

Old Employment and Private Related Insurance (OE) Section

-----  
| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI |  
| SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE |  
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, |  
| CAPI DISPLAYS THE {END DATE} FOR ROUNDS 2-5. FOR |  
| MOST PERSONS, THE END DATE FOR ROUNDS 2-4 WILL BE |  
| THE INTERVIEW DATE. FOR MOST PERSONS, THE END |  
| FOR ROUND 5 WILL BE DECEMBER 31 OF THE SECOND |  
YEAR OF THE PANEL.

BOX\_00

=====

-----  
| CONTEXT HEADER DISPLAY INSTRUCTIONS: |  
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |  
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |  
PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY

BOX\_01  
=====

-----  
| IF ONE OR MORE RU MEMBERS STILL HOLDS A 'CURRENT |  
| MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND |  
| THAT WAS REPORTED DURING THE PREVIOUS ROUND AS |  
| PROVIDING HEALTH INSURANCE ON THE DATE OF THE |  
| PREVIOUS ROUND'S INTERVIEW, THAT IS: |  
| |  
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE |  
| RU MEET THE FOLLOWING CONDITIONS: |  
| - RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS |  
| ROUND FOR THIS PAIR, AND |  
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND |  
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |  
| INSURANCE, AND |  
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING |  
| THE PREVIOUS ROUND AS 'PROVIDES HEALTH |  
| INSURANCE' AND, |  
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |  
| COVERED PERSON ON THE DATE OF THE PREVIOUS |  
| ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE |  
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE |  
| PREVIOUS ROUND), AND |  
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- |  
| EMPLOYED' WITH A FIRM-SIZE-1, |  
| |  
CONTINUE WITH LOOP\_01

-----  
| NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |  
| IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, |  
| THE FIFTH CONDITION ABOVE CAN BE MET IF AT LEAST |  
| ONE DEPENDENT WAS COVERED BY POLICYHOLDER'S |  
| INSURANCE ON THE PREVIOUS ROUND'S INTERVIEW DATE. |  
THE LOOP WILL CYCLE ON THE POLICYHOLDER'S NAME.

-----  
OTHERWISE, GO TO BOX\_10

-----  
| NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE |  
| POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, |  
| INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT |  
| ROUND'S INTERVIEW DATE, BUT WHERE THE |  
| ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO |  
| ARE STILL RU MEMBERS MAY STILL QUALIFY FOR |  
LOOP\_01.

LOOP\_01  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK OE01 - END\_LP01.

-----  
| LOOP DEFINITION: |  
| |  
| LOOP\_01 COLLECTS INFORMATION ABOUT THE |  
| CONTINUATION OF INSURANCE COVERAGE THROUGH A |  
| 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT |  
| WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP |  
| CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |  
| FOLLOWING CONDITIONS: |  
| |  
| - RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS |  
| ROUND FOR THIS PAIR, AND |  
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND |  
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |  
| INSURANCE, AND |  
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING |  
| THE PREVIOUS ROUND AS 'PROVIDES HEALTH |  
| INSURANCE' AND, |  
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |  
| COVERED PERSON ON THE DATE OF THE PREVIOUS |  
| ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE |  
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE |  
| PREVIOUS ROUND), AND |  
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- |  
EMPLOYED' WITH A FIRM-SIZE-1

OE01  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ..... 1 {BOX\_02}  
NO ..... 2 {OE02}  
REF ..... -7 {END\_LP01}  
DK ..... -8 {END\_LP01}

-----  
| DISPLAY `(Are/Is)' IF NOT ROUND 5. DISPLAY |  
| `(Was/Were)' IF ROUND 5. |  
| |  
| DISPLAY `today,' IF NOT ROUND 5. OTHERWISE, USE A |  
NULL DISPLAY.

OE02  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE01  
AND SELECT `YES'.}

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7 {BOX\_02}  
DK ..... -8 {BOX\_02}

-----  
| DISPLAY `IF INSURANCE ENDED... SELECT `YES'.' IF |  
ROUND 5. OTHERWISE, USE A NULL DISPLAY.

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE02OV

-----  
OTHERWISE, GO TO BOX\_02

OE02OV

=====

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .....	1	{BOX_02}
PART OF THE MONTH .....	2	{BOX_02}
REF .....	-7	{BOX_02}
DK .....	-8	{BOX_02}

[Code One]

BOX\_02

=====

-----  
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |  
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE |  
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| AUTOMATICALLY CODE OE03 AS '1' (YES) AND GO TO |  
BOX\_03

-----  
OTHERWISE, CONTINUE WITH OE03

OE03

=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)  
(were/was) covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until  
{OE02 DATE}/it ended}/on (END DATE)}?

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES ..... 1 {BOX\_03}  
NO ..... 2 {BOX\_03}  
REF ..... -7 {BOX\_03}  
DK ..... -8 {BOX\_03}

-----  
| DISPLAY 'Are' IF OE01 IS CODED '1' (YES). |  
| DISPLAY 'Were' IF OE01 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2' |  
| (NO). |  
| DISPLAY 'on (END DATE)' IF OE01 IS CODED '1' |  
| (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'. |  
| IF THE MONTH OR YEAR FIELD AT OE02 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE02 DATE'.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER FOR DISPLAY.

-----  
| ROSTER BEHAVIOR: |  
| 1. DISPLAY ONLY. |  
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |  
| POLICYHOLDER |  
2. PERSON IS AN RU MEMBER

BOX\_03

=====

-----  
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |  
| TO THE END DATE OF THE CURRENT ROUND, THAT IS: |  
| |  
| IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |  
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |  
| THE REFERENCE PERIOD END DATE AND |  
| |  
GO TO BOX\_05

```
-----  
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |  
| TO PART OF THE CURRENT ROUND, THAT IS: |  
| |  
| IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |  
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |  
| THE DATE RECORDED AT OE02 AND |  
| |  
| GO TO BOX_05 |  
-----  
| OTHERWISE (I.E., OE03 CODED '2' (NO), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW)), |  
| CONTINUE WITH OE04 |  
-----
```

OE04  
=====

```
{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}
```

Who {is/was} no longer covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on (END DATE)}?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

```
-----  
| DISPLAY 'is' IF OE01 IS CODED '1' (YES). |  
| DISPLAY 'was' IF OE01 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2' |  
| (NO). |  
| DISPLAY 'on (END DATE)' IF OE01 IS CODED '1' |  
| (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'. |  
| IF THE MONTH OR YEAR FIELD AT OE02 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
| FOR 'OE02 DATE'. |  
-----
```

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT |  
| SELECTED AT OE04 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE |  
PERIOD END DATE.

-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' |  
| (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED |  
| AT OE04 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED |  
AT OE02.

-----  
GO TO LOOP\_02

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER FOR SELECTION.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. |  
2. ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |  
| POLICYHOLDER |  
2. PERSON IS AN RU MEMBER

LOOP\_02  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE05 - END\_LP02.

-----  
| LOOP DEFINITION: LOOP\_02 COLLECTS THE DATE ON |  
| WHICH THE INSURANCE COVERAGE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER |  
| WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE |  
| PERIOD END DATE OR THE DATE REPORTED IN OE02. |  
THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.

OE05  
=====

{POLICYHOLDER'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)  
end for (PERSON)?

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7 {BOX\_04}  
DK ..... -8 {BOX\_04}

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE05OV

-----  
OTHERWISE, GO TO BOX\_04

OE05OV  
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .....	1	{BOX_04}
PART OF THE MONTH .....	2	{BOX_04}
REF .....	-7	{BOX_04}
DK .....	-8	{BOX_04}

[Code One]

BOX\_04  
=====

-----  
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |  
| THROUGH THE COMPLETE DATE RECORDED AT OE05 AND |  
OE05OV.

END\_LP02  
=====

-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION.

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_02 AND CONTINUE WITH BOX\_05

BOX\_05  
=====

-----  
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |  
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |  
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |  
| PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU |  
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE04), |  
CONTINUE WITH OE06

-----  
OTHERWISE, GO TO OE08A

OE06  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have  
any persons living here, we have not yet mentioned, been covered  
by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

- YES ..... 1 {OE07}
- NO ..... 2 {OE08A}
- REF ..... -7 {OE08A}
- DK ..... -8 {OE08A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE07  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Anyone else?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
and (END DATE)' IF ROUND 5.

-----  
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |  
COVRD-PERS-TRPLS-ROSTER.

-----  
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
AS 'COVERING PERSON NOT LISTED IN RU'.

-----  
GO TO LOOP\_03

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |  
OF RU-MEMBERS.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY |  
| SELECT ONE OR MORE FROM THE LISTED MEMBERS. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
| 3. DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY |  
ON THIS ROSTER.

-----  
| ROSTER FILTER: |  
| DISPLAY PERSONS WHO WERE NOT COVERED BY THE |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
ON THE PREVIOUS ROUND'S INTERVIEW DATE.

LOOP\_03

=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE08 - END\_LP03.

-----  
| LOOP DEFINITION: LOOP\_03 COLLECTS THE COVERAGE |  
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |  
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |  
PERSONS SELECTED AT OE07.

OE08  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)  
begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7 {BOX\_06}  
DK ..... -8 {BOX\_06}

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE08OV

-----  
OTHERWISE, GO TO BOX\_06

OE08OV  
=====

Can you just tell me if (PERSON) was covered under that  
insurance the whole month or part of the month?

WHOLE MONTH ..... 1 {BOX\_06}  
PART OF THE MONTH ..... 2 {BOX\_06}  
REF ..... -7 {BOX\_06}  
DK ..... -8 {BOX\_06}

[Code One]

-----  
| HARD CHECK:  
| COMPLETE DATE AT OE08 MUST BE < THAN COMPLETE |  
| DATE AT OE02 IF A DATE IS RECORDED AT OE02 |  
| OR < THAN REFERENCE PERIOD END DATE IF NO DATE |  
IS RECORDED AT OE02.

BOX\_06  
=====

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR THIS PERSON AS |  
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08 |  
UNTIL THE REFERENCE PERIOD END DATE.

-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO)) |  
| FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS |  
| COVERAGE' FROM DATE RECORDED AT OE08 UNTIL DATE |  
RECORDED AT OE02.

END\_LP03  
=====

-----  
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD- |  
| PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED |  
IN THE LOOP DEFINITION.

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_03 AND GO TO BOX\_07

OE08A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s  
health coverage through (ESTABLISHMENT) cover as dependents any  
persons who do not live here?

YES ..... 1 {BOX\_07}  
NO ..... 2 {BOX\_07}  
REF ..... -7 {BOX\_07}  
DK ..... -8 {BOX\_07}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
(START DATE) and (END DATE), did' IF ROUND 5.

-----  
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |  
LISTED IN RU' IN OE07

BOX\_07  
=====

-----  
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |  
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR |  
| ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, |  
OE01 IS CODED '1' (YES), CONTINUE WITH BOX\_07A

-----  
OTHERWISE, GO TO END\_LP01

BOX\_07A  
=====

-----  
IF ROUND 3, CONTINUE WITH OE09A
  
-----  
OTHERWISE, GO TO OE09

OE09A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ..... 1 {OE09AA}  
YES, PAY SOME OF PREMIUM/COST ..... 2 {OE09AA}  
YES, BUT DON'T KNOW IF PAY ALL OR SOME  
OF PREMIUM/COST ..... 3 {OE09AA}  
NO, DO NOT PAY ..... 4 {OE09AAA}  
REF ..... -7 {OE09}  
DK ..... -8 {OE09}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE09AA

=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)  
coverage?

[Enter Amount in Dollars] .....  
REF ..... -7 {BOX\_08A}  
DK ..... -8 {BOX\_08A}

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

-----  
CONTINUE WITH OE09AAOV1

OE09AAOV1

=====

UNIT OF COVERAGE:

Is that per year, per month, per week, or what?

PER YEAR ..... 1 {BOX\_08A}  
QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX\_08A}  
BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX\_08A}  
PER MONTH ..... 4 {BOX\_08A}  
PER WEEK ..... 5 {BOX\_08A}  
BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX\_08A}  
SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX\_08A}  
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX\_08A}  
OTHER ..... 91 {OE09AAOV2}  
REF ..... -7 {BOX\_08A}  
DK ..... -8 {BOX\_08A}

[Code One]

OE09AAOV2  
=====

OTHER:

[Enter Other Specify] ..... {BOX\_08A}  
REF ..... -7 {BOX\_08A}  
DK ..... -8 {BOX\_08A}

BOX\_08A  
=====

-----  
| IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/  
COST), GO TO OE09

-----  
OTHERWISE, CONTINUE WITH OE09AAA

OE09AAA  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {else} pays {some of/for} the premium or cost  
of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ..... 1  
STATE GOVERNMENT ..... 2  
LOCAL GOVERNMENT ..... 3  
SOME GOVERNMENT ..... 4  
EMPLOYER ..... 5  
UNION ..... 6  
OTHER ..... 91 {OE09AAOV}  
REF ..... -7 {OE09}  
DK ..... -8 {OE09}

[Code All That Apply]

-----  
| DISPLAY 'else' IF OE09A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, |  
| USE A NULL DISPLAY |  
| |  
| DISPLAY 'some of' IF OE09A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |  
IF OE09A IS CODED '4' (NO, DO NOT PAY).

-----  
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |  
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |  
COMBINATION WITH ANY OTHER CODE.

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODE, CONTINUE WITH OE09AAAOV

-----  
OTHERWISE, GO TO OE09

OE09AAAOV  
=====

OTHER:

[Enter Other Specify] ..... {OE09}  
REF ..... -7 {OE09}  
DK ..... -8 {OE09}

OE09  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered  
by (READ INSURER NAME BELOW).}

{Since (START DATE), has there been/Between (START DATE) and  
(END DATE), was there} any change in the plan name of the health  
insurance (POLICYHOLDER) (have/has) through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ..... 1 {OE10}  
NO ..... 2 {END\_LP01}  
REF ..... -7 {END\_LP01}  
DK ..... -8 {END\_LP01}

-----  
| DISPLAY FIRST PARAGRAPH AND THE INSURER NAME IF |  
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |  
| PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP |  
| OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING |  
THE PREVIOUS ROUND.

-----  
| DISPLAY 'Since (START DATE), has there been' AND |  
| '(have/has)' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE), was there' AND 'had' |  
IF ROUND 5.

-----  
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |  
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT |  
| ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON- |  
PAIR.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PERS\_INSURER\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: INSURER |  
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |  
(ESTB.ESTBNAME)

OE10  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)  
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CHECK ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,  
INCLUDING COVERAGE THROUGH AN HMO ... 1  
DENTAL ..... 2  
PRESCRIPTION DRUGS ..... 3  
VISION ..... 4  
MEDICARE SUPPLEMENT/MEDIGAP ..... 5  
LONG TERM CARE IN A NURSING HOME ..... 6  
EXTRA CASH FOR HOSPITAL STAYS ..... 7  
SERIOUS DISEASE OR DREAD DISEASE ..... 8  
DISABILITY ..... 9  
WORKER'S COMPENSATION ..... 10  
ACCIDENT ..... 11  
OTHER ..... 91 {OE10OV}  
REF ..... -7 {BOX\_08}  
DK ..... -8 {BOX\_08}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY,' 'WORKER'S COMPENSATION,' AND 'ACCIDENT'  
WILL NOT APPEAR ON THE SHOW CARD.]

-----  
| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |  
| IF ROUND 5. |  
| |  
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  
| |  
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |  
USE A NULL DISPLAY.

-----  
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |  
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |  
COMBINATION WITH ANY OTHER CODE.

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODES, CONTINUE WITH OE100V

-----  
OTHERWISE, GO TO BOX\_08

OE100V

=====

OTHER:

[Enter Other Specify] ..... {BOX\_08}  
REF ..... -7 {BOX\_08}  
DK ..... -8 {BOX\_08}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

BOX\_08

=====

-----  
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED |  
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT |  
| NECESSARY TO AUTOMATICALLY CODE OE11 IF THE |  
ESTABLISHMENT IS AN INSURANCE COMPANY OR HMO.

-----  
| IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN |  
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |  
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |  
CONTINUE WITH OE11

-----  
OTHERWISE, GO TO END\_LP01

OE11  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

What is the new plan name for (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare Supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT HMO.

NAME OF INSURER: [Enter Insurer] .....  
REF ..... -7  
DK ..... -8

TYPE:

INSURANCE COMPANY ..... 1  
HMO ..... 2  
SELF-INSURED COMPANY ..... 3  
REF ..... -7  
DK ..... -8

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

-----  
| DISPLAY 'hospital and physician benefits' AND |  
| 'HOSPITAL AND PHYSICIAN' IF OE10 IS CODED '1' |  
| (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED |  
| '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY |  
| 'Medicare supplement or Medigap benefits' AND |  
| 'MEDIGAP' IF OE10 IS CODED '5' (MEDICARE |  
SUPPLEMENT/MEDIGAP).

-----  
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER- |  
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |  
ESTABLISHMENT-PERSON-PAIR.

-----  
| FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT |  
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |  
PAIR.

-----  
| IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) |  
| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE |  
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES |  
| HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT |  
ROUND.

-----  
| IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN |  
| BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/ |  
| MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING |  
| HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT |  
ROUND.

LOOP\_04

=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |  
TRIPLES-ROSTER, ASK BOX\_08B - END\_LP04.

-----  
| LOOP DEFINITION: LOOP\_04 COLLECTS OTHER POLICY |  
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |  
| COLLECTED AT OE11. THIS LOOP CYCLES ON TRIPLES |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| |  
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE |  
| BEING ASKED ABOUT |  
- INSURER IS ENTERED AT OE11

BOX\_08B  
=====

-----  
| IF AN INSURER NAME IS ENTERED AT OE11, CONTINUE |  
WITH OE11A

-----  
| IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK) |  
AT OE11, GO TO BOX\_09A

OE11A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO  
NAME} policy, such as Option A, \$100 Deductible Plan, 90/80  
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ..... 1 {OE11AOV}  
NO OTHER NAME ..... 2 {BOX\_09A}  
REF ..... -7 {BOX\_09A}  
DK ..... -8 {BOX\_09A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN OE11 WHICH IS BEING LOOPED ON FOR |  
'INSURANCE...NAME'.

OE11AOV  
=====

OTHER NAME:

[Enter Policy Name] ..... {BOX\_09A}  
REF ..... -7 {BOX\_09A}  
DK ..... -8 {BOX\_09A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX\_09A  
=====

-----  
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |  
OE11, CONTINUE WITH OE11B

-----  
OTHERWISE, GO TO BOX\_09

OE11B  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of  
visits to doctors who are **not** part of (POLICYHOLDER)'s  
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {END\_LP04}  
NO ..... 2 {END\_LP04}  
REF ..... -7 {END\_LP04}  
DK ..... -8 {END\_LP04}

BOX\_09

=====

```
-----  
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |  
| |  
| AT COMPLETION OF MANAGED CARE (MC) SECTION, |  
| CONTINUE WITH END_LP04 |  
-----
```

END\_LP04

=====

```
-----  
| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS, |  
| END LOOP_04 AND CONTINUE WITH END_LP01 |  
-----
```

END\_LP01

=====

```
-----  
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP_01 AND CONTINUE WITH BOX_10 |  
-----
```

BOX\_10

=====

-----  
| IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A |  
| 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS |  
| ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND |  
| AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE |  
| PREVIOUS ROUND'S INTERVIEW, THAT IS: |

|  
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE |  
| RU MEET THE FOLLOWING CONDITIONS: |  
| - RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), |  
| '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS |  
| PAIR, AND |  
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND |  
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |  
| INSURANCE, AND |  
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING |  
| THE PREVIOUS ROUND AS 'PROVIDES HEALTH |  
| INSURANCE' AND, |  
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |  
| COVERED PERSON ON THE DATE OF THE PREVIOUS |  
| ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE |  
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE |  
| PREVIOUS ROUND), AND |  
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- |  
| EMPLOYED' WITH A FIRM-SIZE-1, |

CONTINUE WITH LOOP\_05

-----  
OTHERWISE, GO TO BOX\_19

-----  
| NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |  
| IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, |  
| THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET |  
| IF AT LEAST ONE DEPENDENT WAS COVERED BY |  
| POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S |  
| INTERVIEW DATE. COVERAGE FOR THE POLICYHOLDER IS |  
| ASSUMED IN THAT CASE AND THE LOOP WILL CYCLE ON |  
THE POLICYHOLDER'S NAME.

-----  
| NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE |  
| POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, |  
| INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT |  
| ROUND'S INTERVIEW DATE, BUT WHERE THE |  
| ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO |  
| ARE STILL RU MEMBERS MAY STILL QUALIFY FOR |  
LOOP\_05.

LOOP\_05

=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK OE12-END\_LP05.

-----  
| LOOP DEFINITION: |  
| |  
| LOOP\_05 COLLECTS INFORMATION ABOUT THE |  
| CONTINUATION OF INSURANCE COVERAGE THROUGH A |  
| NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT |  
| MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE |  
| PREVIOUS ROUND. THIS LOOP CYCLES ON |  
| ESTABLISHMENT-PERSON-PAIRS THAT MEET THE |  
| FOLLOWING CONDITIONS: |  
| |  
| - RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), |  
| '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS |  
| PAIR, AND |  
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND |  
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |  
| INSURANCE, AND |  
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING |  
| THE PREVIOUS ROUND AS 'PROVIDES HEALTH |  
| INSURANCE' AND, |  
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |  
| COVERED PERSON ON THE DATE OF THE PREVIOUS |  
| ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE |  
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE |  
| PREVIOUS ROUND), AND |  
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- |  
EMPLOYED' WITH A FIRM-SIZE-1.

OE12  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ..... 1 {OE16}  
NO ..... 2 {OE13}  
REF ..... -7 {END\_LP05}  
DK ..... -8 {END\_LP05}

-----  
| DISPLAY `(Are/Is)' IF NOT ROUND 5. DISPLAY |  
| `(Was/Were)' IF ROUND 5. |  
| |  
| DISPLAY `today,' IF NOT ROUND 5. OTHERWISE, USE A |  
NULL DISPLAY.

OE13  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Did the health insurance (POLICYHOLDER) had through (ESTABLISHMENT) continue for any period of time after (POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES ..... 1 {OE14}  
NO ..... 2 {OE15}  
REF ..... -7 {OE15}  
DK ..... -8 {OE15}

OE14  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Did that health insurance continue through COBRA?

YES ..... 1 {OE15}  
NO ..... 2 {OE15}  
REF ..... -7 {OE15}  
DK ..... -8 {OE15}

HELP AVAILABLE FOR DEFINITION OF COBRA.

OE15  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did (POLICYHOLDER)'s health insurance through  
(ESTABLISHMENT) end?

{IF INSURANCE ENDED ATER 12/31/{YEAR}, BACK-UP TO OE12  
AND SELECT 'YES'.}

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7  
DK ..... -8

-----  
| DISPLAY 'IF INSURANCE ENDED... SELECT 'YES'.' IF |  
ROUND 5. OTHERWISE, USE A NULL DISPLAY.

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE15OV

-----  
OTHERWISE, GO TO BOX\_11

OE15OV  
=====

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .....	1	{BOX_11}
PART OF THE MONTH .....	2	{BOX_11}
REF .....	-7	{BOX_11}
DK .....	-8	{BOX_11}

[Code One]

OE16  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}    {NAME OF  
ESTABLISHMENT}            {STR-DT}  
{END-DT}

Is (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)  
now extended through COBRA?

YES .....	1	{BOX_11}
NO .....	2	{BOX_11}
REF .....	-7	{BOX_11}
DK .....	-8	{BOX_11}

HELP AVAILABLE FOR DEFINITION OF COBRA.

BOX\_11  
=====

-----  
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |  
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE |  
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| AUTOMATICALLY CODE OE17 AS '1' (YES) AND GO TO |  
BOX\_12

-----  
OTHERWISE, CONTINUE WITH OE17

OE17  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)  
(were/was) covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until  
{OE15 DATE}/it ended}/on (END DATE)}?

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES ..... 1 {BOX\_12}  
NO ..... 2 {BOX\_12}  
REF ..... -7 {BOX\_12}  
DK ..... -8 {BOX\_12}

-----  
| DISPLAY 'Are' IF OE12 IS CODED '1' (YES). |  
| DISPLAY 'Were' IF OE12 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' |  
| (NO). DISPLAY 'on (END DATE)' IF OE12 IS CODED '1' |  
| (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'. |  
| IF THE MONTH OR YEAR FIELD AT OE15 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE15 DATE'.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS PERSONS ON THE RU-ESTB- |  
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

-----  
| ROSTER BEHAVIOR: |  
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |  
| POLICYHOLDER AND |  
2. PERSON IS AN RU MMBER

BOX\_12

=====

```
-----  
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |  
| TO THE END DATE OF THE CURRENT ROUND, THAT IS: |  
| |  
| IF OE12 IS CODED '1' (YES) AND OE17 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |  
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |  
| THE REFERENCE PERIOD END DATE AND |  
| |  
| GO TO BOX_14 |  
-----
```

```
-----  
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |  
| TO PART OF THE CURRENT ROUND, THAT IS: |  
| |  
| IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |  
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |  
| THE DATE RECORDED AT OE15 AND |  
| |  
| GO TO BOX_14 |  
-----
```

```
-----  
| OTHERWISE (I.E., OE17 CODED '2' (NO), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH |  
| OE18 |  
-----
```

OE18

=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/  
on (END DATE)}?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

-----  
| DISPLAY 'is' IF OE12 IS CODED '1' (YES). |  
| DISPLAY 'was' IF OE12 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED '2' |  
| (NO). DISPLAY 'on (END DATE)' IF OE12 IS CODED |  
| '1' (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'. |  
| IF THE MONTH OR YEAR FIELD AT OE15 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE15 DATE'.

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT |  
| SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE |  
PERIOD END DATE.

-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2', |  
| (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED |  
| AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED |  
AT OE15.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER FOR SELECTION.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. |  
2. ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT THE PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |  
| POLICYHOLDER |  
2. PERSON IS AN RU MMBER

LOOP\_06  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE19 - END\_LP06.

-----  
| LOOP DEFINITION: LOOP\_06 COLLECTS THE DATE ON |  
| WHICH THE INSURANCE COVERAGE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER |  
| WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD |  
| END DATE OR THE DATE REPORTED IN OE15. THIS LOOP |  
CYCLES ON PERSONS SELECTED AT OE18.

OE19  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)  
end for (PERSON)?

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7 {BOX\_13}  
DK ..... -8 {BOX\_13}

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' |  
| (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH |  
OE19OV

-----  
OTHERWISE, GO TO BOX\_13

OE19OV  
=====

Can you just tell me if (PERSON) was covered under that  
insurance the whole month or part of the month?

WHOLE MONTH ..... 1 {BOX\_13}  
PART OF THE MONTH ..... 2 {BOX\_13}  
REF ..... -7 {BOX\_13}  
DK ..... -8 {BOX\_13}

[Code One]

BOX\_13  
=====

-----  
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |  
| THROUGH THE COMPLETE DATE RECORDED AT OE19 AND |  
OE19OV.

END\_LP06

=====

-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION.

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_06 AND CONTINUE WITH BOX\_14

BOX\_14

=====

-----  
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |  
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |  
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |  
| PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU |  
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18), |  
CONTINUE WITH OE20

-----  
OTHERWISE, GO TO OE22A

OE20

=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have  
any persons living here, that we have not yet mentioned, been  
covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES ..... 1 {OE21}  
NO ..... 2 {OE22A}  
REF ..... -7 {OE22A}  
DK ..... -8 {OE22A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
| ROUND 5. |  
-----
```

OE21  
=====

```
{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}
```

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Any else?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

```
-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
| and (END DATE)' IF ROUND 5. |  
-----
```

```
-----  
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER. |  
-----
```

```
-----  
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
| AS 'COVERING PERSON NOT LISTED IN RU'. |  
-----
```

```
-----  
| ROSTER DETAILS: |  
| Title: RU_MEMBERS_1 |  
| |  
| COL #1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE |  
| AND LAST NAMES (PERS.FULLNAME) |  
-----
```

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |  
OF RU-MEMBERS.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT |  
| ONE OR MORE FROM THE LISTED MEMBERS. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
| 3. DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY |  
ON THIS ROSTER.

-----  
| ROSTER FILTER: |  
| DISPLAY PERSONS WHO WERE NOT COVERED BY THE |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
ON THE PREVIOUS ROUND'S INTERVIEW DATE.

LOOP\_07

=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE22 - END\_LP07.

-----  
| LOOP DEFINITION: LOOP\_07 COLLECTS THE COVERAGE |  
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |  
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |  
PERSONS SELECTED AT OE21.

OE22  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)  
begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7  
DK ..... -8

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE22OV

-----  
OTHERWISE, GO TO BOX\_15

OE22OV  
=====

Can you just tell me if (PERSON) was covered under that  
insurance the whole month or part of the month?

WHOLE MONTH ..... 1 {BOX\_15}  
PART OF THE MONTH ..... 2 {BOX\_15}  
REF ..... -7 {BOX\_15}  
DK ..... -8 {BOX\_15}

[Code One]

-----  
| HARD CHECK: |  
| COMPLETE DATE AT OE22 MUST BE < THAN COMPLETE DATE |  
| AT OE15 IF A DATE IS RECORDED AT OE15 OR < THAN |  
| REFERENCE PERIOD END DATE IF NO DATE IS RECORDED |  
AT OE15.

BOX\_15  
=====

```
-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR THIS PERSON AS |  
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 |  
| UNTIL THE REFERENCE PERIOD END DATE. |  
-----
```

```
-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2' |  
| (NO)), FLAG INSURANCE FOR THIS PERSON AS |  
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 |  
| UNTIL DATE RECORDED AT OE15. |  
-----
```

END\_LP07  
=====

```
-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
| END LOOP_07 AND GO TO BOX_16 |  
-----
```

OE22A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s  
health coverage through (ESTABLISHMENT) cover as dependents any  
persons who do not live here?

YES ..... 1 {BOX\_16}  
NO ..... 2 {BOX\_16}  
REF ..... -7 {BOX\_16}  
DK ..... -8 {BOX\_16}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
(START DATE) and (END DATE), did' IF ROUND 5.

-----  
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |  
LISTED IN RU' IN OE21

BOX\_16  
=====

-----  
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
| ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, |  
OE12 IS CODED '1' (YES), CONTINUE WITH BOX\_16A

-----  
OTHERWISE, GO TO END\_LP05

BOX\_16A  
=====

-----  
IF ROUND 3, CONTINUE WITH OE23A
  
-----  
OTHERWISE, GO TO OE23

OE23A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ..... 1  
YES, PAY SOME OF PREMIUM/COST ..... 2  
YES, BUT DON'T KNOW IF PAY ALL OR SOME  
OF PREMIUM/COST ..... 3  
NO, DO NOT PAY ..... 4 {OE23AAA}  
REF ..... -7 {OE23}  
DK ..... -8 {OE23}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE23AA  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)  
coverage?

[Enter Amount in Dollars] ..... {OE23AAOV1}  
REF ..... -7 {BOX\_17A}  
DK ..... -8 {BOX\_17A}

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE23AAOV1  
=====

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR ..... 1 {BOX\_17A}  
QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX\_17A}  
BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX\_17A}  
PER MONTH ..... 4 {BOX\_17A}  
PER WEEK ..... 5 {BOX\_17A}  
BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX\_17A}  
SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX\_17A}  
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX\_17A}  
OTHER ..... 91 {OE23AAOV2}  
REF ..... -7 {BOX\_17A}  
DK ..... -8 {BOX\_17A}

[Code One]

OE23AAOV2  
=====

OTHER:

[Enter Other Specify] ..... {BOX\_17A}  
REF ..... -7 {BOX\_17A}  
DK ..... -8 {BOX\_17A}

BOX\_17A  
=====

-----  
| IF OE23A IS CODED '1' (YES, PAY ALL OF PREMIUM/  
COST), GO TO OE23

-----  
OTHERWISE, CONTINUE WITH OE23AAA

OE23AAA  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {else} pays {some of/for} the premium or cost  
of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ..... 1  
STATE GOVERNMENT ..... 2  
LOCAL GOVERNMENT ..... 3  
SOME GOVERNMENT ..... 4  
EMPLOYER ..... 5  
UNION ..... 6  
OTHER ..... 91  
REF ..... -7 {OE23}  
DK ..... -8 {OE23}

[Code All That Apply]

-----  
| DISPLAY 'else' IF OE23A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, |  
| USE A NULL DISPLAY. |  
| |  
| DISPLAY 'some of' IF OE23A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |  
IF OE23A IS CODED '4' (NO, DO NOT PAY).

-----  
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |  
ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE.

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODE, CONTINUE WITH OE23AAAOV

-----  
OTHERWISE, GO TO OE23

OE23AAAOV  
=====

OTHER:

[Enter Other Specify] ..... {OE23}  
REF ..... -7 {OE23}  
DK ..... -8 {OE23}

OE23  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered  
by (READ INSURER NAME BELOW).}

{Since (START DATE), has there been/Between (START DATE) and  
(END DATE), was there} any change in the plan name of the health  
insurance (POLICYHOLDER) {(have/has)/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ..... 1 {OE24}  
NO ..... 2 {END\_LP05}  
REF ..... -7 {END\_LP05}  
DK ..... -8 {END\_LP05}

-----  
| DISPLAY FIRST PARAGRAPH AND THE INSURER NAME IF |  
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |  
| PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP |  
| OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING |  
THE PREVIOUS ROUND.

-----  
| DISPLAY 'Since (START DATE), has there been' AND |  
| '(have/has)' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE), 'was there' AND 'had' |  
IF ROUND 5.

-----  
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |  
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT |  
| ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON- |  
PAIR.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PERS\_INSURER\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: INSURER |  
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |  
(ESTB.ESTBNAME)

OE24  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)  
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CHECK ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,  
INCLUDING COVERAGE THROUGH AN HMO ... 1  
DENTAL ..... 2  
PRESCRIPTION DRUGS ..... 3  
VISION ..... 4  
MEDICARE SUPPLEMENT/MEDIGAP ..... 5  
LONG TERM CARE IN A NURSING HOME ..... 6  
EXTRA CASH FOR HOSPITAL STAYS ..... 7  
SERIOUS DISEASE OR DREAD DISEASE ..... 8  
DISABILITY ..... 9  
WORKER'S COMPENSATION ..... 10  
ACCIDENT ..... 11  
OTHER ..... 91  
REF ..... -7 {BOX\_17}  
DK ..... -8 {BOX\_17}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY,' 'WORKER'S COMPENSATION,' AND 'ACCIDENT'  
WILL NOT APPEAR ON THE SHOW CARD.]

-----  
| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |  
| IF ROUND 5. |  
| |  
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  
| |  
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |  
USE A NULL DISPLAY.

-----  
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |  
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |  
COMBINATION WITH ANY OTHER CODE.

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODES, CONTINUE WITH OE24OV

-----  
OTHERWISE, GO TO BOX\_17

OE24OV

=====

OTHER:

[Enter Other Specify] ..... {BOX\_17}  
REF ..... -7 {BOX\_17}  
DK ..... -8 {BOX\_17}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORES.

[NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND  
'ACCIDENT' WILL NOT APPEAR ON THE SHOW CARD.]

BOX\_17

=====

-----  
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN |  
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |  
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |  
CONTINUE WITH OE25

-----  
OTHERWISE, GO TO END\_LP05

-----  
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED |  
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT |  
| NECESSARY TO AUTOMATICALLY CODE OE25 IF THE |  
ESTABLISHMENT IS AN INSURANCE CO. OR HMO.

OE25  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

What is the new plan name for (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) which provides the {hospital and  
physician benefits/Medicare supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL  
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer] .....  
REF ..... -7  
DK ..... -8

TYPE:

INSURANCE COMPANY ..... 1 {LOOP\_08}  
HMO ..... 2 {LOOP\_08}  
SELF-INSURED COMPANY ..... 3 {LOOP\_08}

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

-----  
| DISPLAY 'hospital and physician benefits' AND |  
| 'HOSPITAL AND PHYSICIAN' IF OE24 IS CODED '1' |  
| (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED |  
| '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY |  
| 'Medicare supplement or Medigap benefits' AND |  
| 'MEDIGAP' IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT |  
/MEDIGAP).

-----  
| WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER- |  
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |  
ESTABLISHMENT-PERSON-PAIR.

-----  
| FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT |  
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |  
PAIR.

-----  
| IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) |  
| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE |  
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES |  
| HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT |  
ROUND.

-----  
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN |  
| BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/ |  
| MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING |  
| HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT |  
ROUND.

LOOP\_08

=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |  
TRIPLES-ROSTER, ASK BOX\_17B - END\_LP08.

-----  
| LOOP DEFINITION: LOOP\_08 COLLECTS OTHER POLICY |  
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |  
| COLLECTED AT OE25. THIS LOOP CYCLES ON TRIPLES |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| |

- | - ESTABLISH-PERSON-PAIR PROVIDES THE INSURANCE |
  - | BEING ASKED ABOUT |
  - | - INSURER IS ENTERED AT OE25 |
-

BOX\_17B

=====

-----  
| IF AN INSURER NAME IS ENTERED AT OE25, CONTINUE |  
WITH OE25AA

-----  
| IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK) |  
AT OE25, GO TO BOX\_18A

OE25AA

=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO  
NAME} policy, such as Option A, \$100 Deductible Plan, 90/80  
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ..... 1 {OE25AAOV}  
NO OTHER NAME ..... 2 {BOX\_18A}  
REF ..... -7 {BOX\_18A}  
DK ..... -8 {BOX\_18A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN OE25 WHICH IS BEING LOOPED ON FOR |  
'INSURANCE...NAME'.

OE25AAOV  
=====

OTHER NAME:

[Enter Policy Name] ..... {BOX\_18A}  
REF ..... -7 {BOX\_18A}  
DK ..... -8 {BOX\_18A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX\_18A  
=====

-----  
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |  
OE25, CONTINUE WITH OE25B

-----  
OTHERWISE, GO TO BOX\_18

OE25B  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of  
visits to doctors who are **not** part of (POLICYHOLDER)'s  
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {END\_LP08}  
NO ..... 2 {END\_LP08}  
REF ..... -7 {END\_LP08}  
DK ..... -8 {END\_LP08}

BOX\_18

=====

```
-----  
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |  
| |  
| AT COMPLETION OF MANAGED CARE (MC) SECTION, |  
| CONTINUE WITH END_LP08 |  
-----
```

END\_LP08

=====

```
-----  
| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
| STATED IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS, |  
| END LOOP_08 AND CONTINUE WITH END_LP05 |  
-----
```

END\_LP05

=====

```
-----  
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, |  
| END LOOP_05 AND CONTINUE WITH BOX_19 |  
-----
```

BOX\_19

=====

-----  
| IF ONE OR MORE OF RU MEMBERS WAS COVERED BY |  
| INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE |  
| PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF- |  
| EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE |  
| SOURCE ON THE PREVIOUS ROUND'S INTERVIEW DATE, |  
| THAT IS: |

| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE |  
| RU MEETS THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES: |  
| - FLAGGED AS A DIRECT PURCHASE SOURCE |  
| - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, |  
| FLAGGED DURING THE PREVIOUS ROUND AS |  
| 'PROVIDES HEALTH INSURANCE', OR |  
| - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE- |  
| GREATER-THAN-1, FLAGGED DURING THE PREVIOUS |  
| ROUND AS 'PROVIDES HEALTH INSURANCE', AND |  
| HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING |  
| THE PREVIOUS ROUND: |  
| - 'FORMER MAIN WITHIN REFERENCE PERIOD' |  
| - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE |  
| PERIOD' |  
| - 'LAST JOB OUTSIDE REFERENCE PERIOD' |  
| - 'RETIREMENT JOB' |  
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, |  
| IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 |  
| TYPES NOTED ABOVE; |  
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |  
| INSURANCE; |  
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |  
| COVERED PERSON ON THE DATE OF THE PREVIOUS |  
| ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE |  
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE |  
| PREVIOUS ROUND); |

CONTINUE WITH LOOP\_09

OTHERWISE, GO TO BOX\_29

-----  
| NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |  
| IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, |  
| THE LAST CONDITION IN THE ABOVE BOX CAN BE MET |  
| IF AT LEAST ONE DEPENDENT WAS COVERED BY |  
| POLICYHOLDER'S INSURANCE ON THE PREVIOUS ROUND'S |  
| INTERVIEW DATE. THE LOOP WILL CYCLE ON THE |  
POLICYHOLDER'S NAME.

-----  
| NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE |  
| POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, |  
| INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT |  
| ROUND'S INTERVIEW DATE, BUT WHERE THE |  
| ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO |  
| ARE STILL RU MEMBERS MAY STILL QUALIFY FOR |  
LOOP\_09.

-----  
| NOTE: FOR DIRECT PURCHASE AND SELF-EMPLOYED-FIRM- |  
| SIZE-1, THE CONTEXT HEADER SHOULD DISPLAY THE NAME |  
| OF THE SOURCE PROVIDING THE INSURANCE RATHER THAN |  
| THE NAME OF THE DIRECT PURCHASE CATEGORY OR THE |  
| SELF-EMPLOYED-FIRM-SIZE-1 EMPLOYER NAME OR TYPE OF |  
| PURCHASE CATEGORY. FOR EMPLOYERS WHICH ARE NOT |  
| SELF-EMPLOYED WITH FIRM-SIZE-1, USE THE JOBHOLDER |  
NAME AND EMPLOYER NAME IN THE CONTEXT HEADER.

LOOP\_09  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK BOX\_19A - END\_LP09

-----  
| LOOP DEFINITION: LOOP\_09 COLLECTS INFORMATION |  
| ABOUT THE CONTINUATION OF INSURANCE COVERAGE |  
| THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS |  
| ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH |  
| A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE THAT |  
| WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP |  
| CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET |  
| THE FOLLOWING CONDITIONS: |  
| |  
| - ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES: |  
| - FLAGGED AS A DIRECT PURCHASE SOURCE |  
| - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, |  
| FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES |  
| HEALTH INSURANCE', OR |  
| - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE- |  
| GREATER-THAN-1, FLAGGED DURING THE PREVIOUS |  
| ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD |  
| ONE OF THE FOLLOWING JOB SUBTYPES DURING THE |  
| PREVIOUS ROUND: |  
| - 'FORMER MAIN WITHIN REFERENCE PERIOD' |  
| - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE |  
| PERIOD' |  
| - 'LAST JOB OUTSIDE REFERENCE PERIOD' |  
| - 'RETIREMENT JOB' |  
| - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, |  
| IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 |  
| TYPES NOTED ABOVE; |  
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |  
| INSURANCE; |  
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |  
| COVERED PERSON ON THE DATE OF THE PREVIOUS |  
| ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME) |  
| OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS |  
| ROUND) |  

BOX\_19A  
=====

-----  
| IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON- |  
| PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU |  
| (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE WITH |  
OE25A

-----  
OTHERWISE, GO TO OE26

OE25A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}      {NAME OF  
ESTABLISHMENT}      {STR-DT}  
{END-DT}

INTERVIEWER: IF (POLICYHOLDER)'S NAME IS LISTED ON THE  
ROSTER BELOW, SELECT IT. IF NOT, SELECT 'NAME NOT ON ROSTER'  
AND CONTINUE.

- [1. First Name, [Middle Name], Last Name-35] .
- [2. First Name, [Middle Name], Last Name-35] .
- [3. First Name, [Middle Name], Last Name-35] .

[Code One]

-----  
| IF A DU MEMBER'S NAME IS SELECTED FROM THE |  
| ROSTER, REPLACE THIS NAME AS THE CURRENT |  
| POLICYHOLDER OF THIS ESTABLISHMENT-PAIR. |  
| IF 'NAME NOT ON ROSTER' SELECTED LEAVE THE |  
POLICYHOLDER NAME OF THIS ESTABLISHMENT-PAIR AS IS.

-----  
| ROSTER DETAILS: |  
| TITLE: DU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY DU MEMBERS' FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS PERSONS ON THE DU-MEMBERS- |  
ROSTER FOR SELECTION.

-----  
| ROSTER BEHAVIOR: |  
| 1. SELECT ALLOWED. |  
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |  
| DISALLOWED. |  
| 3. DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON |  
THIS ROSTER.

```
-----
| ROSTER FILTER:                                |
| NO FILTER; DISPLAY ALL.                       |
|-----
```

OE26  
 =====

```
{POLICYHOLDER'S FIRST MIDDLE LAST NAME}      {NAME OF
ESTABLISHMENT}      {STR-DT}
{END-DT}
```

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

```
YES ..... 1
NO ..... 2 {OE28}
REF ..... -7 {END_LP09}
DK ..... -8 {END_LP09}
```

```
-----
| DISPLAY '(Are/Is)' IF NOT ROUND 5. DISPLAY    |
| '(Was/Were)' IF ROUND 5.                    |
|-----
| DISPLAY 'today,' IF NOT ROUND 5. OTHERWISE, USE A|
| NULL DISPLAY.                                |
|-----
```

```
-----
| IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON- |
| PAIR IS AN ESTABLISHMENT FLAGGED AS 'SELF- |
| EMPLOYED' WITH FIRM-SIZE-1, CONTINUE WITH OE27 |
|-----
```

```
-----
| OTHERWISE (I.E., IF CODED '1' (YES) AND |
| ESTABLISHMENT-PERSON-PAIR IS NOT AN ESTABLISHMENT |
| WITH FIRM-SIZE-1), GO TO BOX_20 |
|-----
```

OE27  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}      {NAME OF  
ESTABLISHMENT}      {STR-DT}  
{END-DT}

Is this insurance still through (POLICYHOLDER)'s self-employed  
business?

YES ..... 1 {BOX\_20}  
NO ..... 2 {BOX\_20}  
REF ..... -7 {BOX\_20}  
DK ..... -8 {BOX\_20}

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

OE28  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME}      {NAME OF  
ESTABLISHMENT}      {STR-DT}  
{END-DT}

On what date did (POLICYHOLDER)'s health insurance through  
(ESTABLISHMENT) end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE26  
AND SELECT 'YES'.}

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7 {BOX\_20}  
DK ..... -8 {BOX\_20}

-----  
| DISPLAY 'IF INSURANCE ENDED... SELECT 'YES'..' IF |  
ROUND 5. OTHERWISE, USE A NULL DISPLAY

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE28OV

-----  
OTHERWISE, GO TO BOX\_20

OE28OV  
=====

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .....	1	{BOX_20}
PART OF THE MONTH .....	2	{BOX_20}
REF .....	-7	{BOX_20}
DK .....	-8	{BOX_20}

[Code One]

BOX\_20  
=====

-----  
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |  
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE |  
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| AUTOMATICALLY CODE OE29 AS '1' (YES) AND GO TO |  
BOX\_21

-----  
OTHERWISE, CONTINUE WITH OE29

OE29

====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)  
(were/was) covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until  
{OE28 DATE}/it ended}/on (END DATE)}?

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES ..... 1 {BOX\_21}  
NO ..... 2 {BOX\_21}  
REF ..... -7 {BOX\_21}  
DK ..... -8 {BOX\_21}

-----  
| DISPLAY 'Are' IF OE26 IS CODED '1' (YES). |  
| DISPLAY 'Were' IF OE26 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' |  
| (NO). DISPLAY 'on (END DATE)' IF OE26 IS CODED |  
| '1' (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. |  
| IF THE MONTH OR YEAR FIELD AT OE28 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE28 DATE'.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER FOR DISPLAY.

-----  
| ROSTER BEHAVIOR: |  
| 1. DISPLAY ONLY. |  
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |  
| POLICYHOLDER |  
2. PERSON IS AN RU MMBER

BOX\_21

=====

-----  
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |  
| TO THE END DATE OF THE CURRENT ROUND, THAT IS: |  
| |  
| IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |  
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |  
| THE REFERENCE PERIOD END DATE AND |  
| |  
GO TO BOX\_23

```
-----  
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |  
| TO PART OF THE CURRENT ROUND, THAT IS: |  
| |  
| IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1' |  
| (YES). |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |  
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |  
| THE DATE RECORDED AT OE28 AND |  
| |  
| GO TO BOX_23 |  
-----  
| OTHERWISE (I.E., OE29 CODED '2' (NO), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH |  
| OE30 |  
-----
```

OE30  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/  
on (END DATE)}?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

-----  
| DISPLAY 'is' IF OE26 IS CODED '1' (YES). |  
| DISPLAY 'was' IF OE26 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' |  
| (NO). |  
| DISPLAY 'on (END DATE)' IF OE26 IS CODED '1' |  
| (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. |  
| IF THE MONTH OR YEAR FIELD AT OE28 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE28 DATE'.

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT |  
| SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE |  
PERIOD END DATE.

-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' |  
| (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED |  
| AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED |  
AT OE28

-----  
GO TO LOOP\_10

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER FOR SELECTION.

```
-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
-----
```

```
-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |  
| POLICYHOLDER |  
| 2. PERSON IS AN RU MMBBER |  
-----
```

LOOP\_10  
=====

```
-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
| PERS-TRPLS-ROSTER, ASK OE31 - END_LP10. |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_10 COLLECTS THE DATE ON |  
| WHICH THE INSURANCE COVERAGE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER |  
| WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE |  
| PERIOD END DATE OR THE DATE REPORTED IN OE28. |  
| THIS LOOP CYCLES ON PERSONS SELECTED AT OE30. |  
-----
```

OE31  
=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}
```

On what date did the health insurance through (ESTABLISHMENT)  
end for (PERSON)?

```
[Enter Month-2, Day-2, Year-4] ..... {OE31OV}  
REF ..... -7 {BOX_22}  
DK ..... -8 {BOX_22}
```

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE31OV

-----  
OTHERWISE, GO TO BOX\_22

OE31OV  
=====

Can you just tell me if (PERSON) was covered under that  
insurance the whole month or part of the month?

WHOLE MONTH ..... 1 {BOX\_22}  
PART OF THE MONTH ..... 2 {BOX\_22}  
REF ..... -7 {BOX\_22}  
DK ..... -8 {BOX\_22}

[Code One]

BOX\_22  
=====

-----  
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |  
| THROUGH THE COMPLETE DATE RECORDED AT OE31 AND |  
OE31OV.

END\_LP10  
=====

-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION.

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_10 AND CONTINUE WITH BOX\_23

BOX\_23  
=====

-----  
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |  
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |  
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |  
| PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU |  
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30), |  
CONTINUE WITH OE32

-----  
OTHERWISE, GO TO OE34A

OE32  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have  
any persons living here, we have not yet mentioned, been covered  
by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES ..... 1 {OE33}  
NO ..... 2 {OE34A}  
REF ..... -7 {OE34A}  
DK ..... -8 {OE34A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE33

====

```
{POLICYHOLDER'S FIRST MIDDLE LAST NAME}      {NAME OF  
ESTABLISHMENT}      {STR-DT}  
{END-DT}
```

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Anyone else?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

```
-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
| and (END DATE)' IF ROUND 5. |  
-----
```

```
-----  
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER. |  
-----
```

```
-----  
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
| AS 'COVERING PERSON NOT LISTED IN RU'. |  
-----
```

```
-----  
| GO TO LOOP_11 |  
-----
```

```
-----  
| ROSTER DETAILS: |  
| TITLE: RU_MEMBERS_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
| AND LAST NAMES (PERS.FULLNAME) |  
-----
```

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |  
OF RU-MEMBERS.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY |  
| SELECT ONE OR MORE FROM THE LISTED MEMBERS. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
| 3. DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY |  
ON THIS ROSTER.

-----  
| ROSTER FILTER: |  
| DISPLAY PERSONS WHO WERE NOT COVERED BY THE |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
ON THE PREVIOUS ROUND'S INTERVIEW DATE.

LOOP\_11  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE34 - END\_LP11.

-----  
| LOOP DEFINITION: LOOP\_11 COLLECTS THE COVERAGE |  
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |  
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |  
PERSONS SELECTED AT OE33.

OE34  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)  
begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7 {BOX\_24}  
DK ..... -8 {BOX\_24}

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE34OV

-----  
OTHERWISE, GO TO BOX\_24

OE34OV  
=====

Can you just tell me if (PERSON) was covered under that  
insurance the whole month or part of the month?

WHOLE MONTH ..... 1 {BOX\_24}  
PART OF THE MONTH ..... 2 {BOX\_24}  
REF ..... -7 {BOX\_24}  
DK ..... -8 {BOX\_24}

[Code One]

-----  
| HARD CHECK: |  
| COMPLETE DATE AT OE34 MUST BE < THAN COMPLETE |  
| DATE AT OE28 IF A DATE IS RECORDED AT OE28 OR |  
| < THAN REFERENCE PERIOD END DATE IF NO DATE IS |  
RECORDED AT OE28.

BOX\_24  
=====

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR THIS PERSON AS |  
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 |  
UNTIL THE REFERENCE PERIOD END DATE.

-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' |  
| (NO)), FLAG INSURANCE FOR THIS PERSON AS |  
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34 |  
UNTIL DATE RECORDED AT OE28.

END\_LP11  
=====

-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION.

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_11 AND CONTINUE WITH BOX\_25

OE34A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s  
health coverage through (ESTABLISHMENT) cover as dependents any  
persons who do not live here?

YES ..... 1 {BOX\_25}  
NO ..... 2 {BOX\_25}  
REF ..... -7 {BOX\_25}  
DK ..... -8 {BOX\_25}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
(START DATE) and (END DATE), did' IF ROUND 5.

-----  
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |  
LISTED IN RU' IN OE33

BOX\_25  
=====

-----  
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |  
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON |  
| THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, OE26 |  
IS CODED '1' (YES), CONTINUE WITH BOX\_25A

-----  
OTHERWISE, GO TO END\_LP09

BOX\_25A  
=====

-----  
IF ROUND 3, CONTINUE WITH OE35A
-----  
OTHERWISE, GO TO OE35

OE35A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ..... 1 {OE35AA}  
YES, PAY SOME OF PREMIUM/COST ..... 2 {OE35AA}  
YES, BUT DON'T KNOW IF PAY ALL OR SOME  
OF PREMIUM/COST ..... 3 {OE35AA}  
NO, DO NOT PAY ..... 4 {OE35AAA}  
REF ..... -7 {OE35}  
DK ..... -8 {OE35}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE35AA  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)  
coverage?

[Enter Amount in Dollars] ..... {OE35AAOV1}  
REF ..... -7 {BOX\_26A}  
DK ..... -8 {BOX\_26A}

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE35AAOV1  
=====

Is that per year, per month, per week, or what?

UNIT OF COVERAGE:

PER YEAR ..... 1 {BOX\_26A}  
QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX\_26A}  
BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX\_26A}  
PER MONTH ..... 4 {BOX\_26A}  
PER WEEK ..... 5 {BOX\_26A}  
BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX\_26A}  
SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX\_26A}  
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX\_26A}  
OTHER ..... 91 {OE35AAOV2}  
REF ..... -7 {BOX\_26A}  
DK ..... -8 {BOX\_26A}

[Code One]

OE35AAOV2  
=====

OTHER:

[Enter Other Specify] ..... {BOX\_26A}  
REF ..... -7 {BOX\_26A}  
DK ..... -8 {BOX\_26A}

BOX\_26A  
=====

-----  
| IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/  
COST), GO TO OE35

-----  
OTHERWISE, CONTINUE WITH OE35AAA

OE35AAA  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {else} pays {some of/for} the premium or cost  
of this insurance?

CHECK ALL THAT APPLY.

FEDERAL GOVERNMENT ..... 1  
STATE GOVERNMENT ..... 2  
LOCAL GOVERNMENT ..... 3  
SOME GOVERNMENT ..... 4  
EMPLOYER ..... 5  
UNION ..... 6  
OTHER ..... 91 {OE35AAOV}  
REF ..... -7 {OE35}  
DK ..... -8 {OE35}

[Code All That Apply]

```
-----  
| DISPLAY 'else' IF OE35A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, |  
| USE A NULL DISPLAY |  
| |  
| DISPLAY 'some of' IF OE35A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |  
| IF OE35A IS CODED '4' (NO, DO NOT PAY). |  
-----
```

```
-----  
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |  
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |  
| COMBINATION WITH ANY OTHER CODE. |  
-----
```

```
-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
| WITH ANY OTHER CODE, CONTINUE WITH OE35AAAOV |  
-----
```

```
-----  
| OTHERWISE, GO TO OE35 |  
-----
```

OE35AAAOV

=====

OTHER:

```
[Enter Other Specify] .....  
REF ..... -7  
DK ..... -8
```

OE35  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered  
by (READ INSURER NAME BELOW).}

{Since (START DATE), has there been/Between (START DATE) and  
(END DATE), was there} any change in the plan name of the health  
insurance (POLICYHOLDER) {(have/has)/had} through (ESTABLISHMENT)?

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ..... 1  
NO ..... 2 {END\_LP09}  
REF ..... -7 {END\_LP09}  
DK ..... -8 {END\_LP09}

-----  
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |  
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-|  
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |  
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME|  
DURING THE PREVIOUS ROUND.

-----  
| DISPLAY 'Since (START DATE), has there been' AND |  
| '(have/has)' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE), was there' AND 'had' |  
IF ROUND 5.

-----  
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |  
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT |  
| ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON- |  
PAIR.

-----  
| IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS |  
AN INSURANCE CO. OR HMO, CONTINUE WITH OE36

-----  
| IF CODED '1' (YES) AND ESTABLISHMENT IS NOT |  
FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PERS\_INSURER\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: INSURER |  
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |  
(ESTB.ESTBNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS INSURERS IN THE RU-ESTB-PERS- |  
INSURER-TRPLS-ROSTER FOR DISPLAY.

-----  
| ROSTER BEHAVIOR: |  
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN |  
| BENEFITS' AND/OR 'SUPPLYING MEDICARE SUPPLEMENT |  
| /MEDIGAP BENEFITS' AND |  
| 2. ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS |  
ESTABLISHMENT-PERSON-PAIR.

OE36  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

What is the new plan name of (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT)?

[Enter Plan Name/Establishment Name] ..... {OE37}

-----  
| WRITE ESTABLISHMENT NAME CORRECTION TO THE RU- |  
| ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE |  
CORRECTED ESTABLISHMENT NAME.

-----  
| FLAG INSURER ENTERED ABOVE AS CURRENT ROUND'S |  
INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

-----  
| NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY |  
| PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE |  
| ESTABLISHMENT NAME IS THE SAME AS THE INSURER |  
| NAME. THEREFORE, ANY CHANGE IN PLAN NAME |  
| AUTOMATICALLY DICTATES A CHANGE IN THE |  
ESTABLISHMENT NAME.

OE37  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)  
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

CHECK ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,  
INCLUDING COVERAGE THROUGH AN HMO ... 1  
DENTAL ..... 2  
PRESCRIPTION DRUGS ..... 3  
VISION ..... 4  
MEDICARE SUPPLEMENT/MEDIGAP ..... 5  
LONG TERM CARE IN A NURSING HOME ..... 6  
EXTRA CASH FOR HOSPITAL STAYS ..... 7  
SERIOUS DISEASE OR DREAD DISEASE ..... 8  
DISABILITY ..... 9  
WORKER'S COMPENSATION ..... 10  
ACCIDENT ..... 11  
OTHER ..... 91 {OE37OV}  
REF ..... -7 {BOX\_26}  
DK ..... -8 {BOX\_26}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: 'DISABILITY,' 'WORKER'S COMPENSATION,' AND 'ACCIDENT'  
WILL NOT APPEAR ON THE SHOW CARD.]

-----  
| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |  
| IF ROUND 5. |  
| |  
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  
| |  
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |  
USE A NULL DISPLAY.

-----  
| FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT |  
| ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN |  
COMBINATION WITH ANY OTHER CODE.

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODES, CONTINUE WITH OE37OV

-----  
OTHERWISE, GO TO BOX\_26

OE37OV

=====

OTHER:

[Enter Other Specify] ..... {BOX\_26}  
REF ..... -7 {BOX\_26}  
DK ..... -8 {BOX\_26}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

BOX\_26

=====

-----  
| IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN |  
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |  
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |  
CONTINUE WITH BOX\_27

-----  
OTHERWISE, GO TO END\_LP09

BOX\_27  
=====

```
-----  
| IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE |  
| CO'. OR 'HMO', AUTOMATICALLY CODE OE38 WITH |  
| APPROPRIATE RESPONSES AND GO TO LOOP_12 |  
-----  
  
-----  
| OTHERWISE, CONTINUE WITH OE38 |  
-----
```

OE38  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

What is the new plan name for (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) which provides the {hospital and  
physician benefits/Medicare supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL  
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

NAME OF INSURER: [Enter Insurer] .....  
REF ..... -7  
DK ..... -8

TYPE:

INSURANCE COMPANY ..... 1 {LOOP\_12}  
HMO ..... 2 {LOOP\_12}  
SELF-INSURED COMPANY ..... 3 {LOOP\_12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

-----  
| DISPLAY 'hospital and physician benefits' AND |  
| 'HOSPITAL AND PHYSICIAN' IF OE37 IS CODED '1' |  
| (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED |  
| '5' (MEDICARE SUPPLEMENT/MEDIGAP). |  
| DISPLAY 'Medicare supplement or Medigap benefits' |  
| AND 'MEDIGAP' IF OE37 IS CODED '5' (MEDICARE |  
SUPPLEMENT/MEDIGAP).

-----  
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER- |  
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |  
ESTABLISHMENT-PERSON-PAIR

-----  
| FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT |  
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON- |  
PAIR.

-----  
| IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) |  
| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE |  
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES |  
| HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT |  
ROUND.

-----  
| IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN |  
| BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/ |  
| MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING |  
| HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT |  
ROUND.

LOOP\_12

=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |  
TRIPLES-ROSTER, ASK BOX\_27A - END\_LP12.

-----  
| LOOP DEFINITION: LOOP\_12 COLLECTS OTHER POLICY |  
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |  
| COLLECTED AT OE38. THIS LOOP CYCLES ON TRIPLES |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| |  
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE |  
| BEING ASKED ABOUT |  
- INSURER IS ENTERED AT OE38

BOX\_27A

=====

-----  
| IF AN INSURER NAME IS ENTERED AT OE38, CONTINUE |  
WITH OE38A

-----  
| IF INSURER NAME IS CODED '-7' (REF) OR '-8' (DK) |  
AT OE38, GO TO BOX\_28A

OE38A  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Is there any other name for the {INSURANCE COMPANY OR HMO  
NAME} policy, such as Option A, \$100 Deductible Plan, 90/80  
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ..... 1 {OE38AOV}  
NO OTHER NAME ..... 2 {BOX\_28A}  
REF ..... -7 {BOX\_28A}  
DK ..... -8 {BOX\_28A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN OE38 WHICH IS BEING LOOPED ON |  
FOR 'INSURANCE...NAME'.

OE38AOV  
=====

OTHER NAME:

[Enter Policy Name] ..... {BOX\_28A}  
REF ..... -7 {BOX\_28A}  
DK ..... -8 {BOX\_28A}

HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX\_28A  
=====

-----  
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |  
OE38, CONTINUE WITH OE38B

-----  
OTHERWISE, GO TO BOX\_28

OE38B  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of  
visits to doctors who are **not** part of (POLICYHOLDER)'s  
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {END\_LP12}  
NO ..... 2 {END\_LP12}  
REF ..... -7 {END\_LP12}  
DK ..... -8 {END\_LP12}

BOX\_28  
=====

-----  
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |  
| |  
| AT COMPLETION OF MANAGED CARE (MC) SECTION, |  
CONTINUE WITH END\_LP12

END\_LP12  
=====

-----  
| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON- |  
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION.

-----  
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS, |  
END LOOP\_12 AND CONTINUE WITH END\_LP09

END\_LP09

=====

-----  
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
THE LOOP DEFINITION.

-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
LOOP\_09 AND CONTINUE WITH BOX\_29

BOX\_29

=====

-----  
| IF ONE OR MORE RU MEMBERS WAS A COVERED PERSON BY |  
| AN ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS |  
| ROUND'S INTERVIEW DATE WHERE THE ESTABLISHMENT IS |  
| A PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER |  
| IS FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT |  
| RUS' AT THE CURRENT ROUND'S INTERVIEW DATE, |  
CONTINUE WITH LOOP\_13

-----  
OTHERWISE, GO TO BOX\_33

-----  
| NOTE: WHEN A POLICYHOLDER LEAVES AN RU, WE WILL |  
| NEVER ASK RJ AND THAT POLICYHOLDER WILL NEVER |  
| QUALIFY FOR LOOPS 01, 05, OR 09. WE CREATED A |  
| NEW LOOP, LOOP\_13 THAT WILL HANDLE THE SITUATIONS |  
| WHERE THE POLICYHOLDER HAS LEFT THE RU AND LEFT |  
| DEPENDENTS BEHIND, OR THE SITUATION WHERE THE |  
| DEPENDENTS HAVE LEFT THE RU (WITHOUT THE |  
| POLICYHOLDER). THIS SITUATION WILL BE FLAGGED AS |  
| 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS'. THIS |  
| FLAG CAN BE ASSOCIATED WITH ANY ESTABLISHMENT- |  
| PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE |  
| COVERED PERSONS, BUT THE POLICYHOLDER IS IN |  
| ANOTHER RU. THIS FLAG SHOULD NEVER EXIST ON A |  
| PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR |  
| IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR |  
| WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY |  
| CREATED AS 'POLICYHOLDER NOT IN RU/DU' OR |  
'POLICYHOLDER DECEASED'.

LOOP\_13

=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK OE39 - END\_LP13.

-----  
| LOOP DEFINITION: |  
| |  
| LOOP\_13 COLLECTS INFORMATION ABOUT THE |  
| CONTINUATION OF INSURANCE COVERAGE THROUGH AN |  
| ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER |  
| OR THE ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE |  
| RU. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| |  
| - THE ESTABLISHMENT IS A PRIVATE SOURCE OF |  
| INSURANCE |  
| - THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS |  
| 'POLICYHOLDER/DEPENDENT MOVED' AT THE CURRENT |  
| ROUND'S INTERVIEW DATE FOR THIS RU |  
| - AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR |  
| THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS |  
| ROUND'S INTERVIEW DATE |  
- POLICYHOLDER IS NOT A CURRENT RU MEMBER

OE39

====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. {Is/Was} anyone in the family, living here {now}, covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN DISCUSSED, SELECT 'INSURANCE ALREADY DISCUSSED'.

YES .....	1
NO .....	2 {OE40}
INSURANCE ALREADY DISCUSSED .....	3 {END_LP13}
REF .....	-7 {END_LP13}
DK .....	-8 {END_LP13}

[Code One]

-----  
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |  
| ROUND 5. |  
| |  
| DISPLAY 'today,' AND ' now' IF NOT ROUND 5. |  
OTHERWISE, USE A NULL DISPLAY.

-----  
| IF CODED '3' (INSURANCE ALREADY DISCUSSED), FLAG |  
ITEM FOR SOURCE CLEAN-UP.

-----  
| IF YES AND ONLY ONE PERSON IS FLAGGED AS COVERED |  
| AT THE END OF THE PREVIOUS ROUND, AUTOMATICALLY |  
| CODE OE41 AS '1' (YES) AND GO TO BOX\_31. |  
| |  
| IF YES AND MORE THAN ONE PERSON FLAGGED AS COVERED |  
AT THE END OF THE PREVIOUS ROUND, GO TO OE41.

OE40  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did this health insurance through (ESTABLISHMENT)  
end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE39  
AND SELECT 'YES'.}

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7  
DK ..... -8

-----  
| DISPLAY 'IF INSURANCE ENDED... SELECT 'YES'.' IF |  
ROUND 5. OTHERWISE, USE A NULL DISPLAY

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T |  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE40OV

-----  
| IF ONLY ONE PERSON COVERED AT THE END OF THE |  
PREVIOUS ROUND, GO TO LOOP\_14

-----  
OTHERWISE, CONTINUE WITH OE41

OE400V  
=====

Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .....	1
PART OF THE MONTH .....	2
REF .....	-7
DK .....	-8

[Code One]

-----  
| IF ONLY ONE PERSON COVERED AT END OF PREVIOUS |  
ROUND, GO TO LOOP\_14

-----  
OTHERWISE, CONTINUE WITH OE41

OE41  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)  
(were/was) covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until  
{OE40 DATE}/it ended}/on (END DATE)}?

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}  
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES .....	1
NO .....	2
REF .....	-7
DK .....	-8

-----  
| DISPLAY 'Are' IF OE39 IS CODED '1' (YES). |  
| DISPLAY 'Were' IF OE39 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' |  
| (NO). |  
| DISPLAY 'on (END DATE)' IF OE39 IS CODED '1' |  
| (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'. |  
| IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE40 DATE'.

-----  
| IF OE39 IS CODED '1' (YES) AND OE41 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS AS |  
| 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD |  
END DATE.

-----  
| IF OE39 IS CODED '2' (NO) AND OE41 IS CODED '1' |  
| (YES), |  
| |  
| FLAG INSURANCE FOR ALL COVERED PERSONS AS |  
| 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED |  
AT OE40.

-----  
| IF OE41 IS CODED '1' (YES) AND OE39 IS CODED '1' |  
(YES) OR '2' (NO), GO TO BOX\_31

-----  
| OTHERWISE (I.E., OE41 CODED '2' (NO), '-7' |  
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE |  
WITH OE42

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS PERSONS ON THE RU-ESTB- |  
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

-----  
| ROSTER BEHAVIOR: |  
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT THE PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR |  
| AND |  
2. PERSON IS AN RU MMBBER

OE42

====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on  
(END DATE)}?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

-----  
| DISPLAY 'is' IF OE39 IS CODED '1' (YES). |  
| DISPLAY 'was' IF OE39 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| |  
| DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' |  
| (NO). |  
| DISPLAY 'on (END DATE)' IF OE39 IS CODED '1' |  
| (YES). |  
| |  
| DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'. |  
| IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7' |  
| (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' |  
FOR 'OE40 DATE'.

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT |  
| SELECTED AT OE42 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE |  
PERIOD END DATE.

-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' |  
| (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED |  
| AT OE42 AS 'CONTINUOUS COVERAGE' FROM THE |  
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED |  
AT OE40.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_ESTB\_PLCYHLDR\_COVRD\_PERS\_TRPLS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES |  
(PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER FOR SELECTION.

```
-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
-----
```

```
-----  
| ROSTER FILTER: |  
| 1. PERSON WAS COVERED AT PREVIOUS ROUND'S |  
| INTERVIEW DATE BY THE INSURANCE FROM THIS |  
| ESTABLISHMENT-PERSON-PAIR |  
| AND |  
| 2. PERSON IS AN RU MMBER |  
-----
```

LOOP\_14

=====

```
-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
| PERS-TRPLS-ROSTER, ASK OE43 - END_LP14. |  
-----
```

```
-----  
| LOOP DEFINITION: LOOP_14 COLLECTS THE DATE ON |  
| WHICH THE INSURANCE COVERAGE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER |  
| WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE |  
| PERIOD END DATE OR THE DATE REPORTED IN OE40. |  
| THIS LOOP CYCLES ON PERSONS SELECTED AT OE42. |  
-----
```

OE43

=====

```
{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}
```

On what date did the health insurance through (ESTABLISHMENT)  
end for (PERSON)?

```
[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7  
DK ..... -8
```

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE43OV

-----  
OTHERWISE, GO TO BOX\_30

OE43OV

=====

Can you just tell me if (PERSON) was covered under that  
insurance the whole month or part of the month?

WHOLE MONTH .....	1	{BOX_30}
PART OF THE MONTH .....	2	{BOX_30}
REF .....	-7	{BOX_30}
DK .....	-8	{BOX_30}

[Code One]

BOX\_30

=====

-----  
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |  
| THROUGH THE COMPLETE DATE RECORDED AT OE43 AND |  
OE43OV.

END\_LP14

=====

-----  
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |  
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |  
STATED IN THE LOOP DEFINITION.

-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
END LOOP\_14 AND CONTINUE WITH BOX\_31

BOX\_31  
=====

-----  
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |  
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |  
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |  
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |  
| PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU |  
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42), |  
CONTINUE WITH OE44

-----  
OTHERWISE, GO TO OE47

OE44  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Since (START DATE)/Between (START DATE) and (END DATE)}, have  
any persons living here, we have not yet mentioned, been covered  
by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)?

YES ..... 1 {OE45}  
NO ..... 2 {OE47}  
REF ..... -7 {OE47}  
DK ..... -8 {OE47}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE45  
=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Anyone else?

- [1. First Name, [Middle Name], Last Name-65]
- [2. First Name, [Middle Name], Last Name-65]
- [3. First Name, [Middle Name], Last Name-65]

-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
and (END DATE)' IF ROUND 5.

-----  
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |  
COVRD-PERS-TRPLS-ROSTER.

-----  
| IF 'PERSON NOT LISTED IN RU' IS SELECTED, FLAG |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
AS 'COVERING PERSON NOT LISTED IN RU'.

-----  
| ROSTER DETAILS: |  
| TITLE: RU\_MEMBERS\_1 |  
| |  
| COL # 1 HEADER: NAME |  
| INSTRUCTIONS: DISPLAY RU MEMBER'S FIRST, MIDDLE, |  
AND LAST NAMES (PERS.FULLNAME)

-----  
| ROSTER DEFINITION: |  
| THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION |  
OF RU-MEMBERS.

-----  
| ROSTER BEHAVIOR: |  
| 1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY |  
| SELECT ONE OR MORE FROM THE LISTED MEMBERS. |  
| 2. ADD, DELETE, AND EDIT DISALLOWED. |  
| 3. DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY |  
ON THIS ROSTER.

-----  
| ROSTER FILTER: |  
| DISPLAY PERSONS WHO WERE NOT COVERED BY THE |  
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |  
ON THE PREVIOUS ROUND'S INTERVIEW DATE.

LOOP\_15  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE46 - END\_LP15.

-----  
| LOOP DEFINITION: LOOP\_15 COLLECTS THE COVERAGE |  
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |  
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |  
PERSONS SELECTED AT OE45.

OE46  
=====

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

On what date did the health insurance through (ESTABLISHMENT)  
begin for (PERSON)?

[Enter Month-2, Day-2, Year-4] .....  
REF ..... -7  
DK ..... -8

-----  
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T  
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |  
OR '-8' (DON'T KNOW), CONTINUE WITH OE46OV

-----  
OTHERWISE, GO TO BOX\_32

OE46OV  
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ..... 1 {BOX\_32}  
PART OF THE MONTH ..... 2 {BOX\_32}  
REF ..... -7 {BOX\_32}  
DK ..... -8 {BOX\_32}

[Code One]

-----  
| HARD CHECK: |  
| EDIT: COMPLETE DATE AT OE46 MUST BE < THAN |  
| COMPLETE DATE AT OE40 IF A DATE IS RECORDED AT |  
| OE40 OR < THAN REFERENCE PERIOD END DATE IF NO |  
DATE IS RECORDED AT OE40.

BOX\_32  
=====

-----  
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1' |  
| (YES)), FLAG INSURANCE FOR THIS PERSON AS |  
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE46 |  
UNTIL THE REFERENCE PERIOD END DATE.

```
-----  
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |  
| ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO)) |  
| FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS |  
| COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE |  
| RECORDED AT OE40. |  
-----
```

END\_LP15

=====

```
-----  
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD- |  
| PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED |  
| IN THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |  
| END LOOP_15 AND GO TO END_LP13 |  
-----
```

OE47

=====

{POLICYHOLDER'S FIRST MIDDLE LAST NAME} {NAME OF  
ESTABLISHMENT} {STR-DT}  
{END-DT}

{Does/Between (START DATE) and (END DATE), did} (POLICYHOLDER)'s  
health coverage through (ESTABLISHMENT) cover as dependents any  
persons who do not live here?

YES .....	1	{END_LP13}
NO .....	2	{END_LP13}
REF .....	-7	{END_LP13}
DK .....	-8	{END_LP13}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

```
-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE), did' IF ROUND 5. |  
-----
```

```
-----  
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |  
| LISTED IN RU' IN OE45 |  
-----
```

END\_LP13

=====

```
-----  
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN |  
| THE LOOP DEFINITION. |  
-----
```

```
-----  
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |  
| LOOP_13 AND CONTINUE WITH BOX_33 |  
-----
```

BOX\_33

=====

```
-----  
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX. |  
-----
```