

# *Health and Retirement Study: Health Care Study 2011*

## HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Marking a box like this:

Writing a number in a box like this:

1	6
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Sometimes you will find an instruction telling you which question to answer next like this:

Yes

No → Go to Question **B3**

Please enter all dollar amounts in whole dollars.

Like this: \$ , 4 .00

Please use a #2 pencil or black ball point pen.

Erase unwanted marks completely.

PLEASE START THE QUESTIONNAIRE AT QUESTION **A1** ON PAGE 1





## ABOUT THIS QUESTIONNAIRE

This questionnaire is a part of the Health and Retirement Study. We greatly value your past participation in the HRS, and we hope that you will find this questionnaire interesting to complete. As always, your answers are extremely important to us. Please remember that your participation is *voluntary* and that you may skip over any questions that you would prefer not to answer.

A Department of Health and Human Services Certificate of Confidentiality covers this research in order to help ensure your privacy. This certificate can help protect the investigators from being forced to release any research information that identifies you. Please note that we must report credible evidence of serious harm or abuse to any person to the authorities, but this questionnaire does not ask any questions about such topics.

It is very important that the questions be answered by the person whose name is printed on the front cover of this questionnaire (or by someone who knows this person well enough to answer the questions for them, if the addressee is unable to complete the questionnaire alone).

Many questions can be answered by placing an (X) in the box () in front of your response. Some questions may not apply to you, and you will be instructed to skip them. When this occurs, you will find an arrow (  $\longrightarrow$  ) from your answer to the next appropriate question number. When no special instruction is given for your response choice, please continue with the next question.

If you have any questions about the questionnaire, please feel free to call us at 1-855-647-6769.

**THANK YOU!**

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## SECTION A. HEALTH CARE ACCESS

The first questions refer to your current health and recent health care experiences. Please answer the questions for the person whose first name is printed on the front cover of this questionnaire. Do not include information about health care for anyone else.

**A1**

Would you say your health is excellent, very good, good, fair, or poor?  
(Mark [X] ONE box.)

- Excellent
- Very Good
- Good
- Fair
- Poor

**A2**

How many different times were you a patient in a hospital overnight in the last twelve months? (Write numbers)

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**A3**

Aside from any hospital stays, how many times have you seen or talked to a medical doctor about your health, including emergency room or clinic visits, in the last twelve months? (Write numbers)

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**A4**

In the last twelve months, have you obtained services from a Community Health Center or a free clinic? (Mark [X] ONE box.)

- Yes
- No

**A5**

How confident are you filling out medical forms by yourself? (Mark [X] ONE box.)

- Extremely confident
- Quite confident
- Somewhat confident
- A little confident
- Not at all confident

## SECTION A. HEALTH CARE ACCESS

**A6**

Do you currently have any health insurance (including public programs like Medicare and Medicaid)? (Mark [X] ONE box.)

- Yes
- No → Go to Question **A18** on page 4

**A7**

What kind of coverage do you have? (Mark [X] all that apply.)

- Medicare
- Medicaid
- A plan provided by my employer, my spouse's employer, or a former employer or union
- Insurance purchased directly from an insurance company or through a group such as AARP
- TRI-CARE, CHAMPUS, or CHAMP-VA
- Other public coverage such as the Indian Health Service, SCHIP, or a program run by the state or county
- I get care from the Department of Veterans Affairs (VA)
- Other, specify \_\_\_\_\_

**A8**

Which of these do you consider your PRIMARY coverage? (Mark [X] ONE box)

- Medicare
- Medicaid
- A plan provided by my employer, my spouse's employer, or a former employer or union
- Insurance purchased directly from an insurance company or through a group such as AARP
- TRI-CARE, CHAMPUS, or CHAMP-VA
- Other public coverage such as the Indian Health Service, SCHIP, or a program run by the state or county
- The Department of Veterans Affairs (VA)
- Other, specify \_\_\_\_\_

## SECTION A. HEALTH CARE ACCESS

Thinking about the plan that provides your PRIMARY coverage, please answer the following:

**A9** In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan? (Mark [X] ONE box)

- Yes
- No → Go to Question **A11**

**A10** In the last 12 months, how often was it easy to get the care, tests, or treatment you thought you needed through your health plan? (Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always

**A11** In the last 12 months, did you try to get information or help from your health plan's customer service? (Mark [X] ONE box)

- Yes
- No → Go to Question **A14** on page 4

**A12** In the last 12 months, how often did your health plan's customer service give you the information or help you needed? (Mark [X] ONE box.)


- Never
- Sometimes
- Usually
- Always

**A13** In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect? (Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always

## SECTION A. HEALTH CARE ACCESS

**A14** In the last 12 months, did your health plan give you any forms to fill out?  
(Mark [X] ONE box)

- Yes
- No  Go to Question **A16**

**A15** In the last 12 months, how often were the forms from your health plan easy to fill out?  
(Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always

**A16** In the last twelve months, how often did you use the Internet (including email) to communicate with your health plan? (Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always

**A17** Overall, how satisfied are you with this health plan? (Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**A18** Thinking now over your whole life, have you EVER been denied insurance coverage because of a pre-existing condition? (Mark [X] ONE box)

- Yes
- No

## SECTION A. HEALTH CARE ACCESS

**A19** Have you EVER had coverage with benefits that were limited because of a pre-existing condition? (Mark [X] ONE box)

- Yes
- No

**A20** Is there a place that you USUALLY go to when you are sick or need advice about your health? (Mark [X] ONE box)

- Yes
- No → Go to Question **A22**

**A21** What kind of place is it - a clinic, doctor's office, emergency room, or some other place? If there is more than one place you usually go, please tell us about the place you go to most often. (Mark [X] ONE box)

- Clinic or health center
- Doctor's office or HMO
- Hospital emergency room
- Hospital outpatient department
- Some other place
- I don't go to one place most often

**A22** The next questions are about medical care you have received in the last twelve months. If there is a place you usually go when you are sick (that is, if you answered YES to A20), please tell us about the care you receive at that place. If there is NOT a place you usually go, please tell us about your experiences getting medical care in the last twelve months.

In the last twelve months, how often did the doctors and nurses explain things in a way that is easy to understand? (Mark [X] ONE box)

- Never
- Sometimes
- Usually
- Always

## SECTION A. HEALTH CARE ACCESS

**A23** In the last twelve months, how often did the doctors and nurses listen carefully to you? (Mark [X] ONE box)

- Never
- Sometimes
- Usually
- Always

**A24** In the last twelve months, how often did the doctors and nurses show respect for what you had to say? (Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always

**A25** In the last twelve months, how often did the doctors and nurses spend enough time with you? (Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always

**A26** In the last twelve months, how often did you use the Internet (including email) to communicate with your doctors and nurses? (Mark [X] ONE box.)

- Never
- Sometimes
- Usually
- Always



## SECTION A. HEALTH CARE ACCESS

**A27**

Overall, how satisfied are you with the doctors and nurses that you have seen in the past twelve months? (Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**A28**

In the last twelve months, did you have any trouble finding a general doctor or provider who would see you? (Mark [X] ONE box.)

- Yes
- No, I was able to find a general doctor without difficulty → Go to Question **A30**
- No, I did not need to see a general doctor → Go to Question **A30**

**A29**

What was the difficulty? (Mark [X] all that apply.)

- They would not take my insurance
- They did not have any appointments soon enough
- They were not taking new patients at all
- There are no general doctors near where I live
- Other, specify \_\_\_\_\_

**A30**

In the last twelve months, did you have any trouble finding a specialist who would see you? (Mark [X] ONE box.)

- Yes
- No, I was able to find a specialist without difficulty → Go to Question **A33**
- No, I did not need to see a specialist → Go to Question **A33** on page 9

## SECTION A. HEALTH CARE ACCESS

**A31** What was the difficulty? (Mark [X] all that apply.)

- I had trouble obtaining a referral
- They would not take my insurance
- They did not have any appointments soon enough
- They were not taking new patients at all
- There are no specialists of the kind I needed near where I live

**A32** What type of specialist(s) did you have trouble finding? (Mark [X] all that apply.)

- Allergist
- Cardiologist (heart doctor)
- Dermatologist (skin doctor)
- Gastroenterologist
- General surgeon Gynecologist /
- obstetrician Orthopedist /
- orthopedic surgeon
- Neurologist or neurosurgeon (nerve / brain specialist)
- Oncologist (cancer doctor)
- Ophthalmologist (eye doctor)
- Otolaryngologist (ear, nose, and throat doctor)
- Psychiatrist or other mental health provider
- Pulmonologist (lung doctor)
- Rheumatologist (arthritis / immune system doctor)
- Urologist
- Other, specify \_\_\_\_\_

## SECTION A. HEALTH CARE ACCESS

**A33** In the last twelve months, did you have any trouble finding a provider of some other type (for example, a dentist or physical therapist) who would see you?  
(Mark [X] ONE box.)

- Yes
- No, I was able to find other providers without difficulty → Go to Question **A36**
- No, I did not need to see any other types of providers → Go to Question **A36**

**A34** What type of provider did you have difficulty finding? (Mark [X] all that apply.)

- Dentist
- Physical therapist
- Occupational therapist
- Home care provider / visiting nurse
- Pharmacist
- Other, specify

**A35** What was the difficulty? (Mark [X] all that apply.)

- I had trouble obtaining a referral
- They would not take my insurance
- They did not have any appointments soon enough
- They were not taking new patients at all
- There are no specialists of the kind I needed near where I live

**A36** In the last twelve months, was there any time when you needed medical care, but did not get it because you couldn't afford it? (Mark [X] ONE box.)

- Yes
- No

## SECTION A. HEALTH CARE ACCESS

**A37** There are many reasons besides cost that people delay getting medical care. Have you delayed getting care for any of the following reasons in the last twelve months? (Mark [X] all that apply.)

- I couldn't get through on the telephone
- I couldn't get an appointment soon enough
- Once I get there, I have to wait too long to see the doctor
- The clinic / doctor's office wasn't open when I could get there
- I didn't have transportation
- I am too busy to go to the doctor
- I am afraid of what I might find out
- I don't believe in going to doctors
- I don't like going to the doctor
- I have not delayed getting medical care in the last twelve months

→ Go to Question **A39**

**A38** What type(s) of care did you delay? (Mark [X] all that apply.)

- Major surgery that would have required a hospital stay of one or more nights
- Outpatient surgery
- Seeing the doctor about a symptom or a problem
- Getting a check-up
- Routine screening, like a colonoscopy
- Filling a prescription
- Other, specify

**A39** Overall, how satisfied are you with the **quality** of your health care? (Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

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## SECTION A. HEALTH CARE ACCESS

**A40** Overall, how satisfied are you with the **cost** of your health care? (Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**A41** Overall, how satisfied are you with the **convenience** of your health care? (Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**A42** Thinking about the quality, cost, **and** convenience of your health care, how satisfied are you overall? (Mark [X] ONE box.)

- Very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Very dissatisfied

**END OF SECTION A**



## SECTION B. POLICY

The next set of questions is about policies related to health care programs.

**B1** Please mark (X) a box on the line below indicating what you think is the percent chance that Congress will change the Medicare program sometime in the next 10 years, so that it becomes less generous than it is now? (Mark [X] ONE box.)

0%     10%     20%     30%     40%     50%     60%     70%     80%     90%     100%

Surely won't happen Surely will happen

**Skip B2a through B2c if you answered "0%, Surely won't happen" to B1.**

**B2** Please indicate how likely it is that each of the following changes will be made to the Medicare program. (Mark [X] ONE box per row.)

	Very likely	Somewhat likely	Neutral	Somewhat unlikely	Very unlikely	Don't know
B2a It will become more expensive for Medicare enrollees to get the health care they need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2b It will get harder for beneficiaries to find doctors who take Medicare patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2c Medicare enrollees will have to choose a private insurance company to provide their benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3** As you may know, a health reform bill was signed into law early last year. How much if anything, have you seen, read, or heard about the new law? (Mark [X] ONE box.)

- A lot
- Some
- Only a little
- Nothing
- Don't know

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## SECTION B. POLICY

**B4** Given what you know about the health reform law, how favorable or unfavorable is your opinion of it? (Mark [X] ONE box.)

- Very favorable
- Somewhat favorable
- Neutral
- Somewhat unfavorable
- Very unfavorable
- Don't know / it's too soon to tell

**B5** Do you think each of the following groups will be better off or worse off under the health reform law, or don't you think it will make much difference? (Mark [X] ONE box per row.)

	Better off	Won't make much difference	Worse off	Don't know
B5a The country as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5b People with serious or chronic health problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5c You and your family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5d People with pre-existing health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5e Young adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## SECTION B. POLICY

**B6**

Thinking about how the health reform law will affect you and your family, what will happen to the amount you spend on health insurance premiums? (Mark [X] ONE box.)

- It will go up a lot
- It will go up a little
- It will not change much
- It will go down a little
- It will go down a lot
- Don't know

**B7**

Thinking about how the health reform law will affect you and your family, what will happen to the amount you spend out-of-pocket on health care? (Mark [X] ONE box.)

- It will go up a lot
- It will go up a little
- It will not change much
- It will go down a little
- It will go down a lot
- Don't know

**B8**

Thinking about how the health reform law will affect you and your family, will it make it easier or harder for you to get insurance coverage? (Mark [X] ONE box.)

- It will be much harder
- It will be somewhat harder
- It will not change much
- It will be somewhat easier
- It will be much easier
- Don't know





## SECTION B. POLICY

**B9**

Thinking about how the health reform law will affect you and your family, what will happen to the chance that medical expenses will use up all your savings in the next five years? (Mark [X] ONE box.)

- It will be much more likely
- It will be somewhat more likely
- It will not change much
- It will be somewhat less likely
- It will be much less likely
- Don't know

**B10**

Thinking about how the health reform law will affect you and your family, will it make it easier or harder for you to find a doctor who will see you? (Mark [X] ONE box.)

- It will be much harder
- It will be somewhat harder
- It will not change much
- It will be somewhat easier
- It will be much easier
- Don't know

**END OF SECTION B**

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## SECTION C. LONG-TERM CARE

*For purposes of this survey, when we use the term 'long-term care' we are referring to assistance with personal care needs such as dressing, bathing, getting in and out of bed, using the bathroom or eating.*

**C1** Not including government programs, do you have any long-term care insurance which specifically covers nursing home care for a year or more or any part of personal or medical care in your own home? (Mark [X] ONE box.)

Yes

No → Go to Question **C2**

**C1a** In what year did you purchase this policy?

--	--	--	--

**C1b** Did you purchase your long-term care insurance policy through a current or past employer or spouse's employer? (Mark [X] ONE box.)

Yes

No

**C2** Have you ever applied for long-term care insurance and had your application denied? (Mark [X] ONE box.)

Yes

No

**C3** Has a family member or close friend ever spent a year or more in a nursing home? (Mark [X] ONE box.)

Yes

No → Go to Question **C5** on page 17

**C4** What was that person's relationship(s) to you? (Mark [X] all that apply.)

Spouse / partner

Sibling Close

Mother

friend Other,

Father

specify \_\_\_\_\_



## SECTION C. LONG-TERM CARE

**C5**

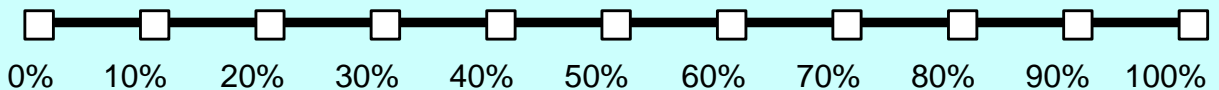
Please mark each of the following statements as true or false:  
(Mark [X] ONE box per row.)

	True	False
C5a Medicare covers the extended use of long-term care for those age 65 or older	<input type="checkbox"/>	<input type="checkbox"/>
C5b Medicaid covers the extended use of long-term care for those who qualify on the basis of financial resources	<input type="checkbox"/>	<input type="checkbox"/>
C5c Most medigap / medicare supplemental insurance policies cover long-term care needs	<input type="checkbox"/>	<input type="checkbox"/>

If you are 85 years of age or older, please skip to **C8** on page 18

**C6**

Assuming that you live to age 85, what is the chance that your mental and physical health will allow you to be living independently at that time, that is, to live at home without help and to manage your own affairs? Please mark (X) a box on the line below indicating what you think is the percent chance. (Mark [X] ONE box.)

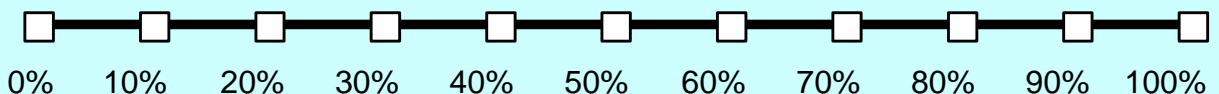


Absolutely no  
chance

Absolutely  
certain

**C7**

For a typical person of your age and gender who lives to age 85, what is the chance that his/her mental and physical health will allow him/her to be living independently at that time, that is, to live at home without help and to manage his/her own affairs? Please mark (X) a box on the line below indicating what you think is the percent chance. (Mark [X] ONE box.)



Absolutely no  
chance

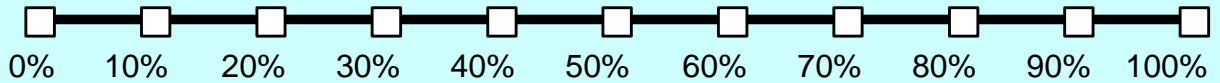
Absolutely  
certain



## SECTION C. LONG-TERM CARE

**C8**

On a scale of 0 to 100, what is the chance that you will live in a nursing home at some point in your life? Please mark (X) a box on the line below indicating what you think is the percent chance. If you currently live in a nursing home, please mark (X) "not applicable" below. (Mark [X] ONE box.)



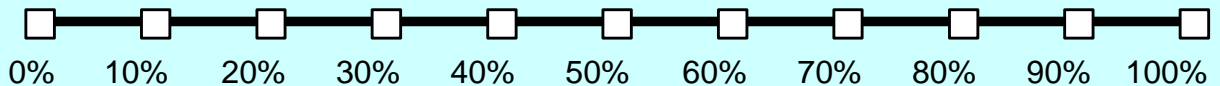
Absolutely no  
chance

Absolutely  
certain

Not applicable; I currently live in a nursing home.

**C9**

For a typical person of your age and gender, on a scale of 0 to 100, what is the chance that he/she will live in a nursing home at some point in his/her life? (Mark [X] ONE box.)



Absolutely no  
chance

Absolutely  
certain

**C10a**

Thinking about the future, would extra financial resources be more valuable to you (Mark [X] ONE box.)

- when you are in poor health so that you can use the resources to provide for any long-term care services that you need?
- or
- when you are in good health so that you can use the resources to pay for goods and services that you enjoy?

**C10b**

Thinking about the future, would extra financial resources be more valuable to you (Mark [X] ONE box.)

- when you are in poor health so that you can use the resources to provide for more or better care (assuming that your basic medical care is already paid for)?
- or
- when you are in good health so that you can use the resources to pay for goods and services that you enjoy?

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## SECTION C. LONG-TERM CARE

**C10c** Thinking about the future, would extra financial resources be more valuable to you (Mark [X] ONE box.)

- when you are in poor health so that you can use the resources to pay for goods and services that you enjoy (assuming that your basic medical care is already paid for)?
- or
- when you are in good health so that you can use the resources to pay for goods and services that you enjoy?

**C11a** Suppose there is a 50/50 chance that one year from now you will be living in a nursing home and a 50/50 chance that you will be healthy and living in your own home.

Also suppose you are offered a choice of insurance policy that will either pay you \$10,000 if you are healthy and living at home in which case you can spend the money on goods and services you enjoy, OR \$10,000 if you are in a nursing home to help pay for care, OR you can divide the \$10,000 across these two possibilities (such as \$5,000 either way).

Which of the following options would you prefer? (Mark [X] ONE box.)

- I would like to receive \$10,000 if I were healthy and living at home and \$0 if I were in a nursing home
- I would like to receive \$7,500 if I were healthy and living at home and \$2,500 if I were in a nursing home
- I would like to receive \$2,500 if I were healthy and living at home and \$7,500 if I were in a nursing home
- I would like to receive \$0 if I were healthy and living at home and \$10,000 if I were in a nursing home



## SECTION C. LONG-TERM CARE

**C11b** Suppose there is a 50/50 chance that one year from now you will be living in a nursing home and a 50/50 chance that you will be healthy and living in your own home.

Also suppose you are offered a choice of insurance policy that will either pay you \$10,000 if you are healthy and living at home in which case you can spend the money on goods and services you enjoy, OR \$10,000 if you are in a nursing home where you can spend the money to buy more or better care, OR you can divide the \$10,000 across these two possibilities (such as \$5,000 either way).

Which of the following options would you prefer? (Mark [X] ONE box.)

- I would like to receive \$10,000 if I were healthy and living at home and \$0 if I were in a nursing home
- I would like to receive \$7,500 if I were healthy and living at home and \$2,500 if I were in a nursing home
- I would like to receive \$2,500 if I were healthy and living at home and \$7,500 if I were in a nursing home
- I would like to receive \$0 if I were healthy and living at home and \$10,000 if I were in a nursing home

**C11c** Suppose there is a 50/50 chance that one year from now you will be living in a nursing home and a 50/50 chance that you will be healthy and living in your own home.

Also suppose you are offered a choice of insurance policy that will either pay you \$10,000 if you are healthy and living at home OR \$10,000 if you are in a nursing home, OR you can divide the \$10,000 across these two possibilities (such as \$5,000 either way). Assume that in either case the cost of all needed medical care is covered and that you can use the additional money to buy goods and services that you enjoy or that make your life more comfortable.

Which of the following options would you prefer? (Mark [X] ONE box.)

- I would like to receive \$10,000 if I were healthy and living at home and \$0 if I were in a nursing home
- I would like to receive \$7,500 if I were healthy and living at home and \$2,500 if I were in a nursing home
- I would like to receive \$2,500 if I were healthy and living at home and \$7,500 if I were in a nursing home
- I would like to receive \$0 if I were healthy and living at home and \$10,000 if I were in a nursing home



**SECTION C. LONG-TERM CARE**

	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
C12a I have thought a lot about the possibility of needing long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12b If I need long-term care at some point, I would prefer to receive care from a professional aide or nurse rather than my spouse or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12c If a family member (other than a spouse) cares for me, I would feel obligated to compensate that person in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12d It is a child's obligation to help a parent with long-term care needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12e It is important to leave a bequest to one's heirs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12f Long-term care insurance policies are appropriately priced given the cost of the care they cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12g I am concerned that an insurance company might deny reasonable claims for long-term care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12h I am concerned that, once I own a long-term care insurance policy, an insurance company might raise my premiums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12i I am concerned that an insurance company may not remain in business long enough to pay for my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 22



**SECTION C. LONG-TERM CARE**



	Strongly agree	Somewhat agree	Neutral	Somewhat disagree	Strongly disagree
C12j Long-term care insurance contracts are complicated and difficult to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C12k A financial advisor has suggested that I buy long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**END OF SECTION C**





## SECTION D. USE OF SENIOR SERVICES PROGRAMS

**D1**

Many communities have special services available for seniors. Have you ever used any services sponsored by a senior services agency or a community organization intended to assist seniors? (Mark [X] ONE box.)

Yes

No → Go to Section **E** on page 25

**D2**

What kind of services did you use? (Mark [X] all that apply.)

Meals on wheels

Other food or nutrition services

Transportation services

Financial counseling

Help with filing my taxes

Help with Medicare or other health insurance benefits

Legal counseling or helpline

Elder abuse counseling or helpline

Supportive services for caregivers

Adult day care / respite care

Services for individuals with Alzheimer's or other dementia

Chore services

Help finding caregivers

Help finding volunteer opportunities

Exercise classes

Continuing education or recreation classes

I use the local senior center

Other social activities

Other, specify \_\_\_\_\_



## SECTION D. USE OF SENIOR SERVICES PROGRAMS

**D3** Are you currently receiving any of these services? (Mark [X] all that apply.)

- Meals on wheels
- Other food or nutrition services
- Transportation services
- Financial counseling
- Help with filing my taxes
- Help with Medicare or other health insurance benefits
- Legal counseling or helpline
- Elder abuse counseling or helpline
- Supportive services for caregivers
- Adult day care / respite care
- Services for individuals with Alzheimer's or other dementia
- Chore services
- Help finding caregivers
- Help finding volunteer opportunities
- Exercise classes
- Continuing education or recreation classes
- I use the local senior center
- Other social activities
- Other, specify \_\_\_\_\_


**D4** What is the name of the organization or organization(s) in your area that provides these services? Please list up to three organizations, if applicable.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

END OF SECTION D



## SECTION E. VETERANS

The following questions are for veterans of the United States military. Please complete this section only if you have ever served in the active military of the United States. If you have never served in the active military of the United States, **please skip to**  **Section F on page 29.**

**E1** When did you serve on active duty in the U.S. Armed Forces?

From 

M	M

 - 

Y	Y	Y	Y

 until 

M	M

 - 

Y	Y	Y	Y

**E2** If you served more than once, please indicate additional periods of service here.

From 

M	M

 - 

Y	Y	Y	Y

 until 

M	M

 - 

Y	Y	Y	Y

From 

M	M

 - 

Y	Y	Y	Y

 until 

M	M

 - 

Y	Y	Y	Y

From 

M	M

 - 

Y	Y	Y	Y



 until 

M	M

 - 

Y	Y	Y	Y

**E3** Do you have a VA service-connected disability rating? (Mark [X] ONE box.)

- Yes
- No  Go to Question **E5** on page 26
- I don't know  Go to Question **E5** on page 26

**E4** Please mark the box that reflects your service-connected disability rating.  
(Mark [X] ONE box.)

- |   |   |
|---|---|
| <input type="checkbox"/> Less than 10 percent | <input type="checkbox"/> 50 to 69 percent     |
| <input type="checkbox"/> 10 to 29 percent     | <input type="checkbox"/> 70 percent or higher |
| <input type="checkbox"/> 30 to 49 percent     | <input type="checkbox"/> I don't know         |



## SECTION E. VETERANS

**E5**

Have you obtained medical care or prescription drugs from a Veterans' Administration facility in the last twelve months? (Mark [X] ONE box.)

Yes

No → Go to Question **E8**

**E6**

What kind of care did you obtain from the VA? (Mark [X] all that apply.)

Hospital inpatient care

Outpatient / doctor's office care

Prescription drugs

Emergency care

Counseling or mental health services

Eye care or eyeglasses

Physical therapy

Other, specify \_\_\_\_\_

**E7**

Overall, how satisfied are you with the VA? (Mark [X] ONE box.)

Very satisfied → Go to Question **E10**

Somewhat satisfied → Go to Question **E10**

Neutral → Go to Question **E10**

Somewhat dissatisfied → Go to Question **E10**

Very dissatisfied → Go to Question **E10** on page 27

**E8**

Are you eligible to receive services from the VA? (Mark [X] ONE box.)

Yes

No → Go to Question **E10**

Unsure → Go to Question **E10** on page 27



## SECTION E. VETERANS

**E9** Please tell us why you don't get services at the VA. (Mark [X] all that apply.)

- I have other coverage
- I don't live near a facility
- I don't need any services
- I prefer non-VA providers
- It takes too long to get an appointment at the VA
- Other, specify \_\_\_\_\_

The following questions are for all veterans, including those who do not use VA services.

**E10** Have you obtained care from non-VA providers in the last twelve months? (Mark [X] ONE box.)

- Yes
- No → Go to Question **E12**

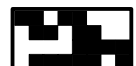
**E11** What kind of care did you obtain from non-VA providers? (Mark [X] all that apply.)

- Hospital inpatient care
- Outpatient / doctor's office care
- Prescription drugs
- Emergency care
- Counseling or mental health services
- Eye care or eyeglasses
- Physical therapy
- Other, specify \_\_\_\_\_

**E12** In general, how would you rate the quality of care at the VA compared to non-VA providers? (Mark [X] ONE box.)

- VA is much better
- VA is somewhat better
- They are about the same
- Non-VA is somewhat better
- Non-VA is much better

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## SECTION E. VETERANS

**E13**

Please indicate how you would rate the overall quality of VA care, compared with non-VA care, for the following types of services. (Mark [X] ONE box per row.)

	VA is better	About the same	Non-VA is better
E13a Hospital inpatient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13b Outpatient / doctor's office care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13c Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13d Emergency care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13e Counseling or mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13f Eye care or eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13g Physical therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E14**

Please indicate how you would rate VA care, compared with non-VA care, on the following dimensions. (Mark [X] ONE box per row.)

	VA is better	About the same	Non-VA is better
E14a I don't have to wait too long to get an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14b Once I arrive for my appointment, I do not have to wait too long in the waiting room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14c I don't have to travel too far to get there	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14d Care is centered around my needs and preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14e My providers are working as a team to care for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14f Doctors treat me with courtesy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14g Nurses, pharmacists and other non-physician providers treat me with courtesy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14h Receptionists and other staff treat me with courtesy and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

END OF SECTION E

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**SECTION F. FINAL QUESTIONS FOR ALL RESPONDENTS**

**F1**

Were the questions in this questionnaire answered by the person to whom this questionnaire was addressed, or did someone else answer for that person?  
(Mark [X] ONE box.)

- Yes, the questions were answered by the person to whom the questionnaire was addressed
- The questions were answered by that person's spouse or partner
- The questions were answered by that person's son or daughter
- The questions were answered by someone else:  
Please say if you are a relative, a friend, a care provider, or what:

**F2**

Approximately, how long did it take you to complete this questionnaire?

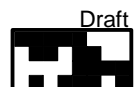
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# of minutes

**F3**

Please add any comments that you wish in the space below:  
(All comments should be written inside the box.)


**Thank you for your participation in this important survey!**



Please return your completed questionnaire in the pre-addressed postage paid envelope. If you have any questions about the questionnaire, please feel free to call us at 1-855-647-6769.

**THANK YOU!**

**Conducted by:**

**The Survey Research Center  
The University of Michigan**

**Sponsored by:**

**The National Institute on Aging**



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