I mentioned at the beginning of the interview, our computer randomly assigns participants to one of three groups. At this point I have very good news: you have been randomly assigned to the group that is eligible to receive health benefits. I'd like to tell you a little bit about your benefits:

As a member of the **AB group**, you will receive a health plan that pays for most of your health care costs. You will be asked to pay \$12 whenever you see a doctor in the AB network. You can use up to \$100,000 in health care benefits. You can use the health benefit until you become eligible for Medicare, or until the project ends.

Do you understand these benefits?

- YES 01 (H17b)
- NO 00 (ANSWER QUESTIONS, THEN GO TO H17a)

PROGRAMMER: MAKE HEALTH PLAN FAQs AVAILABLE FROM THIS SCREEN.

H17a. Did the information I provided answer your question(s)?

- YES 01 (H17b)
- NO 00 (INTERVIEWER: PROVIDE CLARIFICATIONS THEN, GO TO H17b)

H17b. We will be mailing you further information about the benefits. The information includes a toll free number for POMCO, the benefits administrator, that you can call if you have any questions. Please review the information when you receive it.

Once again, congratulations, and we will be in touch with you in the future to see how you are doing.

GO TO THNX

Date

Dear _____:

Thank you for agreeing to take part in the Accelerated Benefits Demonstration. This study is being done by **researchers at MDRC and Mathematica, and the Social Security Administration's Office of Program Development and Research**. Enclosed is a check for \$25 to thank you for completing your first interview with MPR.

You are assigned to the **AB Health Plan** group. You will be able to use a health plan that will pay for up to \$100,000 of your health care costs. The AB Health Plan will be available to you until you are covered by Medicare, around **FILL MONTH, YEAR**.

An Understanding of Benefits form explaining your participation in the study is included with this letter along with a brochure about the AB Health Plan. POMCO will be sending you more details about the health care plan as well as a card to use whenever you use health care services. **If you need to seek healthcare before you receive your identification card, please use the enclosed letter from POMCO as proof of coverage**. If you have any questions about the health plan, you can call POMCO at 1-866-462-1812.

Again, congratulations and welcome to the AB demonstration!

Best Wishes,



David Butler, Project Director
Accelerated Benefits Demonstration

Enclosure

ON REVERSE SIDE OF THIS LETTER

Privacy Act Statement -- The person(s) completing the interview will remain confidential as provided in the Privacy Act (5 U.S.C. 552a). You do not have to provide the information requested. However, the information you provide will allow the Social Security Administration (SSA) to better foster independence and community participation among persons with disabilities. The Privacy Act says that SSA will keep personally identifying information confidential unless disclosing that information is required by law or is necessary for purposes of litigation or other legal proceedings. The Privacy Act also allows SSA to share personally identifiable information with other agencies or researchers under specified circumstances. If you want information about the circumstances under which your information can be shared, please call MDRC toll free at 1-866-907-1936.

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Accelerated Benefits Demonstration Understanding of Benefits – AB Health Plan

I am taking part in a research study called the Accelerated Benefits (AB) Demonstration. I am in the **AB Health Plan** study group. The study is being done for the Social Security Administration (SSA). MDRC, Mathematica Policy Research, Inc. (MPR), and SSA's Office of Program Development and Research are conducting this study.

As part of the AB study, I will receive the AB Health Plan. SSA will pay for this health plan. POMCO, a company that manages health plans for many organizations, is managing the AB Health Plan for SSA.

As a member of the **AB Health Plan** group, I understand the following about the health plan I will receive:

- The health plan pays for health care costs up to \$100,000.
- The health plan covers most of my health care costs. I will be responsible for paying \$12 when I use a doctor in the AB network, as well as any other costs not covered by the AB Health Plan.
- The health plan does not change the rules that determine my Social Security benefits or any other benefits that I receive, such as Medicare.
- The health plan is available to me until or unless any of the following occur:
 - I become eligible for Medicare coverage.
 - I reach the \$100,000 benefit limit.
 - The project ends.
- SSA has set aside funds to cover health care costs for AB participants. They think that my medical costs will be paid for during the project. It is possible, however, that the project will run out of funding. This is unlikely. If it happens, however, the benefit could end in the middle of my treatment. I will be given as much notice as possible if this is expected to happen.
- I can decide at any time that I don't want to be in the study. I can drop out of the study by calling MDRC at 1-866-907-1936. If I do that, I will no longer get the health plan.
- I do not have to use the health plan.
- Federal law protects the confidentiality of my health information. Information about the types of health care I use in AB will be reported by POMCO to the study team. The study team includes researchers at MDRC and Mathematica, and at the Social Security Administration's Office of Program Development and Research. The study team will use this information for research purposes only. The information will not be used by anyone to determine my eligibility for Social Security benefits, the amount of benefits that I receive, or my eligibility for Medicare.

Please keep this form for your records.



IF YOU NEED TO SEEK HEALTHCARE SERVICES BEFORE YOU RECEIVE YOUR ID CARD, PLEASE PRESENT THIS LETTER FOR PROOF OF COVERAGE.

[DATE]

Dear Healthcare Provider:

The bearer of this letter, [NAME], is entitled to AB Health Plan coverage administered by POMCO using the POMCO/Multiplan network.

If you should have any questions or need additional information, please don't hesitate to contact POMCO directly:

Claims Administrator, POMCO, toll free at:

1-866-462-1812

Monday through Friday

9 a.m. to 9 p.m. (EST)

Or mail Claims to:

POMCO

P.O. Box 6329

Syracuse, NY 13217

Sincerely,

The POMCO Group



ATTACHMENT 5

NOTIFICATION MATERIALS – AB Health Plan *Plus*

- Assignment Script (H18)
- Notification Letter
- Understanding of Benefits
- POMCO Authorization Letter

ASSIGNED TO AB HEALTH PLAN PLUS

H18. That was the last question I had. As I mentioned at the beginning of the interview, our computer randomly assigns participants to one of three groups. At this point I have very good news: you have been randomly assigned to the group that is eligible to receive health benefits and additional services that may make it easier for you to gain more independence. I'd like to tell you a little bit about your benefits:

As a member of the **AB Plus** group, you will receive a health plan that pays for most of your health care costs. You will be asked to pay \$12 whenever you see a doctor in the AB network. You can use up to \$100,000 in health care benefits. In addition, you will be able to work with a team of health coaches, nurses and employment counselors, who can help you improve your health, achieve your goals and access the supports that you need. You can use the health benefit until you become eligible for Medicare, or until the project ends.

Do you understand these benefits?

YES 01 (H18b)
NO 00 (ANSWER QUESTIONS, THEN GO TO H18a)

PROGRAMMER: MAKE HEALTH PLAN FAQs AVAILABLE FROM THIS SCREEN.

H18a. Did the information I provided answer your question(s)?

YES 01 (H18b)
NO 00 (INTERVIEWER: PROVIDE CLARIFICATIONS THEN, GO TO H18b)

H18b. We will be mailing you further information about the benefits. The information includes a toll free number for POMCO, the benefits administrator that you can call if you have any questions. Please review the information when you receive it.

Once again, congratulations, and we will be in touch with you in the future to see how you are doing.

GO TO THNX

Date

Dear _____:

Thank you for agreeing to take part in the Accelerated Benefits Demonstration. This study is being done by **researchers at MDRC and Mathematica, and at the research arm of the Social Security Administration's—the Office of Program Development and Research.** Enclosed is a check for \$25 to thank you for completing your first interview with MPR.

You are assigned to the **AB Health Plan *Plus*** group. You will be able to use a health plan that will pay for up to \$100,000 of your health care costs. In addition, you will be able to work with a team of health coaches, nurses, and employment counselors ~~from two organizations called CareGuide and TransCen. You don't have to use any of the services but w~~ We think you'll find them to be very valuable. The AB Health Plan *Plus* benefits will be available to you until you are covered by Medicare, around FILL MONTH, YEAR.

An Understanding of Benefits form explaining your participation in the study is included with this letter along with a brochure about the AB Health Plan. POMCO will be sending you more details about the health care plan as well as a card to use whenever you use health care services. **If you need to seek healthcare before you receive your identification card, please use the enclosed letter from POMCO as proof of coverage.** If you have any questions about the health plan, you can call POMCO at 1-866-462-1812. One of the coaches will also be calling you soon to tell you about the support services that are available. **Please note that when the coaches call, their caller ID could say One Care Street or CareGuide.**

Again, congratulations and welcome to the AB demonstration!

Best Wishes,



David Butler, Project Director
Accelerated Benefits Demonstration

Enclosure

ON REVERSE SIDE OF THIS LETTER

Privacy Act Statement -- The person(s) completing the interview will remain confidential as provided in the Privacy Act (5 U.S.C. 552a). You do not have to provide the information requested. However, the information you provide will allow the Social Security Administration (SSA) to better foster independence and community participation among persons with disabilities. The Privacy Act says that SSA will keep personally identifying information confidential unless disclosing that information is required by law or is necessary for purposes of litigation or other legal proceedings. The Privacy Act also allows SSA to share personally identifiable information with other agencies or researchers under specified circumstances. If you want information about the circumstances under which your information can be shared, please call MDRC toll free at 1-866-907-1936.

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. The OMB control number for this study is 0960-0526. We estimate that it will take about **30** minutes to participate in this activity. Send **only** comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401.

Accelerated Benefits Demonstration Understanding of Benefits – AB Health Plan *Plus*

I am taking part in a research study called the Accelerated Benefits (AB) Demonstration. I am in the **AB Health Plan *Plus*** study group. The study is being done for the Social Security Administration (SSA). MDRC, Mathematica Policy Research, Inc. (MPR), and SSA's Office of Program Development and Research are conducting this study.

As part of the AB study, I will receive AB Health Plan *Plus*. SSA will pay for this health plan. POMCO, a company that manages health plans for many organizations, is managing AB Health Plan *Plus* for SSA

As a member of the **AB Health Plan *Plus*** group, I understand the following about the health plan I will receive:

- The health plan pays for health care costs up to \$100,000.
- The health plan covers most of my health care costs. I will be responsible for paying \$12 when I use a doctor in the AB network, as well as any other costs not covered by the AB Health Plan.
- The health plan does not change the rules that determine my Social Security benefits or any other benefits that I receive, such as Medicare.
- The health plan is available to me until or unless any of the following occur:
 - I become eligible for Medicare coverage.
 - I reach the \$100,000 benefit limit.
 - The project ends.
- SSA has set aside funds to cover health care costs for AB participants. They think that my medical costs will be paid for during the project. It is possible, however, that the project will run out of funding. This is unlikely. If it happens, however, the plan could end in the middle of my treatment. I will be given as much notice as possible if this is expected to happen.
- I can decide at any time that I don't want to be in the study. I can drop out of the study by calling MDRC at 1-866-907-1936. If I do that, I will no longer get the health plan.
- As part of the **AB Health Plan *Plus*** group, I will be able to work with a team of health coaches, nurses, and employment counselors from two organizations called CareGuide and TransCen. This team will help me get the right health services, advise me on how to meet my health care needs, help me with SSA benefit issues, and help me increase my level of activity or even return to work, if I choose to do so.
- I do not have to use the health plan or accept the advice of my coaches, nurses or counselors from CareGuide or TransCen.
- Federal law protects the confidentiality of my health information. Information about the types of health care I use in AB will be reported by POMCO to the study team. CareGuide and TransCen will report information about my use of coaching and support services to the study team. The study team includes researchers at MDRC and Mathematica, and at the Social Security Administration's Office of Program Development and Research. The study team will use this information for research purposes only. The information will not be used by anyone to determine my eligibility for Social Security benefits, the amount of benefits that I receive, or my eligibility for Medicare.

Please keep this form for your records.



IF YOU NEED TO SEEK HEALTHCARE SERVICES BEFORE YOU RECEIVE YOUR ID CARD, PLEASE PRESENT THIS LETTER FOR PROOF OF COVERAGE.

[DATE]

Dear Healthcare Provider:

The bearer of this letter, [NAME], is entitled to AB Health Plan coverage administered by POMCO using the POMCO/Multiplan network.

If you should have any questions or need additional information, please don't hesitate to contact POMCO directly:

Claims Administrator, POMCO, toll free at:

1-866-462-1812

Monday through Friday

9 a.m. to 9 p.m. (EST)

Or mail Claims to:

POMCO

P.O. Box 6329

Syracuse, NY 13217

Sincerely,

The POMCO Group



ATTACHMENT 6

NOTIFICATION MATERIALS – CONTROL GROUP

- Assignment Script (H19aa)
- Notification Letter
- Control Group FAQs

ASSIGNED TO CONTROL GROUP

H19aa. That was the last question I had. As I mentioned at the beginning of the interview, our computer will randomly assign participants to one of three groups. The answers you provided today will not affect which group you are in. We will send you a letter that notifies you of your assignment when we mail the \$25 we promised to send to thank you for completing this interview.

Date

Dear _____:

Thank you for agreeing to take part in the Accelerated Benefits Demonstration. This study is being done by **researchers at MDRC and Mathematica, and at the Social Security Administration's Office of Program Development and Research**. Enclosed is a check for \$25 to thank you for completing your first interview with MPR.

You are assigned to the control group. Being in this study **will not change any of the Social Security program rules**.

A fact sheet that gives you more information about the study is included with this letter. If you have any questions, you can call me at MDRC toll free at 1-866-907-1936.

An interviewer from MPR may call you in about six months and again in about a year and a half to find out about your health and the care you are receiving. You will receive \$25 for each of the interviews you complete.

Again, thank you for your participation and for completing your first interview for this important project.

Best Wishes,



David Butler
Project Director
Accelerated Benefits Demonstration

Enclosure

ON REVERSE SIDE OF THIS LETTER

Privacy Act Statement -- The person(s) completing the interview will remain confidential as provided in the Privacy Act (5 U.S.C. 552a). You do not have to provide the information requested. However, the information you provide will allow the Social Security Administration (SSA) to better foster independence and community participation among persons with disabilities. The Privacy Act says that SSA will keep personally identifying information confidential unless disclosing that information is required by law or is necessary for purposes of litigation or other legal proceedings. The Privacy Act also allows SSA to share personally identifiable information with other agencies or researchers under specified circumstances. If you want information about the circumstances under which your information can be shared, please call MDRC toll free at 1-866-907-1936.

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QUESTIONS AND ANSWERS ABOUT THE ACCELERATED BENEFITS DEMONSTRATION

WHAT IS THE ACCELERATED BENEFITS DEMONSTRATION?

The Accelerated Benefits (AB) Demonstration is a special study being sponsored by the Social Security Administration (SSA). The AB Demonstration will look at how providing immediate health benefits and additional supports to new Social Security Disability Insurance (SSDI) beneficiaries affects their health, independence, employment, and quality of life.

DO ALL NEW SSDI BENEFICIARIES GET INTO THE AB DEMONSTRATION?

No. The demonstration project does not have the resources to serve everyone who is eligible. The AB demonstration will enroll about 2,000 participants. Everyone who is eligible **and** who agrees to take part in the demonstration will be randomly assigned to participate in either the AB demonstration or in the regular SSDI program.

WHAT DOES RANDOM ASSIGNMENT MEAN?

Random assignment is like picking numbers out of a hat or flipping a coin—so everyone is treated fairly. Everyone who meets the eligibility requirements and agrees to take part in the demonstration will be randomly assigned into one of the three study groups. Each person will have an equal chance of getting into each of the groups. A computer makes the decision about which study group each person is assigned to. By using random assignment, we can learn how well the program works for its participants.

CAN MY ANSWERS OR CONDITION AFFECT WHICH GROUP I AM ASSIGNED TO?

No. Assignment to each group is completely random. The assignment has nothing to do with the answers to survey questions or to factors such as age, sex, race, ethnicity, education, or type of disability.

ONCE I AM RANDOMLY ASSIGNED, CAN I SWITCH GROUPS?

No. The initial random assignment is final.

IF I AM ASSIGNED TO THE CONTROL GROUP CAN I SIGN UP FOR OTHER HEALTH INSURANCE ON MY OWN?

Yes. Being selected to any of the study groups does not restrict participation in other benefit programs.

WILL MY PARTICIPATION IN AB **CHANGE ANY SSDI RULES?**

No. The AB demonstration program will **not change any of the rules that determine whether you receive Social Security benefits.**

WILL MY PARTICIPATION AFFECT MY ABILITY TO GET MEDICARE LATER ON?

No. Participating in AB will not affect your eligibility for Medicare.

WILL MY INFORMATION BE KEPT CONFIDENTIAL?

Yes. **The information we collect from you for this study will be used for research purposes only and will be kept private and confidential to the extent provided by law. The Social Security Administration will never use your information to determine your eligibility for Social Security benefits, the amount of benefits you receive, or your eligibility for Medicare.** Your answers will be combined with the answers of other survey participants. Your name will never be used in any reports. Only members of the study team will have information about you. **The study team includes researchers from MDRC and Mathematica, and from the Social Security Administration's Office of Program Development and Research.**

WHO CAN I CONTACT FOR MORE INFORMATION?

For questions about the research study, please call MDRC toll free at 1-866-907-1936. You can learn more about MDRC at their website, <http://www.mdrc.org>.

For information about the survey, please call Mathematica toll free at 1-866-275-8659 and ask for Amy Bates. For information about Mathematica, visit their website at <http://www.mathematica-mpr.com>.

ATTACHMENT 7

POMCO WELCOME LETTERS

- AB Health Plan
- AB Health Plan *Plus*

Date

Welcome to the *AB Health Plan!*

POMCO is pleased to administer your *AB Health Plan* medical benefits. We have managed benefit plans for over thirty years and are committed to providing you with high quality service while you are enrolled in the *AB Health Plan*. We work with a company called MEDCO who will administer your prescription drug benefits.

Enclosed is a handbook that describes the *AB Health Plan* coverage. This handbook contains important information about the benefits you can use. It also has information on how to contact POMCO and MEDCO.

Also enclosed is your POMCO *AB Health Plan* ID card to use when you receive services from any in-network doctor, hospital, or pharmacy. By using this card for services, you are acknowledging that you understand the following important facts about the *AB Health Plan*:

- The health benefit pays for health care costs up to \$100,000.
- The health benefit covers most of your health care costs. You will be responsible for paying a modest co-payment of \$12 and any other costs not covered by the *AB* health benefit.
- The health benefit **does not change the rules that determine** your Social Security benefits or any other benefits that you receive, **such as Medicare**.
- The health benefit is available to you until or unless any of the following occur:
 - You become eligible for Medicare coverage.
 - You reach the \$100,000 benefit limit.
 - The project ends.
- SSA has set aside funds to cover health care costs for *AB* participants. They think that most of your medical costs will be paid for during the project. It is possible, however, that the project will run out of funding. This is very unlikely. If it happens, however, the benefit could end in the middle of your treatment. You will be given as much notice as possible if this is expected to happen.

- You can decide at any time that you don't want to be in the AB research study. You can drop out of the study by calling MDRC, the research organization conducting the study, at xxx-xxx-xxxx. If you do that, you will no longer get the special health benefit.

The *AB Health Plan* allows you to choose health care providers in the POMCO or MultiPlan networks. These networks include more than 450,000 healthcare professionals and 4,000 facilities nationwide. To find a provider in the networks go to www.pomcogroup.com and select "Find a Provider," or call POMCO customer service.

POMCO can help you with any questions about your *AB Health Plan* coverage. Please call our customer service Department at (XXX) XXX-XXXX, Monday through Friday, 9:00 a.m. – 9:00 p.m. (EDT), and we will be happy to assist you.

Date

Welcome to *AB Health Plan Plus*!

POMCO is pleased to administer your *AB Health Plan Plus* medical benefits. We have managed benefit plans for over thirty years and are committed to providing you with high quality service while you are enrolled in *AB Health Plan Plus*. We work with a company called MEDCO who will administer your prescription drug benefits.

In addition to the health and pharmacy benefits, you also have access to a unique coaching and support program. A team of nurses, coaches, benefits planners and employment counselors will assist you in taking appropriate steps to improve your health, achieve your personal goals and access the supports and services you may need. A CareGuide Health Coach will contact you soon for an initial interview.

Enclosed is a handbook that describes *AB Health Plan Plus* coverage. This handbook contains important information about the benefits you can use. It also has information on how to contact POMCO and MEDCO.

Also enclosed is your *AB Health Plan Plus* ID card to use when you receive services from any in-network doctor, hospital, or pharmacy. By using this card for services, you are acknowledging that you understand the following important facts about the *AB Health Plan Plus*:

- The health benefit pays for health care costs up to \$100,000.
- The health benefit covers most of your health care costs. You will be responsible for paying a modest co-payment of \$12 and any other costs not covered by the *AB Plus* health benefit.
- The health benefit **does not change the rules that determine** your Social Security benefits or any other benefits that you receive, **such as Medicare**.
- The health benefit is available to you until or unless any of the following occur:
 - You become eligible for Medicare coverage.
 - You reach the \$100,000 benefit limit.
 - The project ends.

- SSA has set aside funds to cover health care costs for AB Plus participants. They think that most of your medical costs will be paid for during the project. It is possible, however, that the project will run out of funding. This is very unlikely. If it happens, however, the benefit could end in the middle of your treatment. You will be given as much notice as possible if this is expected to happen.
- You can decide at any time that you don't want to be in the AB Plus research study. You can drop out of the study by calling MDRC, the research organization conducting the study at xxx-xxx-xxxx. If you do that, you will no longer get the special health benefit.

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