**NHATS Round 1**

**Section IP [INSURANCE PLANS]**

**IP1PRE**

**QUESTION TEXT**

Now we have a few questions about your/SP's health insurance. 
PRESS 1 AND ENTER TO CONTINUE

**IP1**

**ip1covmedcad**

**R1 IP1 COVERD BY MEDICARE PART D**

**QUESTION TEXT:**

{Are you/Is SP} (currently) covered by or enrolled in a Medicare Prescription Drug plan, also called Part D?

**CODES**

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<tbody>
<tr>
<td>1</td>
<td>YES</td>
<td>IP3</td>
</tr>
<tr>
<td>2</td>
<td>NO</td>
<td>REFUSED</td>
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<tr>
<td></td>
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<td>DON'T KNOW</td>
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**IP2**

**ip1otdrugcov**

**R1 IP2 DRUG COVERG SOME OTHR WAY**

**QUESTION TEXT:**

{Do you/Does SP} have prescription drug coverage through a current or former employer or some other way?

**CODES**

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<tr>
<td>1</td>
<td>YES</td>
<td></td>
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<tr>
<td>2</td>
<td>NO</td>
<td>REFUSED</td>
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<td></td>
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<td>DON'T KNOW</td>
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**IP3**

**ip1mgapmedsp**

**R1 IP3 MEDIGAP OR MEDICARE SUPP**

**QUESTION TEXT:**

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

**CODES**

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<tbody>
<tr>
<td>1</td>
<td>YES</td>
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<tr>
<td>2</td>
<td>NO</td>
<td>REFUSED</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DON'T KNOW</td>
</tr>
</tbody>
</table>
**DISPLAY INSTRUCTIONS:**

Display “{STATE NAME FOR MEDICAID PROGRAM}, also known as Medicaid,” if the state name for Medicaid is not “Medicaid.” Otherwise display “Medicaid.”

**QUESTION TEXT:**

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

{Are you/Is SP} now covered by {Medicaid/[STATE NAME FOR MEDICAID PROGRAM]}?

**CODES**

1. YES
2. NO
   - REFUSED
   - DON’T KNOW

**PROGRAMMER INSTRUCTIONS:**

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

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**IP5**

**QUESTION TEXT:**

TRICARE is a health care program for active duty and retired members of the uniformed Armed Forces, their families, and survivors.

{Are you/Is SP} now covered by TRICARE?

**CODES**

1. YES
2. NO
   - REFUSED
   - DON’T KNOW

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**IP6**

**QUESTION TEXT:**

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

**CODES**

1. YES
2. NO
   - REFUSED
   - DON’T KNOW
   - SECTION LF

   - SECTION LF
   - SECTION LF
QUESTION TEXT:
Which types of care are covered by {your/SP}'s policy? Care in: a nursing home, assisted living, or care in {your/has his/her} home?
SELECT ALL THAT APPLY

CODES

1. NURSING HOME CARE
2. ASSISTED LIVING
3. CARE BY HOME HEALTH PROVIDERS IN HOME
   REFUSED
   DON'T KNOW

PROGRAMMER INSTRUCTIONS:
Allow code all that apply.

IP8

QUESTION TEXT:
SHOW CARD IP1
For the year ending December [CURRENT YEAR-1], how much altogether did {you/SP} pay in premiums? Would you say

CODES

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

IP9

QUESTION TEXT:
How long {have you/has SP} had this policy?

INDICATE RESPONSE UNIT

CODES

1. NUMBERS OF YEARS
2. AGE
   REFUSED
   DON'T KNOW
   IP9A
   IP9B
   SECTION LF
   SECTION LF
**IP9A**  
**ip1numyears**  
R1 IP9A NUMBER OF YEARS

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

**ENTER NUMBER**
- Range: 0 to 40

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

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**IP9B**  
**ip1agepurpol**  
R1 IP9B AGE WHEN PURCHSD POLICY

**QUESTION TEXT:**
- ENTER AGE OF SP WHEN PURCHASED POLICY

**ENTER NUMBER**
- Range: 30 to 110
- Soft Range: 40 to 90

**PROGRAMMER INSTRUCTIONS:**
- Hard range 30-110
- Soft range 40-90
- Go to Section LF – Labor Force