AHEAD EXIT PROXY QUESTIONNAIRE
WAVE 2

University of Michigan

February 1996

AHEAD 2

ASSET and HEALTH DYNAMICS AMONG THE OLDEST OLD

The University of Michigan
Survey Research Center
Institute for Social Research
Ann Arbor, MI 48106

AHEAD Exit Proxy Questionnaire, Wave 2

February 1996

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AHEAD WAVE 2 EXIT PROXY QUESTIONNAIRE

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TEXT FOR QUESTIONS Q1 THROUGH Q520 IS LOCATED IN THE APPENDIX

START OF IW TIME

SCREEN 0

        IWER: YOU SHOULD BE INTERVIEWING A PROXY FOR THE LATE (R NAME).

        IF YOU HAVE THE WRONG R OR R IS ALIVE THEN SUSPEND
        THIS CASE AND RESELECT THE CORRECT LINE.

```
                              INAP................................0
                              CORRECT R, IS DECEASED - GO ON.......1
```

    if: CORRECT R(DK *OR* RF *OR* OUT OF RANGE)
YOU MUST ANSWER THIS
BACK to: SCREEN 0

CS1.

        IWER: IS (he/she) LIVING?

```
                              INAP................................0 →CS1
                              YES -- GO BACK TO CSMS AND
                              CHOOSE "NON-DECEASED R" IW...........1 →CS1
                              NO..................................5
```

CS1a.

        IWER: CHOOSE TYPE OF INTERVIEW:

```
                              INAP................................0 →CS1a
                              PROXY IS SURVIVING SPOUSE............2
                              PROXY IS NON-SPOUSE.................3
```

    if: Q99 (1)
SKIP to: CS1c

CS1b.

        WAVE1 PROXY WAS W1 PROXY NAME, W1 PROXY RELATIONSHIP TO R.

        WAVE2 PROXY IS:

```
                              INAP................................0
                              SAME PERSON AS IN WAVE 1.............1
                              DIFFERENT/NEW PERSON................2
```

CS1c.

        IWER:
            DESIGNATE INSTRUMENT

```
                              PROXY  -- ENGLISH....................0
                              PROXY  -- SPANISH....................1
```

    if: CS1c(DK *OR* RF *OR* OUT OF RANGE)
YOU MUST ANSWER THIS QUESTION
BACK to: CS1c

CS2 INTRO.

      This study is interested in learning about important aspects
of people's lives such as their health, financial and family
situations.

      This interview is completely confidential and voluntary. If
we should come to any question you don't want to answer, just
let me know and we will go on to the next question.

CS2ax.

      What was the date on which R NAME died?

      MONTH:

      DAY:

      YEAR:

CS2cx.

      At the time of death, was (he/she) in a hospital,
in a nursing home, at home, in a hospice, or what?

```
                            INAP...................................0
                            IN HOSPITAL............................1
                            IN NURSING HOME........................2
                            AT HOME................................3
                            IN HOSPICE.............................4
                            OTHER (SPECIFY)........................7
                            DK.....................................8
                            RF.....................................9
```

CS2dx.

      In what state and county did (he/she) die?

      STATE:

      COUNTY:

CS2fx.

      In what state and county was (his/her) death certificate filed?

      STATE:

      COUNTY:

CS2hx.

      Please tell me about (R Name)'s death

      IWER: ENCOURAGE THE PROXY TO DESCRIBE THE CIRCUMSTANCES
SURROUNDING THE DEATH, IN WHATEVER ORDER THEY WISH TO SPEAK;
RECORD AS MUCH AS YOU CAN OF WHAT THE PROXY SAYS HERE WITHOUT
INTERFERING WITH WHAT IS BEING SAID. ALLOW THE RESPONDENT TO
SAY WHAT THEY WANT IN THE WAY THEY WISH.

CS2jx.

      (Was the death expected at about the time it occurred, or
was it unexpected?)

```
                            INAP...................................0
                            EXPECTED...............................1
                            UNEXPECTED.............................2
                            OTHER (SPECIFY)........................7
                            DK.....................................8
                            RF.....................................9
```

CS2kx.

      (What was the major illness that led to (his/her) death?)

```
CS2mx.
          (About how long was it between the start of the
          final illness and the death:  was it one or two hours,
          less than a day, less than a week, less than a month,
          less than a year, or was it more than a year?)

                              INAP...................................0
                              ONE OR TWO HOURS (OR NO
                              WARNING)...............................1
                              LESS THAN A DAY........................2
                              LESS THAN A WEEK.......................3
                              LESS THAN A MONTH......................4
                              LESS THAN A YEAR.......................5
                              MORE THAN A YEAR.......................6
                              DK.....................................8
                              RF.....................................9

CS2nx.
          Did (he/she) have any other major illnesses
~IF RE-INTERVIEW
          since the time of our interview in W1 IW MONTH W1 IW YEAR?
~ELSE NEW RESPONDENT
          in the two years preceding (his/her) death?
~END

                              INAP...................................0 →CS3
                              YES....................................1
                              NO.....................................5 →CS3
                              DK.....................................8 →CS3
                              RF.....................................9 →CS3

CS2px.
          What illness was that?


     if: Q220 ( *NOT* 1)
SKIP to:CS11

CS3.
          As of W1 IW MONTH W1 IW YEAR, our records show that
~IF MARRIED OR MARRIED, SPOUSE ABSENT
          (he/she), was married.
~ELSE R LIVING WITH PARTNER
          (he/she), was living with a partner as if married.
~ELSE 1st HOUSEHOLD
          (he/she), was not married or living with a partner.

~END


     if: Q204( *NOT* 1 *TO* 3)
SKIP to:CS9x

CS4x.
          (Was (he/she)/Were you) still (his/her) (husband/wife/partner)
          at the time (he/she) died?

                              INAP...................................0
                              YES, AND SPOUSE/PARTNER WAS
                              LIVING THEN............................1 →CS11
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9


     if:CS4x(DK *OR* RF *OR* OUT OF RANGE)
YOU MUST ANSWER THIS
BACK to:CS4x
```

CS5x.

       IWER: IF PROXY IS THE FORMER SPOUSE DO NOT READ; JUST MARK "YES."

       (Was (he/she) still alive at that time?)

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

      if:CS5x(DK *OR* RF *OR* OUT OF RANGE)
YOU MUST ANSWER THIS
BACK to:CS5x

CS6x.
~IF SPOUSE/PARTNER ALIVE
       In what month and year did (you/they) stop living together?
~ELSE
       In what month and year did (she/he) die?
~END

       MONTH:

       YEAR:

CS7x.
       At the time (he/she) died, was (he/she) married?

```
                              INAP...................................0
                              YES....................................1  →CS11
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

CS8x.
       At the time (he/she) died, did (he/she) have a partner
       (he/she) lived with as if married?

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

      if: Q204 (1 *TO* 3)
SKIP to:CS11

CS9x.
       At the time (he/she) died, was (he/she) married?

```
                              INAP...................................0
                              YES....................................1  →CS11
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

CS10x.
       At the time (he/she) died, did (he/she) have a partner
       (he/she) lived with as if married?

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

CS11.

Was (he/she) a resident of a nursing home or other health
care facility at the time (he/she) died?

DEF: A NURSING HOME OR OTHER HEALTH FACILITY PROVIDES ALL
OF THE FOLLOWING SERVICES FOR ITS RESIDENTS: DISPENSING OF
MEDICATION, 24-HOUR NURSING ASSISTANCE AND SUPERVISION,
PERSONAL ASSISTANCE, AND ROOM & MEALS.

```
                         INAP...................................0
                         YES....................................1
                         NO.....................................5
                         DK.....................................8
                         RF.....................................9
```

    if:(220)(*NOT* 1) *OR* CS4x(5 *OR* DK *OR* RF) *AND* CS7x(5 *OR* DK *OR* RF) *AND* CS8x(5 *OR* DK *OR* RF)
OR CS9x(5 *OR* DK *OR* RF) *AND* CS10x (5 *OR* DK *OR* RF)
SKIP to: CS16

CS12.
~IF SPOUSE/PARTNER ALIVE
        At the time of (his/her) death were you living
~ELSE
        At the time of (his/her) death was (he/she)
        and (his/her) (new) (husband/wife/partner) living
~END
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH
        in the same (nursing home/health care facility)?
~ELSE
        together in a house or apartment?
~END
        IWER: THIS QUESTION IS TO TELL WHETHER R'S SPOUSE/PARTNER
        WAS ALSO LIVING IN THE DWELLING OR INSTITUTION WHERE R LIVED.

```
                         INAP...................................0
                         YES....................................1 →CS15
                         NO.....................................5
                         DK.....................................8
                         RF.....................................9
```

CS14.

In what month and year did (you/they) stop living together?

MONTH:

YEAR:

CS13.

At the time of (his/her) death (were you / was (his/her) (new) (husband/wife/partner)
living in a nursing home or other health care facility?

DEF: A NURSING HOME PROVIDES ALL OF THE FOLLOWING SERVICES
FOR ITS RESIDENTS: DISPENSING OF MEDICATION, 24-HOUR
NURSING ASSISTANCE AND SUPERVISION, PERSONAL
ASSISTANCE, AND ROOM & MEALS.

```
                         INAP...................................0
                         YES....................................1
                         NO.....................................5
                         DK.....................................8
                         RF.....................................9
```

    if:CS12(*NOT* YES) *OR* (CS7x(*NOT* YES) *AND* CS9x(*NOT* YES) *AND* CS8x(*NOT* YES) *AND* CS10x(*NOT*
YES))
SKIP to: CS16

CS15.
~IF PROXY IS SURVIVING SPOUSE
        In what month and year did you start living together?
~ELSE
        In what month and year did (he/she) and (his/her)
        (new) (husband/wife/partner) start living together?
~END

        MONTH:

        YEAR:

CS16 R ROSTER.

    A.   B.FIRST   C.LAST   D.   E.YEAR F.   G.   H.
    ID#   NAME   NAME   SEX   BORN REL TO R   LIVING HH #

    INTERVIEWER: VERIFY SPELLING OF FIRST AND LAST NAME AND SEX. IF
    NECESSARY, USE "YEAR BORN" TO CLARIFY IDENTITY OF R AND SPOUSE/
    PARTNER. PLEASE CHECK THAT RELATION TO R AND WHETHER LIVING
    AT THE TIME OF R'S DEATH ARE CORRECT.

~IF MARRIED OR LIVING WITH A PARTNER

    IF R HAD A NEW SP/PARTNER, FILL IN HIS/HER NAME IN THE GRID
    AFTER ASKING:

    What is (your name/the name of (his/her) new (husband/wife/partner))?
~END

    WHEN FINISHED, PRESS F10 TO SELECT CONTINUE/GRID INCORRECT

                            INAP.....................................0
                            CONTINUE.................................1
                            GRID INCORRECT...........................5 →CS1

CS17 R ROSTER CONFIRM.

        IWER: PRESS 1 TO CONFIRM R GRID IS FINISHED.
                YOU WILL NOT BE ABLE TO AMEND IT AFTER THIS POINT.

                            INAP.....................................0
                            RESPONDENT GRID COMPLETED..............1
                            RESPONDENT GRID NOT COMPLETED........5 →CS16

R ROSTER.

        IWER:

            THE R ROSTER HAS BEEN RECORDED, YOU CANNOT GO BACK TO IT.

            PRESS ENTER TO CONTINUE.

                    NEW SP W1 INTERVIEW
                        NEW SP..................................0
                        REINTERVIEW.............................1
                        REFUSED SP..............................5

                    OLD SP SEX
                        INAP....................................0
                        MALE....................................1
                        FEMALE..................................2

```
                    OLD SP MARITAL STAT
                         INAP..................................0
                         MARRIED...............................1
                         MARRIED SP ABSENT.....................2
                         LIVING WITH PARTNER...................3
                         DIVORCED/SEPARATED....................4
                         WIDOWED...............................5
                         NEVER MARRIED.........................6
                         DIED..................................7

                    NEW SP FAM/NON V105
                         INAP..................................0
                         FAMILY................................1
                         NON-FAMILY............................2
                         ONLY R................................3

                    OLD SP FIN/NON V106
                         INAP..................................0
                         FINANCIAL R...........................2
                         NON FINANCIAL R.......................3

                    OLD SP WHICH HH
                         INAP..................................0
                         HOUSEHOLD 1...........................1
                         HOUSEHOLD 2...........................2

                    OLD SP WHICH IW
                         INAP..................................0
                         FIRST IW..............................1
                         SECOND IW.............................2

        if: Q203(1)
 SKIP to: R ROSTER END TIME

  CS18 R ROSTER.

      A.    B.FIRST    C.LAST     D.     E.YEAR F.           G.      H.
      ID#   NAME       NAME       SEX    BORN  REL TO R     LIVING HH #

      INTERVIEWER:  VERIFY SPELLING OF FIRST AND LAST NAME AND SEX.  IF
      NECESSARY, USE "YEAR BORN" TO CLARIFY IDENTITY OF R AND SPOUSE/
      PARTNER.  PLEASE CHECK THAT RELATION TO R AND WHETHER LIVING
      AT THE TIME OF R'S DEATH ARE CORRECT.

  ~IF MARRIED OR LIVING WITH A PARTNER

      IF R HAD A NEW SP/PARTNER, FILL IN HIS/HER NAME IN THE GRID
      AFTER ASKING:
      What is (your name/the name of (his/her) new (husband/wife/partner))?
  ~END

      WHEN FINISHED, PRESS F10 TO CONTINUE

                              INAP..................................0
                              CONTINUE..............................1
                              RE-ASK COVERSHEET QUESTIONS..........5  →CS1

  CS19 R ROSTER CONFIRM.

          IWER:  PRESS 1 TO CONFIRM R GRID IS FINISHED.
                 YOU WILL NOT BE ABLE TO AMEND IT AFTER THIS POINT.

                              INAP..................................0
                              RESPONDENT GRIDS COMPLETED...........1
                              RESPONDENT GRIDS NOT COMPLETED.......5  →CS18
  R ROSTER.

          IWER:
                 THE R ROSTER HAS BEEN RECORDED, YOU CANNOT GO BACK TO IT.

                 PRESS ENTER TO CONTINUE.

                       R ROSTER END TIME
```

```
                          W1 INTERV
                                  NEW SP.................................0
                                  REINTERVIEW...........................1
                                  REFUSED SP............................5


                          R SEX
                                  INAP..................................0
                                  MALE..................................1
                                  FEMALE................................2


                          R MARITAL STAT
                                  INAP..................................0
                                  MARRIED...............................1
                                  MARRIED SP ABSENT.....................2
                                  LIVING WITH PARTNER...................3
                                  DIVORCED/SEPARATED....................4
                                  WIDOWED...............................5
                                  NEVER MARRIED.........................6
                                  DIED..................................7


                          R FAM/NON V105
                                  INAP..................................0
                                  FAMILY................................1
                                  NON-FAMILY............................2
                                  ONLY R................................3


                          R FIN/NON V106
                                  INAP..................................0
                                  FINANCIAL R...........................2
                                  NON FINANCIAL R.......................3


                          Rs ORIGINAL SP LIVING
                                  NO SPOUSE.............................0
                                  SPOUSE LIVING.........................1
                                  SPOUSE DEAD...........................5


                          R SPOUSE NAME

                          IDFM OR IDNFM FLAG

                          CS CUR DAY TEXT
                                  SUN...................................1
                                  MON...................................2
                                  TUE...................................3
                                  WED...................................4
                                  THU...................................5
                                  FRI...................................6
                                  SAT...................................7

                          CUR MONTH TEXT - USE 1/12

        if: TIME YEAR( >  = R BIRTH YEAR)
97-373:
SKIP to:CS25


                          R'S CURRENT AGE

        if: Q203(2) *AND* WHICH IW 1ST( *NOT* 1) *AND* CS11( *NOT* YES) *AND* HOLD 20( *NOT* 1)
SKIP to:CS35a


        if:CS11( *NOT* YES)
SKIP to:CS27
```

```
CS25.
        In what month and year did (he/she) move to the
        (nursing home/health care facility) where (he/she) was
        a resident just before (his/her) death?

        MONTH:

        YEAR:

CS25b.
        In what city and state was the (nursing home/health care
        facility) where (he/she) was living?



     if: Q203(2) *AND* Q220 ( *NOT* 1)
SKIP to:CS35a

  CS26.
        Did (he/she) still own or rent a house or apartment outside
        the facility where (he/she) was living?

                         INAP...................................0
                         YES....................................1
                         NO.....................................5
                         DK.....................................8
                         RF.....................................9


     if:CS26(NO *OR* DK *OR* RF)
SKIP to:CS35a


  CS27.
        Our records show that when we talked with (him/her)
        in W1 IW MONTH W1 IW YEAR, (his/her house or apartment / one of his/her houses or apartments)
        was in (City), (State).

        At the time (he/she) died, did (he/she) still own or
        rent that same house or apartment
        in (City)?

                         INAP...................................0
                         YES....................................1 →CS30
                         NO.....................................5
                         DK.....................................8
                         RF.....................................9

  CS28.
        Was (his/her) house or apartment in or
        around (City)?

                         INAP...................................0
                         YES....................................1
                         NO.....................................5
                         DK.....................................8
                         RF.....................................9


     if:CS28( *NOT* NO)
SKIP to:CS30

  CS29.
        How many years did (he/she) live around (City)?

        IF LESS THAN ONE YEAR, USE 1


     if: Q203(1) *AND* HH1 HAS 2ND( *NOT* HAS 1 OTHER RESIDENCE)
SKIP to:CS33
```

CS30.
> Our records also show that in W1 IW MONTH W1 IW YEAR (he/she) had another
> house or apartment, one in (2nd Residence City) (2nd Residence State).
>
> At the time (he/she) died did (he/she) still own or rent that
> same house or apartment in (2nd Residence City)?

```
                                   INAP...................................0
                                   YES....................................1 →CS33
                                   NO.....................................5
                                   DK.....................................8
                                   RF.....................................9
```

CS31.
> Was (his/her) house or apartment in or
> around (2nd Residence City)?

```
                                   INAP...................................0
                                   YES....................................1
                                   NO.....................................5
                                   DK.....................................8
                                   RF.....................................9
```

    if:CS31(*NOT* NO)
SKIP to:CS33

CS32.
> How many years did (he/she) live around (2nd Residence City)?
>
> IF LESS THAN ONE YEAR, USE 1

CS33.
> At the time (he/she) died, in what city and state was
> (his/her) house or apartment located?

CS34.
> Did (he/she) have any other house or apartment
> where (he/she) had lived for 2 or more months of
> the year?
>
> IF R REPORTS MORE THAN ONE ADDITIONAL RESIDENCE, ASK
> ABOUT THE ONE THEY USE MOST.

```
                                   INAP...................................0
                                   YES....................................1
                                   NO.....................................5
                                   DK.....................................8
                                   RF.....................................9
```

    if:CS34(*NOT* YES)
SKIP to:CS35a

CS35.
> In what city and state was (his/her) other residence located?

```
                        CS35a. ASSIGN 1 OR 2 RESIDENCE
                                ONE RESIDENCE.........................1
                                TWO RESIDENCE.........................2
```

    if:CS35a(ONE RESIDENCE)
SKIP to:CS36

```
CS36.
        Which was (his/her) main residence, (his/her) home in
~IF SAME RESIDENCE #1 AT TIME OF DEATH OR RESIDENCE IN SAME AREA AS W1
        (City)
~ELSE SAME RESIDENCE #2 AT TIME OF DEATH OR RESIDENCE IN SAME AREA AS W1
        (2nd Residence City)
  ~ELSE
        City
  ~END
        or the one in
~IF (SAME RESIDENCE #2 AT TIME OF DEATH OR RESIDENCE IN SAME AREA AS W1) AND (SAME RESIDENCE #1 AT TIME OF DEATH OR
RESIDENCE IN SAME AREA AS W1)
  ~ELSE
        (2nd Residence City)
  ~ELSE
        City
  ~END

        DEF:  MAIN RESIDENCE, ONE WHERE R SPENT THE MOST TIME (MTY)

                            INAP....................................0
                            HOME IN W1 CITY, STATE 1ST RES.......1
                            HOME IN W2 CITY, STATE 1ND RES.......2 →CS36b
                            HOME IN W1 CITY, STATE 2ND RES.......3
                            HOME IN W2 CITY, STATE 2ND RES.......4 →CS36b
                            DK......................................8
                            RF......................................9


        if:CS26(NO *OR* DK *OR* RF)
SKIP to:CS36b


                        CS36. ASSIGN MAIN
                        RESIDENCE

        if:CS26(NO *OR* DK *OR* RF)
:NO 2ND RESIDENCE:
SKIP to:CS36c


                        CS36b.ASSIGN 2ND
                        RESIDENCE

                        CS36c.R MOVED MAIN RESIDENCE
                                YES, MOVED..........................1
                                NO, DID NOT MOVE....................5

                        CS37 TIME STAMP


                        CS HAVE 2ND RESIDENCE

        if: Q220 ( *NOT* 1)
SKIP to:CS39


        if: Q220 ( *NOT* 1)
SKIP to: ROSTERS END


        if: Q203(2)
SKIP to:CS40-2 TIME
```

CS39.
        Now some questions about (your and his/your and her/his/her/their) children

~IF IN NURSING HOME AT TIME OF DEATH (NOT YES) and TWO RESIDENCE
        and whether they were living with (him/her) in (his/her)
        home in (City, State) just before (he/she) died.
~ELSE RESIDENT IN NURSING HOME AT TIME OF DEATH
        and whether they were living with (him/her) in (his/her)
        home in (City, State) just before (he/she) moved
        into a nursing home.
~ELSE
        and whether they were living with (him/her) in (his/her)
        home just before (he/she) died.
~END

                    HH1 CHILD TIME STAMP

        if: Q388(*NOT* 1)
SKIP to:CS40

                    HH1 CHILDREN

        if: HH1 ROSTER DONE
SKIP to:CS40-2 TIME

CS40.
        VERIFY AND UPDATE INFORMATION ON CHILDREN & THEIR SPOUSES.
        PROMPT QUESTIONS FOR NEW CHILDREN ARE IN Q X Qs.

            REL   MARI SP SPOUSE   SP
    R HH TO R   SEX NAME   LAST   STAT R HH NAME   CHG

~IF FAMILY R:

    Did (he/she) (or his/her) (husband/wife/partner) have any (other) children,
    step-children, or sons- or daughters-in-law?

    USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
    WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE

                        INAP....................................0
                        CONTINUE................................1
                    CS40-2 TIMESTAMP

        if: Q203(1)
SKIP to:CS43

CS40-2.
        Now some questions about (your and his/your and her/his/her/their) children
~IF IN NURSING HOME AT TIME OF DEATH (NOT YES) and TWO RESIDENCE
        and whether they were living with (him/her) in (his/her)
        home in (City, State) just before (he/she) died.
~ELSE RESIDENT IN NURSING HOME AT TIME OF DEATH
        and whether they were living with (him/her) in (his/her)
        home in (City, State) just before (he/she) moved
        into a nursing home.
~ELSE
        and whether they were living with (him/her) in (his/her)
        home just before (he/she) died.
~END

        if: Q388(1)
SKIP to:CS42

                    HH2 CHILDREN

                            Household/Family Composition - Page 12

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CS42.
VERIFY AND UPDATE INFORMATION ON CHILDREN & THEIR SPOUSES.
PROMPT QUESTIONS FOR NEW CHILDREN ARE IN Q X Qs.

```
           REL                        MARI SP   SPOUSE    SP
    R HH  TO R   SEX NAME    LAST     STAT R HH NAME      CHG
```

~IF FAMILY R:

    Did (he/she) (or his/her)(husband/wife/partner)have any (other) children,
    step-children, or sons- or daughters-in-law?

    USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
    WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE

        if: Q203(2)
SKIP to:CS45

   CS43.
        I also need to update information about (other) people who
        lived with R FIRST NAME
~IF IN NURSING HOME AT TIME OF DEATH (NOT YES) and TWO RESIDENCE
        in (your and his/your and her/his/her/their) home in CITY OF MAIN RESIDENCE just
        before (he/she) died.
~ELSE RESIDENT IN NURSING HOME AT TIME OF DEATH
        and whether they were living with (him/her) just
        before (he/she) moved into the nursing home.

~ELSE
        and whether they were living with (him/her) in (your and his/your and her/his/her/their)
        home just before (he/she) died.
~END

                    HH1 NR KID TIME STAMP

        if: Q388(1)
SKIP to:CS44

                    HH1 NON-KID RES

   CS44.
        VERIFY AND UPDATE INFORMATION ON NON-CHILDREN RESIDENTS:

        PROMPT QUESTIONS FOR NEW RESIDENTS ARE IN Q X Qs

```
            REL                        MARI SP   SPOUSE    SP
    R HH   TO R  SEX NAME    LAST      STAT R HH NAME      CHG
```

~IF FAMILY R:

~IF IN NURSING HOME AT TIME OF DEATH (NOT YES) and TWO RESIDENCES
        Was there anyone else living in (your and his/your and her/his/her/their) home in (City, State)?
~ELSE IN NURSING HOME AT TIME OF DEATH (NOT YES)
        Was there anyone else living in (your and his/your and her/his/her/their) home?

~END

    USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
    WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE

CS44a.

        IWER: PRESS 1 TO CONFIRM HH GRIDS ARE FINISHED.
               YOU WILL NOT BE ABLE TO AMEND THEM AFTER THIS POINT.

                        INAP..................................0
                        CHILD/NON-CHILDREN GRIDS
                        COMPLETED.............................1
                        CHILD/NON-CHILDREN GRIDS NOT
                        COMPLETED.............................5 →CS44

ROSTERS.

     IWER:

         THE ROSTERS HAVE BEEN RECORDED, YOU CANNOT GO BACK TO THEM.

         PRESS ENTER TO CONTINUE.

   if: Q203(1)
SKIP to: CS52 CKPT

CS45.
     I also need to update information about (other) people who
     lived with R FIRST NAME
~IF IN NURSING HOME AT TIME OF DEATH (NOT YES) and TWO RESIDENCE
     in (your and his/your and her/his/her/their) home in (City, State) just
     before (he/she) died.
~ELSE RESIDENT IN NURSING HOME AT TIME OF DEATH
     and whether they were living with (him/her) just
     before (he/she) moved into the nursing home.
~ELSE
     and whether they were living with (him/her) in (your and his/your and her/his/her/their)
     home just before (he/she) died.
~END

   if: Q388(*NOT* 1)
SKIP to:CS46

             HH2 NON-KID RES

CS46.

    VERIFY AND UPDATE INFORMATION ON NON-CHILDREN RESIDENTS:

    PROMPT QUESTIONS FOR NEW RESIDENTS ARE IN Q X Qs

R HH	REL TO R	SEX	NAME	LAST	MARI STAT	SP R HH	SPOUSE NAME	SP CHG

~IF IN NURSING HOME AT TIME OF DEATH (NOT YES) and TWO RESIDENCE

     Was there anyone else living in (your and his/your and her/his/her/their) home in (City, State)?
~ELSE IN NURSING HOME AT TIME OF DEATH (NOT YES)
     Was there anyone else living in (your and his/your and her/his/her/their) home?
~END

    USE DOWN ARROW TO CHECK FOR MORE PERSONS ON THE GRID.
    WHEN YOU ARE FINISHED, PRESS F10 TO CONTINUE

CS47.
     IWER: PRESS 1 TO CONFIRM HH GRIDS ARE FINISHED.
             YOU WILL NOT BE ABLE TO AMEND THEM AFTER THIS POINT.

                 INAP...................................0
                 CHILD/NON-CHILDREN GRIDS
                 COMPLETED.............................1
                 CHILD/NON-CHILDREN GRIDS NOT
                 COMPLETED.............................5 →CS46

ROSTERS.

     IWER:
        THE ROSTERS HAVE BEEN RECORDED, YOU CANNOT GO BACK TO THEM.

        PRESS ENTER TO CONTINUE.

   if: Q203(2) *AND* Q47 (2 *OR* 4)
SKIP to:CS52LOOP

            CS52 CKPT

CS48.
        In what month and year did
~IF 1st HOUSEHOLD
~IF CHILD/NON-CHILD NAME DECEASED
        CHILD/NON-CHILD NAME die?
~ELSE CHILD/NON-CHILD NAME BECAME RESIDENT
        R FIRST NAME and CHILD/NON-CHILD NAME start living together?
~ELSE CHILD/NON-CHILD NAME BECAME RESIDENT
        R FIRST NAME and CHILD/NON-CHILD NAME stop living together?
~ELSE
        CHILD/NON-CHILD NAME stop living in (your and R name's/ R name's) home?
~END

        MONTH:
        YEAR:

CS48bx.
        Was the move intended to be temporary or was it thought
        of as permanent?

                            INAP...................................0
                            TEMPORARY..............................1
                            PERMANENT..............................2
                            DK.....................................8
                            RF.....................................9
END of case

                    ROSTERS END TIME STAMP

    if:CS1a(PROXY IS SURVIVING SPOUSE)
SKIP to: CS50x

CS49.
        CHOOSE THE RELATIONSHIP OF THE PROXY TO R FIRST NAME.

                            INAP..................................00
                            DAUGHTER/STEPDAUGHTER.................02
                            SON/STEPSON...........................03
                            DAUGHTER-IN-LAW.......................04
                            SON-IN-LAW............................05
                            GRANDDAUGHTER.........................06
                            GRANDSON..............................07
                            SISTER................................08
                            BROTHER...............................09
                            OTHER RELATIVE........................10
                            FRIEND................................11
                            PAID HELPER...........................12
                            PROFESSIONAL (SPECIFY)...............13

                    CHILD DEAD SP

CS50x.
        We are interested in any temporary moves made by R FIRST NAME
        or by other people that were intended to help R FIRST NAME
        and that were made
~IF REINTERVIEW and IN NURSING HOME AT TIME OF DEATH (NOT YES)
        between the time of our interview in W1 IW MONTH W1 IW YEAR and
        when R FIRST NAME died. Since W1 IW MONTH W1 IW YEAR,
~ELSE REINTERVIEW and RESIDENT IN NURSING HOME AT TIME OF DEATH
        between the time of our interview in W1 IW MONTH W1 IW YEAR and when R FIRST NAME
        went into the (nursing home/health care facility). Since W1 IW MONTH W1 IW YEAR,
~ELSE
        in the two years preceding (his/her) death. During that period,
~END
        , did anyone move into the house or apartment where R FIRST NAME
        was living to help (him/her) but then moved out before
~IF REINTERVIEW and RESIDENT IN NURSING HOME AT TIME OF DEATH
        R FIRST NAME went into the (nursing home/health care facility)?
~ELSE
        R FIRST NAME died?
~END
                            INAP..................................0 →CS52x
                            YES...................................1
                            NO....................................5 →CS52x
                            DK....................................8 →CS52x
                            RF....................................9 →CS52x

                    Household/Family Composition - Page 15

```
CS51x.
          Who moved in:  was it (a child of R FIRST NAME's,)
          a grandchild, another relative, or someone else?

          CHOOSE ALL THAT APPLY

                                   INAP..................................0,  →CS51cx
                                   CHILD.................................2,
                                   GRANDCHILD............................4,  →CS51cx
                                   RELATIVE-OTHER........................5,  →CS51cx
                                   OTHER INDIVIDUAL......................6,  →CS51cx
                                   DK....................................8,  →CS51cx
                                   RF....................................9,  →CS51cx


CS51ax.
          Which children?

          CHOOSE ALL THAT APPLY

       if:( < 2) *AND* Q203(1)
SKIP to:CS51cx


CS51bx.
          Which child stayed the longest?

          CHOOSE ALL THAT APPLY


CS51cx.
          About how many weeks or months did that
~IF CHILD MOVED IN WITH R
          child stay?
~ELSE
          person stay?
~END
          Please tell me the longest stay if there was more than
          one person who stayed with R FIRST NAME.

          TIME:
                                   INAP..................................0
                                   WEEKS.................................1
                                   MONTHS................................2
                                   DK....................................8
                                   RF....................................9

CS52x.
~IF REINTERVIEW and IN NURSING HOME AT TIME OF DEATH (NOT YES)
          Between the time of our interview in W1 IW MONTH W1 IW YEAR
          and R FIRST NAME'S death
~ELSE REINTERVIEW and RESIDENT IN NURSING HOME AT TIME OF DEATH
          Between the time of our interview in W1 IW MONTH W1 IW YEAR and
          when R FIRST NAME went into the (nursing home/
          health care facility)
~ELSE
          In the two years preceding (his/her) death
~END
          did R FIRST NAME move into and then out of someone else's
          house or apartment?

                                   INAP..................................0  →CS54x
                                   YES...................................1
                                   NO....................................5  →CS54x
                                   DK....................................8  →CS54x
                                   RF....................................9  →CS54x
```

```
CS53x.
        With whom did (he/she) move in:  was it (a child of
        R FIRST NAME'S,) a grandchild, another relative, or someone else?

        CHOOSE ALL THAT APPLY

                                INAP..................................0,  →CS53cx
                                CHILD.................................2,
                                GRANDCHILD............................4,  →CS53cx
                                RELATIVE-OTHER........................5,  →CS53cx
                                OTHER INDIVIDUAL......................6,  →CS53cx
                                DK....................................8,  →CS53cx
                                RF....................................9,  →CS53cx

  CS53ax.
          Which children?

          CHOOSE ALL THAT APPLY


      if: < 2 CHILDREN *AND* Q203(1)
SKIP to:CS53cx

  CS53bx.
          Which child stayed the longest?

          CHOOSE ALL THAT APPLY

  CS53cx.
          About how many weeks or months did R FIRST NAME stay
~IF R MOVED IN WITH CHILD
          with that child?
~ELSE
          with that person?
~END

          Please tell me the longest stay if there was more than
          one person R FIRST NAME stayed with.

          TIME:

                                INAP..................................0
                                WEEKS.................................1
                                MONTHS................................2
                                DK....................................8
                                RF....................................9

      if: Q513 (0)
SKIP to:CS49
```

CS54x.
~IF REINTERVIEW and IN NURSING HOME AT TIME OF DEATH (NOT YES)
        Between the time of our interview in W1 IW MONTH W1 IW YEAR
        and when R FIRST NAME died
~ELSE REINTERVIEW and RESIDENT IN NURSING HOME AT TIME OF DEATH
        Between the time of our interview in W1 IW MONTH W1 IW YEAR
        and when R FIRST NAME went into the (nursing home/
        health care facility)
~ELSE
        In the two years preceding (his/her) death
~END
        did (he/she) and any of (his/her) children move
        in order to be closer to each other but not living
        in the same house or apartment?

```
                            INAP...................................0 →CS49
                            YES....................................1
                            NO.....................................5 →CS49
                            DK.....................................8 →CS49
                            RF.....................................9 →CS49
```

CS54ax.
        Which child was that?

        CHOOSE ALL THAT APPLY

CS54bx.
        Did CHILD/NON-CHILD NAME move or did R FIRST NAME move?

```
                            INAP...................................0
                            CHILD MOVED............................1
                            R MOVED................................2
                            BOTH...................................4
                            DK.....................................8
                            RF.....................................9
```

CS54cx.
        Was the move intended to be temporary or was it thought
        of as permanent?

```
                            INAP...................................0
                            PERMANENT MOVE.........................1
                            TEMPORARY MOVE.........................5
                            DK.....................................8
                            RF.....................................9
```

END of case

        if: Q256 (4 *OR* 5 *OR* 6)
SKIP to:CS49

CS49.
        What was the relationship of (name) to R FIRST NAME'S (husband/wife/partner)?

        CHILD NAME   RELATIONSHIP

```
                            INAP...................................0
                            CONTINUE...............................1
```

A0.

Because people can move from time to time, and their
families can change, I have some questions about the
places R FIRST NAME lived and changes in (his/her) family structure.

if: REINTERVIEW
SKIP to:A9

A1.

First, I have some questions about (his/her) background.
In what month, day, and year was (he/she) born?

MONTH:

DAY:

YEAR:

A2.

Was (he/she) born in the United States?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5 →A2B
                              DK......................................8
                              RF......................................9
```

if:A2(DK *OR* RF)
SKIP to:A3

A2a.

In what state was (he/she) born?

if:A2(YES)
SKIP to:A3

A2b.

In what country was (he/she) born?

A2c.

In about what year did (he/she) come to the United States?

YEAR:

OR
YEARS AGO:

OR
AT AGE:

```
                              INAP....................................0
                              CONTINUE................................1
```

A3.

What is the highest grade of school or year of college (he/she) completed?

```
0       FOR NO FORMAL EDUCATION
1-11    GRADES
12      HIGH SCHOOL
13-15   SOME COLLEGE
16      COLLEGE GRAD
17      POST COLLEGE (17+ YEARS)
97      OTHER
```

if:A3(13 *TO* 17)
SKIP to:A3b

```
A3a.        Did (he/she) get a high school diploma or pass a high school
            equivalency test?

                                    INAP...................................0
                                    YES, DIPLOMA...........................1
                                    YES, EQUIVALENCY [GED].................2
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9


        if:A3(0 *TO* 12 *OR* DK *OR* RF)
SKIP to:A4

A3b.        (Did (he/she) get a college degree?)

                                    INAP...................................0  →A4
                                    YES....................................1
                                    NO.....................................5  →A4
                                    DK.....................................8  →A4
                                    RF.....................................9  →A4

A3c.        (What is the highest degree (he/she) have earned?)

                                    INAP...................................0
                                    LESS THAN BACHELORS....................1
                                    BACHELORS..............................2
                                    MASTERS\MBA............................3
                                    LAW....................................4
                                    PHD....................................5
                                    MD.....................................6
                                    OTHER..................................7
                                    DK.....................................8
                                    RF.....................................9

A4.         Did (his/her) mother attend 8 years or more of school?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9

A5.         Did (his/her) father attend 8 years or more of school?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9

A7.         Did (he/she) consider (him/her)self Hispanic or Latino?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5  →A8
                                    DK.....................................8
                                    RF.....................................9
```

A7a.

Would you say (he/she) was Mexican American, Puerto Rican, Cuban American or something else?

CHOOSE ALL THAT APPLY

```
                              INAP...................................0,
                              MEXICAN AMERICAN/CHICANO............1,
                              PUERTO RICAN........................2,
                              CUBAN AMERICAN......................3,
                              OTHER (SPECIFY).....................7,
                              DK..................................8,
                              RF..................................9,
```

A8.

Did (he/she) consider (him/her)self primarily white or Caucasian, Black or African American, American Indian, or Asian, or something else?

```
                              INAP...................................0
                              WHITE/CAUCASIAN.....................1
                              BLACK/AFRICAN AMERICAN..............2
                              AMERICAN INDIAN OR ALASKAN
                              NATIVE..............................3
                              ASIAN OR PACIFIC ISLANDER...........4
                              OTHER (SPECIFY).....................7
                              DK..................................8
                              RF..................................9
```

A9.
~IF REINTERVIEW
    I need to clarify some aspects of family history.
~END
    How many children had (he ever fathered/she given birth to)? Please don't count miscarriages or still-births, or adopted or step-children for this question.

    if:A9(0 *OR* DK *OR* RF)
SKIP to:A10

A9a.
~IF # CHILDREN EVER (1)
    Is that child alive today?

    IWER: IF R RESPONDS YES TYPE 1 AND PRESS ENTER
            TYPE 0 IF R RESPONDS NO
~ELSE
    How many of them are still living?
~END

    if: Q370 (*NOT* 0 *AND* *NOT* 5)
SKIP to:A21

A10.

Did (he/she) ever serve in the active military of the United States?

```
                              INAP...................................0 →A21
                              YES.................................1
                              NO..................................5 →A21
                              DK..................................8 →A21
                              RF..................................9 →A21
```

A10a.

During what years was (he/she) in active service?

FROM:

TO:

```
A10c.
        Did (he/she) have a disability connected with military service?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5
                                DK.....................................8
                                RF.....................................9


                A21.R MARITAL
                        MARRIED, SPOUSE PRESENT..............1
                        MARRIED, SPOUSE ABSENT FROM HH.......2
                        LIVING WITH SOMEONE..................3
                        DIVORCED/SEPARATED...................4
                        WIDOWED..............................5
                        NEVER MARRIED........................6
                        MARRIED, SPOUSE ABSENT (NOT
                        INSTITUTION).........................7

                A21A TIME STAMP


     if: Q370 (*NOT* 0 *AND*  *NOT* 5)
SKIP to:A25


     if:A21(MARRIED, SPOUSE PRESENT *OR* MARRIED, SPOUSE ABSENT FROM HH)
SKIP to:A21a

 A21.
        Was (he/she) ever married?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5 →A25
                                DK.....................................8
                                RF.....................................9

 A21a.
        Altogether, how many times had (he/she) been
        married (including current marriage)?

                                INAP...................................0
                                ONCE...................................1
                                TWICE..................................2
                                THREE TIMES............................3
                                FOUR OR MORE...........................4
                                DK.....................................8
                                RF.....................................9

 A22.

        In what year did (he/she) (first) marry?


     if:A22( <  = 1992)
SKIP to:A22b


 A22a.
        In what month was that?

     if:A21a(ONCE) *AND* A21(MARRIED, SPOUSE PRESENT *OR* MARRIED, SPOUSE ABSENT FROM HH)
SKIP to:A25

 A22b.
        Did that marriage end in divorce or was (he/she) widowed?

                                INAP...................................0
                                DIVORCED...............................4
                                WIDOWED................................5
                                OTHER..................................7
                                DK.....................................8
                                RF.....................................9
```

```
A22c.        About how many years did that marriage last?


      if:A21a(ONCE)
SKIP to:A25

 A23.

            In what year did (he/she) marry most recently?


      if:A23( <  = 1992)
SKIP to:A23b


 A23a.
            In what month was that?

      if:A21(MARRIED, SPOUSE PRESENT *OR* MARRIED, SPOUSE ABSENT FROM HH)
SKIP to:A25

 A23b.
            Did that marriage end in divorce or was (he/she) widowed?

                                  INAP.................................0
                                  DIVORCED.............................4
                                  WIDOWED..............................5
                                  OTHER................................7
                                  DK...................................8
                                  RF...................................9

 A23c.
            About how many years did that marriage last?


      if:CS36c(NO, DID NOT MOVE) *OR* (CS11(YES) *AND* CS26( *NOT* YES))
SKIP to:A26


 A25.
            In what month and year did (he/she) move to (his/her)
            home in (City, State)?

            MONTH:

            YEAR:


                                  INAP.................................0
                                  CONTINUE.............................1


      if:CS35a(ONE RESIDENCE) *AND* CS28(YES)
SKIP to:A26


 A25b.
            Did (he/she) ever live in or around (City, State) before moving
            there?

                                  INAP.................................0
                                  YES..................................1
                                  NO...................................5
                                  DK...................................8
                                  RF...................................9


      if:A25b(NO) *AND* A25a( > 0)
SKIP to:A27
```

```
A26.
~IF R SAME SPOUSE/PARTNER AT TIME OF DEATH and STILL OWN/RENT HOME WHILE IN NURSING HOME (NOT YES)
        Altogether, about how many years did (he/she) live in or around
        (City)?
~ELSE
        Altogether, about how many years did (he/she) live in
        or around (City, State)?
~END

        96          ALWAYS LIVED AROUND HERE/THERE

        YEARS:


    if:A26(96)
SKIP to:A28


 A27.
        In what state or country did (he/she) live most of the time
        (he/she) was (in grade school/in high school/about age 10)?


    if:(W1 INTERV(REINTERVIEW) *AND* W1 R EDUCAT(0)) *OR* (W1 INTERV( *NOT* REINTERVIEW) *AND* A3(0))
SKIP to:A36

 A28.
        Was (he/she) living in a rural area most of the time
        when (he/she) was (in grade school/in high school/about age 10)?

                            INAP.................................0
                            YES..................................1
                            NO...................................5
                            DK...................................8
                            RF...................................9

                A36 TIME STAMP


    if: Q370 (*NOT* 0 *AND*  *NOT* 5)
SKIP to:A36B

 A36.
        What was (his/her) religious preference; Was it
        Protestant, Catholic, Jewish, some other religion,
        or did (he/she) have no preference?

                        INAP.................................0 →A36B
                        PROTESTANT...........................1
                        CATHOLIC.............................2 →A36B
                        JEWISH...............................3 →A36B
                        NO PREFERENCE........................4 →A36B
                        OTHER................................7 →A36B
                        DK...................................8 →A36B
                        RF...................................9 →A36B

                A36a.DENOMINATION

 A36c.
        About how often did (he/she) attend religious services
        during (his/her) last year?

        PROBE IF NECESSARY: (Would you say more than once a week,
       .once a week, two or three times a month, one or more
        times a year, or not at all?)

                        INAP.................................0
                        MORE THAN ONCE A WEEK................1
                        ONCE A WEEK..........................2
                        TWO OR THREE TIMES A MONTH...........3
                        ONE OR MORE TIMES A YEAR.............4
                        NOT AT ALL...........................5
                        DK...................................8
                        RF...................................9
```

A37.
      Was English the language (he/she) usually spoke at home?

```
                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9
```

    if:(CS4x(NO) *AND* CS5x(NO) *AND* PRELOAD MAR(1 *OR* 2))
SKIP to:A42

    if: Q220 (2)
SKIP to:A END

A40.
      I have a few additional questions about marital changes
      that may sound repetitive. Because marriages end or
      begin frequently these days and because such changes are
      important, the study is trying not to miss any marital changes.

      Did (he/she) have a marriage start after W1 IW MONTH W1 IW YEAR?

```
                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9
```

    if:A40(*NOT* YES)
SKIP to:A41

A40a.
      In what month and year was that?

      MONTH:

      YEAR:

```
                                    INAP..................................0
                                    CONTINUE..............................1
```

    if:A40A(1)
SKIP to:A END

A41.
      Did (he/she) divorce or become widowed since W1 IW MONTH W1 IW YEAR?

```
                                    YES, DIVORCED/ANNULLED................1
                                    YES, WIDOWED..........................2
                                    NO....................................5 →A42
                                    DK....................................8
                                    RF....................................9
```

A41a.
      In what month and year did that happen?

      MONTH:

      YEAR:

```
                                    INAP..................................0
                                    CONTINUE..............................1
```

          A END TIME STAMP

Section A - Demographics - Page 25

BOx.

   Next I would like to ask you some questions about R FIRST NAME'S

~IF REINTERVIEW

   health since W1 IW MONTH W1 IW YEAR.

~ELSE

   health during the last two years.

~END

B5.

~IF REINTERVIEW

   WAVE 1: W1 CANCER V SITE: W1 CANCER S

~END

~IF W1 INTERVIEW (NOT REINTERVIEW)

   Did a doctor ever say that (he/she) had cancer or a

   malignant tumor, excluding minor skin cancers?

~ELSE W1 CANCER

   Our records from (his/her) last interview in W1 IW MONTH W1 IW YEAR

   show that (he/she) had had cancer.

   IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY

       DISPUTES W1 RECORD.

~ELSE

   Since we talked to (him/her) in W1 IW MONTH W1 IW YEAR,

   did a doctor say that (he/she) had a cancer or

   malignant tumor, excluding minor skin cancer?

~END

```
                              INAP......................................0 →B6
                              YES.......................................1
                              [VOL] DISPUTES W1 RECORD.............3 →B6
                              NO........................................5 →B6
                              DK........................................8 →B6
                              RF........................................9 →B6
```

B5b.

   Did (he/she) receive treatment for cancer

~IF REINTERVIEW

   since W1 IW MONTH W1 IW YEAR

~ELSE

   in the two years preceding (his/her) death?

~END

```
                              INAP......................................0
                              YES.......................................1
                              NO........................................5
                              DK........................................8
                              RF........................................9
```

  if:B5b(NO) *AND* W1 CANCER V(YES)

SKIP to:B6

  if:B5b(*NOT* YES) *AND* W1 CANCER V(YES)

SKIP to:B5g

  if:B5b(*NOT* YES) *AND* W1 CANCER V(*NOT* YES)

SKIP to:B5g

```
B5c.
~IF W1 INTERVIEW (NOT REINTERVIEW)
        During the last two years,
~ELSE
        Since W1 IW MONTH W1 IW YEAR,
~END
        what sort of treatments did (he/she) receive for cancer?

        CHOOSE ALL THAT APPLY

                                INAP.................................0,
                                CHEMOTHERAPY OR MEDICATION..........1,
                                SURGERY OR BIOPSY...................2,
                                RADIATION/ X-RAY....................3,
                                MEDICATIONS/TREATMENT FOR
                                SYMPTOMS (PAIN, NAUSEA, RASHES).....4,
                                NONE................................5,
                                OTHER, SPECIFY......................7,
                                DK..................................8,
                                RF..................................9,


      if: W1 CANCER (YES)
SKIP to:B5h

 B5g.
        In which organ or part of (his/her) body did (his/her)
        cancer(s) start?

        RECORD FOR ALL CANCERS.


 B5j.
        In what month and year was (his/her) (most recent)
        cancer diagnosed?

        MONTH:

        YEAR:

 B6.
~IF REINTERVIEW
        WAVE 1: W1 LUNG V23
~END
~IF W1 INTERVIEW (NOT REINTERVIEW)
        Not including asthma, did a doctor ever say that
        (he/she) had chronic lung disease such as chronic
        bronchitis or emphysema?

        DO NOT INCLUDE ASTHMA
~ELSE W1 LUNG
        Our records from (his/her) last interview in W1 IW MONTH W1 IW YEAR
        show that (he/she) had a chronic lung disease, such as
        chronic bronchitis or emphysema.

        IWER:   PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY
                DISPUTES W1 RECORD.
~ELSE

        Not including asthma, did a doctor say since we talked
        to (him/her) that (he/she) had a chronic lung disease,
        such as chronic bronchitis or emphysema?

        DO NOT INCLUDE ASTHMA
~END

                                INAP.................................0
                                YES..................................1
                                [VOL] DISPUTES W1 RECORD.............3 →B7
                                NO...................................5 →B7
                                DK...................................8
                                RF...................................9
```

B6c.   Was (he/she) receiving oxygen for (his/her) lung condition?

                                   INAP.....................................0
                                   YES......................................1
                                   NO.......................................5
                                   DK.......................................8
                                   RF.......................................9

B7.
~IF REINTERVIEW
        WAVE 1: W1 HEART V2
~END
~IF W1 INTERVIEW (NOT REINTERVIEW)
        Did a doctor ever say that (he/she) had a heart
        attack, coronary heart disease, angina, congestive
        heart failure, or other heart problems?
~ELSE W1 HEART
        Our records from (his/her) interview in W1 IW MONTH W1 IW YEAR
        show that (he/she) had a heart problem.

        IWER: PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY
                DISPUTES W1 RECORD.
~ELSE
        Since (his/her) interview in W1 IW MONTH W1 IW YEAR did a doctor say
        that (he/she) had a heart attack, coronary heart disease,

        angina, congestive heart failure, or other heart problems?
~END

                                   INAP.....................................0
                                   YES......................................1
                                   [VOL] DISPUTES W1 RECORD..............3 →B9
                                   NO.......................................5 →B9
                                   DK.......................................8
                                   RF.......................................9

B7d.
        Had (he/she) had a heart attack or myocardial infarction
~IF REINTERVIEW
        since W1 IW MONTH W1 IW YEAR?
~ELSE
        in the past two years?
~END

                                   INAP.....................................0
                                   YES......................................1
                                   NO.......................................5
                                   DK.......................................8
                                   RF.......................................9

        if:B7d(NO *OR* DK *OR* RF)
SKIP to:B7y

B7g.
        In what month and year was (his/her) (most recent) heart attack?

        MONTH:

        YEAR:

```
B7k.
~IF W1 HEART
        Since we talked to (him/her) in W1 IW MONTH W1 IW YEAR,
        did a doctor say that
~ELSE W1 INTERVIEW (NOT REINTERVIEW)
        In the last two years did a doctor say that
~ELSE
        Did a doctor ever say that
~END
        (he/she) had congestive heart failure?

                              INAP................................0 →B7q
                              YES.................................1
                              NO..................................5 →B7q
                              DK..................................8 →B7q
                              RF..................................9 →B7q

B7p.
~IF REINTERVIEW
        Since W1 IW MONTH W1 IW YEAR
~ELSE
        In the past two years
~END
        did (he/she) have a special test or treatment of (his/her)
        heart where tubes were inserted into (his/her) veins or
        arteries (cardiac catheterization, coronary angiogram or
        angioplasty)?

                              INAP................................0
                              YES.................................1
                              NO..................................5
                              DK..................................8
                              RF..................................9

B7q.
~IF REINTERVIEW
        Since W1 IW MONTH W1 IW YEAR
~ELSE
        In the past two years
~END
        did (he/she) have surgery on (his/her) heart?

                              INAP................................0
                              YES.................................1
                              NO..................................5
                              DK..................................8
                              RF..................................9

B9.
~IF REINTERVIEW
        WAVE 1: W1 STROKE V
~END
~IF W1 INTERVIEW (NOT REINTERVIEW)
        Did a doctor ever say that (he/she) had a stroke?
~ELSE W1 STROKE
        Our records from (his/her) last interview in W1 IW MONTH W1 IW YEAR show
        that (he/she) had a stroke.

        IWER:   PRESS 1 THEN PRESS ENTER UNLESS R VOLUNTARILY
                DISPUTES W1 RECORD.

~ELSE
        Since (his/her) interview in W1 IW MONTH W1 IW YEAR did a doctor say
        that (he/she) had a stroke?
~END
                              INAP................................0
                              YES.................................1
                              [VOL] POSSIBLE OR TIA...............2
                              [VOL] DISPUTES W1 RECORD............3 →B12
                              NO..................................5 →B12
                              DK..................................8
                              RF..................................9

     if:W1 STROKE V( *NOT* YES)
SKIP to:B9M
```

B9j.
        Since W1 IW MONTH W1 IW YEAR, did a doctor say that (he/she)
        had another stroke?

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

    if:B9j(NO *OR* DK *OR* RF) *OR* B9([VOL] POSSIBLE OR TIA)
SKIP to: B12

B9m.
        In what month and year was (his/her) (most recent) stroke?

        MONTH:

        YEAR:

B12.
        Did (he/she) fall down
~IF REINTERVIEW
        since W1 IW MONTH W1 IW YEAR?
~ELSE
        in the last two years?

~END

```
                              INAP...................................0 →B13
                              YES....................................1
                              NO.....................................5 →B13
                              DK.....................................8 →B13
                              RF.....................................9 →B13
```

B12a.
        How many times did (he/she) fall

~IF REINTERVIEW
        since W1 IW MONTH W1 IW YEAR?
~ELSE
        in the last two years?
~END

        # TIMES:

B12b.
        In (any of these falls/that fall), did (he/she) injure
        (him/her)self seriously enough to need medical treatment?

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

B13.
~IF W1 INTERVIEW (NOT REINTERVIEW)
        Did (he/she) ever fracture (his/her) hip?
~ELSE

        WAVE 1: W1 BROKEN H

        Did (he/she) fracture (his/her) hip since we talked in W1 IW MONTH W1 IW YEAR?
~END

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

        B15 TIMESTAMP

B18.

Was (he/she) often troubled with pain between W1 IW MONTH W1 IW YEAR and
when (he/she) died?

```
                           INAP...................................0 →B19
                           YES....................................1
                           NO.....................................5 →B19
                           DK.....................................8 →B19
                           RF.....................................9 →B19
```

B18a.

When the pain was at its worst, was it mild, moderate
or severe?

```
                           INAP...................................0
                           MILD...................................1 →B19
                           MODERATE...............................2
                           SEVERE.................................3
                           DK.....................................8
                           RF.....................................9
```

B18b.

How bad was the pain most of the time: mild, moderate
or severe?

```
                           INAP...................................0
                           MILD...................................1
                           MODERATE...............................2
                           SEVERE.................................3
                           DK.....................................8
                           RF.....................................9
```

B19.

Did (he/she) have any other major health problems
which you haven't told me about?

IF YES, SPECIFY ON NEXT SCREEN

```
                           INAP...................................0
                           YES....................................1
                           NO.....................................5
                           DK.....................................8
                           RF.....................................9
```

B19A TIMESTAMP

B19a.

What was that?

B20.

Did (he/she) smoke cigarettes in the last two years
of (his/her) life?

```
                           INAP...................................0
                           YES....................................1
                           NO.....................................5 →B21
                           DK.....................................8
                           RF.....................................9
```

B20a.

About how many cigarettes or packs did (he/she) usually smoke
in a day?

PROBE A RANGE

CIGARETTES/DAY:

PACKS/DAY:

```
                           INAP...................................0
                           CONTINUE...............................1
```

B21.
Did (he/she) ever drink any alcoholic beverages such as beer,
wine, or liquor in the last two years of (his/her) life?

```
INAP........................................0
YES.........................................1
[VOL] NEVER HAVE USED ALCOHOL........3
NO..........................................5
DK..........................................8
RF..........................................9
```

B22a.
Did R FIRST NAME gain or lose ten or more pounds
in the last 12 months of (his/her) life?

```
INAP........................................0
YES, GAINED.................................1
YES, LOST...................................2
NO..........................................5
DK..........................................8
RF..........................................9
```

B23ax.
Was there a period of at least one month during the last
year of (his/her) life when (he/she) had the following
problems:

Difficulty breathing?

```
INAP........................................0
YES.........................................1
[VOL] ON RESPIRATOR.................3
NO..........................................5
DK..........................................8
RF..........................................9
```

B23bx.
(Was there a period of at least one month during the last
year of (his/her) life when (he/she) had)

Very little appetite or desire for food?

```
INAP........................................0
YES.........................................1
[VOL] IV FLUIDS OR FEEDING TUBE......3
NO..........................................5
DK..........................................8
RF..........................................9
```

B23cx.
(Was there a period of at least one month during the last
year of (his/her) life when (he/she) had)

Frequent vomiting?

```
INAP........................................0
YES.........................................1
NO..........................................5
DK..........................................8
RF..........................................9
```

B23dx.
(Was there a period of at least one month during the last
year of (his/her) life when (he/she) had)

Difficulty controlling (his/her) arms and legs?

```
INAP........................................0
YES.........................................1
NO..........................................5
DK..........................................8
RF..........................................9
```

B23ex.

      (Was there a period of at least one month during the last
      year of (his/her) life when (he/she) had)

      Depression?

```
INAP...................................0
YES....................................1
NO.....................................5
DK.....................................8
RF.....................................9
```

B23fx.

      (Was there a period of at least one month during the last
      year of (his/her) life when (he/she) had)

      Periodic confusion?

```
INAP...................................0
YES....................................1
NO.....................................5
DK.....................................8
RF.....................................9
```

B23m.

      (Was there a period of at least one month during the last
      year of (his/her) life when (he/she) had)

      Severe fatigue or exhaustion?

```
INAP...................................0
YES....................................1
NO.....................................5
DK.....................................8
RF.....................................9
```

B23hx.

      (Was there a period of at least one month during the last
      year of (his/her) life when (he/she) had)

      Difficulty being aroused or awakened, or loss of consciousness?

```
INAP...................................0
YES....................................1
NO.....................................5
DK.....................................8
RF.....................................9
```

B23n.

      (Was there a period of at least one month during the last
      year of (his/her) life when (he/she) had)

      Persistent wheezing, cough, or bringing up phlegm?

```
INAP...................................0
YES....................................1
NO.....................................5
DK.....................................8
RF.....................................9
```

B23kx.

      (Was there a period of at least one month during the last
      year of (his/her) life when (he/she) had)

      Uncontrolled outbursts of temper?

```
INAP...................................0
YES....................................1
NO.....................................5
DK.....................................8
RF.....................................9
```

B23mx.
(Was there a period of at least one month during the last
year of (his/her) life when (he/she) had)

Loss of control of bowel or bladder?

```
                                 INAP...................................0
                                 YES....................................1
                                 NO.....................................5
                                 DK.....................................8
                                 RF.....................................9
```

                    B END TIMESTAMP

PC1.

Part of this study is concerned with people's memory, and
ability to think about things. For the next few questions,
I want you to think about R FIRST NAME as of one month before
(his/her) death. First, how would you rate
R FIRST NAME'S memory at that time? Would you say it was
excellent, very good, good, fair or poor?

```
                        EXCELLENT...........................1
                        VERY GOOD...........................2
                        GOOD................................3
                        FAIR................................4
                        POOR................................5
                        DK..................................8
                        RF..................................9
```

PC3.

How would you rate R FIRST NAME in making judgements and
decisions? Would you say (he/she) was excellent, very
good, good, fair, or poor?

```
                        EXCELLENT...........................1
                        VERY GOOD...........................2
                        GOOD................................3
                        FAIR................................4
                        POOR................................5
                        DK..................................8
                        RF..................................9
```

PC5.

How would you rate R FIRST NAME'S ability to organize
(his/her) daily activities? (Would you say (he/she) was
excellent, very good, good, fair, or poor?)

```
                        EXCELLENT...........................1
                        VERY GOOD...........................2
                        GOOD................................3
                        FAIR................................4
                        POOR................................5
                        DK..................................8
                        RF..................................9
```

PC7.

Now we want you to remember what R FIRST NAME was like
~IF REINTERVIEW
when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR
~ELSE
two years before (his/her) death
~END
and to compare it with what (he/she) was like toward
the end of (his/her) life, but leaving out the last month or
so of (his/her) life.

I will read situations where R FIRST NAME had to use (his/her) memory
or intelligence and we would like you to indicate whether this
improved, stayed the same, or got worse in that situation over
that time period.

Note the importance of comparing (his/her) performance toward
the end of (his/her) life with
~IF REINTERVIEW
when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR. So if in W1 IW MONTH W1 IW YEAR
~ELSE
two years before (his/her) death. So if two years earlier
~END
R FIRST NAME always forgot where (he/she) had left things, and
(he/she) still did toward the end of (his/her) life,
then this would be considered "not much change".

```
PC8.
~IF REINTERVIEW
          (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,)
~ELSE
          (Compared with two years before (his/her) death,)

~END
          how was R FIRST NAME at:

          Remembering things about family and friends, such as
          occupations, birthdays, and addresses.  Had this improved,
          not much changed, or gotten worse?

                              INAP...................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2  →PC9
                              GOTTEN WORSE...........................3  →PC8b
                              DK.....................................8
                              RF.....................................9

  PC8a.      Was it much improved or a bit improved?

                              INAP...................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9


       if:PC8(IMPROVED)
SKIP to:PC9

  PC8b.
             Was it much worse or a bit worse?

                              INAP...................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9


PC9.
~IF REINTERVIEW
          (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
          (Compared with two years before (his/her) death,
~END
          how was R FIRST NAME at:)

          Remembering things that had happened recently?
          (Had this improved, not much changed, or gotten worse?)

                              INAP...................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2  →PC10
                              GOTTEN WORSE...........................3  →PC9b
                              DK.....................................8
                              RF.....................................9

PC9a.
           Was it much improved or a bit improved?

                              INAP...................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9


       if:PC9(IMPROVED)
SKIP to:PC10
```

PC9b.   Was it much worse or a bit worse?

                                        INAP...................................0
                                        A BIT WORSE............................4
                                        MUCH WORSE.............................5
                                        DK.....................................8
                                        RF.....................................9

PC10.
~IF REINTERVIEW
            (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
            (Compared with two years before (his/her) death,
~END
            how was R FIRST NAME at:)

            Recalling conversations a few days later?
            (Had this improved, not much changed, or gotten worse?)

                                        INAP...................................0
                                        IMPROVED...............................1
                                        NOT MUCH CHANGED.......................2 →PC11
                                        GOTTEN WORSE...........................3 →PC10b
                                        DK.....................................8
                                        RF.....................................9

PC10a.   Was it much improved or a bit improved?

                                        INAP...................................0
                                        MUCH IMPROVED..........................1
                                        A BIT IMPROVED.........................2
                                        DK.....................................8
                                        RF.....................................9

        if:PC10(IMPROVED)
SKIP to:PC11

PC10b.   Was it much worse or a bit worse?

                                        INAP...................................0
                                        A BIT WORSE............................4
                                        MUCH WORSE.............................5
                                        DK.....................................8
                                        RF.....................................9

PC11.
~IF REINTERVIEW
            (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
            (Compared with two years before (his/her) death,
~END
            how was R FIRST NAME at:)

            Remembering (his/her) address and telephone number?
            (Had this improved, not much changed, or gotten worse?)

                                        INAP...................................0
                                        IMPROVED...............................1
                                        NOT MUCH CHANGED.......................2 →PC12
                                        GOTTEN WORSE...........................3 →PC11b
                                        DK.....................................8
                                        RF.....................................9

PC11a.   Was it much improved or a bit improved?

                                        INAP...................................0
                                        MUCH IMPROVED..........................1
                                        A BIT IMPROVED.........................2
                                        DK.....................................8
                                        RF.....................................9

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```
        if:PC11(IMPROVED)
SKIP to:PC12

 PC11b.
          Was it much worse or a bit worse?

                              INAP....................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9


 PC12.
 ~IF REINTERVIEW
          (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
 ~ELSE
          (Compared with two years before (his/her) death,
 ~END
          how was R FIRST NAME at:)

          Remembering what day and month it is?
          (Had this improved, not much changed, or gotten worse?)

                              INAP....................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2 →PC13
                              GOTTEN WORSE...........................3 →PC12b
                              DK.....................................8
                              RF.....................................9

 PC12a.
          Was it much improved or a bit improved?

                              INAP....................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9


        if:PC12(IMPROVED)
SKIP to:PC13

 PC12b.
          Was it much worse or a bit worse?

                              INAP....................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9


 PC13.
 ~IF REINTERVIEW
          (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
 ~ELSE
          (Compared with two years before (his/her) death,
 ~END
          how was R FIRST NAME at:)

          Remembering where things are usually kept?
          (Had this improved, not much changed, or gotten worse?)

                              INAP....................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2 →PC14
                              GOTTEN WORSE...........................3 →PC13b
                              DK.....................................8
                              RF.....................................9
```

PC13a.
      Was it much improved or a bit improved?

```
                              INAP....................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9
```

    if:PC13(IMPROVED)
SKIP to:PC14

PC13b.
      Was it much worse or a bit worse?

```
                              INAP....................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9
```

PC14.
~IF REINTERVIEW
      (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
      (Compared with two years before (his/her) death,
~END
      how was R FIRST NAME at:)

      Remembering where to find things which have been put
      in a different place than usual?
      (Had this improved, not much changed, or gotten worse?)

```
                              INAP....................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2 →PC15
                              GOTTEN WORSE...........................3 →PC14b
                              DK.....................................8
                              RF.....................................9
```

PC14a.
      Was it much improved or a bit improved?

```
                              INAP....................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9
```

    if:PC14(IMPROVED)
SKIP to:PC15

PC14b.
      Was it much worse or a bit worse?

```
                              INAP....................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9
```

```
PC15.
~IF REINTERVIEW
        (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
        (Compared with two years before (his/her) death,
~END
        how was R FIRST NAME at:)

        Knowing how to work familiar machines around the house?
        (Had this improved, not much changed, or gotten worse?)

                                INAP...................................0
                                IMPROVED...............................1
                                NOT MUCH CHANGED.......................2 →PC16
                                GOTTEN WORSE...........................3 →PC15b
                                DK.....................................8
                                RF.....................................9

PC15a.
        Was it much improved or a bit improved?

                                INAP...................................0
                                MUCH IMPROVED..........................1
                                A BIT IMPROVED.........................2
                                DK.....................................8
                                RF.....................................9


     if:PC15(IMPROVED)
SKIP to:PC16

PC15b.
        Was it much worse or a bit worse?

                                INAP...................................0
                                A BIT WORSE............................4
                                MUCH WORSE.............................5
                                DK.....................................8
                                RF.....................................9


PC16.
~IF REINTERVIEW
        (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
        (Compared with two years before (his/her) death,
~END
        how was R FIRST NAME at:)

        Learning to use a new gadget or machine around the house?
        (Had this improved, not much changed, or gotten worse?)

                                INAP...................................0
                                IMPROVED...............................1
                                NOT MUCH CHANGED.......................2 →PC17
                                GOTTEN WORSE...........................3 →PC16b
                                DK.....................................8
                                RF.....................................9

PC16a.
        Was it much improved or a bit improved?

                                INAP...................................0
                                MUCH IMPROVED..........................1
                                A BIT IMPROVED.........................2
                                DK.....................................8
                                RF.....................................9


     if:PC16(IMPROVED)
SKIP to:PC17
```

PC16b.
Was it much worse or a bit worse?

```
                              INAP....................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9
```

PC17.
~IF REINTERVIEW
(Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
(Compared with two years before (his/her) death,
~END
how was R FIRST NAME at:)

Learning new things in general?
(Had this improved, not much changed, or gotten worse?)

```
                              INAP....................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2 →PC18
                              GOTTEN WORSE...........................3 →PC17b
                              DK.....................................8
                              RF.....................................9
```

PC17a.
Was it much improved or a bit improved?

```
                              INAP....................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9
```

   if:PC17(IMPROVED)
SKIP to:PC18

PC17b.
Was it much worse or a bit worse?

```
                              INAP....................................0
                              A BIT WORSE............................4
                              MUCH WORSE.............................5
                              DK.....................................8
                              RF.....................................9
```

PC18.
~IF REINTERVIEW
(Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
(Compared with two years before (his/her) death,
~END
how was R FIRST NAME at:)

Following a story in a book or on TV?
(Had this improved, not much changed, or gotten worse?)

```
                              INAP....................................0
                              IMPROVED...............................1
                              NOT MUCH CHANGED.......................2 →PC19
                              GOTTEN WORSE...........................3 →PC18b
                              DK.....................................8
                              RF.....................................9
```

PC18a.
Was it much improved or a bit improved?

```
                              INAP....................................0
                              MUCH IMPROVED..........................1
                              A BIT IMPROVED.........................2
                              DK.....................................8
                              RF.....................................9
```

```
        if:PC18(IMPROVED)
SKIP to:PC19

  PC18b.
             Was it much worse or a bit worse?

                                    INAP...................................0
                                    A BIT WORSE............................4
                                    MUCH WORSE.............................5
                                    DK.....................................8
                                    RF.....................................9


  PC19.
  ~IF REINTERVIEW
             (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
  ~ELSE
             (Compared with two years before (his/her) death,
  ~END
             how was R FIRST NAME at:)

             Making decisions on everyday matters?
             (Had this improved, not much changed, or gotten worse?)

                                    INAP...................................0
                                    IMPROVED...............................1
                                    NOT MUCH CHANGED.......................2 →PC20
                                    GOTTEN WORSE...........................3 →PC19b
                                    DK.....................................8
                                    RF.....................................9

  PC19a.
             Was it much improved or a bit improved?

                                    INAP...................................0
                                    MUCH IMPROVED..........................1
                                    A BIT IMPROVED.........................2
                                    DK.....................................8
                                    RF.....................................9


        if:PC19(IMPROVED)
SKIP to:PC20

  PC19b.
             Was it much worse or a bit worse?

                                    INAP...................................0
                                    A BIT WORSE............................4
                                    MUCH WORSE.............................5
                                    DK.....................................8
                                    RF.....................................9

  PC20.
  ~IF REINTERVIEW
             (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
  ~ELSE
             (Compared with two years before (his/her) death,
  ~END
             how was R FIRST NAME at:)

             Handling money for shopping?
             (Had this improved, not much changed, or gotten worse?)

                                    INAP...................................0
                                    IMPROVED...............................1
                                    NOT MUCH CHANGED.......................2 →PC21
                                    GOTTEN WORSE...........................3 →PC20b
                                    DK.....................................8
                                    RF.....................................9
```

```
PC20a.        Was it much improved or a bit improved?

                                    INAP...................................0
                                    MUCH IMPROVED..........................1
                                    A BIT IMPROVED.........................2
                                    DK.....................................8
                                    RF.....................................9


      if:PC20(IMPROVED)
SKIP to:PC21

  PC20b.        Was it much worse or a bit worse?

                                    INAP...................................0
                                    A BIT WORSE............................4
                                    MUCH WORSE.............................5
                                    DK.....................................8
                                    RF.....................................9


  PC21.
  ~IF REINTERVIEW
          (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
  ~ELSE
          (Compared with two years before (his/her) death,
  ~END
          how was R FIRST NAME at:)

          Handling financial matters, that is, the pension or
          dealing with the bank?
          (Had this improved, not much changed, or gotten worse?)

                                    INAP...................................0
                                    IMPROVED...............................1
                                    NOT MUCH CHANGED.......................2 →PC22
                                    GOTTEN WORSE...........................3 →PC21b
                                    DK.....................................8
                                    RF.....................................9

  PC21a.        Was it much improved or a bit improved?

                                    INAP...................................0
                                    MUCH IMPROVED..........................1
                                    A BIT IMPROVED.........................2
                                    DK.....................................8
                                    RF.....................................9


      if:PC21(IMPROVED)
SKIP to:PC22

  PC21b.        Was it much worse or a bit worse?

                                    INAP...................................0
                                    A BIT WORSE............................4
                                    MUCH WORSE.............................5
                                    DK.....................................8
                                    RF.....................................9
```

PC22.
~IF REINTERVIEW
        (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
        (Compared with two years before (his/her) death,
~END
        how was R FIRST NAME at:)

        Handling other everyday arithmetic problems, such as,
        knowing how much food to buy, knowing how long between
        visits from family or friends?
        (Had this improved, not much changed, or gotten worse?)

                                    INAP...................................0
                                    IMPROVED...............................1
                                    NOT MUCH CHANGED.......................2 →PC23
                                    GOTTEN WORSE...........................3 →PC22b
                                    DK.....................................8
                                    RF.....................................9

PC22a.
        Was it much improved or a bit improved?

                                    INAP...................................0
                                    MUCH IMPROVED..........................1
                                    A BIT IMPROVED.........................2
                                    DK.....................................8
                                    RF.....................................9

     if:PC22(IMPROVED)
SKIP to:PC23

 PC22b.
        Was it much worse or a bit worse

                                    INAP...................................0
                                    A BIT WORSE............................4
                                    MUCH WORSE.............................5
                                    DK.....................................8
                                    RF.....................................9

PC23.
~IF REINTERVIEW
        (Compared with when we interviewed (him/her) in W1 IW MONTH W1 IW YEAR,
~ELSE
        (Compared with two years before (his/her) death,
~END
        how was R FIRST NAME at:)

        Using (his/her) intelligence to understand what's
        going on and to reason things through?
        (Had this improved, not much changed, or gotten worse?)

                                    INAP...................................0
                                    IMPROVED...............................1
                                    NOT MUCH CHANGED.......................2 →PC24
                                    GOTTEN WORSE...........................3 →PC23b
                                    DK.....................................8
                                    RF.....................................9

PC23a.
        Was it much improved or a bit improved?

                                    INAP...................................0
                                    MUCH IMPROVED..........................1
                                    A BIT IMPROVED.........................2
                                    DK.....................................8
                                    RF.....................................9

     if:PC23(IMPROVED)
SKIP to:PC24

PC23b.   Was it much worse or a bit worse?

                              INAP.....................................0
                              A BIT WORSE..............................4
                              MUCH WORSE...............................5
                              DK.......................................8
                              RF.......................................9

PC24.   Did R FIRST NAME ever get lost in a familiar environment?

                              YES......................................1
                              NO.......................................5
                              DK.......................................8
                              RF.......................................9

PC25.   Did (he/she) ever wander off and not return by (himself/herself)?

                              YES......................................1
                              NO.......................................5
                              DK.......................................8
                              RF.......................................9

PC26.   Could (he/she) be left alone for an hour or so?

                              YES......................................1
                              NO.......................................5
                              DK.......................................8
                              RF.......................................9

PC27.   Did R FIRST NAME ever see or hear things that were not really there?

                              YES......................................1
                              NO.......................................5
                              DK.......................................8
                              RF.......................................9

PC28.   During the last few months of (his/her) life, how often did
         R FIRST NAME show any of the following behaviors:

         (During the last few months of (his/her) life) how often
         did (he/she) become angry or hostile without reason? Was
         it most of the time, some of the time, or never?

                              MOST OF TIME.............................1
                              SOME OF TIME.............................2
                              NEVER....................................3
                              DK.......................................8
                              RF.......................................9

PC29.   (During the last few months of (his/her) life)

         How often did (he/she) have difficulties falling asleep or
         waking frequently during the night?

                              MOST OF TIME.............................1
                              SOME OF TIME.............................2
                              NEVER....................................3
                              DK.......................................8
                              RF.......................................9

PC30.

(During the last few months of (his/her) life)

How often did (he/she) do things that were dangerous
to (himself/herself) or others?

```
                        MOST OF TIME...........................1
                        SOME OF TIME...........................2
                        NEVER..................................3
                        DK.....................................8
                        RF.....................................9
```

PC31.

(During the last few months of (his/her) life)

How often did (he/she) pace around or make unexplained
rocking movements while sitting?

```
                        MOST OF TIME...........................1
                        SOME OF TIME...........................2
                        NEVER..................................3
                        DK.....................................8
                        RF.....................................9
```

PC32.

(During the last few months of (his/her) life)

How often did (he/she) mention that people were plotting
against or trying to harm (him/her)?

```
                        MOST OF TIME...........................1
                        SOME OF TIME...........................2
                        NEVER..................................3
                        DK.....................................8
                        RF.....................................9
```

PC33.

(During the last few months of (his/her) life)

How often did (he/she) drink too much alcohol?

```
                        MOST OF TIME...........................1
                        SOME OF TIME...........................2
                        NEVER..................................3
                        DK.....................................8
                        RF.....................................9
```

```
                        PC END TIMESTAMP
SKIP to: C TIME STAMP
                        C TIME STAMP
                        C END TIME STAMP
```

D0.

    Families and friends often help one another in different
ways. Part of our research is finding out how they do
that, so we have some questions about family.

D4x.

    Did R FIRST NAME (and his/her husband/wife/partner) have any grandchildren?

```
                    INAP...................................0
                    YES....................................1
                    NO.....................................5  →D42
                    DK.....................................8
                    RF.....................................9
```

D40.

    How many grandchildren did R FIRST NAME (and his/her husband/wife/partner) have?

D42.

    Did R FIRST NAME (and his/her husband/wife/partner) have any great-grandchildren?

```
                    INAP...................................0
                    YES....................................1
                    NO.....................................5  →D45
                    DK.....................................8
                    RF.....................................9
```

D42a.

    Altogether, how many great-grandchildren did

    R FIRST NAME (and his/her husband/wife/partner) have?

```
    if:D40( > 0) *OR* D42(YES)
SKIP to:D46
```

D45. CKPOINT ANY "OFFSPRING" R/SP

```
    if:D45(0) *AND* Q513(0)
SKIP to:D72
```

D46.

    The next questions are about help given or received
since W1 IW MONTH W1 IW YEAR but before (he/she) died.

    The financial help we ask about excludes shared housing
and shared food, so don't count that type of help.

    It also excludes anything (he/she) left to others after
(he/she) died.

    (Since Wave1 Month, Year/In the last two years), had R FIRST NAME (or your husband/wife/partner
/ or your late husband/wife partner) given any of (his/her/their) (children) (or grandchildren)
(or great-grandchildren) a deed to a house?

```
                    INAP...................................0  →D50 TIMESTAMP
                    YES....................................1
                    NO.....................................5  →D50 TIMESTAMP
                    DK.....................................8  →D50 TIMESTAMP
                    RF.....................................9  →D50 TIMESTAMP
```

```
D46a.
 ~IF Q513 (1)
        Did (he/she) give it to (his/her/their) child?
 ~ELSE
        Did (he/she) give it to any of (his/her/their) children?
 ~END


                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9


     if:D46a(NO *OR* DK *OR* RF) *OR* Q513(1)
SKIP to:D48


 D47.
        Which child was that?

        CHOOSE ALL THAT APPLY


     if:D45(0) *OR* D46(1)
SKIP to:D50 TIMESTAMP

 D48.
        Did (he/she) give a deed to any of (his/her/their) grandchildren
        (or great-grandchildren)?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →D50 TIMESTAMP
                              DK.....................................8
                              RF.....................................9

 D49.
        Which of (his/her/their) children is the parent of those grandchildren
        (or great-grandchildren)?

        CHOOSE ALL THAT APPLY


                      D50 TIMESTAMP


     if: Q513 CHILDREN(0)
SKIP to:D55 TIME ST

 D50.
        (Since Wave1 Month, Year/In the last two years) had R FIRST NAME (or your husband/wife/partner /
        or your late husband/wife partner) given financial help or (other) gifts totaling $100 or more to
 ~IF Q513 (1)
        (his/her/their) child?
 ~ELSE
        any of (his/her/their) children?
 ~END

                              INAP...................................0
                              YES....................................1→D50
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9


     if:D54(NO *OR* DK *OR* RF) *OR* D52(ALL CHILDREN) *OR* D52(ALL CHILDREN)
SKIP to:D55 TIME ST


     if: Q513 (0)
SKIP to:D55 TIME ST
```

D52.
~IF R HAS ONE CHILD
            To which child did (he/she) give the largest amount?
~ELSE
            To which child did (he/she) give the next largest amount?
~END

        if: Q513 (0)
SKIP to:D55 TIME ST

 D53.
~IF CHILD IS DECEASED
            About how much did that amount to for (his/her/their) deceased child
~ELSE NOT ▓ALL MY CHILDREN▓
            About how much did that amount to for GRANDCHILD NAME
~ELSE
            About how much did that amount to for each child
~END
            (or family) (since Wave1 Month, Year/in the last two years)?

            DO NOT PROBE DK/RF

            AMOUNT:

        if: Q513 (0)
SKIP to:D55 TIME ST

 D53a.
            Was it more than $5,000?

                                    INAP....................................0
                                    YES.....................................1
                                    NO......................................5
                                    DK......................................8
                                    RF......................................9

        if:D54(NO *OR* DK *OR* RF) *OR* D52(ALL CHILDREN) *OR* D52(ALL CHILDREN)
SKIP to:D55 TIME ST

 D53b.
            Was it more than $20,000?

                                    INAP....................................0
                                    YES.....................................1
                                    NO......................................5
                                    DK......................................8
                                    RF......................................9

        if: Q513 (0)
SKIP to:D55 TIME ST

 D53c.
            Was it more than $500?

                                    INAP....................................0
                                    YES.....................................1
                                    NO......................................5
                                    DK......................................8
                                    RF......................................9

        if:D54(NO *OR* DK *OR* RF) *OR* D52(ALL CHILDREN) *OR* D52(ALL CHILDREN)
SKIP to:D55 TIME ST

D54.
        Had (he/she) (or your husband/wife/partner / or your late husband/wife partner) given financial
        help gifts totaling $100 or more to any other child (since Wave1 Month, Year/in the last two years)?

                            INAP.................................0
                            YES..................................1→D52
                            NO...................................5
                            DK...................................8
                            RF...................................9

        if:D45(0)
SKIP to:D61

D55.
        (Since Wave1 Month, Year/In the last two years) had R FIRST NAME (or your husband/wife/partner /
        or your late husband/wife partner) given financial help or gifts totaling $500 or more to any of
        (his/her/their) grandchildren (or great-grandchildren)?

        That would include financial help with education.

                            INAP.................................0
                            YES..................................1
                            NO...................................5
                            DK...................................8
                            RF...................................9

                        D56 TIME STAMP

        if:D58(NO *OR* DK *OR* RF)
SKIP to:D61

D56.
~IF R HAS ONE GRANDCHILD
        Which of (his/her/their) children is the parent of the grandchild
        (or great-grandchild) to whom (he/she) gave the largest amount?
~ELSE
        Which of (his/her/their) children is the parent of the grandchild
        (or great-grandchild) to whom (he/she) gave the next largest
        amount?
~END

                            INAP.................................00
                            DECEASED CHILD.......................10
                            ALL CHILDREN.........................11

        if:D55(NO *OR* DK *OR* RF)
SKIP to:D61 TIME ST

        if:D58(NO *OR* DK *OR* RF)
SKIP to:D61

D57.
~IF GRANDCHILD IS DECEASED
        Thinking about what (he/she) gave to all of (his/her/their) deceased child's
~ELSE GRANDCHILD IS LIVING
        Thinking about what (he/she) gave to all of GRANDCHILD NAME
~ELSE
        Thinking about what (he/she) gave to all of HH2 GRANDCHILD NAME
~END
        offspring, about how much was that altogether during
        the period (since Wave1 Month, Year/in the last two years)?

        DO NOT PROBE DK/RF

        AMOUNT:

D57.TRANSFER TO OFFSPRING $
  AMOUNT

  D57a.
          Was it more than $5,000?

                                INAP................................0
                                YES.................................1
                                NO..................................5
                                DK..................................8
                                RF..................................9

  D57b.
          Was it more than $20,000?

                                INAP................................0
                                YES.................................1
                                NO..................................5
                                DK..................................8
                                RF..................................9

  D57c.
          Was it more than $500?

                                INAP................................0
                                YES.................................1
                                NO..................................5
                                DK..................................8
                                RF..................................9

  D58.
          Had R FIRST NAME (or your husband/wife/partner / or your late husband/wife partner) given
          financial help or gifts totaling $500 or more (since Wave1 Month, Year/in the last two years)
          to any other grandchildren (or great-grandchildren)?

                                INAP................................0
                                YES.................................1→D56
                                NO..................................5
                                DK..................................8
                                RF..................................9

                    D61 TIME STAMP

  D59.
          (Other than what you have already told me about) had R FIRST NAME
          (or your husband/wife/partner / or your late husband/wife partner) given any amount
          of financial help or gifts to any other grandchildren (or great-grandchildren)?

                                INAP................................0
                                YES.................................1
                                NO..................................5 →D61
                                DK..................................8
                                RF..................................9

  D60.
          About how much did that financial help or gifts amount
          to altogether?

          AMOUNT:

D61.
        (Since Wave1 Month, Year/In the last two years) had R FIRST NAME (or your husband/wife/partner /
        or your late husband/wife partner)received financial help or gifts totaling $100
~IF Q513 (1)
        or more from (his/her/their) child?
~ELSE
        or more from any of (his/her/their) children?
~END

                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9

D62.
~IF R HAS ONE CHILD
        Which child gave (him/her) the largest amount?
~ELSE
        Which child gave (him/her) the next largest amount?
~END

                              INAP................................00
                              DECEASED CHILD......................10
                              ALL CHILDREN........................11

D63.
~IF DECEASED CHILD
        About how much did that amount to from (his/her/their) deceased child?
~ELSE NOT ▓ALL MY CHILDREN▓
        About how much did that amount to from 1ST CHILD NAME
~ELSE
        About how much did that amount to from each child
~END
        (since Wave1 Month, Year/in the last two years)?

        DO NOT PROBE DK/RF

        AMOUNT:

    if:D64(NO *OR* DK *OR* RF) *OR* D62(ALL CHILDREN) *OR* D62(ALL CHILDREN)
SKIP to:D65 TIME ST

D63a.
        Was it more than $1,000?

                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9

D63b.
        Was it more than $5,000?

                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9

D63c.
        Was it more than $500?

                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9

```
        if:D64(NO *OR* DK *OR* RF) *OR* D62(ALL CHILDREN) *OR* D62(ALL CHILDREN)
SKIP to:D65 TIME ST


 D64.
 ~IF PROXY IS SURVIVING SPOUSE
         Have you or your (husband/wife/partner / late husband/wife/partner) received financial help
 ~ELSE
         Had (he/she) (or your husband/wife/partner / or your late husband/wife partner) received
       financial help
 ~END
         or gifts totaling $100 or more from any other child
         (since Wave1 Month, Year/in the last two years)?

                          INAP..................................0
                          YES...................................1
                          NO....................................5
                          DK....................................8
                          RF....................................9


     if:D45(0)
SKIP to:D72 TIMESTAMP

 D65.
         (Since Wave1 Month, Year/In the last two years) had R FIRST NAME (or your husband/wife/partner /
         or your late husband/wife partner) received financial help or gifts totaling $500
         or more from any grandchild (or great-grandchild)?

                          INAP..................................0
                          YES...................................1
                          NO....................................5
                          DK....................................8
                          RF....................................9
 D66.
 ~IF R HAS ONE GRANDCHILD OR GREAT GRANDCHILD
         Which of (his/her/their) children is the parent of the grandchild
         (or great-grandchild) from whom (he/she) received the largest
         amount?

 ~ELSE
         Which of (his/her/their) children is the parent of the grandchild
         (or great-grandchild) from whom (he/she) received the next
         largest amount?
 ~END
                          INAP................................00
                          DECEASED CHILD......................10
                          ALL CHILDREN........................11


     if:D67ex(NO *OR* DK *OR* RF)
SKIP to:D72 TIME ST


 D67.
 ~IF D66 WAS ANSWERED
         Thinking about what (he/she) received from all
         of D66's
 ~ELSE
         Thinking about what (he/she) received from all
         of D66's
 ~END

 ~ELSE CHILD NOT DECEASED
         Thinking about what (he/she) received from all
         of D66's
 ~ELSE
         Thinking about what (he/she) received from all
         of D66's
 ~END
         offspring, about how much was that altogether during
         the period (since Wave1 Month, Year/in the last two years)?

         DO NOT PROBE DK/RF
         AMOUNT:
```

D67a.
       Was it more than $1,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

D67b.
       Was it more than $5,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

D67c.
       Was it more than $500?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

     if:D67ex(NO *OR* DK *OR* RF)
SKIP to:D72 TIME ST

D67ex.
       Had R FIRST NAME (or your husband/wife/partner / or your late husband/wife partner) received
       financial help or gifts totaling $500 or more (since Wave1 Month, Year/in the last two years)
       from any other grandchildren (or great-grandchildren)?

                              INAP...................................0
                              YES....................................1→D66
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

                      D72 TIME STAMP

D68.
       (Other than what you have already told me about) had R FIRST NAME
       (or your husband/wife/partner / or your late husband/wife partner)
       received smaller amounts of financial help or gifts from any other grandchildren
       (or great-grandchildren)?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →D72 TIMESTAMP
                              DK.....................................8
                              RF.....................................9

D68b.
       About how much did that financial help or gifts amount
       to altogether?

       AMOUNT:

                      D72 TIMESTAMP

D72.
    (Since Wave1 Month, Year/In the last two years) had R FIRST NAME
    (or your husband/wife/partner / or your late husband/wife partner)
    received financial help or gifts totaling $500 or more from any
    (other) relatives or friends?

```
                              INAP..................................0
                              YES...................................1
                              NO....................................5 →D76
                              DK....................................8
                              RF....................................9
```

D73.
    How many (other) relatives or friends provided that assistance?

D74.
    Altogether, about how much did the assistance from
    those (other) relatives and friends amount to
    (since Wave1 Month, Year/in the last two years)?

    DO NOT PROBE DK/RF

    AMOUNT:

    if:D74(*NOT* DK *AND* *NOT* RF)
SKIP to:D74d

D74a.
    Was it more than $1,000?

```
                              INAP..................................0
                              YES...................................1
                              NO....................................5 →D74c
                              DK....................................8
                              RF....................................9
```

D74b.
    Was it more than $5,000?

```
                              INAP..................................0 →D74d
                              YES...................................1 →D74d
                              NO....................................5 →D74d
                              DK....................................8 →D74d
                              RF....................................9 →D74d
```

D74c.
    Was it more than $500?

```
                              INAP..................................0
                              YES...................................1
                              NO....................................5
                              DK....................................8
                              RF....................................9
```

    if:D45(0)
SKIP to: END D TIME STAMP

D76.
    (Since Wave1 Month, Year/In the last two years), had R FIRST NAME (or your husband/wife/partner
    or your late husband/wife partner) spent any time taking care of (his/her/their)
    grandchildren (or great-grandchildren)?

```
                              INAP..................................0 →END D TIMESTAMP
                              YES...................................1
                              NO....................................5 →END D TIMESTAMP
                              DK....................................8 →END D TIMESTAMP
                              RF....................................9 →END D TIMESTAMP
```

D76a.
    Which of (his/her/their) children is the parent of those
    grandchildren (or great-grandchildren)?

    CHOOSE ALL THAT APPLY

D77.   Did (he/she), (him/her)self spend 100 or more hours in total
          (since Wave1 Month, Year/in the last two years) taking care of grandchildren (or
          great-grandchildren)?

                              INAP.................................0
                              YES..................................1
                              NO...................................5 →D77b
                              DK...................................8
                              RF...................................9

D77a.   About how many hours altogether did (he/she) spend?

D77b.   Did R FIRST NAME's (husband/wife/partner / late husband/wife/partner), spend 100 or
          more hours in total (since Wave1 Month, Year/in the last two years) taking
          care of grandchildren (or great-grandchildren)?

                              INAP.................................0
                              YES..................................1
                              NO...................................5 →END D TIMESTAMP
                              DK...................................8
                              RF...................................9

D77c.   About how many hours altogether did (his/her)
          (husband/wife/partner / late husband/wife/partner) spend?

                     D END TIMESTAMP

```
        if:CS2cx( *NOT* IN HOSPITAL)
SKIP to:E1
```

Ex1.
>   Earlier you told me that R FIRST NAME died while in a hospital.
>   How long had (he/she) been a patient in that hospital
>
>   before (his/her) death?

Ex2.
>   Why had (he/she) been admitted to the hospital?
>   Was it to have surgery, receive other treatments, relieve
>   (his/her) symptoms, or what?
>
>   CHOOSE ALL THAT APPLY

```
                        INAP..............................0,
                        SURGERY...........................1,
                        OTHER TREATMENTS..................2,
                        RELIEVE SYMPTOMS..................3,
                        OTHER (SPECIFY)...................7,
                        DK................................8,
                        RF................................9,
```

                          E1 TIME STAMP

E1.
~IF PLACE OF DEATH (HOSPITAL)
>   In addition to that hospital stay,
~END
>   (Since Wave1 Month, Year / In the last two years before he/she died), had R FIRST NAME
>   been a patient in a hospital overnight?

```
                        INAP..............................0
                        YES...............................1
                        NO................................5 →E4x
                        DK................................8
                        RF................................9
```

```
        if:CS2cx(IN HOSPITAL) *AND* E1(NO *OR* DK *OR* RF)
SKIP to:E3
```

E2.
~IF PLACE OF DEATH (HOSPITAL)
>   Including (his/her) final hospitalization,
~END
>   How many different times was (he/she) a patient in a hospital
>   overnight (since Wave1 Month, Year / in the last two years before he/she died)?

E3.
>   (Altogether) How many nights was (he/she) a patient in the
>   hospital (since Wave1 Month, Year / in the last two years before he/she died)?

~IF MORE THAN ONE OVERNIGHT HOSPITAL STAYS IN THE LAST TWO YEARS
>   During any of those hospital stays
~ELSE
>   During (his/her) hospital stay
~END
>   did R FIRST NAME spend any time in an
>   intensive care unit?

```
                        INAP..............................0
                        YES...............................1
                        NO................................5
                        DK................................8
                        RF................................9
```

E3bx.
~IF MORE THAN ONE OVERNIGHT HOSPITAL STAYS IN THE LAST TWO YEARS
        (During any of those hospital stays)
~ELSE
        (During (his/her) hospital stay)
~END
        did (he/she) use life support equipment, such as a respirator?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5
                                DK.....................................8
                                RF.....................................9

E3cx.
~IF MORE THAN ONE OVERNIGHT HOSPITAL STAYS IN THE LAST TWO YEARS
        (During any of those hospital stays)
~ELSE
        (During (his/her) hospital stay)
~END
        did (he/she) use kidney dialysis services?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5
                                DK.....................................8
                                RF.....................................9

E3dx.
~IF MORE THAN ONE OVERNIGHT HOSPITAL STAYS IN THE LAST TWO YEARS
        (During any of those hospital stays)
~ELSE
        (During (his/her) hospital stay)
~END
        did (he/she) receive antibiotics to treat pneumonia
        or other infection?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5
                                DK.....................................8
                                RF.....................................9

E4.
        Were the costs for (his/her) hospital stay(s) completely covered by
~IF BIRTH YEAR ON OR BEFORE 1931
        Medicare, Medicaid, or other
~END
        health insurance, partly covered by insurance, or not covered at
        all by insurance?

                                INAP...................................0
                                FULLY COVERED..........................1
                                PARTLY COVERED.........................3
                                NOT COVERED AT ALL.....................5
                                COSTS NOT SETTLED YET..................7
                                DK.....................................8
                                RF.....................................9

    if:CS2cx(*NOT* IN NURSING HOME)
SKIP to:E5

```
E4x.
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH
        Earlier you told me that R FIRST NAME died while in a nursing home.
~END
        How long had (he/she) been a patient in that nursing home
        before (his/her) death?

        DAYS:

        MONTHS:

        DATE:
                                INAP...................................0
                                CONTINUE...............................1

E4ax.
        Why had (he/she) been admitted to the nursing home?


     if:CS11(YES)
SKIP to:E6

E5.
~IF PLACE OF DEATH (NURSING HOME)
        In addition to that nursing home stay,
~END
        (Since Wave1 Month, Year / In the last two years before he/she died), had R FIRST NAME been
        a patient overnight in a nursing home, convalescent home,
        or other long-term health care facility?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5 →E10
                                DK.....................................8
                                RF.....................................9


     if:CS2cx(IN NURSING HOME) *AND* E5(NO *OR* DK *OR* RF)
SKIP to:E8

E6.
~IF PLACE OF DEATH (NURSING HOME)
        Including (his/her) final stay,
~END
        How many different times was (he/she) a patient in
        a nursing home or other long-term care facility
        (since Wave1 Month, Year / in the last two years before he/she died)?


E7.
        (Altogether) How many nights was (he/she) a patient
        in a nursing home (since Wave1 Month, Year / in the last two years before he/she died)?

        USE 996  FOR CONTINUOUS SINCE ENTERED

        NIGHTS:
                                                           OR
        MONTHS:
                                INAP...................................0
                                CONTINUE...............................1

E8.
        Were the costs for (his/her) nursing home stay(s) completely covered by
~IF BIRTH YEAR ON OR BEFORE 1931
        Medicare, Medicaid, or other
~END
        health insurance, partly covered by insurance, or not covered at
        all by insurance?

                                INAP...................................0
                                FULLY COVERED..........................1
                                PARTLY COVERED.........................3
                                NOT COVERED AT ALL.....................5
                                COSTS NOT SETTLED YET..................7
                                DK.....................................8
                                RF.....................................9


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```

```
     if:E8( *NOT* PARTLY COVERED *TO* COSTS NOT SETTLED YET) *AND* E4( *NOT* PARTLY COVERED *TO* COSTS NOT SETTLED
YET)
SKIP to:Ex10f

  E10.
          About how much did (he/she) ((or his/her husband/wife/partner))
          pay out-of-pocket for (nursing home, hospital) bills
          (since Wave1 Month, Year / in the last two years before he/she died)?

          DO NOT PROBE DK/RF

          AMOUNT:



     if:E10( *NOT* DK *AND* *NOT* RF)
SKIP to:Ex10f


  E10a.
          Was it more than $10,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →E10d
                              DK.....................................8
                              RF.....................................9


     if:E10a(DK *OR* RF)
SKIP to:Ex10f

  E10b.
          Was it more than $20,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →Ex10f
                              DK.....................................8
                              RF.....................................9

  E10c.
          Was it more than $50,000?

                              INAP...................................0 →Ex10f
                              YES....................................1 →Ex10f
                              NO.....................................5 →Ex10f
                              DK.....................................8 →Ex10f
                              RF.....................................9 →Ex10f

  E10d.
          Was it more than $5,000?

                              INAP...................................0
                              YES....................................1 →Ex10f
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9


  E10e.
          Was it more than $500?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9


     if:CS2cx( *NOT* IN HOSPICE)
SKIP to:Ex10g
```

Ex10f.
　　　　Earlier you told me that R FIRST NAME died while in a hospice.
　　　　How long had (he/she) been a patient in that hospice
　　　　before (his/her) death?

　　　　DAYS:

　　　　MONTHS:

　　　　SINCE DATE:

　　　　(IWER: USE THE '/' TO MOVE BETWEEN MONTH/DAY/YEAR
　　　　 IN THE DATE FIELD ONLY.) IF PROXY DK DAY IN DATE
　　　　 FIELD, ENTER "15"

Ex10g.
~IF PLACE OF DEATH (HOSPICE)
　　　　In addition to that hospice stay,
~END

　　　　(Since Wave1 Month, Year / In the last two years before he/she died) had R FIRST NAME
　　　　been a patient overnight in a hospice?

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →E11
                              DK.....................................8
                              RF.....................................9
```

　　if:CS2cx(IN HOSPICE) *AND* Ex10g(NO *OR* DK *OR* RF)
SKIP to:Ex10k

Ex10h.
~IF PLACE OF DEATH (HOSPICE)
　　　　Including (his/her) final stay,
~END
　　　　How many different times was (he/she) a patient
　　　　in a hospice (since Wave1 Month, Year / in the last two years before he/she died)?

Ex10j.
　　　　(Altogether) How many nights was (he/she) a patient in
　　　　a hospice (since Wave1 Month, Year / in the last two years before he/she died)?

　　Were the costs for (his/her) hospice stay(s) completely covered by
~IF BIRTH YEAR ON OR BEFORE 1931
　　Medicare, Medicaid, or other
~END
　　health insurance, partly covered by insurance, or not covered at all
　　by insurance?

```
                              INAP...................................0
                              FULLY COVERED.........................1 →E11
                              PARTLY COVERED........................3
                              NOT COVERED AT ALL....................5
                              COSTS NOT SETTLED YET.................7
                              DK.....................................8
                              RF.....................................9
```
Ex10m.
　　　　About how much did (he/she) ((or his/her husband/wife/partner))
　　　　pay out-of-pocket for hospice care (since Wave1 Month, Year / in the last two years before
　　　　he/she died)?

　　　　DO NOT PROBE DK/RF

　　　　AMOUNT:

　　if:Ex10m(*NOT* DK *AND* *NOT* RF)
SKIP to:E11

Ex10n.
        Was it more than $10,000?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5 →Ex10r
                                    DK.....................................8
                                    RF.....................................9

        if:Ex10n(DK *OR* RF)
SKIP to:E11

  Ex10p.
        Was it more than $20,000?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5 →E11
                                    DK.....................................8
                                    RF.....................................9

  Ex10q.
        Was it more than $50,000?

                                    INAP...................................0 →E11
                                    YES....................................1 →E11
                                    NO.....................................5 →E11
                                    DK.....................................8 →E11
                                    RF.....................................9 →E11

  Ex10r.
        Was it more than $5,000?

                                    INAP...................................0
                                    YES....................................1 →E11
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9

  Ex10s.
        Was it more than $500?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9

E11.
~IF R HAD BEEN OVERNIGHT PATIENT IN HOSPITAL SINCE W1 DATE
        Aside from any hospital stays,
~END
        How many times did R FIRST NAME see or talk to a medical doctor
        about (his/her) health, including emergency room or clinic
        visits (since Wave1 Month, Year / in the last two years before he/she died)?

        USE ZERO FOR NONE

    if: E11(0 *OR* DK *OR* RF)
SKIP to: E20

E13.
Were the costs for (his/her) doctor visit(s) completely covered by
~IF BIRTH YEAR ON OR BEFORE 1931
Medicare, Medicaid, or other
~END
health insurance, partly covered by insurance, or not covered at
all by insurance?

```
                                  INAP.....................................0
                                  FULLY COVERED............................1
                                  PARTLY COVERED...........................3
                                  NOT COVERED AT ALL.......................5
                                  COSTS NOT SETTLED YET....................7
                                  DK.......................................8
                                  RF.......................................9
```

        if:E13(*NOT* PARTLY COVERED *TO* COSTS NOT SETTLED YET)
SKIP to:E20

E18a.
        About how much did (he/she) (or (his/her) (husband/wife/partner))
        pay out-of-pocket for doctor bills
        (since Wave1 Month, Year / in the last two years before he/she died)?

        (Except any payments you told me about.)

        DO NOT PROBE DK/RF

        AMOUNT:

        if:E18a(*NOT* DK *AND* *NOT* RF)
SKIP to:E20

E18b.
        Was it more than $1,000?

```
                                  INAP.....................................0
                                  YES......................................1
                                  NO.......................................5 →E18e
                                  DK.......................................8
                                  RF.......................................9
```

        if:E18b(DK *OR* RF)
SKIP to:E20

E18c.
        Was it more than $5,000?

```
                                  INAP.....................................0
                                  YES......................................1
                                  NO.......................................5 →E20
                                  DK.......................................8
                                  RF.......................................9
```

E18d.
        Was it more than $20,000?

```
                                  INAP.....................................0 →E20
                                  YES......................................1 →E20
                                  NO.......................................5 →E20
                                  DK.......................................8 →E20
                                  RF.......................................9 →E20
```

E18e.
        Was it more than $500?

```
                                  INAP.....................................0
                                  YES......................................1 →E20
                                  NO.......................................5
                                  DK.......................................8
                                  RF.......................................9
```

E18f.
   Was it more than $200?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9

E20.
   Did (he/she) regularly take prescription medications
   (since Wave1 Month, Year / in the last two years before he/she died)?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5
                                    DK.....................................8
                                    RF.....................................9

      if:E20(NO *OR* DK *OR* RF)
SKIP to:E22

E21.
   Were the costs of (his/her) prescription medications completely
   covered by
~IF BIRTH YEAR ON OR BEFORE 1930
   Medicare, Medicaid, or other
~END
   health insurance, partly covered by insurance, or not covered
   at all by health insurance?

                                    INAP...................................0
                                    FULLY COVERED..........................1 →E22
                                    PARTLY COVERED.........................3
                                    NOT COVERED AT ALL.....................5
                                    COSTS NOT SETTLED YET..................7
                                    DK.....................................8
                                    RF.....................................9

E21a.
   On the average, about how much did (he/she)

   ((or his/her husband/wife/partner)) pay out-of-pocket per
   month for these prescriptions
   (since Wave1 Month, Year / in the last two years before he/she died)?

   DO NOT PROBE DK/RF

   AMOUNT PER MONTH:

      if:E21a(*NOT* DK *AND* *NOT* RF)
SKIP to:E22

E21b.
   Was it more than $20 per month?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5 →E21e
                                    DK.....................................8
                                    RF.....................................9

      if:E21b(DK *OR* RF)
SKIP to:E22

E21c.
   Was it more than $100 per month?

                                    INAP...................................0
                                    YES....................................1
                                    NO.....................................5 →E22
                                    DK.....................................8
                                    RF.....................................9

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E21d.

     Was it more than $500 per month?

```
                              INAP.................................0 →E22
                              YES..................................1 →E22
                              NO...................................5 →E22
                              DK...................................8 →E22
                              RF...................................9 →E22
```

E21e.

     Was it more than $10 per month?

```
                              INAP.................................0
                              YES..................................1 →E22
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

E21f.

     Was it more than $5 per month?

```
                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

```
    if:CS11(YES)
SKIP to:E25x
```

E22.

     (Since Wave1 Month, Year / In the last two years before he/she died) did any medically-trained person come to (his/her) home to help (him/her)?

```
                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

```
    if:E22(NO *OR* DK *OR* RF)
SKIP to:E24
```

E23.

     Were the costs of (his/her) home medical care completely covered by
¨IF BIRTH YEAR ON OR BEFORE 1931
     Medicare, Medicaid, or other
¨END

     health insurance, partly covered by insurance, or not covered at
     all by insurance?

```
                              INAP.................................0
                              FULLY COVERED........................1
                              PARTLY COVERED.......................3
                              NOT COVERED AT ALL...................5
                              [VOL] COSTS NOT SETTLED YET..........7
                              DK...................................8
                              RF...................................9
```

E24.

     READ SLOWLY

     (Since Wave1 Month, Year / In the last two years before he/she died), did (he/she)
     use any special facility or service which we haven't
     talked about, such as:
     an adult care center, a social worker, an outpatient
     rehabilitation program, or transportation or meals for the
     elderly or disabled?

```
                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

```
       if:E23( *NOT* PARTLY COVERED *TO* [VOL] COSTS NOT SETTLED YET) *AND* E24(NO *OR* DK *OR* RF)
SKIP to:E25ax

  E24a.
          About how much did (he/she) ((or his/her husband/wife/partner))
          pay out-of-pocket for (in-home medical care, special facilities or services)

          (since Wave1 Month, Year / in the last two years before he/she died)?

          DO NOT PROBE DK/RF
          AMOUNT:

       if:E24a( *NOT* DK *AND*  *NOT* RF)
SKIP to:E25X

  E24b.
          Was it more than $5,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →E24e
                              DK.....................................8
                              RF.....................................9

       if:E24b(DK *OR* RF)
SKIP to:E25X

  E24c.
          Was it more than $10,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5 →E25X
                              DK.....................................8
                              RF.....................................9

  E24d.
          Was it more than $20,000?

                              INAP...................................0 →E25X
                              YES....................................1 →E25X
                              NO.....................................5 →E25X
                              DK.....................................8 →E25X
                              RF.....................................9 →E25X

  E24e.
          Was it more than $1,000?

                              INAP...................................0
                              YES....................................1 →E25X
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

  E24f.
          Was it more than $500?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

  E25x.
        . Aside from the medical expenses we already mentioned,
          did R FIRST NAME have any other out-of-pocket medical expenses,
          that is, expenses not covered by insurance, such as
          medications, special food, equipment such as a special
          bed or chair, visits by doctors or other health professionals,
          or other costs?

                              INAP...................................0 →E26x
                              YES....................................1
                              NO.....................................5 →E26x
                              DK.....................................8 →E26x
                              RF.....................................9 →E26x
```

```
E25ax.
        About how much did (he/she) ((or his/her husband/wife/partner))
        pay out-of-pocket for those other expenses
        (since Wave1 Month, Year / in the last two years before he/she died)?

        DO NOT PROBE DK/RF

        AMOUNT:

     if:E25ax( *NOT* DK *AND*  *NOT* RF)
SKIP to:E26X

  E25bx.
        Was it more than $5,000?

                        INAP.................................0
                        YES..................................1
                        NO...................................5 →E25ex
                        DK...................................8
                        RF...................................9


     if:E25bx(DK *OR* RF)
SKIP to:E26X

  E25cx.
        Was it more than $10,000?

                        INAP.................................0
                        YES..................................1
                        NO...................................5 →E26X
                        DK...................................8
                        RF...................................9


  E25dx.
        Was it more than $20,000?

                        INAP.................................0 →E26X
                        YES..................................1 →E26X
                        NO...................................5 →E26X
                        DK...................................8 →E26X
                        RF...................................9 →E26X

  E25ex.
        Was it more than $1,000?

                        INAP.................................0
                        YES..................................1 →E26X
                        NO...................................5
                        DK...................................8
                        RF...................................9

  E25fx.  Was it more than $500?

                        INAP.................................0
                        YES..................................1
                        NO...................................5
                        DK...................................8
                        RF...................................9


     if:E1( *NOT* YES) *AND* E5( *NOT* YES) *AND* E11(0 *OR* DK *OR* RF) *AND* E20( *NOT* YES) *AND* E22( *NOT* YES)
*AND* E24( *NOT* YES) *AND* CS11( *NOT* YES)
SKIP to:E31x
```

```
E26.
          I would like to get a rough idea of the total cost of (his/her)
~IF R HAD BEEN OVERNIGHT PATIENT IN HOSPITAL SINCE W1 DATE
          hospital stays
~END
~IF PATIENT IN NURSING HOME SINCE W1 OR IN NURSING HOME AT TIME OF DEATH
          nursing home stays
~END
~IF ONE OR MORE VISITS TO A MEDICAL DOCTOR OR CLINIC
          doctor and clinic visits
~END

~IF HAD OUTPATIENT SURGERY IN THE LAST TWO YEARS
          outpatient surgery
~END
~IF RECEIVED DENTAL CARE IN THE LAST TWO YEARS
          dental visits
~END
~IF TOOK PRESCRIPTION MEDICATIONS IN THE LAST TWO YEARS
          prescriptions
~END
~IF RECEIVED IN-HOME-MEDICAL CARE IN THE LAST TWO YEARS
          in-home-medical care
~END
          (and) all other medical costs for (him/her)
          (since Wave1 Month, Year / in the last two years before he/she died), including costs covered by
~IF BIRTH YEAR ON OR BEFORE 1931
          Medicare, Medicaid, or other
~END
          health insurance.  Do you think the total costs were more
          than $5,000?

                              INAP....................................0
                              YES.....................................1  →E26b
                              NO......................................5
                              DK......................................8
                              RF......................................9

     if:E26x(DK *OR* RF *OR* OUT OF RANGE)
SKIP to:E26dx

  E26a.
          Was it more than $1,000?

                              INAP....................................0  →E26dx
                              YES.....................................1  →E26dx
                              NO......................................5  →E26dx
                              DK......................................8  →E26dx
                              RF......................................9  →E26dx

  E26b.
          Was it more than $25,000?

                              INAP....................................0  →E26dx
                              YES.....................................1
                              NO......................................5  →E26dx
                              DK......................................8  →E26dx
                              RF......................................9  →E26dx

  E26c.
          Was it more than $100,000?

                              INAP....................................0  →E26dx
                              YES.....................................1
                              NO......................................5  →E26dx
                              DK......................................8  →E26dx
                              RF......................................9  →E26dx

  E26d.
          Was it more than $500,000?

                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9


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```

E26dx.

In addition to medical expenses, persons with serious
illnesses often have non-medical expenses. Did R FIRST NAME
have other out-of-pocket non-medical expenses such as
modifying the house with ramps or lifts, hiring help
for housekeeping or other household chores or for
assisting with personal needs?

```
                                    INAP.....................................0  →E27
                                    YES......................................1
                                    NO.......................................5  →E27
                                    DK.......................................8  →E27
                                    RF.......................................9  →E27
```

E26dax.

About how much did (he/she) ((or his/her husband/wife/partner))
pay out-of-pocket for non-medical expenses
(since Wave1 Month, Year / in the last two years before he/she died)?

DO NOT PROBE DK/RF

AMOUNT:

E26dbx.

Was it more than $5,000?

```
                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5  →E26dex
                                    DK.......................................8
                                    RF.......................................9
```

E26dcx.

Was it more than $10,000?

```
                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5  →E27
                                    DK.......................................8
                                    RF.......................................9
```

E26ddx.

Was it more than $20,000?

```
                                    INAP.....................................0  →E27
                                    YES......................................1  →E27
                                    NO.......................................5  →E27
                                    DK.......................................8  →E27
                                    RF.......................................9  →E27
```

E26dex.

Was it more than $1,000?

```
                                    INAP.....................................0
                                    YES......................................1  →E27
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9
```

E26dfx.

Was it more than $500?

```
                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9
```

E27.
    Did anyone help (him/her) (and his/her husband/wife/partner) pay
    for (his/her) health care costs
    (since Wave1 Month, Year / in the last two years before he/she died)?

    DEF: APART FROM WHAT WAS COVERED BY INSURANCE.

                            INAP...................................0
                            YES....................................1
                            NO.....................................5 →E31x
                            DK.....................................8
                            RF.....................................9

E28.
    Was that a (child or other) relative of
    R FIRST NAME (and his/her husband/wife/partner), or was that someone else?

                            INAP...................................0 →E30
                            CHILD/CHILD-IN-LAW/GRANDCHILD.........1
                            OTHER RELATIVE........................2 →E30
                            SOMEONE ELSE..........................3 →E30
                            DK.....................................8 →E30
                            RF.....................................9 →E30

E29.
    (Which child was that?)

    CHOOSE ALL THAT APPLY

    ACCEPT MORE THAN 1 CHILD ONLY AFTER PROBE:
    Which child helped the most?

    IF GRANDCHILD:
    (Which of (his/her) children is the parent of that grandchild?)

E30.
    Altogether, about how much money did that help amount to?

    AMOUNT:

E31.
    About how many days did R FIRST NAME stay in bed more than half the
    day because of illness or injury during the last
    three months before (his/her) death?

    USE 93 FOR EVERY DAY

                    E59 TIMESTAMP

    if:E31x(> 85)
SKIP to: E TIME STAMP

E72fx.

The next questions are about help R FIRST NAME received with
various activities because of a physical, mental,
emotional, or memory problem. Please tell me whether
R FIRST NAME received any help doing each of the
everyday activities that I read to you.

We want to know about help that (he/she) received during
the last three months of (his/her) life.

Because of a health or memory problem did anyone
help R FIRST NAME get across a room during the last three
months of (his/her) life?

```
                            INAP...................................0  →E73fx
                            YES....................................1
                            NO.....................................5  →E73fx
                            COULDN'T DO............................6  →E73fx
                            DIDN'T DO..............................7  →E73fx
                            DK.....................................8  →E73fx
                            RF.....................................9  →E73fx
```

E72gx.

How long had (he/she) needed help with walking?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:


```
                            INAP...................................0
                            CONTINUE...............................1
```

E73fx.

(Because of a health or memory problem)
Did anyone help (him/her) dress in the last
3 months of (his/her) life?

```
                            INAP...................................0  →E74fx
                            YES....................................1
                            NO.....................................5  →E74fx
                            COULDN'T DO............................6  →E74fx
                            DIDN'T DO..............................7  →E74fx
                            DK.....................................8  →E74fx
                            RF.....................................9  →E74fx
```

E73gx.

How long had (he/she) needed help with dressing?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

```
                            INAP...................................0
                            CONTINUE...............................1
```

E74fx.
(Because of a health or memory problem)
Did anyone help (him/her) with bathing or showering
in the last 3 months of (his/her) life?

```
                        INAP...................................0 →E75fx
                        YES....................................1
                        NO.....................................5 →E75fx
                        COULDN'T DO............................6 →E75fx
                        DIDN'T DO..............................7 →E75fx
                        DK.....................................8 →E75fx
                        RF.....................................9 →E75fx
```

E74gx.
How long had (he/she) needed help with bathing?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

```
                        INAP...................................0
                        CONTINUE...............................1
```

E75fx.
(Because of a health or memory problem)
Did anyone help (him/her) eat in the last 3
months of (his/her) life?

```
                        INAP...................................0 →E76fx
                        YES....................................1
                        NO.....................................5 →E76fx
                        COULDN'T DO............................6 →E76fx
                        DIDN'T DO..............................7 →E76fx
                        DK.....................................8 →E76fx
                        RF.....................................9 →E76fx
```

E75gx.
How long had (he/she) needed help with eating?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

```
                        INAP...................................0
                        CONTINUE...............................1
```

E76fx.
(Because of a health or memory problem)
Did anyone help (him/her) get in or out of bed
in the last 3 months of (his/her) life?

```
                        INAP...................................0 →E77fx
                        YES....................................1
                        NO.....................................5 →E77fx
                        COULDN'T DO............................6 →E77fx
                        DIDN'T DO..............................7 →E77fx
                        DK.....................................8 →E77fx
                        RF.....................................9 →E77fx
```

E76gx.
How long had (he/she) needed help with getting in
or out of bed?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

E77fx.
(Because of a health or memory problem)
Did anyone help (him/her) use the toilet
in the last 3 months of (his/her) life?

```
                              INAP...................................0 →E83
                              YES....................................1
                              NO.....................................5 →E83
                              COULDN'T DO............................6 →E83
                              DIDN'T DO..............................7 →E83
                              DK.....................................8 →E83
                              RF.....................................9 →E83
```

E77gx.
How long had (he/she) needed help with using the toilet?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

ADLHELP.CKPT IF ANY ADL HELPERS

E83 TIMESTAMP

E83.
Who most often helped (him/her) with
~IF RECEIVED HELP GETTING ACROSS A ROOM IN THE LAST 3 MONTHS LIFE
getting across a room,
~END
~IF RECEIVED HELP DRESSING IN THE LAST 3 MONTHS OF LIFE
dressing,
~END
~IF RECEIVED HELP BATHING IN THE LAST 3 MONTHS OF LIFE
bathing,
~END
~IF RECEIVED HELP EATING IN THE LAST 3 MONTHS OF LIFE
eating,
~END
~IF RECEIVED HELP GETTING IN AND OUT OF BED IN LAST 3 MONTHS OF LIFE
getting in and out of bed,
~END
~IF RECEIVED HELP USING THE TOILET IN THE LAST 3 MONTHS OF LIFE
. using the toilet
~END
during the last three months of (his/her) life?

    if:E83(*NOT* NOT ON LIST)
SKIP to:E83c

E83a.
        What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH AND NAME NOT ON LIST OF HELPERS
        or were they an employee of the place (he/she) lived?
~END

                                    INAP...................................0
                                    UNLISTED CHILD OR CHILD-IN-LAW.......2
                                    EMPLOYEE OF "INSTITUTION"............3 →E83c
                                    GRANDCHILD...........................4
                                    RELATIVE-OTHER.......................5
                                    OTHER INDIVIDUAL.....................6
                                    ORGANIZATION.........................7
                                    DK...................................8
                                    RF...................................9

E83b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER WAS OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END

E83c.
        Did anyone else help (him/her) with (this activity/these activities)?

                                    INAP...................................0 →E92X
                                    YES....................................1
                                    NO.....................................5 →E92X
                                    DK.....................................8 →E92X
                                    RF.....................................9 →E92X

E84.
        Who was that?

E84a.
          What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
          or were they an employee of the place (he/she) lived?
~END

                                        INAP...................................0
                                        UNLISTED CHILD OR CHILD-IN-LAW.......2
                                        EMPLOYEE OF "INSTITUTION"............3 →E84C
                                        GRANDCHILD...........................4
                                        RELATIVE-OTHER.......................5
                                        OTHER INDIVIDUAL.....................6
                                        ORGANIZATION.........................7
                                        DK...................................8
                                        RF...................................9

E84b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
          What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
          What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
          What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
          What is the name of that child?
~ELSE
          What is the name of that organization?
~END

E84c.
          Did anyone else help (him/her) with (this activity/these activities)?

                                        INAP...................................0 →E92X
                                        YES..................................1
                                        NO...................................5 →E92X
                                        DK...................................8 →E92X
                                        RF...................................9 →E92X

E85.
          Who was that?

E85a.
          What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
          or were they an employee of the place (he/she) lived?
~END

                                        INAP...................................0
                                        UNLISTED CHILD OR CHILD-IN-LAW.......2
                                        EMPLOYEE OF "INSTITUTION"............3 →E85c
                                        GRANDCHILD...........................4
                                        RELATIVE-OTHER.......................5
                                        OTHER INDIVIDUAL.....................6
                                        ORGANIZATION.........................7
                                        DK...................................8
                                        RF...................................9

E85b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
          What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
          What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
          What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
          What is the name of that child?
~ELSE
          What is the name of that organization?
~END

E85c.
       Did anyone else help (him/her) with (this activity/these activities)?

```
                              INAP...................................0 →E92X
                              YES....................................1
                              NO.....................................5 →E92X
                              DK.....................................8 →E92X
                              RF.....................................9 →E92X
```

E86.
       Who was that?

E86a.
       What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
       or were they an employee of the place (he/she) lived?
~END

```
                              INAP...................................0
                              UNLISTED CHILD OR CHILD-IN-LAW.......2
                              EMPLOYEE OF "INSTITUTION"............3 →E86c
                              GRANDCHILD...........................4
                              RELATIVE-OTHER.......................5
                              OTHER INDIVIDUAL.....................6
                              ORGANIZATION.........................7
                              DK...................................8
                              RF...................................9
```

E86b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
       What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
       What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
       What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
       What is the name of that child?
~ELSE
       What is the name of that organization?
~END

E86c.
       Did anyone else help (him/her) with (this activity/these activities)?

```
                              INAP...................................0 →E92X
                              YES....................................1
                              NO.....................................5 →E92X
                              DK.....................................8 →E92X
                              RF.....................................9 →E92X
```

E87.
       Who was that?

E87a.
       What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
       or were they an employee of the place (he/she) lived?
~END

```
                              INAP...................................0
                              UNLISTED CHILD OR CHILD-IN-LAW.......2
                              EMPLOYEE OF "INSTITUTION"............3 →E87c
                              GRANDCHILD...........................4
                              RELATIVE-OTHER.......................5
                              OTHER INDIVIDUAL.....................6
                              ORGANIZATION.........................7
                              DK...................................8
                              RF...................................9
```

E87b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END

E87c.
        Did anyone else help (him/her) with (this activity/these activities)?

                            INAP....................................0 →E92X
                            YES.....................................1
                            NO......................................5 →E92X
                            DK......................................8 →E92X
                            RF......................................9 →E92X

E88.
        Who was that?
E88a.
        What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
~END

                            INAP....................................0
                            UNLISTED CHILD OR CHILD-IN-LAW.......2
                            EMPLOYEE OF "INSTITUTION"............3 →E88c
                            GRANDCHILD..........................4
                            RELATIVE-OTHER......................5
                            OTHER INDIVIDUAL....................6
                            ORGANIZATION........................7
                            DK..................................8
                            RF..................................9

E88b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END

E88c.
        Did anyone else help (him/her) with (this activity/these activities)?

                            INAP....................................0 →E92X
                            YES.....................................1
                            NO......................................5 →E92X
                            DK......................................8 →E92X
                            RF......................................9 →E92X

E89.
        Who was that?

E89a.
           What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
           or were they an employee of the place (he/she) lived?
~END

                              INAP.....................................0
                              UNLISTED CHILD OR CHILD-IN-LAW.......2
                              EMPLOYEE OF "INSTITUTION"............3 →E92X
                              GRANDCHILD...........................4
                              RELATIVE-OTHER.......................5
                              OTHER INDIVIDUAL.....................6
                              ORGANIZATION.........................7
                              DK...................................8
                              RF...................................9

E89b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
           What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
           What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
           What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
           What is the name of that child?
~ELSE
           What is the name of that organization?
~END

E92x.
           Here are a few other activities which some people need
           help with because of a physical, mental, emotional,
           or memory problem.

           Please tell me whether R FIRST NAME received any help with each
           activity I name. If (he/she) didn't do the activity at all,
           just tell me so.

           We want to know about help that (he/she) received in
           the last three months of (his/her) life.

E95x.
           (Because of a health or memory problem)
           Did anyone help (him/her) prepare hot meals
           in the last 3 months of (his/her) life?

                              INAP.....................................0
                              YES......................................1 →E95GX
                              NO.......................................5 →E96x
                              COULDN'T DO..............................6
                              DIDN'T DO................................7
                              DK.......................................8
                              RF.......................................9

E95bx.   Was that because of a health or memory problem?

                              INAP.....................................0
                              YES......................................1
                              NO.......................................5 →E96x
                              DK.......................................8
                              RF.......................................9

E95gx.

How long had (he/she) needed help with preparing hot meals?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

E96x.

(Because of a health or memory problem)
Did anyone help (him/her) shop for groceries
in the last 3 months of (his/her) life?

```
                          INAP.................................0
                          YES..................................1  →E96GX
                          NO...................................5  →E97x
                          COULDN'T DO..........................6
                          DIDN'T DO............................7
                          DK...................................8
                          RF...................................9
```

E96bx.

Was that because of a health or memory problem?

```
                          INAP.................................0
                          YES..................................1
                          NO...................................5  →E97x
                          DK...................................8
                          RF...................................9
```

E96gx.

How long had (he/she) needed help with shopping for groceries?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

E97x.

(Because of a health or memory problem)
Did anyone help (him/her) make telephone calls
in the last 3 months of (his/her) life?

```
                          INAP.................................0
                          YES..................................1  →E97GX
                          NO...................................5  →E98x
                          COULDN'T DO..........................6
                          DIDN'T DO............................7
                          DK...................................8
                          RF...................................9
```

E97bx.

Was that because of a health or memory problem?

```
                          INAP.................................0
                          YES..................................1
                          NO...................................5  →E98x
                          DK...................................8
                          RF...................................9
```

E97gx.
How long had (he/she) needed help making telephone calls?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

E98x.
(Because of a health or memory problem)
Did anyone help (him/her) with taking medication
in the last 3 months of (his/her) life?

```
                         INAP...................................0
                         YES....................................1 →E98GX
                         NO.....................................5 →E99
                         COULDN'T DO............................6
                         DIDN'T DO..............................7
                         DK.....................................8
                         RF.....................................9
```

E98bx.
Was that because of a health or memory problem?

```
                         INAP...................................0
                         YES....................................1
                         NO.....................................5 →E99
                         DK.....................................8
                         RF.....................................9
```

E98gx.
How long had (he/she) needed help with taking medications?

RECORD MONTHS OR YEARS, OR SINCE AGE, OR SINCE YEAR

MONTHS:

YEARS:

SINCE AGE:

SINCE YEAR:

     if:E95x(*NOT* YES) *AND* E95bx(*NOT* YES) *AND* E96x(*NOT* YES) *AND* E96bx(*NOT* YES) *AND* E97x(*NOT*
YES) *AND* E97bx(*NOT* YES) *AND* E98x(*NOT* YES) *AND* E98bx(*NOT* YES)
SKIP to:E106CX

E99.
        Who most often helped (him/her)
~IF R RECEIVED HELP WITH PREPARING MEALS OR DIDN'T DO BECAUSE OF HEALTH OR MEMORY PROBLEM
        prepare meals,
~END
~IF R RECEIVED HELP WITH SHOPPING FOR GROCERIES OR DIDN'T DO BECAUSE OF HEALTH OR MEMORY PROBLEM
        shop for groceries
~END
~IF R RECEIVED HELP MAKING TELEPHONE CALLS OR DIDN'T DO BECAUSE OF HEALTH OR MEMORY PROBLEM
        make telephone calls
~END
~IF R RECEIVED HELP TAKING MEDICATION OR DIDN'T DO BECAUSE OF HEALTH OR MEMORY PROBLEM
        take medications?
~END

E99a.
        What was that person's relationship to R FIRST NAME?
˜IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
˜END

```
                                INAP..................................0
                                UNLISTED CHILD OR CHILD-IN-LAW.......2
                                EMPLOYEES OF "INSTITUTION"...........3  →E99c
                                GRANDCHILD...........................4
                                RELATIVE-OTHER.......................5
                                OTHER INDIVIDUAL.....................6
                                ORGANIZATION.........................7
                                DK...................................8
                                RF...................................9
```

E99b.
˜IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
˜ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
˜ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
˜ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
˜ELSE
        What is the name of that organization?
˜END

E99c.
        Did anyone else help (him/her)
˜IF NEED HELP, COULDN'T DO, DIDN'T DO BECAUSE OF HEALTH/MEMORY PROBLEM
        prepare meals,
˜END
˜IF NEED HELP, COULDN'T DO, DIDN'T DO BECAUSE OF HEALTH/MEMORY PROBLEM
        shop for groceries
˜END
˜IF NEED HELP, COULDN'T DO, DIDN'T DO BECAUSE OF HEALTH/MEMORY PROBLEM
        make telephone calls
˜END
˜IF NEED HELP, COULDN'T DO, DIDN'T DO BECAUSE OF HEALTH/MEMORY PROBLEM
        take medications?
˜END

```
                                INAP..................................0
                                YES...................................1
                                NO....................................5
                                DK....................................8
                                RF....................................9
```

        if:E99c(*NOT* YES)
SKIP to:E106CX

E100.
        Who else helped (him/her)?

E100a.
        What was that person's relationship to R FIRST NAME?
˜IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
˜END

```
                                INAP..................................0
                                UNLISTED CHILD OR CHILD-IN-LAW.......2
                                EMPLOYEES OF "INSTITUTION"...........3  →E100c
                                GRANDCHILD...........................4
                                RELATIVE-OTHER.......................5
                                OTHER INDIVIDUAL.....................6
                                ORGANIZATION.........................7
                                DK...................................8
                                RF...................................9
```

```
E100b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END


 E100c.
        Did anyone else help (him/her) with these activities?

                            INAP...................................0
                            YES....................................1
                            NO.....................................5
                            DK.....................................8
                            RF.....................................9


    if:E100c( *NOT* YES)
SKIP to:E106CX


 E101.
        Who else helped (him/her)?

 E101a.
        What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
~END

                            INAP...................................0
                            UNLISTED CHILD OR CHILD-IN-LAW.......2
                            EMPLOYEES OF "INSTITUTION"...........3 →E101C
                            GRANDCHILD...........................4
                            RELATIVE-OTHER.......................5
                            OTHER INDIVIDUAL.....................6
                            ORGANIZATION.........................7
                            DK...................................8
                            RF...................................9

 E101b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END
 E101c.
        Did anyone else help (him/her) with these activities?

                            INAP...................................0
                            YES....................................1
                            NO.....................................5
                            DK.....................................8
                            RF.....................................9


    if:E101c( *NOT* YES)
SKIP to:E106CX


 E102.
        Who else helped (him/her)?

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```

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E102a.
        What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
~END

                              INAP...................................0
                              UNLISTED CHILD OR CHILD-IN-LAW.......2
                              EMPLOYEES OF "INSTITUTION"...........3 →E102C
                              GRANDCHILD...........................4
                              RELATIVE-OTHER.......................5
                              OTHER INDIVIDUAL.....................6
                              ORGANIZATION.........................7
                              DK...................................8
                              RF...................................9

E102b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END

E102c.
        Did anyone else help (him/her) with these activities?

                              INAP...................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9

    if:E102c(*NOT* YES)
SKIP to:E106CX

E103.
        Who else helped (him/her)?

E103a.
   What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
~END

```
                                   INAP..................................0
                                   UNLISTED CHILD OR CHILD-IN-LAW.......2
                                   EMPLOYEES OF "INSTITUTION"...........3  →E103c
                                   GRANDCHILD...........................4
                                   RELATIVE-OTHER.......................5
                                   OTHER INDIVIDUAL.....................6
                                   ORGANIZATION.........................7
                                   DK...................................8
                                   RF...................................9
```

E103b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END

E103c.
   Did anyone else help (him/her) with these activities?

```
                                   INAP.................................0  →E106CX
                                   YES..................................1
                                   NO...................................5  →E106CX
                                   DK...................................8  →E106CX
                                   RF...................................9  →E106CX
```

E104.
   Who else helped (him/her)?

 E104a.
   What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
~END

```
                                   INAP.................................0
                                   UNLISTED CHILD OR CHILD-IN-LAW.......2
                                   EMPLOYEES OF "INSTITUTION"...........3  →E106CX
                                   GRANDCHILD...........................4
                                   RELATIVE-OTHER.......................5
                                   OTHER INDIVIDUAL.....................6
                                   ORGANIZATION.........................7
                                   DK...................................8
                                   RF...................................9
```

E104b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
~ELSE
        What is the name of that organization?
~END

E106cx.
        (Because of a health or memory problem)
        Did anyone help (him/her) manage (his/her) money
        in the last 3 months of (his/her) life?

                                INAP...................................0
                                YES....................................1 →E107
                                NO.....................................5 →E TIME STAMP
                                COULDN'T DO............................6
                                DIDN'T DO..............................7
                                DK.....................................8
                                RF.....................................9

E106dx.
        Was that because of a health or memory problem?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5 →E TIME STAMP
                                DK.....................................8
                                RF.....................................9

E107.
        Who most often helped (him/her) manage (his/her) money?

E107a.
        What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
        or were they an employee of the place (he/she) lived?
~END

                                INAP...................................0
                                UNLISTED CHILD OR CHILD-IN-LAW.......2
                                EMPLOYEES OF "INSTITUTION"...........3 →E107c.
                                GRANDCHILD...........................4
                                RELATIVE-OTHER.......................5
                                OTHER INDIVIDUAL.....................6
                                ORGANIZATION.........................7
                                DK...................................8
                                RF...................................9

     if: E107a(DK *OR* RF)
SKIP to: E107c

E107b.
 ~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
        What is the first name of that grandchild?
 ~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
        What is the name of that relative?
 ~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
        What is the name of that individual?
 ~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
        What is the name of that child?
 ~ELSE
        What is the name of that organization?
 ~END
E107c.
        Did anyone else help (him/her) manage (his/her) money
        in the last 3 months of (his/her) life?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5
                                DK.....................................8
                                RF.....................................9

E108.
        Who was that?

E108a.
         What was that person's relationship to R FIRST NAME?
~IF RESIDENT IN NURSING HOME AT TIME OF DEATH and NOT ON LIST
         or were they an employee of the place (he/she) lived?
~END

                                    INAP.................................0
                                    UNLISTED CHILD OR CHILD-IN-LAW.......2
                                    EMPLOYEES OF "INSTITUTION"...........3 →E TIME STAMP
                                    GRANDCHILD...........................4
                                    RELATIVE-OTHER.......................5
                                    OTHER INDIVIDUAL.....................6
                                    ORGANIZATION.........................7
                                    DK...................................8
                                    RF...................................9

E108b.
~IF RELATIONSHIP OF HELPER WAS GRANDCHILD
         What is the first name of that grandchild?
~ELSE RELATIONSHIP OF HELPER WAS OTHER RELATIVE
         What is the name of that relative?
~ELSE RELATIONSHIP OF HELPER (OTHER INDIVIDUAL OR DON'T KNOW OR REFUSED)
         What is the name of that individual?
~ELSE RELATIONSHIP OF HELPER WAS UNLISTED CHILD OR CHILD-IN-LAW
         What is the name of that child?
~ELSE
         What is the name of that organization?
~END

                    E TIME STAMP

                    E58. HELPER LIST

HELPER INTRO.
         Let's think for a moment about the help R FIRST NAME received
         that we just talked about.

                    HELPER RELATIONSHIP

E158.
         AFFIRM SEX OF HELPER:

         (IS (NAME OF HELPER))

         ASKED ONLY IF NECESSARY

                                    INAP.................................0
                                    MALE.................................1
                                    FEMALE...............................2
                                    AGENCY/PROFESSIONAL/EMPLOYEE OF
                                    INSTITUTION..........................3
                                    DK...................................8
                                    RF...................................9

E159.
         IF GRANDCHILD: (Which of (his/her) children is the parent
          of that grandchild?)

E160.
        . In a typical month, on about how many days did
         (NAME OF HELPER) help R FIRST NAME?

         DAYS IN TYPICAL MONTH:

         DAYS PER WEEK:

                                    INAP.................................0
                                    EVERY DAY............................1

E161.
On the days (NAME OF HELPER) helped (him/her), about how many hours per day was that?

LESS THAN AN HOUR = 1

E162.
Was (NAME OF HELPER) paid to help (him/her)?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

E163.
Did Medicaid or insurance help pay (NAME OF HELPER)?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

E164.
(Not counting expenses paid by Medicaid or insurance,) about how much did (he/she) (and his/her husband/wife/partner) end up paying (NAME OF HELPER) per month?

AMOUNT:

PER:

```
                              INAP....................................0
                              MONTH...................................1
                              WEEK....................................2
                              DAY.....................................3
                              YEAR....................................5
                              DK......................................8
                              RF......................................9
```


```
                              INAP....................................0
                              CONTINUE................................1
```


    if:E164(*NOT* DK *AND* *NOT* RF)
SKIP to:E167

E166.
Was it more than $100 for the month?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

E167.
Did any other person help R FIRST NAME (and his/her husband/wife/partner) pay this cost?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

E168.
    Was that a (child or other) relative of
    R FIRST NAME'S (and his/her husband/wife/partner), or was that someone else?

```
                              INAP...................................0
                              CHILD/CHILD-IN-LAW/GRANDCHILD........1
                              OTHER RELATIVE.......................2
                              SOMEONE ELSE.........................3
                              DK...................................8
                              RF...................................9
```

E169.
    (Which child was that?)

    IF GRANDCHILD:
    (Which of (his/her) children is the parent of that grandchild?)

E169.
    (Which child was that?)

    IF GRANDCHILD:
    (Which of (his/her) children is the parent of that grandchild?)

END of case

                CKPT

                E TIME STAMP

                FO TIME STAMP

```
          if: Q185 ( *NOT* 2)
SKIP to:GC16

 GC2.
     Now I'd like to ask you some questions about (his/her) employment
     situation since we last spoke to (him/her) before (his/her) death.
     According to our records, in W1 IW MONTH W1 IW YEAR R FIRST NAME was self-
     employed.  In what month and year did (he/she) stop working for (him/her)self?
     MONTHS ENTERED MUST BE BETWEEN W1 IW MONTH, W1 IW YEAR AND CUR MONTH T, CUR YEAR YY

     MONTH:

                              INAP.................................00
                              DENIES BEING SELF EMPLOYED AT
                              WAVE I...............................96 →GC2z
                              DK...................................98
                              RF...................................99
     YEAR:

     if: HOURS WORKED PER YEAR( <  = 520)
SKIP to:GC5


 GC3.
          Was (he/she) paid a regular salary or wages?

                              INAP..................................0
                              YES...................................1
                              NO....................................5 →GC4
                              DK....................................8
                              RF....................................9

 GC3a.
          How much was (he/she) paid before taxes and other deductions?

          IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE.

          PROBE IF NECESSARY:  Was that per hour, week, month, or year?

          AMOUNT:

          PER:

                              INAP..................................0
                              HOUR..................................1
                              WEEK..................................2
                              EVERY TWO WEEKS/BI-WEEKLY.............3
                              MONTH.................................4
                              TWICE A MONTH.........................5
                              YEAR..................................6
                              OTHER (SPECIFY).......................7
                              DK....................................8
                              RF....................................9




                              INAP..................................0
                              CONTINUE..............................1

 GC4.
          Did (he/she) receive some or all of the net earnings or profits?

                              INAP..................................0
                              YES...................................1
                              NO....................................5 →GC5
                              DK....................................8
                              RF....................................9
```

GC4a.

(In addition to (his/her) regular salary,) How much
did (he/she) receive from net earnings or profits?

IF PROXY HAS TROUBLE GIVING DOLLAR FIGURE, ASK: What did (he/she)
earn the last year (he/she) worked?

IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE

PROBE IF NECESSARY: Was that per hour, week, month, or year?

AMOUNT:

PER:

```
INAP....................................0
HOUR....................................1
WEEK....................................2
EVERY TWO WEEKS/BI-WEEKLY...............3
MONTH...................................4
TWICE A MONTH...........................5
YEAR....................................6
OTHER (SPECIFY).........................7
DK......................................8
RF......................................9
```

```
INAP....................................0
CONTINUE................................1
```

GC5.

Why did (he/she) stop working at that business?

DO NOT PROBE BUT ENTER ALL THAT APPLY

```
INAP...................................00,
BUSINESS CLOSED........................01,
LAID OFF/LET GO........................02,
POOR HEALTH/DISABLED...................03,
FAMILY CARE............................04,
BETTER JOB.............................05,
QUIT...................................06,
RETIRED................................07,
BUSINESS REQUIRED TOO MUCH TIME....08,
DIED...................................09,
OTHER (SPECIFY)........................97,
DK.....................................98,
RF.....................................99,
```

GC6.

Were there any months between W1 IW MONTH W1 IW YEAR and GC2 GC2a
when (he/she) did not work?

```
INAP....................................0
YES.....................................1
NO......................................5  →GC7
DK......................................8
RF......................................9
```

GC6a.

Which months were those?
ENTER ALL THAT APPLY.
MONTHS ENTERED MUST BE BETWEEN W1 IW MONTH, W1 IW YEAR AND GC2, GC2a

```
INAP...................................00,
ALL OF 1993 AFTER W1 IW............36,
ALL OF 1994............................37,
ALL OF 1995 TO DATE.................38,
ALL OF 1996 TO DATE.................39,
OTHER (SPECIFY)........................97,
DK.....................................98,
RF.....................................99,
```

```
        if: HOURS WORKED PER YEAR ( < = 520)
SKIP to: N1x

 GC7.
            Aside from IRA or Keogh plans, was (he/she) included
            in any pension or retirement plans, or any tax-deferred
            savings plans through (his/her) business?

                            INAP.................................0
                            YES..................................1
                            NO...................................5 →N1x
                            DK...................................8
                            RF...................................9

 GC8.
            I would like to know what type of plan that was.  In some
            retirement plans, Type A, benefits are usually based on a
            formula involving age, years of service, and salary.  In
            other plans, Type B, money is accumulated in an account.
            Was (his/her) plan Type A or Type B?

                            INAP.................................0
                            TYPE A...............................1 →GC9
                            TYPE B...............................2
                            BOTH TYPES...........................3
                            DK...................................8
                            RF...................................9

 GC8a.
            How much money was left in (his/her) (Type B) account when
            (he/she) stopped working at that business?

            AMOUNT:

 GC9.
            When (he/she) died, was there a cash settlement, are
            survivors receiving benefits, were those benefits lost,
            or what?

            IWER:   IF THERE WAS A CASH SETTLEMENT OR SURVIVORS BENEFITS,
                    ENTER A COMMENT THAT INDICATES WHO RECEIVED THEM.

            DO NOT PROBE BUT ENTER ALL THAT APPLY.

                            INAP.................................0, →GC9e
                            EXPECT FUTURE BENEFITS...............1, →GC9e
                            SURVIVOR RECEIVING BENEFITS NOW.....2,
                            RECEIVED CASH SETTLEMENT.............3, →GC9e
                            ROLLED OVER INTO IRA................4, →GC9e
                            LOST BENEFITS.......................5, →GC9e
                            OTHER (SPECIFY).....................7, →GC9e
                            DK..................................8, →GC9e
                            RF..................................9, →GC9e

 GC9a.
            In what month and year did (he/she) start to receive
            these benefits?

            MONTHS ENTERED MUST BE BETWEEN W1 IW MONTH, W1 IW YEAR AND CUR MONTH T, CUR YEAR YY

            MONTH:

            YEAR:
```

```
GC9b.
        How much are the benefits per month or year?

        PROBE IF NECESSARY:  Is that per month or year?

        AMOUNT:

        PER:

                                INAP.................................0
                                HOUR.................................1
                                WEEK.................................2
                                EVERY TWO WEEKS/BI-WEEKLY............3
                                MONTH................................4
                                TWICE A MONTH........................5
                                YEAR.................................6
                                OTHER (SPECIFY)......................7
                                DK...................................8
                                RF...................................9


                                INAP.................................0
                                CONTINUE.............................1

GC9c.
        Are the benefits adjusted for changes in the cost of living?

                                INAP.................................0
                                YES..................................1 →GC9e
                                NO...................................5
                                DK...................................8
                                RF...................................9

GC9d.
        Have they ever been adjusted for changes in the cost of living?

                                INAP.................................0
                                YES..................................1
                                NO...................................5
                                DK...................................8
                                RF...................................9


    if:GC9( *NOT* RECEIVED CASH SETTLEMENT)
SKIP to:GC9G

GC9e.
        RECEIVED CASH SETTLEMENT

        How much did that amount to?

        AMOUNT:


SKIP to:GC9G


GC9f.
        What did (he/she) do with the money?

                                INAP.................................0,
                                BOUGHT DURABLES......................1,
                                SPENT IT.............................2,
                                SAVED/INVESTED.......................3,
                                PAID OFF DEBT........................4,
                                ROLLED INTO IRA......................5,
                                OTHER (SPECIFY)......................7,
                                DK...................................8,
                                RF...................................9,

    if:GC9( *NOT* ROLLED OVER INTO IRA)
SKIP to:GC10
```

GC9g.
      ROLLED OVER INTO IRA

      How much did that amount to?

      AMOUNT:

     if: Q185 (2)
SKIP to: G/H TIME ST

GC16.
      Now I'd like to ask you some questions about (his/her)
      employment situation since we last spoke to (him/her)
      before (his/her) death.

      According to our records, in W1 IW MONTH W1 IW YEAR (he/she) was working for
      pay. In what month and year did (he/she) stop working?
      MONTH ENTERED MUST BE BETWEEN W1 IW MONTH, W1 IW YEAR AND CUR MONTH T, CUR YEAR

      MONTH:

      YEAR:
                      INAP...................................0
                      CONTINUE...............................1

GC16b.
      What was (he/she) earning, before deductions, when (he/she)
      left that employer?

      IF PER HOUR BE SURE TO ADD .00 FOR CENTS IF THERE ARE NONE

      PROBE IF NECESSARY: Was that per hour, week, month, or year?

      AMOUNT:

      PER:
                      INAP...................................0
                      HOUR...................................1
                      WEEK...................................2
                      EVERY TWO WEEKS/BI-WEEKLY............3
                      MONTH..................................4
                      TWICE A MONTH.........................5
                      YEAR...................................6
                      OTHER (SPECIFY).......................7
                      DK.....................................8
                      RF.....................................9

                      INAP...................................0
                      CONTINUE...............................1

GC17.
　　　　Why did (he/she) leave that employer?

　　　　PROBE IF NECESSARY: Did the business close, was (he/she)
　　　　laid off or let go, did (he/she) leave to take care of family
　　　　members, or what?

　　　　DO NOT PROBE BUT ENTER ALL THAT APPLY:

```
                                    INAP................................00,
                                    BUSINESS CLOSED.....................01, →GC18
                                    LAID OFF/LET GO.....................02, →GC18
                                    POOR HEALTH/DISABLED................03,
                                    FAMILY CARE.........................04,
                                    BETTER JOB..........................05,
                                    QUIT................................06,
                                    RETIRED.............................07,
                                    DIED................................08, →GC18
                                    OTHER (SPECIFY).....................97,
                                    DK..................................98,
                                    RF..................................99,
```

　　　if:GC17(BUSINESS CLOSED *TO* RETIRED *OR* OTHER (SPECIFY)) *AND* GC17(DK *OR* RF)
INVALID COMBINATION
BACK to:GC17

GC17a.
　　　　Did (his/her) employment situation change in some way that
　　　　encouraged (him/her) to leave?

```
                                    INAP................................0 →GC17c
                                    YES.................................1
                                    NO..................................5 →GC17c
                                    DK..................................8 →GC17c
                                    RF..................................9 →GC17c
```

GC17b.
　　　　How did it change?

　　　　CHOOSE ALL THAT APPLY

```
                                    INAP................................00,
                                    SUPERVISOR ENCOURAGED DEPARTURE....01,
                                    COWORKER ENCOURAGED DEPARTURE......02,
                                    WAGES REDUCED (OR ABOUT TO BE
                                    REDUCED)............................03,
                                    HOURS REDUCED (OR ABOUT TO BE
                                    REDUCED)............................04, →GC18
                                    WOULD HAVE BEEN LAID OFF............05,
                                    NEW JOB DUTIES......................06,
                                    NEW JOB LOCATION....................07,
                                    BECAME ELIGIBLE FOR PENSION........08,
                                    EMPLOYER CHANGED HEALTH
                                    INSURANCE...........................09,
                                    SPECIAL EARLY RETIREMENT
                                    INCENTIVE OFFER.....................10,
                                    OTHER (SPECIFY).....................97,
                                    DK..................................98,
                                    RF..................................99,
```

GC17c.
　　　　If (his/her) employer had allowed (him/her) to work fewer
　　　　hours with correspondingly less pay, would (he/she) have
　　　　continued working there?

```
                                    INAP................................0
                                    YES.................................1
                                    NO..................................5
                                    DK..................................8
                                    RF..................................9
```

　　　if:GC16(DK *OR* RF) *OR* GC16a(DK *OR* RF) *OR* GC16MY|(364(< 2)
SKIP to:GC19

GC18.

Between W1 IW MONTH W1 IW YEAR when we last talked with (him/her), and
GC16 GC16a when (he/she) stopped working for
someone else, were there any months when (he/she) was not working?

```
                    INAP...................................0
                    YES....................................1
                    NO.....................................5 →GC19
                    DK.....................................8
                    RF.....................................9
```

GC18a.

Which months were those?
ENTER ALL THAT APPLY.
MONTHS ENTERED MUST BE BETWEEN W1 IW MONTH, W1 IW YEAR AND GC16, GC16a

```
                    INAP..................................00,
                    ALL OF 1993 AFTER W1 IW............36,
                    ALL OF 1994.......................37,
                    ALL OF 1995 TO DATE...............38,
                    ALL OF 1996 TO DATE...............39,
                    OTHER (SPECIFY)...................97,
                    DK................................98,
                    RF................................99,
```

    if: HOURS WORKED PER YEAR (< = 520)
SKIP to:G/H TIME ST

GC19.

Was (he/she) included in a pension or retirement plan, or
in any tax deferred savings plan, when (he/she) worked for
that employer?

```
                    INAP...................................0
                    YES....................................1
                    NO.....................................5 →G/H TIME ST
                    DK.....................................8
                    RF.....................................9
```

GC20.

I would like to know what type of plan this was. In some
retirement plans, Type A, benefits are usually based on a
formula involving age, years of service, and salary. In other
plans, Type B, money is accumulated in an account.
Was (his/her) plan Type A or Type B?

```
                    INAP...................................0
                    TYPE A.................................1 →GC21
                    TYPE B.................................2
                    BOTH TYPES............................3
                    DK....................................8
                    RF....................................9
```

GC20a.

How much money was in (his/her) (Type B) account when (he/she)
left that employer?

AMOUNT:

    if:GC20(TYPE B)
SKIP to:G/H TIME ST

GC21.

When (he/she) died, was there a cash settlement, are
survivors receiving benefits, were those benefits lost,
or what?

IWER: IF THERE WAS A CASH SETTLEMENT OR SURVIVORS BENEFITS,
        ENTER A COMMENT THAT INDICATES WHO RECEIVED THEM.

DO NOT PROBE BUT ENTER ALL THAT APPLY.

```
                          INAP..................................0, →GC21g
                          EXPECT FUTURE BENEFITS...............1, →GC21g
                          SURVIVOR RECEIVING BENEFITS NOW.....2,
                          RECEIVED CASH SETTLEMENT............3, →GC21g
                          ROLLED OVER INTO IRA................4, →GC21g
                          LOST BENEFITS.......................5, →GC21g
                          OTHER (SPECIFY).....................7, →GC21g
                          DK..................................8, →GC21g
                          RF..................................9, →GC21g
```

GC21a.

In what month and year did (he/she) start to receive these benefits?

MONTHS ENTERED MUST BE BETWEEN W1 IW MONTH, W1 IW YEAR AND CUR MONTH T, CUR YEAR YY

MONTH:

YEAR:

GC21c.

How much are the benefits per month or year?

PROBE IF NECESSARY: Is that per month or year?

AMOUNT:

PER:

```
                          INAP..................................0
                          HOUR..................................1
                          WEEK..................................2
                          EVERY TWO WEEKS/BI-WEEKLY............3
                          MONTH.................................4
                          TWICE A MONTH.........................5
                          YEAR..................................6
                          OTHER (SPECIFY).......................7
                          DK....................................8
                          RF....................................9

                          INAP..................................0
                          CONTINUE..............................1
```

GC21e.
Are the benefits adjusted for changes in the cost of living?

```
                          INAP..................................0
                          YES...................................1 →GC21g
                          NO....................................5
                          DK....................................8
                          RF....................................9
```

GC21f.
Have they ever been adjusted for changes in the cost of living?

```
                          INAP..................................0
                          YES...................................1
                          NO....................................5
                          DK....................................8
                          RF....................................9
```

if:GC21(*NOT* RECEIVED CASH SETTLEMENT)

```
SKIP to:GC21j

 GC21g.
          How much did the cash settlement amount to?

          AMOUNT:


      if:GC21( *NOT* ROLLED OVER INTO IRA)
SKIP to: N1x

 GC21j.
          How much did the rollover amount to?

          AMOUNT:

                         G/H TIME STAMP

                         J END TIME STAMP
```

```
     if:W1 OWN RENT( *NOT* OWN)
SKIP to:N6x

 N1x.
 ~IF SPOUSE ALIVE (NOT YES) and TYPE OF INTERVIEW (NOT PROXY IS SURVIVING SPOUSE)
         Our records show that R FIRST NAME owned a home
 ~ELSE SPOUSE ALIVE (NOT YES) and PROXY IS SURVIVING SPOUSE
         Our records show that you and R FIRST NAME owned a home
 ~ELSE SPOUSE ALIVE  and TYPE OF INTERVIEW (NOT PROXY IS SURVIVING SPOUSE)
         Our records show that (he/she)
         and (his/her) (husband/wife/partner / late husband/wife/partner)owned a home
 ~ELSE
         Our records show that you and (he/she) owned a home
 ~END
         in (City) (State) in W1 IW MONTH W1 IW YEAR.
         Did R FIRST NAME still own that home when (he/she) died?

                              INAP.................................0 →N6x
                              YES..................................1 →N3x
                              NO...................................5
                              DK...................................8 →N6x
                              RF...................................9 →N6x

 N1ax.
         What happened to that home -- did R FIRST NAME sell it, give it
         to someone, or what?

                              INAP.................................0 →N6x
                              GAVE TO SOMEONE......................1
                              SOLD.................................2 →N2
                              OTHER................................7 →N6x
                              DK...................................8 →N6x
                              RF...................................9 →N6x


 N1bx.
         To whom did (he/she) give the house, (that is, what
         was their relationship to R FIRST NAME)?

         CHOOSE ALL THAT APPLY


                              INAP.................................0, →N6x
                              CHILD/CHILD-IN-LAW-/GRANDCHILD......2,
                              OTHER RELATIVE.......................3, →N6x
                              FRIEND...............................4, →N6x
                              CHARITY..............................5, →N6x
                              SOMEONE ELSE.........................7, →N6x
                              DK...................................8, →N6x
                              RF...................................9, →N6x


 N1cx.
         (Which child is that?)

         CHOOSE ALL THAT APPLY

         IF GRANDCHILD:  Which child of R FIRST NAME (or his/her  husband/wife/partner) is the parent
         of that grandchild?

     if:N1ax(GAVE TO SOMEONE)
SKIP to:N6x

 N2.
         What was the selling price?

         DO NOT PROBE DK


     if:N2( *NOT* DK *AND*  *NOT* RF)
SKIP to:N6x
```

```
N2a.
        Was it more than $50,000?

                                INAP..................................0
                                YES...................................1
                                NO....................................5  →N2c
                                DK....................................8
                                RF....................................9


     if:N2a(DK *OR* RF)
SKIP to:N6x
 N2b.
        Was it more than $200,000?

                                INAP..................................0  →N6x
                                YES...................................1  →N6x
                                NO....................................5  →N6x
                                DK....................................8  →N6x
                                RF....................................9  →N6x


 N2c.
        Was it more than $15,000?

                                INAP..................................0
                                YES...................................1
                                NO....................................5
                                DK....................................8
                                RF....................................9

N3x.
        What happened to that home after R FIRST NAME'S death:
~IF PROXY IS SURVIVING SPOUSE
        Do you own it now,
~ELSE SPOUSE ALIVE
        Does (his/her) (husband/wife/partner) own it now,
~END
        was it sold, was it inherited by someone else, has it not
        yet been disposed of, or what?

                                INAP..................................0  →N6x
                                SURVIVING SPOUSE STILL OWNS IT.......1  →N6x
                                SOLD..................................2  →N4x
                                INHERITED.............................3
                                NOT YET DISPOSED......................4  →N5x
                                OTHER.................................7  →N6x
                                DK....................................8  →N6x
                                RF....................................9  →N6x

N3ax.
        Who inherited the house, (that is, what was their
        relationship to R FIRST NAME)?

        CHOOSE ALL THAT APPLY

                                INAP..................................0,  →N6x
                                CHILD/CHILD-IN-LAW-/GRANDCHILD......2,
                                OTHER RELATIVE.......................3,  →N6x
                                FRIEND...............................4,  →N6x
                                CHARITY..............................5,  →N6x
                                SOMEONE ELSE.........................7,  →N6x
                                DK...................................8,  →N6x
                                RF...................................9,  →N6x
```

N3bx.

(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD: Which child of R FIRST NAME (or his/her husband/wife/partner) is the parent of that grandchild?

INAP...............................00,

```
    if:N3x(INHERITED)
SKIP to:N6x
```

N4x.

What was the selling price?

DO NOT PROBE DK

```
    if:N4x( *NOT* DK *AND* *NOT* RF)
SKIP to:N5x
```

N4a.
Was it more than $50,000?

```
                        INAP...................................0
                        YES....................................1
                        NO.....................................5 →N4c
                        DK.....................................8
                        RF.....................................9
```

```
    if:N4a(DK *OR* RF)
SKIP to:N6x
```

N6b.
Was it more than $200,000?

```
                        INAP...................................0 →N6x
                        YES....................................1 →N6x
                        NO.....................................5 →N6x
                        DK.....................................8 →N6x
                        RF.....................................9 →N6x
```

N6c.
Was it more than $15,000?

```
                        INAP...................................0
                        YES....................................1
                        NO.....................................5
                        DK.....................................8
                        RF.....................................9
```

```
    if:N3x( *NOT* NOT YET DISPOSED)
SKIP to:N6x
```

N5x.
Is that home now vacant, or is someone living there?

```
                        INAP...................................0 →N6x
                        VACANT.................................1 →N6x
                        OCCUPIED...............................2
                        DK.....................................8 →N6x
                        RF.....................................9 →N6x
```

N5ax.
Who lives in the house, (that is, what was their
relationship to R FIRST NAME)?

CHOOSE ALL THAT APPLY

```
                              INAP.................................0, →N6x
                              SPOUSE...............................1, →N6x
                              CHILD/CHILD-IN-LAW/GRANDCHILD.......2,
                              OTHER RELATIVE......................3, →N6x
                              FRIEND..............................4, →N6x
                              CHARITY.............................5, →N6x
                              SOMEONE ELSE........................7, →N6x
                              DK..................................8, →N6x
                              RF..................................9, →N6x
```

N5bx.
(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD: Which child of R FIRST NAME (or his/her husband/wife/partner) is the parent
of that grandchild?

if: Q203(2) *AND* HH2 HAS 2ND(*NOT* HAS 1 OTHER RESIDENCE)
SKIP to:N62x.

N6x.
Our records show that R FIRST NAME also had a home
in (2nd Residence City) (2nd Residence State).

Did (he/she) own that home when (he/she) died?

```
                              INAP.................................0 →N62x.
                              YES..................................1 →N8x
                              NO...................................5
                              DK...................................8 →N62x.
                              RF...................................9 →N62x.
```

N6ax.
Did R FIRST NAME ever own it?

```
                              INAP.................................0 →N62x.
                              YES..................................1
                              NO...................................5 →N62x.
                              DK...................................8 →N62x.
                              RF...................................9 →N62x.
```

N6bx.
What happened to that home -- did R FIRST NAME sell it, give it
to someone, or what?

```
                              INAP.................................0
                              GAVE TO SOMEONE......................1
                              SOLD.................................2
                              OTHER................................7
                              DK...................................8
                              RF...................................9
```


if:N6bx(*NOT* GAVE TO SOMEONE *AND* *NOT* SOLD)
SKIP to:N62x.

if:N6bx(SOLD)
SKIP to:N6a

```
N6cx.
        To whom did (he/she) give the house, (that is, what
        was their relationship to R FIRST NAME)?

        CHOOSE ALL THAT APPLY

                                INAP...............................0, →N62x.
                                SPOUSE.............................1, →N62x.
                                CHILD/CHILD-IN-LAW/GRANDCHILD......2,
                                OTHER RELATIVE.....................3, →N62x.
                                FRIEND.............................4, →N62x.
                                CHARITY............................5, →N62x.
                                SOMEONE ELSE.......................7, →N62x.
                                DK.................................8, →N62x.
                                RF.................................9, →N62x.

N6dx.
        (Which child is that?)

        CHOOSE ALL THAT APPLY

        IF GRANDCHILD:  Which child of R FIRST NAME (or his/her  husband/wife/partner) is the parent
        of that grandchild?

                                INAP...............................00,
                                DECEASED CHILD.....................10,
                                ALL CHILDREN.......................11,

        if:N6bx(GAVE TO SOMEONE)
SKIP to:N62x.

N6.
        What was the selling price?

        DO NOT PROBE DK

        if:N6( *NOT* DK *AND*  *NOT* RF)
SKIP to:N62x.

N6a.
        Was it more than $50,000?

                                INAP...............................0
                                YES................................1
                                NO.................................5 →N6c
                                DK.................................8
                                RF.................................9


        if:N6a(DK *OR* RF)
SKIP to:N62x.

N6b.
        Was it more than $200,000?

                                INAP...............................0 →N62x.
                                YES................................1 →N62x.
                                NO.................................5 →N62x.
                                DK.................................8 →N62x.
                                RF.................................9 →N62x.


N6c.
        . Was it more than $15,000?

                                INAP...............................0
                                YES................................1
                                NO.................................5
                                DK.................................8
                                RF.................................9
```

N8x.

What happened to that home after R FIRST NAME'S death: was it
sold, was it inherited by someone else, has it not yet
been disposed of, or what?

```
                    INAP.................................0 →N62x.
                    INHERITED............................1
                    SOLD.................................2 →N9x
                    NOT YET DISPOSED.....................3 →N10x
                    OTHER................................7 →N62x.
                    DK...................................8 →N62x.
                    RF...................................9 →N62x.
```

N8ax.

Who inherited the house, (that is, what was their
relationship to R FIRST NAME)?

CHOOSE ALL THAT APPLY

```
                    INAP..............................0, →N62x.
                    SPOUSE............................1, →N62x.
                    CHILD/CHILD-IN-LAW/GRANDCHILD.......2,
                    OTHER RELATIVE....................3, →N62x.
                    FRIEND............................4, →N62x.
                    CHARITY...........................5, →N62x.
                    SOMEONE ELSE......................7, →N62x.
                    DK................................8, →N62x.
                    RF................................9, →N62x.
```

N8bx.

(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD: Which child of R FIRST NAME (or his/her husband/wife/partner) is the parent
of that grandchild?

       if:N8x(INHERITED)
SKIP to:N10x

N9x.

What was the selling price?

DO NOT PROBE DK

N9ax.

Was it more than $50,000?

```
                    INAP.................................0
                    YES..................................1
                    NO...................................5 →N9cx
                    DK...................................8
                    RF...................................9
```

N9bx.

Was it more than $200,000?

```
                    INAP.................................0 →N62x.
                    YES..................................1 →N62x.
                    NO...................................5 →N62x.
                    DK...................................8 →N62x.
                    RF...................................9 →N62x.
```

N9cx.

Was it more than $15,000?

```
                    INAP.................................0
                    YES..................................1
                    NO...................................5
                    DK...................................8
                    RF...................................9
```

```
      if:N8x( *NOT* NOT YET DISPOSED)
SKIP to:N62x.

  N10x.
          Is that home now vacant, or is someone living there?

                                  INAP................................0 →N62x.
                                  VACANT..............................1 →N62x.
                                  OCCUPIED............................2
                                  DK..................................8 →N62x.
                                  RF..................................9 →N62x.

  N10ax.
          Who lives in the house, (that is, what was their
          relationship to R FIRST NAME)?

          CHOOSE ALL THAT APPLY

                                  INAP...............................0, →N62x.
                                  SPOUSE.............................1, →N62x.
                                  CHILD/CHILD-IN-LAW/GRANDCHILD.......2,
                                  OTHER RELATIVE.....................3, →N62x.
                                  FRIEND.............................4, →N62x.
                                  CHARITY............................5, →N62x.
                                  SOMEONE ELSE.......................7, →N62x.
                                  DK.................................8, →N62x.
                                  RF.................................9, →N62x.


  N10bx.
          (Which child is that?)

          CHOOSE ALL THAT APPLY

          IF GRANDCHILD:  Which child of R FIRST NAME (or his/her  husband/wife/partner) is the parent
          of that grandchild?

                          N50 TIME STAMP


  N62x.
          I asked you earlier about expenses incurred for the
          health care that R FIRST NAME received.  Now I want
          to know about expenses associated with (his/her) death,
          for funeral expenses, legal fees, and so on.

          What were the total expenses associated with the death
          for things of that type?

          DO NOT PROBE DK

          ALT-O NOT SETTLED YET

          AMOUNT:


      if:N62x(OUT OF RANGE)
SKIP to:N62ex


      if:N62x( *NOT* DK *AND*  *NOT* RF)
SKIP to:N62ex

  N62ax.
          Was it more than $5,000?

                                  INAP................................0
                                  YES.................................1
                                  NO..................................5 →N62dx
                                  DK..................................8
                                  RF..................................9
```

```
      if:N62ax(DK *OR* RF)
SKIP to:N62ex

 N62bx.
          Was it more that $25,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5  →N62ex
                              DK.....................................8
                              RF.....................................9

 N62cx.
          Was it more that $100,000?

                              INAP...................................0  →N62ex
                              YES....................................1  →N62ex
                              NO.....................................5  →N62ex
                              DK.....................................8  →N62ex
                              RF.....................................9  →N62ex

 N62dx.
          Was it more that $1,000?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9

 N62ex.
          Were any of these costs covered by insurance?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5  →N71x
                              DK.....................................8
                              RF.....................................9

 N62fx.
          How much did insurance pay?

          AMOUNT:

            OR
          PERCENT:

                              CONTINUE..............................1

 N71x.
          Sometimes people make provision to leave things to
          specific family members if something happens to them,
          others do not.  Because we are trying to get a complete
          picture of family situations, I have a few questions about
          inheritance.

          Before (his/her) death, had R FIRST NAME put any of (his/her)
          assets into a trust?

                              INAP...................................0
                              YES....................................1
                              NO.....................................5
                              DK.....................................8
                              RF.....................................9
```

N72x.
~IF PUT ASSETS INTO TRUST
         In addition to the trust,
~END
         Did R FIRST NAME have a will that was written and witnessed?

                                   INAP.....................................0 →N72cx
                                   YES......................................1
                                   NO.......................................5 →N72cx
                                   DK.......................................8 →N72cx
                                   RF.......................................9 →N72cx

N72ax.
         Has (his/her) will been probated?

                                   INAP.....................................0 →N72cx
                                   YES......................................1
                                   NO.......................................5 →N72cx
                                   DK.......................................8 →N72cx
                                   RF.......................................9 →N72cx

N72bx.   IWER: ASK FOR COUNTY AS WELL AS STATE.
         In what state was it probated?

         COUNTY:

     if:N71x(YES) *OR* N72x(YES)
SKIP to:N74x

 N73x.
         What happened to (his/her) assets and possessions:
         have they been divided among the heirs, have they not
         yet been distributed, was there nothing of much value to
         distribute, or what?

                                   INAP..................................0
                                   DIVIDED AMONG THE HEIRS...............1
                                   NOT YET DISTRIBUTED...................2
                                   NOTHING MUCH OF VALUE.................3
                                   OTHER (SPECIFY).......................7
                                   DK....................................8
                                   RF....................................9

     if:A21(*NOT* MARRIED, SPOUSE PRESENT *TO* LIVING WITH SOMEONE)
SKIP to:N75x

N74x.
~IF PUT ASSETS INTO TRUST and WILL
         Did (he/she) make provisions in either the trust or the
         will for
~ELSE PUT ASSETS INTO TRUST
         Did (he/she) make provisions in the trust for
~ELSE WRITTEN AND WITNESSED WILL
         Did (he/she) make provisions in the will for
~ELSE
         Were any of (his/her) possessions or assets left to
~END
~IF PROXY IS SURVIVING SPOUSE
         you?
~ELSE

         (his/her) (husband/wife/partner)?
~END

                              INAP....................................0   N75x
                              YES.....................................1
                              NO......................................5 →N75x
                              DK......................................8 →N75x
                              RF......................................9 →N75x

N74ax.
         How much did (you/(his/her) (husband/wife/partner) receive
         from (his/her) estate?

         ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

         AMOUNT:

         PERCENT:

                              INAP....................................0
                              CONTINUE................................1

N74bx.
         Was it more than half of (his/her) total estate?

                              INAP....................................0
                              YES.....................................1
                              NO......................................5 →N74ex
                              DK......................................8
                              RF......................................9

       if:N74bx(DK *OR* RF)
SKIP to:N75x

N74cx.
         Was it more than 75 percent of (his/her) total estate?

                              INAP....................................0 →N75x
                              YES.....................................1
                              NO......................................5 →N75x
                              DK......................................8 →N75x
                              RF......................................9 →N75x

N74dx.
        . Was it more than 90 percent of (his/her) total estate?

                              INAP....................................0 →N75x
                              YES.....................................1 →N75x
                              NO......................................5 →N75x
                              DK......................................8 →N75x
                              RF......................................9 →N75x

N74ex.
        Was it more than 25 percent of (his/her) total estate?

```
                              INAP.................................0  →N75x
                              YES..................................1  →N75x
                              NO...................................5
                              DK...................................8  →N75x
                              RF...................................9  →N75x
```

N74fx.
        Was it more than 10 percent of (his/her) total estate?

```
                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

     if:Q513 *AND* D40(0 *OR* DK *OR* RF)
SKIP to:N77x

N75x.
~IF PUT ASSETS INTO TRUST and WRITTEN AND WITNESSED WILL
        Did (he/she) make provisions in either the trust or the
        will for any of (his/her)
~ELSE PUT ASSETS INTO TRUST
        Did (he/she) make provisions in the trust for any
        of (his/her)
~ELSE WRITTEN AND WITNESSED WILL
        Did (he/she) make provisions in the will for any
        of (his/her)
~ELSE
        Were any of (his/her) (possessions) left to any
        of (his/her)
~END
~IF Q513 (NOT 0) and # OF GRANDCHILDREN DDFM (GREATER THAN 0)
        children or grandchildren (or great-grandchildren)?
~ELSE Q513 (NOT 0)
        children?
~ELSE
        grandchildren (or great-grandchildren)?
~END
        IWER: PLEASE RECORD ANY INFORMATION ABOUT ULTIMATE
                BENEFICIARIES IN F2 COMMENTS.

```
                              INAP.................................0  →N77x
                              YES..................................1
                              NO...................................5  →N77x
                              DK...................................8  →N77x
                              RF...................................9  →N77x
```

     if: Q513(1)
SKIP to:N75bx

N75ax.
        Did (he/she) leave the same amount to each of (his/her)
        children and their families?

```
                              INAP.................................0
                              YES..................................1  →N75bx
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

     if:D4x(*NOT* YES)
SKIP to:N76x

N75aax.
      Did (he/she) leave the same amount to each of
      (his/her) grandchildren?

                             INAP.....................................0
                             YES......................................1
                             NO.......................................5 →N76x
                             DK.......................................8
                             RF.......................................9

N75bx.
      Altogether, how much did (he/she) leave for (his/her)
~IF Q513 (1)
      child (grandchild)?
~ELSE
      children (grandchildren)?
~END

      ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

      AMOUNT:

      PERCENT:

                               INAP.....................................0
                             CONTINUE.................................1

N75cx.
      Was it more than half of (his/her) total estate?

                               INAP.....................................0
                               YES......................................1
                             NO.......................................5 →N75fx
                             DK.......................................8
                               RF.......................................9

    if:N75cx(DK *OR* RF)
SKIP to:N77x

N75dx.
      Was it more than 75 percent of (his/her) total estate?

                               INAP.....................................0 →N77x
                               YES......................................1
                               NO.......................................5 →N77x
                               DK.......................................8 →N77x
                               RF.......................................9 →N77x

N75ex.
      Was it more than 90 percent of (his/her) total estate?

                               INAP.....................................0 →N77x
                               YES......................................1 →N77x
                               NO.......................................5 →N77x
                               DK.......................................8 →N77x
                               RF.......................................9 →N77x

N75fx.
      Was it more than 25 percent of (his/her) total estate?

                               INAP.....................................0 →N77x
                               YES......................................1 →N77x
                               NO.......................................5
                               DK.......................................8 →N77x
                               RF.......................................9 →N77x

N75gx.
     Was it more than 10 percent of (his/her) total estate?

```
                            INAP.................................0
                            YES..................................1
                            NO...................................5
                            DK...................................8
                            RF...................................9
```

N76ax.
     How much did (he/she) leave for CHILD'S NAME and
(his/her) family?

ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

AMOUNT:

PERCENT:

```
                            INAP.................................0
                            CONTINUE.............................1
```

N76bx.
     Was it more than half of (his/her) total estate?

```
                            INAP.................................0
                            YES..................................1
                            NO...................................5  →N76ex
                            DK...................................8
                            RF...................................9
```

N76cx.
     Was it more than 75 percent of (his/her) total estate?

```
                            INAP.................................0  →N76x
                            YES..................................1
                            NO...................................5  →N76x
                            DK...................................8  →N76x
                            RF...................................9  →N76x
```

N76dx.
     Was it more than 90 percent of (his/her) total estate?

```
                            INAP.................................0  →N76x
                            YES..................................1  →N76x
                            NO...................................5  →N76x
                            DK...................................8  →N76x
                            RF...................................9  →N76x
```

N76ex.
     Was it more than 25 percent of (his/her) total estate?

```
                            INAP.................................0  →N76x
                            YES..................................1  →N76x
                            NO...................................5
                            DK...................................8  →N76x
                            RF...................................9  →N76x
```

N76fx.
     Was it more than 10 percent of (his/her) total estate?

```
                            INAP.................................0
                            YES..................................1
                            NO...................................5
                            DK...................................8
                            RF...................................9
```

END of case

N77x.
```
¯IF PUT ASSETS INTO TRUST and WRITTEN AND WITNESSED WILL
         Did (he/she) make provisions in either the trust or the
         will for
¯ELSE PUT ASSETS INTO TRUST
         Did (he/she) make provisions in the trust for
¯ELSE WRITTEN AND WITNESSED WILL
         Did (he/she) make provisions in the will for
¯ELSE
         Were any of (his/her) (possessions) left to
¯END
         charities?
```

```
                              INAP...................................0  →N78X
                              YES....................................1
                              NO.....................................5  →N78X
                              DK.....................................8  →N78X
                              RF.....................................9  →N78X
```

N77ax.
```
         How much did charities receive from (his/her) estate?

         ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

         AMOUNT:

         PERCENT:
```

```
                              INAP...................................0
                              CONTINUE...............................1
```
N77bx.
```
         Was it more than half of (his/her) total estate?
```

```
                              INAP...................................0
                              YES....................................1
                              NO.....................................5  →N77ex
                              DK.....................................8
                              RF.....................................9
```

N77cx.
```
         Was it more than 75 percent of (his/her) total estate?
```

```
                              INAP...................................0  →N78X
                              YES....................................1
                              NO.....................................5  →N78X
                              DK.....................................8  →N78X
                              RF.....................................9  →N78X
```

N77dx.
```
         Was it more than 90 percent of (his/her) total estate?
```

```
                              INAP...................................0  →N78X
                              YES....................................1  →N78X
                              NO.....................................5  →N78X
                              DK.....................................8  →N78X
                              RF.....................................9  →N78X
```

N77ex.
```
         Was it more than 25 percent of (his/her) total estate?
```

```
                              INAP...................................0  →N78X
                              YES....................................1  →N78X
                              NO.....................................5
                              DK.....................................8  →N78X
                              RF.....................................9  →N78X
```

N77f.   Was it more than 10 percent of (his/her) total estate?

                                        INAP.....................................0
                                        YES......................................1
                                        NO.......................................5
                                        DK.......................................8
                                        RF.......................................9

N78x.
~IF PUT ASSETS INTO TRUST and WRITTEN AND WITNESSED WILL
          Did (he/she) make provisions in either the trust or the
          will for
~ELSE PUT ASSETS INTO TRUST
          Did (he/she) make provisions in the trust for
~ELSE WRITTEN AND WITNESSED WILL
          Did (he/she) make provisions in the will for
~ELSE
          Were any of (his/her) (possessions) left to
~END
          any of (his/her) brothers or sisters?

                                        INAP.....................................0 →N79X
                                        YES......................................1
                                        NO.......................................5 →N79X
                                        DK.......................................8 →N79X
                                        RF.......................................9 →N79X

N78ax.   Altogether, how much did (his/her) brothers and sisters
               receive from (his/her) estate?

               ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

               AMOUNT:

               PERCENT:

                                        INAP.....................................0
                                        CONTINUE.................................1

N78bx.   Was it more than half of (his/her) total estate?

                                        INAP.....................................0
                                        YES......................................1
                                        NO.......................................5 →N78ex
                                        DK.......................................8
                                        RF.......................................9

N78cx.   Was it more than 75 percent of (his/her) total estate?

                                        INAP.....................................0 →N79X
                                        YES......................................1
                                        NO.......................................5 →N79X
                                        DK.......................................8 →N79X
                                        RF.......................................9 →N79X

N78dx.   Was it more than 90 percent of (his/her) total estate?

                                        INAP.....................................0 →N79X
                                        YES......................................1 →N79X
                                        NO.......................................5 →N79X
                                        DK.......................................8 →N79X
                                        RF.......................................9 →N79X

N78ex.
       Was it more than 25 percent of (his/her) total estate?

```
                                INAP...................................0 →N79X
                                YES....................................1 →N79X
                                NO.....................................5
                                DK.....................................8 →N79X
                                RF.....................................9 →N79X
```

N78fx.
       Was it more than 10 percent of (his/her) total estate?

```
                                INAP...................................0
                                YES....................................1
                                NO.....................................5
                                DK.....................................8
                                RF.....................................9
```

N79x.
¯IF PUT ASSETS INTO TRUST and WRITTEN AND WITNESSED WILL
       Did (he/she) make provisions in either the trust or the
       will for
¯ELSE PUT ASSETS INTO TRUST
       Did (he/she) make provisions in the trust for
¯ELSE WRITTEN AND WITNESSED WILL
       Did (he/she) make provisions in the will for
¯ELSE
       Were any of (his/her) (possessions) left to
¯END
       any other of (his/her) relatives?

```
                                INAP...................................0 →N80X
                                YES....................................1
                                NO.....................................5 →N80X
                                DK.....................................8 →N80X
                                RF.....................................9 →N80X
```

N79ax.
       Altogether, how much did these other relatives
       receive from (his/her) estate?

       ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

       AMOUNT:

       PERCENT:

```
                                INAP...................................0
                                CONTINUE...............................1
```

N79bx.
       Was it more than half of (his/her) total estate?

```
                                INAP...................................0
                                YES....................................1
                                NO.....................................5 →N79ex
                                DK.....................................8
                                RF.....................................9
```

N79cx.
       Was it more than 75 percent of (his/her) total estate?

```
                                INAP...................................0 →N80X
                                YES....................................1
                                NO.....................................5 →N80X
                                DK.....................................8 →N80X
                                RF.....................................9 →N80X
```

N79dx.
       Was it more than 90 percent of (his/her) total estate?

```
                                INAP...................................0 →N80X
                                YES....................................1 →N80X
                                NO.....................................5 →N80X
                                DK.....................................8 →N80X
                                RF.....................................9 →N80X
```

N79ex.
        Was it more than 25 percent of (his/her) total estate?

```
                              INAP.....................................0  →N80X
                              YES......................................1  →N80X
                              NO.......................................5
                              DK.......................................8  →N80X
                              RF.......................................9  →N80X
```

N79fx.
        Was it more than 10 percent of (his/her) total estate?

```
                              INAP.....................................0
                              YES......................................1
                              NO.......................................5
                              DK.......................................8
                              RF.......................................9
```

N80x.
~IF PUT ASSETS INTO TRUST and WRITTEN AND WITNESSED WILL
        Did (he/she) make provisions in either the trust or the
        will for
~ELSE PUT ASSETS INTO TRUST
        Did (he/she) make provisions in the trust for
~ELSE WRITTEN AND WITNESSED WILL
        Did (he/she) make provisions in the will for
~ELSE
        Were any of (his/her) (possessions) left to
~END
        any of (his/her) friends?

```
                              INAP.....................................0  →N81X
                              YES......................................1
                              NO.......................................5  →N81X
                              DK.......................................8  →N81X
                              RF.......................................9  →N81X
```

N80ax.
        Altogether, how much did (his/her) friends
        receive from (his/her) estate?

        ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

        AMOUNT:

        PERCENT:

```
                              INAP.....................................0
                              CONTINUE.................................1
```

N80bx.
        Was it more than half of (his/her) total estate?

```
                              INAP.....................................0
                              YES......................................1
                              NO.......................................5  →N80ex
                              DK.......................................8
                              RF.......................................9
```

N80cx.
        Was it more than 75 percent of (his/her) total estate?

```
                              INAP.....................................0  →N81X
                              YES......................................1
                              NO.......................................5  →N81X
                              DK.......................................8  →N81X
                              RF.......................................9  →N81X
```

N80dx.
        Was it more than 90 percent of (his/her) total estate?

                                INAP....................................0 →N81X
                                YES.....................................1 →N81X
                                NO......................................5 →N81X
                                DK......................................8 →N81X
                                RF......................................9 →N81X

N80ex.
        Was it more than 25 percent of (his/her) total estate?

                                INAP....................................0 →N81X
                                YES.....................................1 →N81X
                                NO......................................5
                                DK......................................8 →N81X
                                RF......................................9 →N81X

N80fx.
        Was it more than 10 percent of (his/her) total estate?

                                INAP....................................0
                                YES.....................................1
                                NO......................................5
                                DK......................................8
                                RF......................................9

N81x.
~IF PUT ASSETS INTO TRUST and WRITTEN AND WITNESSED WILL
        Did (he/she) make provisions in either the trust or the
        will for
~ELSE PUT ASSETS INTO TRUST
        Did (he/she) make provisions in the trust for
~ELSE WRITTEN AND WITNESSED WILL
        Did (he/she) make provisions in the will for
~ELSE
        Were any of (his/her) (possessions) left to
~END
        anyone else or anything else that we have not yet listed?

                                INAP...................................0 →N82x
                                YES....................................1
                                NO.....................................5 →N82x
                                DK.....................................8 →N82x
                                RF.....................................9 →N82x

N81ax.
        Altogether, how much did those others
        receive from (his/her) estate?

        ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

        AMOUNT:

        PERCENT:

                                INAP...................................0
                                CONTINUE...............................1

N81bx.
        Was it more than half of (his/her) total estate?

                                INAP...................................0
                                YES....................................1
                                NO.....................................5 →N81ex
                                DK.....................................8
                                RF.....................................9

N81cx.
     Was it more than 75 percent of (his/her) total estate?

```
                              INAP....................................0  →N82x
                              YES.....................................1
                              NO......................................5  →N82x
                              DK......................................8  →N82x
                              RF......................................9  →N82x
```

N81dx.
     Was it more than 90 percent of (his/her) total estate?

```
                              INAP....................................0  →N82x
                              YES.....................................1  →N82x
                              NO......................................5  →N82x
                              DK......................................8  →N82x
                              RF......................................9  →N82x
```

N81ex.
     Was it more than 25 percent of (his/her) total estate?

```
                              INAP....................................0  →N82x
                              YES.....................................1  →N82x
                              NO......................................5
                              DK......................................8  →N82x
                              RF......................................9  →N82x
```

N81fx.
     Was it more than 10 percent of (his/her) total estate?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

N82x.
     Altogether, what was the value of (his/her) total estate?

     IWER: DO NOT PROBE DK

N82bx.
     Was it more than $100,000?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5  →N82ex
                              DK......................................8
                              RF......................................9
```

N82cx.
     Was it more than $500,000?

```
                              INAP....................................0  →N82gx
                              YES.....................................1
                              NO......................................5  →N82gx
                              DK......................................8  →N82gx
                              RF......................................9  →N82gx
```

N82dx.
     . Was it more than $2,000,000?

```
                              INAP....................................0  →N82gx
                              YES.....................................1  →N82gx
                              NO......................................5  →N82gx
                              DK......................................8  →N82gx
                              RF......................................9  →N82gx
```

N82ex.
     Was it more than $25,000?

```
                              INAP.................................0 →N82gx
                              YES..................................1 →N82gx
                              NO...................................5
                              DK...................................8 →N82gx
                              RF...................................9 →N82gx
```

N82fx.
     Was it more than $10,000?

```
                              INAP.................................0
                              YES..................................1
                              NO...................................5
                              DK...................................8
                              RF...................................9
```

N82gx.
~IF PUT ASSETS INTO TRUST
     Is any part of (his/her) estate still held in any
     type of a trust?
~ELSE
     Was any part of (his/her) estate put into a trust after
     (he/she) died?
~END

```
                              INAP.................................0 →N83x
                              YES..................................1
                              NO...................................5 →N83x
                              DK...................................8 →N83x
                              RF...................................9 →N83x
```

N82hx.
     Who is currently the trustee of this trust?

     CHOOSE ALL THAT APPLY

```
                              INAP.................................0, →N83x
                              SPOUSE...............................1, →N83x
                              CHILD................................2,
                              OTHER RELATIVE.......................3, →N83x
                              ATTORNEY.............................4, →N83x
                              BANK OFFICER/TRUST DEPARTMENT
                              AT A BANK............................5, →N83x
                              OTHER (SPECIFY)......................7, →N83x
                              DK...................................8, →N83x
                              RF...................................9, →N83x
```

N82jx.
     (Which child is that?)

     CHOOSE ALL THAT APPLY

N83x.
~IF PUT ASSETS INTO TRUST or WRITTEN AND WITNESSED WILL or ESTATE DIVIDED AMONG THE HEIRS
     In addition to what you have just told me about (his/her) estate
~END
     Did anyone receive a settlement from life insurance?

```
                              INAP.................................0 →R
                              YES..................................1
                              NO...................................5 →R
                              DK...................................8 →R
                              RF...................................9 →R
```

```
N83ax.
          Who were the beneficiaries of that life insurance?

          CHOOSE ALL THAT APPLY

                                   INAP..............................0, →N85gx
                                   SPOUSE/PARTNER....................1, →N85gx
                                   CHILD(REN)........................2,
                                   GRANDCHILD(REN) OR
                                   GREAT-GRANDCHILD(REN).............3,
                                   OTHER RELATIVE(S).................4, →N85gx
                                   OTHER (SPECIFY)...................7, →N85gx
                                   DK................................8, →N85gx
                                   RF................................9, →N85gx

       if: Q513 (1)
SKIP to:N85x

N84x.
          Did each of (his/her) children and their families receive
          the same amount from life insurance?

                                   INAP..............................0 →N85x
                                   YES...............................1
                                   NO................................5 →N85x
                                   DK................................8 →N85x
                                   RF................................9 →N85x

N84ax.

          Altogether, how much did (his/her) children
          receive from (his/her) life insurance?

          ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

          AMOUNT:

          PERCENT:

                                   INAP..............................0
                                   CONTINUE..........................1

N84bx.
          Was it more than half of the life insurance settlement?

                                   INAP..............................0
                                   YES...............................1
                                   NO................................5 →N84ex
                                   DK................................8
                                   RF................................9

       if:N84bx(DK *OR* RF)
SKIP to:N85x

N84cx.
          Was it more than 75 percent of the life insurance settlement?

                                   INAP..............................0 →N85x
                                   YES...............................1
                                   NO................................5 →N85x
                                   DK................................8 →N85x
                                   RF................................9 →N85x

N84dx.
          Was it more than 90 percent of the life insurance settlement?

                                   INAP..............................0 →N85x
                                   YES...............................1 →N85x
                                   NO................................5 →N85x
                                   DK................................8 →N85x
                                   RF................................9 →N85x
```

N84ex.
Was it more than 25 percent of the life insurance settlement?

```
                              INAP....................................0  →N85x
                              YES.....................................1  →N85x
                              NO......................................5
                              DK......................................8  →N85x
                              RF......................................9  →N85x
```

N84fx.
Was it more than 10 percent of the life insurance settlement?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

N85ax.

How much did (CHILD) and (his/her) family receive
from life insurance?

ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

AMOUNT:

PERCENT:

```
                              INAP....................................0
                              CONTINUE................................1
```

N85bx.
Was it more than half of the life insurance settlement?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5  →N85ex
                              DK......................................8
                              RF......................................9
```

N85cx.
Was it more than 75 percent of the life insurance settlement?

```
                              INAP....................................0  →N85x
                              YES.....................................1
                              NO......................................5  →N85x
                              DK......................................8  →N85x
                              RF......................................9  →N85x
```

N85dx.
Was it more than 90 percent of the life insurance settlement?

```
                              INAP....................................0  →N85x
                              YES.....................................1  →N85x
                              NO......................................5  →N85x
                              DK......................................8  →N85x
                              RF......................................9  →N85x
```

N85ex.
Was it more than 25 percent of the life insurance settlement?

```
                              INAP....................................0  →N85x
                              YES.....................................1  →N85x
                              NO......................................5
                              DK......................................8  →N85x
                              RF......................................9  →N85x
```

N85fx.   Was it more than 10 percent of the life insurance settlement?

                                        INAP....................................0
                                        YES.....................................1
                                        NO......................................5
                                        DK......................................8
                                        RF......................................9

END of case

        if:N83ax(SPOUSE/PARTNER)
CONTINUE elseSKIP to:N85hx

N85gx.
 ~IF PROXY IS SURVIVING SPOUSE
        Altogether, how much did you
 ~ELSE
        Altogether, how much did (his/her) (husband/wife/partner)
 ~END
        receive from (his/her) life insurance?

        ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

        AMOUNT:

        PERCENT:

                                        INAP....................................0
                                        CONTINUE................................1

        if:N83ax(OTHER RELATIVE(S))
CONTINUE elseSKIP to:N85jx

N85hx.   Altogether, how much did (his/her) other relatives
        receive from (his/her) life insurance?

        ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

        AMOUNT:

        PERCENT:

                                        INAP....................................0
                                        CONTINUE................................1

        if:N83ax(OTHER (SPECIFY))
CONTINUE elseSKIP to:N86x

N85jx.   Altogether, how much did other non-relatives
        receive from (his/her) life insurance?

        ACCEPT EITHER A DOLLAR AMOUNT OR A PERCENTAGE

        AMOUNT:

        PERCENT:

                                        INAP....................................0
                                        CONTINUE................................1

N86x.   Altogether, what was the value of the life insurance settlement?

        IWER: DO NOT PROBE DK

```
N86bx.     Was it more than $100,000?

                              INAP....................................0
                              YES.....................................1
                              NO......................................5  →N83ex
                              DK......................................8
                              RF......................................9

N86cx.     Was it more than $500,000?

                              INAP....................................0  →R
                              YES.....................................1
                              NO......................................5  →R
                              DK......................................8  →R
                              RF......................................9  →R

N86dx.     Was it more than $2,000,000?

                              INAP....................................0  →R
                              YES.....................................1  →R
                              NO......................................5  →R
                              DK......................................8  →R
                              RF......................................9  →R

N86ex.     Was it more than $25,000?

                              INAP....................................0  →R
                              YES.....................................1  →R
                              NO......................................5
                              DK......................................8  →R
                              RF......................................9  →R

N86fx.     Was it more than $10,000?

                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

RO.

Health and health insurance are important areas of our study.

~IF MEDICARE COVERED

We know that R FIRST NAME was covered by Medicare, but there are
many kinds of insurance that people use.

~ELSE

There are many kinds of health insurance that people use.

~END

if:W1 MEDICARE(YES)
SKIP to:R2

R1.

For people 65 and over, Medicare is the most common
type of health insurance. Was R FIRST NAME covered
at any time (since Wave1 Month, Year/in the last two years)?

```
                          INAP...................................0
                          YES....................................1
                          NO.....................................5 →R2
                          DK.....................................8
                          RF.....................................9
```

R1a.

Part A of Medicare covers most hospital expenses.
Part B covers many doctors expenses. The premium for Part B
may have been deducted from (his/her) Social Security.
Was R FIRST NAME covered by Medicare (since Wave1 Month, Year/in the last two years)?

```
                          YES....................................1
                          NO.....................................5
                          DK.....................................8
                          RF.....................................9
```

R1b.

We would like to understand how people's medical history
affects their use of health care. To do that, we need to
obtain information about health care costs and diagnoses for
for statistical purposes. The best place to get this
information about R FIRST NAME without taking up a lot
more of your time is in the Medicare files. Would you be able
to read me the number from (his/her) Medicare card?

R MAY NEED TO LOOK UP THE MEDICARE CARD AT THIS POINT.
  BE SURE TO USE F1(QxQ'S) IF R NEEDS MORE PERSUASION.

R1c/f.

NUMBER AVAILABLE:

```
                          INAP...................................0
                          GOT NUMBER.............................1
                          NOT GET NUMBER.........................5 →R1z
                          DK.....................................8
                          RF.....................................9
```

COPY MEDICARE NUMBER:

Thank you.

R2.   "Medicaid" is a state program for people with
         low income or who are on public assistance. Sometimes
         people with very large medical bills are also covered by
         "Medicaid".

         Was R FIRST NAME'S health care covered by "Medicaid" anytime
         (since Wave1 Month, Year/in the last two years)?

                                    INAP................................0 →R4
                                    YES.................................1
                                    NO..................................5 →R4
                                    DK..................................8 →R4
                                    RF..................................9 →R4

R3.   Would you be able to give or read me the number from
         (his/her) "Medicaid" card?

         NUMBER AVAILABLE:

                                    INAP................................0
                                    R GAVE NUMBER.......................1
                                    NOT GIVE NUMBER.....................5
                                    DK..................................8
                                    RF..................................9

         COPY MEDICAID NUMBER:

         Thank you.

     if:R2(*NOT* YES)
SKIP to:R5

 R4.   Was R FIRST NAME covered by "Medicaid" at the time of (his/her) death?

                                    INAP................................0
                                    YES.................................1
                                    NO..................................5
                                    DK..................................8
                                    RF..................................9

     if:E5(NO) *OR* R4(DK *OR* RF)
SKIP to:R5

 R4a.   NUMBER OF STAYS: E6

         Was (he/she) eligible for "Medicaid" at the time (his/her)
         (first) nursing home stay started?

                                    INAP................................0
                                    YES.................................1 →R4c
                                    NO..................................5
                                    DK..................................8
                                    RF..................................9

         Did (he/she) become eligible for "Medicaid" during (his/her)
         (first) nursing home stay?

                                    INAP................................0
                                    YES.................................1
                                    NO..................................5
                                    DK..................................8
                                    RF..................................9

Did (he/she) lose (his/her) eligibility for "Medicaid" when
(he/she) was discharged from (his/her) (first) nursing home stay?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9

                              INAP....................................0
                              CONTINUE................................1
```

if:E6(< 2)
SKIP to:R5

R4d.
        NUMBER OF STAYS: E6

Was (he/she) eligible for "Medicaid" at the time (his/her)
last nursing home stay started?

```
                              INAP....................................0
                              YES.....................................1  →R4f
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

Did (he/she) become eligible for "Medicaid" during (his/her)
last nursing home stay?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

Did (he/she) lose (his/her) eligibility for "Medicaid" when
(he/she) was discharged from (his/her) last nursing home stay?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5
                              DK......................................8
                              RF......................................9
```

```
                              INAP....................................0
                              CONTINUE................................1
```

R5.
        At the time R FIRST NAME died was (he/she) covered
by any government health insurance programs (besides
Medicare), such as Railroad retirement, CHAMP-US, CHAMP-VA,
or other military programs?

```
                              INAP....................................0
                              YES.....................................1
                              NO......................................5  →R6
                              DK......................................8
                              RF......................................9
```

R5a.
       Which program was that?

```
                                   INAP...............................0
                                   CHAMPVA/CHAMPUS.....................3
                                   RAILROAD RETIREMENT.................4
                                   OTHER, SPECIFY......................7
                                   DK..................................8
                                   RF..................................9
```

R6.
       Now I'm going to ask you about how R FIRST NAME'S
       health insurance worked.

    if:R1(*NOT* YES) *AND* W1 MEDICARE(*NOT* YES) *AND* R5a(*NOT* RAILROAD RETIREMENT)
SKIP to:R8

R7.
       First, we are interested in how R FIRST NAME'S
       (Medicare/Railroad retirement) health insurance worked
       for routine care.

       At the time (he/she) died, did R FIRST NAME receive
       (his/her) Medicare (and "Medicaid") benefits through
       an HMO, that is a Health Maintenance Organization?

       DEF: With an HMO, the cost of the physician visit is
       typically covered in full or the participant pays only
       a small amount. All routine care must be provided by
       an HMO physician.

```
                                   INAP...............................0 →R8
                                   YES.................................1
                                   NO..................................5 →R8
                                   DK..................................8 →R8
                                   RF..................................9 →R8
```

R7a.
       About how long had R FIRST NAME been receiving
       (his/her) Medicare benefits through this HMO?

       YEARS:

        OR
       MONTHS:

R7e.
       About how much were R FIRST NAME'S premiums for
       this plan?

       AMOUNT:

       PER:

```
                                   INAP...............................0
                                   MONTH...............................1
                                   QUARTER (3 MONTHS)..................2
                                   YEAR................................3
                                   NO PREMIUM..........................4
                                   OTHER...............................7
                                   DK..................................8
                                   RF..................................9

                                   INAP...............................0
                                   CONTINUE............................1
```


    if:R4(*NOT* YES)
SKIP to:R9

```
       if:R4(YES) *AND* R7(YES)
SKIP to:R9

 R8.
            We are interested in how R FIRST NAME'S "Medicaid"
            worked for routine care.

            At the time (he/she) died, did R FIRST NAME
            receive (his/her) "Medicaid" through an HMO
            (that is, a Health Maintenance Organization)?

            DEF:   With an HMO, the cost of the physician visit
                   is typically covered in full or the participant
                   pays only a small amount.  All routine care
                   must be provided by an HMO physician.

                              INAP....................................0 →R9
                              YES.....................................1
                              NO......................................5 →R9
                              DK......................................8 →R9
                              RF......................................9 →R9

R8a.
            About how long had R FIRST NAME received (his/her)
            "Medicaid" through this HMO?

            MONTHS:
            YEARS:

R9.
            Not counting long-term care insurance
~IF MEDICARE COVERED.MEDICARE COVERED.MEDICAID NUMBER
            or Medicare,

~END
~IF CURRENTLY ON MEDICAID
            or "Medicaid",

~END
~IF R HAS GOVERNMENT INSURANCE (OTHER THAN MEDICARE OR MEDICAID)
            or (his/her) government health insurance,

~END
            at the time R FIRST NAME died, did (he/she)
            have any health insurance that paid
            any part of hospital or doctor bills?  (Sometimes
            this is called a Medi-Gap policy).

                              INAP....................................0
                              YES.....................................1
                              NO......................................5 →R13
                              DK......................................8
                              RF......................................9

R9a.
            How many other health plans did R FIRST NAME have
            at the time (he/she) died?
```

R10d.
~IF MORE THAN ONE OTHER HEALTH INSURANCE
         Thinking about the first of these plans,
~END
         How did (he/she) obtain this type of health insurance coverage?
         Was it through (his/her) (or his/her husband's/wife's/partner's) employer or union,
         or through an organization or what?

         CHOOSE ALL THAT APPLY

                              INAP.................................0,
                              R EMPLOYER/FORMER EMPLOYER..........1,
                              R UNION.............................2,
                              SPOUSE/PARTNER EMPLOYER/FORMER
                              EMPLOYER............................3,
                              SPOUSE/PARTNER UNION................4,
                              OTHER ORGANIZATION..................5,
                              OTHER...............................7,

R10e.
         How was this coverage paid for--entirely by
         (him/her) (or his/her husband/wife/partner), entirely by (his/her) (husband's/wife's/partner's)
         (former) employer or union, or partly by a
         (former) employer or union, or what?

                              INAP.................................0
                              ENTIRELY BY R OR SP/PARTNER..........1
                              ENTIRELY BY (FORMER) EMPLOYER
                              OR UNION.............................2
                              PARTLY BY (FORMER) EMPLOYER OR
                              UNION................................3
                              OTHER................................7

      if:R10e(ENTIRELY BY (FORMER) EMPLOYER OR UNION)
SKIP to:R11d

R10f.
         About how much were (his/her) premiums for this plan?

         AMOUNT:

         PER:
                              INAP.................................0
                              MONTH................................1
                              QUARTER (3 MONTHS)...................2
                              YEAR.................................3
                              NO PREMIUMS..........................5
                              OTHER................................7
                              DK...................................8
                              RF...................................9

                              INAP.................................0
                              CONTINUE.............................1

      if:R9a(1)
SKIP to:R13

R11d.
         Thinking about (his/her) other health insurance plans,
         how did (he/she) obtain this type of health insurance coverage?
         Was it through (his/her) (or his/her husband's/wife's/partner's) employer or union,
         or through an organization or what?

         CHOOSE ALL THAT APPLY

                              INAP.................................0,
                              R EMPLOYER/FORMER EMPLOYER..........1,
                              R UNION.............................2,
                              SPOUSE/PARTNER EMPLOYER/FORMER
                              EMPLOYER............................3,
                              SPOUSE/PARTNER UNION................4,
                              OTHER ORGANIZATION..................5,
                              OTHER...............................7,

R11e.

How was this coverage paid for--entirely by
(him/her) (or his/her husband/wife/partner), entirely by (his/her) (husband's/wife's/partner's)
(former) employer or union, or partly by a
(former) employer or union, or what?

```
                    INAP................................0
                    ENTIRELY BY R OR SP/PARTNER.........1
                    ENTIRELY BY (FORMER) EMPLOYER
                    OR UNION............................2 →R13
                    PARTLY BY (FORMER) EMPLOYER OR
                    UNION...............................3
                    OTHER...............................7
```

R11f.

Thinking about R FIRST NAME'S other health
insurance plan(s), about how much were (his/her)
premiums for (that plan/those plans)?

AMOUNT:

PER:

```
                    INAP................................0
                    MONTH...............................1
                    QUARTER (3 MONTHS)..................2
                    YEAR................................3
                    OTHER...............................7
                    DK..................................8
                    RF..................................9

                    INAP................................0
                    CONTINUE............................1
```

R13.

Did any of R FIRST NAME'S health insurance
plan(s) in effect at the time (he/she) died pay any
part of the cost of (his/her) prescription medications?

```
                    INAP................................0
                    YES.................................1
                    NO..................................5
                    DK..................................8
                    RF..................................9
```

R13c.

(Since Wave1 Month, Year / In the last two years) had R FIRST NAME withdrawn from an HMO?

```
                    INAP................................0 →R14
                    YES.................................1
                    NO..................................5 →R14
                    DK..................................8 →R14
                    RF..................................9 →R14
```

R13d.

Did (he/she) voluntarily leave that HMO?

```
                    INAP................................0
                    YES.................................1
                    NO..................................5
                    DK..................................8
                    RF..................................9
```

R13e.
Why did (he/she) leave that HMO?

CHOOSE ALL THAT APPLY

```
                    INAP.................................0,
                    HIS/HER OWN PHYSICIAN LEFT
                    PLAN.................................1,
                    HMO DIDN'T PROVIDE NEEDED
                    SERVICES.............................2,
                    HMO COSTS INCREASED..................3,
                    HMO ENCOURAGED HIM/HER TO
                    LEAVE................................4,
                    MOVED OUT OF HMO SERVICE AREA.......5,
                    OTHER (SPECIFY)......................7,
                    DK...................................8,
                    RF...................................9,
```

R13f.
About how long was it before (he/she) was fully covered
by (his/her) new health insurance plan?

USE 96 FOR NEVER WITHOUT COVERAGE

MONTHS:

R14.
(Since Wave1 Month, Year / In the last two years), did the type, cost, or coverage of
R FIRST NAME'S health insurance change?

```
                    INAP.................................0
                    YES..................................1
                    NO...................................5 →R15
                    DK...................................8
                    RF...................................9
```

R14a.
Did R FIRST NAME choose to change (his/her) health
insurance or did (he/she) have no choice?

```
                    INAP.................................0
                    R MADE CHANGE........................1
                    R HAD NO CHOICE......................2
                    DK...................................8
                    RF...................................9
```

R14b.
What changed about (his/her) health insurance?

CHOOSE ALL THAT APPLY

```
                    INAP................................00,
                    COST BECAME HIGHER..................01,
                    COST BECAME LOWER..................02,
                    FEWER SERVICES COVERED.............03,
                    MORE SERVICES COVERED..............04,
                    LESS CHOICE OF PHYSICIANS..........05,
                    MORE CHOICE OF PHYSICIANS..........06,
                    MORE CONVENIENT....................07,
                    LOST PLAN..........................08,
                    OTHER..............................97,
                    DK.................................98,
                    RF.................................99,
```

R14cx.
About when did R FIRST NAME make this change?

MONTHS BEFORE DEATH:

        OR
MONTH:

YEAR:
```
                    INAP...................................0
                    CONTINUE...............................1
```

R15.
Aside from the government programs, did R FIRST NAME
have any insurance which specifically paid any part
of long-term care, such as, personal or medical care
in the home or in a nursing home?
```
                    INAP...................................0
                    YES....................................1
                    NO.....................................5 →R END TIME
                    DK.....................................8
                    RF.....................................9
```

R15a.
Did this plan cover care in a nursing home facility only,
personal or long-term care at home, or both in-home and
nursing home care?
```
                    INAP...................................0
                    NURSING HOME CARE ONLY.................1
                    IN-HOME CARE ONLY......................2
                    BOTH NURSING HOME AND IN-HOME
                    CARE...................................3
                    OTHER..................................7
                    DK.....................................8
                    RF.....................................9
```

R15b.
Did R FIRST NAME ever receive benefits under this
long-term care policy (since Wave1 Month, Year/in the last two years)?
```
                    INAP...................................0 →R15g
                    YES....................................1
                    NO.....................................5 →R15g
                    DK.....................................8 →R15g
                    RF.....................................9 →R15g
```

R15dx.
Altogether how much did R FIRST NAME receive in benefits
under this plan?

AMOUNT:

PER:
```
                    INAP...................................0
                    MONTH..................................1
                    QUARTER (3 MONTHS).....................2
                    YEAR...................................3
                    OTHER..................................7
                    DK.....................................8
                    RF.....................................9
```
FOR:
```
                    INAP...................................0
                    MONTHS.................................1
                    YEARS..................................2
                    QUARTERS...............................3
                    OTHER (SPECIFY)........................7
                    DK.....................................8
                    RF.....................................9

                    INAP...................................0
                    CONTINUE...............................1
```

R15g.

Had R FIRST NAME ever been covered by any
long-term care insurance that (he/she) canceled or let lapse?

```
                        INAP....................................0
                        YES.....................................1
                        NO......................................5 →R END TIME
                        DK......................................8
                        RF......................................9
```

R15h.

Did (his/her) coverage lapse because the premiums were
too high, because (he/she) didn't think (he/she) needed to
carry it any longer, or what?

```
                        INAP....................................0,
                        PREMIUMS TOO HIGH.....................1,
                        DIDN'T NEED IT.......................2,
                        OTHER...................................7,
                        DK......................................8,
                        RF......................................9,
```

R END TIME STAMP

```
        if:CS5x( *NOT* NO) *AND* CS11( *NOT* YES) *AND* E5( *NOT* YES) *AND* CS9x( *NOT* YES) *AND* RTR SP( *NOT* 5
*TO* 7) *AND* B7d( *NOT* YES) *AND* B9( *NOT* YES) *AND* B9j( *NOT* YES) *AND* B5k( *NOT* ANSWERED ) *AND* CS36c(
*NOT* YES, MOVED)
SKIP to: MX-0


  EVC1.

            IWER:  IF ONLY ONE EVENT DISPLAYED, DO NOT ASK QUESTION
                   BUT CHOOSE THE NUMBER AND GO TO NEXT SCREEN.

  ~IF REINTERVIEW
            You mentioned the following events happened since W1 IW MONTH W1 IW YEAR.
   ~ELSE
            You mentioned the following events happened in the
            last two years.
   ~END

            Which of these happened first,...next,...next?

                                Death of spouse/partner............1,
                                Nursing Home Stay..................2,
                                Married............................3,
                                Divorced...........................4,
                                Heart Attack.......................5,
                                Stroke.............................6,
                                Cancer.............................7,
                                Residential Move...................8,
                                NO EVENT...........................9,

                       MODULE START TIME


        if:CS2jx(UNEXPECTED) *AND* CS2mx(ONE OR TWO HOURS (OR NO WARNING) *OR* LESS THAN A DAY *OR* LESS THAN A WEEK)
SKIP to:MODULE END


        if:CS1a( *NOT* PROXY IS SURVIVING SPOUSE) *AND* CS2-PROXY T( *NOT* 1 *TO* OTHER RELATIVE)
SKIP to:MODULE END

  MX-0.

            Now we wish to ask some questions about healthcare decisions
            toward the end of R FIRST NAME'S life.

  MX-1.

            Did R FIRST NAME provide written instructions about the
            treatment or care (he/she) wanted to receive during
            the final days of (his/her) life?

            IWER:  EMPHASIZE THE PHRASE WRITTEN INSTRUCTIONS

                        INAP...............................0 →MX-2
                        YES................................1
                        NO.................................5 →MX-2
                        DK.................................8 →MX-2
                        RF.................................9 →MX-2

  MX-1a.

            About when were these written instructions dated (approximately)?

            MONTH:

            YEAR:
                        INAP...............................0
                        CONTINUE...........................1

  MX-1b1.

            Did these instructions express a desire to receive all
            care possible under any circumstances in order to prolong life?

                        INAP...............................0
                        YES................................1
                        NO.................................5
                        DK.................................8
                        RF.................................9

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```

MX-1b2.
Did these instructions express a desire to limit care
in certain situations?

                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9

MX-1b3.
Did these instructions express a desire to have
any treatment withheld?

                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9

MX-1b4.
(Did these instructions express a desire to)
keep (him/her) comfortable and pain free but to
forego extensive measures to prolong life?

                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9

MX-1c.
Were these instructions applicable to the actual situation?

                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9

MX-1d.
Were you consulted about whether these instructions
should be followed?

                                    INAP.....................................0
                                    YES......................................1
                                    NO.......................................5
                                    DK.......................................8
                                    RF.......................................9

MX-1e.
Were any (other) family members or other persons consulted?

                                    INAP.....................................0 →MX-1g
                                    YES......................................1
                                    NO.......................................5 →MX-1g
                                    DK.......................................8 →MX-1g
                                    RF.......................................9 →MX-1g

MX-1f.

Who was this?

CHECK ALL THAT APPLY.

Anyone else?

```
                              INAP..............................00, →MX-1j
                              DECEASED R........................01, →MX-1j
                              NON-SPOUSE PROXY RESPONDENT.......02, →MX-1j
                              SPOUSE............................03, →MX-1j
                              CHILD/CHILD-IN-LAW/GRANDCHILD.....04,
                              OTHER RELATIVE....................05, →MX-1j
                              FRIEND............................06, →MX-1j
                              PHYSICIAN/HEALTHCARE
                              PROFESSIONAL......................07, →MX-1j
                              MINISTER/RABBI/PRIEST/RELIGIOUS
                              ADVISOR...........................08, →MX-1j
                              ATTORNEY..........................09, →MX-1j
                              SOCIAL WORKER.....................10, →MX-1j
                              OTHER (SPECIFY)...................11, →MX-1j
                              DK................................98, →MX-1j
                              RF................................99, →MX-1j
```

MX-1g.

Which child was that?

CHOOSE ALL THAT APPLY

    if:MX-1c(*NOT* YES)
SKIP to:MX-2

MX-1h.

Did any problems come up in trying to follow
these written instructions?

```
                              INAP...............................0 →MX-2
                              YES................................1
                              NO.................................5 →MX-2
                              DK.................................8 →MX-2
                              RF.................................9 →MX-2
```

MX-1j.

Did the physician or any other health care worker
have problems following the written instructions?

```
                              INAP...............................0
                              YES................................1
                              NO.................................5
                              DK.................................8
                              RF.................................9
```

MX-2.

Did R FIRST NAME (also) make any legal arrangements
for a specific person or persons to make decisions about
(his/her) care or medical treatment if (he/she) could not
make those decisions (him/her)self? This is sometimes called
a Durable Power of Attorney for Health Care.

```
                              INAP...............................0 →MX-3
                              YES................................1
                              NO.................................5 →MX-3
                              DK.................................8 →MX-3
                              RF.................................9 →MX-3
```

MX-2a.

Who had that authority?

```
                              INAP...............................00,  →MX-2c
                              DECEASED R.........................01,  →MX-2c
                              NON-SPOUSE PROXY RESPONDENT........02,  →MX-2c
                              SPOUSE.............................03,  →MX-2c
                              CHILD/CHILD-IN-LAW/GRANDCHILD......04,
                              OTHER RELATIVE.....................05,  →MX-2c
                              FRIEND.............................06,  →MX-2c
                              PHYSICIAN/HEALTHCARE
                              PROFESSIONAL.......................07,  →MX-2c
                              MINISTER/RABBI/PRIEST/RELIGIOUS
                              ADVISOR............................08,  →MX-2c
                              ATTORNEY...........................09,  →MX-2c
                              SOCIAL WORKER......................10,  →MX-2c
                              OTHER (SPECIFY)....................11,  →MX-2c
                              DK.................................98,  →MX-2c
                              RF.................................99,  →MX-2c
```

MX-2b.

Which child is that?

CHOOSE ALL THAT APPLY

MX-2c.

When was the Durable Power of Attorney for Health Care
made (approximately)?

MONTH:

YEAR:

```
                              INAP...............................0
                              CONTINUE...........................1
```

MX-3.

Did R FIRST NAME ever discuss with you or anyone else
the treatment or care (he/she) wanted to receive in the
final days of (his/her) life?

```
                              INAP...............................0  →MX-4
                              YES................................1
                              NO.................................5  →MX-4
                              DK.................................8  →MX-4
                              RF.................................9  →MX-4
```

MX-3a.

Who was that?

```
                              INAP...............................00,  →MX-4
                              DECEASED R.........................01,  →MX-4
                              NON-SPOUSE PROXY RESPONDENT........02,  →MX-4
                              SPOUSE.............................03,  →MX-4
                              CHILD/CHILD-IN-LAW/GRANDCHILD......04,
                              OTHER RELATIVE.....................05,  →MX-4
                              FRIEND.............................06,  →MX-4
                              PHYSICIAN/HEALTHCARE
                              PROFESSIONAL.......................07,  →MX-4
                              MINISTER/RABBI/PRIEST/RELIGIOUS
                              ADVISOR............................08,  →MX-4
                              ATTORNEY...........................09,  →MX-4
                              SOCIAL WORKER......................10,  →MX-4
                              OTHER (SPECIFY)....................11,  →MX-4
                              DK.................................98,  →MX-4
                              RF.................................99,  →MX-4
```

MX-3b.

Which child is that?

CHOOSE ALL THAT APPLY

MX-4.

Who was actually involved in making decisions about
the care and treatment of R FIRST NAME during the final days
of (his/her) life?

(Who else participated?)

```
                              INAP................................00, →MX-4b
                              DECEASED R.........................01, →MX-5
                              NON-SPOUSE PROXY RESPONDENT.......02, →MX-4b
                              SPOUSE.............................03, →MX-4b
                              CHILD/CHILD-IN-LAW/GRANDCHILD......04,
                              OTHER RELATIVE.....................05, →MX-4b
                              FRIEND.............................06, →MX-4b
                              PHYSICIAN/HEALTHCARE
                              PROFESSIONAL.......................07, →MX-4b
                              MINISTER/RABBI/PRIEST/RELIGIOUS
                              ADVISOR............................08, →MX-4b
                              ATTORNEY...........................09, →MX-4b
                              SOCIAL WORKER......................10, →MX-4b
                              OTHER (SPECIFY)....................11, →MX-4b
                              DK.................................98, →MX-4b
                              RF.................................99, →MX-4b
```

MX-4a.

Which child is that?

CHOOSE ALL THAT APPLY

if:MX-4(DECEASED R)
SKIP to:MX-4c

MX-4b.

Was R FIRST NAME able to participate in decisions
about (his/her) medical care during the final days
of (his/her) life?

```
                              INAP....................................0 →MX-5
                              YES.....................................1 →MX-5
                              NO......................................5
                              DK......................................8 →MX-5
                              RF......................................9 →MX-5
```

MX-4c.

For about how long before R FIRST NAME died was
(he/she) unable to participate in decisions about (his/her)
medical care?

MONTHS:

DAYS:

YEARS:

```
                              INAP....................................0
                              CONTINUE................................1
```

if: MX-4(1) *AND* MX-4b(*NOT* YES)
SKIP to:MX-6a

MX-5.
        Who was the main decision-maker?

                                    INAP..................................00 →MX-6a
                                    DECEASED R...........................01 →MX-6a
                                    NON-SPOUSE PROXY RESPONDENT.........02 →MX-6a
                                    SPOUSE..............................03 →MX-6a
                                    CHILD/CHILD-IN-LAW/GRANDCHILD.......04
                                    OTHER RELATIVE......................05 →MX-6a
                                    FRIEND..............................06 →MX-6a
                                    PHYSICIAN/HEALTHCARE
                                    PROFESSIONAL........................07 →MX-6a
                                    MINISTER/RABBI/PRIEST/RELIGIOUS
                                    ADVISOR.............................08 →MX-6a
                                    ATTORNEY............................09 →MX-6a
                                    SOCIAL WORKER.......................10 →MX-6a
                                    OTHER (SPECIFY).....................11 →MX-6a
                                    DK..................................98 →MX-6a
                                    RF..................................99 →MX-6a

MX-5b.
        Which child is that?

        CHOOSE ALL THAT APPLY

    if:CS2jx(UNEXPECTED)
SKIP to:MX-9

MX-6a.
        Did the final decision involve a desire to give all
        care possible unconditionally in order to prolong life?

                                    INAP..................................0
                                    YES...................................1
                                    NO....................................5
                                    DK....................................8
                                    RF....................................9

MX-6b.
        Did the final decision involve limiting care in
        certain situations?

                                    INAP..................................0
                                    YES...................................1
                                    NO....................................5
                                    DK....................................8
                                    RF....................................9

MX-6c.
        Did the final decision involve withholding any treatment?

                                    INAP..................................0
                                    YES...................................1
                                    NO....................................5
                                    DK....................................8
                                    RF....................................9

MX-6d.
        Did the final decision rest largely on keeping R FIRST NAME
        comfortable and pain free without taking extensive
        measures to prolong life?

                                    INAP..................................0
                                    YES...................................1
                                    NO....................................5
                                    DK....................................8
                                    RF....................................9

MX-7.
Did any doctor(s) recommend any care or treatment that
the family or other decision-maker(s) ultimately refused?

```
                                    INAP....................................0  →MX-8
                                    YES.....................................1
                                    NO......................................5  →MX-8
                                    DK......................................8  →MX-8
                                    RF......................................9  →MX-8
```

MX-7a.
Did R FIRST NAME receive this treatment anyway?

```
                                    INAP....................................0
                                    YES.....................................1
                                    NO......................................5
                                    DK......................................8
                                    RF......................................9
```

MX-8.
Did cost enter into the decisions about what care or
treatment (he/she) would receive in the final days
of (his/her) life?

```
                                    INAP....................................0
                                    YES.....................................1
                                    NO......................................5
                                    DK......................................8
                                    RF......................................9
```

MX-9.
In the course of R FIRST NAME'S life, what would you
say were (his/her) particular strengths?

MODULE END TIME

IWER: WHAT MODE IS INTERVIEW AT THIS POINT?

MODE IW
```
                                    INAP....................................0
                                    PHONE...................................1
                                    F-T-F...................................2
```

WHAT WAS THE RELATIONSHIP OF THE PERSON WHO ASSISTED R?

```
                                    INAP....................................0
                                    SPOUSE..................................1
                                    CHILD/CHILD-IN-LAW......................2
                                    OTHER RELATIVE..........................3
                                    OTHER INDIVIDUAL........................4
                                    PROFESSIONAL............................5
                                    OTHER (SPECIFY).........................7
```

FINAL TIME

THANK THE RESPONDENT FOR THE INTERVIEW

‾IF RESIDENT IN NURSING HOME AT TIME OF DEATH
        IWER: GET NAME AND ADDRESS OF INSTITUTION IN CSMS
‾END

IWER: YOU ARE ABOUT TO EXIT THIS CASE AND COMPLETE IT.

TESTER END
```
                                    INAP....................................0
                                    COMPLETE THE CASE.......................1
```

FINAL IWER ID
FINAL VQ VERSION

Q1.
        HOUSEHOLD ID

Q2.
        HH1 FAM MEM LOOP

Q3.
        ROSTER WAVE 1 LIVE WITH RESPONDENT
                        RESIDENT.................................1
                        NONRESIDENT..............................5

Q4.
        ROSTER LINE P

Q5.
        ROSTER PIN

Q6.
        ROSTER WAVE 2 RESIDENT STATUS
                        RESIDENT.................................1
                        AWAY/INST................................2
                        AWAY/OTHER...............................3
                        DIED.....................................4
                        NONRESIDENT..............................5

Q7.
        ROSTER FIRST NAME

Q8.
        ROSTER LAST NAME/INITIAL

Q9.
        ROSTER SEX
                        MALE.....................................1
                        FEMALE...................................2

Q10.
        ROSTER RELATION TO WAVE 1 IDFM
                        CHILD....................................1
                        STEP/PARTNER CHILD.......................2
                        GRDKID...................................3
                        OTH REL..................................4
                        PROFESSIONAL.............................5
                        CHILD-IN-LAW.............................6
                        OTHER....................................7

Q11.
        ROSTER RELATION TO WAVE 1 IDNM
                        CHILD....................................1
                        STEP/PARTNER CHILD.......................2
                        GRDKID...................................3
                        OTH REL..................................4
                        PROFESSIONAL.............................5
                        CHILD-IN-LAW.............................6
                        OTHER....................................7

Q12.
        ROSTER MARITAL STATUS
                        MARRIED..................................1
                        LIVING (WITH)............................3
                        DIV/SEP..................................4
                        WIDOWED..................................5
                        SINGLE...................................6

Q13.
        ROSTER SPOUSE WAVE 2 RESIDENT STATUS
                        RESIDENT.................................1
                        AWAY/INST................................2
                        AWAY/OTHER...............................3
                        DIED.....................................4
                        NONRESIDENT..............................5

Q14.
        ROSTER SPOUSE FIRST NAME

Q15.
        ROSTER SPOUSE CHANGED
                        YES...................................2

Q16.
        ROSTER SPOUSE PIN

Q17.
        ROSTER WAVE 1 YEAR BORN

Q18.
        ROSTER WAVE 1 SPOUSE YEAR BORN

Q19.
        ROSTER WAVE 1 SPOUSE RESIDENT STATUS
                        RESIDENT..............................1
                        NONRESIDENT...........................5

Q20.
        HOLD 2

Q21.
        HH1 RESPONDENT INDEX
                        010...................................1
                        020...................................2
                        011...................................3
                        021...................................4

Q22.
        TYPE INTERVIEW WAVE 2
                        NEW SP................................0
                        REINTERVIEW...........................1
                        REFUSED SP............................5

Q23.
        RESPONDENT FIRST NAME

Q24.
        RESPONDENT LAST NAME

Q25.
        RESPONDENT BIRTH YEAR

Q26.
        RESPONDENT SEX
                        MALE..................................1
                        FEMALE................................2

Q27.
        RESPONDENT MARITAL STATUS WAVE 2
                        MARRIED...............................1
                        MARRIED SP ABSENT.....................2
                        LIV WITH PARTNER......................3
                        DIVORCED/SEPARATED....................4
                        WIDOWED...............................5
                        NEVER MARRIED.........................6
                        DIED..................................7

Q28.
        RESPONDENT WAVE 1 FAMILY RESPONDENT
                        FAMILY R..............................1
                        NON-FAMILY R..........................2
                        FAMILY R..............................3

Q29.
        RESPONDENT WAVE 2 FINANCIAL RESPONDENT
                        FINANCIAL R...........................2
                        NON FINANCIAL R.......................3

Q30.
        RESPONDENT SUB HOUSEHOLD NUMBER
                        HH 1..................................1
                        HH 2..................................2

```
Q31.
        1ST/2ND IN HOUSEHOLD WAVE 2
                            1ST INTERVIEW...........................1
                            2ND INTERVIEW...........................2
Q32.
        HH1 RELATIONSHIP TO RESPONDENT
                            INAP..................................00
                            SELF..................................01
                            HUSBAND...............................02
                            WIFE..................................03
                            PARTNER...............................04
                            EX-HUSBAND............................05
                            EX-WIFE...............................06
                            EX-PARTNER............................07
                            LATE HUSBAND..........................08
                            LATE WIFE.............................09
                            LATE PARTNER..........................10
Q33.
        HH1 LIVING
                            YES....................................1
                            NO.....................................5
Q34.
        HH1 1ST RESPONDENT IN NURS HOME

Q35.
        HH1 1ST ADDR CITY

Q36.
        HH1 1ST ADDR STATE


Q37.
        HH1 HAS 2ND RESIDENCE
                            HAS 1 OTHER RESIDENCE.................1
                            NO OTHER RESIDENCE....................5
Q38.
        HH1 2ND ADDR CITY

Q39.
        HH1 2ND ADDR STATE

Q40.
        HOLD 7

Q41.
        HOLD 8

Q42.
        HOLD 9

Q43.
        HH2 FAM MEM LOOP

Q44.
        ROSTER WAVE 1 LIVE WITH RESPONDENT
                            RESIDENT..............................1
                            NONRESIDENT...........................5
Q45.
        ROSTER LINEP

Q46.
        ROSTER PIN

Q47.
        ROSTER WAVE 2 RESIDENT STATUS
                            RESIDENT..............................1
                            AWAY/INST.............................2
                            AWAY/OTHER............................3
                            DIED..................................4
                            NONRESIDENT...........................5
```

```
Q48.
        ROSTER FIRST NAME

Q49.
        ROSTER LAST NAME/INITIAL

Q50.
        ROSTER SEX
                        MALE....................................1
                        FEMALE..................................2

Q51.
        ROSTER RELATION TO WAVE 1 IDFM
                        CHILD...................................1
                        STEP/PARTNER CHILD......................2
                        GRDKID..................................3
                        OTH REL.................................4
                        PROFESSIONAL............................5
                        CHILD-IN-LAW............................6
                        OTHER...................................7

Q52.
        ROSTER RELATION TO WAVE 1 IDNFM
                        CHILD...................................1
                        STEP/PARTNER CHILD......................2
                        GRDKID..................................3
                        OTH REL.................................4
                        PROFESSIONAL............................5
                        CHILD-IN-LAW............................6
                        OTHER...................................7

Q53.
        ROSTER MARITAL STATUS
                        MARRIED.................................1
                        LIVING (WITH)...........................3
                        DIV/SEP.................................4
                        WIDOWED.................................5
                        SINGLE..................................6

Q54     ROSTER SPOUSE WAVE 2 RESIDENT STATUS
                        RESIDENT................................1
                        AWAY/INST...............................2
                        AWAY/OTHER..............................3
                        DIED....................................4
                        NONRESIDENT.............................5

Q55.
        ROSTER SPOUSE FIRST NAME
Q56.
        ROSTER SPOUSE CHANGED
                        YES.....................................2

Q57.
        ROSTER SPOUSE PIN

Q58.
        ROSTER WAVE 1 YEAR BORN

Q59.
        ROSTER WAVE 1 SPOUSE YEAR BORN

Q60.
        ROSTER WAVE 2 RESIDENT STATUS
                        RESIDENT................................1
                        NONRESIDENT.............................5

Q61.
        HOLD 11

Q62.
        HH2 RESPONDENT INDEX
                        010.....................................1
                        020.....................................2
                        011.....................................3
                        021.....................................4
```

```
Q63.
        TYPE INTERVIEW WAVE 2
                        NEW SP.................................0
                        REINTERVIEW............................1
                        REFUSED SP.............................5

Q64.
        RESPONDENT FIRST NAME

Q65.
        RESPONDENT LAST NAME

Q66.
        RESPONDENT BIRTH YEAR

Q67.
        RESPONDENT SEX
                        MALE...................................1
                        FEMALE.................................2

Q68.
        RESPONDENT MARITAL STATUS WAVE 2
                        MARRIED................................1
                        MARRIED SP ABSENT......................2
                        LIV WITH PARTNER.......................3
                        DIVORCED/SEPARATED.....................4
                        WIDOWED................................5
                        NEVER MARRIED..........................6
                        DIED...................................7

Q69.
        RESPONDENT WAVE 1 FAMILY
                        FAMILY.................................1
                        NON-FAMILY.............................2
                        ONLY R.................................3

Q70.
        RESPONDENT WAVE 2 FINANCIAL RESPONDENT
                        FINANCIAL R............................2
                        NON FINANCIAL R........................3

Q71.
        RESPONDENT SUB HOUSEHOLD NUMBER
                        HH 1...................................1
                        HH 2...................................2

Q72.
        1ST/2ND IN HOUSEHOLD WAVE 2
                        1ST INTERVIEW..........................1
                        2ND INTERVIEW..........................2

Q73.
        HH2 RELATIONSHIP TO RESPONDENT
                        INAP..................................00
                        SELF..................................01
                        HUSBAND...............................02
                        WIFE..................................03
                        PARTNER...............................04
                        EX-HUSBAND............................05
                        EX-WIFE...............................06
                        EX-PARTNER............................07
                        LATE HUSBAND..........................08
                        LATE WIFE.............................09
                        LATE PARTNER..........................10

Q74.
        HH2 LIVING
                        YES....................................1
                        NO.....................................5

Q75.
        HH2 1ST RESPONDENT IN NURS HOME

Q76.
        HH2 1ST ADDR CITY
```

```
Q77.
        HH2 1ST ADDR STATE

Q78.
        HH2 HAS 2ND RESIDENCE
                        HAS 1 OTHER RESIDENCE.................1
                        NO OTHER RESIDENCE....................5

Q79.
        HH2 2ND ADDR CITY

Q80.
        HH2 2ND ADDR STATE

Q81.
        HOLD 16
Q82.
        HOLD 17
Q83.
        HOLD 18

Q84.
        HH1 ROSTER LISTING FLAG
                        HH1 ROSTER NOT DONE...................0
                        HH1 ROSTER DONE.......................1

Q85.
        HH1 RESPONDENT LISTING FLAG
                        HH1 R NOT DONE........................0
                        HH1 R DONE............................1

Q86.
        HH2 ROSTER LISTING FLAG
                        HH2 ROSTER NOT DONE...................0
                        HH2 ROSTER DONE.......................1

Q87.
        HH2 RESPONDENT LISTING FLAG
                        HH2 R NOT DONE........................0
                        HH2 R DONE............................1

Q88.
        HOLD 19

Q89.
        HOLD 20

Q90.
        HOLD 21

Q91.
        CONTROL 2 ID

Q92.
        WAVE 1 SAMPLE ID

Q93.
        WAVE 1 CASE ID

Q94.
        WAVE 1 IDFM
```

```
Q95.
        WAVE 1 INTERVIEW MONTH
                            INAP.................................00
                            JAN..................................01
                            FEB..................................02
                            MAR..................................03
                            APR..................................04
                            MAY..................................05
                            JUN..................................06
                            JUL..................................07
                            AUG..................................08
                            SEP..................................09
                            OCT..................................10
                            NOV..................................11
                            DEC..................................12

Q96.
        WAVE 1 INTERVIEW YEAR

Q97.
        WAVE 1 MODULE #
Q98.
        WAVE 1 PROXY NAME
Q99.
        WAVE 1 INTERVIEW SELF/PROXY
                            INAP..................................0
                            SELF..................................1
                            PROXY.................................2

Q100.
        WAVE 1 PROXY WHY
                            INAP..................................0
                            REFUSED...............................1
                            INCAPABLE.............................2
                            LANGUAGE..............................3

Q101.
        WAVE 1 PROXY RTR
                            NOT PROXY INTERVIEW.................00
                            SPOUSE..............................01
                            DAUGHTER/STEPDAUGH..................02
                            SON/STEPSON.........................03
                            DAUGHTER-IN-LAW.....................04
                            SON-IN-LAW..........................05
                            GRANDDAUGHTER.......................06
                            GRANDSON............................07
                            SISTER..............................08
                            BROTHER.............................09
                            OTHER RELATIVE......................10
                            FRIEND..............................11
                            PAID HELPER.........................12
                            PROFESSIONAL (SPECIFY)..............13

Q102.
        WAVE 1 SP INTERV
                            INAP..................................0
                            YES...................................1
                            NO....................................5
                            NO SPOUSE.............................6

Q103.
        WAVE 1 INTERVIEW COMPLETE
                            INAP..................................0
                            YES...................................1
                            NO....................................5

Q104.
        WAVE 1 NUM IN HOUSEHOLD

Q105.
        WAVE 1 NUM IN NONRES

Q106.
        WAVE 1 LANGUAGE
                            ENGLISH...............................0
                            SPANISH...............................1
```

```
Q107.
        WAVE 1 INTERVIEW START MODE
                        NOT IW...................................0
                        PHONE....................................1
                        F-T-F....................................2

Q108.
        WAVE 1 RESPONDENT EDUCATION YEARS V125

Q109.
        WAVE 1 RESPONDENT HIGH BP V215
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q110.
        WAVE 1 DIABETES V219
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q111.
        WAVE 1 CANCER V225
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q112.
        WAVE 1 LUNG V235
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q113.
        WAVE 1 HEART V244/245/252
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q114.
        WAVE 1 STROKE V254
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q115.
        WAVE 1 PSYCHIATRIC V259
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q116.
        WAVE 1 ARTHRITIS V265
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q117.
        WAVE 1 FALL V275
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q118.
        WAVE 1 BROKEN HIP V277
                        NO.......................................0
                        YES......................................1
                        NO.......................................5

Q119.
        WAVE 1 REPLACE JOINT V280
                        NO.......................................0
                        YES......................................1
                        NO.......................................5
```

```
Q120.
        WAVE 1 INCONTINENCE V282
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q121.
        WAVE 1 CATARACT V289
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q122.
        WAVE 1 MOTHER LIVING V565
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q123.
        WAVE 1 FATHER LIVING V576
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q124.
        WAVE 1 HOSP V606
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q125.
        WAVE 1 NURS HOME V623
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q126.
        WAVE 1 MEDICARE COVER
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q127.
        WAVE 1 PART B MED
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q128.
        WAVE 1 GAVE MEDICARE NUMBER
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q129.
        WAVE 1 GAVE MEDICAID NUMBER
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q130.
        WAVE 1 HELP WALK V775
                            NO.......................................0
                            YES......................................1
                            NO.......................................5

Q131.
        WAVE 1 RELATIONSHIP HELP WALK V776
                            INAP.....................................0
                            CHILD....................................1
                            SPOUSE OF CHILD..........................2
                            GRANDCHILD...............................3
                            RELATIVE - OTHER.........................5
                            OTHER INDIVIDUAL.........................6
                            ORGANIZATION.............................7
```

```
Q132.
        WAVE 1 HELP DRESS V783
                            NO.....................................0
                            YES....................................1
                            NO.....................................5

Q133.
        WAVE 1 RELATIONSHIP HELP DRESS V784
                            INAP...................................0
                            CHILD..................................1
                            SPOUSE OF CHILD........................2
                            GRANDCHILD.............................3
                            RELATIVE - OTHER.......................5
                            OTHER INDIVIDUAL.......................6
                            ORGANIZATION...........................7

Q134.
        WAVE 1 HELP BATHE V779
                            NO.....................................0
                            YES....................................1
                            NO.....................................5

Q135.
        WAVE 1 RELATIONSHIP HELP BATHE V780                  (135)
                            INAP...................................0
                            CHILD..................................1
                            SPOUSE OF CHILD........................2
                            GRANDCHILD.............................3
                            RELATIVE - OTHER.......................5
                            OTHER INDIVIDUAL.......................6
                            ORGANIZATION...........................7

Q136.
        WAVE 1 HELP EAT V795                                 (136)
                            NO.....................................0
                            YES....................................1
                            NO.....................................5

Q137.
        WAVE 1 RELATIONSHIP HELP EAT V799                    (137)
                            INAP...................................0
                            CHILD..................................1
                            SPOUSE OF CHILD........................2
                            GRANDCHILD.............................3
                            RELATIVE - OTHER.......................5
                            OTHER INDIVIDUAL.......................6
                            ORGANIZATION...........................7

Q138.
        WAVE 1 HELP BED V804                                 (138)
                            NO.....................................0
                            YES....................................1
                            NO.....................................5

Q139.
        WAVE 1 RELATIONSHIP HELP BED V805                    (139)
                            INAP...................................0
                            CHILD..................................1
                            SPOUSE OF CHILD........................2
                            GRANDCHILD.............................3
                            RELATIVE - OTHER.......................5
                            OTHER INDIVIDUAL.......................6
                            ORGANIZATION...........................7

Q140.
        WAVE 1 HELP TOILET V823)
                            NO.....................................0
                            YES....................................1
                            NO.....................................5
```

```
Q141.
        WAVE 1 RELATIONSHIP HELP TOILET V824
                              INAP.....................................0
                              CHILD....................................1
                              SPOUSE OF CHILD..........................2
                              GRANDCHILD...............................3
                              RELATIVE - OTHER.........................5
                              OTHER INDIVIDUAL.........................6
                              ORGANIZATION.............................7

Q142.
        WAVE 1 HELP IADL MEALS V903A1
                              NO.......................................0
                              YES......................................1
                              NO.......................................5

Q143.
        WAVE 1 HELP IADL GROC V903A2
                              NO.......................................0
                              YES......................................1
                              NO.......................................5

Q144.
        WAVE 1 HELP IADL PHONE V903A3
                              NO.......................................0
                              YES......................................1
                              NO.......................................5

Q145.
        WAVE 1 HELP IADL MED V903A4                    (145)
                              NO.......................................0
                              YES......................................1
                              NO.......................................5

Q146.
        WAVE 1 IADL RELATE-1                           (146)
                              INAP.....................................0
                              CHILD....................................1
                              SPOUSE OF CHILD..........................2
                              GRANDCHILD...............................3
                              RELATIVE - OTHER.........................5
                              OTHER INDIVIDUAL.........................6
                              ORGANIZATION.............................7

Q147.
        WAVE 1 IADL RELATE-2
                              INAP.....................................0
                              CHILD....................................1
                              SPOUSE OF CHILD..........................2
                              GRANDCHILD...............................3
                              RELATIVE - OTHER.........................5
                              OTHER INDIVIDUAL.........................6
                              ORGANIZATION.............................7

Q148.
        WAVE 1 HELP MONEY V950
                              NO.......................................0
                              YES......................................1
                              NO.......................................5

Q149.
        WAVE 1 RELATIONSHIP HELP MONEY V951
                              INAP.....................................0
                              CHILD....................................1
                              SPOUSE OF CHILD..........................2
                              GRANDCHILD...............................3
                              RELATIVE - OTHER.........................5
                              OTHER INDIVIDUAL.........................6
                              ORGANIZATION.............................7

Q150.
        WAVE 1 CUR WORKING                             (150)
                              NO.......................................0
                              YES......................................1
                              NO.......................................5
```

Q151.
     WAVE 1 RESPONDENT EARNED LCY

Q152.
     WAVE 1 RESPONDENT WAVE 1 GET SS
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q153.
     WAVE 1 SP WAVE 1 GET SS
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q154.
     WAVE 1 SP SS AMOUNT V1390

Q155.
     WAVE 1 SSI

Q156.
     WAVE 1 FOODSTAMP AMOUNT LCYR

Q157.
     WAVE 1 R/+SP INCOME VET BENEFITS
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q158.
     WAVE 1 R/+SP INCOME PENSIONS
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q159.
     WAVE 1 R/+SP INCOME ANNUITY
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q160.
     WAVE 1 R/+SP INCOME IRA
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q161.
     WAVE 1 R/+SP INCOME STOCKS & BONDS
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q162.
     WAVE 1 R/+SP INCOME SAVING/INVEST
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q163.
     WAVE 1 R/+SP OTHER REG INCOME
                         NO.......................................0
                         YES......................................1
                         NO.......................................5

Q164.
     WAVE 1 FAMILY INCOME V1648

Q165.
     WAVE 1 IMPUTE FAM INCOME V1648
                         NOT......................................0
                         YES......................................1

Q166.
     WAVE 1 OTHER HOUSEHOLD MEMBERS INCOME V1681

```
Q167.
        WAVE 1 IMPUTE OTHER HOUSEHOLD MEM INCOME V1681
                              NOT......................................0
                              YES.....................................1
Q168.
        WAVE 1 NETWORTH

Q169.
        WAVE 1 REALESTATE V1721
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7

Q170.
        WAVE 1 TRANSPORT V1725
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7

Q171.
        WAVE 1 BUSINESS V1730
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7


Q172.
        WAVE 1 IRA V1735
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7

Q173.
        WAVE 1 STOCKS V1743
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7

Q174.
        WAVE 1 CHECKINGS/SAVINGS V1750
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7

Q175.
        WAVE 1 CD  V1756
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7

Q176.
        WAVE 1 BONDS V1762
                              NONE....................................0
                              LOW.....................................1
                              MEDIUM..................................2
                              HIGH....................................3
                              NOT ASCERTAINED.........................7
```

```
Q177.
        WAVE 1 OTHER ASSETS
                                NONE..............................0
                                LOW...............................1
                                MEDIUM............................2
                                HIGH..............................3
                                NOT ASCERTAINED...................7

Q178.
        WAVE 1 HOUSING TYPE
                                INAP..............................0
                                SINGLE............................1
                                DUPLEX............................2
                                MOBILE............................3
                                APT/CONDO.........................4
                                TOWNHOUSE.........................5
                                OTHER.............................7

Q179.
        WAVE 1 OWN RENT
                                INAP..............................0
                                OWN...............................1
                                RENT..............................2
                                NEITHER OWN/RENT..................7

Q180.
        WAVE 1 VALUE HOME

Q181.
        WAVE 1 OWN MORT V1112
                                INAP..............................0
                                YES...............................1
                                OTHER PAYS........................3
                                NO................................5

Q182.
        WAVE 1 IWN #IW IN H# 1 OR 2
                                INAP..............................0
                                FIRST IW..........................1
                                SECOND IW.........................2

Q183.
        TYPE RESPONDENT PRETEST 1
                                DO ALL............................0
                                TYPE 1 RESPONDENT.................1
                                TYPE 2 RESPONDENT.................2
                                TYPE 3 RESPONDENT.................3

Q184.
        LIVE ON FARM
                                INAP..............................0
                                YES...............................1
                                NO................................5

Q185.
        SELF/ELSE EMPLOYED)
                                INAP..............................0
                                ELSE..............................1
                                SELF..............................2

Q186.
        WAVE 1 HRS WORKED PER WEEK

Q187.
        WAVE 1 HRS WORKED WKS/YEAR

Q188.
        WAVE 1 WEIGHT (LBS)
```

Q189.

WAVE 1 CANCER SITE

```
                              INAP NO CANCER OR DK.................00
            ABDOMEN...................................01
            ADRENAL GLAND.............................02
            ARM.......................................03
            BACK......................................04
            BLADDER...................................05
            BLOOD.....................................06
            BONE CARTILAGE............................07
            BONE MARROW...............................08
            BRAIN.....................................09
            BREAST....................................10
            LUNG/CHEST................................11
            BOWEL/COLON...............................12
            CERVIX....................................13
            EAR.......................................14
            UTERUS/WOMB...............................15
            ESOPHAGUS.................................16
            EXTREMITIES...............................17
            EYE.......................................18
            FACE......................................19
            FEMALE ORGANS.............................20
            GALLBLADDER...............................21
            GASTROINTESTINAL..........................22
            HEAD......................................23
            HIP.......................................24
            LYMPH NODES/GLANDS........................25
            JAW.......................................26
            KIDNEY....................................27
            LARYNX/VOCAL CORDS........................28
            LEG.......................................29
            LIP.......................................30
            LIVER.....................................31
            LYMPH NODES/GLANDS........................32
            SKIN......................................33
            MOUTH/ORAL................................34
            NECK......................................35
            NOSE/NASAL................................36
            OVARY.....................................37
            PANCREAS..................................38
            PELVIS....................................39
            PENIS.....................................40
            PROSTATE..................................41
            SKIN......................................42
            SKIN......................................43
            SPINE.....................................44
            SPLEEN....................................45
            STOMACH...................................46
            TESTICLES.................................47
            THROAT....................................48
            THYROID/GOITER............................49
            TONGUE....................................50
            TRACHEA...................................51
            URETHRA/URETER............................52
            VAGINA....................................53
            VULVA/LABIA...............................54
            METASTASIZED/ALL OVER.................95
            OTHER.....................................97
            DON'T KNOW................................98
            REFUSED...................................99
```

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Q197.
        RESPONDENT INDEX
                        Which RESPONDENT is being talked to, according to the last two digits of
                        the Control 2 ID.

Q203
        WHICH HOUSEHOLD
                        1ST HOUSEHOLD........................1
                        2ND HOUSEHOLD........................2

Q204.
        RESPONDENT WAVE 1 MARITAL STATUS
                        MARRIED..............................1
                        MARRIED SPOUSE ABSENT................2
                        LIV WITH PARTNER.....................3
                        DIVORCED/SEPARATED...................4
                        WIDOWED..............................5
                        NEVER MARRIED........................6
                        DIED.................................7

Q210.
        RESPONDENT WAVE 1 SEX
                        MALE.................................1
                        FEMALE...............................2

Q212.
        RESPONDENT WAVE 1 FAM/FIN STATUS
                        FINANCIAL............................1
                        FAMILY...............................2
                        FINANCIAL AND FAMILY.................3
                        NON-FINANCIAL AND NON-FAMILY.........4

Q213.
        SPOUSE WAVE 1 FAM/FIN STATUS
                        FINANCIAL............................1
                        FAMILY...............................2
                        FINANCIAL AND FAMILY.................3
                        NON-FINANCIAL AND NON-FAMILY.........4

Q220.
        WHICH INTERVIEW
                        1ST INTERVIEW........................1
                        2ND INTERVIEW........................2

Q256.
        RESPONDENT WAVE 2 MARITAL STATUS
                        MARRIED..............................1
                        MARRIED SPOUSE ABSENT................2
                        LIV WITH PARTNER.....................3
                        DIVORCED/SEPARATED...................4
                        WIDOWED..............................5
                        NEVER MARRIED........................6
                        DIED.................................7

Q258.

        WAVE 2 CURRENT SPOUSE

Q370.
        RESPONDENT WAVE 1 INTERVIEWED
                        NEW SPOUSE...........................0
                        REINTERVIEW..........................1
                        REFUSED SPOUSE.......................5

Q371.
        RESPONDENT WAVE 2 FIRST NAME

Q372.
        RESPONDENT WAVE 2 LAST NAME
```

```
Q373.
        RESPONDENT WAVE 1 BIRTH YEAR

Q374.
        RESPONDENT WAVE 2 SEX
                        MALE....................................0
                        FEMALE..................................1

Q375.
        RESPONDENT WAVE 1 MARITAL STATUS
                        MARRIED.................................1
                        MARRIED SPOUSE ABSENT...................2
                        LIV WITH PARTNER........................3
                        DIVORCED/SEPARATED......................4
                        WIDOWED.................................5
                        NEVER MARRIED...........................6
                        DIED...................................7

Q376.
        RESPONDENT WAVE 2 FAMILY/NON
                        FINANCIAL...............................1
                        FAMILY..................................2
                        FINANCIAL AND FAMILY....................3
                        NON-FINANCIAL AND NON-FAMILY...........4

Q377.
        RESPONDENT WAVE 2 FINANCIAL/NON
                        FINANCIAL...............................2
                        NON-FINANCIAL...........................3

Q378.
        SPOUSE WAVE 2 NAME

Q388.
        IDFM/IDNFM FLAG
                        NOT IDFM................................0
                        IDFM....................................1

Q391.
        CUR MONTH TEXT


Q435.
        WAVE 2 ONE OR TWO RESIDENCES
                        1 RESIDENCE.............................1
                        2 RESIDENCES............................2

Q439.
        WAVE 2 MAIN RESIDENCE

Q440.
        WAVE 2 2ND RESIDENCE
                        Assigned NO SECOND RESIDENCE if only 1 residence

Q441.
        WAVE 2 RESPONDENT MOVED MAIN RESIDENCE
                        MOVED MAIN RESIDENCE....................1
                        DID NOT MOVE...........................5

Q503.
        LIST OF CHILDREN INDEX NUMBERS WHO ARE RESIDENTS


Q504.
        THE NUMBER OF RESIDENTS IN THE HOUSEHOLD

Q505.
        LIST OF CHILDREN INDEX NUMBERS WHO ARE RESIDENT CHILDREN

Q506.
        NUMBER OF RESIDENT CHILDREN IN THE HOUSEHOLD

Q507.
        A LIST OF CHILDREN INDEX NUMBERS WHO ARE NON RESIDENT CHILDREN
```

Q508.
THE NUMBER OF NON RESIDENT CHILDREN IN THE HOUSEHOLD

Q510-Q512.
A LIST OF CHILDREN INDEX NUMBERS WHO ARE CHILDREN

Q513.
THE NUMBER OF CHILDREN IN THE HOUSEHOLD

Q515-Q516.
A LIST OF CHILDREN INDEX NUMBERS WHO MOVED IN

Q517-Q519.
A LIST OF CHILDREN INDEX NUMBERS WHO MOVED OUT

Q520.
THE NUMBER OF PEOPLE WHO MOVED IN/OUT OF THE HOUSEHOLD

NATIONAL SURVEY DEVELOPMENT: ASSET AND HEALTH DYNAMICS OF THE OLDEST OLD

Reports Available

Asset and Health Dynamics Among the Oldest Old (AHEAD): Initial Results From the Longitudinal Study
        HTML   not yet available electronically
        PDF   not yet available electronically

Instruments Available

Exit Proxy Questionnaire
        HTML   http://aspe.hhs.gov/daltcp/instruments/1996/ExProxQ.htm
        PDF   http://aspe.hhs.gov/daltcp/instruments/1996/ExProxQ.pdf

To obtain a printed copy of this report, send the full report title and your mailing information to:

U.S. Department of Health and Human Services
Office of Disability, Aging and Long-Term Care Policy
Room 424E, H.H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201
FAX: 202-401-7733
Email: webmaster.DALTCP@hhs.gov

NOTE: All requests must be in writing.

RETURN TO:

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http://aspe.hhs.gov/_/office_specific/daltcp.cfm

Assistant Secretary for Planning and Evaluation (ASPE) Home
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