BOX_01
======

```
--------------------------------------------------------
| IF ONE OR MORE RU MEMBERS 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 '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                                 |
--------------------------------------------------------


--------------------------------------------------------
| OTHERWISE, GO TO BOX_10                               |
--------------------------------------------------------


--------------------------------------------------------
| 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.  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_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
        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?

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

                    | EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |
                    | CANNOT BE AFTER 12/31/97. IF A DATE AFTER |
                    | 12/31/97 IS ENTERED, DISPLAY THE FOLLOWING |
                    | MESSAGE: 'DATE CANNOT BE AFTER 12/31/97. IF |
                    | INSURANCE ENDED AFTER 12/31/97, USE CTRL/B TO |
                    | BACK-UP AND CHANGE RESPONSE TO OE01. |

                    | 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
                     PART OF THE MONTH 2
                     REF .... -7
                     DK .... -8

                               [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-DT)}?

 TO SCROLL, USE ARROW KEYS.
 TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{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

        | ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
        | PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
        | THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
        | - PERSON WAS COVERED AT THE PREVIOUS ROUND'S |
        | INTERVIEW DATE BY THE INSURANCE FROM THIS |
        | ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
        | POLICYHOLDER |
        | - PERSON IS AN RU MEMBER |

        | 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-DT)' IF OE01 IS CODED '1' (YES). |
        | |
        | DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'.|
        | IF THE MONTH AND DAY FIELD AT OE02 IS CODED '-7' |
        | (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
        | FOR 'OE02 DATE'. |

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-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
--------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB- |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S    |
|   INTERVIEW DATE BY THE INSURANCE FROM THIS     |
|   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE      |
|   POLICYHOLDER                                  |
| - PERSON IS AN RU MEMBER                        |
--------------------------------------------------
```

```
--------------------------------------------------
| 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-DT)' IF OE01 IS CODED '1' (YES).|
|                                                 |
| DISPLAY THE DATE RECORDED AT OE02 FOR 'OE02 DATE'.|
| IF THE MONTH AND DAY 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.                                              |
---------------------------------------------------------
```

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
====

{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-2] ....
        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 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
        PART OF THE MONTH 2
        REF .... -7
        DK .... -8

                    [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
     NO ..................................  2 {OE08A}
     REF ................................. -7 {OE08A}
     DK ................................. -8 {OE08A}
```

          PRESS F1 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: Who else {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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
-----------------------------------------------------
|  ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
|  ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
|  THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
|  PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
-----------------------------------------------------


-----------------------------------------------------
|  DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
|  THIS ROSTER.                                      |
-----------------------------------------------------


-----------------------------------------------------
|  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'.            |
-----------------------------------------------------


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

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-2] .........
     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 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
PART OF THE MONTH .................... 2
REF ................................. -7
DK .................................. -8
```

[Code One]

```
-------------------------------------------------------
| EDIT:  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 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
     NO ..................................... 2
     REF ................................... -7
     DK .................................... -8
```

          PRESS F1 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 OE09       |
-------------------------------------------------------
```

```
-------------------------------------------------------
| OTHERWISE, GO TO END_LP01                          |
-------------------------------------------------------
```

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(S) 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) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

       YES 1
       NO .... 2 {END_LP01}
       REF .... -7 {END_LP01}
       DK .... -8 {END_LP01}

```
-------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL         |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-    |
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE     |
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED    |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-     |
| PERSON-PAIR.                                        |
-------------------------------------------------------
```

```
-------------------------------------------------------
|   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    |
|   '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.                                               |
-------------------------------------------------------
```

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)}?

CODE 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
      DK .................................... -8
```

                 [Code All That Apply]

         PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

      [NOTE: CODES 9, 10 AND 11 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. |

```
-------------------------------------------------------
|  IF CODED '91' (OTHER), ALONE OR IN COMBINATION      |
|  WITH ANY OTHER CODES, CONTINUE WITH OE10OV           |
-------------------------------------------------------

-------------------------------------------------------
|  OTHERWISE, GO TO BOX_08                             |
-------------------------------------------------------
```

OE10OV
======

ENTER OTHER:

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

BOX_08
======

```
-------------------------------------------------------
|  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                           |
-------------------------------------------------------

-------------------------------------------------------
|  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 CO. OR HMO (BECAUSE   |
|  WE KNOW IT IS NOT).                                 |
-------------------------------------------------------
```

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 benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS
THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO 2=HMO 3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

OE11_01. NAME OF INSURER	OE11_02. TYPE
1. [Enter Insurer]	[Enter Selection]
2. [Enter Insurer]	[Enter Selection]
3. [Enter Insurer]	[Enter Selection]

```
-----------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND     |
| 'HOSPITAL' 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.                                               |
--------------------------------------------------------
```

```
--------------------------------------------------------
| INSURER ROSTER BEHAVIOR SPECIFICATIONS:              |
|                                                      |
| 1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF|
|    INSURANCE COMPANIES OR HMOs AT THE ROSTER        |
|    QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF       |
|    INSURANCE COMPANIES/HMOs).                       |
| 2. THIS ROSTER SHOULD BE BLANK.  ALL PREVIOUS       |
|    INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS |
|    OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT    |
|    ROUND WITH ALL INSURERS COLLECTED HERE.          |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE AN          |
|    INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE |
|    SCREEN WHERE DELETE IS USED.  THAT IS, AS LONG |
|    AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE|
|    SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/ |
|    HMO ENTERED IN ERROR.  IF DELETE IS ATTEMPTED   |
|    AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER   |
|    THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING|
|    ERROR MESSAGE:  'DELETE ALLOWED ONLY WHEN INS. |
|    CO./HMO FIRST ENTERED.'                         |
--------------------------------------------------------
```

LOOP_04
=======

```
---------------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-      |
|  TRIPLES-ROSTER, ASK BOX_09 - END_LP04.                |
---------------------------------------------------------
```

```
---------------------------------------------------------
|  LOOP DEFINITION:  LOOP_04 COLLECTS MANAGED CARE       |
|  INFORMATION FOR INSURERS COLLECTED AT OE11 THAT       |
|  ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES|
|  ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:        |
|                                                        |
|  - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE    |
|    BEING ASKED ABOUT                                   |
|  - INSURER IS ENTERED AT OE11 AND INSURER IS CODED |
|    '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT |
|     NOT '2' (HMO)                                      |
---------------------------------------------------------
```

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

                PRESS F1 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?

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

        | EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |
        | CANNOT BE AFTER 12/31/97. IF A DATE AFTER |
        | 12/31/97 IS ENTERED, DISPLAY THE FOLLOWING |
        | MESSAGE: 'DATE CANNOT BE AFTER 12/31/97. IF |
        | INSURANCE ENDED AFTER 12/31/97, USE CTRL/B TO |
        | BACK-UP AND CHANGE RESPONSE TO OE12. |

        | 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
NO .................................... 2
REF ................................... -7
DK .................................... -8
```

PRESS F1 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-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{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
```

```
        ------------------------------------------------------
        |  ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-    |
        |  PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY   |
        |  THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:   |
        |  - PERSON WAS COVERED AT THE PREVIOUS ROUND'S       |
        |    INTERVIEW DATE BY THE INSURANCE FROM THIS        |
        |    ESTABLISHMENT-PERSON-PAIR, INCLUDING THE         |
        |    POLICYHOLDER                                     |
        |  - PERSON IS AN RU MEMBER                           |
        ------------------------------------------------------


        ------------------------------------------------------
        |  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-DT)' IF OE12 IS CODED '1'  |
        |  (YES).                                            |
        |                                                    |
        |  DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'.|
        |  IF THE MONTH AND DAY FIELD AT OE15 IS CODED '-7'  |
        |  (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
        |  FOR 'OE15 DATE'.                                  |
        ------------------------------------------------------
```

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-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
-------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-     |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY    |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:    |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S        |
|   INTERVIEW DATE BY THE INSURANCE FROM THIS         |
|   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE          |
|   POLICYHOLDER                                      |
| - PERSON IS AN RU MEMBER                            |
-------------------------------------------------------
```

```
-------------------------------------------------------
| 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-DT)' IF OE12 IS CODED '1'   |
| (YES).                                              |
|                                                     |
| DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'.  |
| IF THE MONTH AND DAY 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.      |
--------------------------------------------------------
```

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-2] .........
     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 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
        PART OF THE MONTH ..................... 2
        REF .................................. -7
        DK ................................... -8
```

[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, 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
        NO ...................................  2 {OE22A}
        REF .................................. -7 {OE22A}
        DK .................................. -8 {OE22A}
```

            PRESS F1 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: Who else {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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
 ----------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
| PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
 ----------------------------------------------------


 ----------------------------------------------------
| DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
| THIS ROSTER.                                      |
 ----------------------------------------------------


 ----------------------------------------------------
| 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'.            |
 ----------------------------------------------------


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

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-2] .........
     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
        PART OF THE MONTH .....................  2
        REF ...................................  -7
        DK ....................................  -8
```

[Code One]

```
    ---------------------------------------------------------
    |  EDIT:  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 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
        NO ...................................... 2
        REF .................................... -7
        DK ..................................... -8
```

            PRESS F1 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 OE23        |
------------------------------------------------------


------------------------------------------------------
| OTHERWISE, GO TO END_LP05                          |
------------------------------------------------------
```

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(S) 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) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

       YES 1
       NO .... 2 {END_LP05}
       REF .... -7 {END_LP05}
       DK .... -8 {END_LP05}

```
------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL         |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES-    |
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE     |
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED    |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT-     |
| PERSON-PAIR.                                       |
------------------------------------------------------
```

```
-------------------------------------------------------
| 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   |
| '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.                                              |
-------------------------------------------------------
```

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)}?

CODE 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
        DK ..................................... -8
```

                    [Code All That Apply]

            PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

        [NOTE: CODES 9, 10 AND 11 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.                               |
        ---------------------------------------------------
```

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


---------------------------------------------------------
|   OTHERWISE, GO TO BOX_17                               |
---------------------------------------------------------
```

OE24OV
======

         ENTER OTHER:

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

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 (BECAUSE    |
|   WE KNOW IT IS NOT).                                  |
---------------------------------------------------------
```

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 benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS
THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO 2=HMO 3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

OE25_01. NAME OF INSURER	OE25_02. TYPE
1. [Enter Insurer]	[Enter Selection]
2. [Enter Insurer]	[Enter Selection]
3. [Enter Insurer]	[Enter Selection]

```
-----------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND     |
| 'HOSPITAL' 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.                                               |
--------------------------------------------------------
```

```
--------------------------------------------------------
| INSURER ROSTER BEHAVIOR SPECIFICATIONS:             |
|                                                      |
| 1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF  |
|    INSURANCE COMPANIES OR HMOs AT THE ROSTER         |
|    QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF        |
|    INSURANCE COMPANIES/HMOs).                        |
| 2. THIS ROSTER SHOULD BE BLANK.  ALL PREVIOUS       |
|    INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS    |
|    OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT     |
|    ROUND WITH ALL INSURERS COLLECTED HERE.           |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE AN          |
|    INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE    |
|    SCREEN WHERE DELETE IS USED.  THAT IS, AS LONG    |
|    AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE   |
|    SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/    |
|    HMO ENTERED IN ERROR.  IF DELETE IS ATTEMPTED     |
|    AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER     |
|    THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING   |
|    ERROR MESSAGE:  'DELETE ALLOWED ONLY WHEN INS.    |
|    CO./HMO FIRST ENTERED.'                           |
--------------------------------------------------------
```

LOOP_08
=======

```
---------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |
|  TRIPLES-ROSTER, ASK BOX_18 - END_LP08.           |
---------------------------------------------------
```

```
---------------------------------------------------
|  LOOP DEFINITION:  LOOP_08 COLLECTS MANAGED CARE  |
|  INFORMATION FOR INSURERS COLLECTED AT OE25 THAT  |
|  ARE NOT ALREADY FLAGGED AS 'HMO'.  THIS LOOP     |
|  CYCLES ON TRIPLES THAT MEET THE FOLLOWING        |
|  CONDITIONS:                                      |
|                                                   |
|  - ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE   |
|    BEING ASKED ABOUT                              |
|  - INSURER IS ENTERED AT OE25 AND INSURER IS CODED|
|    '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT|
|    NOT '2' (HMO)                                  |
---------------------------------------------------
```

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 OR 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.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

  [1. First Name,[Middle Name],Last Name-35] .
  [2. First Name,[Middle Name],Last Name-35] .
  [3. First Name,[Middle Name],Last Name-35] .
  NAME NOT ROSTER 99
  REF .... -7
  DK .... -8

[Code One]

```
 ----------------------------------------------------
|  ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
|  ON THE DU-MEMBERS-ROSTER.                         |
 ----------------------------------------------------


 ----------------------------------------------------
|  DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON THIS|
|  ROSTER.                                           |
 ----------------------------------------------------


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

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     |
    ------------------------------------------------------
```

```
    ------------------------------------------------------
    |  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}
```

             PRESS F1 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?

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

```
        ------------------------------------------------------
        |  EDIT (FOR ROUND 5 ONLY):  COMPLETE DATE ENTERED   |
        |  CANNOT BE AFTER 12/31/97.  IF A DATE AFTER        |
        |  12/31/97 IS ENTERED, DISPLAY THE FOLLOWING        |
        |  MESSAGE:  'DATE CANNOT BE AFTER 12/31/97.  IF     |
        |  INSURANCE ENDED AFTER 12/31/97, USE CTRL/B TO     |
        |  BACK-UP AND CHANGE RESPONSE TO OE26.              |
        ------------------------------------------------------


        ------------------------------------------------------
        | 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
PART OF THE MONTH ..................... 2
REF ................................. -7
DK .................................. -8
```

[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-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{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

        | ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
        | PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
        | THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
        | - PERSON WAS COVERED AT THE PREVIOUS ROUND'S |
        | INTERVIEW DATE BY THE INSURANCE FROM THIS |
        | ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
        | POLICYHOLDER |
        | - PERSON IS AN RU MEMBER |

        | 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-DT)' IF OE26 IS CODED '1'|
        | (YES). |
        | |
        | DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.|
        | IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' |
        | (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended'|
        | FOR 'OE28 DATE'. |

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-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
     -------------------------------------------------
     | ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-|
     | PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY|
     | THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:|
     | - PERSON WAS COVERED AT THE PREVIOUS ROUND'S    |
     |   INTERVIEW DATE BY THE INSURANCE FROM THIS     |
     |   ESTABLISHMENT-PERSON-PAIR, INCLUDING THE      |
     |   POLICYHOLDER                                  |
     | - PERSON IS AN RU MEMBER                        |
     -------------------------------------------------


     -------------------------------------------------
     | 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-DT)' IF OE26 IS CODED '1' (YES).|
     |                                                |
     | DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.|
     | IF THE MONTH AND DAY 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       |
-------------------------------------------------------
```

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-2] .........
    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 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
             PART OF THE MONTH 2
             REF .... -7
             DK .... -8

                       [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
        NO .................................... 2 {OE34A}
        REF ................................... -7 {OE34A}
        DK .................................... -8 {OE34A}
```

             PRESS F1 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: Who else {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?

                   TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
                   TO LEAVE, PRESS ESC.

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

                   | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
                   | ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
                   | THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
                   | PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE. |

                   | DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
                   | THIS ROSTER. |

                   | 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'. |

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

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-2] .........
    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 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
                    PART OF THE MONTH 2
                    REF .... -7
                    DK .... -8

                              [Code One]

                | EDIT: 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 GO TO BOX_25                       |
--------------------------------------------------------
```

OE34A
=====

{POLICYHOLDER 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
        NO .................................... 2
        REF .................................. -7
        DK ................................... -8
```

PRESS F1 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 OE35            |
      -------------------------------------------------------


      -------------------------------------------------------
      | OTHERWISE, GO TO END_LP09                          |
      -------------------------------------------------------
```

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(S) 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) {has/had} through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

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

      | ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
      | INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
      | ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
      | PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE |
      | SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED |
      | WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |
      | PERSON-PAIR. |

```

```

| 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  |
| '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    |
---------------------------------------------------
```

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] ....

```
-----------------------------------------------------
|  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)}?

CODE 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
      DK .................................... -8
```

                  [Code All That Apply]

          PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

      [NOTE: CODES 9, 10 AND 11 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.                               |
        ---------------------------------------------------
```

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

----------------------------------------------------
|   OTHERWISE, GO TO BOX_26                          |
----------------------------------------------------
```

OE37OV
======

        ENTER OTHER:

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

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 benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS
THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO 2=HMO 3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

OE38_01. NAME OF INSURER	OE38_02. TYPE
1. [Enter Insurer]	[Enter Selection]
2. [Enter Insurer]	[Enter Selection]
3. [Enter Insurer]	[Enter Selection]

```
-----------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND     |
| 'HOSPITAL' 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.                                                |
---------------------------------------------------------
```

```
---------------------------------------------------------
| INSURER COMPANY ROSTER BEHAVIOR SPECIFICATIONS:       |
|                                                       |
| 1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF|
|    INSURANCE COMPANIES OR HMOs AT THE ROSTER          |
|    QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF         |
|    INSURANCE COMPANIES/HMOs).                         |
| 2. THIS ROSTER SHOULD BE BLANK.  ALL PREVIOUS         |
|    INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS |
|    OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT      |
|    ROUND WITH ALL INSURERS COLLECTED HERE.            |
| 3. INTERVIEWER SHOULD BE ABLE TO DELETE AN            |
|    INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE |
|    SCREEN WHERE DELETE IS USED.  THAT IS, AS LONG |
|    AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE|
|    SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/ |
|    HMO ENTERED IN ERROR.  IF DELETE IS ATTEMPTED  |
|    AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER  |
|    THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING|
|    ERROR MESSAGE:  'DELETE ALLOWED ONLY WHEN INS. |
|    CO./HMO FIRST ENTERED.'                            |
---------------------------------------------------------
```

LOOP_12
=======

```
---------------------------------------------------
|  FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |
|  TRIPLES-ROSTER, ASK BOX_28 - END_LP12.           |
---------------------------------------------------
```

```
---------------------------------------------------
|  LOOP DEFINITION:  LOOP_12 COLLECTS MANAGED CARE  |
|  INFORMATION FOR INSURERS COLLECTED AT OE38 THAT  |
|  ARE NOT ALREADY FLAGGED AT 'HMO'.  THIS LOOP     |
|  CYCLES ON TRIPLES THAT MEET THE FOLLOWING        |
|  CONDITIONS:                                      |
|                                                   |
|  - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE|
|    BEING ASKED ABOUT                              |
|  - INSURER IS ENTERED AT OE38 AND INSURER IS CODED |
|    '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT |
|     NOT '2' (HMO)                                 |
---------------------------------------------------
```

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, CODE '3'.

```
    YES .................................  1 {OE41}
    NO ..................................  2
    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. |

OE40
====

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

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

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

        | EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |
        | CANNOT BE AFTER 12/31/97. IF A DATE AFTER |
        | 12/31/97 IS ENTERED, DISPLAY THE FOLLOWING |
        | MESSAGE: 'DATE CANNOT BE AFTER 12/31/97. IF |
        | INSURANCE ENDED AFTER 12/31/97, USE CTRL/B TO |
        | BACK-UP AND CHANGE RESPONSE TO OE39. |

        | 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 |

        | OTHERWISE, GO TO OE41 |

OE40OV
======

On what date did this health insurance through (ESTABLISHMENT)

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]

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-DT)}?

 TO SCROLL, USE ARROW KEYS.
 TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{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
```

```
     -------------------------------------------------------
    |  ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-      |
    |  PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY     |
    |  THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:     |
    |  - PERSON WAS COVERED AT THE PREVIOUS ROUND'S         |
    |    INTERVIEW DATE BY THE INSURANCE FROM THIS          |
    |    ESTABLISHMENT-PERSON-PAIR,                         |
    |  - PERSON IS AN RU MEMBER                             |
     -------------------------------------------------------


     -------------------------------------------------------
    |  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-DT)' 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 COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS:    |
|                                                   |
| 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 AND                                      |
|                                                   |
| GO TO BOX_31                                      |
---------------------------------------------------


---------------------------------------------------
| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS:            |
|                                                   |
| 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 AND                                       |
|                                                   |
| GO TO BOX_31                                      |
---------------------------------------------------


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

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-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
--------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB- |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND'S     |
|   INTERVIEW DATE BY THE INSURANCE FROM THIS      |
|   ESTABLISHMENT-PERSON-PAIR,                     |
| - PERSON IS AN RU MEMBER                         |
--------------------------------------------------
```

```
--------------------------------------------------
| 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-DT)' 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.                                            |
--------------------------------------------------------
```

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-2] ....
        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
======

On what date did the health insurance through (ESTABLISHMENT)

Can you just tell me if (PERSON) 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]

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
         NO .... 2 {OE47}
         REF .... -7 {OE47}
         DK .... -8 {OE47}

              PRESS F1 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: Who else {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?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

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

```
    -----------------------------------------------------
    | ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL PERSONS|
    | ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY  |
    | THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-  |
    | PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE.      |
    -----------------------------------------------------


    -----------------------------------------------------
    | DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON|
    | THIS ROSTER.                                      |
    -----------------------------------------------------


    -----------------------------------------------------
    | 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'.            |
    -----------------------------------------------------


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

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-2] .........
     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
        PART OF THE MONTH ..................... 2
        REF .................................. -7
        DK ................................... -8
```

[Code One]

```
-------------------------------------------------------
| 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 OE08    |
| 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 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
        NO ..................................... 2
        REF ................................... -7
        DK .................................... -8
```

            PRESS F1 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.   |
       --------------------------------------------------
```