

MPR Reference No.: 6237

**Accelerated Benefits
Demonstration**

Baseline Survey

Draft

May 2007

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SECTION A: CASE MANAGEMENT AND RESPONDENT SELECTION

A1. Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak with (NAME)?

SPEAKING	01
(NAME) COMES TO PHONE	02
CALL BACK LATER.....	03 (A55)
WANTS MORE INFORMATION	04 (A3)
HUNG UP DURING INTRODUCTION.....	05 (HUDI)
SPANISH INTERVIEWER NEEDED	06 (A4)
LANGUAGE BARRIER (NOT SPANISH)	07 (A5)
POSSIBLE PARTICIPATION PROBLEM	08 (A13)
UNAVAILABLE DURING FIELD PERIOD	09 (A24)
HOSPITALIZED	10 (A25)
INSTITUTIONALIZED	11 (A25)
INCARCERATED	12 (A27)
(NAME) MOVED	13 (A28)
(NAME) DECEASED.....	14 (A65)
SWITCH TO AMPLIFIER/CONTINUE	15 (A18)
NO SUCH PERSON AT THIS NUMBER.....	16 (A69b)
OTHER: SUPERVISOR REVIEW NEEDED.....	17 (A69)
LIVING OUTSIDE USA	18 (A24a)
REFUSED	r (A69)

SPEAKING TO NAME OR INTERPRETER / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFTER REMAIL

(A1=01 OR 02)

A2. {Hello, my name is _____, calling on behalf of the Social Security Administration.} Recently, the Social Security Administration sent you a letter saying that someone from Mathematica Policy Research would be calling to see if you would be eligible to participate in a special demonstration project for recently disabled persons. Mathematica Policy Research 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 which is called the Accelerated Benefits Demonstration or AB. We are not selling anything or asking for contributions. The interview will take about 40 minutes to complete.

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. Let's start now.

CONTINUE.....	01 (A56)
(NAME) WILL CALL MPR	02 (A67)
CALL BACK LATER.....	03 (A55)
DID NOT RECEIVE LETTER/ DOES NOT RECALL LETTER.....	04 (A19)
NEEDS/REQUESTS ASSISTANT	05 (A13)
POSSIBLE PARTICIPATION PROBLEM	06 (A13)
REFUSED	r (A69)

WANTS MORE INFORMATION

(A1=04)

A3. The Social Security Administration recently sent {you/(NAME)} a letter saying that someone from Mathematica Policy Research would be calling to see if {you/she/he} would be eligible to participate in a special demonstration project for recently disabled persons. Mathematica Policy Research 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 which is called the Accelerated Benefits Demonstration or AB. We are not selling anything or asking for contributions.

PROGRAMMER: ALLOW INTERVIEWER TO ACCESS FAQs FROM THIS SCREEN.

SPEAKING	01	(A10a)
(NAME) COMES TO PHONE	02	(A10a)
CALL BACK LATER.....	03	(A55)
HUNG UP DURING INTRODUCTION.....	05	(HUDI)
SPANISH INTERVIEWER NEEDED	06	
LANGUAGE BARRIER (NOT SPANISH)	07	(A5)
POSSIBLE PARTICIPATION PROBLEM	08	(A13)
UNAVAILABLE DURING FIELD PERIOD	09	(A24)
HOSPITALIZED	10	(A25)
INSTITUTIONALIZED	11	(A25)
INCARCERATED	12	(A27)
(NAME) MOVED	13	(A28)
(NAME) DECEASED.....	14	(A65)
SWITCH TO AMPLIFIER/CONTINUE	15	(A18)
NO SUCH PERSON AT THIS NUMBER.....	16	(A69b)
OTHER: SUPERVISOR REVIEW NEEDED.....	17	(A69)
LIVING OUTSIDE USA	18	(A24a)
REFUSED	r	(A69)

SPANISH INTERVIEWER NEEDED

(A1=06) (A3=06)

A4. Please hold on and I will transfer you to a Spanish speaking interviewer. OR, IF NO SPANISH INTERVIEWER AVAILABLE, SAY: I will have a Spanish speaking interviewer call you back. When would be a good time to call?

SPANISH INTERVIEWER AVAILABLE [EXIT CASE AND TRANSFER CALL]	01	
SPANISH INTERVIEWER NOT AVAILABLE [GO TO CALL BACK SCREEN AND SET CALL BACK].....	02	(A55)

PROGRAMMER: FLAG AS SPANISH CASE

LANGUAGE BARRIER—NOT SPANISH

(A1=07) (A3=07)

A5. Can someone there speak English?

- ENGLISH SPEAKER COMES TO PHONE 01
- CALL BACK LATER..... 02 (A55)
- NO ONE SPEAKS ENGLISH..... 03 (A8)
- HUNG UP..... 04 (HUDI)
- REFUSED r (A65a)

POSSIBLE INTERPRETER COMES TO PHONE

(A5=01)

A6. 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 Policy Research would be calling to see if (he/she) would be eligible to participate in a special demonstration project for recently disabled persons. Mathematica Policy Research 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 which is called the Accelerated Benefits Demonstration or AB. 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?

- YES 01
- NO 00 (A6b)
- HUNG UP..... 02 (HUDI)
- REFUSED r (A6b)

(A6=01)

A6a. Would you be able to help (NAME) by interpreting the interview?

- YES 01 (A7)
- NO 00
- INTERPRETER REFUSED..... r

(A6=00 OR r) (A6a=00 OR r)

A6b. Is there someone else 18 years or older who could come to the phone and help with the interview?

- YES, PERSON COMES TO PHONE..... 01
- CALL BACK LATER..... 02 (A55)
- NO ONE SPEAKS ENGLISH..... 03 (A8)
- HUNG UP..... 04 (HUDI)
- REFUSED r (A8a)

POSSIBLE INTERPRETER 18+ COMES TO PHONE

(A6b=01)

A6c. Hello, my name is _____, calling on behalf of the Social Security Administration. Social Security recently sent (NAME) a letter saying that we would be calling to see if {she/he} would be eligible to participate in a special demonstration project for recently disabled persons. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project which is called the Accelerated Benefits Demonstration or AB. We are looking for an interpreter who is 18 years or older to help (NAME) with the interview. There are no right or wrong answers. Would you be able to help (NAME) by interpreting the interview?

PROBE: We are not selling anything or asking for contributions.

YES 01
 NO 00 (A8a)
 POSSIBLE INTERPRETER REFUSED..... r (A8a)

(A6a=01) (A6c=01)

A7. If (NAME) is available and you are ready to interpret, we can begin now. If you or (NAME) 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.

CONTINUE..... 01
 CALL BACK LATER..... 02
 POSSIBLE INTERPRETER REFUSED..... r (A8a)

(A7=01 OR 02)

A7a. (Before we begin), please tell me your name (so we can ask for you when we call back later).

PROBE: IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need.

FIRST, MIDDLE, LAST
 DON'T KNOW d
 REFUSED r

(A7a=ANSWER, d OR r)

A7b. What is {your/their} relationship to (NAME)?

(NAME's) SPOUSE/PARTNER..... 01 (A7c)
 (NAME'S) MOTHER..... 02 (A7c)
 (NAME's) FATHER..... 03 (A7c)
 (NAME's) CHILD 04 (A7c)
 GRANDPARENT OF (NAME)..... 05 (A7c)
 BROTHER/SISTER (NATURAL/STEP) OF (NAME)..... 06 (A7c)
 AUNT/UNCLE OF (NAME) 07 (A7c)
 OTHER RELATIVE (SPECIFY) 08
 NOT RELATED 09 (A7c)
 STAFF AT RESIDENCE 10 (A7c)
 DON'T KNOW d (A7c)
 REFUSED r (A7c)

(A7b=08)

A7b_other. How are you related to (NAME)?

<OPEN> _____

DON'T KNOW d
REFUSED r

(A7b=ANSWER OR d OR r)

A7c. PROGRAMMER:

IF A7 = 01 (CONTINUE) 01 (A10a)
IF A7=02: CALLBACK TO INTERPRETER 02 (A55)

(A5=03) (A6b=03)

A8. I will try to find an interpreter to do the interview. Can you tell me what language (NAME) speaks?

YES (RECORD LANGUAGE) 01 (A55)

NO (INTERVIEWER: RECORD YOUR BEST
GUESS HERE) (SPECIFY) 02 (A65a)

DON'T KNOW d (A65a)
REFUSED r (A65a)

SEEKING INTERPRETER

(A6b=r) (A6c=00 OR r) (A7=r)

A8a. Is there someone else, 18 years or older who might be able to interpret the questions for (NAME)? This could be someone who lives with (NAME) such as a family member or friend, or someone like a social worker or case worker.

YES 01
NO 00 (A65a)
DON'T KNOW d (A65a)
POSSIBLE INTERPRETER REFUSED r (A65a)

(A8a=01)

A8b. What is that person’s name and phone number so we can call and ask for them by name?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

PROBE IF NEEDED: We only need the first name.

Please give me the telephone number, area code first.

PHONE NUMBER: (___ ___) ___ ___ - ___ ___

GO TO CALL BACK SCREEN (A55) AND SET CALL BACK

DON'T KNOW d (A65a)

POSSIBLE INTERPRETER REFUSED..... r (A65a)

CALL BACK TO NAMED INTERPRETER

(A8b=ANSWER AFTER CALL BACK)

A9. Hello, my name is _____, calling on behalf of the Social Security Administration.
May I please speak to {INTERPRETER’S NAME}?

SPEAKING 01

INTERPRETER COMES TO PHONE..... 02

GATEKEEPER ASKS WHY CALLING 03

CALL BACK LATER..... 04 (A55)

HUNG UP DURING INTRODUCTION 05 (HUDI)

INTERPRETER REFUSED..... r (A65a)

(A9=01 OR 02 OR 03)

A10. {IF A9=02 DISPLAY: Hello, my name is _____, calling on behalf of the Social Security Administration.} I'm calling {you/INTERPRETER} because {your/his/her} name was given as someone who might be able to help (NAME) participate in a survey we're doing for Social Security by interpreting for {him/her}. Let me tell you about the survey... BRIEF PAUSE. Recently, the Social Security Administration sent (NAME) a letter saying that someone from Mathematica Policy Research would be calling to see if {you/(NAME)} would be eligible to participate in a special demonstration project for recently disabled persons. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project which is called the Accelerated Benefits Demonstration or AB. We are not selling anything or asking for contributions.)

If (NAME) is available and you are ready to interpret, we can begin now. If you or (NAME) 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.

- YES, CONTINUE 01
- CALL BACK LATER..... 02 (A55)
- WANTS MORE INFORMATION 03 (FAQs, THEN A10a)
- HUNG UP DURING INTRODUCTION..... 04 (HUDI)
- INTERPRETER REFUSED..... r (A65a)

PROGRAMMER: MAKE FAQs AVAILABLE FROM THIS SCREEN.

SPEAKING TO NAME OR INTERPRETER/NAME OR INTERPRETER COMES TO PHONE/AMPLIFIER TURNED ON/SPEAKING TO NAME AFTER REMAIL

(A3=01 OR 02) (A10=01 OR 03)

A10a. PROGRAMMER: IF A3=02, START HERE: (Hello, my name is _____ calling on behalf of the Social Security Administration.} Recently, Social Security sent {you/(NAME)} a letter saying that someone from Mathematica Policy Research would be calling to see if {you/(NAME)} would be eligible to participate in a special demonstration project for recently disabled persons. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project which is called the Accelerated Benefits Demonstration or AB. We are not selling anything or asking for contributions.)

PROGRAMMER: IF A3=01, A7c=01, OR A10=01 OR 03, START HERE: The interview will take about 40 minutes to complete. 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. Let's start now.

- CONTINUE..... 01 (A56)
- (NAME) WILL CALL MPR 02 (A67)
- CALL BACK LATER..... 03 (A55)
- DID NOT RECEIVE LETTER/
DOES NOT RECALL LETTER..... 04 (A19)
- NEEDS/REQUESTS ASSISTANT 05 (A13)
- POSSIBLE PARTICIPATION PROBLEM 06 (A13)
- REFUSED r (A69)

NAME OR UNKNOWN INFORMANT CALLS IN

A11. INTERVIEWER: WHO CALLED IN? CODE BASED ON SUPERVISOR INSTRUCTION.

- (NAME)..... 01
- (NAME) USING TTY 02
- (NAME) USING RELAY 03
- INFORMANT/POSSIBLE ASSISTANT 04 (A13a)

(A11=01, 02, OR 03)

A12. Hello, my name is _____. Thanks for calling in. I'll be your interviewer today. The Accelerated Benefits Demonstration Survey is about your health, insurance coverage, and employment prior to becoming disabled. The information you and other participants give us will be used to determine your eligibility for the project and will improve Social Security's programs for disabled persons.

The interview {will take about 40 minutes/2 - 3 hours because we are using TTY/Relay.} There are no right or wrong answers. If you get tired and 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. Let's start now.

- CONTINUE..... 01 (A56)
- WANTS TO SCHEDULE INTERVIEW..... 02 (A55)
- NEEDS/REQUESTS ASSISTANT 03
- POSSIBLE PARTICIPATION PROBLEM 04
- REFUSED r (A69)

DIFFICULTY PARTICIPATING (SPEAKING WITH NAME/INFORMANT/UNKNOWN ASSISTANT WHO CALLS IN)

(A1=08) (A2=05 OR 06) (A3=08) (A10a=05 OR 06) (A12=03 OR 04)

A13. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

- SAMPLE MEMBER/(NAME)..... 01
- INTERPRETER 02
- INFORMANT/POSSIBLE ASSISTANT 03

(A11=04) (A13=01, 02, OR 03)

A13a. INTERVIEWER: IF BARRIER KNOWN, CONFIRM BY SAYING: (Just to confirm),
{You have a/NAME has a}
OR
{You are/(NAME) is} FILL APPROPRIATE CATEGORY.

{PROGRAMMER IF A11=04, USE: Thank you very much for calling and offering to help
(because of (NAME's) {FILL KNOWN BARRIER}). IF NEEDED: What problem does (NAME)
have that might prevent {him/her} from participating for {himself/herself}?

PROBE: What kind of difficulty or barrier {do you/does (NAME)} have?

INTERVIEWER: IF MORE THEN ONE PROBLEM, PROBE: What would you say is the main
reason {you/(NAME)} cannot participate in this interview.

	<u>CODE ONE</u>
HEARING DIFFICULTY	01
SPEECH DIFFICULTY	02
COGNITIVE BARRIER.....	03
PHYSICAL BARRIER.....	04
HOSPITALIZED	06 (A25)
INSTITUTIONALIZED	07 (A25)
INCARCERATED	08 (A27)
DECEASED.....	09 (A65)
LIVING OUTSIDE USA	10 (A24a)
DON'T KNOW	d (A14)
REFUSED	r (A69)

(A13a=01, 02, 03, 04, OR d)

A14. (IF A1=08 OR A3=08 SAY: Recently, the Social Security Administration sent {you/(NAME)} a letter saying that someone from Mathematica Policy Research would be calling to see if {you/he/she} would be eligible to participate in a special demonstration project for recently disabled persons. Mathematica Policy Research 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 which is called the Accelerated Benefits Demonstration Project or AB.) It is important that {you/(NAME)} participate(s) in the survey so that we can determine if {you/he/she} is eligible for AB. We'd like to work with you (and (NAME)) to help {you/him/her} participate and see if {you are/he is/she is} eligible. 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. [READ CHOICES 01 TO 06 BELOW] . .

CODE ONE

I can break the interview into a few short calls, 01 (A17)

{PROGRAMMER: DISPLAY 02 ONLY IF A13a=01 OR 02}

I can have someone call you from an amplifier phone in a few minutes, 02 (A18)

{PROGRAMMER: DISPLAY 03 ONLY IF A13a=01}

I can have someone call you in a few minutes using Relay or TTY,..... 03 (A18)

{PROGRAMMER: DISPLAY 04 ONLY IF A13=03}

IF SPEAKING WITH INFORMANT:

You could help NAME answer questions for (himself/herself), or..... 04 (A42)

You could give us the name of someone else who could help {you/(NAME)}answer questions..... 05 (A40)

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

DON'T KNOW d (A40)

REFUSED r (A69)

(A14=07)

A15. What way is that?

<OPEN> _____

DON'T KNOW d (A40)

REFUSED r (A69)

(A15=ANSWER)

A16. Thank you. I will ask my supervisor if that would work. Someone will call {you/(NAME)} back and let you know.

GO TO CALL BACK SCREEN AT A55

(A14=01)

A17. If {you are/(NAME) is} ready now, we can begin.

YES, READY	01	(A56)
NO, CALL BACK LATER	00	(A49)

(A1=15) (A3=15) (A14=02 OR 03)

A18. We will switch to our {amplifier phone/TTY operator/Relay operator} and contact you in a few minutes.

PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

INTERVIEWER: IF "SWITCH IN A FEW MINUTES," CALL SUPERVISOR FOR HELP.

CALL BACK—FEW MINUTES (AMPLIFIER)	01	(A55) FLAG AMP
CALL BACK—FEW MINUTES (TTY)	02	(A55) STORE TTY INFO
CALL BACK—FEW MINUTES (RELAY)	03	(A55) STORE RELAY INFO
NO, CALL BACK LATER (AMPLIFIER)	04	(A55) FLAG AMP
NO, CALL BACK LATER (TTY)	05	(A55) STORE TTY INFO
NO, CALL BACK LATER (RELAY)	06	(A55) STORE RELAY INFO
NO, CALL BACK (GENERAL)	07	(A55)
HUNG UP	08	(HUDI)
DON'T KNOW	d	(A55)
REFUSED	r	(A65a)

INTERVIEWER: IF A18=01, EXIT CASE AND TRANSFER CALL

NAME REQUESTS LETTER

(A2=04) (A10a=04)

A19. The letter was from the Social Security Administration and said that someone from Mathematica Policy Research would be calling to see if you would be eligible to participate in a special demonstration project for recently disabled persons. I work for Mathematica Policy Research. We are conducting a survey for the Social Security Administration about this special project which is called the Accelerated Benefits Demonstration or AB. The AB Survey is about your health, insurance coverage, and employment prior to becoming disabled. 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. I will also mail you another copy. You should receive the letter in about a week. Let's get started. Should I read the letter?

- DO NOT READ LETTER, CONTINUE..... 01 (A56)
- READ LETTER, CONTINUE..... 02
- CALL BACK LATER..... 03 (A55)
- NO, WANTS LETTER MAILED..... 00 (A20)
- REFUSED r (A69)

(A19=02)

A19a. PROGRAMMER: LOAD ADVANCE LETTER HERE.

INTERVIEWER: READ ADVANCE LETTER TO RESPONDENT.

GO TO A56

(A19=00)

A20. I want to make sure we have your correct name and address. The records show... (READ PRELOADED NAME/ADDRESS). Is this correct?

PROGRAMMER: DISPLAY NAME FROM PRELOADS

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

- YES 01 (A68)
- NO 00
- HUNG UP..... 02 (HUDI)
- REFUSED r (A69)

(A20=00)

A21. Is the name wrong, the address wrong, or are both wrong?

- NAME WRONG..... 01
- ADDRESS WRONG..... 02 (A22a)
- BOTH WRONG 03

(A21=01 OR 03)

A22. What is your correct name? I need to confirm that you are the same (NAME) as in our records.

PROBE: Did you get married or change your name?

RECORD NEW NAME: _____

YES, SAME PERSON—CONFIRMED 01
 NO/NOT CONFIRMED..... 00 (A22b)
 HUNG UP 02 (HUDI)
 REFUSED r (A69)

IF A21=01, GO TO A68 IF A21=03, GO TO A22a

(A21=02 OR 03)

A22a. What is your correct address? ENTER BELOW

ADDRESS 1 01
 ADDRESS 2 02
 CITY, STATE, ZIP 03

GO TO A68

(A22=00)

A22b. Thank you. I'll need to check with my supervisor and get back to you.

PROGRAMMER: FLAG FOR SUPERVISOR REVIEW

(A22a=ANSWER)

A23. INTERVIEWER: IS STATE IN THE U.S. OR DC?

YES 01 (A56)
 NO 00

(A23=00)

A23a. I might have recorded the address wrong. Is the correct address outside the United States?

YES 01 (A24a)
 NO 00 (FIX A20 THEN GO TO A56)
 REFUSED r (A69)

PROGRAMMER: STORE CHANGES IN UPDATE; DO NOT OVERWRITE OLD INFO.
--

INELIGIBLE (INTERIM/POSSIBLE FINAL)

(A1=09) (A3=09)

A24. Please tell me why {you/(NAME)} will not be available to participate in the survey.

NOTE: PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/PROGRAMMER RESETS CASE STATUS.

INTERVIEWER: PRESS ENTER TO CONTINUE.

- WILL BE HOSPITALIZED 01 (A25)
 - INCARCERATED 02 (A27)
 - WILL BE INSTITUTIONALIZED 03 (A25)
 - LIVING OUTSIDE THE USA..... 04
 - DECEASED..... 05 (A65)
 - OTHER BARRIER (SPECIFY)..... 06 (A66)
-

(A1=18) (A3=18) (A13a=10) (A23b=01) (A24=04)

A24a. When do you expect (NAME) to return to live in the U.S.?

/ 2 0
 MONTH YEAR

NEVER 00

(A24a=ANSWER)

A24b. INTERVIEWER: IS DATE DURING FIELD PERIOD – BY JANUARY 2008?

- YES 01 (A24c)
- NO 00 (A24d)

A24c. Thank you. We will call back when (NAME) returns.

GO TO A55 AND SCHEDULE CALL BACK

(A24a=00) (A24b=00)

A24d. I'm sorry, but (we are not able to enroll persons who live outside the U.S. in AB at this time/we will not be interviewing for AB at that time). Thank you for your time. Have a nice day.

EXIT CASE

NAME INSTITUTIONALIZED/HOSPITALIZED

(A1=10 OR 11) (A3=10 OR 11) (A13a=06 OR 07) (A24=01 OR 03)

A25. I'm sorry to hear that. Until what date will (NAME) be staying there?

PROBE: Your best estimate is fine.

|_|_| / | 2 | 0 |_|_|
 MONTH YEAR

PERMANENTLY 01
 DON'T KNOW d
 REFUSED r

(A25=ANSWER)

A26. I understand that (NAME) is not able to be at home just now. In order to help {him/her} participate, we could make some adjustments. Please tell me what would work best.

{PROGRAMMER: DISPLAY 01 ONLY IF RETURN EXPECTED BY [MONTH, YEAR FIELD PERIOD STARTS + 12 MONTHS]}

	<u>CODE ONE</u>
We could call after {he/she} returns home and is feeling better,	01 (A55)
If (NAME) is well enough, we can call {him/her} at the institution or hospital, or	02
Someone could help NAME answer questions for (himself/herself).....	03 (A40)
(NAME) TOO ILL	04 (A66)
DON'T KNOW	d (A40)
REFUSED	r (A65a)

(A1=12) (A3=12) (A13a=08) (A24=02) (A26=02 OR 03)

A27. Please tell me the name and phone number of the place where I can contact (NAME). If you don't have all the information, please tell me what you can.

NAME OF INSTITUTION/HOSPITAL

Please tell me the telephone number starting with the area code first.

PHONE NUMBER: { _____ } _____ - _____

DON'T KNOW d (A40)
 REFUSED r (A65a)

PROGRAMMER: STORE NAME OF HOSPITAL OR INSTITUTION AND PHONE NUMBER IN LOCATOR, AND GO TO A70

NEW CONTACT INFORMATION FOR NAME

(A1=13) (A3=13)

A28. Do you know how I can reach (NAME)?

YES 01
NO 00 (A34)
REFUSED r (A34)

(A28=01)

A29. Please tell me {his/her} new address and phone number. Also, if (NAME's) name has changed please tell me the new name.

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

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

Please tell me the telephone number starting with the area code first.

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

DON'T KNOW d (A32)
REFUSED r (A32)

(A29=ADDRESS)

A30. PROGRAMMER CHECK A29: IS STATE OUTSIDE THE UNITED STATES AND DC?

YES (OUTSIDE USA) 01
NO (INSIDE USA) 00 (FIX A29, THEN GO TO A32)

(A30=01)

A31. When do you expect (NAME) to return to live in the U.S.?

|_|_| / | 2 | 0 |_|_|
MONTH YEAR

NEVER 00 (A31c)

(A31=ANSWER)

A31a. INTERVIEWER: IS DATE DURING FIELD PERIOD?

YES 01 (A31b)
NO 00 (A31c)

A31b. Thank you. We will call back when (NAME) returns.

GO TO A55 AND SCHEDULE CALL BACK

(A31=00) (A31a=00)

A31c. I'm sorry, but (we are not able to enroll persons who live outside the U.S. in AB at this time/we will not be interviewing for AB at that time). Thank you for your time. Have a nice day.

EXIT CASE

(A29=d or r) (A30=00)

A32. PROGRAMMER CHECK: DOES A29 CONTAIN A VALID PHONE NUMBER?

YES 01 (A70)
NO 00

(A32=00)

A33. Is there a better telephone number where I can reach (NAME)?

YES, RECORD BELOW 01 (A70)
NO 00 (A65a)

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

DON'T KNOW d (A65a)
REFUSED r (A65a)

PROGRAMMER: IF A33=01 STORE (NAME) CONTACT DATA IN LOCATOR, AND GO TO A70

PROGRAMMER: FLAG FOR LOCATING.

LEAD INFORMATION

(A28=00 OR r)

A34. Is there someone else who might know how to reach (NAME)?

YES 01
NO 00 (A65a)
DON'T KNOW d (A65a)
REFUSED r (A65a)

(A34=01)

A35. What's that person's name and phone number?

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

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

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

TELEPHONE: |_|_|_|_|-|_|_|_|_|-|_|_|_|_| (A70)

DON'T KNOW d (A65a)

REFUSED r (A65a)

PROGRAMMER: STORE NAME AND PHONE INFORMATION IN LOCATOR = LEADS; DO NOT OVERWRITE

A36. Let me confirm {your/(NAME's)} address. Is it still... READ BELOW

PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP

UPDATE PHONE NUMBER

YES 01

NO 00 (UPDATE AND GO

TO A39)

REFUSED r (A69)

PROGRAMMER: STORE UPDATE NAME AND PHONE INFORMATION IN LOCATOR = LEADS; DO NOT OVERWRITE

(A36=01 OR 00)

A37. If {your/(NAME's)} current address or phone number will change within the next month or so, please tell me the new address and phone number.

NO CHANGES EXPECTED..... 01 (A70)

ADDRESS OR PHONE WILL CHANGE..... 02

DON'T KNOW d (A69)

REFUSED r (A69)

PROGRAMMER: STORE UPDATED INFORMATION IN UPDATE ADDRESS BLOCK; DO NOT OVERWRITE

(A37=02)

A38. Please tell me what {your/(NAME's)} new address and/or phone number will be.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
UPDATE PHONE NUMBER

DON'T KNOW d (A65a)
REFUSED r (A65a)

(A38=INFO)

A39. On what date will we be able to reach {you/(NAME)} at this new {ADDRESS AND PHONE NUMBER}?

|_|_| / |_|_| / |_|_|_|_| (A70)
MONTH DAY YEAR

DON'T KNOW d (A65a)
REFUSED r (A65a)

SEEKING ASSISTANT

(A14=06 OR d) (A15a=d) (A26=04, 05, OR d) (A27=d)

A40. (IF A14=05 OR d, SAY: Who else/OTHERWISE SAY: Is there someone (else) who can help {you/(NAME)} answer questions about {your/(NAME's)} health and daily activities? This could be someone who lives with {you/(NAME)} such as a family member or friend, or someone like a social worker or case worker.

INFORMANT WILL SERVE AS ASSISTANT 01
ASSISTANT COMES TO PHONE 02
ASSISTANT NOT AVAILABLE NOW 03 (A49)
ASSISTANT LIVES ELSEWHERE 04 (A45)
NO ASSISTANT AVAILABLE 05 (A65a)
DON'T KNOW d (A65a)
REFUSED r (A65a)

ASSISTANT COMES TO PHONE (INFORMANT WILL ASSIST)

(A40=01 OR 02)

A41. {IF A40 =02, USE Hello, my name is _____, calling on behalf of the Social Security Administration.} Are you someone who can help NAME answer questions about (his/her) health and daily activities?

- YES 01
- WANTS MORE INFORMATION 02
- NO 00 (A44)
- DON'T KNOW d (A44)
- REFUSED r (A65a)

PROGRAMMER: MAKE FAQs AVAILABLE FROM THIS SCREEN.

(A41=01, 02) (A14=04)

A42. What is your name?

PROBE IF NEEDED: We only need your first name.

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

- DON'T KNOW d
- REFUSED r

PROGRAMMER: STORE ASSISTANT NAME IN UPDATE ADDRESS BLOCK.

(A42=ANSWER, d OR r)

A43. What is your relationship to (NAME)?

- (NAME'S) SPOUSE/PARTNER 01 (A47)
- (NAME'S) MOTHER..... 02 (A47)
- (NAME'S) FATHER 03 (A47)
- (NAME'S) CHILD..... 04 (A47)
- GRANDPARENT OF (NAME)..... 05 (A47)
- BROTHER/SISTER (NATURAL/STEP)
OF (NAME)..... 06 (A47)
- AUNT/UNCLE OF (NAME) 07 (A47)
- OTHER RELATIVE (SPECIFY) 08
- NOT RELATED 09 (A47)
- STAFF AT RESIDENCE 10 (A47)
- DON'T KNOW d
- REFUSED r

(A43=08, d or r)

A43_other. How are you related to (NAME)?

<OPEN> _____

DON'T KNOW d
REFUSED r

GO TO A47

(A41=00 OR d)

A44. (The Social Security Administration recently sent (NAME) a letter saying that we would be calling to see if {she/he} would be eligible to participate in a special demonstration project for recently disabled persons. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project which is called the Accelerated Benefits Demonstration or AB. We are not selling anything or asking for contributions.) Is there someone else who knows about (NAME's) health and daily activities?

YES 01
REQUESTS LETTER..... 02 (A68)
NO OTHER ASSISTANT AVAILABLE..... 00 (A65a)
REFUSED r (A65a)

ANOTHER ASSISTANT LIVES ELSEWHERE

(A40=04) (A44=01)

A45. What is this person's name and phone number?

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

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

DON'T KNOW d
REFUSED r (A65a)

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

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

DON'T KNOW d (A65a)
REFUSED r (A65a)

PROGRAMMER: STORE ASSISTANT CONTACT INFORMATION IN LOCATING DATABASE, GO TO A70

(A45=INFO)

A46. PROGRAMMER: IS THERE A VALID PHONE NUMBER AT A45?

YES 01 (A70)
NO 00

(A46=00)

A46a. Is there a better telephone number where I can reach (NAME)?

YES, RECORD BELOW 01

NO 00

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

DON'T KNOW d (A65a)

REFUSED r (A65a)

GO TO A70

SPEAKING WITH ASSISTANT

(A43=ANSWER, d OR r)

A47. The interview will take about 40 minutes. We can start now. If you or (NAME) get(s) tired or need(s) a break at any time, please tell me and we will call back later to finish the interview.

CONTINUE..... 01

CALL BACK LATER..... 02 (A49)

ASSISTANT WANTS LETTER 03 (A52)

REFUSED r (A69)

(A47=01)

A48. Before we start please tell me your name.

(A17=00) (A40=03) (A47=02)

A49. Please tell me (that person's name/your name) so we can ask for (you/them) by name when we call back.

PROBE: Your first name is fine.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

DON'T KNOW d

REFUSED r

IF A47=01, GO TO A50
IF A47=02, GO TO A55

ASSISTANT COMES TO PHONE

(A47=01)

A50. {USE Hello, my name is _____, calling on behalf of the Social Security Administration.} Recently, Social Security sent (NAME) a letter saying that we would be calling to see if {he/she} would be eligible to participate in a special demonstration project for recently disabled persons. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special demonstration project which is called the Accelerated Benefits Demonstration or AB. We were told that you can help (NAME) answer questions about (his//her) health and daily activities.

The interview will take about 40 minutes. In appreciation, we will mail [NAME] a check for \$25.00 when we finish the interview. Would you be able to help us?

- CONTINUE..... 01
- CALL BACK LATER..... 02 (A51)
- SEEK ANOTHER ASSISTANT 03 (A53)
- WANTS LETTER SENT 04 (A52)
- DON'T KNOW d (A53)
- REFUSED r (A69)

(A50=01 OR 02)

A51. {IF (A49=01) Before we start,} Please tell me your name {IF (A49=02) so we can call back and ask for you.}

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

REFUSED r

**IF A50=01, GO TO A56
IF A50=02, GO TO A55**

(A50=04)

A52. Please tell me your name and address so we can mail the letter to you.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

ADDRESS 1

ADDRESS 2

CITY, STATE, ZIP CODE

PROGRAMMER: STORE ASSISTANT INFORMATION IN LOCATING DATABASE, GO TO A68

SEEK ANOTHER ASSISTANT - CONTACT INFORMATION

(A50=03 OR d)

A53. Can you give me the name and phone number for someone else who might be able to help (NAME) answer questions about (his/her) health and daily activities?

- YES 01
- NO 00 (A65a)
- DON'T KNOW d (A65a)
- REFUSED r (A65a)

(A53=01)

A54. What is that person's (name and) telephone number?

PROBE FOR A52=01 ONLY: If you don't have all the information, please tell me what you have.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

- DON'T KNOW d
- REFUSED r

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

TELEPHONE: |_|_|_|-|_|_|-|_|_|_|_| |(A69)

- DON'T KNOW d (A65a)
- REFUSED r (A65a)

PROGRAMMER: STORE ASSISTANT INFORMATION IN LOCATING DATABASE

CALL BACK LATER TO SAME NUMBER (INTERIM)

(A1=03) (A2=03) (A3=03) (A4=02) (A5=02) (A6b=02) (A7d=02) (A8a=01) (A8c=INFO) (A9=04) (A10=02) (A10a=03) (A12=02) (A16=ANSWER) (A18=02, 03, 04, 05, 06, 07, OR d) (A19=03) (A26=01) (A50=02)

A55. I'd be happy to call {you/(NAME)} back at a more convenient time. Please tell me when I should call again.

IF A4=02, SAY: I will have a Spanish interviewer call {you/(NAME)} back. When will be a good time to call?

IF A8a=01, SAY: I will have a {FILL LANGUAGE} interviewer call {you/(NAME)} back. When will be a good time to call?

PROGRAMMER: SEND TO CALL BACK SCREEN AND INTERVIEWER WILL SET CALL BACK STATUS THERE.

(A2=01) (A10a=01) (A12=01) (A17=01) (A19=01) (A19a=ANSWER) (A23a=01) (A23b=00) (A44b=01) (A50=01) (A51=ANSWER)
A56. INTERVIEWER: WHO ARE YOU SPEAKING WITH?

(NAME)..... 01
INTERPRETER 02
ASSISTANT 03

(A56=ANSWER)

A57. Before we start, I need to confirm that I've reached the right person. Is {your/(NAME's)} full name {FILL FROM PRELOADS}?

PROGRAMMER: IF A56=01, PRELOAD (NAME'S) INFO. IF A56=02, PRELOAD INTERPRETER'S INFO. IF A56=03, PRELOAD ASSISTANT INFO.

YES 01 (A59)
NAME CHANGED 02
NO 00 (A64)
DON'T KNOW d
REFUSED r

(A57=02,00, d, OR r)

A58. For the record, what is {your/(NAME's)} (new) name?

NAME _____

IDENTITY CONFIRMED 01
IDENTITY NOT CONFIRMED 02 (A64)
DON'T KNOW d (A64)
REFUSED r (A64)

PROGRAMMER: STORE NAME CHANGE IN NAME UPDATE BLOCK

(A57=01)

A59. And in what state {are you/is (NAME)} now living?

CAPI INTERVIEWER: DO NOT READ QUESTION: RECORD STATE BELOW AND CONTINUE.

STATE |__|__| TWO LETTER CODE

DON'T KNOW d

REFUSED r

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

A60. What is {your/(NAME's)} date of birth?

|__|__| |__|__| |__|__|__|__| (A62)
MONTH DAY YEAR
(1 - 12) (1 - 31) (1939 - 1988)

DON'T KNOW d

REFUSED r

(A60=d OR r)

A60a. How old {are you/is (NAME)}?

PROBE: Your best guess is fine.

RECORD AGE: |__|__| YEARS (18 - 67)

DON'T KNOW d

(A60=ANSWER OR d)

A61. PROGRAMMER: IS A60 AGE=+2 OR - 2 YEARS OF NAME'S AGE?

YES 01 (A63)

NO 00

(A60=ANSWER)

A62. PROGRAMMER CHECK BIRTHDATE: IS MONTH, DAY, YEAR OF BIRTH AT A60=MONTH, DAY, AND YEAR OF BIRTH ON RECORD?

NO MATCH 00

1 MATCHES 01

2 MATCH 02

3 MATCH 03

(A61=01)

A63. PROGRAMMER CHECK: IS (NAME's) IDENTITY VERIFIED AND IS BIRTHDATE VERIFIED?

YES (VERIFIED) 01 (A71)
NO (FAILED VERIFICATION)..... 00

(A57=00, d OR r) (A58=02, d OR r) (A63=00)

A64. 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 MPR will get back to you. Good-bye. Thank you.

(A1=14) (A3=14) (A13a=09) (A24=05)

A65. I am sorry to hear (NAME) has passed away. I was calling about a study we are conducting for the Social Security Administration. You might have seen a letter we recently sent (NAME) explaining the study. When did (NAME) pass away?

 |_|_| |_|_| |_|_|_|_|
MONTH DAY YEAR
(1 – 12) (1 - 31) (2005 – 2006)

DON'T KNOW d
REFUSED r

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

(A5=r) (A6b=r) (A6d=r) (A8a=02, d, OR r) (A8b=00, d OR r) (A8c=d OR r) (A9=r) (A10=r) (A18=r) (A26=r) (A27=r) (A33=00, d, OR r) (A34=00, d, OR r) (A35=d OR r) (A39a=d OR r) (A39b=d OR r) (A40=05, d OR r) (A41=r) (A45=r) (A46=r) (A46a=d OR r) (A49=r) (A53=00, d, OR r) (A54=d OR r)

A65a. 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.

GO TO A69

BARRIERS TO PARTICIPATION – (INTERIM NON-RESPONSE/POSSIBLE FINAL NON-RESPONSE)

(A1=18) (A3=18) (A24=06) (A30a=ANSWER) (A31=01)

A66. Thank you very much for explaining. Those are all the questions I have. Thanks for your time. Good-bye.

INTERVIEWER: PRESS ENTER TO CONTINUE

HOSPITALIZED 01
INSTITUTIONALIZED 02
COGNITIVE BARRIER..... 03
HEARING/SPEECH BARRIER 04
PHYSICAL BARRIER..... 05
UNAVAILABLE DURING FP 06
FINAL LANGUAGE BARRIER 07

RESPONDENT WILL CALL MPR (INTERIM)

(A2=02) (A10a=02) (A17=05 OR 06)

A67. 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 Amy Bates when you call. If you call after hours, please leave a message and we will get back to you the next day.

INTERVIEWER: PRESS ENTER TO CONTINUE

(NAME) WILL CALL 01
(NAME) WILL CALL/TTY 02
(NAME) WILL CALL/RELAY 03

REQUEST FOR LETTER (INTERIM)

(A20=01) (A22=ANSWER) (A22a=ANSWER)

A68. You should receive the letter in about a week. Thank you for your time. Good-bye.

INTERVIEWER: PRESS 1 TO CONTINUE

(NAME) REQUESTS LETTER 01
ASSISTANT REQUESTS LETTER..... 02

REFUSAL THANKS (INTERIM/FINAL)

(A1=17 OR r) (A2=r) (A3=17 OR r) (A10a=r) (A12=r) (A13a=r) (A14=r) (A15=r) (A19=r) (A20=r) (A22=r) (A23b=r) (A38=r) (A39=d OR r) (A47=r) (A50=r) (A54=INFO) (A65a=ANSWER)

A69. Thank you for your time. Have a nice day. Good-bye.

PROGRAMMER: FLAG FOR SUPERVISOR REVIEW.

(A69=ANSWERED)

A69a. INTERVIEWER: CODE REFUSAL REASON TO BEST OF KNOWLEDGE.

AFRAID TO LOSE BENEFITS 01
NO TIME 02
NO INTEREST 03
TOO SICK 04
DON'T TRUST GOVERNMENT/SSA 05
NONE GIVEN 06
OTHER (SPECIFY) 07

WRONG NUMBER/NO SUCH PERSON

(A1=16) (A3=16) (A49=08)

A69b. I'm sorry. Did I reach {NUMBER DIALED}?

YES 01 (A69c)
NO 00 (A69c)

(A69b=01 OR 00)

A69c. Sorry to have bothered you. Thank you.

THANKS FOR INFORMATION PROVIDED

(A27=INFO) (A30b=INFO) (A32=01) (A33=01) (A35=INFO) (A39=01) (A39b=INFO) (A46=INFO) (A46a=01)

A70. Thank you for your time. Have a nice day. Good-bye.

CONTINUE WITH INTERVIEW

(A63=01)

A71. RESPONDENT CHECK SCREEN

INTERVIEWER: WE SHOW THE RESPONDENT IS _____.

INTERVIEWER: IS THIS INFORMATION CORRECT?

YES 01 (B1)
NO 00

(A71=00)

A72. INTERVIEWER: WHO IS THE RESPONDENT?

SAMPLE MEMBER/(NAME) 01
INTERPRETER 02
ASSISTANT 03

SECTION B: HEALTH INSURANCE COVERAGE AND CONSENT

(All)
 B1. First, I'd like to ask about different types of health insurance coverage {you/(NAME)} might have. {Are you/Is (NAME)} currently covered by Medicaid? Medicaid is a program that pays for the health care of persons in need. In your state, you may also hear it called {STATEMED FROM (NAME's) CURRENT STATE}.

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)
 B2. {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
 NO 00
 DON'T KNOW d
 REFUSED r

(All)
 B3. {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)
 B4. {Are you/Is (NAME)} currently covered by military health care, through Armed Forces retirement benefits, the VA, TRICARE, CHAMPUS, or CHAMP-VA?

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

YES 01
 NO 00
 DON'T KNOW d
 REFUSED r

(All)
B5. {Are you/Is (NAME)} currently covered by a plan from the Indian Health Service?

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)
B6. (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)
B7. (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)
B8. {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)
B9. Not counting COBRA, dental, optical, or prescription plans, {are you/Is (NAME)} currently covered by private health insurance, for example, private insurance that {you get/(he/she) gets} through a former employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own?

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

(B9=01)

B10. 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?

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

(B9=01)

B11. Is {your/(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?

- PAID BY (NAME) 01 (B13)
- PAID BY FAMILY MEMBER(S) 02 (B13)
- PAID BY BOTH {NAME} AND FAMILY MEMBER..... 03 (B13)
- OTHER..... 04
- DON'T KNOW d (B13)
- REFUSED r (B13)

(B11=04)

B11_Other. Who or what is the other source?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

GO TO B13

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

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

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

(B12=01, d OR r)

B12a. What kind of health insurance coverage {do you/does (NAME)} have?

PROBE: Anything else?

READ LIST IF NECESSARY

	CODE ALL THAT APPLY
MEDICAID	01
MEDICARE	02
MEDI-GAP.....	03
VA/TRICARE/CHAMPUS/CHAMP-VA.....	04
INDIAN HEALTH SERVICE	05
WORKER'S COMPENSATION.....	06
COBRA.....	07
STATE GOVERNMENT PROGRAM	08
PRIVATE HEALTH INSURANCE (SPECIFY)	09
<hr/>	
OTHER HEALTH INSURANCE (SPECIFY)	10
<hr/>	
DON'T KNOW	d
REFUSED	r

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

B13. Does someone from {your/(NAME's)} health plan such as a nurse or caseworker call or visit {you/(NAME)} on a regular basis to check on {your/his/her} condition?

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

(B13=01)

B14. How often does someone from {your/(NAME's)} health plan call or visit {you/him/her}? Would you say . . .

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

(B14=05)

B14_Other. What is the other schedule?

PROBE: Your best estimate is fine.

|_|_| TIMES PER

	<u>CODE ONE</u>
WEEK.....	01
MONTH.....	02
QUARTER.....	03
YEAR.....	04
OTHER (SPECIFY).....	05
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

GO TO B16

(B12=00)

B15. In what month and year did {you/(NAME)} last have health insurance coverage?

|_|_| |_|_|_|_|
MONTH YEAR

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

(B15=ANSWER, d OR r)

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

PROBE: Anything else?

READ LIST IF NECESSARY

	<u>CODE ALL THAT APPLY</u>
MEDICAID.....	01
MEDICARE.....	02
MEDI-GAP.....	03
VA/TRICARE/CHAMPUS/CHAMP-VA.....	04
INDIAN HEALTH SERVICE.....	05
WORKER'S COMPENSATION.....	06
COBRA.....	07
STATE GOVERNMENT PROGRAM.....	08
PRIVATE HEALTH INSURANCE (SPECIFY).....	09
<hr/>	
OTHER HEALTH INSURANCE (SPECIFY).....	10
<hr/>	
DON'T KNOW.....	d
REFUSED.....	r

(All)

B16. Sometimes people have (IF INSURED “additional”) health plans that cover specific health needs like prescription drugs or dental plans. 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)

B16a. IF ANY OF B1 TO B9=01, OR B12=01, OR B16=01 SAY:

Not counting the health plan(s) that you already told me about, {do you/does (NAME)} have a separate insurance plan that helps pay for prescription medications?

IF B12=00, SAY:

(Although {you don't/(NAME) does not} currently have coverage that helps pay for services from hospitals or doctors) {do you/does (NAME)} have insurance that helps pay for prescription medications?

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

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

B17. IF ANY OF B1 TO B9=01, OR B12=01:

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

IF B12=00, SAY:

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

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

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

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

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

YES 01 (END1)
NO 00 (B19)

CONSENT

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

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

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

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

YES 01 (B19a)
NO 00 (B20)

(B19=01)

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

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN>_____

(All)

B20. Being in the study will not affect your Social Security benefits in any way. If you agree to be in this study, we will conduct a 30 minute interview with you now for which you will receive \$25. We will also contact you in about **[PROGRAMMER: DO NOT DISPLAY AFTER COMPLETES = 600: six months and then again in about]** a year and a half to find out about your health and the care you are receiving. You will receive \$25 for each of the interviews you complete. You can refuse to answer any question. This will not affect your ability to take part in AB.

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

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

Do you have any questions at this time?

YES 01 (B20a)
NO 00 (B21)

(B20=01)

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

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

(All)

B21. In addition to your answers during our interviews, if you agree to be in the study, we will get information from administrative records about your benefits and your earnings from work. We will also get information about your use of health care and other services from the organizations providing AB services. The study team will get this information for up to five years but will use this information only for research purposes. Any information we collect will be kept confidential. Only the study staff will be able to see this information. Your name will never appear in any public document.

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

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

If you have any questions about the program or your rights as a participant, you may contact program staff at 1-866-275-8659.

Do you have any questions now?

YES 01 (B21a)
NO 00 (B22)

(B21=01)

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

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

(All)

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

YES 01 (B23)
NO 00 (B22a)

(B22=01)

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

INTERVIEWER: ENTER VERBATIM QUESTION

<OPEN> _____

(All)

B23. Do you agree to be in the study?

YES 01 (C1)
NO 00

(B23=00)

B24. Please remember that by agreeing to be in the study today you are only agreeing to be randomly assigned to one of the three study groups. If you are assigned to one of the groups that receives health benefits, you do not have to use those benefits. Being in the study will not affect your Social Security benefits in any way, and your information will be kept confidential. Your participation in this study is very important because it will allow SSA to learn how to better serve individuals with a disability. Will you reconsider your decision?

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

(B24=00)

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

GO TO THNX

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

>END1< Thank you very much for your time. Those are all the questions I have. (IF B12 NE d OR r, SAY: At this time, the AB program is only for persons who do not currently have health insurance. Best wishes to you (and (NAME))).

STATE MEDICAID PROGRAM NAMES

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

SECTION C: HEALTH AND FUNCTIONAL STATUS

(All)
 C1. Let's continue with the interview. The next questions are about {your/(NAME's)} health.

In general, would you say {your/(NAME's)} health is...

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

(All)
 C2ft. How tall {are you/is (NAME)}?

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

|_| FEET
 (3-8)

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

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

INTERVIEWER: ENTER INCHES ON THIS SCREEN.

|_|_| INCHES
 (0-12)

- DON'T KNOW d
- REFUSED r

(All)
 C3. How much {do you/does (NAME)} weigh?

|_|_|_| (50-999)
 POUNDS

- DON'T KNOW d
- REFUSED r

(All)

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

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

PROBE 2: What causes this condition?

INTERVIEWER: RECORD VERBATIM RESPONSE.

_____ (C5)

NEVER APPLIED FOR DISABILITY BENEFITS.....	01	[FLAG AND GO TO C4a]
DON'T KNOW	d	
REFUSED	r	

(C4=01,d or r)

C4a. {Do you/Does(NAME)} have a health problem or disability which prevents {you/(NAME)} from working or which limits the kind or amount of work {you/he/she} can do?

YES	01	
NO	00	[FLAG AND GO TO C7]
DON'T KNOW	d	[FLAG AND GO TO C7]
REFUSED	r	[FLAG AND GO TO C7]

(C4a=01)

C4b. What is the health problem or disability which prevents {you/(NAME)} from working or which limits the kind or amount of work {you/he/she} can do?

INTERVIEWER: RECORD VERBATIM RESPONSE.

(All)

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

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

(C5=01)

C6. What are those conditions?

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

PROBE 2: What causes this condition?

INTERVIEWER: RECORD VERBATIM RESPONSE.

CONDITION 1 _____

CONDITION 2 _____

CONDITION 3 _____

(All)

C7. {Do you/Does (NAME)} use a wheelchair, scooter, walker, crutches or cane to move around?

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

(IF NOT CONDUCTING INTERVIEW OVER TTY OR TTD)

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

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

(All)

C8a. Some people use things to help them read such as large print or Braille, or a screen reader. {Do you/Does (NAME)} use anything like this?

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

(C8 OR C8a =01)

C9. What {do you/does (NAME)} use?

CODE ALL THAT APPLY

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

(All)

C10. These next questions are about activities {you/(NAME)} might do during a typical day and whether {you need/he/she needs} help from others with these activities.

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

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

(All)

C10a. {Do you/Does (NAME)} need help or supervision from others with dressing?

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

(All)

C10b. {Do you/Does (NAME)} need help or supervision from others with preparing meals?

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

(All)

C10c. {Do you/Does (NAME)} need help or supervision from others with eating?

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

(All)

C10d. {Do you/Does (NAME)} need help or supervision from others with using the toilet?

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

(All)

C10e. {Do you/Does (NAME)} need help or supervision from others with using the telephone?

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

(C7 NE 02)

C10f. {Do you/Does (NAME)} need help or supervision from others with using public transportation?

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

(C7 NE 02)

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

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

(All)

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

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

(C7 NE 02)

C10i. {Do you/Does (NAME)} need help or supervision from others to get around inside the home?

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

(All)

C10j. {Do you/Does (NAME)} need reminders, help or supervision from others to take {your/his/her} medication?

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

(C7 NE 01 OR 02)

C10k. {Do you/Does (NAME)} have difficulty walking?

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

(All)

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

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

(C7 NE 01 OR 02)

C10m. {Do you/Does (NAME)} have difficulty climbing a flight of stairs?

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

(C7 NE 01 OR 02)

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

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

(All)

C11. Now, please think about the past 4 weeks. During the past 4 weeks, how much difficulty did {you/(NAME)} have doing {your/his/her} daily work and chores because of {your/his/her} physical health? Would you say . . .

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

(All)

C11a. How much bodily pain {have you/has NAME} had in the past 4 weeks? Would you say . . .

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

(All)

C11b. During the past 4 weeks, how much energy did {you/(NAME)} have? Would you say . . .

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

(All)

C11c. During the past 4 weeks, how much did {your/(NAME's)} physical health or emotional problems limit {your/his/her} usual social activities with family or friends? Would you say . . .

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

(All)

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

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

(All)

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

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

(All)

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

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

(C12 AND C13 NE 00, d OR r)

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

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

SECTION D: USE OF MEDICAL SERVICES

(All)

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

SEEMS FATIGUED/CONFUSED 01 (D1a)
 NEEDS ENCOURAGEMENT 02 (D1c)
 NOT SURE..... 03 (D1a)
 NO 00 (D2)

(D1=01 OR 00)

D1a. {Are you/Is (NAME)} feeling tired, or can we continue?

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

(D1a=01)

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

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

(D1=02)

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

(D1=01, 02 OR 03)

D1d. INTERVIEWER ACTION: WHAT DID YOU DO?

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

(All)

D2. These next questions are about {your/(NAME's)} usual sources of medical care.

{Do you/Does (NAME)} have a doctor whom {you see/he/she sees} or a place {you go/he/she goes} to regularly to receive medical care?

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

(D2=01)

D2a. Which one of the following kinds of doctors or places {do you/does (NAME)} see or go to most often? Do you 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/(NAME)} go(es) to most frequently?

- | | |
|---|----------|
| | CODE ONE |
| a general practitioner, an internist, or family doctor, | 01 (D3) |
| a specialist, | 02 (D3) |
| a psychiatrist or psychologist, or | 03 (D3) |
| {do you/does (NAME)} go to a clinic, or | 04 (D3) |
| some other kind of place or doctor? | 05 |
| DON'T KNOW | d (D3) |
| REFUSED | r (D3) |

(D2a=05)

D2_Other. What is this other place or type of doctor {you go/(NAME) goes} to most often?

<OPEN> _____

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

(All)

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

PROBE: Your best estimate is fine.

|_|_| NUMBER OF VISITS PAST 6 MONTHS (D3b)

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

(D3=d OR r)

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

	CODE ONE
zero times,.....	00
1 to 2 times,.....	01
3 to 4 times,.....	02
5 to 6 times, or.....	03
more than 6 times?	04
DON'T KNOW	d
REFUSED	r

(All)

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

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

(All)

D3c. In the past 6 months, 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)

D3d. In the past 6 months, 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 (D4)
DON'T KNOW	d (D4)
REFUSED	r (D4)

(D3c OR D3d=01)

D3e. In the past 6 months, why is it that {you/(NAME)} did not see a doctor at all or postponed seeing a doctor?

PROBE: Were there any other reasons?

CODE ALL THAT APPLY

COST/INSURANCE

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

ACCESS

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

QUALITY

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

AVOIDANCE/ALTERNATIVES

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

OTHER REASONS

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

(All)

D4. In the past 6 months, {were you/was (NAME)} referred to another doctor, specialist, therapist, psychologist, or medical professional?

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

(D4=01)

D4a. Did {you/(NAME)} go for all of the visits for which {you were/he/she was} referred?

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

(D4a=00)

D4b. Why is it that {you/(NAME)} did not go for all of {your/his/her} recommended visits?

PROBE: Were there any other reasons?

CODE ALL THAT APPLY

COST/INSURANCE

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

ACCESS

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

QUALITY

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

AVOIDANCE/ALTERNATIVES

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

OTHER REASONS

DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME) OR REPAIR OF DME.....	25
AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME) OR REPAIR OF DME.....	26
OTHER.....	27
IT IS SCHEDULED FOR A FUTURE DATE.....	28
DON'T KNOW.....	d
REFUSED.....	r

(All)

D5. In the past 6 months, did a doctor or clinic send {you/(NAME)} for tests or x-rays?

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

(D5=01)

D5a. Did {you/(NAME)} go for all of the tests or x-rays for which {you were/he/she was} sent?

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

(D5a=00)

D5b. Why is it that {you/(NAME)} did not go for all of {your/his/her} recommended tests or x-rays?

PROBE: Were there any other reasons?

CODE ALL THAT APPLY

COST/INSURANCE

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

ACCESS

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

QUALITY

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

AVOIDANCE/ALTERNATIVES

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

OTHER REASONS

- DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME)
OR REPAIR OF DME 25
- AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME)
OR REPAIR OF DME 26
- OTHER..... 27
- IT IS SCHEDULED FOR A FUTURE DATE 28
- DON'T KNOW d
- REFUSED r

(All)

D6. In the past 6 months, did a doctor order or recommend any medical procedures or surgery for {you/(NAME)}?

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

(D6=01)

D6a. Did {you/(NAME)} have all of the procedures or surgeries {your/his/her} doctor recommended?

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

(D6a=00)

D6b. Why is it that {you/(NAME)} did not have the recommended procedures or surgeries?

CODE ALL THAT APPLY

COST/INSURANCE

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

ACCESS

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

QUALITY

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

AVOIDANCE/ALTERNATIVES

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

OTHER REASONS

DENIED APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME) OR REPAIR OF DME	25
AWAITING APPROVAL FOR DURABLE MEDICAL EQUIPMENT (DME) OR REPAIR OF DME	26
IT IS SCHEDULED FOR A FUTURE DATE	27
OTHER.....	28
DON'T KNOW	d
REFUSED	r

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

PROBE: Your best estimate is fine.

- Never 00 (D8)
- 1 to 2 times 01
- 3 to 5 times 02
- 6 to 10 times, or 03
- More than 10 times? 04
- DON'T KNOW d
- REFUSED r

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

D7a. All together, how many nights did {you/(NAME)} spend in the hospital last year?

|_|_| NUMBER OF HOSPITAL NIGHT STAYS

- DON'T KNOW d
- REFUSED r

(All)
 D8. How many times in the last 6 months {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 say . . .

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

(All)
 D9. {INTERVIEWER: IF D7 OR D8 NE 00, SAY: Aside from hospital stays and outpatient surgery} how many times in the last 6 months did {you/(NAME)} see or talk to a medical doctor about {your/her/his} health? Please include visits to clinics or psychiatrists but do include visits to other mental health professionals such as therapists or counselors. Would you say . . .

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

(All)
D10. How many times did {you/(NAME)} visit an emergency room in the past 6 months? Would you say . . .

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

(All)
D11. The next few questions are about filling prescriptions. In the past 6 months, were there any prescription medicines that {you were/(NAME) 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)
D12. In the past 6 months, were there any prescription medicines that {you were/(NAME) 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)
D13. In the past 6 months, were there any prescription medicines that {you were/(NAME) 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)

D14. In the past 6 months, were there any prescription medicines that {you/(NAME)} 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

SECTION E: EMPLOYMENT HISTORY AND SUPPORTS

(All)

E1. Now I'd like to talk a little about {your/(NAME's)} employment history. {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, but only include jobs for pay or profit.

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

(E1=01)

E2. How many jobs {do you/does (NAME)} currently have?

|__| NUMBER OF JOBS (1-5)

DON'T KNOW d
 REFUSED r

(E1=01)

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

What kind of work {do you/does (NAME)} do on {this job/your/his/her main job}?

PROBE: That is, what is {your/(NAME's)} occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW d
 REFUSED r

(E1=01)

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

INTERVIEWER: ENTER VERBATIM RESPONSE

PROBE 1: For what type of organization or industry {do you/does (NAME)} work? For example, accounting firm, daycare center, educational facility, food services.

PROBE 2: What does the company {you/he/she} {work/works} for make, sell, or do?

<OPEN> _____

DON'T KNOW d
 REFUSED r

(E1=01)

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

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

|_|_| (1-12)
MONTH

DON'T KNOW d (E4a)

REFUSED r (E4a)

(E1=01)

E4yr. INTERVIEWER: ENTER YEAR

|_|_|_|_| YEAR (E5)

DON'T KNOW d

REFUSED r

(E4yr=d OR r)

E4a. Would you say {you/(NAME)} began working at {this job/your/his/her main job} . . .

PROBE: Your best estimate is fine.

within the past year, 01

between a year and a year and a half,..... 02

between a year and a half and two years ago, or 03

more than 2 years ago? 04

DON'T KNOW d

REFUSED r

(E1=01)

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

PROBE: Include overtime if {you/he/she} usually work(s) overtime.

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

DON'T KNOW d

REFUSED r

(E5=d OR r)

E5a. Would you say {you work/NAME works} . . .

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

(E1=01)

E6. {Are you/Is (NAME)} self-employed at {this job/your/his/her main job}?

PROBE: Self-employed means that {you/(NAME)} work(s) for {(yourself/himself/herself/or own your/his/her)} own business.

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

(E1 NE 01)

E7. Now please think about the last time {you/(NAME)} worked for pay. How many jobs did {you/(NAME)} have when {you/he/she} last worked? Include both part-time and full-time jobs, as well as any self-employment, but only include jobs {you/(NAME)} held for pay or profit.

NUMBER OF JOBS (1-5)

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

(All)

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

YES	01 (E7b)
NO	00 (E8)

(E7a=01)

E7b. {Do you/Does (NAME)} currently work for the same employer that (you/he/she) had before (you/he/she) started getting Social Security Disability Benefits?

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

(E7 NE 00 AND E7b NE 01)

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

PROBE: That is, what was {your/(NAME's)} occupation?

INTERVIEWER: ENTER VERBATIM RESPONSE

<OPEN> _____

DON'T KNOW d
REFUSED r

(E7 NE 00 AND E7b NE 01)

E9. What kind of business did {you/he/she} work for?

INTERVIEWER: ENTER VERBATIM RESPONSE

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

PROBE 2: What does the company {you/(NAME)} worked for make, sell, or do?

PROBE 3: Please think of the main job {you/(NAME)} had before applying for SSDI.

<OPEN> _____

DON'T KNOW d
REFUSED r

(E7 NE 00 AND E7b NE 01)

E9mth. In what month and year did {you/(NAME)} start working at {that job/your/his/her main job}?

PROBE: Your best estimate is fine.

INTERVIEWER: ENTER MONTH HERE AND YEAR ON NEXT SCREEN

____ (1-12)
MONTH

DON'T KNOW d
REFUSED r

(E7 NE 00 AND E7b NE 01)

E9yr. INTERVIEWER: ENTER YEAR

____ YEAR (E10)

DON'T KNOW d
REFUSED r

(E9yr=d OR r)

E9a. Would you say {you/(NAME)} began working at that job . . .

PROBE: Your best estimate is fine.

- within the past year, 01
- between a year and a year and a half,..... 02
- between a year and a half and two years ago, or..... 03
- more than 2 years ago? 04
- DON'T KNOW d
- REFUSED r

(E7 NE 00 AND E7b NE 01)

E10. How many hours per week did {you/(NAME)} usually work at {your/his/her} {main} job?

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

- ____|____ HOURS PER WEEK (1-60) (E12)
- DON'T KNOW d
- REFUSED r

(E10=d OR r)

E11. Would you say {you/NAME} worked . . .

CODE ONE

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

(E7 NE 00 AND E7b NE 01)

E12. {Were you/Was (NAME)} self-employed at that job?

PROBE: Self-employed means that {you/(NAME)} worked for {yourself/himself/herself} or owned {your/his/her} own business.

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

(E7 NE 00)

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

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

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

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

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

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

(E7 NE 00)

E14. For these next questions please think about the {main} job {you/(NAME)} had [IF E7 ≥ 1 FILL “when {you/he/she} last worked for pay or profit.” IF E7b NE 01, FILL “before {you/he/she} started getting Social Security Disability Benefits.”]

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

PROBE: {Your/(NAME’s)} main job is the one at which {you/he/she} worked the most hours.

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

(E14=07)

E14_Other. What is this other basis?

<OPEN> _____

DON'T KNOW d
REFUSED r

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

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

PROBE: Your best estimate is fine.

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

\$|_|_|_|_|_|,|_|_|_|_|_|.|_|_|_| (E17)

DON'T KNOW d
REFUSED r

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

E16. I'll read you some ranges. Please try to estimate {your/(NAME's)} annual pay. Would you say {you/(NAME)} earned ...

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 d
REFUSED r

(All)

E17. Now, please tell me how true the following statements are for {you/(NAME)}.

You see {yourself/(NAME)} working for pay in the next two years. Would you say this is definitely true, somewhat true, or not at all true for {you/(NAME)}?

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

(All)

E17a. You see {yourself/(NAME)} working and earning enough to stop receiving disability benefits in the next two years.

PROBE AS NEEDED: Would you say this is definitely true, somewhat true, or not at all true for {you/(NAME)}?

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

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

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

{You/(NAME)} would need special equipment or medical devices that {you do/he does/she does} not currently have in order to work.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18a. {You do/(NAME) does} not have the personal assistance {you/he/she} need(s) to get ready for work each day.

PROBE: This includes things like dressing and bathing.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18b. {You/(NAME)} cannot get the help that {you/he/she} need(s) caring for children or others.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18c. {You do/(NAME) does} not have reliable transportation to and from a job.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

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

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18e. Most jobs {you/(NAME)} would be offered don't pay enough.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

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

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18g. {You/(NAME)} would lose benefits (you need/he needs/she needs} like Social Security, private disability insurance, workers' compensation, or Medicaid, if {you/he/she} accepted a job.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18h. {You are/(NAME) is} too sick to work.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18i. {You have/(NAME) has} too much pain to work.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18j. {You have/(NAME) has} a hard time getting along with people at work.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E1 NE 01)

E18k. {You have/(NAME) has} trouble dealing with stress at work.

PROBE AS NEEDED: Would {you/(NAME)} say this is definitely true, somewhat true, or not at all true for {you/him/her}?

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

(E18g=01 or 02)

E19. You said that {you believe/(NAME) believes} that if {you/he/she} accepted a job {you/he/she} would lose benefits {you/he/she} needed such as Social Security, disability insurance, workers' compensation, or Medicaid.

What benefits {were you/was (NAME)} worried about losing?

READ IF NECESSARY.

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

(E19=13)

E19_other. What other benefits?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(E18g=01 or 02)

E20. There are many ways people find out about how working will affect their benefits. For example, some people call the Social Security office, some search the internet, and others contact disability service organizations. Did {you/(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
- DON'T KNOW d
- REFUSED r

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

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

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

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

(All)
E22. As of today, how many months will {you/(NAME)} have to wait until {you become/he becomes/she becomes} eligible for Medicare?

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

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

E25. If {you take/(NAME) takes} a job or {become/becomes} self-employed and {you are/(he/she) is} still disabled, {you/he/she} will be eligible for a trial work period. For how many months can {you/he/she} continue to receive cash benefits during a trial work period?

____ NUMBER OF MONTHS (0-98)

IT VARIES 99
DON'T KNOW d
REFUSED r

(All)

E26. If {you continue/(NAME) continues} to work beyond the trial work period, {you/he/she} can continue to receive Social Security Disability benefits for another 36 months provided {your/his/her} earnings are not "substantial." How much money can {you/he/she} earn each month and continue to receive benefits?

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

DON'T KNOW d
REFUSED r

(All)

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

YES 01
NO 00
DON'T KNOW d
REFUSED r

(All)

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

YES 01
NO 00 (E29)
DON'T KNOW d (E29)
REFUSED r (E29)

(E28=01)

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

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

SECTION F: HOUSEHOLD COMPOSITION AND INCOME

(All)

F1. My next questions are about {your/(NAME's)} household. By household I mean people who live with {you/(NAME)} and share living expenses, for whom {you/(NAME)} provide financial support, or who provide {you/(NAME)} with financial support.

How many adults 18 years of age or older live in {your/(NAME's)} household, including {yourself/(NAME)}?

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

|_|_| ADULTS (1-10)

LIVES IN A GROUP HOME 99 (F8)
 DON'T KNOW d
 REFUSED r

(All)

F2. How many children under 18 years of age live in {your/(NAME's)} household?

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

ZERO/NONE 00 (F5)

|_|_| CHILDREN (1-10)

DON'T KNOW d (F4a)
 REFUSED r (F4a)

(F2 ≥ 01)

F3. For how many children under age 18 {are you/ is (NAME)} a primary provider or caregiver?

ZERO..... 00
 ONE..... 01
 TWO 02
 THREE 03
 FOUR 04
 FIVE OR MORE 05
 DON'T KNOW d
 REFUSED r

(F3 ≥ 01) OR (F2= d OR r)

F4a. How old is the (youngest) child {you care/(NAME) cares} for?

PROGRAMMER: FILL YOUNGEST IF F3>01

____ ENTER AGE IN YEARS (1-17)

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

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

(F3 ≥ 01)

F4b. How old is the oldest child {you care/(NAME) cares} for?

____ ENTER AGE IN YEARS (1-17)

(All)

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

YES	01 (F7)
NO	00

(PROGRAMMER: IF F1=01 AND E1=01, GO TO F7)

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

____ (1-10)

ZERO/NONE	00 (F8)
DON'T KNOW	d
REFUSED	r

(All)

F7. [IF F6>1, SAY: Counting everyone in {your/(NAME'S)} household who worked for pay last year], what was {your/(NAME'S)} total household income in 2006? 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)

F8. {Do you/Does (NAME)}...

- Own {your/his/her} home, 01 (G1)
- Rent {your/his/her} home, 02 (F9)
- Live with family or friends and pay part of the
rent or mortgage, 03 (F9)
- Live with family or friends and not pay, 04 (F9)
- Live in a group shelter, 05 (F9)
- Live in an assisted living facility, or 06 (F9)
- Live in some other housing arrangement? 07
- DON'T KNOW d (F9)
- REFUSED r (F9)

(F8=06)

F8_Other. What is {your/(NAME's)} living arrangement?

<OPEN> _____

- DON'T KNOW d
- REFUSED r

(F8 NE 01)

F9. {Do you/Does (NAME)} live in public housing, for example, housing owned by the Housing Authority or the Housing Commission?

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

(F8 NE 01 OR 05)

F10. Does {your/(NAME's)} household receive Section 8 rental assistance?

PROBE: This voucher program lets {you/(NAME)} choose where {you live/he she lives} and, if the landlord agrees, the Housing Authority or the Housing Commission or other city rental assistance program will pay part of {your/his/her} rent.

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

(F8 NE 01)

F11. Does {your/(NAME's)} household pay a reduced rent because it meets low-income eligibility requirements?

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

SECTION G: BACKGROUND

(All)

G1. We're almost finished. I just have a few final questions about {you/(NAME)}.

What is the highest year or grade {you/(NAME)} finished in school?

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

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

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

CODE ONE

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

(All)

G2. {Are you/Is (NAME)} now married, living with a partner, separated, divorced, widowed, or {have you/has (he/she)} never been married?

CODE ONE

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

SECTION H: CONTACT INFORMATION AND STUDY GROUP ASSIGNMENT

(All)

H1. PROGRAMMER: IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Please verify {your/(NAME's)} current contact information so that I can send {you/him/her} the consent materials. Is {your/(NAME's)} current address and phone number... READ FROM PRELOADS?

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

(H1=01, d, OR r)

H2. UPDATE INFORMATION BELOW

What is the correct spelling of {your/(NAME's)} name and {your/(NAME's)} 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 _____

(All)

H2a. {Do you/Does (NAME)} have a cell phone number?

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

(H2a=01)

H2b. What is {your/(NAME's)} cell phone number?

<OPEN>_____

DON'T KNOW d
REFUSED r

(All)

H3. {Do you have/Does (NAME) have} an email address?

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

(H3=01)

H4. What is {your/(NAME's)} email address?

<OPEN>_____

DON'T KNOW d
REFUSED r

(All)

H5. INTERVIEWER: ARE YOU SPEAKING WITH (NAME) OR AN INTERPRETER?

NAME 01 (H10)
INTERPRETER 02

(H5=2)

H6. What is your full name?

INTERVIEWER: PRESS 1 TO CONTINUE

NAME: DISPLAY INTERPRETER'S FULL NAME FROM SCREENER OR PRELOADED
INFORMATION WITH FIRST NAME BOLD}

FIRST NAME: <OPEN>_____

DON'T KNOW d
REFUSED r

(H5=02)

H7. What is the correct spelling of your name and your current mailing address and phone number?

PROGRAMMER: DISPLAY INTERPRETER'S FULL ADDRESS IF AVAILABLE

PROBE: Is there an apartment number?

NAME (VERIFY SPELLING) _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY/TOWN _____

STATE _____

ZIP CODE _____

TELEPHONE _____

(H5=02)

H7a. Do you have a cell phone number?

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

(H7a=01)

H7b. What is your cell phone number?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(H5=02)

H8. Do you have an email address?

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

(H8=01)

H9. What is your email address?

<OPEN>_____

DON'T KNOW	d
REFUSED	r

(All)

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

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

(H10=04)

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

NAME_____

ADDRESS LINE 1_____

ADDRESS LINE 2_____

CITY/TOWN_____

STATE_____

ZIP CODE_____

TELEPHONE_____

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

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

H12. We will mail the check for \$25.00 to {you/(NAME)} at {FILL ADDRESS} within the next two weeks. We would like to contact you again in about {FILL: If this is complete #1-600: six months; If this is complete #601+: a year and a half} to see how you are 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, a mother, father, brother, sister, aunt, uncle, or close friend.

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

CONTACT PERSON 1

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

(H12=01)

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

NAME _____
 ADDRESS LINE 1 _____
 ADDRESS LINE 2 _____
 CITY/TOWN _____
 STATE _____
 ZIP CODE _____

(H12=01)

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

<OPEN> _____
 DON'T KNOW d
 REFUSED r

(H12=01)

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

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

(H13b=01)

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

<OPEN> _____

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

<OPEN> _____

What is {his/her} email address?

<OPEN> _____

DON'T KNOW	d
REFUSED	r

(H12=01)

H14. How is [NAME AT H13] related to {you/(NAME)}, if at all?

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

(H14=08)

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

<OPEN> _____

DON'T KNOW	d
REFUSED	r

CONTACT PERSON 2

H15. Can you give me the name and address of another person who would always know how to reach {you/(NAME)}?

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

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

DON'T KNOW d
REFUSED r

(H15=01)

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

<OPEN> _____

DON'T KNOW d
REFUSED r

(H15=01)

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

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

(H15b=01)

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

<OPEN>_____

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

<OPEN>_____

What is {his/her} email address?

<OPEN>_____

DON'T KNOW	d
REFUSED	r

(H15=01)

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

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

(H16=08)

H16_Other. How is {he/she} related to {you/(NAME)}?

<OPEN>_____

DON'T KNOW	d
REFUSED	r

H17. ASSIGNMENT

ASSIGNED TO AB-BASIC:

That was the last question I had. As I mentioned at the beginning of the interview, our computer randomly assigns participants to one of three groups. At this point I have very good news: {you have/(NAME) has} been randomly assigned to the group that is eligible to receive health benefits. We will be mailing {you/(NAME)} further information about the benefits, along with a toll free number that you can call if {you have/he/she has} any questions. Please {review/ask (NAME) to review} the information when {you/he/she} receive(s) it, and return a signed a copy to us within two weeks. {You/(NAME)} will not be able to use {your/his/her} benefits until we receive the signed form, so it is important that {you/he/she} mail this back as soon as possible. Once again, congratulations, and we will be in touch with {you/(NAME)} in about [PROGRAMMER: IF # COMPLETE =1-600, FILL "6 months" IF # COMPLETE ≥ 601, FILL "a year and a half"] to see how {you are/he/she is} doing.

ASSIGNED TO AB-PLUS:

That was the last question I had. As I mentioned at the beginning of the interview, our computer randomly assigns participants to one of three groups. At this point I have very good news: {you have/(NAME) has} been randomly assigned to the group that is eligible to receive health benefits, and additional services that may make it easier for {you/him/her} to gain more independence. We will be mailing {you/(NAME)} further information about the benefits, along with a toll free number that you can call if {you have/he/she has} any questions. Please {review/ask (NAME) to review} the information when {you/he/she} receive(s) it, and return a signed a copy to us within two weeks. We will not be able to activate {your/his/her} benefits until we receive the signed form, so it is important that {you/he/she} mail this back as soon as possible. Once again, congratulations, and we will be in touch with {you/(NAME)} in about _[PROGRAMMER: IF # COMPLETE =1-600, FILL "6 months" IF # COMPLETE ≥ 601, FILL "a year and a half"] to see how {you are/he/she is} doing.

ASSIGNED TO CONTROL GROUP:

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

(All)

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

H19. INTERVIEWER: CHECK APPROPRIATE BOX BELOW.

PROGRAMMER: MAKE FAQs AVAILABLE FROM THIS SCREEN.

SAMPLE MEMBER ACCEPTS ASSIGNMENT 01

SAMPLE MEMBER REFUSES AFTER

ASSIGNMENT..... 02

FLAG FOR SUPERVISOR REVIEW/SPECIAL HANDLING.

I. INTERVIEWER OBSERVATIONS

(All)

11. In general, do you feel the respondent was intellectually capable of responding?

YES	01
NO	00
DON'T KNOW	d

(All)

12. Do you feel the respondent understood the consent statement?

YES	01
NO	00
DON'T KNOW	d

(All)

13. In general, do you feel the respondent understood the questions?

YES	01
NO	00
DON'T KNOW	d

(All)

12. In general, do you feel the respondent's answers were reasonably accurate?

YES	01
NO	00
DON'T KNOW	d

(All)

15. In general, how tiring did the interview seem to be for the respondent?

VERY TIRING	01
A LITTLE TIRING	02
NOT TIRING	03
DON'T KNOW	d

(All)

16. In general, did the respondent have difficulty hearing you during the interview?

YES	01
NO	00 (18)
DON'T KNOW	d (18)

(All)

17. In general, do you feel the respondent's hearing difficulty affected the interview?

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

(All)

18. Record any special circumstances encountered while interviewing respondent.

MPR DOCUMENTATION:

H:\PROJECT\6237\common\Tasks- Active (survey files, task 2)\Survey Files\1-Baseline Quex\CURRENT\AB-Baseline (db) q24.doc

(REV—5/7/07) 5/9/2007 2:05 PM

Dot revised for Lisa Schwartz

ABD – 6237-320