National Study of Caregiving

Section	HI	[HEALTH INSURANCE AND INCOME]	Sequence: 10

HI1PRE

HI1PRE	NOT ON FILE

We have a few last questions.

PRESS 1 AND ENTER TO CONTINUE

HI1

chi7medicare C7 HI1 MEDICARE COVERAGE

QUESTION TEXT:

Are you currently covered by Medicare, a health insurance program for person 65 years and over and for persons with disabilities?

CODES

1	YES	
2	NO	HI3
	REFUSED	HI3
	DON'T KNOW	HI3

HI2

chi7medigap C7 HI2 MEDIGAP COVERAGE

QUESTION TEXT:

Some people with Medicare also have a Medigap or Medicare Supplement plan. Do you have this type of health insurance coverage?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

HI3

chi7medicaid C7 HI3 MEDICAID COVERAGE

DISPLAY INSTRUCTIONS:

Display ", also known as {STATE NAME FOR MEDICAID PROGRAM}," if caregiver's state name for Medicaid is not "Medicaid."
Display {STATE NAME FOR SCHIP PROGRAM} for caregiver's state.

QUESTION TEXT:

Medicaid {, also known as {STATE NAME FOR MEDICAID PROGRAM},} and {STATE NAME FOR SCHIP PROGRAM} are state programs for low-income persons or for persons on public assistance.

Are you now covered by {STATE NAME FOR MEDICAID PROGRAM} or {STATE NAME FOR SCHIP PROGRAM}?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Use NHATS State Name for Medicaid lookup file.

HI4   chi7privinsr   C7 HI4 PRIVATE INSURNCE COVERAGE

DISPLAY INSTRUCTIONS:
> If CG RELATIONSHIP to SP = 2 (SPOUSE/PARTNER} and SP DECEASED flag <> 1 (YES), display "or {SP}".
> If HD1 = 1 (MARRIED) or HD1 = 2 (LIVING WITH A PARTNER), display "or your {spouse/partner}".
> If HD1 = 1 (MARRIED), display "spouse".
> If HD1 = 2 (LIVING WITH A PARTNER), display "partner".

QUESTION TEXT:
> Are you currently covered by a private health insurance plan?
>
> IF NEEDED: This may be a policy you {or your {spouse/partner} have through a job, a labor union, or an association or organization you belong to. It may also be bought directly from an insurance agent or company.

CODES
1	YES
2	NO
	REFUSED
	DON'T KNOW

HI5   chi7tricare   C7 HI5 TRICARE OR CHAMPVA

QUESTION TEXT:
> TRICARE and CHAMPVA are health care programs for active duty and retired members of the uniformed Armed Forces, their families, and survivors. Are you now covered by either one of these programs?

CODES
1	YES
2	NO
	REFUSED
	DON'T KNOW

BOX HI6   BOX HI6   NOT ON FILE

> If HI1, HI3, HI4, and HI5 = 2 (NO), RF, or DK, go to HI6.
> Otherwise, go to BOX HI8.

HI6   chi7uninsurd   C7 HI6 NO INSURANCE VERIFICATION

QUESTION TEXT:
> Based on your answers, you are uninsured and do not currently have any health insurance. Is that correct?

CODES
1	YES	BOX HI8
2	NO	
	REFUSED	BOX HI8
	DON'T KNOW	BOX HI8

HI7   chi7insrtype   C5 HI7 KIND OF HEALTH INSURANCE

QUESTION TEXT:
> What kind of health insurance do you have?

CODES
1	MEDICARE	BOX HI8

2	MEDICAID	BOX HI8
3	PRIVATE HEALTH INSURANCE	BOX HI8
4	TRICARE/CHAMPVA	BOX HI8
91	OTHER (SPECIFY)	
	REFUSED	BOX HI8
	DON'T KNOW	BOX HI8

HI7a HI7A NOT ON FILE

QUESTION TEXT:

SPECIFY THE TYPE OF HEALTH INSURANCE

ENTER TEXT

Length	75
REFUSED	
DON'T KNOW	

BOX HI8 BOX HI8 NOT ON FILE

If relationship of caregiver to SP = 2 (spouse/partner) and SP DECEASED flag <> 1 (YES), go to Section AP, Time Diary Appointment.
Otherwise, go to HI8.

HI8 chi7ownhome C7 HI8 OWN YOUR HOME

DISPLAY INSTRUCTIONS:

If HD1 = 1 (MARRIED) or HD1 = 2 (LIVING WITH A PARTNER), display {IF OWNERSHIP WITH {SPOUSE/PARTNER}, CODE YES.}.
If HD1 = 1 (MARRIED), display "SPOUSE".
If HD1 = 2 (LIVING WITH A PARTNER), display "PARTNER".

QUESTION TEXT:

Do you own your home?

{IF OWNERSHIP IS WITH {SPOUSE/PARTNER}, CODE YES.}

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

HI9

chi7chckacct	C7 HI9A CG HAS CHECKING ACCT
chi7svgsacct	C7 HI9B CG HAS SAVINGS ACCOUNT
chi7certdpst	C7 HI9C CG HAS CERT OF DEPOSIT
chi7retrplan	C7 HI9D CG HAS RETIREMENT PLAN
chi7mutlfnds	C7 HI9E CG HAS STOCKS MUT FUNDS

DISPLAY INSTRUCTIONS:

If HD1 = 1 (MARRIED) or HD1 = 2 (LIVING WITH A PARTNER), display "and your {spouse/partner}".
If HD1 = 1 (MARRIED), display "spouse".
If HD1 = 2 (LIVING WITH A PARTNER), display "partner".

Use "Same Question Stem" display.

If at HI9a, do not display question text in brackets.

Otherwise, display question text in brackets.

QUESTION TEXT:

> {[} Do you {and your {spouse/partner}} have… {]}
>
> {variable text [a-e]}
>
> RESPONSE [1] a. any checking accounts?
> RESPONSE [2] b. savings or money market accounts?
> RESPONSE [3] c. certificates of deposit?
> RESPONSE [4] d. retirement plans such as IRAs, SEPs, 401K, or 403b plans?
> RESPONSE [5] e. stocks or mutual funds that are not in retirement accounts?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and variable text columns in the panel.
Display 'variable text' in the a-e sequence until all rows have been displayed.

HI10   chi7income   C7 HI10 INCOME LAST YEAR

DISPLAY INSTRUCTIONS:

If HD1 = 1 (MARRIED) or HD1 = 2 (LIVING WITH A PARTNER), display "or your {spouse/partner}".
If HD1 = 1 (MARRIED), display "spouse".
If HD1 = 2 (LIVING WITH A PARTNER), display "partner".

If EC1 or EC4 = 1 (YES), display "from work and".

Display "last year" in bold underlined text.

QUESTION TEXT:

> Now thinking about the income that you {and your {spouse/partner}} have {from work and} all other sources, about how much was your {and your {spouse/partner}'s} total income for the last year (in the last 12 months ending in December {CURRENT YEAR - 1} before taxes?
>
> IF NEEDED: We don't need an exact dollar amount. The nearest thousand dollars is fine.
>
> IF NEEDED: We know questions like these may be difficult to answer, but we need to know this detail to understand how people who are helping older relatives or friends are getting along financially these days.
>
> ENTER TOTAL INCOME FOR LAST YEAR

ENTER NUMBER

Range	1 to 99999999
REFUSED	HI14
DON'T KNOW	

PROGRAMMER INSTRUCTIONS:

Display dollar amount entries using 1000 coma separator.
If amount entered, go to HI14

BOX HI11   BOX HI11   NOT ON FILE

Compute CAREGIVER HHSIZE:
If CAREGIVER has INHOUSEHOLD flag = 1 and SP DECEASED flag <> 1 (YES), use NHATS HH SIZE.

Otherwise, CAREGIVER HHSIZE = number entered at HD6 +1.

The following table presents the poverty guidelines used compute the percentage of poverty amounts for HH11-HH13. The amounts displayed in HH11-HH13 are based on the amounts presented for the caregiver's computed HHSIZE.

HHSIZE	2016 Poverty Guidelines	100% of poverty	200% of poverty	400% of poverty
1	$12,000	$12,000	$24,000	$48,000
2	$16,000	$16,000	$32,000	$64,000
3	$20,000	$20,000	$40,000	$81,000
4	$24,000	$24,000	$49,000	$97,000
5	$28,000	$28,000	$57,000	$114,000
6	$33,000	$33,000	$65,000	$130,000
7	$37,000	$37,000	$73,000	$147,000
8+	$41,000	$41,000	$82,000	$164,000

HI11   chi7inc200pv   C7 HI11 INCOME CATGORIES 200

DISPLAY INSTRUCTIONS:
Display for {200% OF POVERTY GUIDELINE} uses the following conditions:
If CAREGIVER HHSIZE = 1, set 200% OF POVERTY GUIDELINE = $24,000 and display "24,000"
If CAREGIVER HHSIZE = 2, set 200% OF POVERTY GUIDELINE = $32,000and display "32,000"
If CAREGIVER HHSIZE = 3, set 200% OF POVERTY GUIDELINE = $40,000 and display "40,000"
If CAREGIVER HHSIZE = 4, set 200% OF POVERTY GUIDELINE = $49,000 and display "49,000"
If CAREGIVER HHSIZE = 5, set 200% OF POVERTY GUIDELINE = $57,000 and display "57,000"
If CAREGIVER HHSIZE = 6, set 200% OF POVERTY GUIDELINE = $65,000and display "65,000"
If CAREGIVER HHSIZE = 7, set 200% OF POVERTY GUIDELINE = $73,000 and display "73,000"
If CAREGIVER HHSIZE = or > 8, set 200% OF POVERTY GUIDELINE = $82,000 and display "82,000"

QUESTION TEXT:
Was it less than or more than ${200% OF POVERTY GUIDELINE}?

CODES
1	LESS THAN	
2	MORE THAN	HI13
	REFUSED	HI14
	DON'T KNOW	HI14

HI12   chi7inc100pv   C7 HI12 INCOME CATGORIES 100

DISPLAY INSTRUCTIONS:
Display for {100% OF POVERTY GUIDELINE} uses the following conditions:
If CAREGIVER HHSIZE = 1,set 100% OF POVERTY GUIDELINE to $12,000 and display "12,000"
If CAREGIVER HHSIZE = 2, set 100% OF POVERTY GUIDELINE to $16,000 and display "16,000"
If CAREGIVER HHSIZE = 3, set 100% OF POVERTY GUIDELINE to $20,000 and display "20,000"
If CAREGIVER HHSIZE = 4, set 100% OF POVERTY GUIDELINE to $24,000 and display "24,000"
If CAREGIVER HHSIZE = 5, set 100% OF POVERTY GUIDELINE to $28,000 and display "28,000"
If CAREGIVER HHSIZE = 6, set 100% OF POVERTY GUIDELINE to $33,000 and display "33,000"
If CAREGIVER HHSIZE = 7, set 100% OF POVERTY GUIDELINE to $37,000 and display "37,000"
If CAREGIVER HHSIZE = or > 8, set 100% OF POVERTY GUIDELINE to $41,000 and display "41,000"

QUESTION TEXT:
Was it less than or more than ${100% OF POVERTY GUIDELINE}?

CODES
1	LESS THAN	HI14

2	MORE THAN	HI14
	REFUSED	HI14
	DON'T KNOW	HI14

HI13   chi7inc400pv   C7 HI13 INCOME CATEGORIES 400

DISPLAY INSTRUCTIONS:

Display for {400% OF POVERTY GUIDELINE} uses the following conditions:
If CAREGIVER HHSIZE = 1, set 400% OF POVERTY GUIDELINE = $48,000 and display "48,000"
If CAREGIVER HHSIZE = 2, set 400% OF POVERTY GUIDELINE to $64,000 and display "64,000"
If CAREGIVER HHSIZE = 3, set 400% OF POVERTY GUIDELINE = $81,000 and display "81,000"
If CAREGIVER HHSIZE = 4, set 400% OF POVERTY GUIDELINE = $97,000 and display "97,000"
If CAREGIVER HHSIZE = 5, set 400% OF POVERTY GUIDELINE = $114,000 and display "114,000"
If CAREGIVER HHSIZE = 6, set 400% OF POVERTY GUIDELINE = $130,000 and display "130,000"
If CAREGIVER HHSIZE = 7, set 400% OF POVERTY GUIDELINE = $147,000 and display "147,000"
If CAREGIVER HHSIZE = or > 8, set 400% OF POVERTY GUIDELINE = $164,000 and display "164,000"

QUESTION TEXT:

Was it less than or more than ${400% OF POVERTY GUIDELINE}?

CODES

1	LESS THAN
2	MORE THAN
	REFUSED
	DON'T KNOW

HI14

chi7paymeds	C7 HI14A CG PAY FOR MEDS
chi7payinsur	C7 HI14B CG PAY FOR HEALTH INS
chi7paymbdvc	C7 HI14C CG PAY FOR MOBILITY DEV
chi7paysfty	C7 HI14D CG PAY FOR SAFETY EQUIP
chi7payasdvc	C7 HI14E CG PAY FOR ASSIST DEVIC
chi7payhmhlp	C7 HI14F CG PAY FOR IN HOME HELP

DISPLAY INSTRUCTIONS:

Use "Same Question Stem" display.
If at HI14a, do not display question text in brackets.
Otherwise, display question text in brackets.
If SP DECEASED flag = 1 (YES) and CG RELATIONSHIP TO SP = 2 (SPOUSE/PARTNER), display "of {SP}'s life" and "did you or {SP FIRSTNAME LASTNAME} use".
Else if SP DECEASED flag = 1 (YES) display "of {SP}'s life" and "did you use".
Otherwise, display "have you used".

QUESTION TEXT:

{[} Family members often help each other out financially. In the last year {of {SP}'s life} {have you used/did you use/did you or {SP FIRSTNAME LASTNAME} use} your own money to pay for… {]}

{variable text [a-f]}

RESPONSE [1] a. {SP}'s medications or medical care?
RESPONSE [2] b. {SP}'s Medicare premiums or copayments or other insurance premiums and copayments?
RESPONSE [3] c. mobility devices for {SP} such as walkers, canes, or wheelchairs?
RESPONSE [4] d. features that made {SP}'s home safer such as a railing or a ramp, grab bars in the bathroom, a seat for the shower or tub, or an emergency call system?
RESPONSE [5] e. any other assistive devices for {SP} that made it easier or safer for {him/her} to do activities or do them on {his/her} own? This includes devices to help {him/her} see, hear, reach, hold things, or pick things up.

RESPONSE [6]	f. a paid in-home helper for {SP}?

CODES

1	YES
2	NO
	REFUSED
	DON'T KNOW

PROGRAMMER INSTRUCTIONS:

Array the responses and variable text columns in the panel.
Display 'variable text' in the a-f sequence until all rows have been displayed.

BOX HI15	**BOX HI15**	NOT ON FILE

If HI14a-f = 2 (NO), RF, or DK, go to BOX HI18.
Otherwise, go to HI15

HI15	**chi7pay1000**	C7 HI15 MORE THAN 1000 TO HELP

DISPLAY INSTRUCTIONS:

If HI4a = 1 (YES), display "{SP}'s medications or medical care".
If HI4b = 1 (YES), display "{SP}'s Medicare or other insurance premiums or copayments".
If HI4c = 1 (YES), display "the mobility devices".
If HI4d = 1 (YES), display "the features that made {SP}'s home safer".
If HI4e = 1 (YES), display "other assistive devices for {SP}".
If HI4f = 1 (YES), display "a paid in-home helper for {SP}".
If more than one item displayed, display "and" between each one".

QUESTION TEXT:

Altogether last year, would you say you paid more or less than $1,000 for {{SP}'s medications or medical care}{{SP}'s Medicare or other insurance premiums or copayments}{the mobility devices}{the features that made {SP}'s home safer}{other assistive devices for {SP}}{a paid in-home helper for {SP}}?

CODES

1	MORE THAN $1,000	
2	LESS THAN $1,000	HI17
	REFUSED	BOX HI18
	DON'T KNOW	BOX HI18

HI16	**chi7pay2000**	C7 HI16 MORE THAN 2000 TO HELP

QUESTION TEXT:

Was it more than $2,000?

CODES

1	YES	BOX HI18
2	NO	BOX HI18
	REFUSED	BOX HI18
	DON'T KNOW	BOX HI18

HI17	**chi7pay500**	C7 HI17 LESS THAN 500 TO HELP

QUESTION TEXT:

Was it less than $500?

CODES

1	YES

2	NO
	REFUSED
	DON'T KNOW

BOX HI18   **BOX HI18**   NOT ON FILE

If SP DECEASED flag = 1 (YES), go to Section CN – Closing.
Otherwise, go to HI18.

HI18   **chi7gifttosp**   C7 HI18 FINANCIAL GIFT TO SP

QUESTION TEXT:

Last year, ending December 31, 2010, did you give any financial help or gifts to {SP}?

CODES
1	YES	
2	NO	HI22
	REFUSED	HI22
	DON'T KNOW	HI22

HI19   **chi7gift500**   C7 HI19 GFT MOR OR LESS THAN 500

QUESTION TEXT:

For the year {CURRENT YEAR-1}, was that more or less than $500?

CODES
1	MORE THAN $500	
2	LESS THAN $500	HI21
	REFUSED	HI22
	DON'T KNOW	HI22

HI20   **chi7gift1000**   C7 HI20 GFT TO SP MOR THAN 1000

QUESTION TEXT:

Was that more than $1000?

CODES
1	YES	HI22
2	NO	HI22
	REFUSED	HI22
	DON'T KNOW	HI22

HI21   **chi7gift100**   C7 HI21 GFT TO SP LESS THAN 100

QUESTION TEXT:

Was that less than $100?

CODES
1	YES	
2	NO	
	REFUSED	
	DON'T KNOW	

HI22   **chi7fromsp**   C7 HI22 FINANCIAL GIFT FROM SP

DISPLAY INSTRUCTIONS:

Display "Last year" in bold underlined text.

QUESTION TEXT:

Last year, ending December 31, {CURRENT YEAR – 1 }, did you receive any financial help or gifts from {SP}?

CODES

1	YES	
2	NO	SECTION AP
	REFUSED	SECTION AP
	DON'T KNOW	SECTION AP

HI23   chi7frsp500   C7 HI23 GFT FRM SP MOR LESS 500

QUESTION TEXT:

For the year {CURRENT YEAR -1}, was that more or less than $500?

CODES

1	MORE THAN $500	
2	LESS THAN $500	HI25
	REFUSED	SECTION AP
	DON'T KNOW	SECTION AP

HI24   chi7frsp1000   C7 HI24 GFT FRM SP MORE THN 1000

QUESTION TEXT:

Was that more than $1,000?

CODES

1	YES	SECTION AP
2	NO	SECTION AP
	REFUSED	SECTION AP
	DON'T KNOW	SECTION AP

HI25   chi7frsp100   C7 HI25 GFT FRM SP LESS THN 100

QUESTION TEXT:

Was that less than $100?

CODES

1	YES	SECTION AP
2	NO	SECTION AP
	REFUSED	SECTION AP
	DON'T KNOW	SECTION AP