NHATS R	ound 1	
Section	IP [INSURANCE PLANS]	Sequence: 37
IP1PRE	IP1PRE	NOT ON FILE
	KT we have a few questions about {your/S 5 1 AND ENTER TO CONTINUE	P's} health insurance.
IP1	ip1covmedcad	R1 IP1 COVERD BY MEDICARE PART D
QUESTION TEX {Are y		olled in a Medicare Prescription Drug plan, also called Part D?
CODES 1 2	YES NO REFUSED DON'T KNOW	IP3
IP2	ip1otdrugcov	R1 IP2 DRUG COVERG SOME OTHR WAY
QUESTION TEX {Do yo way?		erage through a current or former employer or some other
CODES		
1 2	YES NO REFUSED DON'TKNOW	
IP3	ip1mgapmedsp	R1 IP3 MEDIGAP OR MEDICARE SUPP
is som	people have additional coverage besid	es Medicare to pay for doctors and other medical care. This dicare Supplement. {Do you/Does SP} have this type of
CODES 1 2	YES 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

IP4

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	ip1covtricar	R1 IP5 COVERED BY TRICARE
QUEST	TION TEXT:	
	TRICARE is a health care program for active duty Forces, their families, and survivors.	and retired members of the uniformed Armed
	{Are you/Is SP} now covered by TRICARE?	
CODES	5	
1	YES	
2	NO	
	REFUSED	
	DON'TKNOW	
IP6	ip1nginsnurs	R1 IP6 NONGOV INSR FOR NURS HOME
	ip1nginsnurs	R1 IP6 NONGOV INSR FOR NURS HOME
	TION TEXT:	es SP} have any insurance that would pay for a year or
	TON TEXT: Not including government programs, {do you/doe more of care in a nursing home, assisted living, or	es SP} have any insurance that would pay for a year or
QUEST	TON TEXT: Not including government programs, {do you/doe more of care in a nursing home, assisted living, or	es SP} have any insurance that would pay for a year or
QUEST	TION TEXT: Not including government programs, {do you/doe more of care in a nursing home, assisted living, or YES NO	es SP} have any insurance that would pay for a year or in {your/his/her} home? SECTION LF
QUEST CODES	TION TEXT: Not including government programs, {do you/doe more of care in a nursing home, assisted living, or YES NO REFUSED	es SP} have any insurance that would pay for a year or • in {your/his/her} home? SECTION LF SECTION LF
QUEST CODES	TION TEXT: Not including government programs, {do you/doe more of care in a nursing home, assisted living, or YES NO	es SP} have any insurance that would pay for a year or in {your/his/her} home? SECTION LF

IP7

ip1typcarco1 ip1typcarco2 ip1typcarco3

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 1 ASSISTED LIVING 2
- 3 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

- \$1,000 to less than \$2,000, \$2,000 to less than \$3,000,
- 3 \$3,000 to less than \$5,000, or
- 4
- \$5,000 or more? 5
 - REFUSED DON'T KNOW

IP9

ip1longhadpl

R1 IP9 HOW LONG HAD THIS POLICY

QUESTION TEXT:

How long {have you/has SP	} had this policy?
non long (nave you/nus sr	j naa ans ponej.

INDICATE RESPONSE UNIT

CODES

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

QUESTION TE	XT:
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-		
	ENTER NUMBER OF YEARS SP HAS HAD POLICY	
	ENTER ZERO IF LESS THAN 1 YEAR	
ENTER N	IUMBER	
	Range	0 to 40
	MMER INSTRUCTIONS: lange 0-40	
0	io to Section LF – Labor Force	
IP9B	ip1agepurpol	R1 IP9B AGE WHEN PURCHSD POLICY
IFYD		NTI YU AGE WILLI'T ONCHSUT OLICI
-	DN TEXT:	ATTI 90 AGE WILLIT ONCHSD FOLICI
QUESTIC		ATTI 90 AGE WILLIT ONCHSD FOLICI
QUESTIC	ON TEXT: ENTER AGE OF SP WHEN PURCHASED POLICY	
QUESTIC	ON TEXT: ENTER AGE OF SP WHEN PURCHASED POLICY	30 to 110
QUESTIC	ON TEXT: ENTER AGE OF SP WHEN PURCHASED POLICY	

Go to Section LF – Labor Force

IP9A