

APPENDIX A. SURVEY OF LONG-TERM CARE AWARENESS AND PLANNING QUESTIONNAIRE

[PROGRAMMING NOTE: ADD PROGRESS BAR]

[PROGRAMMING NOTE: PROMPT ONCE IF REFUSED; THIS APPLIES TO ALL THE QUESTIONS]

[SP]

S1. This survey is sponsored by the U.S. Department of Health and Human Services. RTI International developed the questionnaire. The survey is administered by GfK Custom Research. This survey is about how people plan for their retirement, especially for their future long-term care needs.

Long-term care includes helping people with daily activities, such as bathing, dressing, taking medications, and preparing meals over a long period of time. Long-term care can be provided in nursing homes, assisted living facilities, in individual homes, or in the community. Most people receiving such care are elderly, but people of all ages may need long-term care.

This survey will take about 45 minutes to complete. Your name and e-mail address will never be linked to your answers. We will treat your answers as private to the extent permissible by law. You may also choose not to answer any questions. You will be provided 10,000 points for your time.

If you have any technical questions about the study, you may call GfK Custom Research at 1-800-782-6899. If you have any questions about your rights as a study participant, you may contact RTI's Office of Research Protection at 1-866-214-2043 (a toll-free number).

I have read and understand the statements above. I consent to participate in this survey.

YES..... 1
NO 2

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Public Reporting burden of this collection of information is estimated at 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

[TERMINATE IF S1=2 OR REFUSED]

[DISPLAY]

The first questions are about your health.

[SHOW DISPLAY AND A1 ON THE SAME SCREEN]

[SP]

A1. Compared to people your age, your current health is:

- Excellent 1
- Very Good..... 2
- Good 3
- Fair..... 4
- Poor 5

[CHANGE THE DEFAULT INSTRUCTION TO: Select yes or no for each question]

[GRID, SP ACROSS]

A2. Have you ever been told by your doctor or other health professional that you have or had:

Yes	No
1	2

- a. A stroke?
- b. Diabetes?
- c. Parkinson's disease?
- d. Congestive heart failure?
- e. Cancer of any type?
- f. Osteoarthritis or a hip fracture?

[DISPLAY]

We need to understand difficulties people may have with various activities because of a health or physical problem. Please indicate whether you have any difficulty doing each of the everyday activities listed below. Exclude any difficulties that you expect to last less than three months.

[CHANGE THE DEFAULT INSTRUCTION TO: Select yes or no for each question]

[SHOW DISPLAY AND A3 ON THE SAME SCREEN]

[GRID, SP ACROSS]

A3. Because of a health problem do you have any difficulty with:

Yes	No
1	2

- a. dressing, including putting on shoes and socks?
- b. walking across a room?
- c. bathing or showering?

- d. getting in or out of bed?
- e. using the toilet, including getting up and down?
- f. preparing a hot meal?
- g. taking medications?

[DISPLAY]

Nobody knows the future for sure, but people often can guess what will happen to them based on their background, medical history and other factors.

[SHOW DISPLAY AND A4 ON THE SAME SCREEN]

[GRID, SP ACROSS]

A4. What is the percent chance that you will live to be 85 or more?

ABSOLUTELY NO CHANCE 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ABSOLUTELY CERTAIN 100%
0	1	2	3	4	5	6	7	8	9	10

[GRID, SP ACROSS]

A5. What is the percent chance that you will have to move to a nursing home sometime in the future?

ABSOLUTELY NO CHANCE 0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	ABSOLUTELY CERTAIN 100%
0	1	2	3	4	5	6	7	8	9	10

[DISPLAY]

The next few questions are about your willingness to take risks.

[SHOW DISPLAY AND B1 ON THE SAME SCREEN]

[GRID, SP ACROSS]

B1. How would you describe yourself: Are you generally willing to take risks or do you try to avoid taking risks?

Please click a box on the scale of 0 to 10 where 0 represents “not at all willing” to take risks and 10 represents “very willing” to take risks.

Not at all willing 0	1	2	3	4	5	6	7	8	9	Very willing 10
0	1	2	3	4	5	6	7	8	9	10

[SP]

B2. Which of the statements below comes closest to describing the amount of financial risk that you are willing to take when you save or make investments?

- Substantial financial risks expecting to earn substantial returns..... 1
- Above-average financial risks expecting to earn above-average returns. 2
- Average financial risks expecting to earn average returns..... 3
- Below average financial risk expecting to earn below average returns. 4

[GRID, SP ACROSS]

B3. How strongly do you agree or disagree with the following statement: I am willing to take my chances that...

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

- a. My family or close friends will help pay for the long-term care that I might need.
- b. The government will pay for the long-term care that I might need.

[DISPLAY]

The next questions are about financial knowledge and the skills some people use to make financial decisions.

[SHOW DISPLAY AND B4 ON THE SAME SCREEN]

[SP]

B4. A stock mutual fund operates by bringing together money from many people and investing it in a variety of stocks. Do you think that the following statement is true or false? Buying a single company stock usually provides a safer return than a stock mutual fund.

- True 1
- False 2
- Don't know 3

[SP]

B5. Suppose you had \$100 in a savings account and the interest rate was 2% per year. After 5 years, how much do you think you would have in the account if you left the money to grow: more than \$102, exactly \$102, less than \$102?

- More than \$102 1
- Exactly \$102 2
- Less than \$102..... 3
- Don't know 4

[SP]

B6. Imagine that the interest rate on your savings account was 1% per year and inflation was 2% per year. After 1 year, would you be able to buy more than, exactly the same as, or less than today with the money in this account?

- More than today 1
- Exactly the same as today..... 2
- Less than today..... 3
- Don't know 4

[DISPLAY]

The following questions ask about your knowledge of long-term care services and costs and your personal experiences with providing long-term care.

As a reminder, long-term care includes helping people with daily activities, such as bathing, dressing, taking medications, and preparing meals over a long period of time. Long-term care can be provided in nursing homes, assisted living facilities, in individual homes, or in the community. Most people receiving such care are elderly, but people of all ages may need long-term care.

[SHOW DISPLAY AND B7 ON THE SAME SCREEN]

[SP]

B7. Have you ever provided any long-term care for a family member or friend?

- YES..... 1
- NO 2

[IF B7=1]

[SP]

B8. Are you currently providing any long-term care for a family member or friend?

- YES..... 1
- NO 2

[CHANGE THE DEFAULT INSTRUCTION TO: Select yes or no for each question]

[GRID, SP ACROSS]

B9. Have you, your spouse or partner, a member of your immediate family such as parent or grandparent, or someone you know well ever...

Yes	No
1	2

- a. Had a severe illness or disability requiring long-term care?
- b. Received paid in-home care from an aide who regularly helped them with personal activities such as bathing, dressing, and taking medications?
- c. Been a resident in a nursing home or in an assisted living residence?

[DISPLAY]

Now, we are going to ask a few questions about the cost of long-term care.

[SHOW DISPLAY AND B10 ON THE SAME SCREEN]

[SP]

B10. On average, in **[PPSTATE]** the price of a month's stay in a semi-private room in a nursing home is:

- Under \$2,000 1
- \$2,000 to \$4,999 2
- \$5,000 to \$7,999 3
- \$8,000 or 9,999 4
- \$10,000 to \$12,999 5
- \$13,000 or more 6
- Don't know 7

[SP]

B11. On average, in **[PPSTATE]** the price of 1 hour of home care provided by a home health aide hired from a home care agency is:

- Under \$15 1
- \$15 to \$19.99 2
- \$20 to \$24.99 3
- \$25 or more 4
- Don't know 5

[SP]

B12. What is the government program that pays the most for long-term care services in the United States?

- Medicare 1
- Medicaid..... 2
- Department of Veterans Affairs 3
- None of the above 4
- Don't know 5

[SP]

B13. TRUE OR FALSE: The average length of stay in a nursing home is more than five years.

- True 1
- False 2
- Don't know 3

[SP]

C1. How strongly do you agree or disagree with the following statement?

It is important to plan now for the possibility of needing long-term care services in the future.

- Strongly agree..... 1
- Agree 2
- Neither agree nor disagree..... 3
- Disagree..... 4
- Strongly disagree 5

[SP]

C2. Is the primary place where you live...

- Owned by you 1
- Rented 3
- Occupied without payment 4

[IF C2=1]

[SP]

C3. Do you have a mortgage?

- Yes..... 1
- No 2
- Don't Know..... 3

[IF C3=1]

[NUMBER BOX, RANGE 0-99,999,999]

C3a. About how much do you still owe on your home mortgage?

Amount: \$ [NUMBER BOX]

[SP] Don't know

[IF C2=1]

[SP]

C4. Do you or your spouse or partner have a home equity line of credit? A home equity line of credit is a line of credit obtained by using the value in one's home as security.

Yes.....	1
No	2
Don't Know.....	3

[IF C4=1]

[SP]

C4a. Do you currently have a loan against this line of credit?

Yes.....	1
No	2
Don't Know.....	3

[IF C4A=1]

[NUMBER BOX, RANGE 0-99,999,999]

C4b. About how much do you currently owe on your home equity line of credit?

Amount: \$ [NUMBER BOX]

[SP] Don't know

[IF C2=1]

[NUMBER BOX, RANGE 0-99,999,999]

[SP]

C5a. What is the present value of your primary residence? That is, what would it bring if it was sold today?

Amount: \$ [NUMBER BOX]

[SP] Don't know

[IF C5A LT \$1,000]

C5b. You said that the total value of your home is [INSERT RESPONSE FROM C5A]. Can you confirm that this is the correct value?

Yes.....	1
No	2

PROGRAMMING NOTE FOR C4_A: IF C4_A=2, LOOP BACK TO C4. IF C4=1/REFUSED, CONTINUE.

[DISPLAY]

The next questions are about your beliefs, concerns and attitudes about long-term care planning.

[SHOW DISPLAY AND C5 ON THE SAME SCREEN, SHOW DISPLAY ONLY ONCE ON THE FIRST SCREEN]

[GRID, SP ACROSS; SHOW 5 RESPONSE OPTIONS PER SCREEN]

C5. If you became disabled, how willing would you be to do the following?

Very willing	Somewhat willing	Not too willing	Not at all willing
1	2	3	4

- a. Make major modifications to your home. Modifications might include building a ramp, installing a stair glide, or remodeling a bathroom.
- b. Use the value in your home to pay for long-term care.
- c. Directly hire an aide or an agency to help you with personal care such as bathing, dressing, and taking medications.
- d. Rely on a spouse, other family member or close friend to provide care.
- e. Attend an adult day care program several days a week. Such programs provide help with personal care, as well as meals and recreational activities.
- f. Have a family member or close friend move into your home to be your caregiver.
- g. Move-in with your children, other family members, or close friends to receive care in their home.
- h. Hire a live-in paid caregiver.
- i. Move into an assisted living residence with meals, housekeeping, and personal care assistance if you needed it.
- j. Move into a nursing home.

[GRID, SP ACROSS]

C6. If you become disabled and need long-term care, how concerned are you about...

Very concerned	Somewhat concerned	Not too concerned	Not at all concerned
1	2	3	4

- a. Using up your savings or income to pay for nursing home or home care services
- b. Becoming poor due to long term care expenses and having to rely on Medicaid
- c. Losing your independence
- d. Being unable to depend on family or friends to take care of you
- e. Being a burden on your family
- f. Being unable to afford high quality care
- g. Losing control and choice over the long-term care that you might need

[GRID, SP ACROSS]

C7. How strongly do you agree or disagree with the following statements about responsibility for long-term care?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

- a. It is the responsibility of individuals to save and pay for their own long-term care.
- b. It is the responsibility of children or other family members to provide unpaid care for elderly or disabled family members.
- c. If elderly or disabled family members can no longer pay for the nursing home or home care they need, relatives should help pay for their long-term care.
- d. It is the government's responsibility to help pay for the long-term care needs of all Americans.

[GRID, SP ACROSS]

C8. There are several possible ways to help people pay for long-term care. Please read the following statements and indicate the extent to which you agree or disagree with each one.

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

- a. The government should promote the purchase of private long-term care insurance through lower taxes for people who buy policies.
- b. The government should allow people to purchase long-term care insurance with tax deferred funds such as IRAs and 401(k)s.
- c. The government should require that all people purchase a basic private long-term care insurance policy.
- d. The government should pay the cost of care after private long-term care insurance benefits run out.
- e. The government should offer a public long-term care insurance program that people can voluntarily join.
- f. The government should establish a public long-term care insurance program that people are required to join.

[DISPLAY]

Employment and retirement are important issues for people as they age. The following questions ask about these topics.

[SHOW DISPLAY AND D1 ON THE SAME SCREEN]

[SP]

D1. Which statement best describes your current employment status? By working we mean working for an employer or being self-employed.

- Currently working for pay 1
- Not currently working 2

[IF D1=2]

[SP]

D1a. Which of the following best describes the reason you are not working?

- Laid off from a job or looking for work 1
- Retired 2
- Not working because of a disability 3
- Homemaker 4
- Other reason 5

[IF D1A=1 OR 3-5]

[SP]

D1b. During the past 10 years, have you worked for pay?

- YES 1
- NO 2

[IF D1=1]

[SP]

D2. How many hours per week do you usually work for pay? Include ALL full and part time *paid* work hours.

- 1 to 8 hours per week 1
- 9 to 16 hours per week 2
- 17 to 34 hours per week 3
- 35 to 40 hours per week 4
- More than 40 hours 5

[IF D1A=1 OR D1B=1 OR D1=1]

[NUMBER BOX, RANGE PPAGE-100]

D3. [IF D1A = 1 OR D1B=1] Assuming you return to the workforce, at what age do you plan to stop working for pay?

[IF D1= 1] At what age do you plan to stop working for pay?

Age [NUMBER BOX]

[SP] NO PLANS TO RETIRE

[SP]

D4. How confident are you that you will have enough money to live comfortably in retirement?

- Very confident 1
- Somewhat confident..... 2
- Not very confident 3
- Not at all confident 4

[CHANGE THE DEFAULT INSTRUCTION TO: Select yes or no for each question]

[IF D1=1 OR D1A=1 OR 3-5]

[GRID, SP ACROSS; SHOW RESPONSE OPTIONS ON 2 SCREENS]

D5. Tell us about the ways you are preparing for retirement. Have you...

Yes	No
1	2

- a. Talked seriously with family and relatives?
- b. Talked seriously with co-workers and friends?
- c. Read newspaper, Internet and magazine articles?
- d. Taken inventory of your financial resources (for example, reviewed your savings and pension contributions)?
- e. Learned about the retirement income you can expect from Social Security and other sources?
- f. Attended retirement seminars?
- g. Used retirement calculators or worksheets that are computer or Internet-based?
- h. Consulted with a financial planner, advisor or an accountant?
- i. Consulted with your employer's human resources department?
- j. Changed jobs or explored part-time employment?

[IF D1A=2]

[GRID, SP ACROSS]

D6. Did you engage in any of the following retirement planning activities?

Yes	No
1	2

- a. Developed a plan for retirement saving or investment
- b. Made contributions to 401K or other retirement saving plans
- c. Developed a plan for how to spend your time when you are not working for pay
- d. Developed a plan for changing your living arrangements (for example, modifying your existing home, moving to a retirement community or to a smaller home)
- e. Prepared a written document that provides information about how health care decisions should be made if you are too sick to make them yourself, such as an advance directive or living will.
- f. Developed a plan to minimize estate taxes
- g. Developed a will
- h. Developed a plan to address the risk of needing long-term care

[GRID, SP ACROSS]

D7. Have you had a detailed discussion with your spouse/partner or immediate family regarding...

Yes	No
1	2

- a. the type of long-term care you would prefer?
- b. the ways you would pay for long-term care?
- c. the roles and responsibilities of different family members for arranging, paying or providing for your care?

[DISPLAY]

Now we would like to ask you about some of your insurance coverage.

[SHOW DISPLAY AND E1 ON THE SAME SCREEN]

[CHANGE THE DEFAULT INSTRUCTION TO: Select yes or no for each question]

[GRID, SP ACROSS]

E1. Which types of personal insurance do you currently have?

Yes	No
1	2

- a. Health insurance
- b. Disability insurance (income for when you cannot work). This includes either short-term or long-term disability insurance.
- c. Life insurance (term or with cash value)

[IF E1_A=1]

[CHANGE THE DEFAULT INSTRUCTION TO: Select yes or no for each question]

[GRID, SP ACROSS]

E2. Which types of health care coverage do you use to help pay for your medical care?

Yes	No
1	2

- a. Private health insurance. This includes insurance you get through your employer or other group.
- b. Medicare
- c. **[FILL STATE NAME FROM TABLE BELOW]**
- d. Military, CHAMPUS, TRICARE, or the Veterans Administration

[FOR E2 -- FILL THE STATE-SPECIFIC NAME FOR THE MEDICAID PROGRAM]

STATE	STATE SPECIFIC NAME FOR MEDICAID PROGRAM
Arizona [PPSTATEN=86]	Arizona Health Care Cost Containment System (AHCCCS) or Arizona Long-Term Care System (ALTCS)
California [PPSTATEN=93]	Medi-Cal
Hawaii [PPSTATEN=95]	Quest or Quest Expanded Access
Kentucky [PPSTATEN=61]	KyHealth Choices
Maine [PPSTATEN=11]	MaineCare
Massachusetts [PPSTATEN=14]	Mass Health
Oklahoma [PPSTATEN=73]	Oklahoma Health Care Authority
Oregon [PPSTATEN=92]	Oregon Health Plan
Tennessee [PPSTATEN=62]	TennCare
Wisconsin [PPSTATEN=35]	ForwardHealth or Family Care
Wyoming [PPSTATEN=83]	Equality Care
ALL OTHERS [IF PPSTATEN NE ANY OF THE STATE ABOVE]	Medicaid

[IF E2_B=1]

[SP]

E3. Do you have supplemental private health insurance to Medicare such as Medigap?

Yes 1
No 2

[SP]

E4. Health insurance and disability insurance do not usually cover long term care. Long-term care insurance is a separate insurance policy that covers nursing home care, home care and assisted living facility services for at least one year.

Do you have a private long-term care insurance policy separate from your regular health or disability insurance?

Yes 1
No 2

[SP]

E5. Please tell us whether you think the following statements are true or false...

True	False	Don't know
1	2	3

- a. The monthly cost of a private long-term care insurance policy first purchased at age 45 will be the same as the monthly cost of a policy first purchased at age 65.
- b. In order to buy most private long-term care insurance policies, you usually need to be in good health.

[DISPLAY]

We would like to ask a few questions about you. This information will not be used in a way that identifies you personally.

[SHOW DISPLAY AND E1 ON THE SAME SCREEN]

[SP]

F1. How many children, if any, do you have, either living with you or living on their own?

- No children 0
- 1 1
- 2 2
- 3 3
- 4 4
- 5 or more children 5

[IF F1=1-5]

[GRID, DROP DOWN; MAX=10 ROWS]

F2. Please provide age and gender of your children.

Please include ALL children regardless of age or whether or not they live with you.

	Age [DROP DOWN]	Gender [DROP DOWN]	Do they live within 10 miles of you? [DROP DOWN]
Child 1 [ADD "CHILD 1" IF F1=>1]	0-ppage	Male=1 Female=2	Yes=1 No=2
Child 2 [ADD "CHILD 2" IF F1=>2]	0-ppage	Male=1 Female=2	Yes=1 No=2
Child 3 [ADD "CHILD 3" IF F1=>3]	0-ppage	Male=1 Female=2	Yes=1 No=2
[CONTINUE LOOP TO ADD ROWS FOR EACH ADDITIONAL CHILD IN F1 -- PROGRAM UP TO 10 CHILDREN]	0-ppage	Male=1 Female=2	Yes=1 No=2

[SP]

F3. What is the approximate total amount of your **household's** savings and assets?

Include: Certificate of Deposits (CDs), stocks, bonds, mutual funds, cash, savings, IRAs, employer-sponsored retirement plan (e.g., 401k/403b) and all other liquid assets.

Do not include: Any investment in real estate, your home or investment properties, and business ventures.

No assets	1
\$1 to \$24,999	2
\$25,000 to \$74,999	3
\$75,000 to \$99,999	4
\$100,000 to \$249,999	5
\$250,000 to \$499,999	6
\$500,000 to \$1,000,000	7
More than \$1,000,000	8

[DISPLAY]

So far we have asked about your opinions and your plans for retirement, long-term care, and insurance.

Now we would like to ask more detailed questions about long-term care insurance. Long-term care insurance is different from regular health insurance, Medicare and Medicaid. It generally covers nursing home, assisted living, and home care.

First, we will show you a series of features that could be offered in different insurance policies. Next, we will put the features together to describe different possible policies. We will ask you to compare policies and tell us which you prefer.

We will introduce the first policy feature on the next page.

Policy Feature #1: Daily Benefit

Long-term care insurance policies help pay for long-term care services if you become disabled. Long-term care includes helping people with daily activities, such as bathing, dressing, and taking medications over a long period of time.

The daily benefit refers to how much the policy pays per day towards your long-term care costs.

- On this survey, we will show you policies with benefits ranging from **\$50 per day to \$300 per day**.

Many people buy policies that cover some, but not all, of their long-term care expenses.

To account for the higher prices of services in the future (inflation), please assume that the daily benefit level increases over time to account for those costs.

Policy Feature #2: Benefit Period

If you become disabled, long-term care insurance policies provide benefits for a specific number of years, depending on the policy.

Consider four different policy options:

- **Lifetime** (You receive benefits as long as you need them. There is no time limit.)
- **5 year limit**
- **3 year limit**
- **1 year limit**

The value of a policy that does not have a lifetime limit is equal to the Daily Benefit times the Benefit Period. For example, a \$100 a day benefit for 1 year is equal to \$36,500 (\$100 dollars x 1 year x 365 days) in benefits. If you use less than \$100 a day, the \$36,500 could last longer than 1 year.

Choosing Policies

Now, we will take the features we have just talked about and use them to describe different long-term care insurance policies. We will show different policies side-by-side in a table.

For example, consider two policies, A and B, with the following features:

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$300 / day	\$50 / day
Benefit Period	1 year	Lifetime

G2. If these were the only two long-term care insurance policies available, which policy would you choose?

Policy A

Policy B

Policy Feature #3: Deductible Period

Some insurers require a deductible period before you are eligible to receive benefits. When you first become disabled, insurance will not pay for services until the deductible period has ended.

We will show you policies with four different deductible periods:

- **No deductible period.** If you become disabled, you can claim benefits as soon as you need care.
- **1 month after becoming disabled.**
- **3 months after becoming disabled.**
- **6 months after becoming disabled.**

Policy Feature #4: Health Requirements

Some long-term care insurance policies can only be purchased by people who are healthy and who are not disabled. Insurance companies often ask your doctor about your health status before selling you a policy.

Please consider two types of policies:

- **Must be healthy and not disabled.** Your doctor must sign a form stating that you are healthy and not disabled. You cannot buy a policy without this form.
- **No requirements.** You do not need to prove that you are healthy and not disabled before buying the policy.

Now consider two different policies, A and B, with the following features:

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$200 / day	\$50 / day
Benefit Period	5 years	Lifetime
Deductible Period	6 months after disability	None
Health Requirements	None	Healthy and not disabled

G3. If these were the only two long-term care insurance policies available, which policy would you choose?

Policy A

Policy B

Policy Feature #5: Type of Insurer

Long-term care insurance policies are currently sold by private insurance companies. Some people have suggested that the government should also sponsor a long-term care insurance policy.

We will show you policies offered by two different types of insurers:

- **Private company.** Commercial insurance companies sell the policy.
- **Federal government.** The federal government sells the policy.

Policy Feature #6: Premium

The cost of a long-term care insurance policy is called the premium. You must pay the premium each month to maintain insurance coverage.

Premiums vary based on some of the features we have described earlier, and on other factors, such as your age.

We will describe policies in terms of the **monthly premium**--the cost you pay each month to be covered.

- We will show premiums which range from **\$30 to \$400 per month.**

In answering the questions, assume that once you select a policy, the monthly premiums do not change as long as you pay the bill on time. (If you choose a \$50 premium, for example, you will pay that for as long as you maintain the insurance coverage.)

Please note: When choosing policies in the next several questions, please think of the premium as the out-of-pocket costs that you would have to pay each month. If you stop paying the bill in the future, you lose your coverage.

Choosing Policies

Now we will show you a series of different policies side by side in a table. We will ask which you would choose to buy, if either, if you were given a choice. Your choice determines how much you pay in premiums and your benefit level.

On each page, the policies will be different. If you forget what a feature means, you can review the descriptions by moving your mouse over the name of each feature.

If you choose a policy, you would have to start paying the premiums next month.

If you chose neither policy, your next opportunity to buy insurance would be 1 year from today.

Now we will show you several different policies. On each page, please tell us which you would choose.

This is not a test. There are no right or wrong answers.

[SP]

DOV_DISP:

LOGIC: randomly assign half of the respondents to see the below display.

See display 1
Not see display..... 2

[IF DOV_DISP=1]

[DISPLAY]

Please note: If you don't remember an Insurance Feature, scroll over the specific word and a definition will be provided. As you think about policy choices, please think about the value of the insurance to you and how the cost fits within your monthly budget. Now, let's get started!

[insert roll over indicators for all the features in the table for choice#1 to choice #8]

- FOR THE TERM “DAILY BENEFIT”, PLEASE PROVIDE A ROLL OVER OPTION THAT SHOWS POLICY FEATURE #1: THE DAILY BENEFIT ON PAGE 16.
- FOR THE TERM “BENEFIT PERIOD”, PLEASE PROVIDE A ROLL OVER OPTION THAT SHOWS POLICY FEATURE #2: BENEFIT PERIOD ON PAGE 16.
- FOR THE TERM “DEDUCTIBLE PERIOD”, PLEASE PROVIDE ROLL OVER OPTION THAT SHOWS POLICY FEATURE #3: DEDUCTIBLE PERIOD ON PAGE 18.
- FOR THE TERM “HEALTH REQUIREMENTS”, PLEASE PROVIDE ROLL OVER OPTION THAT SHOWS POLICY FEATURE #4: HEALTH REQUIREMENTS ON PAGE 18.
- FOR THE TERM “TYPE OF INSURER”, PLEASE PROVIDE ROLL OVER OPTION THAT SHOWS POLICY FEATURE #5: TYPE OF INSURER ON PAGE 20.
- FOR THE TERM “MONTHLY PREMIUM COST”, PLEASE PROVIDE ROLL OVER OPTION THAT SHOWS POLICY FEATURE #6: PREMIUM ON PAGE 20.
- FOR THE TERM “REQUIRED ENROLLMENT”, PLEASE PROVIDE ROLL OVER OPTION THAT SHOWS POLICY FEATURE #7: REQUIRED ENROLLMENT ON PAGE 28.

[insert timestamp1, format datetime, see s18755 as an example]

Choice #1

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$300 / day	\$50 / day
Benefit Period	5 years	3 years
Deductible Period	None	6 months
Health Requirements	None	Healthy and not disabled
Type of Insurer	Private company	Private company
Monthly Premium Cost	\$400 / month	\$30 / month

G4a. Which policy, if any, would you choose if these were the only options available? Policy A
 Policy B
 Neither of these policies.

G4b. Choice #2

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$100 / day	\$175 / day
Benefit Period	1 year	Lifetime
Deductible Period	1 month	None
Health Requirements	None	None
Type of Insurer	Private company	Private company
Monthly Premium Cost	\$30 / month	\$225 / month

G4b. Which policy, if any, would you choose if these were the only options available?

- Policy A
- Policy B
- Neither of these policies.

G4c. Choice #3

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$175 / day	\$175 / day
Benefit Period	5 years	5 years
Deductible Period	None	6 months
Health Requirements	None	None
Type of Insurer	Private company	Federal Government
Monthly Premium Cost	\$225 / month	\$100 / month

- G4c. Which policy, if any, would you choose if these were the only options available?
- Policy A
 Policy B
 Neither of these policies.

G4d. Choice #4

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$100 / day	\$100 / day
Benefit Period	3 years	5 years
Deductible Period	1 month	3 months
Health Requirements	Healthy and not disabled	None
Type of Insurer	Private company	Private company
Monthly Premium Cost	\$100 / month	\$200 / month

- G4d. Which policy, if any, would you choose if these were the only options available?
- Policy A
 - Policy B
 - Neither of these policies.

G4e. Choice #5

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$50 / day	\$50 / day
Benefit Period	1 year	3 years
Deductible Period	None	None
Health Requirements	None	None
Type of Insurer	Private company	Federal Government
Monthly Premium Cost	\$100 / month	\$30 / month

G4e. Which policy, if any, would you choose if these were the only options available? Policy A
 Policy B
 Neither of these policies.

[insert timestamp2, format datetime]

Policy Feature #7: Types of Enrollment

Some things you buy, like auto and health insurance, are required by law. In most cases, people still have a choice of how they meet the requirements. For instance, you can buy different types of car insurance and different levels of health insurance coverage.

Now we would like you to think about another aspect of long-term care insurance: voluntary and universal long-term care insurance. We will ask you to choose between two hypothetical scenarios with the following characteristics:

- **Voluntary.** You may buy long-term care insurance if you like, but you do not have to buy a plan. No one is required to have insurance.
- **Universal.** Everyone is required by law to have long-term care insurance and to purchase the plan which is shown in the comparison.

Note: For this exercise, you do not have to choose the Universal option just because it is required.

[insert timestamp3, format datetime]

Choice #6

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$50 / day	\$50 / day
Benefit Period	1 year	1 year
Deductible Period	1 month	1 month
Health Requirements	None	Healthy and not disabled
Type of Insurer	Federal Government	Federal Government
Monthly Premium Cost	\$30 / month	\$100 / month
Voluntary or Universal	Universal plan. Everyone must buy this.	Voluntary. No one must buy insurance.

- G5a. If you could choose between these, or no insurance, which would you prefer?
- Policy A
 - Policy B
 - Neither of these policies.

Choice #7

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$100 / day	\$100 / day
Benefit Period	3 years	3 years
Deductible Period	3 months	3 months
Health Requirements	None	None
Type of Insurer	Federal Government	Private company
Monthly Premium Cost	\$100 / month	\$225 / month
Voluntary or Universal	Voluntary. No one must buy insurance.	Universal plan. Everyone must buy this policy.

- G5b. If you could choose between these, or no insurance, which would you prefer?
- Policy A
 Policy B
 Neither of these policies.

Choice #8

Suppose that you were offered a choice today to enroll in the following two long-term care insurance policies.

INSURANCE POLICY FEATURE	POLICY A	POLICY B
Daily Benefit	\$175 / day	\$175 / day
Benefit Period	Lifetime	Lifetime
Deductible Period	6 months	6 months
Health Requirements	None	Healthy and not disabled
Type of Insurer	Private company	Private company
Monthly Premium Cost	\$100 / month	\$400 / month
Voluntary or Universal	Universal plan. Everyone must buy this.	Voluntary. No one must buy insurance.

- G5c. If you could choose between these, or no insurance, which would you prefer? Policy A
 Policy B
 Neither of these policies.

[insert timestamp4, format datetime]

[DISPLAY]

Lastly, we would like to know a little more about your answers on the previous sections.

[SHOW DISPLAY AND G7 ON THE SAME SCREEN, SHOW DISPLAY ONLY ONCE ON THE FIRST SCREEN]

[GRID, SP ACROSS]

[SPLIT RESPONSE OPTIONS ON 2 SEPARATE SCREENS, 5 PER SCREEN]

G7. How strongly do you agree or disagree with the following statements?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
1	2	3	4	5

- a. Everyone should have long-term care insurance and a mandatory, public program is the only way to accomplish that.
- b. Everyone should have long-term care insurance, but private companies should provide the insurance.
- c. Requiring people to buy long-term care insurance is OK, as long as the price is not too high.
- d. Knowing that I have some long-term care insurance will give me peace of mind.
- e. Paying for long-term care is an individual responsibility, not the government's.
- f. The government should not tell me what to do about long-term care insurance.
- g. I have other priorities for my money than buying long-term care insurance.
- h. I do not trust the government to run a long-term care insurance program.
- i. I do not trust private insurers.
- j. I don't think I will need long-term care so I don't need insurance.

DATA USER'S GUIDE FOR THE PUBLIC USE FILE OF THE SURVEY OF LONG-TERM CARE AWARENESS AND PLANNING

Files Available for This Report

MAIN REPORT

HTML <https://aspe.hhs.gov/basic-report/data-users-guide-public-use-file-survey-long-term-care-awareness-and-planning>

PDF <https://aspe.hhs.gov/pdf-report/data-users-guide-public-use-file-survey-long-term-care-awareness-and-planning>

APPENDIX A. Survey of Long-Term Care Awareness and Planning Questionnaire

HTML <https://aspe.hhs.gov/basic-report/data-users-guide-public-use-file-survey-long-term-care-awareness-and-planning-appendix-survey-long-term-care-awareness-and-planning-questionnaire>

PDF <https://aspe.hhs.gov/pdf-report/data-users-guide-public-use-file-survey-long-term-care-awareness-and-planning-appendix-survey-long-term-care-awareness-and-planning-questionnaire>

APPENDIX B. Codebook for Survey of Long-Term Care Awareness and Planning

HTML <https://aspe.hhs.gov/basic-report/data-users-guide-public-use-file-survey-long-term-care-awareness-and-planning-appendix-b-codebook-survey-long-term-care-awareness-and-planning>

PDF <https://aspe.hhs.gov/pdf-report/data-users-guide-public-use-file-survey-long-term-care-awareness-and-planning-appendix-b-codebook-survey-long-term-care-awareness-and-planning>