

MPR Reference No.: 6237

MATHEMATICA
Policy Research, Inc.

**Accelerated Benefits
Demonstration**

**12 Month Followup
Survey**

Draft

*Julita Milliner-Waddell
Lisa Schwartz
David Wittenburg
Charles Michalopoulos
David Butler*

Prepared by:
Mathematica Policy Research, Inc. and MDRC

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SECTION A: CASE MANAGEMENT/RESPONDENT SELECTION

[Hello (Q1)]

A1. Hello, my name is [fill IntvName]. I am calling on behalf of the Social Security Administration. May I please speak to (NAME)?

- SPEAKING TO NAME..... 01 SampMemb (A26)
- NAME COMES TO THE PHONE..... 02 SampMemb (A26)
- PERSON ASKS WHAT CALL IS ABOUT..... 03 WhatAbout (A2)
- NEED TO CALLBACK..... 04 Callback
- NAME HAS A HEALTH PROBLEM/DECEASED..... 05 HealthProb (A3)
- NAME IS IN AN INSTITUTION..... 06 Institution (A10)
- NAME HAS MOVED..... 07 KnowWhere (A15)
- NAME DOES NOT SPEAK ENGLISH..... 08 Lang (A20)
- NEVER HEARD OF NAME/WRONG NUMBER..... 09 Thanks (A33) Status 530
- HUNG UP DURING INTRODUCTION..... 10 Status 640
- REFUSED..... r Status 220

[WhatAbout (Q2)]

A2. The Social Security Administration recently sent (NAME) a letter saying that someone from Mathematica would be calling to see how {she/he} has been doing since we last spoke in {FILL MONTH}. This is in reference to the Accelerated Benefits Demonstration in which (NAME) was selected to participate in {FILL RA MONTH AND YEAR}.

PROGRAMMER: ALLOW INTERVIEWER TO ACCESS FAQs FROM THIS SCREEN.

- NAME COMES TO THE PHONE..... 01 SampMemb (A26)
- NEED TO CALLBACK..... 02 Callback
- NAME HAS A HEALTH PROBLEM/DECEASED..... 03 HealthProb (A3)
- NAME IS IN AN INSTITUTION..... 04 Institution (A10)
- NAME MOVED..... 05 KnowWhere (A15)
- NAME DOES NOT SPEAK ENGLISH..... 06 Lang (A20)
- NAME DIDN'T RECEIVE LETTER..... 07 NoLetter (A28)
- HUNG UP DURING INTRODUCTION..... 08 Status 640
- SUPERVISOR REVIEW..... 09 Status 380
- NEVER HEARD OF NAME/WRONG NUMBER..... 10 Thanks (A33) Status 530
- REFUSED..... r Status 220

PAPERWORK REDUCTION ACT INFO: Before we begin, I'd like to give you some information about this survey. We estimate it will take about 45 minutes to complete the survey. If after completing the survey you would like to comment on that time estimate, you can send comments to: SSA, 6401 Security Blvd, Baltimore, MD 21235. The OMB number for this collection, which you can reference, is 0960-0747, and the expiration date is INSERT.

[HealthProb (Q3)]

A3. ENTER TYPE OF HEALTH PROBLEM.

- HEARING PROBLEM..... 01 AmpTTY (A4)
- SPEECH PROBLEM..... 02 AmpTTY (A4)
- PHYSICAL PROBLEM..... 03 Important (A12)
- COGNITIVE PROBLEM..... 04 Important (A12)
- FRAIL/SICK..... 05 Important (A12)
- IN A COMA..... 06 Important (A12)
- DECEASED..... 07 Deceased (A9)
- REFUSED..... r Status 220

[AmpTTY (Q4)]

A4. I can get on a phone that will amplify my voice or {NAME}'s voice, or we could use a TTY service. Would either of these enable {him/her} to complete the interview?

- YES - USE AMPLIFIER PHONE..... 01 RespAvail (A5)
- YES - USE TTY CAPABILITY..... 02 RespAvail (A5)
- NO 00 Important (A12)
- DON'T KNOW..... d Callback
- REFUSED..... r Status 220

RespAvail (Q5)

A5. Is (NAME) available now?

- YES..... 01 if AmpTTY (A4) = 1 then
AmpPhone (A6) else
CallTTY (A7)
- NO..... 00 Callback

AmpPhone (Q6)

A6. Please hold while I get the amplifier phone.

INTERVIEWER: SET UP AMPLIFIER/WEAK SPEECH EQUIPMENT AND ASK GATEKEEPER TO CALL NAME TO THE PHONE.

- NAME COMES TO THE PHONE..... 01 SampMemb (A26)
- CALLBACK..... 02 Callback

[CallTTY (Q7)]

A7. I will call back in a few minutes after I have the help of the TTY operator.

- ARRANGE CALL WITH OPERATOR..... 01 SampMemb (A26)
- IF UNSUCCESSFUL SET CALLBACK..... 02 Callback

CallLater (Q8)

A8. Will (NAME) be able to talk on the telephone if I call back next week?

- YES/MAYBE – CALLBACK..... 01 Callback
- NO..... 00 Important (A12)
- DON'T KNOW..... d CALLBACK
- REFUSED..... r Status 220

[Deceased (Q9)]

A9. I am sorry to hear that (NAME) has passed away. I was calling about the Accelerated Benefits Demonstration in which (NAME) was selected to participate. We are conducting the study for the Social Security Administration. You might have seen a letter we recently sent (NAME). When did (NAME) pass away?

DATE: |_|_|/|_|_|/|_2_|_0_|_|_|
 MO DAY YEAR
 (01-12) (01-31) (2008-2010)

- DON'T KNOW..... d
- REFUSED..... r
- Status 440

Please accept my condolences. Thank you. Good-bye.

[Institution (Q10)]

A10. ENTER TYPE OF INSTITUTION.

- HOSPITAL..... 01 HomeSoon (A11)
- NURSING HOME..... 02 HomeSoon (A11)
- ASSISTED LIVING FACILITY..... 03 HomeSoon (A11)
- GROUP HOME..... 04 HomeSoon (A11)
- JAIL OR PRISON..... 05 Thanks (A33) Status 421

[HomeSoon (Q11)]

A11. I'm sorry to hear that. Until what date will (NAME) be staying there?

PROBE: Your best estimate is fine.

|_|_|/|_2_|_0_|_|_|
 MONTH YEAR
 (1.12) (2008-2010)

- PERMANENTLY..... 01 CanYou (A14)
- DON'T KNOW..... d CanYou (A14)
- REFUSED..... r CanYou (A14)

PROGRAMMER: IF DATE IS AFTER 6/1/2010, GO TO CanYou (A14)

IF D OR R, Callback.

If date is before 6/1/2010 ARRANGE CALLBACK → Callback

[Important]

A12. We'd like to work with you {and (NAME)} to help {you/him/her} participate so that we can find out how {you have/(he/she) has} been doing. To help {you/(NAME)} participate, we can make a few adjustments. Please tell me which one will work best or be the easiest for {you/him/her}. [READ CHOICES 01, 02, 03, and 06 BELOW]

PROBE: I would like to help {you/(NAME)} participate. Please tell me what we can do to make that possible.

CODE ONE

SPEAKING WITH NAME:

I can break the interview into a few short calls,..... 01 (A34)

IF SPEAKING WITH INFORMANT:

You could help (NAME) answer questions for {himself/herself},..... 02 Asst Name (A23)

You or someone else could answer questions on {his/her} behalf:

INFORMANT WILL ACT AS PROXY..... 03 (A14)

SOMEONE ELSE WILL PROXY, COMES TO THE PHONE..... 04 (A14)

SOMEONE ELSE WILL PROXY, NOT AVAILABLE/ LIVES ELSEWHERE..... 05 (A40)

Or, do you have another way? (SPECIFY)..... 06 (A13)

CANNOT DO INTERVIEW WITH HELP/ NO PROXY AVAILABLE..... 07 (Status 410)

NONE/DON'T KNOW..... d (CALLBACK)

REFUSED..... r (Status 220)

A13. What way is that?

PROBE: I would like to help {you/(NAME)} participate. Please tell me what we can do to make that possible.

<OPEN>_____ (Supervisor Review)

DON'T KNOW..... d (CALLBACK)

REFUSED..... r Thanks (Status 220)

A14. (Hello, my name is _____, calling on behalf of the Social Security Administration.) Are you someone who is 18 years of age or older and can answer questions about (NAME's) health and daily activities over the last 12 months?

PROGRAMMER: MAKE FAQ AVAILABLE HERE

YES..... 01 AsstName (A23)

NO..... 00 (CALLBACK)

DON'T KNOW..... d (CALLBACK)

REFUSED..... r (CALLBACK)

[Lang (Q20)]

A20. CODE LANGUAGE NEEDED TO COMPLETE INTERVIEW IF KNOWN.

- SPANISH..... 01 Thanks (A33) Status 401
- FRENCH..... 02
- MANDARIN..... 03
- CANTONESE..... 04
- RUSSIAN..... 05
- GERMAN..... 06
- OTHER LANGUAGE..... 07 OtherLang (A21)
- DON'T KNOW..... d NeedAsst (A22)

[OtherLang (Q21)]

A21. SPECIFY OTHER LANGUAGE.

LANGUAGE: _____
 → NeedAsst (A22)

[NeedAsst (Q22)]

A22. Hello, my name is _____, calling on behalf of the Social Security Administration. The Social Security Administration recently sent (NAME) a letter saying that someone from Mathematica would be calling to see how (NAME) is doing since {he/she} was selected to participate in the Accelerated Benefits Demonstration in {FILL RA MONTH AND YEAR}. Mathematica is a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project. We are not selling anything or asking for contributions. We are looking for someone who is 18 years or older to help (NAME) by interpreting the interview for us. Are you 18 years of age or older?

IF YES: Would you be able to help (NAME) by interpreting the interview?

IF NO: Is there someone else 18 years or older who could come to the phone and help with the interview?

- SPEAKING TO FAMILY MEMBER/FRIEND WHO WILL ACT AS INTERPRETER..... 01 AsstName (A23)
- NO INTERPRETER AVAILABLE..... 04 CALLBACK
- SUPERVISOR REVIEW..... 05 Status 380
- DON'T KNOW..... d CALLBACK
- REFUSED..... r STATUS 210

[AsstName (Q23)]

A23. Before we begin, can you please tell me your name?

 ASSISTANT/INTERPRETER/PROXY NAME

- DON'T KNOW..... d
- REFUSED..... r
- AsstRel (A24)

[AsstRel (Q24)]

A24. And how are you related to [FILL FirstName]?

- SPOUSE..... 01
- CHILD..... 02
- SIBLING..... 03
- PARENT..... 04
- NIECE/NEPHEW..... 05
- FRIEND/NEIGHBOR/OTHER RELATIVE..... 06
- GROUP/FOSTER HOME/ASSISTED LIVING FACILITY ADMINISTRATOR/CARER..... 07
- OTHER RELATIVE..... 08
- NOT RELATED..... 09
- DON'T KNOW..... d
- REFUSED..... r GO TO A25a

[ASSISTANT/INTERPRETER INSTRUCTION (Q25a)]

A25a. Thank you for agreeing to assist (NAME) with the interview/interpret the interview for (him/her). (IF INTERPRETER, SAY: Please repeat the questions to (NAME) exactly as I read them to you.)

→ Screener/Survey *** GO TO A34

[SampMemb (Q31)]

[if Hello (Q1) eq <2> or WhatAbout (Q2) eq <1> then] Hello, my name is [fill IntvName]. I am calling on behalf of ...[endif]

A26. {Hello, my name is _____, calling on behalf of the Social Security Administration.} I'm calling to followup and see how {you are/(NAME) is} doing since {you were/(he/she) was} selected to participate in the Accelerated Benefits (AB) Demonstration in {FILL RA MONTH YEAR}. {You/He/She} should have received a check for \$25 as our thank you in advance for completing the survey along with a letter telling {you/him/her} that someone from Mathematica would be calling. The questions I have will take about 45 minutes to complete. Let's start now.

(IF NEEDED: There are no right or wrong answers. If you get tired or need a break at any time, please tell me and we can take a break or I will call back later to finish the interview.)

PROGRAMMER: ALLOW INTERVIEWER TO ACCESS FAQs FROM THIS SCREEN.

- BEGIN INTERVIEW..... 01 Consent (A34)
- DID NOT RECEIVE LETTER OR CHECK..... 02 NoLetter (A28a)
- RECEIVED LETTER BUT NOT CHECK..... 03 (A28b)
- RECEIVED CHECK BUT NOT LETTER..... 04 (A28)
- NOT A GOOD TIME..... 05 Callback
- HUNG UP DURING INTRODUCTION..... 06 Status 640
- SUPERVISOR REVIEW..... 07 Status 380
- NAME WILL CALL MPR BACK..... 08 (A27)
- CANNOT CASH CHECK..... 09 (A28b)
- WANTS MORE INFORMATION.....FAQ
- REFUSED..... r Status 200

A27. Thanks for offering to call in. Please write down our toll-free number. It is 866-275-8659. We are available days, evenings, and weekends. Please ask for Terry Mann when you call. If you call after hours, please leave a message and we will get back to you the next day.

(STATUS 830)

[NoLetter (Q32)]

A28. The letter was from the Social Security Administration and said that someone from Mathematica would be calling to see how {you have/(NAME) has} been doing since {you were/(he/she) was} selected to participate in the Accelerated Benefits Demonstration in {FILL RA MONTH YEAR}. I work for Mathematica. We are conducting a survey for the Social Security Administration about the Accelerated Benefits Demonstration. The information {you/(NAME)} and other participants give us will be used to improve programs for disabled persons. We are not selling anything or asking for contributions. If you like, I can read the letter to you now and we can start the interview. (IF NEEDED: I can also mail {you/him/her} another copy. {You/He/She} should receive the letter in about a week.) Let's get started. Should I read the letter?

BEGIN INTERVIEW..... 01 Consent (A34)
WANTS ANOTHER LETTER/WANTS LETTER
READ TO THEM..... 02 NoLetter (A29)
NOT A GOOD TIME..... 03 Callback
WANTS MORE INFORMATION..... FAQ
REFUSED..... r Status 200

[A26=02]

A28a. The letter was from the Social Security Administration and said that someone from Mathematica would be calling to see how {you have/(NAME) has} been doing since {you were/(he/she) was} selected to participate in the Accelerated Benefits Demonstration in {FILL RA MONTH YEAR}. I work for Mathematica. We are conducting a survey for the Social Security Administration about the Accelerated Benefits Demonstration. The information you and other participants give us will be used to improve programs for disabled persons. We are not selling anything or asking for contributions. If you like, I can read the letter to you now and we can start the interview. We will mail you a check for \$25 upon completion of the interview. Let's get started. Should I read the letter?

BEGIN INTERVIEW..... 01 (A34)
WANTS ANOTHER LETTER AND CHECK/WANTS
LETTER READ TO THEM..... 02 NoLetter (A29)
NOT A GOOD TIME..... 03 Callback
WANTS MORE INFORMATION..... FAQ
REFUSED..... r Status 200

A26=03, 09]

A28b. I am sorry that there was a problem with the check. We will mail you a check for \$25 upon completion of the interview. Can we begin?

BEGIN INTERVIEW..... 01 Consent (A34)
WANTS NEW CHECK FIRST..... 02 (A30a)
NOT A GOOD TIME..... 03 Callback
REFUSED..... r Status 200

A32. What's that person's name and phone number?

PROBE: If you don't have all the information, please tell me what you can.

NAME _____
FIRST, MIDDLE, LAST

Please give me the telephone number, starting with the area code first.

TELEPHONE: |_|_|_|_|-|_|_|||_|_|-|_|_|_|_|_| (A33) Status 530

DON'T KNOW..... d (A33) (Status 530)

REFUSED..... r (A33) (Status 530)

**PROGRAMMER: THIS INFORMATION NEEDS TO BE SENT TO
LOCATING AS A LEAD**

[Thanks (Q36)]

A33. Thank you very much for your time.

ENTER 1 TO CONTINUE

Consent

A34. Before we begin, I would like to remind {you/(NAME)} of a few things about being part of this study. There is no cost to be in the study and {you/(NAME)} do not have to do anything. The study is being conducted by a team of researchers at MDRC, Mathematica Policy Research, and the Office of Policy Development and Research at SSA. All of {your/(NAME's)} information will be kept confidential and only the study team will have access to it. The information {you give/(he/she) gives} us will be used for research purposes only, and {your/his/her} name will not appear in any reports. {Your/(NAME's)} answers will not affect {your/his/her} Social Security benefits and will not determine whether {you/he/she} receive(s) Medicare.

Can we continue with the interview?

YES..... 01 Whom (A34a)

NO..... 02 (Callback)

SUPERVISOR REVIEW..... 03 (Status 380)

WANTS MORE INFORMATION.....FAQ

REFUSED..... r (A33) (Status 200)

[Whom]

A34a. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

NAME..... 01

INTERPRETER..... 02

ASSISTANT..... 03

PROXY..... 04

[Confirm]

A35. First, I need to confirm that I've reached the right person. (IF INTERPRETER, SAY: Please repeat the questions exactly as I word them.) Is {your/his/her} full name {FILL FROM PRELOADS}?

- YES..... 01 (A37)
- NAME CHANGED..... 02
- NO..... 00
- DON'T KNOW..... d (A44)
- REFUSED..... r (A44)

(A35=02 or 00)

[NewName]

A36. For the record, what is {your/his/her} (new) name?

NAME _____

- IDENTITY CONFIRMED..... 01
- IDENTITY NOT CONFIRMED..... 02 (A44)
- DON'T KNOW..... d (A44)
- REFUSED..... r (A44)

PROGRAMMER: STORE NAME CHANGE IN NAME UPDATE BLOCK

[State_Ask]

A37. {Are you/Is (he/she)} now living in {STATE FROM PRELOAD}?

- YES..... 01 (A38)
- NO..... 00 (A37a)

[State]

A37a. In what state {are you/is (he/she)} now living?

STATE |__|__| TWO LETTER CODE

- DON'T KNOW..... d
- REFUSED..... r

PROGRAMMER: STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK

A38. What is {your/his/her} date of birth?

|__|__| |__|__| |__|__|__|__| (A42)
 MONTH DAY YEAR
 (01-12) (01-31) (1953-1990)

- DON'T KNOW..... d (A39)
- REFUSED..... r (A39)

[Age]

A39. How old {are you/is (he/she)}?

RECORD AGE |__|__| YEARS (18-56)

DON'T KNOW..... d (A43)

REFUSED..... r (A43)

[Proxy Name2]

A40. May I please have {his/her} name?

PROXY NAME: _____

DON'T KNOW..... d

REFUSED..... r

[Proxy Phone]

A40a. May I please have {his/her} telephone number?

TELEPHONE: |_|_|_|_|-|_|_|_|-|_|_|_|_|

DON'T KNOW..... d

REFUSED..... r

[Proxy Addr]

A40b. And {his/her} address?

ADDRESS: _____

DON'T KNOW..... d

REFUSED..... r

[Proxy Rel12]

A40c. How is {he/she} related to [fill FIRST NAME]?

- SPOUSE..... 01
- CHILD..... 02
- SIBLING..... 03
- PARENT..... 04
- NIECE/NEPHEW..... 05
- FRIEND/NEIGHBOR/OTHER RELATIVE..... 06
- GROUP/FOSTER HOME/ASSISTED LIVING FACILITY ADMINISTRATOR/CAREGIVER..... 07
- OTHER RELATIVE..... 08
- NOT RELATED..... 09
- DON'T KNOW..... d
- REFUSED..... r

→ If A12 = 04 THEN CALLBACK

A41. Please write down my toll free number and give it to someone who might know about (NAME's) health and daily activities so they can get more information about the study. The toll free number is 866-275-8659.

CODE FOR SUPERVISOR REVIEW

A42. PROGRAMMER CHECK BIRTHDATE: IS MONTH, DAY, YEAR OF BIRTH AT A38=MONTH, DAY, AND YEAR OF BIRTH ON RECORD?

- NO MATCH..... 00
- 1 MATCHES..... 01
- 2 MATCH..... 02
- 3 MATCH..... 03

A43. PROGRAMMER CHECK: IS (NAME's) IDENTITY VERIFIED AND IS BIRTHDATE VERIFIED?

- YES (VERIFIED)..... 01 (B1)
- NO (FAILED VERIFICATION)..... 00

A44. Thanks for your patience. There seems to be a problem with my information. I need to check with my supervisor about what to do next. Someone from Mathematica will get back to {you/(NAME)}. Good-bye. Thank you.

SUPERVISOR REVIEW

GO TO SECTION B

**REFUSAL MODULE: THIS WILL DISPLAY WHEN BREAKOFF IS INDICATED IN BLAISE
NOTE: A REFUSAL CAN OCCUR AT ANY POINT IN THE INTERVIEW.**

[WHO REFUSED]

INTERVIEWER: INDICATE WHO REFUSED.

SAMPLE MEMBER.....01
GATEKEEPER.....02
UNKNOWN PERSON.....03

[REFUSAL REASON]

INTERVIEWER: INDICATE REFUSAL REASON TO BEST OF KNOWLEDGE.

CODE BEST

AFRAID TO LOSE BENEFITS..... 01
NO TIME..... 02
TOO SICK..... 03
NO INTEREST..... 04
PROVIDING CONSENT..... 05
UNHAPPY WITH RANDOM ASSIGNMENT STATUS..... 06
DON'T TRUST GOVERNMENT/SSA..... 07
CONFIDENTIALITY..... 08
NONE GIVEN..... 09
OTHER (SPECIFY)..... 10

SECTION B: PHYSICAL, FUNCTIONAL, AND MENTAL HEALTH STATUS

SF-36:1

(All)

(Asked at Baseline)

B1. I'd like to begin with some questions about how {your/(NAME's)} health is now.

In general, would {you/(NAME)} say {your/his/her} health is excellent, very good, good, fair, or poor?

- EXCELLENT..... 01
- VERY GOOD..... 02
- GOOD..... 03
- FAIR..... 04
- POOR..... 05
- DON'T KNOW..... d
- REFUSED..... r

SF-36:2 modified

(All)

B2. Compared to when we spoke to {you/(NAME)}, in [fill RA MONTH YEAR], how would {you/he/she} rate {your/his/her} health in general now? Would {you/he/she} say it is much better now, somewhat better now, about the same, somewhat worse now, or much worse now?

- MUCH BETTER NOW..... 01
- SOMEWHAT BETTER NOW..... 02
- ABOUT THE SAME..... 03 (B3a)
- SOMEWHAT WORSE NOW..... 04
- MUCH WORSE NOW..... 05
- DON'T KNOW..... d (B3a)
- REFUSED..... r (B3a)

(B2=01, 02, 04 or 05)

B2a. What is the main reason {you think/(NAME) thinks} {your/his/her} health is [fill MUCH BETTER, SOMEWHAT BETTER, SOMEWHAT WORSE OR MUCH WORSE] now than it was in [fill RA MONTH YEAR]?

INTERVIEWER: RECORD VERBATIM, THEN CODE

	CODE ALL THAT APPLY
PROGRESSION OF DISEASE.....	01
BETTER HEALTH CARE.....	02
MORE DOCTOR VISITS.....	03
MORE/BETTER PRESCRIPTIONS MEDICINES.....	04
PHYSICAL THERAPY HELPED.....	05
STOPPED PHYSICAL THERAPY.....	06
CAN'T AFFORD PRESCRIPTION MEDICINES.....	07
STOPPED GOING TO THE DOCTOR.....	08
HAD TO CHANGE DOCTORS.....	09
HAD SURGERY.....	10
OTHER.....	11
DON'T KNOW.....	d
REFUSED.....	r

SF6D/SF36:3a

(All)

(Asked at Baseline)

B3a. My next questions are about activities {you/(NAME)} might do during a typical day.

How much does {your/(NAME's)} health now limit {your/his/her} participation in **vigorous** activities, such as running, lifting heavy objects, or participating in strenuous sports? Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3b

(All)

(Asked at Baseline)

B3b. How much does {your/(NAME's)} health now limit {your/his/her} participation in **moderate** activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3c

(All)

B3c. How much does {your/(NAME's)} health now limit {you/him/her} from lifting or carrying groceries?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3d

(All)

B3d. (How much does {your/(NAME's)} health now limit {you/him/her} from climbing several flights of stairs?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3e

(All)

B3e. (How much does {your/(NAME's)} health now limit {you/him/her}) from climbing one flight of stairs?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3f

(All)

B3f. (How much does {your/(NAME's)} health now limit {you/him/her}) from bending, kneeling, or stooping?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3g

(All)

B3g. How much does {your/(NAME's)} health now limit {you/him/her} from walking more than one mile?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3h

(All)

B3h. (How much does {your/(NAME's)} health now limit {you/him/her}) from walking several blocks?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3i

(All)

B3i. (How much does {your/(NAME's)} health now limit {you/him/her}) from walking one block?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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/SF36:3j

(All)

(Asked at Baseline)

B3j. (How much does {your/(NAME's)} health now limit {you/him/her}) from bathing or dressing {yourself/himself/herself}?

PROBE AS NEEDED: Would {you/(NAME)} say that {you are/(he/she) is} 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)

SF6D/SF36:4a

B4a. Now, please think about the past 4 weeks. During the past 4 weeks, {have you/has (NAME)} had any of the following problems with {your/his/her} work or other regular daily activities as a result of {your/his/her} **physical health**? During the past 4 weeks, did {you/(NAME)} cut down the amount of time {you/he/she} spent on work or other activities?

PROBE AS NEEDED: Because of {your/his/her} **physical health**.

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

SF6D/SF36:4b

B4b. During the past 4 weeks, did {you/(NAME)} accomplish less than {you/he/she} would like?

PROBE AS NEEDED: Because of {your/his/her} **physical health**.

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

SF6D/SF36:4c

(Asked at Baseline)

B4c. During the past 4 weeks, {were you/was (NAME)} limited in the kind of work or other activities {you/he/she} could do?

PROBE AS NEEDED: Because of {your/his/her} **physical health**.

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

SF6D/SF36:4d

B4d. During the past 4 weeks, did {you/(NAME)} have difficulty performing the work or other activities{you/he/she} could do, for example, it took extra time?

PROBE AS NEEDED: Because of {your/his/her} **physical health**.

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

SF6D/SF36:5a

B5a. During the past 4 weeks, {have you/has (NAME)} had any of the following problems with {your/his/her} work or other regular daily activities as a result of any **emotional problems** such as feeling depressed or anxious? During the past 4 weeks, did {you/(NAME)} cut down the amount of time {you/he/she} spent on work or other activities?

PROBE AS NEEDED: Because of **emotional** problems such as feeling depressed or anxious.

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

SF6D/SF36:5b

B5b. Did {you/(NAME)} accomplish less than {you/he/she} would like?

PROBE AS NEEDED: Because of **emotional** problems such as feeling depressed or anxious.

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

SF6D/SF36:5c

B5c. Did {you/(NAME)} not do work or other activities as carefully as usual?

PROBE AS NEEDED: Because of **emotional** problems such as feeling depressed or anxious.

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

SF6D/SF36:6

(All)

B6. During the past 4 weeks, to what extent has {your/(NAME's)} physical health or emotional problems interfered with {your/his/her} normal social activities with family, friends, neighbors, or groups? Would {you/he/she} say not at all, slightly, moderately, quite a bit, or extremely?

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

SF6D/SF36:7

(All)

(Asked at Baseline)

B7. How much bodily pain {have you/has (NAME)} had during the past 4 weeks? Would {you/he/she} say none at all, slight pain, moderate pain, quite a bit of pain, or an extreme amount of pain?

- NONE AT ALL..... 01
- SLIGHT..... 02
- MODERATE..... 03
- QUITE A BIT..... 04
- EXTREME..... 05
- DON'T KNOW..... d
- REFUSED..... r

SF6D/SF36:8

(All)

(Asked at Baseline)

B8. During the past 4 weeks, how much did pain interfere with {your/(NAME's)} normal work, including both work outside the home and housework? Would {you/he/she} say not at all, slightly, moderately, quite a bit, or extremely?

- NOT AT ALL..... 01
- SLIGHTLY..... 02
- MODERATELY..... 03
- QUITE A BIT..... 04
- EXTREMELY..... 05
- DON'T KNOW..... d
- REFUSED..... r

SF6D/SF36:9a

(All)

B9a. These next questions are about how {you feel /(NAME) feels} and how things have been with {you/him/her} during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

During the past 4 weeks, how much of the time did {you/(NAME)} **feel full of pep**? Would {you/he/she} 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

SF36:9b – MHI-5

(All)

B9b. During the past 4 weeks, how much of the time {have you/has (NAME)} **been a nervous person**? Would {you/he/she} 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

SF36:9c – MHI-5

(All)

B9c. During the past 4 weeks, how much of the time {have you/has (NAME)} **felt so down in the dumps nothing could cheer {you/him/her} up?**

PROBE AS NEEDED: Would {you/he/she} 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

SF36:9d – MHI-5

(All)

B9d. During the past 4 weeks, how much of the time have {you/has (NAME)} **felt calm and peaceful?**

PROBE AS NEEDED: Would {you/he/she} 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/SF36:9e

(All)

(Asked at Baseline)

B9e. During the past 4 weeks, how much of the time did {you/(NAME)} **have a lot of energy?**

PROBE AS NEEDED: Would {you/he/she} 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/SF36:9f – MHI-5

(All)

(Asked at Baseline)

B9f. During the past 4 weeks, how much of the time {have you/has (NAME)} **felt downhearted and blue?** Would {you/he/she} 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

SF36:9g

(All)

B9g. During the past 4 weeks, how much of the time did {you/(NAME)} **feel worn out?**

PROBE AS NEEDED: Would {you/he/she} 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

SF36:9h – MHI-5

(All)

B9h. During the past 4 weeks, how much of the time {have you/has (NAME)} **been a happy person?**

PROBE AS NEEDED: Would {you/he/she} 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

SF36:9i

(All)

B9i. During the past 4 weeks, how much of the time did {you/(NAME)} **feel tired?**

PROBE AS NEEDED: Would {you/he/she} 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/SF36:10

(All)

(Asked at Baseline)

B10. During the past 4 weeks, how much of the time has {your/(NAME's)} physical health or emotional problems interfered with {your/his/her} social activities like visiting friends or relatives? Would {you/he/she} 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/SF36:11

(All)

B11a. Now, please tell me how true or false each of the following statements are for {you/(NAME)}.

I seem to get sick a little easier than other people. Would {you/(NAME)} say this is definitely true, mostly true, mostly false, or definitely false for {you/him/her}?

DEFINITELY TRUE..... 01
MOSTLY TRUE..... 02
MOSTLY FALSE..... 03
DEFINITELY FALSE..... 04
DON'T KNOW..... d
REFUSED..... r

B11b. I am as healthy as anybody I know. Would {you/(NAME)} say this is definitely true, mostly true, mostly false, or definitely false for {you/him/her}?

DEFINITELY TRUE..... 01
MOSTLY TRUE..... 02
MOSTLY FALSE..... 03
DEFINITELY FALSE..... 04
DON'T KNOW..... d
REFUSED..... r

B11c. I expect my health to get worse. Would {you/(NAME)} say this is definitely true, mostly true, mostly false, or definitely false for {you/him/her}?

DEFINITELY TRUE..... 01
MOSTLY TRUE..... 02
MOSTLY FALSE..... 03
DEFINITELY FALSE..... 04
DON'T KNOW..... d
REFUSED..... r

B11d. My health is excellent. Would {you/(NAME)} say this is definitely true, mostly true, mostly false, or definitely false for {you/him/her}?

DEFINITELY TRUE..... 01
MOSTLY TRUE..... 02
MOSTLY FALSE..... 03
DEFINITELY FALSE..... 04
DON'T KNOW..... d
REFUSED..... r

(30-DAY Functioning & Disability (F&D)-modified)

B12. During the past 4 weeks, how often did {you/(NAME)} stay in bed more than half the day because of problems with either {your/his/her} physical health or {your/his/her} mental health? Would {you/he/she} 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

SECTION C: HEALTH INSURANCE STATUS

(All)

(Asked at Baseline)

C1. Now I have some questions about health insurance. The last time we spoke to {you/(NAME)} in [fill MONTH, YEAR of LAST CONTACT], we asked {you/him/her} some questions about health insurance. I need to ask those questions again so that we can update our information. {Your/(NAME's)} answers will **not** affect [your/his/her} participation in the study.

{Are you/Is (NAME)} currently covered by Medicaid?

Medicaid is a program that pays for the health care of persons in need. [IF NAME IS DIFFERENT THAN MEDICAID, SAY: In {your/(NAME's)} state, {you/he/she} may also hear it called {STATEMED FROM (NAME's) CURRENT STATE}.]

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

(All)

(Asked at Baseline)

C2. {Are you/Is (NAME)} currently covered by 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 (C4)
 NO..... 00
 DON'T KNOW..... d
 REFUSED..... r

(C2=00, d or r)

(Asked at Baseline)

C3. {Are you/Is (NAME)} currently covered by a Medi-Gap plan? A Medi-Gap plan pays for costs not covered by Medicare.

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

(All)

(Asked at Baseline)

C4. {Are you/Is (NAME)} currently covered by military health care, through Armed Forces retirement benefits, the VA, TRICARE, CHAMPUS, or CHAMPVA?

PROBE: TRICARE is a managed health care program for active duty service members, National Guard and Reserve members, retirees, their families and survivors worldwide. CHAMPUS—the Civilian Health and Medical Program of the Uniformed Services, was a health care program for military personnel. It is now known as TRICARE. CHAMPVA—the Civilian Health and Medical Program of the Department of Veterans Affairs is a comprehensive health care program in which the VA shares the cost of covered health care services and supplies with eligible beneficiaries.

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

(All)

(Asked at Baseline)

C5. {Are you/Is (NAME)} currently covered by a plan from the Indian Health Service?

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

(All)

(Asked at Baseline)

C6. {Are you/Is (NAME)} 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)

(Asked at Baseline)

C7. {Are you/Is (NAME)} 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)

(Asked at Baseline)

C8. {Are you/Is (NAME)} currently covered by a state government program other than Medicaid?

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

(All)

(Asked at Baseline)

C9. Not counting (IF AB OR AB PLUS, SAY: AB), COBRA, dental, optical, or prescription plans, {are you/Is (NAME)} currently covered by (IF AB or AB PLUS, SAY "other") private health insurance, for example, private insurance that {you get/(he/she) gets} through a current or former employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own?

YES.....	01
NO.....	00 (C12)
DON'T KNOW.....	d (C12)
REFUSED.....	r (C12)

(C9=01)

(Asked at Baseline)

C10. Is {your/(NAME's)} private health insurance provided through {your/his/her} current or former employer or through {your/his/her} spouse or partner's current or former employer? Please include coverage provided through unions.

CODE ONE ONLY

(NAME's) EMPLOYER/UNION.....	01 (C12)
SPOUSE/PARTNER'S EMPLOYER.....	02 (C12)
NO, NOT PROVIDED BY CURRENT OR FORMER EMPLOYER.....	00
DON'T KNOW.....	d
REFUSED.....	r

(C9=01)

(Asked at Baseline)

C11. Is {your/(NAME's)} private health insurance paid for by {you/(NAME)}, a family member, by both {you/(NAME)} and a family member, or by someone else?

CODE ONE ONLY

- PAID BY (NAME)..... 01 (C12)
- PAID BY FAMILY MEMBER(S)..... 02 (C12)
- PAID BY BOTH (NAME) AND FAMILY MEMBER..... 03 (C12)
- SOMEONE ELSE..... 04
- DON'T KNOW..... d (C12)
- REFUSED..... r (C12)

(C11=04)

(Asked at Baseline)

C11_Other. Who or what is the other source that pays for {your/(NAME's)} private health insurance?

RECORD VERBATIM

<OPEN> _____

- DON'T KNOW..... d
- REFUSED..... r

(All)

(Asked at Baseline)

C12. Sometimes people have (IF INSURED, INCLUDING AB AND AB PLUS, SAY: "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/Does (NAME)} 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)

(Asked at Baseline)

C13a. IF ANY OF C1 TO C9=01, SAY:

PROGRAMMER: IF AB OR AB PLUS, FILL "AB." IF CONTROL, FILL "OTHER."

Not counting (AB (or) other health plans that {you/(NAME)} already told me about), {do you/does (NAME)} have a separate insurance plan that helps pay for prescription medications? Do not include Medi-Gap or Medicare Part D plans here.

IF C1 TO C9=00, D OR R, SAY:

(Although {you do/(NAME) does} not currently have coverage that helps pay for services from hospitals or doctors) {do you/does (he/she)} have insurance that helps pay for prescription medications? Do not include Medi-Gap or Medicare Part D plans here.

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

(All)

(Asked at Baseline)

C13b. IF ANY OF C1 TO C9=01, SAY:

PROGRAMMER: IF AB OR AB PLUS, FILL "AB." IF CONTROL, FILL "OTHER."

Not counting (AB (or) other health plan(s) that {you/(NAME)} already told me about), {do you/does (he/she)} have coverage for dental care?

IF C1 TO C9=00, D OR R, SAY:

(Although {you do/(NAME) does}not currently have coverage that helps pay for services from hospitals or doctors) {do you/does (he/she)} have coverage for dental care?

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

(All)

(Asked at Baseline)

C13c. IF ANY OF C1 TO C9=01, SAY:

PROGRAMMER: IF AB OR AB PLUS, FILL "AB." IF CONTROL, FILL "OTHER."

Not counting (AB (or) other health plan(s) that {you/(NAME)} already told me about) {do you/does (he/she)} have optical coverage for eyeglasses or contact lenses?

IF C1 TO C9=00, D OR R, SAY:

(Although {you do/(NAME) does} not currently have coverage that helps pay for services from hospitals or doctors) {do you/does (he/she)} have optical coverage for eyeglasses or contact lenses?

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

AB AND AB PLUS, GO TO C15

(Control)

C14ck. **PROGRAMMER: DID SAMPLE MEMBER HAVE INSURANCE AT SIX-MONTH SURVEY?**

- YES..... 01 (C14)
- NO..... 00 (C14a)
- NOT IN 6-MONTH SAMPLE..... n (C14a)

(Control)

(C1 to C9=00, d or r)

C14. When we spoke to {you/(NAME)} in [fill SIX-MONTH SURVEY MONTH, YEAR] {you/he/she} told us that {you/he/she} had picked up [fill INSURANCE TYPE from 6-MONTH B1 to B7, B9 or B10] insurance coverage. {Do you/Does (he/she)} still have that insurance coverage?

- YES..... 01 (C14c)
- NO..... 00 (C14c)
- DON'T KNOW..... d (C15)
- REFUSED..... r (C15)

(Control)

C14a. **(IF NO INSURANCE OR NOT INTERVIEWED AT 6-MONTH, SAY:** When we spoke to {you/(NAME)} in [fill RA MONTH YEAR] you/he/she} told us that {you/he/she} [(last had insurance in [fill (BL_B15 MONTH, YEAR)/never had insurance]). {Have you/Has (NAME)} had health insurance at any time since then?

- YES..... 01
- NO..... 00 (C15)
- DON'T KNOW..... d (C15)
- REFUSED..... r (C15)

(Control)

(C14=01)

C14b. What kind of insurance {have you/has (NAME)} had since [fill RA MONTH YEAR]?

PROBE: If {you/he/she} had more than one type of insurance since that time, please answer about {your/his/her} most recent coverage.

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

READ LIST IF NECESSARY

CODE ONE ONLY

- 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 NAME'S
SPOUSE/PARTNER'S PLAN..... 11
- SOME OTHER KIND OF HEALTH INSURANCE..... 12
- DON'T KNOW..... d
- REFUSED..... r

(Control)

(C14=01 or C14a=01)

C14c. In what month and year did that insurance coverage **begin**?

|_|_| |_|_|_|_|
 MONTH YEAR
 (01-12) (2007-2010)

- DON'T KNOW..... d
- REFUSED..... r

IF C14=01 "STILL HAS 6-MONTH INSURANCE," GO TO C14e.

(Control)

(C14=00 or C14a=01)

C14d. In what month and year did that insurance coverage **end**?

_ _	_ _ _ _
MONTH	YEAR
(01-12)	(2007-2010)

DON'T KNOW..... d
 REFUSED..... r

(Control)

(C14a=01)

C14e. In addition to the [fill INSURANCE FROM C14b], {have you/has (NAME)} had any other insurance coverage since [fill RA MONTH YEAR]?

YES..... 01
 NO..... 00 (C15)
 DON'T KNOW..... d (C15)
 REFUSED..... r (C15)

(Control)

(C14e=01)

C14f. What kind of other insurance {have you/has (NAME)} had since [fill RA MONTH YEAR]?

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

READ LIST IF NECESSARY

CODE ONE ONLY

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 NAME'S
 SPOUSE/PARTNER'S PLAN..... 11
 SOME OTHER KIND OF HEALTH INSURANCE..... 12
 DON'T KNOW..... d
 REFUSED..... r

(Control)
(C14e=01)

C14g. In what month and year did that insurance coverage **begin**?

|_|_| |_|_|_|_|
MONTH YEAR
(01-12) (2007-2010)

DON'T KNOW..... d
REFUSED..... r

(Control)
(C14e=0)

C14h. In what month and year did that insurance coverage **end**?

|_|_| |_|_|_|_|
MONTH YEAR
(01-12) (2007-2010)

DON'T KNOW..... d
REFUSED..... r

(All)

Center for Studying Health System Change Household Survey

C15. Now, please think about {your/(NAME's)} medical expenses, since [fill RA MONTH YEAR], about how much did {you/he/she} or anyone else spend **out-of-pocket** for {your/his/her} medical care? Include out-of-pocket expenses for prescription drugs, copayments, health insurance premiums, and deductibles, but do not include, dental costs, or any other costs paid by {your/his/her} health insurance.

Would {you/(NAME)} say {you/he/she} paid less than \$10,000, more than \$10,000 but less than \$50,000, more than \$50,000 but less than \$100,000 or more than \$100,000?

PROBE: Your best estimate is fine.

LESS THAN \$10,000..... 01
MORE THAN \$10,000 BUT LESS THAN \$50,000..... 02 (C15b)
MORE THAN \$50,000 BUT LESS THAN \$100,000..... 03 (C15c)
MORE THAN \$100,000..... 04 (C15d)
DON'T KNOW..... d (D1)
REFUSED..... r (D1)

(C15=01)

C15a. Would {you/(NAME)} say it was . . .

- Less than \$1,000,..... 01
- Between \$1,000 and \$2,500,..... 02
- Between \$2,500 and \$5,000,..... 03
- Between \$5,000 and \$7,500, or..... 04
- Between \$7,500 and \$10,000?..... 05
- DON'T KNOW..... d
- REFUSED..... r

GO TO D1

(C15=02)

C15b. Would {you/(NAME)} say it was . . .

- Between \$10,000 and \$15,000,..... 01
- Between \$15,000 and \$20,000.....02
- Between \$20,000 and \$25,000,..... 03
- Between \$25,000 and \$30,000,..... 04
- Between \$30,000 and \$35,000,..... 05
- Between \$35,000 and \$40,000,..... 06
- Between \$40,000 and \$45,000, or..... 07
- Between \$45,000 and \$50,000 08
- DON'T KNOW..... d
- REFUSED..... r

GO TO D1

(C15=03)

C15c. Would {you/(NAME)} say it was . . .

- Between \$50,000 and \$55,000..... 01
- Between \$55,000 and \$60,000,..... 02
- Between \$60,000 and \$65,000,..... 03
- Between \$65,000 and \$70,000,..... 04
- Between \$75,000 and \$80,000,..... 05
- Between \$85,000 and \$90,000,..... 06
- Between \$90,000 and \$95,000, or..... 07
- Between \$95,000 and \$100,000..... 08
- DON'T KNOW..... d
- REFUSED..... r

GO TO D1

(C15=04)

C15d. Would {you/(NAME)} say it was . . .

Between \$100,000 and \$110,000,.....	01
Between \$110,000 and \$120,000,.....	02
Between \$120,000 and \$130,000,.....	03
Between \$130,000 and \$140,000,.....	04
Between \$140,000 and \$150,000, or.....	05
More than \$150,000.....	06
DON'T KNOW.....	d
REFUSED.....	r

SECTION D: USE OF MEDICAL SERVICES

(All)

(Asked at Baseline)

D1. These next questions are about {your/(NAME's)} usual sources of medical care.

Since [fill RA MONTH YEAR], did {you/he/she} have a doctor whom {you/he/she} saw or a place {you/he/she} went to regularly to receive medical care?

- YES..... 01
- NO..... 00 (D2)
- DON'T KNOW..... d (D2)
- REFUSED..... r (D2)

(D1=01)

(Asked at Baseline-modified)

D1a. Which one of the following kinds of doctors or places did {you/(NAME)} see or go to most often since [fill RA MONTH YEAR]? Did {you/he/she} see . . .

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/(he/she) goes} to most often.

- | | |
|--|----------|
| | CODE ONE |
| an internist, general practitioner, or family doctor,..... | 01 (D1b) |
| a specialist,..... | 02 (D1b) |
| a psychiatrist, psychologist, or social worker,..... | 03 (D1b) |
| did {you/he/she} go to a clinic, or..... | 04 (D1b) |
| some other kind of place or doctor?..... | 05 |
| DON'T KNOW..... | d (D1b) |
| REFUSED..... | r (D1b) |

(C3a=05)

D1a_Other. What other type of doctor or place did {you/(NAME)} see or go to most often for medical care since [fill RA MONTH YEAR]?

<OPEN> _____

- DON'T KNOW..... d
- REFUSED..... r

(D1=01)

(Asked at Baseline)

D1b. How many times {have you/has (NAME)} seen this doctor or gone to this place for medical care since [fill RA MONTH YEAR]?

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/his/her} answer correctly. Did {you/he/she} say that {you have/(he/she) has} (seen a doctor/visited this place) [fill NUMBER] since [fill RA MONTH YEAR]?

|_|_| NUMBER OF VISITS (D2)
(01-98)

NEVER/ZERO..... 00 (D2)
DON'T KNOW..... d
REFUSED..... r

(D1b=d or r)

D1c. Since [fill RA MONTH YEAR], would {you/(NAME)} say {you/he/she} saw this doctor or went to this place for medical care . . .

CODE ONE
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

(All)

(AB 6-Month Survey-modified)

D2. (IF D1=01, say "In addition to the doctor or place {you/(NAME)} just mentioned), did {you/he/she} see or go to any (IF D1a=01, SAY: other) internists, general practitioners, or family doctors for medical care since [fill RA MONTH YEAR]?

CODE ONE
YES..... 01
NO..... 00 (D2c)
DON'T KNOW..... d (D2c)
REFUSED..... r (D2c)

(D2=01)

D2a. How often did {you/(NAME)} see (an/another) internist, general practitioner, or family doctor since [fill RA MONTH YEAR]?

PROBE: Your best estimate is fine.

|_|_| NUMBER OF VISITS (D2c)
(1-50)

NEVER/ZERO..... 00 (D3)
DON'T KNOW..... d
REFUSED..... r

(D2a=d or r)

D2b. Since [fill RA MONTH YEAR], would {you/(NAME)} say {you/he/she} saw (an/another) internist, general practitioner, or family doctor . . .

CODE ONE

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

(D1a=01 or D2=01)

(CTS)

D2c. (Were any of these visits/Was this visit) to an internist, general practitioner, or family doctor for routine **preventive** care such as a physical examination or check up?

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

(D1a=01 or D2=01)

(CTS)

D2d. (Were any of these visits/Was this visit) to an internist, general practitioner, or family doctor a routine check up for an ongoing health problem?

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

(All)

(AB 6-Month Survey-modified)

D3. (IF D1=01, say "In addition to the doctor(s) or place(s) you already told me about,) did {you/(NAME)} see or go to any (IF D1a=02, SAY: other) specialists for medical care since [fill RA MONTH YEAR]? Please do not include visits to psychologists, psychiatrists, or social workers here.

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

CODE ONE

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

(D3=01)

D3a. How often did {you/(NAME)} see (a/another) specialist since [fill RA MONTH YEAR]?

PROBE: Your best estimate is fine.

|_|_| NUMBER OF VISITS (D4)
(1-50)

NEVER/ZERO.....	00 (D4)
DON'T KNOW.....	d
REFUSED.....	r

(D3a=d or r)

D3b. Since [fill RA MONTH YEAR], would {you/(NAME)} say {you/he/she} saw (a/another) specialist . . .

CODE ONE

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

(All)

(AB 6-Month Survey-modified)

D4. (IF D1=01, say "In addition to the doctor(s) or place(s) you already told me about,") did {you/(NAME)} see or go to any (IF D1a=03, SAY: other) psychologists, psychiatrists, or social workers for medical care since [fill RA MONTH YEAR]?

CODE ONE

YES.....	01
NO.....	00 (D5)
DON'T KNOW.....	d (D5)
REFUSED.....	r (D5)

(D4=01)

D4a. How often have {you/(NAME)} seen (a/another) psychologist, psychiatrist, or social worker since [fill RA MONTH YEAR]?

PROBE: Your best estimate is fine.

|_|_| NUMBER OF VISITS (D5)
(1-50)

NEVER/ZERO.....	00 (D5)
DON'T KNOW.....	d
REFUSED.....	r

(D4a=d or r)

D4b. Since [fill RA MONTH YEAR], would {you/(NAME)} say {you/he/she} saw (a/another) psychologist, psychiatrist, or social worker . . .

CODE ONE

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

(All)

D5. (IF D1=01, say "In addition to the doctor(s) or place(s) you already told me about,") did {you/(NAME)} see or go to any (IF D1a=05, SAY: other) health care providers such as a nurse, nurse practitioner, physician's assistant, physiatrist, rehabilitation specialist, or physical therapist since [fill RA MONTH YEAR]?

IF NEEDED: A physiatrist is a physician specializing in physical medicine and rehabilitation. Physiatrists specialize in restoring optimal function to people with injuries to the muscles, bones, tissues, and nervous system such as stroke victims.

CODE ONE

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

(D5=01)

D5a. How often did {you/(NAME)} see this type of health care provider since [fill RA MONTH YEAR]?

PROBE: Your best estimate is fine.

|_|_| NUMBER OF VISITS (D6)
(1-50)

NEVER/ZERO.....	00 (D6)
DON'T KNOW.....	d
REFUSED.....	r

(D5a=d or r)

D5b. Since [fill RA MONTH YEAR], would {you/(NAME)} say {you/he/she} saw this type of health care provider. . .

CODE ONE

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

(All)

(Asked at Baseline)

D6. Now, I have some questions about other sources of medical care.

Since [fill RA MONTH YEAR] how many times {were you/was (NAME)} admitted for an overnight or longer stay in a hospital? Would {you/he/she} say . . .

- 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

(D9 NE 00, d or r)

(Asked at Baseline)

D7. All together, how many nights {have you/has (NAME)} spent in the hospital since [fill RA MONTH YEAR]?

|_|_| NUMBER OF HOSPITAL NIGHT STAYS

- DON'T KNOW..... d
- REFUSED..... r

(All)

(Asked at Baseline)

D8. Since [fill RA MONTH YEAR] how many times {were you/was (NAME)} a patient in a nursing home, convalescent home, or other long-term health care facility? Please include skilled nursing facilities and rehabilitation facilities. Would {you/he/she} 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)

(Asked at Baseline)

D9. Since [fill RA MONTH YEAR] how many times did {you/(NAME)} visit an emergency room?
Would {you/he/she} say . . .

- Never,..... 00 (E0)
- 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 (E0)
- REFUSED..... r (E0)

D9a. When {you/(NAME)} visited the emergency room . . .

. . . did {your/his/her} symptoms come on after {your/his/her} doctor's regular office hours?

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

D9b. . . . did {you/he/she} go to the emergency room because this is where {you/he/she} always
{go/goes} for medical care?

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

SECTION E: UNMET MEDICAL NEEDS

(All)

E0. INTERVIEWER CHECKPOINT: DOES THE RESPONDENT SEEM FATIGUED, CONFUSED, OR IN NEED OF ENCOURAGEMENT?

- SEEMS FATIGUED/CONFUSED..... 01 (E0a)
- NEEDS ENCOURAGEMENT..... 02 (E0c)
- NOT SURE..... 03 (E0c)
- NO..... 00 (E1)

(E0=01)

E0a. Are you feeling tired, or can we continue?

- TIRED..... 01
- CONTINUE..... 02 (E0d)

(E0a=01)

E0b. 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 (E0d)
- YES, BREAK AND CALL BACK..... 02 (E0d)
- NO, CONTINUE NOW..... 03 (E0d)

(E0=02 or 03)

E0c. You're doing fine. (Your answers are very helpful to this study./There are no right or wrong answers to these questions.)

(E0=01, 02 or 03)

E0d. 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)

(Asked at Baseline)

E1. These next questions are about medical needs that may or may not have been taken care of. Since [fill RA MONTH YEAR], was there any time when {you/(NAME)} didn't see a doctor or get the medical care {you/he/she} needed?

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

(All)

(Asked at Baseline)

E2. Since [fill RA MONTH YEAR] was there any time when {you/(NAME)} put off or postponed seeing a doctor or getting medical care {you/he/she} needed?

YES..... 01
 NO..... 00 (E4)
 DON'T KNOW..... d (E4)
 REFUSED..... r (E4)

(E1 or E2=01)

E3a. Since [fill RA MONTH YEAR], what was the **main** reason {you/(NAME)} put off or postponed seeing a doctor?

PROBE (IF R GIVES MORE THAN ONE RESPONSE): We are just asking for the **main** reason here. We will ask about other reasons shortly.

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

CODE ONE

DID NOT HAVE HEALTH INSURANCE.....01
 DOCTOR DID NOT ACCEPT INSURANCE.....02
 COULD NOT AFFORD IT.....03
 A DOCTOR WAS NOT AVAILABLE IN AREA.....04
 HAD NO TRANSPORTATION.....05
 TOO SICK TO GO TO THE DOCTOR.....06
 COULD NOT GET THE PRE-APPROVAL FROM
 INSURANCE COMPANY.....07
 SOME OTHER REASON (SPECIFY).....08

DON'T KNOW.....d
 REFUSED.....r

E3b. Were there any other reasons?

YES.....	01
NO.....	00 (E4)
DON'T KNOW.....	d (E4)
REFUSED.....	r (E4)

(E3b=01)

E3c. What were the other reasons {you/(NAME)} put off or postponed seeing a doctor?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

CODE ALL THAT APPLY

DID NOT HAVE HEALTH INSURANCE.....	01
DOCTOR DID NOT ACCEPT INSURANCE.....	02
COULD NOT AFFORD IT.....	03
A DOCTOR WAS NOT AVAILABLE IN AREA.....	04
HAD NO TRANSPORTATION.....	05
TOO SICK TO GO TO THE DOCTOR.....	06
COULD NOT GET THE PRE-APPROVAL FROM INSURANCE COMPANY.....	07
SOME OTHER REASON (SPECIFY).....	08
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

(All)

(Asked at Baseline)

E4. Since [fill RA MONTH YEAR] {were you/was (NAME)} referred to another doctor, specialist, therapist, psychologist, or other medical professional?

YES.....	01
NO.....	00 (E6)
DON'T KNOW.....	d (E6)
REFUSED.....	r (E6)

(E4=01)

(Asked at Baseline)

E4a. Did {you/(NAME)} go for all of the visits for which {you were/(he/she) was} referred?

YES.....	01 (E6)
NO.....	00
DON'T KNOW.....	d (E6)
REFUSED.....	r (E6)

(E4a=00)

E5a. What was the **main** reason {you/(NAME)} did not go for all of {your/his/her} recommended visits?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

	CODE ONE
DID NOT HAVE HEALTH INSURANCE.....	01
DOCTOR DID NOT ACCEPT INSURANCE.....	02
COULD NOT AFFORD IT.....	03
A DOCTOR WAS NOT AVAILABLE IN AREA.....	04
HAD NO TRANSPORTATION.....	05
TOO SICK TO GO TO THE DOCTOR.....	06
COULD NOT GET THE PRE-APPROVAL FROM INSURANCE COMPANY.....	07
SOME OTHER REASON (SPECIFY).....	08
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

E5b. Were there any other reasons?

YES.....	01
NO.....	00 (E6)
DON'T KNOW.....	d (E6)
REFUSED.....	r (E6)

(E5b=01)

E5c. What were the other reasons {you/(NAME)} did not go for all of {your/his/her} recommended visits?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

	CODE ALL THAT APPLY
DID NOT HAVE HEALTH INSURANCE.....	01
DOCTOR DID NOT ACCEPT INSURANCE.....	02
COULD NOT AFFORD IT.....	03
A DOCTOR WAS NOT AVAILABLE IN AREA.....	04
HAD NO TRANSPORTATION.....	05
TOO SICK TO GO TO THE DOCTOR.....	06
COULD NOT GET THE PRE-APPROVAL FROM INSURANCE COMPANY.....	07
SOME OTHER REASON (SPECIFY).....	08
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

(All)

(Asked at Baseline)

E6. Since [fill RA MONTH YEAR] did a doctor or clinic send {you/(NAME)} for tests or x-rays?

- YES..... 01
- NO..... 00 (E8)
- DON'T KNOW..... d (E8)
- REFUSED..... r (E8)

(E6=01)

(Asked at Baseline)

E6a. Did {you/(NAME)} go for all of the tests or x-rays for which {you were/(he/she) was} sent?

- YES..... 01 (E8)
- NO..... 00
- DON'T KNOW..... d (E8)
- REFUSED..... r (E8)

(E6a=00)

E7a. What was the **main** reason {you/(NAME)} did not go for all of {your/his/her} recommended tests or x-rays?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

- CODE ONE
- DID NOT HAVE HEALTH INSURANCE.....01
- THE PLACE DID NOT ACCEPT INSURANCE.....02
- COULD NOT AFFORD IT.....03
- TEST WAS NOT AVAILABLE IN AREA.....04
- HAD NO TRANSPORTATION.....05
- TOO SICK TO TAKE THE TEST OR X-RAY.....06
- COULD NOT GET THE PRE-APPROVAL FROM
INSURANCE COMPANY.....07
- SOME OTHER REASON (SPECIFY).....08
-
- DON'T KNOW.....d
- REFUSED.....r

E7b. Were there any other reasons?

- YES..... 01
- NO..... 00 (E8)
- DON'T KNOW..... d (E8)
- REFUSED..... r (E8)

(E7b=01)

E7c. What were the other reasons {you/(NAME)} did not go for all of {your/his/her} recommended tests or x-rays?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

CODE ALL THAT APPLY

- DID NOT HAVE HEALTH INSURANCE.....01
 - PLACE DID NOT ACCEPT INSURANCE.....02
 - COULD NOT AFFORD IT.....03
 - TEST WAS NOT AVAILABLE IN AREA.....04
 - HAD NO TRANSPORTATION.....05
 - TOO SICK TO TAKE THE TEST OR X-RAY.....06
 - COULD NOT GET THE PRE-APPROVAL FROM
INSURANCE COMPANY.....07
 - SOME OTHER REASON (SPECIFY).....08
-
- DON'T KNOW.....d
 - REFUSED.....r

(All)

(Asked at Baseline)

E8. Since [fill RA MONTH YEAR] did a doctor order or recommend any medical procedures or surgery for {you/(NAME)}?

- YES..... 01
- NO..... 00 (E10)
- DON'T KNOW..... d (E10)
- REFUSED..... r (E10)

(E8=01)

(Asked at Baseline)

E8a. Did {you/(NAME)} have all the procedures or surgeries {your/his/her} doctor recommended?

- YES..... 01 (E10)
- NO..... 00
- DON'T KNOW..... d (E10)
- REFUSED..... r (E10)

(E8a=00)

E9a. What was the **main** reason {you/(NAME)} did not have the recommended procedures or surgeries?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

CODE ONE

- DID NOT HAVE HEALTH INSURANCE.....01
 - SURGEON/PLACE DID NOT ACCEPT INSURANCE..02
 - COULD NOT AFFORD IT.....03
 - SURGERY WAS NOT AVAILABLE IN AREA.....04
 - HAD NO TRANSPORTATION.....05
 - TOO SICK TO HAVE PROCEDURE/SURGERY.....06
 - COULD NOT GET THE PRE-APPROVAL FROM
INSURANCE COMPANY.....07
 - SOME OTHER REASON (SPECIFY).....08
-
- DON'T KNOW.....d
 - REFUSED.....r

E9b. Were there any other reasons?

- YES..... 01
- NO..... 00 (E10)
- DON'T KNOW..... d (E10)
- REFUSED..... r (E10)

(E9b=01)

E9c. What were the other reasons {you/(NAME)} did not have the recommended procedures or surgeries?

PROGRAMMER: DISPLAY ANSWER CHOICE "01" FOR CONTROL ONLY

CODE ALL THAT APPLY

- DID NOT HAVE HEALTH INSURANCE.....01
 - SURGEON/PLACE DID NOT ACCEPT INSURANCE..02
 - COULD NOT AFFORD IT.....03
 - SURGERY WAS NOT AVAILABLE IN AREA.....04
 - HAD NO TRANSPORTATION.....05
 - TOO SICK TO HAVE PROCEDURE/SURGERY.....06
 - COULD NOT GET THE PRE-APPROVAL FROM
INSURANCE COMPANY.....07
 - SOME OTHER REASON (SPECIFY).....08
-
- DON'T KNOW.....d
 - REFUSED.....r

(All)

E10. The next questions are about prescriptions. {Do you/Does (NAME)} regularly take prescription medicines?

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

(E10=01)

E10a. How many different prescription medicines {do you/does (NAME)} regularly take?

|_|_| PRESCRIBED MEDICATIONS (E10ck)
 (1-20)

DON'T KNOW..... d
 REFUSED..... r

(E10a=d or r)

E10b. Would {you/(NAME)} say that {you/he/she} regularly take one to two, three to four, five to six, or more than six prescription medicines?

1 TO 2..... 01
 3 TO 4..... 02
 5 TO 6..... 03
 MORE THAN 6..... 04
 DON'T KNOW..... d
 REFUSED..... r

**PROGRAMMER: IF E10a >6 OR E10b=04,
 GO TO E10ck, OTHERWISE, GO TO E11.**

(E10a>6 OR E10b=4)

E10ck Is that the number of pills, or the number of different medications?

PILLS..... 01
 DIFFERENT MEDICATIONS..... 02
 DON'T KNOW..... d
 REFUSED..... r

**IF E10ck=02, d, OR r, GO TO NEXT QUESTION.
 IF E10ck=01, GO TO PREVIOUS QUESTION,
 E10a OR E10b.**

(All)

(Asked at Baseline)

E11. Since [fill RA MONTH YEAR], were there any prescription medicines that {you were/(he/she) was} supposed to use, but did not get when first prescribed because of the cost?

PROBE: That is, {you/he/she} did not fill the prescription at all when {you/he/she} got it.

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

(All)

(Asked at Baseline)

E12. Since [fill RA MONTH YEAR] were there any prescription medicines that {you were/(he/she) was} supposed to use, but did not get the entire prescription filled because of the cost?

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

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

(All)

(Asked at Baseline)

E13. Since [fill RA MONTH YEAR] were there any prescription medicines that {you were/(he/she) was} supposed to use, but did not refill when {you/he/she} ran out because of the cost?

PROBE: That is, {you/he/she} 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)

(Asked at Baseline)

E14. Since [fill RA MONTH YEAR] were there any prescription medicines that {you/he/she} used less often than prescribed in order to stretch them out because of the cost?

PROBE: That is, {you/he/she} used less of the medication or skipped days of taking the medication.

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

(All)

E15. These next few questions ask about other reasons {you/(NAME)} may not have taken {your/his/her} medications as prescribed. Since [fill RA MONTH YEAR] were there any prescription medicines that {you/he/she} did not take as prescribed because {you/he/she} **forgot to take them?**

READ IF NECESSARY: As prescribed means taking the right dosage at the right time.

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

(All)

E16. Since [fill RA MONTH YEAR] were there any prescription medicines that {you/he/she} did not take as prescribed because {you/he/she} **did not understand the directions?**

READ IF NECESSARY: As prescribed means taking the right dosage at the right time.

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

(All)

E17. Since [fill RA MONTH YEAR] were there any prescription medicines that {you/he/she} did not take as prescribed because {you/he/she} **did not feel that {you/he/she} needed them?**

READ IF NECESSARY: As prescribed means taking the right dosage at the right time.

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

(All)

E18. Since [fill RA MONTH YEAR] were there any prescription medicines that {you/he/she} did not take as prescribed because {you/he/she} **did not like the side effects?**

READ IF NECESSARY: As prescribed means taking the right dosage at the right time.

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

(All)

E19. Since [fill RA MONTH YEAR] were there any prescription medicines that {you/he/she} did not take as prescribed because **the drug did not work well**?

READ IF NECESSARY: As prescribed means taking the right dosage at the right time.

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

SECTION F: EMPLOYMENT AND EARNINGS

(All)

(Asked at Baseline)

F1. These next questions are about employment.

{Are you/Is (NAME)} currently working at a job for pay? Include both part-time and full-time jobs, as well as any self-employment jobs you held for pay or profit.

YES..... 01 (F3)
NO..... 00
DON'T KNOW..... d
REFUSED..... r

(F1=00, d or r)

F2. Since [fill RA MONTH YEAR], {have you/has (NAME)} worked at a job for pay? Include both part-time and full-time jobs, as well as any self-employment jobs you held for pay or profit.

YES..... 01 (F4)
NO..... 00 (F13)
DON'T KNOW..... d (F13)
REFUSED..... r (F13)

(F1=01)

(Asked at Baseline)

F3. How many jobs {do you/does (NAME)} currently have? Include both part-time and full-time jobs, as well as any self-employment jobs you held for pay or profit.

INTERVIEWER: TREAT JOBS WITH TEMPORARY AGENCIES AS ONE JOB, REGARDLESS OF THE NUMBER OF ASSIGNMENTS.

|__| NUMBER OF JOBS
(1-5)

DON'T KNOW..... d
REFUSED..... r

(F1=01 or F2=01)

F4. **PROGRAMMER: IF F1=01, USE FILL:** (Including {your/(NAME's)} {current job/(FILL NUMBER FROM F3) current jobs}, How many different jobs have {you/he/she} had since [fill RA MONTH YEAR]? Include both part-time and full-time jobs, as well as any self-employment jobs you held for pay or profit.

INTERVIEWER: IF A JOB THAT WAS INTERRUPTED BY TWO OR MORE UNPAID WEEKS, COUNT AS SEPARATE JOBS, EVEN IF IT IS WITH THE SAME EMPLOYER. IF THE SEPARATION WAS LESS THAN TWO WEEKS, COUNT IT AS ONE JOB.

INTERVIEWER: TREAT JOBS WITH TEMPORARY AGENCIES AS ONE JOB, REGARDLESS OF THE NUMBER OF ASSIGNMENTS.

[] NUMBER OF JOBS
(1-5)

DON'T KNOW..... d
REFUSED..... r

(F1=01 or F2=01)

(Asked at Baseline)

F4a. {Were you/Was (NAME)} self-employed at any time since [fill RA MONTH YEAR]?

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

	JOB 1	JOB 2
<p>(F1 or F2=01)</p> <p>F5. Starting with {your/his/her} (current job/main job/the most recent job) that {you/he/she} had), please tell me the name of the companies, organizations, and people {you have/(NAME) has} worked for since [fill RA MONTH YEAR].</p> <p>PROBE: Your main job is the one with the most hours.</p> <p>PROBE: IF F3 OR F4 >1 SAY: What was the job before that?</p>	<p>(SPECIFY) [specify].....01</p> <hr/> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>	<p>(SPECIFY) [specify].....01</p> <hr/> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>(F1 or F2=01)</p> <p>F5a. Let me verify. Since [fill RA MONTH YEAR] {you/(NAME)} worked at [fill F5 NAMES]. Is this correct, or are there any other jobs {you/he/she} may have had?</p> <p>IF CORRECT, ENTER "1" AND CONTINUE. IF NOT CORRECT, GO BACK TO F3, F4, AND F5 TO ENTER CORRECT NUMBER AND NAMES OF JOBS HELD.</p>	<p>CORRECT.....01</p> <p>NOT CORRECT.....00</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>	<p>CORRECT.....01</p> <p>NOT CORRECT.....00</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>(F4a=01)</p> <p>(Asked at Baseline)</p> <p>F5b. {(Are/Were) you/(Is/Was) (NAME)} self-employed at this job?</p>	<p>YES.....01</p> <p>NO.....00</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>	<p>YES.....01</p> <p>NO.....00</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>
<p>(Asked at Baseline)</p> <p>F6. (There are a number of special work programs available to people with disabilities.) {(Is/Was) your/ (NAME)'s} job at [fill JOB NAME] part of a sheltered workshop program, transitional employment program, the Business Enterprise Program for the blind, or a supported employment program?</p> <p>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.</p> <p>PROBE: A transitional employment program allows workers with disabilities to work at reduced levels while they ease back into the workplace.</p> <p>PROBE: The Business Enterprise Program for the blind offers legally blind persons the opportunity to own their own businesses.</p> <p>PROBE: Supported employment programs provide job coaches or other on-the-job supports to help individuals</p>	<p>YES.....01</p> <p>NO.....00</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>	<p>YES.....01</p> <p>NO.....00</p> <p>DON'T KNOW.....d</p> <p>REFUSED.....r</p>

with disabilities get and keep jobs.		
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JOB 3	JOB 4	JOB 5
(SPECIFY) [specify].....01 _____ DON'T KNOW.....d REFUSED.....r	(SPECIFY) [specify].....01 _____ DON'T KNOW.....d REFUSED.....r	(SPECIFY) [specify].....01 _____ DON'T KNOW.....d REFUSED.....r
CORRECT.....01 NOT CORRECT.....00 DON'T KNOW.....d REFUSED.....r	CORRECT.....01 NOT CORRECT.....00 DON'T KNOW.....d REFUSED.....r	CORRECT.....01 NOT CORRECT.....00 DON'T KNOW.....d REFUSED.....r
YES.....01 NO.....00 DON'T KNOW.....d REFUSED.....r	YES.....01 NO.....00 DON'T KNOW.....d REFUSED.....r	YES.....01 NO.....00 DON'T KNOW.....d REFUSED.....r
YES.....01 NO.....00 DON'T KNOW.....d REFUSED.....r	YES.....01 NO.....00 DON'T KNOW.....d REFUSED.....r	YES.....01 NO.....00 DON'T KNOW.....d REFUSED.....r

	JOB 3	JOB 4
(F1 or F2=01) (Asked at Baseline) F7. In what month and year did {you/(NAME)} start working for [fill JOB NAME]? PROBE: Since [fill RA DATE]. RECORD MONTH AND YEAR.	__ __ / __ __ __ __ (F9) MONTH YEAR (1-12) (2007-2010) DON'T KNOW.....d REFUSED.....r	__ __ / __ __ __ __ (F9) MONTH YEAR (1-12) (2007-2010) DON'T KNOW.....d REFUSED.....r
(F7=d or r) (Asked at Baseline-reference period modified) F8. Would {you/(NAME)} say {you/he/she} began working at [fill JOB NAME] within the past six months, between six months and one year ago, between a year and a year and a half ago, between a year and a half and two years ago, or more than two years ago? PROBE: Your best estimate is fine.	WITHIN THE PAST 6 MONTHS,.....01 BETWEEN SIX MONTHS AND A YEAR AGO,.....02 BETWEEN A YEAR AND A YEAR AND A HALF AGO,.....03 BETWEEN A YEAR AND A HALF AND TWO YEARS AGO, OR.....04 MORE THAN 2 YEARS AGO.....05 DON'T KNOW.....d REFUSED.....r	WITHIN THE PAST 6 MONTHS,.....01 BETWEEN SIX MONTHS AND A YEAR AGO,.....02 BETWEEN A YEAR AND A YEAR AND A HALF AGO,.....03 BETWEEN A YEAR AND A HALF AND TWO YEARS AGO, OR.....04 MORE THAN 2 YEARS AGO.....05 DON'T KNOW.....d REFUSED.....r
(F1 or F2=01) F9. In what month and year did that job at [fill JOB NAME] end, or are you still working there? PROBE: Since [fill RA DATE]. RECORD MONTH AND YEAR.	__ __ / __ __ __ __ (F10) MONTH YEAR (1-12) (2007-2010) STILL AT JOB.....(F10).....n DON'T KNOW.....d REFUSED.....r	__ __ / __ __ __ __ (F10) MONTH YEAR (1-12) (2007-2010) STILL AT JOB.....(F10).....n DON'T KNOW.....d REFUSED.....r

JOB 3	JOB 4	JOB 5
__ __ / __ __ __ __ (F9) MONTH YEAR (1-12) (2007-2010) DON'T KNOW.....d REFUSED.....r	__ __ / __ __ __ __ (F9) MONTH YEAR (1-12) (2007-2010) DON'T KNOW.....d REFUSED.....r	__ __ / __ __ __ __ (F9) MONTH YEAR (1-12) (2007-2010) DON'T KNOW.....d REFUSED.....r
WITHIN THE PAST 6 MONTHS,.....01 BETWEEN SIX MONTHS AND A YEAR AGO,.....02 BETWEEN A YEAR AND A YEAR AND A HALF AGO,.....03 BETWEEN A YEAR AND A HALF AND TWO YEARS AGO, OR.....04 MORE THAN 2 YEARS AGO.....05 DON'T KNOW.....d REFUSED.....r	WITHIN THE PAST 6 MONTHS,.....01 BETWEEN SIX MONTHS AND A YEAR AGO,.....02 BETWEEN A YEAR AND A YEAR AND A HALF AGO,.....03 BETWEEN A YEAR AND A HALF AND TWO YEARS AGO, OR.....04 MORE THAN 2 YEARS AGO.....05 DON'T KNOW.....d REFUSED.....r	WITHIN THE PAST 6 MONTHS,.....01 BETWEEN SIX MONTHS AND A YEAR AGO,.....02 BETWEEN A YEAR AND A YEAR AND A HALF AGO,.....03 BETWEEN A YEAR AND A HALF AND TWO YEARS AGO, OR.....04 MORE THAN 2 YEARS AGO.....05 DON'T KNOW.....d REFUSED.....r
__ __ / __ __ __ __ (F10) MONTH YEAR (1-12) (2007-2010) STILL AT JOB.....(F10).....n DON'T KNOW.....d REFUSED.....r	__ __ / __ __ __ __ (F10) MONTH YEAR (1-12) (2007-2010) STILL AT JOB.....(F10).....n DON'T KNOW.....d REFUSED.....r	__ __ / __ __ __ __ (F10) MONTH YEAR (1-12) (2007-2010) STILL AT JOB.....(F10).....n DON'T KNOW.....d REFUSED.....r

	JOB 1	JOB 2
(F9=d or r) F9a. Would {you/(NAME)} say {your/his/her} job at [fill JOB NAME] ended within the past month, between one and 3 months ago, between 3 and 6 months ago, between 6 and 12 months ago, or more than 12 months ago? PROBE: Your best estimate is fine.	WITHIN THE PAST MONTH.....01 BETWEEN 1 AND 3 MONTHS AGO.....02 BETWEEN 3 AND 6 MONTHS AGO.....03 BETWEEN 6 AND 12 MONTHS AGO, OR.....04 MORE THAN 12 MONTHS AGO.....05 DON'T KNOW.....d REFUSED.....r	WITHIN THE PAST MONTH.....01 BETWEEN 1 AND 3 MONTHS AGO.....02 BETWEEN 3 AND 6 MONTHS AGO.....03 BETWEEN 6 AND 12 MONTHS AGO, OR.....04 MORE THAN 12 MONTHS AGO.....05 DON'T KNOW.....d REFUSED.....r
(F9 NE n, d, or r) F9b. What was the main reason your job at [fill JOB NAME] ended? Was it because . . . CODE ONE RESPONSE.	{you were /(NAME was)} laid off.....01 {your /(NAME's)} health worsened.....02 {you/(NAME)} needed to take care of a family member.....03 {you/(NAME)} retired.....04 {you/(NAME)} returned to school.....05 {you/(NAME)} moved.....06 {you/(NAME)} got a better job.....07 {you/(NAME)} were discharged or fired; or.....08 some other reason.....09	{you were /(NAME was)} laid off.....01 {your /(NAME's)} health worsened.....02 {you/(NAME)} needed to take care of a family member.....03 {you/(NAME)} retired.....04 {you/(NAME)} returned to school.....05 {you/(NAME)} moved.....06 {you/(NAME)} got a better job.....07 {you/(NAME)} were discharged or fired; or.....08 some other reason09
(F1 or F2=01) (Asked at Baseline) F10. How many hours per week, {(do/did) you/(did/does) (NAME)} usually work at [fill JOB NAME]? PROBE: Include overtime if {you/he/she} usually work(ed) overtime.	____ (F11) (1-80) VARIES.....v DON'T KNOW.....d REFUSED.....r	____ (F11) (1-80) VARIES.....v DON'T KNOW.....d REFUSED.....r
(F8=v, d or r) F10a. Would {you/(NAME)} say {you/he/she} (work/works/worked) less than 10 hours per week, between 10 and 14 hours per week, between 15 and 19 hours per week, between 20 and 24 hours per week, between 25 and 29 hours per week, between 30 and 34 hours per week, between 35 and 39 hours per week, or 40 or more hours per week?	LESS THAN 10 HOURS PER WEEK01 BETWEEN 10 AND 14 HOURS PER WEEK02 BETWEEN 15 AND 19 HOURS PER WEEK03 BETWEEN 20 AND 24 HOURS PER WEEK04 BETWEEN 25 AND 29 HOURS PER WEEK05 BETWEEN 30 AND 34 HOURS PER WEEK06 BETWEEN 35 AND 39 HOURS PER WEEK	LESS THAN 10 HOURS PER WEEK01 BETWEEN 10 AND 14 HOURS PER WEEK02 BETWEEN 15 AND 19 HOURS PER WEEK03 BETWEEN 20 AND 24 HOURS PER WEEK04 BETWEEN 25 AND 29 HOURS PER WEEK05 BETWEEN 30 AND 34 HOURS PER WEEK06 BETWEEN 35 AND 39 HOURS PER WEEK

 07 40 OR MORE HOURS PER WEEK 08 DON'T KNOW.....d REFUSED.....r 07 40 OR MORE HOURS PER WEEK 08 DON'T KNOW.....d REFUSED.....r
(F1 or F2=01) (Asked at Baseline) F11. What kind of work {do/did} {you/(NAME)} do at [fill JOB NAME]? PROBE: That is, what (is/was) {your/his/her} occupation?	RECORD VERBATIM DON'T KNOW.....d REFUSED.....r	RECORD VERBATIM DON'T KNOW.....d REFUSED.....r

JOB 3	JOB 4	JOB 5
WITHIN THE PAST MONTH.....01 BETWEEN 1 AND 3 MONTHS AGO.....02 BETWEEN 3 AND 6 MONTHS AGO.....03 BETWEEN 6 AND 12 MONTHS AGO, OR.....04 MORE THAN 12 MONTHS AGO.....05 DON'T KNOW.....d REFUSED.....r	WITHIN THE PAST MONTH.....01 BETWEEN 1 AND 3 MONTHS AGO.....02 BETWEEN 3 AND 6 MONTHS AGO.....03 BETWEEN 6 AND 12 MONTHS AGO, OR.....04 MORE THAN 12 MONTHS AGO.....05 DON'T KNOW.....d REFUSED.....r	WITHIN THE PAST MONTH.....01 BETWEEN 1 AND 3 MONTHS AGO.....02 BETWEEN 3 AND 6 MONTHS AGO.....03 BETWEEN 6 AND 12 MONTHS AGO, OR.....04 MORE THAN 12 MONTHS AGO.....05 DON'T KNOW.....d REFUSED.....r
{you were /(NAME was)} laid off.....01 (your /(NAME's)) health worsened.....02 {you/(NAME)} needed to take care of a family member.....03 {you/(NAME)} retired.....04 {you/(NAME)} returned to school.....05 {you/(NAME)} moved.....06 {you/(NAME)} got a better job.....07 {you/(NAME)} were discharged or fired; or.....08 some other reason09	{you were /(NAME was)} laid off.....01 (your /(NAME's)) health worsened.....02 {you/(NAME)} needed to take care of a family member.....03 {you/(NAME)} retired.....04 {you/(NAME)} returned to school.....05 {you/(NAME)} moved.....06 {you/(NAME)} got a better job.....07 {you/(NAME)} were discharged or fired; or.....08 some other reason09	{you were /(NAME was)} laid off.....01 (your /(NAME's)) health worsened.....02 {you/(NAME)} needed to take care of a family member.....03 {you/(NAME)} retired.....04 {you/(NAME)} returned to school.....05 {you/(NAME)} moved.....06 {you/(NAME)} got a better job.....07 {you/(NAME)} were discharged or fired; or.....08 some other reason09
__ __ (F11) (1-80) VARIES.....v DON'T KNOW.....d REFUSED.....r	__ __ (F11) (1-80) VARIES.....v DON'T KNOW.....d REFUSED.....r	__ __ (F11) (1-80) VARIES.....v DON'T KNOW.....d REFUSED.....r
LESS THAN 10 HOURS PER WEEK01 BETWEEN 10 AND 14 HOURS PER WEEK02 BETWEEN 15 AND 19 HOURS PER WEEK03 BETWEEN 20 AND 24 HOURS PER WEEK04 BETWEEN 25 AND 29 HOURS PER WEEK05 BETWEEN 30 AND 34 HOURS PER WEEK06 BETWEEN 35 AND 39 HOURS PER WEEK06	LESS THAN 10 HOURS PER WEEK01 BETWEEN 10 AND 14 HOURS PER WEEK02 BETWEEN 15 AND 19 HOURS PER WEEK03 BETWEEN 20 AND 24 HOURS PER WEEK04 BETWEEN 25 AND 29 HOURS PER WEEK05 BETWEEN 30 AND 34 HOURS PER WEEK06 BETWEEN 35 AND 39 HOURS PER WEEK06	LESS THAN 10 HOURS PER WEEK01 BETWEEN 10 AND 14 HOURS PER WEEK02 BETWEEN 15 AND 19 HOURS PER WEEK03 BETWEEN 20 AND 24 HOURS PER WEEK04 BETWEEN 25 AND 29 HOURS PER WEEK05 BETWEEN 30 AND 34 HOURS PER WEEK06 BETWEEN 35 AND 39 HOURS PER WEEK06

..... 07 40 OR MORE HOURS PER WEEK 08 DON'T KNOW.....d REFUSED.....r 07 40 OR MORE HOURS PER WEEK 08 DON'T KNOW.....d REFUSED.....r 07 40 OR MORE HOURS PER WEEK 08 DON'T KNOW.....d REFUSED.....r
RECORD VERBATIM DON'T KNOW.....d REFUSED.....r	RECORD VERBATIM DON'T KNOW.....d REFUSED.....r	RECORD VERBATIM DON'T KNOW.....d REFUSED.....r

	JOB 1	JOB 2
(F1 or F2=01) (Asked at Baseline) F12. What kind of business is this? PROBE 1: For what type of organization or industry {do/did} {you/(NAME)} work? For example, accounting firm, daycare center, educational facility, food services. PROBE 2: What {does/did} the company {you work(ed)/he/she works(ed)} for make, sell, or do?	RECORD VERBATIM DON'T KNOW..... d REFUSED..... r	RECORD VERBATIM DON'T KNOW..... d REFUSED..... r
(F1 or F2=01) F12a.(My next questions are about earnings.) What (is/was) {your/(NAME's)} usual pay, including tips and commissions at [fill JOB NAME] before taxes or other deductions (are/were) taken? PROBE: Your best estimate is fine. INTERVIEWER: ACCEPT MOST CONVENIENT PAY PERIOD. IF NECESSARY, CONFIRM PAY PERIOD.	\$ __ __ __ , __ __ __ , __ __ (F12c) (5.00 – 300,000.00) PER HOUR.....1 PER WEEK.....2 ONCE EVERY TWO WEEKS.....3 TWICE A MONTH.....4 PER MONTH.....5 PER YEAR.....6 OTHER (SPECIFY) [specify].....7 NOT YET PAID..... n DON'T KNOW..... d REFUSED..... r	\$ __ __ __ , __ __ __ , __ __ (F12c) (5.00 – 300,000.00) PER HOUR.....1 PER WEEK.....2 ONCE EVERY TWO WEEKS.....3 TWICE A MONTH.....4 PER MONTH.....5 PER YEAR.....6 OTHER (SPECIFY) [specify].....7 NOT YET PAID..... n DON'T KNOW..... d REFUSED..... r
(F12a=n, d, or r) F12b. I'll read some ranges. Please try to estimate {your/(NAME's)} annual pay at [fill JOB NAME]. Would {you/he/she} say {your/his/her} annual earnings (are/were) . . . PROBE: Does this include tips and commissions?	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.....(F21)..... d REFUSED.....(F21)..... r	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.....(F21)..... d REFUSED.....(F21)..... r
(F12 NE n, d, or r OR F12a NE d or r) F12c. Is that before or after taxes?	BEFORE TAXES.....01 AFTER TAXES.....02 DON'T KNOW..... d REFUSED..... r	BEFORE TAXES.....01 AFTER TAXES.....02 DON'T KNOW..... d REFUSED..... r

JOB 3	JOB 4	JOB 5
RECORD VERBATIM	RECORD VERBATIM	RECORD VERBATIM
_____	_____	_____
DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
REFUSED..... r	REFUSED..... r	REFUSED..... r
\$ __ __ __ , __ __ __ , __ __ (F12c) (5.00 – 300,000.00)	\$ __ __ __ , __ __ __ , __ __ (F12c) (5.00 – 300,000.00)	\$ __ __ __ , __ __ __ , __ __ (F12c) (5.00 – 300,000.00)
PER HOUR.....1	PER HOUR.....1	PER HOUR.....1
PER WEEK.....2	PER WEEK.....2	PER WEEK.....2
ONCE EVERY TWO WEEKS.....3	ONCE EVERY TWO WEEKS.....3	ONCE EVERY TWO WEEKS.....3
TWICE A MONTH.....4	TWICE A MONTH.....4	TWICE A MONTH.....4
PER MONTH.....5	PER MONTH.....5	PER MONTH.....5
PER YEAR.....6	PER YEAR.....6	PER YEAR.....6
OTHER (SPECIFY) [specify].....7	OTHER (SPECIFY) [specify].....7	OTHER (SPECIFY) [specify].....7
_____	_____	_____
NOT YET PAID..... n	NOT YET PAID..... n	NOT YET PAID..... n
DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
REFUSED..... r	REFUSED..... r	REFUSED..... r
Less than \$10,000,.....01	Less than \$10,000,.....01	Less than \$10,000,.....01
\$10,000 or more, but less than \$20,000,...02	\$10,000 or more, but less than \$20,000,...02	\$10,000 or more, but less than \$20,000,...02
\$20,000 or more but less than \$30,000,...03	\$20,000 or more but less than \$30,000,...03	\$20,000 or more but less than \$30,000,...03
\$30,000 or more but less than \$40,000,...04	\$30,000 or more but less than \$40,000,...04	\$30,000 or more but less than \$40,000,...04
\$40,000 or more but less than \$50,000,...05	\$40,000 or more but less than \$50,000,...05	\$40,000 or more but less than \$50,000,...05
\$50,000 or more but less than \$75,000,...06	\$50,000 or more but less than \$75,000,...06	\$50,000 or more but less than \$75,000,...06
\$75,000 or more but less than \$100,000, or.....07	\$75,000 or more but less than \$100,000, or.....07	\$75,000 or more but less than \$100,000, or.....07
more than \$100,000?.....08	more than \$100,000?.....08	more than \$100,000?.....08
DON'T KNOW.....(F21)..... d	DON'T KNOW.....(F21)..... d	DON'T KNOW.....(F21)..... d
REFUSED.....(F21)..... r	REFUSED.....(F21)..... r	REFUSED.....(F21)..... r
BEFORE TAXES.....01	BEFORE TAXES.....01	BEFORE TAXES.....01
AFTER TAXES.....02	AFTER TAXES.....02	AFTER TAXES.....02
DON'T KNOW..... d	DON'T KNOW..... d	DON'T KNOW..... d
REFUSED..... r	REFUSED..... r	REFUSED..... r

GO TO F21

(F2=00, d or r)

F13. Since [fill RA MONTH YEAR] {have you/has (NAME)} looked for work?

- YES..... 01
- NO..... 00 (F21)
- UNABLE TO WORK..... n (F21)
- DON'T KNOW..... d (F21)
- REFUSED..... r (F21)

(NBS)

(301)

F14. {Have you/Has (NAME)} been looking for work during the past 4 weeks?

- YES..... 01
- NO..... 00 (F21)
- UNABLE TO WORK..... n (F21)
- DON'T KNOW..... d (F21)
- REFUSED..... r (F21)

(F14=01)

F15. {Are you/Is (NAME)} looking for part-time or full-time work?

- PART-TIME..... 01
- FULL-TIME..... 02
- EITHER PART- OR FULL-TIME..... 03
- DON'T KNOW..... d
- REFUSED..... r

(F14=01)

F16. About how many hours per week would {you/(NAME)} like to work?

PROBE: Your best estimate is fine.

|_|_| HOURS
(1-60)

- DON'T KNOW..... d
- REFUSED..... r

(F14=01)

F17. {Have/Has} {you/(NAME)} received any job offers since [fill RA MONTH YEAR]?

- YES..... 01
- NO..... 00 (F21)
- DON'T KNOW..... d (F21)
- REFUSED..... r (F21)

(F17=01)

F18. Did {you/(NAME)} turn any of these job offers down?

- YES..... 01
- NO..... 00 (F21)
- DON'T KNOW..... d (F21)
- REFUSED..... r (F21)

(F18=01)

F19a. There are many reasons why people sometimes do not accept a job offer. Please tell me if any of these are reasons why {you/(NAME)} did not accept a job that {you were/(he/she) was} offered.

{You were/(NAME was)} worried {you/he/she} would lose health insurance benefits.

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

(F18=01)

F19b. {You were/(NAME was)} worried {you/(he/she) would lose benefits {you need/(he/she) needs} like Social Security, disability insurance, or workers' compensation if {you/he/she} accepted the job.

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

(F18=01)

F20. Are there any other reasons that I did not mention that made {you/(NAME)} turn down a recent job offer?

- YES..... 01
- NO..... 00 (F21)
- DON'T KNOW..... d (F21)
- REFUSED..... r (F21)

(F20=01)

F20_Other. What were the other reasons {you/(NAME)} did not accept the job offer?

RECORD VERBATIM

<OPEN>_____

DON'T KNOW..... d
REFUSED..... r

(All)

(Asked at Baseline)

F21. 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/(NAME)} contact anyone or do any of these things in order to find out how {your/his/her} benefits would be affected if {you/he/she} went to work?

YES..... 01
NO..... 00 (G1)
DON'T KNOW..... d (G1)
REFUSED..... r (G1)

(F21=01)

F22. Who did {you/(NAME)} contact or what did {you/he/she} do to find out how {your/his/her} benefits would be affected if {you/he/she} went to work?

CODE ALL THAT APPLY

SOCIAL SECURITY OFFICE..... 01 (G1)
INTERNET..... 02 (G1)
EMPLOYMENT BENEFITS COUNSELOR/
AB PLUS COACH 03 (G1)
DISABILITY SERVICE ORGANIZATION..... 04 (G1)
OTHER..... 05
DON'T KNOW..... d (G1)
REFUSED..... r (G1)

(F22=05)

F22_Other Which organization did {you/(NAME)} contact to find out how {your/his/her} benefits would be affected if {you/he/she} went to work?

RECORD VERBATIM

<OPEN>_____

DON'T KNOW..... d
REFUSED..... r

SECTION G: USE OF SSA AND OTHER EMPLOYMENT SERVICES

(NBS-E20 modified)

(All)

G1. My next questions are about incentives and supports that Social Security offers to people getting disability benefits, to encourage them to work.

Since [fill RA MONTH YEAR], did a person or organization help {you/him/her} understand how working would affect {your/his/her} Social Security benefits?

- YES..... 01
- NO..... 00 (G3)
- DON'T KNOW..... d (G3)
- REFUSED..... r (G3)

(G1=01)

G2. Where did {you/he/she} get help? Was it from . . .

IF NEEDED: A WIPA is a local organization that has arranged with Social Security to provide work incentive and planning services for Social Security SSDI and SSI beneficiaries. This program replaced the former Benefits Planning Assistance and Outreach (BPAO) Program.

CODE ALL THAT APPLY

- A Work Incentives Planning and Assistance (WIPA) project or SSA..... 01
- An AB Plus coach or employment benefits counselor, or. 02
- Some other type of place?..... 03
- DON'T KNOW..... d
- REFUSED..... r

(All)

G3. Since [fill RA MONTH YEAR], {have you/has (NAME)} received rehabilitation and/or employment services?

- YES..... 01
- NO..... 00 (G6)
- DON'T KNOW..... d (G6)
- REFUSED..... r (G6)

(G2=01)

G4. Did {you/he/she} receive rehabilitation or employment services from . . .

- a. A Ticket to Work Employment Network?.....YES..01 NO..00
- b. A State Vocational Rehabilitation agency?.....YES..01 NO..00
- c. A State unemployment office?.....YES..01 NO..00
- d. A Center for Independent Living?.....YES..01 NO..00
- e. A Private rehabilitation provider?.....YES..01 NO..00
- f. Or some other type of place?.....YES..01 NO..00
- DON'T KNOW..... d
- REFUSED..... r

(G3=01)

G5. Which of the following employment services {have you/has (NAME)} received since [fill RA MONTH YEAR]? Did {you/he/she} receive . .

	CODE ONE PER ROW			
	YES	NO	DON'T KNOW	REFUSED
a. A work or job assessment?.....	01	00	d	r
b. Help to find a job?.....	01	00	d	r
c. Training to learn a new job or skill?.....	01	00	d	r
d. Advice about making modifications or accommodations to {your/(NAME)'s} job or workplace?	01	00	d	r
e. On-the-job training, job coaching, or support services?	01	00	d	r
f. Career counseling?.....	01	00	d	r
g. Some other employment service?.....	01	00	d	r

(All)

G8. Since [fill RA MONTH YEAR] {have you/has (NAME)} **enrolled in school or taken any classes** to help {you/him/her} get a new job or change careers? (IF ANY G5.a-G5.g=01, SAY: "Please do not include any training {you have/(he/she) has} already told me about.")

PROBE: This could include vocational training in high school, college classes, or other instructional programs.

YES..... 01
 NO..... 00 (H1)
 DON'T KNOW..... d (H1)
 REFUSED..... r (H1)

(G8=01)

G9. {Are you/Is (NAME)} currently enrolled in school or taking any classes?

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

SECTION H: FAMILY STATUS AND INCOME

(Asked at Baseline)

H1. We're almost finished. I just have a few final questions about {your/(NAME's)} household. How many adults 18 years of age or older live in {your/his/her} household, including {yourself/himself/herself}?

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
(01-10)

LIVES IN A GROUP HOME..... 99 (H4)
DON'T KNOW..... d
REFUSED..... r

(H1 NE 99)

(Asked at Baseline)

H2. How many children under 18 years of age live in {your/his/her} 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 (H2ck)

|_|_| CHILDREN
(01-10)

DON'T KNOW..... d (H4)
REFUSED..... r (H4)

(All)

H2ck. **PROGRAMMER: DOES SAMPLE MEMBER LIVE ALONE; THAT IS, H1=01 AND H2=00?**

YES..... 01 (H4)
NO..... 00

(H2ck=00)

(Asked at Baseline)

H3. Now please think back to last year. How many people in {your/(NAME's)} household worked at a job for pay last year?

PROBE: That is, (2008/2009).

|_|_|
(01-10)

ZERO/NONE.....	00
DON'T KNOW.....	d
REFUSED.....	r

(All)

(Asked at Baseline)

H4. ([IF H3>1, SAY: Counting everyone in {your/(NAME's)} household who worked for pay last year], what was {your/his/her} total (IF H1 NE 99, SAY: household) income in (2008/2009)? Please include benefits, earnings, and all other sources of income.

Was it . . .

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)

H5. Did {you/(NAME)} receive any **food stamp benefits** during (2008/2009)?

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

(NSAF)
(All)

H6. Since [fill RA MONTH YEAR] did {you/(NAME)} (IF H1>1, SAY: "or other adults in {your/his/her} family") ever cut the size of {your/his/her} meals or skip meals because there wasn't enough money for food?

PROBE: Since [fill RA MONTH] of last year.

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

(NSAF)
(All)

H7. Since [fill RA MONTH YEAR], was there a time when {you/(NAME)} (IF H2ck=00, SAY: "and {your/his/her} family") were not able to pay {your/his/her} mortgage, rent, or utility bills?

PROBE: Since [fill RA MONTH] of last year.

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

(NSAF)
(All)

H8. Since [fill RA MONTH YEAR], did {you/(NAME)} (IF H2>0, SAY: "or {your/his/her} children") move in with other people even for a little while because {you/he/she} could not afford to pay {your/his/her} mortgage, rent, or utility bills?

PROBE: Since [fill RA MONTH] of last year.

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

(NSAF)
(All)

H9. Since [fill RA MONTH YEAR], has {your/(NAME's)} household ever been without telephone service for more than 24 hours?

PROBE: Since [fill RA MONTH] of last year.

IF NEEDED: Do not include temporary loss of service due to storms, damaged wires, or phone company maintenance.

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

SECTION I: CLOSING AND CONTACT INFORMATION

(All)

I1. **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/(NAME's)} current contact information. Is {your/his/her} current address and phone number . . . READ FROM PRELOADS?

SAME AS PROVIDED..... 00 (I2a)
INCORRECT INFORMATION ABOVE, NEED TO
ENTER NEW INFORMATION..... 01
DON'T KNOW..... d
REFUSED..... r

(I1=01, d, or r)

I2. UPDATE INFORMATION BELOW

What is the correct spelling of {your/(NAME's)} name and {your/his/her} 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_____
DON'T KNOW..... d
REFUSED..... r

(All)

I2a. {Do you/Does (NAME)} have a cell phone number?

YES..... 01
NO..... 00 (I3)
DON'T KNOW..... d (I3)
REFUSED..... r (I3)

(I2a=01)

I2b. What is {your/his/her} cell phone number?

<OPEN>_____

DON'T KNOW..... d

REFUSED..... r

(All)

I3. {Do you have/Does (NAME) have} an email address?

YES..... 01

NO..... 00 (I5)

DON'T KNOW..... d (I5)

REFUSED..... r (I5)

(I3=01)

I4. What is {your/(NAME's)} email address?

<OPEN>_____

DON'T KNOW..... d

REFUSED..... r

(All)

I5. **INTERVIEWER: ARE YOU SPEAKING WITH (NAME), AN INTERPRETER, OR A PROXY?**

NAME..... 01 (I10)

INTERPRETER..... 02

PROXY..... 03

(I5=02 OR 03)

I6. What is the correct spelling of your full name?

INTERVIEWER: PRESS 1 TO CONTINUE

**NAME: DISPLAY PROXY'S/INTERPRETER'S FULL NAME FROM SCREENER OR
PRELOADED INFORMATION WITH FIRST NAME BOLD**

FIRST NAME: <OPEN>_____

VERIFY SPELLING

DON'T KNOW..... d

REFUSED..... r

(I5=02 OR 03)

17. What is your current mailing address and phone number?

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

PROGRAMMER: ADD OPTION TO FILL "SAME AS R"

PROBE: Is there an apartment number?

ADDRESS LINE 1_____

ADDRESS LINE 2_____

CITY/TOWN_____

STATE_____

ZIP CODE_____

TELEPHONE_____

DON'T KNOW..... d

REFUSED..... r

(I5=02 OR 03)

17a. Do you have a cell phone number?

YES..... 01

NO..... 00 (I8)

DON'T KNOW..... d (I8)

REFUSED..... r (I8)

(I7a=01)

17b. What is your cell phone number?

<OPEN>_____

DON'T KNOW..... d

REFUSED..... r

(I5=02)

18. Do you have an email address?

YES..... 01

NO..... 00 (I10)

DON'T KNOW..... d (I10)

REFUSED..... r (I10)

(I8=01)

I9. What is your email address?

<OPEN>_____

DON'T KNOW..... d
REFUSED..... r

I10. We may contact {you/(NAME)} again in the future to see how {you are/(he/she) is} doing and update our information. In case we have trouble reaching {you/him/her}, what is the name, address, and phone number of a close relative or friend who is **not** living with {you/(NAME)} and is likely to know {your/his/her} location in the future? For example, {your/his/her} mother, father, brother, sister, aunt, uncle, or close friend.

{Do you/Does (NAME)} have a contact person?

CONTACT PERSON 1

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

(I10=01)

I11. What is that person's name and address?

PROBE: Is there an apartment number?

NAME_____

ADDRESS LINE 1_____

ADDRESS LINE 2_____

CITY/TOWN_____

STATE_____

ZIP CODE_____

DON'T KNOW..... d
REFUSED..... r

(I10=01)

I11a. Please give me the telephone number, area code first.

<OPEN>_____

DON'T KNOW..... d
REFUSED..... r

(I10=01)

I11b.{Do you/Does (NAME)} have a cell phone, pager number or email address for [FILL NAME FROM I11]?

- YES..... 01
- NO..... 00 (I12)
- DON'T KNOW..... d (I12)
- REFUSED..... r (I12)

(I11b=01)

I11c. What is [FILL NAME FROM I11's] cell phone number? Please give me the number, area code first.

<OPEN>_____

What is [FILL NAME FROM I11's] pager number? Please give me the number, area code first.

<OPEN>_____

What is [FILL NAME FROM I11's] email address?

<OPEN>_____

- DON'T KNOW..... d
- REFUSED..... r

(I10=01)

I12. How is [FILL NAME FROM I11] related to {you/(NAME)}, if at all?

- (NAME's) SPOUSE/PARTNER..... 01
- (NAME's) MOTHER..... 02
- (NAME's) FATHER..... 03
- (NAME's) SON OR DAUGHTER..... 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

(All)

THNX. That was my last question. Thanks very much for your time. Best wishes to {you/(NAME)}.