

**New Immigrant Survey**  
**Section F - Health Care Utilization**

Section F: Health Care Utilization

THIS SECTION IS NOT ADMINISTERED IN THE OVERSEAS INTERVIEW.

F1. The next questions are about health care you have received. In the last 12 months, have you been a patient in a hospital overnight?

- 1. YES [F2]
- 2. NO [F6]
- 2. DON'T KNOW [F6]
- 1. REFUSED [F6]

F2. How many different times were you a patient in a hospital overnight in the last 12 months?

- \_\_\_\_\_ [F3] {3 digit limit}
- 2. DON'T KNOW [F3]
  - 1. REFUSED [F3]

F3. (Text Fill: if F2>1: *Altogether*.) How many nights were you a patient in the hospital in the last 12 months?

- \_\_\_\_\_ [F4] {3 digit limit}
- 2. DON'T KNOW [F4]
  - 1. REFUSED [F4]

F4. Were these hospitalizations in the United States or in a foreign country or both?

- 1. ALL IN THE UNITED STATES [F5]
- 2. ALL IN FOREIGN COUNTRIES [F5]
- 3. BOTH UNITED STATES AND FOREIGN COUNTRIES [F5]
- 2. DON'T KNOW [F5]
- 1. REFUSED [F5]

F5. Were the costs for your hospital stay (Text Fill, if F2>1: *s – i.e. make stay plural*) **completely** covered by public or private health insurance, **partly** covered by insurance, or **not covered at all** by insurance?

- 1. FULLY COVERED [F6]
- 3. PARTLY COVERED (OR COVERED WITH A COPAY) [F6]
- 5. NOT COVERED AT ALL [F6]
- 7. COSTS NOT SETTLED YET [F6]
- 2. DON'T KNOW [F6]
- 1. REFUSED [F6]

F6. In the last 12 months, have you been a patient overnight in a nursing home, convalescent home, or other long-term health care facility?

- 1. YES [F7]
- 2. NO [F10a; unless F1=1 and F5 is not 1: F9]
- 2. DON'T KNOW [F10a; unless F1=1 and F5 is not 1: F9]
- 1. REFUSED [F10a; unless F1=1 and F5 is not 1: F9]

F7. Were these nursing home, convalescent home, or any other long-term health care facility stays in the United States or in a foreign country or both?

- 1. ALL IN THE UNITED STATES [F8]
- 2. ALL IN FOREIGN COUNTRIES [F8]

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- 3. BOTH UNITED STATES AND FOREIGN COUNTRIES [F8]
- 2. DON'T KNOW [F8]
- 1. REFUSED [F8]

F8. Were the costs for your nursing home, convalescent home, or any other long-term health care facility stays **completely** covered by public or private health insurance, **partly** covered by insurance, or **not covered at all** by insurance?

- 1. FULLY COVERED [F11; unless F1=1 and F5 is not 1: F9]
- 3. PARTLY COVERED (OR COVERED WITH A COPAY) [F9]
- 5. NOT COVERED AT ALL [F9]
- 7. COSTS NOT SETTLED YET [F9]
- 2. DON'T KNOW [F9]
- 1. REFUSED [F9]

F9. About how much did you pay out-of-pocket for (Text Fill: if F5=is not 1: *hospital stay*; F8=is not 1: *nursing home stay, convalescent home stay, or other long-term healthcare facility stay*; if F5=is not 1 and F8=is not 1: *hospital stay, nursing home stay, convalescent home stay, or other long-term healthcare facility stay*) bills in the last 12 months in United States Dollars?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_ [F10a; unless F4=3 and F5 is not 1 -- or F7=3 and F8 is not 1-- or F4=1 and F5 is not 1 and F7=2 and F8 is not 1 -- or F4=2 and F5 is not 1 and F7=1 and F8 is not 1: F10] {Set up as \$\_\_\_\_, \_\_\_\_; \$500,000 maximum}

- 2. DON'T KNOW [assign random #1-3; go to RANDOM ASSIGNMENT based on #]
- 1. REFUSED [assign random # 1-3; go to RANDOM ASSIGNMENT based on #]

**RANDOM ASSIGNMENT 1**

F9a. Did it amount to less than \$5,000, more than \$5,000, or what?

- 1. LESS THAN \$5,000 [F9e]
- 3. ABOUT \$5,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$5,000 [F9b]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9b. (Did it amount to) less than \$10,000, more than \$10,000, or what?

- 1. LESS THAN \$10,000 [F10 BRANCHPOINT]
- 3. ABOUT \$10,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$10,000 [F9c]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9c. (Did it amount to) less than \$20,000, more than \$20,000, or what?

- 1. LESS THAN \$20,000 [F10 BRANCHPOINT]
- 3. ABOUT \$20,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$20,000 [F9d]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9d. (Did it amount to) less than \$50,000, more than \$50,000, or what?

- 1. LESS THAN \$50,000 [F10 BRANCHPOINT]
- 3. ABOUT \$50,000 [F10 BRANCHPOINT]

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- 5. MORE THAN \$50,000 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9e. (Did it amount to) less than \$500, more than \$500, or what?

- 1. LESS THAN \$500 [F10 BRANCHPOINT]
- 3. ABOUT \$500 [F10 BRANCHPOINT]
- 5. MORE THAN \$500 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

**RANDOM ASSIGNMENT 2**

F9b. (Did it amount to) less than \$10,000, more than \$10,000, or what?

- 1. LESS THAN \$10,000 [F9a]
- 3. ABOUT \$10,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$10,000 [F9c]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9c. (Did it amount to) less than \$20,000, more than \$20,000, or what?

- 1. LESS THAN \$20,000 [F10 BRANCHPOINT]
- 3. ABOUT \$20,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$20,000 [F9d]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9d. (Did it amount to) less than \$50,000, more than \$50,000, or what?

- 1. LESS THAN \$50,000 [F10 BRANCHPOINT]
- 3. ABOUT \$50,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$50,000 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9a. (Did it amount to) less than \$5,000, more than \$5,000, or what?

- 1. LESS THAN \$5,000 [F9e]
- 3. ABOUT \$5,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$5,000 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9e. (Did it amount to) less than \$500, more than \$500, or what?

- 1. LESS THAN \$500 [F10 BRANCHPOINT]
- 3. ABOUT \$500 [F10 BRANCHPOINT]
- 5. MORE THAN \$500 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

**RANDOM ASSIGNMENT 3**

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F9c. (Did it amount to) less than \$20,000, more than \$20,000, or what?

- 1. LESS THAN \$20,000 [F9b]
- 3. ABOUT \$20,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$20,000 [F9d]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9d. (Did it amount to) less than \$50,000, more than \$50,000, or what?

- 1. LESS THAN \$50,000 [F10 BRANCHPOINT]
- 3. ABOUT \$50,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$50,000 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9b. Did it amount to less than \$10,000, more than \$10,000, or what?

- 1. LESS THAN \$10,000 [F9a]
- 3. ABOUT \$10,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$10,000 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9a. (Did it amount to) less than \$5,000, more than \$5,000, or what?

- 1. LESS THAN \$5,000 [F9e]
- 3. ABOUT \$5,000 [F10 BRANCHPOINT]
- 5. MORE THAN \$5,000 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F9e. (Did it amount to) less than \$500, more than \$500, or what?

- 1. LESS THAN \$500 [F10 BRANCHPOINT]
- 3. ABOUT \$500 [F10 BRANCHPOINT]
- 5. MORE THAN \$500 [F10 BRANCHPOINT]
- 2. DON'T KNOW [F10 BRANCHPOINT]
- 1. REFUSED [F10 BRANCHPOINT]

F10 BRANCHPOINT [F10a; unless F4=3 and F5 is not 1 -- or F7=3 and F8 is not 1-- or F4=1 and F5 is not 1 and F7=2 and F8 is not 1 -- or F4=2 and F5 is not 1 and F7=1 and F8 is not 1: F10]

F10. Regarding the out-of-pocket costs in the last 12 months that were for (Text Fill: if F5=is not 1: *hospital stays*; F8=is not 1: *nursing home stays, convalescent home stays, or other long-term healthcare facility stays*; if F5=is not 1 and if F8=is not 1: *hospital stays, nursing home stays, convalescent home stays, or other long-term healthcare facility stays*), about what percent of these costs were for (Text Fill: if F5=is not 1: *hospital stay*, F8=is not 1: *nursing home stay, convalescent home stay, or other long-term healthcare facility stay*; if F5=is not 1 and if F8=is not 1: *hospital stay, nursing home stay, convalescent home stay, or other long-term healthcare facility stay*) bills that took place in the United States?

\_\_\_\_\_ % [F10a]{0 – 100%}

- 2. DON'T KNOW [F10a]
- 1. REFUSED [F10a]

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F10a Aside from any hospital stays, have you seen or talked to a medical doctor about your health, including emergency room or clinic visits in the last 12 months?

- 1. YES [F11]
- 2. NO [F14]
- 2. DON'T KNOW [F14]
- 1. REFUSED [F14]

F11. Aside from any hospital stays, how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits in the last 12 months?  
[IWER: USE ZERO FOR NONE]

\_\_\_\_\_ [F12] {3 digit maximum}

- 2. DON'T KNOW [F12]
- 1. REFUSED [F12]

F12. (Text Fill: if F11=1: *Was this*; if F11>1: *Were these*) doctor (Text Fill: if F11=1: *visit*; if F11>1: *visits*) in the United States or in a foreign country (Text Fill: if F11>1: *or both*)?

- 1. ALL IN THE UNITED STATES [F13]
- 2. ALL IN FOREIGN COUNTRIES [F13]
- 3. BOTH UNITED STATES AND FOREIGN COUNTRIES [F13]
- 2. DON'T KNOW [F13]
- 1. REFUSED [F13]

F13. Were the costs for your doctor (Text Fill: if F11=1: *visit*; if F11>1: *visits*) **completely** covered by public or private health insurance, **partly** covered by insurance, or **not covered at all** by insurance?

- 1. FULLY COVERED [F14]
- 3. PARTLY COVERED (OR COVERED WITH A COPAY) [F14]
- 5. NOT COVERED AT ALL [F14]
- 2. DON'T KNOW [F14]
- 1. REFUSED [F14]

F14. (Text Fill: if F1=1, -2, or -1: *Not counting overnight hospital stays*), In the last 12 months, have you had outpatient surgery?

- 1. YES [F15]
- 2. NO [F17]
- 2. DON'T KNOW [F17]
- 1. REFUSED [F17]

F15. Were these outpatient surgeries in the United States or in a foreign country or both?

- 1. ALL IN THE UNITED STATES [F16]
- 2. ALL IN FOREIGN COUNTRIES [F16]
- 3. BOTH UNITED STATES AND FOREIGN COUNTRIES [F16]
- 2. DON'T KNOW [F16]
- 1. REFUSED [F16]

F16. Were your expenses for your outpatient surgery **completely** covered by public or private health insurance, **partly** covered by insurance, or **not covered at all** by insurance?

- 1. FULLY COVERED [F17]

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- 3. PARTLY COVERED (OR COVERED WITH A COPAY) [F17]
- 5. NOT COVERED AT ALL [F17]
- 4. COSTS NOT SETTLED YET [F17]
- 2. DON'T KNOW [F17]
- 1. REFUSED [F17]

F17. In the last 12 months have you seen a dentist for dental care, including dentures?

- 1. YES [F18]
- 2. NO [F22; unless, F10a=1 and F13 is not 1 -- or F14 is 1 and F16 is not 1: F20]
- 2. DON'T KNOW [F22; unless, F10a=1 and F13 is not 1 -- or F14 is 1 and F16 is not 1: F20]
- 1. REFUSED [F22; unless, F10a=1 and F13 is not 1 -- or F14 is 1 and F16 is not 1: F20]

F18. Were these dental visits in the United States, in a foreign country, or both?

- 1. ALL IN THE UNITED STATES [F19]
- 2. ALL IN FOREIGN COUNTRIES [F19]
- 3. BOTH UNITED STATES AND FOREIGN COUNTRIES [F19]
- 2. DON'T KNOW [F19]
- 1. REFUSED [F19]

F19. Were your dental expenses **completely** covered by health insurance, **partly** covered by insurance, or **not covered at all** by insurance?

- 1. FULLY COVERED [F22; unless, F10a=1 and F13 is not 1 -- or F14 is 1 and F16 is not 1: F20]
- 2. PARTLY COVERED (OR COVERED WITH A COPAY) [F20]
- 3. NOT COVERED AT ALL [F20]
- 4. COSTS NOT SETTLED YET [F20]
- 2. DON'T KNOW [F20]
- 1. REFUSED [F20]

F20. About how much did you pay out-of-pocket for (Text Fill: if F10a=1 and F13 is not 1: *Doctor visits*) (Text Fill: if F14 is 1 and F16 is not 1: *outpatient surgeries*) (Text Fill: if F17=1 and F19= is not 1: *dental care*) {if >1 text fill, place "and" between last two, if all three text fills are used place "," between first two} in the last 12 months in United States Dollars (Text Fill if F9= is not -2 or -1 --or-- if the unfolding brackets, 9a thru 9e do not end in -2 or -1.; except any payments you told me about already)?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_ [F21 BRANCHPOINT]{Set up as \$ \_\_\_\_, \_\_\_\_; \$500,000 maximum}

- 2. DON'T KNOW [assign random #1-3; go to RANDOM ASSIGNMENT based on #]
- 1. REFUSED [assign random #1-3; go to RANDOM ASSIGNMENT based on #]

**RANDOM ASSIGNMENT 1**

F20a. Did it amount to less than \$500, more than \$500, or what?

- 1. LESS THAN \$500 [F20e]
- 3. ABOUT \$500 [F21 BRANCHPOINT]
- 5. MORE THAN \$500 [F20b]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20b. (Did it amount to) less than \$1,000, more than \$1,000, or what?

- 1. LESS THAN \$1,000 [F21 BRANCHPOINT]

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- 3. ABOUT \$1,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$1,000 [F20c]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20c. (Did it amount to) less than \$5,000, more than \$5,000, or what?

- 1. LESS THAN \$5,000 [F21 BRANCHPOINT]
- 3. ABOUT \$5,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$5,000 [F20d]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20d. (Did it amount to) less than \$20,000, more than \$20,000, or what?

- 1. LESS THAN \$20,000 [F21 BRANCHPOINT]
- 3. ABOUT \$20,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$20,000 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20e. (Did it amount to) less than \$200, more than \$200, or what?

- 1. LESS THAN \$200 [F21 BRANCHPOINT]
- 3. ABOUT \$200 [F21 BRANCHPOINT]
- 5. MORE THAN \$200 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

**RANDOM ASSIGNMENT 2**

F20b. (Did it amount to) less than \$1,000, more than \$1,000, or what?

- 1. LESS THAN \$1,000 [F20a]
- 3. ABOUT \$1,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$1,000 [F20c]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20c. (Did it amount to) less than \$5,000, more than \$5,000, or what?

- 1. LESS THAN \$5,000 [F21 BRANCHPOINT]
- 3. ABOUT \$5,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$5,000 [F20d]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20d. (Did it amount to) less than \$20,000, more than \$20,000, or what?

- 1. LESS THAN \$20,000 [F21 BRANCHPOINT]
- 3. ABOUT \$20,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$20,000 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20a. (Did it amount to) less than \$500, more than \$500, or what?

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- 1. LESS THAN \$500 [F20e]
- 3. ABOUT \$500 [F21 BRANCHPOINT]
- 5. MORE THAN \$500 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20e. (Did it amount to) less than \$200, more than \$200, or what?

- 1. LESS THAN \$200 [F21 BRANCHPOINT]
- 3. ABOUT \$200 [F21 BRANCHPOINT]
- 5. MORE THAN \$200 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

**RANDOM ASSIGNMENT 3**

F20c. (Did it amount to) less than \$5,000, more than \$5,000, or what?

- 1. LESS THAN \$5,000 [F20b]
- 3. ABOUT \$5,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$5,000 [F20d]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20d. (Did it amount to) less than \$20,000, more than \$20,000, or what?

- 1. LESS THAN \$20,000 [F21 BRANCHPOINT]
- 3. ABOUT \$20,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$20,000 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20b. Did it amount to less than \$1,000, more than \$1,000, or what?

- 1. LESS THAN \$1,000 [F20a]
- 3. ABOUT \$1,000 [F21 BRANCHPOINT]
- 5. MORE THAN \$1,000 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20a. (Did it amount to) less than \$500, more than \$500, or what?

- 1. LESS THAN \$500 [F20e]
- 3. ABOUT \$500 [F21 BRANCHPOINT]
- 5. MORE THAN \$500 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]

F20e. (Did it amount to) less than \$200, more than \$200, or what?

- 1. LESS THAN \$200 [F21 BRANCHPOINT]
- 3. ABOUT \$200 [F21 BRANCHPOINT]
- 5. MORE THAN \$200 [F21 BRANCHPOINT]
- 2. DON'T KNOW [F21 BRANCHPOINT]
- 1. REFUSED [F21 BRANCHPOINT]



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F21 BRANCHPOINT [F22; unless F12=3 and F13 is not 1 – or F15=3 and F16 is not 1 – or F18=3 and F19 is not 1 – or if more than one of F13, F16, or F19 are answered and are not one and of those that are answered and are not 1 F12, F15, and F18 are answered and are not all (both) 1 or all (both) 2: F21]

F21. Regarding the out-of-pocket costs that were for (Text Fill: if F10a=1 and F13 is not 1: *Doctor visits*) (Text Fill: if or F14 is 1 and F16 is not 1: *outpatient surgeries*) (Text Fill: if F17=1 and F19= is not 1: *dental care*), {if >1 text fill, place "and" between last two, if all three text fills are used place ", " between first two} about what percent of these out of pocket costs took place in the United States?

\_\_\_\_\_ % [F22] {0 – 100%}

-2. DON'T KNOW [F22]

-1. REFUSED [F22]

F22. Do you regularly take prescription medications?

1. YES [F23]

2. NO [F25]

-2. DON'T KNOW [F25]

-1. REFUSED [F25]

F23. Are the costs now of your prescription medications **completely** covered by private or public health insurance, **partly** covered by insurance, or **not covered at all** by health insurance?

1. FULLY COVERED [F25]

3. PARTLY COVERED (OR COVERED WITH A COPAY) [F24]

5. NOT COVERED AT ALL [F24]

4. COSTS NOT SETTLED YET [F24]

-2. DON'T KNOW [F24]

-1. REFUSED [F24]

F24. On the average, about how much have you paid out-of-pocket **per month** for these prescriptions in the last 12 months in United States Dollars?

[IWER: DO NOT PROBE DK/RF]

\_\_\_\_\_ [F25] {Set up as \$ \_\_\_\_, \_\_\_\_; \$10,000 maximum}

-2. DON'T KNOW [assign random #1-3; go to RANDOM ASSIGNMENT based on #]

-1. REFUSED [assign random #1-3; go to RANDOM ASSIGNMENT based on #]

**RANDOM ASSIGNMENT 1**

F24a. Does it amount to less than \$10 per month, more than \$10 per month, or what?

1. LESS THAN \$10 [F24e]

3. ABOUT \$10 [F25]

5. MORE THAN \$10 [F24b]

-2. DON'T KNOW [F25]

-1. REFUSED [F25]

F24b. Does it amount to less than \$20 per month, more than \$20 per month, or what?

1. LESS THAN \$20 [F25]

3. ABOUT \$20 [F25]

5. MORE THAN \$20 [F24c]

-2. DON'T KNOW [F25]

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-1. REFUSED [F25]

F24c. (Does it amount to) less than \$100 per month, more than \$100 per month, or what?

- 1. LESS THAN \$100 [F25]
- 3. ABOUT \$100 [F25]
- 5. MORE THAN \$100 [F24d]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24d. Does it amount to less than \$500 per month, more than \$500 per month, or what?

- 1. LESS THAN \$500 [F25]
- 3. ABOUT \$500 [F25]
- 5. MORE THAN \$500 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24e. (Does it amount to) less than \$5 per month, more than \$5 per month, or what?

- 1. LESS THAN \$5 [F25]
- 3. ABOUT \$5 [F25]
- 5. MORE THAN \$5 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

**RANDOM ASSIGNMENT 2**

F24b. Does it amount to less than \$20 per month, more than \$20 per month, or what?

- 1. LESS THAN \$20 [F24a]
- 3. ABOUT \$20 [F25]
- 5. MORE THAN \$20 [F24c]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24c. (Does it amount to) less than \$100 per month, more than \$100 per month, or what?

- 1. LESS THAN \$100 [F25]
- 3. ABOUT \$100 [F25]
- 5. MORE THAN \$100 [F24d]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24d. Does it amount to less than \$500 per month, more than \$500 per month, or what?

- 1. LESS THAN \$500 [F25]
- 3. ABOUT \$500 [F25]
- 5. MORE THAN \$500 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24a. (Does it amount to) less than \$10 per month, more than \$10 per month, or what?

- 1. LESS THAN \$10 [F24e]
- 3. ABOUT \$10 [F25]

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- 5. MORE THAN \$10 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24e. (Does it amount to) less than \$5 per month, more than \$5 per month, or what?

- 1. LESS THAN \$5 [F25]
- 3. ABOUT \$5 [F25]
- 5. MORE THAN \$5 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

**RANDOM ASSIGNMENT 3**

F24c. (Does it amount to) less than \$100 per month, more than \$100 per month, or what?

- 1. LESS THAN \$100 [F24b]
- 3. ABOUT \$100 [F25]
- 5. MORE THAN \$100 [F24d]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24d. Does it amount to less than \$500 per month, more than \$500 per month, or what?

- 1. LESS THAN \$500 [F25]
- 3. ABOUT \$500 [F25]
- 5. MORE THAN \$500 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24b. Does it amount to less than \$20 per month, more than \$20 per month, or what?

- 1. LESS THAN \$20 [F24a]
- 3. ABOUT \$20 [F25]
- 5. MORE THAN \$20 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24a. (Does it amount to) less than \$10 per month, more than \$10 per month, or what?

- 1. LESS THAN \$10 [F24e]
- 3. ABOUT \$10 [F25]
- 5. MORE THAN \$10 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

F24e. (Does it amount to) less than \$5 per month, more than \$5 per month, or what?

- 1. LESS THAN \$5 [F25]
- 3. ABOUT \$5 [F25]
- 5. MORE THAN \$5 [F25]
- 2. DON'T KNOW [F25]
- 1. REFUSED [F25]

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F25. (Text fill: if F1 or F6 or both=1: *Aside from any*) (Text Fill: if F1=1: *hospital stays*; if F6=1: *nursing home stays, convalescent home stays, or other long-term health care facility stays*; if F1 and F6=1: *hospital stays, nursing home stays, convalescent home stays, or other long-term health care facility stays*) About how many days did you stay in bed more than half the day because of illness or injury during the last month?

[IWER: USE ZERO FOR NONE]

\_\_\_\_\_ [IM, CP: G1; unless R is 50 years old or older: F26; SP: G1; unless A145\_X=United States: F40; unless R is 50 years old or older: F26]

{soft check: range of 0-31}

-2. DON'T KNOW [G1; unless R is 50 years old or older: F26]

-1. REFUSED [G1; unless R is 50 years old or older: F26]

F26. We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether you have any difficulty doing each of the everyday activities that I read to you. Exclude any difficulties that you expect to last less than three months.

Because of a health problem do you have any difficulty with walking one block?

1. YES [F27]

2. NO [F27]

6. CAN'T DO [F27]

7. DON'T DO [F27]

-2. DON'T KNOW [F27]

-1. REFUSED [F27]

F27. Because of a health problem do you have any difficulty with sitting for about two hours?

1. YES [F28]

2. NO [F28]

6. CAN'T DO [F28]

7. DON'T DO [F28]

-2. DON'T KNOW [F28]

-1. REFUSED [F28]

F28. (Because of a health problem do you have any difficulty) with climbing several flights of stairs without resting?

1. YES [F29]

2. NO [F29]

6. CAN'T DO [F29]

7. DON'T DO [F29]

-2. DON'T KNOW [F29]

-1. REFUSED [F29]

F29. Because of a health problem do you have any difficulty with stooping, kneeling, or crouching?

1. YES [F30]

2. NO [F30]

6. CAN'T DO [F30]

7. DON'T DO [F30]

-2. DON'T KNOW [F30]

-1. REFUSED [F30]

F30. Because of a health problem do you have any difficulty with reaching or extending your arms above shoulder level?

1. Yes [F31]

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2. No [F31]  
6. CAN'T DO [F31]  
7. DON'T DO [F31]  
-2. DON'T KNOW [F31]  
-1. REFUSED [F31]
- F31. Because of a health problem do you have any difficulty with lifting or carrying weights over 10 pounds, like a heavy bag of groceries?
1. YES [F32]  
2. NO [F32]  
6. CAN'T DO [F32]  
7. DON'T DO [F32]  
-2. DON'T KNOW [F32]  
-1. REFUSED [F32]
- F32. Because of a health problem do you have any difficulty with picking up a dime from a table?
1. YES [F33]  
2. NO [F33; unless F26=2 and F27=2 and F28=2 and F29=2 and F30=2 and F31=2: (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]  
6. CAN'T DO [F33]  
7. DON'T DO [F33]  
-2. DON'T KNOW [F33]  
-1. REFUSED [F33]
- F33. Here are a few more everyday activities. Please tell me if you have any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months. Because of a health or memory problem do you have any difficulty with dressing, including putting on shoes and socks?
1. YES [F34]  
2. NO [F34]  
6. CAN'T DO [F34]  
7. DON'T DO [F34]  
-2. DON'T KNOW [F34]  
-1. REFUSED [F34]
- F34. Does anyone ever help you dress?
1. YES [F35]  
2. NO [F35; unless F33=2 and all but one of F26, F27, F28, F29, F30, F31, and F32=2: (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]  
-2. DON'T KNOW [F35]  
-1. REFUSED [F35]
- F35. Because of a health or memory problem do you have any difficulty with walking across a room?
1. YES [F36]  
2. NO [F36]  
6. CAN'T DO [F36]  
7. DON'T DO [F36]  
-2. DON'T KNOW [F36]  
-1. REFUSED [F36]
- F36. Because of a health or memory problem do you have any difficulty with bathing or showering?

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- 1. YES [F37]
- 2. NO [F37]
- 6. CAN'T DO [F37]
- 7. DON'T DO [F37]
- 2. DON'T KNOW [F37]
- 1. REFUSED [F37]

F37. Because of a health or memory problem do you have any difficulty with eating, such as cutting up your food?

- 1. YES [F38]
- 2. NO [F38]
- 6. CAN'T DO [F38]
- 7. DON'T DO [F38]
- 2. DON'T KNOW [F38]
- 1. REFUSED [F38]

F38. Because of a health or memory problem do you have any difficulty with getting in or out of bed?

- 1. YES [F39]
- 2. NO [F39]
- 6. CAN'T DO [F39]
- 7. DON'T DO [F39]
- 2. DON'T KNOW [F39]
- 1. REFUSED [F39]

F39. Because of a health or memory problem do you have any difficulty with using the toilet, including getting up and down?

- 1. YES (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]
- 2. NO (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]
- 6. CAN'T DO (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]
- 7. DON'T DO (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]
- 2. DON'T KNOW (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]
- 1. REFUSED (IM, CP: G1; SP: G1, UNLESS A145\_X=UNITED STATES: F40)]

F40. {IM} {CP} Surveys of American citizens typically ask questions on ethnicity and race. How would you answer these questions? Do you consider yourself to be Hispanic or Latino? [INTERVIEWER: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.]

- 1. YES [F41]
- 2. NO [F41]
- 2. DON'T KNOW [F41]
- 1. REFUSED [F41]

F41\_X. {IM} {CP} What race do you consider yourself to be? Select one or more of the following [INTERVIEWER: CODE ALL THAT APPLY.]

- 1. [F41\_1] American Indian or Alaska Native [END]
- 2. [F41\_2] Asian [END]
- 3. [F41\_3] Black, Negro or African American [END]
- 4. [F41\_4] Native Hawaiian or Other Pacific Islander [END]
- 5. [F41\_5] White [END]
- 2. DON'T KNOW [END]
- 1. REFUSED [END]

[QxQ]

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1. American Indian or Alaska Native is a person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
2. Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. Black, Negro, or African-American is a person having origins in any of the black racial groups of Africa.
4. Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.