Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
			HEALTH INSURANCE SECTION SPECIFICATIONS CRITERIA SAMPLE TYPE= CFR, CFC, FFC, FCF, IPR SEASON If SAMPLE_TYPE= CFR, then SEASON=FALL If SAMPLE TYPE in (CFC, FFC, FCF), then SEASON= ALL If SAMPLE TYPE= IPR, then SEASON= FALL PLACEMENT Administered in flexible order after FQ and RH sections are completed.		
	BOX INBEG	routing	IF INDISP = 1/ConsentRequired OR INDISP = 4/InitialRefusal, GO TO INCONREF - CONREFFN. ELSE GO TO IN1PRE2 - IN1PR2CT.		
CONREFFN	INCONREF	code one	PLEASE INDICATE THE FINAL (CONSENT/REFUAL) STATUS FOR THIS SECTION.	(01) CONSENT OBTAINED (CONTINUE INTERVIEW) (02) FINAL CONSENT DENIED (03) REFUSAL CONVERTED (CONTINUE INTERVIEW) (04) FINAL REFUSAL	(01) IN1PRE2 - IN1PR2CT (02) INEND - INENDCT (03) IN1PRE2 - IN1PR2CT (04) INEND - INENDCT
IN1PR2CT	IN1PRE2	code one	The following questions are about (SP's) health insurance. IF THERE ARE NO CONSENT OR REFUSAL ISSUES FOR THIS SECTION, PRESS "1" TO CONTINUE.	(01) CONTINUE (02) CONSENT REQUIRED (03) INITIAL REFUSAL	(01) BOX IN3 (02) INEND - INENDCT (03) INEND - INENDCT
	BOX IN3	routing	IF THIS IS A BASELINE INTERVIEW AND MEDICAID NOT COLLECTED OR INMCDFLG = 1/Indicated, GO TO IN1 - ICAIDECO. ELSE IF THIS IS A BASELINE INTERVIEW AND MEDICAID COLLECTED AND INMCDFLG = 0/NotIndicated, GO TO IN5A - MCAIDHMO. ELSE IF THIS IS NOT A BASELINE INTERVIEW AND MEDICAID NOT COLLECTED OR INMCDFLG = 1/Indicated, GO TO IN1A - ICAIDNOW. ELSE GO TO IN18 - IGAPCOV.		
ICAIDECO	IN1	yes/no	Has (SP) ever been covered by [READ NAME(S) FROM ABOVE]?	(00) NO (01) YES (02) PENDING (-8) Don't Know (-9) Refused	(00) IN13A - ICAREPTD (01) ~~IN2 - ICAIDDOC~~ IN5A- MCAIDHMO (02) IN13A - ICAREPTD (-8) IN13A - ICAREPTD (-9) IN13A - ICAREPTD
ICAIDNOW	IN1A	yes/no	(The last time we asked about (SP's) health insurance, (he/she) was not covered by [READ NAME(S) FROM ABOVE].) Is (SP) now covered by [READ NAME(S) FROM ABOVE]?	(00) NO (01) YES (02) PENDING (-8) Don't Know (-9) Refused	(00) IN18 - IGAPCOV (01) ~~IN2 - ICAIDDOC~~ IN5A- MCAIDHMO (02) IN18 - IGAPCOV (-8) IN18 - IGAPCOV (-9) IN18 - IGAPCOV

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~~ICAIDDOC~~	~~IN2~~	~~yes/no~~	~~Do you have a document that shows (SP's) most current [READ NAME(S) FROM ABOVE] ID number?~~	~~(00) NO~~ ~~(01) YES~~ ~~(-8) Don't Know~~ ~~(-9) Refused~~	~~(00) IN3 - ICAIDNUM~~ ~~(01) IN3 - ICAIDNUM~~ ~~(-8) IN3 - ICAIDNUM~~ ~~(-9) IN3 - ICAIDNUM~~
~~ICAIDNUM~~	~~IN3~~	~~Text~~	~~[Please read me (SP's) [READ NAME(S) FROM ABOVE] ID number from the document/Please tell me (SP's) [READ NAME(S) FROM ABOVE] ID number.]~~	~~(01) [Continuous answer.]~~ ~~(-8) Don't Know~~ ~~(-9) Refused~~	~~(01) IN4 - ICAIDVER~~ ~~(-8) IN5A - MCAIDHMO~~ ~~(-9) IN5A - MCAIDHMO~~
~~ICAIDVER~~	~~IN4~~	~~yes/no~~	~~I'd like to verify the [READ NAME(S) FROM ABOVE] ID number that I have recorded. I have entered (MEDICAID ID NUMBER). Is this correct?~~	~~(00) NO~~ ~~(01) YES~~	~~(00) IN3 - ICAIDNUM~~ ~~(01) IN5A - MCAIDHMO~~
MCAIDHMO	IN5A	yes/no	Some states now use HMOs (health maintenance organizations) to provide some or all health care for Medicaid beneficiaries. (Is/Was) (SP) enrolled in a [READ NAME(S) FROM ABOVE] HMO?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX IN3A (01) BOX IN3A (-8) BOX IN3A (-9) BOX IN3A
	BOX IN3A	routing	IF THIS IS A BASELINE INTERVIEW, GO TO IN6 - ICDCRCOV. ELSE GO TO IN18 - IGAPCOV.		
ICDCRCOV	IN6	yes/no	Was (SP) covered by [READ NAME(S) FROM ABOVE] [on September 1, (CURRENT YEAR)?/when (he/she) was admitted on (FAD/RAD)?]	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN13A - ICAREPTD (01) IN13A - ICAREPTD (-8) IN13A - ICAREPTD (-9) IN13A - ICAREPTD
ICAREPTD	IN13A	yes/no	Our records show that (SP) is covered by Medicare. I'd like to ask some questions about (his/her) Medicare coverage. Was (SP) covered by Part D of Medicare on [September 1, (CURRENT YEAR)/(FAD/RAD)]? PRESS F1 FOR PART D DEFINITIONS.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN18 - IGAPCOV (01) IN18 - IGAPCOV (-8) IN18 - IGAPCOV (-9) IN18 - IGAPCOV
IGAPCOV	IN18	yes/no	On [September 1, (CURRENT YEAR)/(FAD/RAD)], was (SP) covered by private health insurance that pays for some or all charges for inpatient and outpatient hospital and physician services and/or supplements Medicare (Medigap policy)?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) NO (01) YES (-8) Don't Know (-9) Refused
IGAPNAME	IN19	Text	What is the name of the insurance company? [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN19 - IGAPNAM2
IGAPNAM2	IN19	Text	What is the name of the insurance company? [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN19 - IGAPNAM3
IGAPNAM3	IN19	Text	What is the name of the insurance company? [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN19 - IGAPNAM4

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IGAPNAM4	IN19	Text	What is the name of the insurance company? [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN19 - IGAPNAM5
IGAPNAM5	IN19	Text	What is the name of the insurance company? [PROBE: Any others?] IF NO MORE INSURANCE COMPANY NAMES, PRESS ENTER TO CONTINUE.	(01) Continuous Answer	(01) IN19 - IN20 - ILTCCOV
ILTCCOV	IN20	yes/no	On [September 1, (CURRENT YEAR)/(FAD/RAD)], was (SP) covered by private health insurance that pays for some or all charges for more than 100 days of nursing home care, that is, a long-term care policy?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN22 - ICHACOV (01) IN21 - ILTCNAME (-8) IN22 - ICHACOV (-9) IN22 - ICHACOV
ILTCNAME	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM2
ILTCNAM2	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM3
ILTCNAM3	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM4
ILTCNAM4	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN21 - ILTCNAM5
ILTCNAM5	IN21	Text	What is the name of the insurance company? [PROBE: Any others?]	(01) Continuous Answer	(01) IN22 - ICHACOV
ICHACOV	IN22	Yes/No	Was (SP) covered by either TRICARE or CHAMPVA for hospital or physician care on [September 1, (CURRENT YEAR)/(FAD/RAD)]? PRESS F1 FOR EXPLANATION OF TRICARE AND CHAMPVA.	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN23 - IDVACOV (01) IN23 - IDVACOV (-8) IN23 - IDVACOV (-9) IN23 - IDVACOV
IDVACOV	IN23	Yes/No	Was (SP) covered by any other Department of Veterans Affairs (VA) program or contract on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) IN24 - IPUBCOV (01) IN24 - IPUBCOV (-8) IN24 - IPUBCOV (-9) IN24 - IPUBCOV
IPUBCOV	IN24	Yes/No	(Besides [READ NAME(S) FROM ABOVE], was/Was) (SP) covered by any other public assistance health insurance program on [September 1, (CURRENT YEAR)/(FAD/RAD)]?	(00) NO (01) YES (-8) Don't Know (-9) Refused	(00) BOX IN9 (01) IN25 - IPUBNAME (-8) BOX IN9 (-9) BOX IN9
IPUBNAME	IN25	Text	What (is/was) the name of the public assistance health insurance program?	(01) Continuous Answer	(01) BOX IN9
	BOX IN9	routing	IF SP ALIVE, AND A CFR, FFC, OR FCF AND IS A FALL ROUND, GO TO INBQ13A - IMARSTAT. ELSE GO TO INEND - INENDCT.		

Variable Name	MR Screen Name	Question type	Question text/description	Code list	Routing
IMARSTAT	INBQ13A	code one	Is (SP) currently married, widowed, divorced, separated, or never married?	(05) (01)NEVER MARRIED (01) (02) MARRIED (02) (03) WIDOWED (03) (04) DIVORCED (04) (05) SEPARATED (-8) Don't Know (-9) Refused	(01) INEND - INENDCT (02) INEND - INENDCT (03) INEND - INENDCT (04) INEND - INENDCT (05) INEND - INENDCT (-8) INEND - INENDCT (-9) INEND - INENDCT
INENDCT	INEND	code one	(YOU HAVE COMPLETED THE HEALTH INSURANCE SECTION FOR THIS SP.) PRESS "1" TO RETURN TO NAVIGATION SCREEN.	(01) CONTINUE	(01) BOX INEND
	BOX INEND	routing	GO TO NAVIGATOR		