Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			INCOME AND ASSETS QUESTIONNAIRE SPECIFICATIONS CRITERIA INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=ALL SEASON=SUMMER SPPROXY=SP or PROXY Other: N/A PLACEMENT Administer after CPQ.		
LFINTRO1	LFINTRO1	no entry	Now I have some questions about income and other financial resources. We know that people aren't used to talking about their assets, but we ask these questions to get an overall picture of people enrolled in Medicare - NOT to find out about [you/(SP)] [and [your/(SP)'s] (spouse)] personally. As with all information collected by the MCBS, the data are confidential and covered by the Privacy Act of 1974, and [your/(SP)'s] Medicare benefits will not be affected in any way by answering these questions. GIVE BROCHURE TO RESPONDENT. ALLOW A FEW MINUTES FOR RESPONDENT TO REVIEW BROCHURE IF NECESSARY.	(01) CONTINUE (-7) Empty	BOX LFINTRO1
	BOX LFINTRO1	routing	If SPAISTATUS = 3 (Deceased in Community) or 4 (Deceased in institution), go to IAQ50 - TOTLCMB1. Otherwise, go to LIFINTRO2 - LFINTRO2.		
LFINTRO2	LFINTRO2	no entry	As the brochure explains, your responses to these questions can help us determine the impact of income on [your/(SP)'s] use and access to health care. First, I will ask whether [you/(SP)/you and your (spouse)/(SP) and (their) (spouse)] had particular types of income or other financial resources. Then, I will ask you to estimate [your/(SP's)/their] total income. [Please answer all questions for [you and your (spouse)/(SP) and (their) (spouse)]. Please feel free to refer to any records or other persons who may be of assistance to you.	(01) CONTINUE (-7) Empty	LF3- WORKMNTH
WORKMNTH	LF3	code one	Now think about last month, that is [CURRENT MONTH-1]. Did [you/(SP)] do any work for pay at any time in the last month?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) WEKLYHRS (02) BOX LF13 (-8) BOX LF13 (-9) BOX LF13
WEKLYHRS	WEKLYHRS	quantity unit	How many hours per week did [you/(SP)] usually work at [your/(SP)'s] job(s)? ENTER NUMBER OF HOURS USUALLY WORKED. IF NUMBER OF HOURS VARY EACH WEEK, ENTER 997	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	MONTHLYP-MONTHLYP
MONTHLYP	MONTHLYP	quantity unit	In [CURRENT MONTH -1], how much altogether did [you/(SP)] earn from any work [you/they] did in [CURRENT MONTH -1], before taxes and before any other deductions? [IF NEEDED: We don't need an exact dollar amount. An approximate amount is fine.] [IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.] ENTER DOLLAR AMOUNT $	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX LF13 (-8) EARNSPRG (-9) EARNSPRG
EARNSPRG	EARNSPRG	code one	SHOW CARD IA1 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $1000 (03) $1000 TO LESS THAN $2000 (04) $2000 TO LESS THAN $3000 (05) $3000 TO LESS THAN $5000 (06) $5000 OR MORE	BOX LF13
	BOX LF13	routing	If the SP has a spouse who is living in the household (ROSTREL=2, HHFLAG=1), go to LF13-SPOUSWRK. Otherwise, go to HO1-OWNHOME.		
SPOUSWRK	LF13	code one	Did [you/(your/(SP)'s) (spouse)] do any work for pay in the month of [CURRENT MONTH-1]?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) LF14-SPOUSERN (02) HO1-OWNHOME (-8) HO1-OWNHOME (-9) HO1-OWNHOME

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
SPOUSERN	LF14	quantity unit	In [CURRENT MONTH -1], how much altogether did [you/your/(SP)'s] [spouse] earn before taxes and before any other deductions? IF NEEDED: We don't need an exact dollar amount. An approximate amount is fine. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER DOLLAR AMOUNT $	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) HO1-OWNHOME (-8) SPOUSERG (-9) SPOUSERG
SPOUSERG	SPOUSERG	code one	SHOW CARD IA1 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $1000 (03) $1000 TO LESS THAN $2000 (04) $2000 TO LESS THAN $3000 (05) $3000 TO LESS THAN $5000 (06) $5000 OR MORE	HO1-OWNHOME
OWNHOME	HO1	code one	Next, I'd like to ask you some questions about the [home/apartment or condo] that is [your/(SP)'s] main residence. [Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own the [home/apartment or condo], rent it, or is there some other arrangement?	(01) OWN (02) RENT (OR PAY MONTHLY AMOUNT) (03) SOME OTHER ARRANGEMENT (-8) DON'T KNOW (-9) REFUSED	(01) HO2-MORTGAGE (02) HO6-RENTAMT1 (03) HO5-PAYRENT (-8) HO5-PAYRENT (-9) HO5-PAYRENT
MORTGAGE	HO2	code one	Is [your/(SP)'s] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] mortgage paid off or are monthly mortgage payments still being made? IF NEEDED: Include any payments on a home equity loan or second mortgage.	(01) PAID OFF (02) STILL MAKE PAYMENTS (03) REVERSE MORTGAGE (-8) DON'T KNOW (-9) REFUSED	(01) HO4-PRSNTVLU (02) HO3-MRTGAMT (03) MORREVER (-8) HO4-PRSNTVLU (-9) HO4-PRSNTVLU
MRTGAMT	HO3	quantity unit	How much altogether is that each month? ENTER DOLLAR AMOUNT	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) MORREVER (-8) HO3A-MRTGAMRG (-9) HO3A-MRTGAMRG
MRTGAMRG	HO3A	code one	SHOW CARD IA2 Please look at this card and tell me which is closest. IF NEEDED: Include any payments on a home equity loan or second mortgage.	(01) LESS THAN $250 (02) $250 TO LESS THAN $500 (03) $500 TO LESS THAN $1,000 (04) $1,000 TO LESS THAN $3,000 (05) $3,000 TO LESS THAN $5,000 (06) $5,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	MORREVER
MORREVER	MORREVER	quantity unit	About how much [do you/does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] still owe on the mortgage? [IF NEEDED: The nearest $10,000 is fine.] [IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.] [IF NEEDED: Include the principal owed on a home equity loan or second mortgage.] IF THE HOUSEHOLD HAS A REVERSE MORTGAGE OR A HOME EQUITY LOAN, THE PRINCIPAL OWED IS THE TOTAL AMOUNT RECEIVED TO DATE. ENTER DOLLAR AMOUNT	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) HO4-PRSNTVLU (-8) MORTGOWE (-9) MORTGOWE
MORTGOWE	MORTGOWE	code one	Is the amount owed…	(01) less than $50,000, (02) $50,000 to less than $100,000, or (03) $100,000 or more? (-8) DON'T KNOW (-9) REFUSED	HO4-PRSNTVLU
PRSNTVLU	HO4	quantity unit	What is the present value of this [home/apartment or condo]? I mean, about what would it bring if it was sold today, not counting any loans or outstanding mortgages? IF NEEDED: Your best guess or the nearest $10,000 is fine. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER DOLLAR AMOUNT	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) IAQINTRO1 (-8) HO4A-PRTVLURG (-9) HO4A-PRTVLURG

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PRTVLURG	HO4A	code one	SHOW CARD IA3 Please look at this card and tell me which is closest.	(01) LESS THAN $50,000 (02) $50,000 TO LESS THAN $75,000 (03) $75,000 TO LESS THAN $100,000 (04) $100,000 TO LESS THAN $200,000 (05) $200,000 TO LESS THAN $300,000 (06) $300,000 TO LESS THAN $500,000 (07) $500,000 TO LESS THAN $750,000 (08) $750,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	IAQINTRO1
PAYRENT	HO5	yes/no	[Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] pay rent to live here?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) HO6-RENTAMT1 (02) IAQINTRO1 (-8) IAQINTRO1 (-9) IAQINTRO1
RENTAMT1	HO6	quantity unit	How much is that each month? ENTER DOLLAR AMOUNT	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) IAQINTRO1 (-8) HO6A-RENTAMT2 (-9) HO6A-RENTAMT2
RENTAMT2	HO6A	code one	SHOW CARD IA4 Please look at this card and tell me which is closest.	(01) LESS THAN $250 (02) $250 TO LESS THAN $500 (03) $500 TO LESS THAN $1,000 (04) $1,000 TO LESS THAN $3,000 (05) $3,000 TO LESS THAN $5,000 (06) $5,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	IAQINTRO1
IAQINTRO1	IAQINTRO1	no entry	The next few questions are about income and other resources. Your responses can help us understand how people manage financially as they age. Please feel free to refer to any records or other persons that may be of assistance in answering these questions. Many of these questions ask about "last month." By last month, I mean in [CURRENT MONTH – 1].		SSRRLMTH
SSRRLMTH	IAQ1	code one	Did [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] receive Social Security retirement and/or Railroad Retirement payments in the last month, that is in [CURRENT MONTH –1]? IF NEEDED: These checks are either automatically deposited in the bank or mailed to arrive on the 3rd of every month. If mailed, they are often sent in gold or manila-colored envelopes.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ4 -SSILMTH
SSILMTH	IAQ4	code one	Did [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] receive Supplemental Security Income, which is also called SSI, last month? IF NEEDED: These are monthly government payments to lower-income people in need.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ5-VALMTH
VALMTH	IAQ5	code one	Did [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] receive any payments from the Veteran's Administration last month related to military service or veteran survivor's benefits? [IF NEEDED: The Veteran's Administration is also known as the U.S. Department of Veterans Affairs.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ6-PENSLMTH
PENSLMTH	IAQ6	code one	People sometimes receive retirement income from other sources, such as pensions. [Did you/Did (SP)] [or (SP FIRSTNAME LASTNAME/SPOUSE FIRSTNAME LASTNAME] receive income from any pension plans that were a job-related or union benefit last month? IF NEEDED: These plans often require that a person work for a certain number of years before they qualify or "are vested" in the pension plan.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ7-401KLMNTH

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
401KLMTH	IAQ7	code one	SHOW CARD IA5 These next questions ask about assets [you/(SP)] [or (SP FIRSTNAME LASTNAME/SPOUSE FIRSTNAME LASTNAME] might own or contribute to, such as retirement plans, mutual funds, and bonds. Please look at the types of retirement plans on this card. [Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME/SPOUSE FIRSTNAME LASTNAME] have any of these? IF NEEDED: 401Ks and 403Bs are plans where you contribute an amount each month from your paycheck, and your employer may match some of your contribution. IF NEEDED: IRAs, also known as Individual Retirement Accounts, are a type of plan you set up on your own. IF NEEDED: A Keogh plan is a retirement plan for self-employed individuals or unincorporated small businesses.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ9-BONDS
BONDS	IAQ9	code one	Not including what we've already talked about, [do you/does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own any bonds, such as Government Savings Bonds, corporate, municipal, or other types of bonds?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ10-CHECKING
CHECKING	IAQ10	code one	The next questions ask about different kinds of bank or savings accounts people sometimes have or property they own. Not counting what we've already talked about, [do you/does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have... A checking account?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ11-SAVINGS
SAVINGS	IAQ11	code one	[IF NEEDED: Not counting what we've already talked about, [do you/does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have...] A savings account or money market account?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ12-CERTDEPT
CERTDEPT	IAQ12	code one	[IF NEEDED: Not counting what we've already talked about, [do you/does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have...] Certificates of deposit or CDs?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	IAQ8-MULFUNDS
MULFUNDS	IAQ8	code one	[(Not including the retirement accounts we have already talked about, {do you/does [SP]})/(Do you/Does {SP})] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own any mutual funds or stocks?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	OTH_INVT
OTH_INVT	OTH_INVT	code one	[Do you/Does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own any other financial investments? Examples include a business, a farm, real estate [other than [your/(SP)'s] home, motorcycles, boats, and RV's? DO NOT INCLUDE BURIAL PLOTS.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	LUMP
LUMP	IAQ52	code one	People sometimes receive large amounts of money or property in the form of an inheritance, a trust fund, an insurance settlement, and so on. Now thinking about last year, that is, the calendar year ending in December [CURRENT YEAR - 1], [have you/has (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] received money or property in the form of an inheritance, a trust fund, an insurance settlement, a pension settlement, a gift, or a lawsuit?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	NUMCAR
NUMCAR	CO2	quantity unit	How many vehicles [do you/does (SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own? ENTER NUMBER OF VEHICLES [IF NEEDED: Do not include leased cars.]	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	IAQINTRO2
IAQINTRO2	IAQINTRO2	no entry	We now have a few questions about income which are important for understanding how people manage financially as they age. We want to be both as accurate and efficient as we can, so it would be very helpful if you could refer to any records you might have.		BOX IAQ2

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
	BOX IAQ2	routing	If IAQ1-SSRRLMTH = 1/YES, go to SSRR_AMT. Otherwise, go to BOX IAQ3.		
SSRR_AMT	SSRR_AMT	quantity unit	First, what was the total amount of [your/(SP)'s] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)]'s most recent monthly Social Security or Railroad Retirement payment (for the month of [CURRENT MONTH – 1])? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ3 (-8) SSRR_SPA (-9) SSRR_SPA
SSRR_SPA	SSRR_SPA	code one	SHOW CARD IA6 Please look at this card and tell me which is closest.	(01) LESS THAN $1,000 (02) $1,000 TO LESS THAN $1,500 (03) $1,500 TO LESS THAN $2,000 (04) $2,000 TO LESS THAN $3,000 (05) $3,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ3
	BOX IAQ3	routing	If IAQ4-SSILMTH = 1/YES, go to SSI_AMT. Otherwise, go to BOX IAQ4.		
SSI_AMT	SSI_AMT	quantity unit	What was the total amount of [your/(SP)'s] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)]'s most recent monthly SSI payment (for the month of [CURRENT MONTH – 1])? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ4 (-8) BOX SSIRANGE (-9) BOX SSIRANGE
	BOX SSIRANGE	routing	IF SP HAS A SPOUSE WHO IS ALIVE AND LIVING IN THE HOUSEHOLD (ROSTREL=2, HHFLAG=1), GO TO SSI_HHA, ELSE GO TO SSI_SPA.		
SSI_HHA	SSI_HHA	code one	SHOW CARD IA7 Please look at this card and tell me which is closest.	(01) LESS THAN $400 (02) $400 TO LESS THAN $800 (03) $800 TO LESS THAN $1,200 (04) $1,200 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ4
SSI_SPA	SSI_SPA	code one	SHOW CARD IA8 Please look at this card and tell me which is closest.	(01) LESS THAN $300 (02) $300 TO LESS THAN $600 (03) $600 TO LESS THAN $900 (04) $900 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ4
	BOX IAQ4	routing	If IAQ5-VALMTH = 1/YES, go to VA_AMT. Otherwise, go to BOX IAQ5.		
VA_AMT	VA_AMT	quantity unit	What was the total amount of [your/(SP)'s] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)]'s most recent monthly Veteran's Administration payment (for the month of [CURRENT MONTH – 1])? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ5 (-8) BOX VARANGE (-9) BOX VARANGE
	BOX VARANGE	routing	IF SP HAS A SPOUSE WHO IS ALIVE AND LIVING IN THE HOUSEHOLD (ROSTREL=2, HHFLAG=1), GO TO VA_HHA, ELSE GO TO VA_SPA.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
VA_HHA	VA_HHA	code one	SHOW CARD IA9 Please look at this card and tell me which is closest.	(01) LESS THAN $1,000 (02) $1,000 TO LESS THAN $2,000 (03) $2,000 TO LESS THAN $3,000 (04) $3,000 TO LESS THAN $4,000 (05) $4,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ5
VA_SPA	VA_SPA	code one	SHOW CARD IA10 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $1,500 (03) $1,500 TO LESS THAN $2,500 (04) $2,500 TO LESS THAN $3,500 (05) $3,500 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ5
	BOX IAQ5	routing	If IAQ6-PENSLMTH = 1/YES, go to PEN_AMT. Otherwise, go to BOX IAQ6.		
PEN_AMT	PEN_AMT	quantity unit	You told me earlier that [you/(SP)] and [({SP FIRSTNAME LASTNAME}/{SPOUSE FIRSTNAME LASTNAME}}] have job-related pension plans. In total, how much was received from these pension plans in the last month, before any federal or state taxes were taken out (for the month of [CURRENT MONTH – 1])? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ6 (-8) PEN_SPA (-9) PEN_SPA
PEN_SPA	PEN_SPA	code one	SHOW CARD IA11 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $1,500 (03) $1,500 TO LESS THAN $2,500 (04) $2,500 TO LESS THAN $4,000 (05) $4,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ6
	BOX IAQ6	routing	If IAQ7-401KLMTH = 1/YES, go to 401K_AMT. Otherwise, go to BOX IAQ9C.		
401K_AMT	401K_AMT	quantity unit	You mentioned that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)}] have retirement accounts. In total, about how much is currently in all of these retirement accounts? IF NEEDED: Retirement accounts include 401K, 403B, IRA, Keogh plans, and other retirement accounts. IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) YREC_AMT (-8) 401K_SPA (-9) 401K_SPA
401K_SPA	401K_SPA	code one	SHOW CARD IA12 Please look at this card and tell me which is closest.	(01) LESS THAN $50,000 (02) $50,000 TO LESS THAN $200,000 (03) $200,000 TO LESS THAN $500,000 (04) $500,000 TO LESS THAN $1,000,000 (05) $1,000,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	YREC_AMT
YREC_AMT	YREC_AMT	quantity unit	Now thinking about all of last year, that is calendar year [CURRENT YEAR – 1], in total, how much did [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)}] receive or withdraw from all of these retirement accounts? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ9C (-8) YREC_SPA (-9) YREC_SPA

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
YREC_SPA	YREC_SPA	code one	SHOW CARD IA13 Please look at this card and tell me which is closest.	(01) LESS THAN $5,000 (02) $5,000 TO LESS THAN $10,000 (03) $10,000 TO LESS THAN $20,000 (04) $20,000 TO LESS THAN $50,000 (05) $50,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ9C
	BOX IAQ9C	routing	If IAQ9-BONDS=1/YES, go to BNDS_AMT, Otherwise, go to BOX IAQ10.		
BNDS_AMT	BNDS_AMT	quantity unit	You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] own government, corporate, or other bonds that are not part of retirement accounts. In total, about how much are these worth? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ10 (-8) BNDS_SPA (-9) BNDS_SPA
BNDS_SPA	BNDS_SPA	code one	SHOW CARD IA14 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $10,000 (04) $10,000 TO LESS THAN $50,000 (05) $50,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ10
	BOX IAQ10	routing	If IAQ10-CHECKING = 1/YES, go to CHCK_AMT. Otherwise, go to BOX IAQ10A.		
CHCK_AMT	CHCK_AMT	quantity unit	You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have a checking account. In total, about how much is currently in your checking account(s)? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ10A (-8) CHCK_SPA (-9) CHCK_SPA
CHCK_SPA	CHCK_SPA	code one	SHOW CARD IA15 Please look at this card and tell me which is closest.	(01) LESS THAN $1,000 (02) $1,000 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $5,000 (04) $5,000 TO LESS THAN $7,500 (05) $7,500 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ10A
	BOX IAQ10A	routing	If IAQ11-SAVINGS=1/YES, go to SVGS_AMT. Otherwise, go to BOX IAQ10B.		
SVGS_AMT	SVGS_AMT	quantity unit	You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have savings or money market accounts. In total, about how much is currently in your savings or money market accounts? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ10B (-8) SVGS_SPA (-9) SVGS_SPA
SVGS_SPA	SVGS_SPA	code one	SHOW CARD IA16 Please look at this card and tell me which is closest.	(01) LESS THAN $2,000 (02) $2,000 TO LESS THAN $4,000 (03) $4,000 TO LESS THAN $7,500 (04) $7,500 TO LESS THAN $15,000 (05) $15,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ10B
	BOX IAQ10B	routing	If IAQ12-CERTDEPT = 1/YES, go to CD_AMT. Otherwise, go to BOX IAQ10C.		

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CD_AMT	CD_AMT	quantity unit	You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have certificates of deposits or CDs. In total, about how much are these certificates of deposits or CDs currently worth? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ10C (-8) CD_SPA (-9) CD_SPA
CD_SPA	CD_SPA	code one	SHOW CARD IA17 Please look at this card and tell me which is closest.	(01) LESS THAN $5,000 (02) $5,000 TO LESS THAN $15,000 (03) $15,000 TO LESS THAN $30,000 (04) $30,000 TO LESS THAN $50,000 (05) $50,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ10C
	BOX IAQ10C	routing	If IAQ8-MULFUNDS = 1/YES, go to MF_AMT. Otherwise, go to BOX IAQ11.		
MF_AMT	MF_AMT	quantity unit	You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE] own mutual funds or stocks that are not part of retirement accounts. In total, about how much are these worth? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ11 (-8) MF_SPA (-9) MF_SPA
MF_SPA	MF_SPA	code one	SHOW CARD IA18 Please look at this card and tell me which is closest.	(01) LESS THAN $10,000 (02) $10,000 TO LESS THAN $50,000 (03) $50,000 TO LESS THAN $150,000 (04) $150,000 TO LESS THAN $500,000 (05) $500,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ11
	BOX IAQ11	routing	If IAQ8-MULFUNDS = 1/YES or IAQ9-BONDS = 1/YES or IAQ10-CHECKING = 1/YES or IAQ11-SAVINGS = 1/YES or IAQ12-CERTDEPT = 1/YES, go to INT_AMT. Otherwise, go to BOX IAQ12.		
INT_AMT	INT_AMT	quantity unit	Now thinking about all of last year, that is calendar year [CURRENT YEAR – 1], in total, how much interest and dividend income did [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have from [mutual funds or stocks] [government, corporate, or other bonds] [bank accounts or CDs]? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ12 (-8) INT_SPA (-9) INT_SPA
INT_SPA	INT_SPA	code one	SHOW CARD IA19 Please look at this card and tell me which is closest.	(01) LESS THAN $25 (02) $25 TO LESS THAN $200 (03) $200 TO LESS THAN $2,000 (04) $2,000 TO LESS THAN $10,000 (05) $10,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ12
	BOX IAQ12	routing	If OTH_INVT = 1/YES, go to OTH_VLU. Otherwise, go to BOX IAQ13.		
OTH_VLU	OTH_VLU	quantity unit	You told me earlier that [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] have other financial investments, such as a business, a farm, real estate [other than [your/(SP)'s] home], motorcycles, boats, and RV's. If these investments were sold today and any debts on them were paid off, in total, about how much would they bring? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ13 (-8) OTH_SPA (-9) OTH_SPA

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OTH_SPA	OTH_SPA	code one	SHOW CARD IA20 Please look at this card and tell me which is closest.	(01) LESS THAN $50,000 (02) $50,000 TO LESS THAN $150,000 (03) $150,000 TO LESS THAN $300,000 (04) $300,000 TO LESS THAN $750,000 (05) $750,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ13
	BOX IAQ13	routing	If OTH_INVT = 1/YES, go to INVT_NCM. Otherwise, go to IAQ50.		
INVT_NCM	INVT_NCM	quantity unit	Now thinking about all of last year, that is calendar year [CURRENT YEAR – 1], in total, how much income did [you/(SP)] and [(SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] receive from these other investments before any federal or state taxes were taken out? IF NEEDED: We don't need an exact dollar amount. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. IF NO INCOME WAS RECEIVED FROM THESE OTHER INVESTMENTS, ENTER 0.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) IAQ50 (-8) NCM_SPA (-9) NCM_SPA
NCM_SPA	NCM_SPA	code one	SHOW CARD IA21 Please look at this card and tell me which is closest.	(01) LESS THAN $7,500 (02) $7,500 TO LESS THAN $15,000 (03) $15,000 TO LESS THAN $25,000 (04) $25,000 TO LESS THAN $75,000 (05) $75,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	IAQ50-TOTLCMB1
TOTLCMB1	IAQ50	quantity unit	Now I want to ask about [your/(SP)'s] [and (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] total income for last year, that is, for the calendar year ending in December [CURRENT YEAR - 1], before any federal or state taxes were taken out. Now think about that total income from: [Social Security or Railroad Retirement] [Supplemental Security Income] [the Veteran's Administration] [a pension plan] [any retirement accounts] [mutual funds or stocks] [bonds] [bank accounts] [CDs] [business, farm or real estate] [jobs] and from any other sources. How much was [your/(SP)'s] [and (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] total income before taxes for last year (this is, for the 12 months ending in December [CURRENT YEAR - 1])? IF NEEDED: We don't need an exact dollar amount – the nearest $1,000 is fine. IF NEEDED: We know questions like these may be difficult to answer, but we need to know this to understand how people manage financially as they age and what effect this might have on their health. ENTER TOTAL INCOME FOR LAST YEAR.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX IAQ15 (-8) TOTLCMRG (-9) TOTLCMRG
TOTLCMRG	IAQ51B	code one	SHOW CARD IA22 Please look at this card and tell me which is closest.	(01)A. LESS THAN $10,000 (02)B. $10,000 TO LESS THAN $15,000 (03)C. $15,000 TO LESS THAN $20,000 (04)D. $20,000 TO LESS THAN $25,000 (05)E. $25,000 TO LESS THAN $35,000 (06)F. $35,000 TO LESS THAN $45,000 (07)G. $45,000 TO LESS THAN $55,000 (08)H. $55,000 TO LESS THAN $70,000 (09)I. $70,000 TO LESS THAN $100,000 (10)J. $100,000 TO LESS THAN $150,000 (11)K. $150,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX IAQ15
	BOX IAQ15	routing	If SPAISTATUS = 3 (Deceased in Community) or 4 (Deceased in Institution), go to BOX ENDIAQ. ELSE, go to SPENDINC.		
SPENDINC	SPENDINC	code one	Over the past year, would you say that [your/[SP]'s] (family's) spending exceeded [your/[SP]'s] (family's) income, that it was about the same as [your/[SP]'s] income, or that [you/[SP]] spent less than [your/[SP]'s] income? [IF NEEDED: Spending should not include any investments [you have/(SP) has] made.) IF DEBTS ARE BEING REPAID ON NET, TREAT THIS AS SPENDING LESS THAN INCOME.	(01) SPENDING EXCEEDED INCOME (02) SPENDING SAME AS INCOME (03) SPENDING WAS LESS THAN INCOME (-8) DON'T KNOW (-9) REFUSED	MEDIGRID-MEDIPROV

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MEDIPROV	MEDIGRID	grid	The next few questions will now ask about any debt [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] may have. Please think about any money [you/(SP)] currently owe or debt you have due to medical or dental bills. This may include bills for your own medical or dental care or someone else's care, such as a child, spouse, or parent. [Do you/Does (SP)] currently have... Any medical or dental bills [you are/(SP) is] paying off over time directly to a provider?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	MEDIGRID-MEDICARD
MEDICARD	MEDIGRID	grid	Any medical or dental bills [you have/(SP) has] put on a credit card, and [you are/(SP) is] paying off over time? [IF NEEDED: Please include consumer and medical credit cards.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	MEDIGRID-MEDILEND
MEDILEND	MEDIGRID	grid	Any debt [you owe/(SP) owes] to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	MEDIGRID-MEDIFAM
MEDIFAM	MEDIGRID	grid	Any debt [you owe/(SP) owes] to a family member or friend for money [you/(SP)] borrowed to pay medical or dental bills?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	MEDIGRID-MEDIOTH
MEDIOTH	MEDIGRID	grid	Any other medical or dental bills that [you are/(SP) is] unable to pay?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX DEBT1
	BOX DEBT1	routing	IF MEDIPROV=1/YES, GO TO PROV_AMT, ELSE GO TO BOX DEBT2.		
PROV_AMT	PROV_AMT	quantity unit	You mentioned that [you have/(SP) has] medical or dental bills [you are/(SP) is] paying off over time directly to a provider. About how much [do you/does (SP)] currently owe?	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT2 (-8) PROV_SPA (-9) PROV_SPA
PROV_SPA	PROV_SPA	code one	SHOW CARD IA23 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $5,000 (04) $5,000 TO LESS THAN $25,000 (05) $25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX DEBT2
	BOX DEBT2	routing	IF MEDICARD=1/YES, GO TO CARD_AMT, ELSE GO TO BOX DEBT3.		
CARD_AMT	CARD_AMT	quantity unit	You mentioned that [you have/(SP) has] medical or dental bills [you have/(SP) has] put on a credit card, and [you are/(SP) is] paying off over time. About how much [do you/does (SP)] currently owe? Please include any interest and fees accrued in the total balance.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT3 (-8) CARD_SPA (-9) CARD_SPA
CARD_SPA	CARD_SPA	code one	SHOW CARD IA23 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $5,000 (04) $5,000 TO LESS THAN $25,000 (05) $25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX DEBT3
	BOX DEBT3	routing	IF MEDILEND=1/YES, GO TO LEND_AMT, ELSE GO TO BOX DEBT4.		
LEND_AMT	LEND_AMT	quantity unit	You mentioned that [you have/(SP) has] debt [you owe/(SP) owes] to a bank, collection agency, or other lender that includes debt or loans used to pay medical or dental bills. About how much [do you/does (SP)] currently owe? Please do not include any debt held on a credit card.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT4 (-8) LEND_SPA (-9) LEND_SPA

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
LEND_SPA	LEND_SPA	code one	SHOW CARD IA23 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $5,000 (04) $5,000 TO LESS THAN $25,000 (05) $25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX DEBT4
	BOX DEBT4	routing	IF MEDIFAM=1/YES, GO TO FAM_AMT, ELSE GO TO BOX_DEBT5.		
FAM_AMT	FAM_AMT	quantity unit	You mentioned that [you have/(SP) has] debt [you owe/(SP) owes] to a family member or friend for money borrowed to pay medical or dental bills. About how much [do you/does (SP)] currently owe?	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT5 (-8) FAM_SPA (-9) FAM_SPA
FAM_SPA	FAM_SPA	code one	SHOW CARD IA23 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $5,000 (04) $5,000 TO LESS THAN $25,000 (05) $25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX DEBT5
	BOX DEBT5	routing	IF MEDIOTH=1/YES, GO TO OTH_AMT, ELSE GO TO MEDIWHO.		
OTH_AMT	OTH_AMT	quantity unit	You mentioned that [you have/(SP) has] other medical or dental bills that [you/(SP)] are unable to pay. About how much [do you/does (SP)] currently owe?	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT6 (-8) OTH_SPA (-9) OTH_SPA
OTH_SPA	OTH_SPA	code one	SHOW CARD IA23 Please look at this card and tell me which is closest.	(01) LESS THAN $500 (02) $500 TO LESS THAN $2,500 (03) $2,500 TO LESS THAN $5,000 (04) $5,000 TO LESS THAN $25,000 (05) $25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	BOX DEBT6
	BOX DEBT6	routing	IF RESPONDENT HAS DEBT (MEDIPROV=1 or MEDICARD=1 or MEDILEND=1 or MEDIFAM=1 or MEDIOTH=1), GO TO MEDIWHO. ELSE GO TO CREDDEBT.		
MEDIWHO	MEDIWHO	code one	Thinking about the medical or dental bills that led to [your/(SP'S)] medical debt, were these bills for [your/(SP'S)] own care, someone else's care, or both [your/(SP'S)] care and someone else's care?	(01) MY OWN CARE (02) SOMEONE ELSE'S CARE (03) BOTH MY AND SOMEONE ELSE'S CARE (-8) DON'T KNOW (-9) REFUSED	MEDISRCE
MEDISRCE	MEDISRCE	select all	Were any of the bills that caused [your/(SP's)] medical debt due to... DOCTOR VISITS OR LAB FEES OR DIAGNOSTIC TESTS SUCH AS X-RAYS OR MRIS EMERGENCY CARE OR AMBULANCE SERVICES HOSPITALIZATION OR OUTPATIENT SURGERY PRESCRIPTION DRUGS LONG TERM CARE SERVICES OR SUPPORT, EITHER IN HOME OR IN A NURSING HOME OR RESIDENTIAL FACILITY MEDICAL EQUIPMENT DENTAL CARE OR SOME OTHER EVENT?	(01) DOCTOR VISITS OR LAB FEES OR DIAGNOSTIC TESTS SUCH AS X-RAYS OR MRIS (02) EMERGENCY CARE OR AMBULANCE SERVICES (03) HOSPITALIZATION OR OUTPATIENT SURGERY (04) PRESCRIPTION DRUGS (05) LONG TERM CARE SERVICES OR SUPPORT, EITHER IN HOME OR IN A NURSING HOME OR RESIDENTIAL FACILITY (06) MEDICAL EQUIPMENT (07) DENTAL CARE (91) OTHER (-8) DON'T KNOW (-9) REFUSED	MEDBILLS
MEDBILLS	MEDBILLS	code one	Which of the following comes closer to describing the bills that contributed to [your/(SP's)] medical debt?	(01) BILL FOR A ONE TIME OR SHORT-TERM MEDICAL EXPENSE, SUCH AS A SINGLE HOSPITAL STAY OR TREATMENT FOR AN ACCIDENT (02) BILLS THAT BUILD UP OVER TIME, SUCH AS TREATMENT FOR CHRONIC ILLNESS LIKE DIABETES OR CANCER (-8) DON'T KNOW (-9) REFUSED	(01) MEDTIME (02) MEDTIME (-8) CREDDEBT (-9) CREDDEBT

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
MEDTIME	MEDTIME	code one	Approximately how long ago did [this incident occur/the treatment that led to [your/(SP's)] medical debt begin]?	(01) WITHIN THE LAST YEAR (02) BETWEEN ONE AND TWO YEARS AGO (03) BETWEEN THREE AND FOUR YEARS AGO (04) FIVE YEARS AGO OR MORE (-8) DON'T KNOW (-9) REFUSED	CREDDEBT
CREDDEBT	CREDDEBT	code one	Besides what you've already told me about, do [you/(SP)] [or (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] owe any money for credit card bills? EXCLUDE CREDIT CARD BILLS THAT WERE PAID IN FULL OR REIMBURSED. DO NOT INCLUDE ANY AMOUNT CURRENTLY COUNTED TOWARDS MEDICAL DEBT BALANCE. [IF NEEDED: This item is asking specifically about money owed for credit card bills that cannot be paid off by the due date on the statement. If the bills were paid off by the statement due date, do not include those bills.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) CRED_AMT (02) FSINTRO1 (-8) FSINTRO1 (-9) FSINTRO1
CRED_AMT	CRED_AMT	quantity unit	What is the total amount of credit card debt [you/(SP)] [and (SP FIRSTNAME LASTNAME)/(SPOUSE FIRSTNAME LASTNAME)] currently owe? Please include any interest and fees accrued. EXCLUDE CREDIT CARD DEBT FOR BUSINESS EXPENSES THAT WILL BE PAID OR REIMBURSED. DO NOT INCLUDE ANY AMOUNT CURRENTLY COUNTED TOWARDS MEDICAL DEBT BALANCE.	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) FSINTRO1 (-8) CRED_SPA (-9) CRED_SPA
CRED_SPA	CRED_SPA	code one	SHOW CARD IA24 Please look at this card and tell me which is closest.	(01) LESS THAN $1,000 (02) $1,000 TO LESS THAN $5,000 (03) $5,000 TO LESS THAN $10,000 (04) $10,000 TO LESS THAN $25,000 (05) $25,000 OR MORE (-8) DON'T KNOW (-9) REFUSED	FSINTRO1
FSINTRO1	FSINTRO1	no entry	These next questions are about the food eaten in [your/(SP's)] household in the last 12 months, since [current month] of last year and whether [you were/he was/she was/they were] able to afford the food [you need/he needs/she needs/they need].		FS1
FOODLAST	FS1	code one	I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months—that is, since last [current month]. The first statement is, The food that [I/we/(SP)/(SP) or other adults in (SP)'s household] bought just didn't last, and [I/we/he/she/they] didn't have money to get more. Was that often, sometimes, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months?	(01) OFTEN TRUE (02) SOMETIMES TRUE (03) NEVER TRUE (-8) DON'T KNOW (-9) REFUSED	FS2
FOODLAST_OFTEN	FS2	code one	The next statement is: [I/we/(SP)/(SP) or other adults in (SP)'s household] couldn't afford to eat balanced meals. Was that often, sometimes, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months? [IF NEEDED: For these statements, please tell me whether the statement was often true, sometimes true, or never true for [you/your household/(SP)/(SP)'s household] in the last 12 months—that is, since last [current month].]	(01) OFTEN TRUE (02) SOMETIMES TRUE (03) NEVER TRUE (-8) DON'T KNOW (-9) REFUSED	FS3
SKIPMEAL	FS3	code one	In the last 12 months, since last (name of current month), did [you/you or other adults in your household/(SP)/((SP) or other adults in (SP)'s household] ever cut the size of [your/(SP's)/their] meals or skip meals because there wasn't enough money for food?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) FS3A (02) FS4 (-8) FS4 (-9) FS4
SKIPMEAL_OFTEN	FS3A	code one	How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?	(01) ALMOST EVERY MONTH (02) SOME MONTHS BUT NOT EVERY MONTH (03) IN ONLY 1 OR 2 MONTHS (-8) DON'T KNOW (-9) REFUSED	FS4
EATLESS	FS4	code one	In the last 12 months, did [you/(SP)] ever eat less than [you/he/she] felt [you/he/she] should because there wasn't enough money for food?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	FS5

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
HUNGRY	FS5	code one	In the last 12 months, [were you/was (SP)] ever hungry but didn't eat because there wasn't enough money for food?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	PGMINTRO
PGMINTRO	PGMINTRO	no entry	We now have a few questions about programs that may be available to either [you or members of your household/(SP) or members of (SP)'s household] to help pay for food, housing, or healthcare costs. Some of these questions will ask you to consider [your and your household's/(SP) and their household's] participation, while others will ask exclusively about [YOUR/(SP)'s] participation.	(01) CONTINUE	SNAPBNFT
SNAPBNFT	SNAPBNFT	code one	In the last 12 months, did [you/you or any member in the household/(SP)/((SP) or any member in (SP)'s household] receive benefits from the Food Stamp Program or SNAP (the Supplemental Nutrition Assistance Program) [,also called (STATE SNAP PROGRAM NAME)]? DO NOT INCLUDE THE WOMEN, INFANTS, AND CHILDREN (WIC) SUPPLEMENTAL NUTRITION PROGRAM, THE SCHOOL LUNCH PROGRAM, OR ANY ASSISTANCE FROM FOOD BANKS OR FOOD PANTRIES.	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	BOX HO1
	BOX HO1	routing	If HO6>=$750 or HO6A=4 ($1,000 TO LESS THAN $3,000), 5 ($3,000 TO LESS THAN $5,000), OR 6 ($5,000 OR MORE) go to ENRGYHLP. ELSE, go to HO7-SECTION8.		
SECTION8	HO7	yes/no	This next question asks about [your/(SP's)] home and affordable housing programs. Is [your/(SP's)] home in Section 8 or public housing or housing for low-income seniors?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	ENRGYHLP
ENRGYHLP	ENRGYHLP	yes/no	The government has an energy assistance program which helps pay heating and cooling costs. This assistance can be received directly by the household or it can be paid directly to the electric company, gas company, or fuel dealer. In [CURRENT YEAR - 1], did [you/this household/(SP's) household] receive assistance of this type from the federal, state, or local government?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	LISKNOW
LISKNOW	LISKNOW	yes/no	As you may know, the government has programs that help beneficiaries pay for the costs associated with a Medicare drug plan and the purchase of prescription drugs. The help provided is referred to as a "low-income subsidy" or "extra help". Before today, were you aware that Medicare offers a low-income subsidy or extra help with prescription drug coverage?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) PDRECLIS (02) MSPKNOW (-8) MSPKNOW (-9) MSPKNOW
PDRECLIS	RXPD18B	yes/no	[Are you/Is (SP)] receiving this type of help to pay for [your/(SP's)] (CURRENT YEAR) Medicare prescription drug coverage? [EXPLAIN IF NECESSARY: Beneficiaries who qualify for these programs receive help paying for the Medicare drug plan's monthly premium, help paying any yearly deductible, help paying coinsurance and copayments for prescription drugs, and have no coverage gap.]	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	MSPKNOW
MSPKNOW	MSPKNOW	yes/no	As you may know, the government has a set of programs, called Medicare Savings Programs (MSP), that help beneficiaries pay for the costs associated with Medicare, such as Part A (Hospital Insurance) or Part B (Medical Insurance) premiums, deductibles, coinsurance, and copayments. Unlike additional insurance plans that require a monthly premium, Medicare Savings Programs provide financial help at no cost to eligible beneficiaries who have limited income and resources. Before today, were you aware that Medicare offers these programs?	(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED	(01) USEMSP (02) BOX ENDIAQ (-8) BOX ENDIAQ (-9) BOX ENDIAQ
USEMSP	USEMSP	yes/no	[Are you/Is (SP)] receiving any assistance from a Medicare Savings Program (MSP) to help pay for [your/(SP)'s] (CURRENT YEAR) health care costs? [EXPLAIN IF NECESSARY: Medicare Savings Programs pay for remaining costs (premiums, deductibles, coinsurance, and copayments) not covered by Medicare. These programs are different from additional insurance plans, such as Medicare Supplement Insurance (Medigap) or private insurance plans, in that beneficiaries will not pay for this extra financial help. Instead, beneficiaries must be eligible (i.e., have limited resources or income) and some may need to apply to receive this financial assistance from an MSP.	(01) YES (02) NO (-8) Don't Know (-9) Refused	BOX ENDIAQ
	BOX ENDIAQ	routing	GO TO RXQ.		