

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
			DEBT QUESTIONNAIRE SPECIFICATIONS <u>CRITERIA</u> INTTYPE=C001, C002, C004, C005, C006, C010 SPALIVE=1 SEASON=SUMMER SPPROXY=SP or PROXY Other: N/A <u>PLACEMENT</u> Administer after IAQ.		
SPENDINC	SPENDINC	code one	Over the past year, would you say that [your/(SP'S)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)'s] spending exceeded [your/their] [joint] income, that it was about the same as [your/their] [joint] income, or that [you/(SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] spent less than [your/their] [joint] income? [IF NEEDED: Spending should not include any investments [you have/(SP) has] [you /(SP) or (SP)/(SPOUSE FIRSTNAME LASTNAME) have] made.] IF DEBTS ARE BEING REPAYED 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
MEDIPROV	MEDIGRID	grid	The next few questions will now ask about any debt [you/(SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] may have. Please think about any money [you/(SP)] [or your spouse/or their spouse] currently [owe/owes] or debt [you/(SP)] [or your spouse/or their spouse] [have/has] due to medical or dental bills. This may include bills for [your own/(SP)'s] medical or dental care or someone else's care, such as a child, spouse, or parent. [Do you/Does (SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)]] currently have... Any medical or dental bills [you are/(SP) is/you or your spouse are/SP or their spouse are] 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] [you or your spouse have/(SP) or their spouse have] put on a credit card, and [are/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] [you or your spouse owe/(SP) or their spouse owe] 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] [you or your spouse owe/(SP) or their spouse owe] to a family member or friend for money [you/(SP)] [you or your spouse/(SP) or their spouse] 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] [you or your spouse are/(SP) or their spouse] are] 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] [you or your spouse have/(SP) or their spouse have] medical or dental bills [you are/(SP) is/they are] paying off over time directly to a provider. About how much [do you/does (SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] currently owe?	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT2 (-8) PROV_SPA (-9) PROV_SPA

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
PROV_SPA	PROV_SPA	code one	SHOW CARD DB1 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/you or your spouse have/(SP) or their spouse have] medical or dental bills [you have/(SP) has/you or your spouse have/(SP) or their spouse have] put on a credit card, and [you are/(SP) is/they are] paying off over time. About how much [do you/does (SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] 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 DB1 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/you or your spouse have/(SP) or their spouse have] debt owed 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)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] 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
LEND_SPA	LEND_SPA	code one	SHOW CARD DB1 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/you or your spouse have/(SP) or their spouse have] debt owed to a family member or friend for money borrowed to pay medical or dental bills. About how much [do you/does (SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] 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 DB1 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 BOX DEBT6.		
OTH_AMT	OTH_AMT	quantity unit	You mentioned that [you have/(SP) has/you or your spouse have/(SP) or their spouse have] other medical or dental bills that [you are/(SP is)/they are] unable to pay. About how much [do you/does (SP)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)] currently owe?	(01) [continuous response] (-8) DON'T KNOW (-9) REFUSED	(01) BOX DEBT6 (-8) OTH_RNG (-9) OTH_RNG

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
OTH_RNG	OTH_RNG	code one	SHOW CARD DB1 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)/your or your spouse's/(SP) or their spouse'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? [IF NEEDED: "Someone else's care" may include care for [you/your spouse/(SP's) spouse], a child , or a parent.]	(01) SP'S OWN CARE (02) SOMEONE ELSE'S CARE (03) BOTH SP'S AND SOMEONE ELSE'S CARE (-8) DON'T KNOW (-9) REFUSED	MEDISRCE
MEDISRCE	MEDISRCE	select all	SHOW CARD DB2 Were any of the bills that caused [your/(SP's)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)'s] medical debt due to... SELECT ALL THAT APPLY 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	MEDBILL5
MEDBILL5	MEDBILL5	code one	Which of the following comes closer to describing the bills that contributed to [your/(SP's)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)'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
MEDTIME	MEDTIME	code one	SHOW CARD DB3 Approximately how long ago did [this incident occur/the treatment that led to [your/(SP's)] [or (SP)/(SPOUSE FIRSTNAME LASTNAME)'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/does (SP)] [or (SP)/(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) BOX ENDDBQ (-8) BOX ENDDBQ (-9) BOX ENDDBQ

Variable Name	MR Screen Name	Question Type	Question Text/Description	Code List	Routing
CRED_AMT	CRED_AMT	quantity unit	What is the total amount of credit card debt [you currently owe/(SP) currently owes] [you/(SP) or (SP)/(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) BOX ENDDBQ (-8) CRED_SPA (-9) CRED_SPA
CRED_SPA	CRED_SPA	code one	SHOW CARD DB4 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	BOX ENDDBQ
	BOX ENDDBQ	routing	GO TO RXQ.		