## NHATS Round 1

| Section IP $\quad$ [INSURANCE PLANS] | Sequence: 37 |  |
| :--- | :---: | :--- |
| IP1PRE | NOT ON FILE |  |
| QUESTION TEXT |  |  |
| Now we have a few questions about \{your/SP's $\}$ health insurance. |  |  |
| PRESS 1 AND ENTER TO CONTINUE |  |  |

IP1 ip1covmedcad R1 IP1 COVERD BY MEDICARE PART D

QUESTION TEXT:

|  | \{Are you/ls SP\} (currently) covered by or enrolled in a Medicare Prescription Drug plan, also called Part D? |
| :---: | :--- | :--- |
| CODES |  |
| 1 | YES |
| 2 | NO |
|  | REFUSED |
|  | DON'T KNOW |


IP3 ip1mgapmedsp R1 IP3 MEDIGAP OR MEDICARE SUPP

## QUESTION TEXT:

Some people have additional coverage besides Medicare to pay for doctors and other medical care. This is sometimes referred to as Medigap or a Medicare Supplement. \{Do you/Does SP\} have this type of health insurance coverage?

## CODES

1 YES

2 NO
REFUSED
DON'TKNOW

## DISPLAY INSTRUCTIONS:

Display ", also known as \{STATE NAME FOR MEDICAID PROGRAM\}," and "\{STATE NAME FOR MEDICAID PROGRAM\}" if state name for Medicaid is not "Medicaid".

Otherwise display "Medicaid"

## QUESTION TEXT:

Medicaid \{, also known as \{STATE NAME FOR MEDICAID PROGRAM\},\} is a state program for low-income people or for people on public assistance. Sometimes people with very large medical bills are also covered by Medicaid.
\{Are you/Is SP\} now covered by \{Medicaid/\{STATE NAME FOR MEDICAID PROGRAM\}\}?

## CODES

1 YES
2 NO
REFUSED
DON'T KNOW

## PROGRAMMER INSTRUCTIONS:

Use NHATS State Name for Medicaid file for \{STATE NAME FOR MEDICAID PROGRAM\} display.

## IP5 <br> ip1covtricar <br> R1 IP5 COVERED BY TRICARE

## QUESTION TEXT:

TRICARE is a health care program for active duty and retired members of the uniformed Armed Forces, their families, and survivors.
\{Are you/ls SP\} now covered by TRICARE?

## CODES

1 YES

2 NO
REFUSED
DON'TKNOW

IP6
ip1nginsnurs
R1 IP6 NONGOV INSR FOR NURS HOME

## QUESTION TEXT:

Not including government programs, \{do you/does SP\} have any insurance that would pay for a year or more of care in a nursing home, assisted living, or in \{your/his/her\} home?

## CODES

1
2

YES
NO SECTION LF
REFUSED SECTION LF
DON'TKNOW SECTION LF

> ip1typcarco1
> ip1typcarco2

R1 IP7 LTC INS NURSNG HOME COVD
R1 IP7 LTC INS ASSISTD LVNG COVD
R1 IP7 LTC INS HOME HEALTH COVD

## QUESTION TEXT:

Which types of care are covered by \{your/SP's\} policy? Care in: a nursing home, assisted living, or care in \{your/his/her\} home?

SELECT ALL THAT APPLY
CODES Code All That Apply
NURSING HOME CARE
ASSISTED LIVING
CARE BY HOME HEALTH PROVIDERS IN HOME
REFUSED
DON'T KNOW

## PROGRAMMER INSTRUCTIONS:

Allow code all that apply.

## IP8

ip1paypremms
R1 IP8 HOW MUCH PAY IN PREMIUMS

## QUESTION TEXT:

## SHOW CARD IP1

For the year ending December \{CURRENT YEAR-1\}, how much altogether did \{you/SP\} pay in premiums? Would you say

## CODES

1 Less than \$1,000,
$2 \$ 1,000$ to less than $\$ 2,000$, $3 \quad \$ 2,000$ to less than $\$ 3,000$, 4 \$3,000 to less than \$5,000, or 5 \$5,000 or more?

REFUSED
DON'T KNOW

IP9
ip1longhadpl
R1 IP9 HOW LONG HAD THIS POLICY

## QUESTION TEXT:

How long \{have you/has SP\} had this policy?
INDICATE RESPONSE UNIT

## CODES

| 1 | NUMBERS OF YEARS | IP9A |
| :--- | :--- | :--- |
| 2 | AGE | IP9B |
|  | REFUSED | SECTION LF |
|  | DON'T KNOW | SECTION LF |

QUESTION TEXT:
ENTER NUMBER OF YEARS SP HAS HAD POLICY
ENTER ZERO IF LESS THAN 1 YEAR

## ENTER NUMBER

$$
\text { Range } 0 \text { to } 40
$$

PROGRAMMER INSTRUCTIONS:
Range 0-40
Go to Section LF - Labor Force

IP9B ip1agepurpol R1 IP9B AGE WHEN PURCHSD POLICY

QUESTION TEXT:
ENTER AGE OF SP WHEN PURCHASED POLICY
ENTER NUMBER

| Range | 30 to 110 |
| :--- | :--- |
| Soft Range | 40 to 90 |

## PROGRAMMER INSTRUCTIONS:

Hard range 30-110
Soft range 40-90
Go to Section LF - Labor Force

