# **National Study of Caregiving**

Section HI [HEALTH INSURANCE AND INCOME] Sequence: 9

HI1PRE HI1PRE NOT ON FILE

We have a few last questions.

PRESS 1 AND ENTER TO CONTINUE

HI1 chi1medicare C1 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

HI2 chi1medigap C1 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 chi1medicaid C1 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

Page 1 of 9 NSOC :: HI

#### PROGRAMMER INSTRUCTIONS:

Use lookup file for State Medicaid and SCHIP programs.

# HI4 chi1privinsr

C1 HI4 PRIVATE INSURNCE COVERAGE

#### **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".

## **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 chiltricare C1 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 chi1uninsurd C1 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 chi1insrtype C1 HI7 KIND OF HEALTH INSURANCE

## **QUESTION TEXT:**

What kind of health insurance do you have?

Page 2 of 9 NSOC :: HI

C	O	D	ES	
·	v	$\boldsymbol{\mathcal{L}}$	ĿJ	

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

HI7a chi1instypos C1 HI7A INSURANCE TYPE OTHR SPEC

**BOX HI8** 

## **QUESTION TEXT:**

SPECIFY THE TYPE OF HEALTH INSURANCE

DON'T KNOW

**ENTER TEXT** 

Length 75

REFUSED DON'T KNOW

BOX HI8 BOX HI8 NOT ON FILE

If relationship of caregiver to SP = 2 (spouse/partner), go to Section CN, Closing. Otherwise, go to HI8.

HI8 chilownhome C1 HI8 OWN YOUR HOME

## **DISPLAY INSTRUCTIONS:**

 $If\ HD1 = 1\ (MARRIED)\ or\ HD1 = 2\ (LIVING\ WITH\ A\ PARTNER),\ display\ \{IF\ OWNERSHIP\ WITH\ A\ PARTNER\},\ display\ A\ PARTNER = 1\ PARTNER =$ 

{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 chi1chckacct C1 HI9A CGHAS CHECKING ACCT

chi1svgsacctC1 HI9B CG HAS SAVINGS ACCOUNTchi1certdpstC1 HI9C CG HAS CERT OF DEPOSITchi1retrplanC1 HI9D CG HAS RETIREMENT PLANchi1mutfndsC1 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".

Page 3 of 9 NSOC :: HI

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 chi1income C1 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 999999999
REFUSED HI14
DON'T KNOW

#### PROGRAMMER INSTRUCTIONS:

Display dollar amount entries using 1000 coma separator.

If amount entered, go to HI14

Page 4 of 9 NSOC :: HI

BOX HI11 BOX HI11 NOT ON FILE

Compute CAREGIVER HHSIZE:

If CAREGIVER has INHOUSEHOLD flag = 1, use NHATS HH SIZE.

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

The following table presents the poverty guidelines used to 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	2010 Poverty Guidelines	100% of poverty	200% of poverty	400% of poverty
1	\$10,800	\$10,800	\$21,600	\$43,200
2	\$14,600	\$14,600	\$29,200	\$58,400
3	\$18,300	\$18,300	\$36,600	\$73,200
4	\$22,200	\$22,200	\$44,400	\$88,800
5	\$25,800	\$25,800	\$51,600	\$103,200
6	\$29,500	\$29,500	\$59,000	\$118,000
7	\$33,300	\$33,300	\$66,600	\$133,200
8+	\$37,000	\$37,000	\$74,000	\$148,000

# HI11 chi1inc200pv

C1 HI11 INCOME CATEGORIES 200

#### **DISPLAY INSTRUCTIONS:**

Display for {200% OF POVERTY GUIDELINE} uses the following conditions:

If CAREGIVER HHSIZE = 1, set 200% OF POVERTY GUIDELINE = \$21,600 and display "21,600".

If CAREGIVER HHSIZE = 2, set 200% OF POVERTY GUIDELINE = \$29,200 and display "29,200".

f CAREGIVER HHSIZE = 3, set 200% OF POVERTY GUIDELINE = \$36,600 and display "36,600".

If CAREGIVER HHSIZE = 4, set 200% OF POVERTY GUIDELINE = \$44,400 and display "44,400".

If CAREGIVER HHSIZE = 5, set 200% OF POVERTY GUIDELINE = \$51,600 and display "51,600".

If CAREGIVER HHSIZE = 6, set 200% OF POVERTY GUIDELINE = \$59,000 and display "59,000".

If CAREGIVER HHSIZE = 7, set 200% OF POVERTY GUIDELINE = \$66,600 and display "66,600".

If CAREGIVER HHSIZE = or >8, set 200% OF POVERTY GUIDELINE = \$74,000 and display "74,000".

#### **OUESTION 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 chi1inc100pv

C1 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 \$10,800 and display "10,800".

If CAREGIVER HHSIZE = 2, set 100% OF POVERTY GUIDELINE to \$14,600 and display "14,600".

If CAREGIVER HHSIZE = 3, set 100% OF POVERTY GUIDELINE to \$18,300 and display "18,300".

If CAREGIVER HHSIZE = 4, set 100% OF POVERTY GUIDELINE to \$22,200 and display "22,200".

If CAREGIVER HHSIZE = 5, set 100% OF POVERTY GUIDELINE to \$25,800 and display "25,800".

If CAREGIVER HHSIZE = 6, set 100% OF POVERTY GUIDELINE to \$29,500 and display "29,500".

If CAREGIVER HHSIZE = 7, set 100% OF POVERTY GUIDELINE to \$33,300 and display "33,300".

If CAREGIVER HHSIZE = or >8, set 100% OF POVERTY GUIDELINE to \$37,000 and display "37,000".

Page 5 of 9 NSOC :: HI

#### **QUESTION TEXT:**

Was it less than or more than \$\{100\% OF POVERTY GUIDELINE\}?

### CODES

 1
 LESS THAN
 H14

 2
 MORE THAN
 H14

 REFUSED
 H14

 DON'T KNOW
 H14

HI13 chi1inc400pv C1 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 = \$43,200 and display "43,200". If CAREGIVER HHSIZE = 2, set 400% OF POVERTY GUIDELINE to \$58,400 and display "58,400". If CAREGIVER HHSIZE = 3, set 400% OF POVERTY GUIDELINE = \$73,200 and display "73,200". If CAREGIVER HHSIZE = 4, set 400% OF POVERTY GUIDELINE = \$88,800 and display "88,800". If CAREGIVER HHSIZE = 5, set 400% OF POVERTY GUIDELINE = \$103,200 and display "103,200". If CAREGIVER HHSIZE = 6, set 400% OF POVERTY GUIDELINE = \$118,000 and display "118,000". If CAREGIVER HHSIZE = 7, set 400% OF POVERTY GUIDELINE = \$133,200 and display "133,200". If CAREGIVER HHSIZE = or > 8, set 400% OF POVERTY GUIDELINE = \$148,000 and display "148,000".

## **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 chi1paymeds C1 HI14A CG PAY FOR MEDS

chi1payinsurC1 HI14B CG PAY FOR HEALTH INSchi1paymbdvcC1 HI14C CG PAY FOR MOBILITY DEVchi1paysftyC1 HI14D CG PAY FOR SAFETY EQUIPchi1payasdvcC1 HI14E CG PAY FOR ASSIST DEVICchi1payhmhlpC1 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.

## **QUESTION TEXT:**

{[} Family members often help each other out financially. In the last year have you used 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 make it easier or safer for {him/her} to do activities or

Page 6 of 9 NSOC :: HI

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 NOT ON FILE

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

# HI15 Chi1pay1000 C1 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 that made SP's home safer of the rassistive devices for  $SP} a$  paid in-home helper for SP?

#### CODES

1 MORE THAN \$1,000

2 LESS THAN \$1,000 HI17 REFUSED HI18

REFUSED HI18 DON'T KNOW HI18

# HI16 Chi1pay2000 C1 HI16 MORE THAN 2000 TO HELP

## **QUESTION TEXT:**

Was it more than \$2,000?

## **CODES**

 1
 YES
 HI18

 2
 NO
 HI18

 REFUSED
 HI18

 DON'T KNOW
 HI18

# HI17 Chi1pay500 C1 HI17 LESS THAN 500 TO HELP

#### **QUESTION TEXT:**

Was it less than \$500?

## CODES

Page 7 of 9 NSOC :: HI

1 YES 2 NO

> REFUSED DON'T KNOW

HI18 chi1gifttosp C1 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 H122 REFUSED H122 DON'T KNOW H122

Hl19 chi1gift500 C1 Hl19 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 chi1gift1000 C1 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 chi1gift100 C1 HI21 GFT TO SP LESS THAN 100

**QUESTION TEXT:** 

Was that less than \$100?

**CODES** 

1 YES 2 NO REFUSED

DON'T KNOW

HI22 chi1fromsp C1 HI22 FINANCIAL GIFT FROM SP

**DISPLAY INSTRUCTIONS:** 

Display "Last year" in bold underlined text.

**QUESTION TEXT:** 

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

**CODES** 

Page 8 of 9 NSOC :: HI

1 YES 2 NO

NO SECTION CN
REFUSED SECTION CN
DON'T KNOW SECTION CN

HI23 chi1frsp500 C1 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 CN DON'T KNOW SECTION CN

HI24 Chi1frsp1000 C1 HI24 GFT FRM SP MORE THN 1000

QUESTION TEXT:

Was that more than \$1,000?

**CODES** 

 1
 YES
 SECTION CN

 2
 NO
 SECTION CN

 REFUSED
 SECTION CN

 DON'T KNOW
 SECTION CN

Hl25 chi1frsp100 C1 Hl25 GFT FRM SP LESS THN 100

QUESTION TEXT:

Was that less than \$100?

**CODES** 

 1
 YES
 SECTION CN

 2
 NO
 SECTION CN

 REFUSED
 SECTION CN

 DON'T KNOW
 SECTION CN

Page 9 of 9 NSOC :: HI