

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

**Main Adult/Spouse/Child Proxy**

- F1. The next questions are about health care you have received. {Since we last spoke in R's IW MONTH, YEAR/in the last two years}, 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 {since your interview in R's IW MONTH, YEAR/in the last two years}?
- \_\_\_\_\_ [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 {since we last spoke in R's IW MONTH, YEAR/in the last two years}?
- \_\_\_\_\_ [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]
  2. PARTLY COVERED (OR COVERED WITH A COPAY) [F6]
  3. NOT COVERED AT ALL [F6]
  4. COSTS NOT SETTLED YET [F6]
  - 2. DON'T KNOW [F6]
  - 1. REFUSED [F6]
- F6. {Since your interview in R's IW MONTH, YEAR/in the last two years}, 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]

**New Immigrant Survey – Round 2  
Section F – Health Care Utilization and Daily Activities**

- 2. ALL IN FOREIGN COUNTRIES [F8]
- 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]
- 2. PARTLY COVERED (OR COVERED WITH A COPAY) [F9]
- 3. NOT COVERED AT ALL [F9]
- 4. 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 (since your interview in R's IW MONTH, YEAR/in the last two years) 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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

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]

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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

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

**RANDOM ASSIGNMENT 3**

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 {since your interview in R's IW MONTH, YEAR/in the last two years} 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-*

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

*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]

F10a Aside from any hospital stays, have you seen or talked to a medical doctor about your health, including emergency room or clinic visits (since we last spoke in R's IW MONTH, YEAR/in the last two years)?

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 (since your interview in R's IW MONTH, YEAR/in the last two years)?  
[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]

2. PARTLY COVERED (OR COVERED WITH A COPAY) [F14]

3. 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*), (since your interview in R's IW MONTH, YEAR/in the last two years), 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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

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

F17. (Since we last spoke in R's IW MONTH, YEAR/in the last two years) 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} {since your interview in R's IW MONTH, YEAR/in the last two years} 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?

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

- 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]
- 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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

- 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?

- 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]



**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

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]

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=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]
- 2. PARTLY COVERED (OR COVERED WITH A COPAY) [F24]
- 3. 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 {since your interview in R's IW MONTH, YEAR/in the last two years} 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 #]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

**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]
- 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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

- 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]
- 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 [F24c]
- 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]

F24c. Does it amount to less than \$20 per month, more than \$20 per month, or what?

- 1. LESS THAN \$20 [F24b]
- 3. ABOUT \$20 [F25]
- 5. MORE THAN \$20 [F25]
- 2. DON'T KNOW [F25]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

-1. REFUSED [F25]

F24b. (Does it amount to) less than \$10 per month, more than \$10 per month, or what?

1. LESS THAN \$10 [F24a]

3. ABOUT \$10 [F25]

5. MORE THAN \$10 [F25]

-2. DON'T KNOW [F25]

-1. REFUSED [F25]

F24a. (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]

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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

- 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]
  - 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: [next module]
  - 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]

**New Immigrant Survey – Round 2**  
**Section F – Health Care Utilization and Daily Activities**

- 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: [next module]
  - 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?
- 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 [next module]
  - 2. NO [next module]
  - 6. CAN'T DO [next module]
  - 7. DON'T DO [next module]
  - 2. DON'T KNOW [next module]
  - 1. REFUSED [next module]