

Appendix B-2
Survey Instrument
(English Version)

Appendix B-2

FLORIDA HEALTH INSURANCE STUDY

	Interview Number:
Survey Research	Date of Interview: / /
STUDY: Florida Health Insurance Survey	Interviewer Last Name:
Start Time (use military time):_____	End Time (use military time): _____
Respondent County:	Respondent Phone Number:

(./HELLO) Hello, my name is _____ from the University of Florida.

(./HOME) We are conducting research so that the state leaders can better develop health care programs for Floridians and we need the input of your household.

****If necessary – I’m calling for Florida’s Agency for Health Care Administration. This is the state agency responsible for overseeing the health insurance needs of Floridians.****

Have I reached you on your HOME phone?

- 1 Yes (*go to ADLT*)
- 2 No

(./LIVE) Does anyone LIVE there?

IF YES, ASK TO SPEAK WITH THAT PERSON AND PRESS 1
IF NO, PRESS CTRL/END AND ASSIGN APPROPRIATE CODE

(./ADLT) First, I need to know if you are (under 18 years old or) 18 years old or older.

- 1 YES, 18 YEARS OLD OR OLDER (*go to MOD3*)
- 2 NO, UNDER 18 YEARS OLD

(./ADLTB) May I speak to someone 18 years old or older who lives there?

PRESS 1 IF INFORMANT PASSES PHONE TO ELIGIBLE ADULT

IF NO ELIGIBLE ADULTS, PRESS CTRL/END AND CODE AS “NO ELIGIBLE RESPONDENT”

IF ELIGIBLE ADULT IS NOT HOME, PRESS CTRL/END AND CODE AS CALLBACK

(./MOD3) Is anyone in the household under 65 years of age?

1 Yes (*go to KNOW*)

0 No

(./NoThank) Thank you for talking to me. Right now we are only talking to families who are not eligible for Medicare so I do not have any other questions.

(./KNOW) Are you the most knowledgeable person in the household about the family's healthcare and health insurance?

1 Yes (*go to PROCEED*)

0 No

(./KNOW2) May I speak to the person who is most knowledgeable?

1 Yes (*continue*)

IF THEY REFUSE, THANK THEM FOR THEIR TIME, QUIT OR HIT CTRL/END AND CODE AS REFUSAL.

(./PROCEED) Your phone number was selected at random by computer, and only your first name will be used to ensure confidentiality. You do not have to answer any question you do not wish to answer. This interview should take approximately 15 minutes to complete. (May we proceed?)

IF NO, QUIT OR HIT CTRL/END AND CODE AS REFUSAL

1 Yes to continue

Section 1 Household Listing and Health Insurance

(hhld/HHLD) To begin, what are the first names (or initials) of the people who are living or staying there? Begin with yourself and then include all other people in the household. To ensure your confidentiality, only first names will be used.

INTERVIEWER: SOME FAMILIES MAY BE RELUCTANT TO PROVIDE NAMES. TELL RESPONDENT THAT WE WANT FIRST NAMES BECAUSE WE WILL BE ASKING ABOUT THE HEALTH CARE OF EACH PERSON IN THE HOUSEHOLD. TELL THEM THAT THEY CAN GIVE YOU INITIALS IF THAT WOULD MAKE THEM MORE COMFORTABLE.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

(./NAMCHK) So the people in your household include...(READ NAMES BELOW)

DISPLAY NAME
DISPLAY NAME
DISPLAY NAME...

Is this correct?

HIT 1 TO GO BACK AND ADD/FIX NAMES
HIT 2 IF EVERYTHING IS GOOD

(morehh/MISSCHCK) Have I missed any babies or small children, or anyone who usually lives here but is traveling, in school, in a hospital, or any foster children, lodgers, borders, and roommates?

- 1 FOR YES TO RETURN AND ADD THOSE MISSING
- 2 IF NO ONE IS MISSING AND EVERYTHING IS CORRECT

(ager/AGE) Now I am going to ask you some questions about each household member, such as their age, whether they are male or female, and their relationship to you.

INTERVIEWER: BABIES NOT YET 1 YEAR OLD SHOULD BE CODED AS 0.

IF RESPONDENT IS RELUCTANT TO GIVE AGE INFO, TELL THEM THAT THIS INFORMATION IS USED TO UNDERSTAND DIFFERENCES IN HEALTH CARE FOR PEOPLE IN DIFFERENT AGE GROUPS AND TO UNDERSTAND THE HEALTH CARE NEEDS OF ALL PEOPLE IN THE HOUSEHOLD.

What is your age?

(0-110)

-8 DON'T KNOW

-9 NOT AVAILABLE

(sexr/SEX) And sex? CODE WITHOUT ASKING IF KNOWN

IF RESPONDENT IS RELUCTANT, TELL THEM THAT THIS INFORMATION IS USED TO UNDERSTAND DIFFERENCES IN HEALTH CARE FOR PEOPLE OF DIFFERENT GENDERS AND TO UNDERSTAND THE HEALTH CARE NEEDS OF ALL PEOPLE IN THE HOUSEHOLD.

1 Male

2 Female

-8 DON'T KNOW

-9 NOT AVAILABLE

(mars/MAR) (*For those 16 or older*)

IF RESPONDENT IS RELUCTANT, TELL THEM THAT THIS INFORMATION IS USED TO UNDERSTAND DIFFERENCES IN HEALTH CARE FOR PEOPLE IN DIFFERENT GROUPS AND TO UNDERSTAND THE HEALTH CARE NEEDS OF ALL PEOPLE IN THE HOUSEHOLD.

What is your marital status? Is it...

INTERVIEWER: READ LIST

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Living with a partner
- 8 DON'T KNOW
- 9 NOT AVAILABLE

(age2/AGE) What is the age of (NAME HH MEMBER NUMBER 2)?

- (0-110)
- 8 DON'T KNOW
 - 9 NOT AVAILABLE

(sex2SEX) And sex?

- 1 Male
- 2 Female
- 8 DON'T KNOW
- 9 NOT AVAILABLE

(mars/MAR) (*For those 16 or older*) What is the marital status of (NAME HH MEMBER NUMBER 2)? Is it...

INTERVIEWER: READ LIST

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Living with a partner
- 8 DON'T KNOW
- 9 NOT AVAILABLE

(rel2/REL) And relationship with you?

1. HUSBAND
2. WIFE
3. OWN CHILD, ADOPTED CHILD, STEPCHILD
4. FOSTER CHILD
5. GRANDCHILD
6. PARENT
7. BROTHER/SISTER
8. SON-IN-LAW/DAUGHTER-IN-LAW
9. MOTHER-IN-LAW/FATHER-IN-LAW
10. OTHER RELATIVE
11. NON-RELATIVE/UNMARRIED PARTNER
- 8 Don't know
- 9 Not Available

Surveyer: Repeat age, gender, marital status and relationship to respondent for each person in the household.

(../FAMCHECK) Please let me verify everyone that you have mentioned. The members of your household include:

NAME	AGE	SEX	RELATIONSHIP
_____	_____	_____	_____

INTERVIEWER: READ EACH MEMBER OF HH (NAME, AGE, SEX, RELATIONSHIP) ONE BY ONE AND VERIFY IF IT IS CORRECT. IF YOU NEED TO CHANGE AN AGE, SEX OR RELATIONSHIP, PRESS 1.

IF CORRECT, PRESS 2.

TEST: If age 16 or older and less than 22, go to col; else go to rel3.

(col/STUDCHCK) Is NAME a full-time student?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Repeat for all who meet test.

TEST: If any person is age 16 or older and mars/MAR = married (1) and relationship is not husband (1) or wife (2), go to mar/MARCHECK; else go to test after sps/MARRIAGE.

(mar/MARCHECK) Is NAME married to anyone who currently lives here?

INTERVIEWER: CODE "NO" FOR COHABITEE

- 1 Yes
- 2 No (*go to next person or next test*)
- 8 Don't know
- 9 Not available

(sps/MARRIAGE) To whom is NAME married?

- 1 NAME

TEST: Verify that spouses are opposite sexes and at least 16 years of age. Also there should be only one husband or wife in the household, but this may not always be the case.

Repeat test, mar, sps for each person age 16 and older.

TEST: If any person is 18 and younger and relationship to respondent is not equal to (3), then go to par/GUARDCHK; else go COVINT.

(par/GUARDCHK) Is anyone who lives there the parent or guardian of NAME?

- 1 Yes
- 2 No (*go to next child or next test*)

(who/GUARDIAN) Who is NAME's parent or guardian?

INTERVIEWER: IF MORE THAN ONE GUARDIAN, CHOOSE MOTHER/FEMALE GUARDIAN.

1. DISPLAY NAME
2. DISPLAY NAME
3. DISPLAY NAME.....

Repeat for others meeting the test.

(./COVINT) Now I will list several types of health insurance or health coverage obtained through jobs, purchased directly, or from government programs.

For each one, please tell me if anyone is currently covered by that type of plan.

PRESS 1 TO CONTINUE

(C1/COV1) Are (you/is anyone) who lives there covered by a health insurance plan from a CURRENT employer or union, other than the military? (This includes insurance from family members' employment.)

INTERVIEWER: REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. DO NOT INCLUDE INSURANCE PLANS PURCHASED THROUGH A PROFESSIONAL ASSOCIATION OR TRADE GROUP. DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to C1a*)
- 8 Don't know
- 9 Not available

(COV1C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

(C1a/COVID) Are (you/is anyone) covered by a health insurance plan from a PAST employer or union, other than the military?

INTERVIEWER: THIS INCLUDES COBRA AND RETIREMENT PLANS.

REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. DO NOT INCLUDE INSURANCE PLANS PURCHASED THROUGH A PROFESSIONAL ASSOCIATION OR TRADE GROUP. DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to C2*)
- 8 Don't know
- 9 Not available

(COV1E) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(C2/COV2A) Are (you/is anyone) covered by a health insurance plan bought on your own and not through an employer or union?

INTERVIEWER: REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. INCLUDE HEALTH INSURANCE PLANS PROVIDED BY COLLEGES AND UNIVERSITIES TO STUDENTS. ALSO INCLUDE HERE ANY COVERAGE BOUGHT THROUGH A PROFESSIONAL ORGANIZATION OR ASSOCIATION.

DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

- 1 Yes – LIST NAMES
- 2 No (*go to C3*)
- 8 Don't know
- 9 Not available

(COV2C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

(C3/COV3A) Are (you/is anyone) covered by a health insurance plan held in the name of someone who does not live in the household?

INTERVIEWER: * NO MILITARY COVERAGE HERE

* INCLUDE MEDICAID IN SOMEONE ELSE'S NAME

* NO HEALTHY KIDS HERE

DO NOT INCLUDE PLANS THAT PROVIDE EXTRA CASH WHILE IN THE HOSPITAL OR PLANS THAT PAY ONLY FOR ONE TYPE OF SERVICE, SUCH AS DENTAL CARE, VISION CARE, NURSING HOME CARE, OR ACCIDENTS.

1 Yes – LIST NAMES

2 No (*go to C4*)

-8 Don't know

-9 Not available

(COV3C) Who is covered?

Interviewer selects the names of those who are covered.

1 NAME

2 NAME

3 NAME

4 NAME

5 NAME

6 NAME

7 NAME

8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

1 NAME

2 NAME

3 NAME

4 NAME

5 NAME

6 NAME

7 NAME

8 NAME

NO MORE

Please ask COV4A of all households whether there is someone 65 years of age or not in the household. Medicare provides coverage for younger people with disabilities and is not just for the elderly.

(C4/COV4A) Are (you/is anyone) covered by Medicare, the health insurance plan for people 65 years old or older or persons with certain disabilities? DO NOT INCLUDE MEDIGAP PLANS HERE; WE WILL ASK ABOUT THAT LATER.

- 1 Yes – LIST NAMES
- 2 No (*go to TEST C4*)
- 8 Don't know
- 9 Not available

Surveyor: Remember we are not including military coverage here. Include coverage if by an HMO as well as traditional Medicare. Include Part A and Part B.

(COV4C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

TEST C4: If person in household is 65 and not covered by Medicare; go to (C4C1/COV5A); else go to (Medsup/COV5SUP).

(C4C1/COV5A) I noticed that NAME PERSON is AGE 65 OR OLDER, but is not covered by Medicare. Is that correct?

- 1 Yes, that is correct (*go to C5/COV6A*)
- 2 No, they should be added to Medicare (*go to C4/COV4A*)
- 3 No, they are younger than 65

(../COV5B) What is the correct age?

- (0-64)
- 8 Don't Know
- 9 Not Available

Repeat for all household members age 65 and older and not covered by Medicare

(Medsup/COV5SUP) Does NAME have any supplemental MediGap policies that assists with any medical care costs that are not covered by the main Medicare coverage?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Repeat the question about supplemental medigap coverage for all of those in household who have Medicare.

Surveyor: only ask C5/COV6A if there is a child in the house age 6 or younger

(C5/COV6A) Are any children under 5 years old covered by MediKids?

MediKids is a government assistance program for children ages birth to 5 who are in need. They would have a “gold card” or a “blue card” for their insurance.

- 1 Yes – LIST NAMES OF THOSE 6 OR YOUNGER
- 2 No (*go to C5A*)
- 8 Don’t know
- 9 Not available

(COV6C): Who is covered?

INTERVIEWER: MEDIKIDS IS A MEDICAID “LOOK-A-LIKE” PROGRAM. YOU MAY HAVE A RESPONDENT WHO THINKS THAT A CHILD 0 TO 5 YRS OLD IS ON MEDICAID BUT THEY ARE ****NOT****. TO QUALIFY FOR MEDIKIDS, THE CHILD MUST BE 0 TO 5 YRS OLD. IF CHILD IS OVER 5 AND THE RESPONDENT SAY THEY ARE ON MEDIKIDS THIS IS ****INCORRECT****. IF THEY ARE OVER 5 THEY MIGHT BE ON MEDICAID. IF FAMILIES SAY THAT THEY HAVE A GOLD CARD OR BLUE CARD FROM THE STATE, THIS IS MEDICAID. WE ARE ****NOT**** INCLUDING MEDICAID HERE.

Interviewer selects the names of children who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects “NO MORE” to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(C5A/COV6D) Are (you/is anyone) covered by Medicaid or MediPass? Medicaid and MediPass are government assistance programs for people in need. You may have a “gold card” or a “blue card” for your insurance.

- 1 Yes – LIST NAMES
- 2 No (*go to C6*)
- 8 Don't know
- 9 Not available

Surveyer: Remember we are including Medicaid and MediPass here. Also families may say they have a “gold card” or a “blue card” from the state. This is Medicaid. WE ARE NOT INCLUDING MEDIKIDS HERE.

(COV6E) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects “NO MORE” to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

Surveyor: only ask C6/COV7A if there are children in the house who are 19 years of age or younger

(C6/COV7A) Are any children in the household covered by the Healthy Kids Program? The Healthy Kids Program is a health insurance program where families receive help from the state so that the insurance is affordable. It is for children only.

- 1 Yes
- 2 No (*go to C7*)
- 8 Don't know
- 9 Not available

(COV7C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

Surveyor: age ranges for CMS may vary widely. There should not be children over the age of 21 in this program but sometimes exceptions are made. Therefore ask C7/COV8A if there are people in the house who are 21 years of years of age or younger.

(C7/COV8A) Are any of the children in the program called Children's Medical Services or CMS? This is a special program for children who have chronic health care conditions and whose families need help with their health care.

- 1 Yes
- 2 No (*go to C8*)
- 8 Don't know
- 9 Not available

(COV8C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME
- NO MORE

(C8/COV9A) (Are you/is anyone) covered by CHAMPUS, CHAMP-VA, TRICARE, VA or some other type of military health insurance?

- 1 Yes – LIST NAMES
- 2 No (*go to C9*)
- 8 Don't know
- 9 Not available

(COV9C) Who is covered?

Interviewer selects the names of those who are covered.

- 1 NAME
- 2 NAME
- 3 NAME
- 4 NAME
- 5 NAME
- 6 NAME
- 7 NAME
- 8 NAME

Are there any others?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

- 1 NAME
 - 2 NAME
 - 3 NAME
 - 4 NAME
 - 5 NAME
 - 6 NAME
 - 7 NAME
 - 8 NAME
- NO MORE

(C9/COV10A) Are (you/is anyone) covered by a state-sponsored or public health insurance program that I have not mentioned?

- 1 Yes – LIST NAME OF PROGRAM. BE SURE TO GET COMPLETE NAME.
- 2 No (*go to TEST C1C2*)
- 8 Don't know
- 9 Not available

(plannam/COV10B) What is the name of that program or programs?

INTERVIEWER: LIST NAMES OF ALL PROGRAMS. BE SURE TO GET COMPLETE NAMES.

Plan name 1
Plan name 2
NO MORE

(whoplan/COV10C): Who is covered by PLAN NAME?

Interviewer selects the names of those who are covered, selects "NO MORE" to move to next question.

1 NAME
2 NAME
3 NAME
4 NAME
5 NAME
6 NAME
7 NAME
8 NAME
NO MORE

INTERVIEWER: IF RESPONDENT NAMES AN INSURANCE COMPANY SUCH AS H.I.P, BLUE CROSS/BLUE SHIELD, HUMANA, and so on ASK:

(testc9/PLANCKA) You said that you have NAME PLAN. Are you sure this is a state-sponsored or public health insurance program?

- 1 Yes (*go to ccov/CONTCOV*)
- 2 No (*go to testc9a/PLANCKB*)
- 8 Don't know
- 9 Not available

(testc9a/PLANCKB) Was this coverage obtained...

- 1 Through a current employer or union (*recode as current employer-based coverage*)
- 2 Through a past employer or union (*recode as past employer-based coverage*)
- 3 Directly from PLAN NAME (*recode as purchased by self*)
- 4 Because you are enrolled in Medicaid or Medipass (*recode as Medicaid*)
- 5 Because you are enrolled in Medikids (*recode as Medikids*)
- 6 Because the child is enrolled in Healthy Kids (*recode as Healthy Kids*)
- 7 Because you are enrolled in Medicare (*recode as Medicare*)
- 8 Don't Know
- 9 Not Available

*TEST C1C2 if a household member is not covered under some plan, go to C1C2/NOCHECK;
Else go to ccov/CONTCOV.*

(.../NOPLAN) INTERVIEWER: PLEASE WAIT WHILE WE FIGURE OUT WHO HAS INSURANCE OR NOT.

(C1C2/NOCHECK) According to the information we have, NAME, does not have health care coverage of any kind. Does NAME have health insurance or coverage through a plan that I might have missed?

INTERVIEWER: REPEAT IF NECESSARY

- 0 No not covered by any plan
- 1 Health insurance from a current or past employer/union
- 2 Health insurance bought on his or her own
- 3 A plan bought by someone who does not live in the household
- 4 Medicare
- 5 MediKids
- 6 Medicaid, MediPass
- 7 Healthy Kids Program
- 8 Children's Medical Services or CMS
- 9 CHAMPUS/CHAMP-VA, TRICARE, VA, Other Military
- 10 Other state plan
- 8 Don't Know
- 9 Not Available

Repeat test for each uninsured person

Once CATI has confirmed who is uninsured, ask the following question for each household member who is uninsured:

(unirea/NINSREA): What is the main reason that (NAME) does not have health insurance?

- 1 Medical problems/pre-existing condition
- 2 Too expensive/can't afford it/premium too high
- 3 Don't believe in insurance
- 4 Don't need insurance/usually healthy
- 5 Free or inexpensive care is readily available
- 6 Other (specify _____)
- 8 Don't Know
- 9 Not available

(ccov/CONTCOV) Since INSERT DATE THAT IS 12 MONTHS BEFORE THE TIME OF THE INTERVIEW, was NAME OF INSURED continuously covered by health insurance?

- 1 Yes
- 2 No (*go to ccovA*)
- 8 Don't Know (*go to ccovA*)
- 9 Not available (*go to ccovA*)

Repeat CONTCOV for all who are insured.

For each person coded 1 to ccovA, ask cmon/CONMNTH:

(cmon/CONMNTH) For how many months was NAME not covered by some type of health insurance plan?

- (1-11)
- 8 Don't know
- 9 Not available

Surveyer: Ask HEAR1 (and follow the skip sequence from there) of all families who have children in the household 19 years of age or younger. Please ask this regardless of whether family has already indicated that a child is in Healthy Kids or MediKids. We want to understand name recognition of all of the KidCare Program components and how the families heard about these program components.

(hear1/HEAR1) Have you heard of the KidCare, Healthy Kids, or Medikids program?

- 1 Yes
- 2 No (go to h1/HLTH)
- 8 Don't know (go to h1/HLTH)
- 9 Not Applicable (go to h1/HLTH)

(hear2/HEAR2) Which one or ones did you hear about?

INTERVIEWER: SELECT ALL THAT APPLY

KidCare
Healthy Kids
MediKids
DON'T KNOW/NO MORE

(hear3/HEAR3) Where did you hear about those programs? Did you hear about them from...

INTERVIEWER: READ EACH ITEM AND SELECT IF YES

Newspaper?
Television?
Radio?
Your child's school?
At a doctor's office?
At the health department?
From a social worker?
From a family member or friend?
From a billboard or sign on a bus?
Anywhere else? (specify _____)
NONE/NO MORE

Go to health care section

Section 2 Health Care

For each person:

(h1/HLTH) Would you say that NAME's health in general is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 8 Don't know
- 9 Not available

For each person:

(usource/USRCE) Is there a particular clinic, hospital, health center or doctor's office that NAME usually goes to if sick or needs advice about his/her health?

- 1 Yes (*ask kplace*)
- 2 No (*skip to regcall*)
- 8 Don't know (*skip to regcall*)
- 9 Not applicable (*skip to regcall*)

(kplace/KPLACE) What kind of place is it? Is it a...

- 1 Hospital emergency room
- 2 A clinic at a hospital
- 3 A particular doctor's office outside a hospital
- 4 A particular doctor's office inside a hospital
- 5 An HMO group office
- 6 A community health center
- 7 A school clinic
- 8 The local health department
- 9 Or another type of place (specify _____)
- 8 Don't know
- 9 Not available

*Surveyor: The next set of questions will be about the respondent. We **are not** asking about everyone in the household at this point.*

(regcall/REGCALL) Now I have some questions about your health care.

In the last 6 months, did you call a doctor's office or clinic during regular office hours to get help or advice for yourself?

- 1 Yes (*ask regoften*)
- 2 No (*skip to roucall*)
- 8 Don't know (*skip to roucall*)
- 9 Not available (*skip to roucall*)

(regoften/REGOFT) In the last 6 months, when you called during regular office hours, how often did you get the help or advice you needed?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 Don't know
- 9 Not available

(roucall/ROUCALL) In the last 6 months, did you make any appointments with a doctor or other health care provider for regular or routine health care?

INTERVIEWER: A HEALTH CARE PROVIDER CAN BE A GENERAL DOCTOR, A SPECIALIST DOCTOR, A NURSE PRACTITIONER OR A PHYSICIAN'S ASSISTANT.

- 1 Yes (*ask rouoften*)
- 2 No (*skip to illcall*)
- 8 Don't know (*skip to illcall*)
- 9 Not available (*skip to illcall*)

(rouoften/ROUOFT) In the last 6 months, how often did you get an appointment for regular or routine health care as soon as you wanted?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 Don't know
- 9 Not available

(illcall/ILLCALL) In the last 6 months, did you have an illness or injury that required care right away from a doctor's office, clinic or emergency room?

- 1 Yes (*ask illoften*)
- 2 No (*skip to eruse*)
- 8 Don't know (*skip to eruse*)
- 9 Not available (*skip to eruse*)

(illoften/ILLOFT) In the last 6 months, when you needed care right away after an illness or injury, how often did you get the care as soon as you wanted?

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 8 Don't know
- 9 Not available

(eruse/ERUSE) In the last 6 months, how often did you go to the emergency room to get care for yourself?

- (0-999) times
- 8 Don't know
- 9 Not available

(druse/DRUSE) In the last 6 months (not counting the time you went to the emergency room) how many times did you go to the doctor's office or clinic to get care for yourself?

- (0-999) times
- 8 Don't know
- 9 Not available

(dela/DELAY) In the past 12 months, was there any time when you needed medical care, but delayed or did not get it because you couldn't afford it?

INTERVIEWER: THIS DOES NOT INCLUDE DENTAL CARE. IF THEY SAY DENTAL CARE, PROBE BY ASKING, "OTHER THAN DENTAL CARE...?" AND REPEAT THE QUESTION IF NECESSARY.

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

(dela2/DELAY2) Was there any other reason why you delayed or did not get medical care when you thought you needed to?

- 1 Yes _____ **RECORD VERBATIM RESPONSE**
- 2 No
- 8 Don't know
- 9 Not available

(cost/COST) When you go to the doctor, how much do you pay on average at the time of the visit?

- 1 Nothing
- 2 Less than \$10
- 3 \$10 to \$15
- 4 \$16 to \$20
- 5 \$21 to 40
- 6 More than \$40
- 8 Don't know
- 9 Not available

Go to demographic section

Section 3 Demographics

(./WORKINT) The next series of questions is about jobs and earnings. Answers to these questions are very important because they help to explain whether or not people can afford the health care they need. I want to emphasize this information is confidential and will be used for statistical purposes only. We will be asking about all adults 18 years and older in your household.

For each person in the household 18 years and older or married ask the following:

(w1/WORK) Is NAME now employed at a job or business?

INTERVIEWER: IF RESPONDENT HAS A JOB BUT IS NOT AT WORK BECAUSE OF ILLNESS, VACATION, OR STRIKE, COUNT THIS PERSON AS EMPLOYED.

- 1 Yes (*goto w2/WRK2*)
- 2 No (*go to w3/WRK3*)
- 8 DON'T KNOW (*go to w3/WRK3*)
- 9 Not available (*go to w3/WRK3*)

(w2/WRK2) Is NAME working for an employer, self-employed or both?

- 1 Working for employer (*go to worktype/PLWK*)
- 2 Self-employed only (*go to worktype/PLWK*)
- 3 Working for an employer and self-employed (*go to worktype/PLWK*)
- 8 DON'T KNOW (*go to w3/WRK3*)
- 9 Not available (*go to w3/WRK3*)

(w3/WRK3) Is NAME unemployed but looking for work, not looking for work or is NAME retired?

- 1 Unemployed but looking for work (*go to otrsource*)
- 2 Not looking (*go to otrsource*)
- 3 Retired (*go to otrsource*)
- 8 Don't know (*go to otrsource*)
- 9 Not available (*go to otrsource*)

(worktype/PLWK) What kind of place does NAME work for?

INTERVIEWER- PROBE TO FIND OUT WHAT KIND OF COMPANY THEY WORK FOR.
IF MORE THAN ONE JOB, FIND PRIMARY JOB. IF NOT SURE, CHOOSE OTHER.

- 1 Agricultural (e.g. farms, orchards, greenhouses, nurseries)
- 2 Forestry or Fishing (e.g. timber, tree farms, fishhatcheries)
- 3 Mining
- 4 Construction (e.g. general contractors, heavy construction, repair of structures including plumbing, heating)
- 5 Manufacturing (e.g. food, apparel, publishing, logging, furniture, paper, soap, chemicals, glass, metal, wood products)
- 6 Transportation, Communication, Electric, Gas or Sanitary (e.g. post office, telephone, highway maintenance)
- 7 Wholesale Trade (items sold to manufacturers or retailers)
- 8 Retail Trade (items for personal or household use)
- 9 Finance, Insurance or Real Estate (e.g. Realtors, stockbrokers)
- 10 Services [goto SERTYPE] (e.g. restaurants/bars, schools, lawyers, doctors, nurses, other health related, barbers)
- 11 Public Administration (government worker, federal, state, local)
- 12 Military
- 13 Other (please name _____)
- 8 Don't know
- 9 Not Available

(Sertype/SERVWK) Please specify the area of Services.

INTERVIEWER: IF NOT SURE, CHOOSE OTHER.

- 1 Hotels, rooming houses, camps and other lodging places
- 2 Personal services (e.g. laundry, beauty or barber shops, funeral)
- 3 Business services (e.g. advertising, credit reports, commercial art, data processing, news syndicates, personnel supply)
- 4 Automotive repair services, and parking
- 5 Miscellaneous repair services
- 6 Motion pictures
- 7 Amusement and recreation services
- 8 Health services
- 9 Legal services
- 10 Educational services
- 11 Social services
- 12 Museums, art galleries, botanical and zoological gardens
- 13 Membership organizations
- 14 Engineering, accounting, research, management and related services
- 15 Private households (e.g. cleaning person)
- 16 Other (please name _____)
- 8 Don't know
- 9 Not Available

(./TYPWORK) How would you best describe what NAME'S occupation is?

INTERVIEWER: TYPE IN ANSWER AS COMPLETELY AS POSSIBLE.

(est/BEPNUMB) Thinking about this main job or business, how many people are employed there full and part time, including all employees at all locations?

INTERVIEWER: (FOR EXAMPLE) IF A RESPONDENT SAYS HE OR SHE WORKS IN SALES FOR KMART, THIS QUESTION IS ABOUT HOW MANY PEOPLE ARE EMPLOYED BY KMART NATIONALLY NOT AT THE RESPONDENT'S PARTICULAR KMART STORE.

- 1 – 9 employees
- 10-24 employees
- 25-49 employees
- 50-99 employees
- 100-249 employees
- 250-499 employees
- 500-999 employees
- 1,000 or more employees
- Don't know
- Not available

(est/BEPNUMBa) Thinking about the particular location or facility where NAME works, how many people are employed there full or part time?

INTERVIEWER: NOW IF THE RESPONDENT NAMES K-MART AS THE EMPLOYER, HOW MANY PEOPLE ARE AT HIS OR HER K-MART STORE

- 1 – 9 employees
- 10-24 employees
- 25-49
- 50-99
- 100-249
- 250-499
- 500-999
- 1,000 or more employees
- Don't Know
- Not Available

(hw/WORKHRS) How many hours per week does NAME usually work at this job?

IF PERSON NORMALLY WORKS OVERTIME THEN INCLUDE THOSE HOURS)

- (1-80)
- 8 Don't know
- 9 Not available

(w2/WORK2) Is NAME paid by the hour on his or her (main) job?

- 1 Yes (go to p1/PAY1)
- 2 No (go to p2/PAY2)

(p1/PAY1) How much does NAME make per hour?
Include Overtime, Tips, Bonuses.

- (1.00 - 100.00)
- 8 Don't know
- 9 Not available

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

Go to P4 after this question.

(p2/PAY2) How much does NAME usually earn at this job ANNUALLY before deductions?

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

Include overtime pay, tips, bonuses.

(1-500000)

- 8 Don't know
- 9 Not available

(P4/PAY4) Does NAME have any other jobs besides the primary one that we just talked about?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

(P4A/PAY4A) About how much does NAME usually earn at this job ANNUALLY before deductions?

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

Include overtime pay, tips, bonuses.

(1-500000)

- 8 Don't know
- 9 Not available

For each person in the household 18 years and older or married ask OTRSRCCE through OTRCS.

(otrsource/OTRSRCCE) Does NAME have income FROM OTHER THAN JOB EARNINGS, say from alimony, CHILD SUPPORT, retirement, workers compensation, disability payments, supplemental security income for an adult or child in the household, or welfare payments?

- 1 Yes
- 2 No (*go to next adult or if last adult go to TESTWRK*)
- 8 Don't know
- 9 Not available

(otrsamt/OTRSAMT) About how much does NAME receive monthly from this source?

INTERVIEWER: ENTER MONTHLY AMOUNT HERE. IF THEY ONLY KNOW ANNUAL AMOUNT, DO NOT CONVERT. JUST TYPE -7. YOU WILL GET A SCREEN THAT ALLOWS YOU TO ENTER THE ANNUAL AMOUNT.

(1-9999999) per month (*go to otrwel/OTRWEL*)

-7 GIVES ANNUAL AMOUNT

-8 Don't know (*go to otrwel/OTRWEL*)

-9 Not available (*go to otrwel/OTRWEL*)

REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.

(./OTRAMT)

INTERVIEWER: ENTER ANNUAL AMOUNT.

(1-9999999) per year

(otrwel/OTRWEL) Is any of this "other" income that we have just discussed from welfare payments that NAME received within the last 4 months?

Welfare can mean AFDC or TANF which is temporary assistance for needy families.

1 Yes

2 No

-8 Don't know

-9 Not available

(otrcs/OTRCS) Is any of this "other" income that we have just discussed from child support payments that NAME received? *SKIP IF NO CHILDREN UNDER 21 IN THE HOUSEHOLD.*

1 Yes

2 No

-8 Don't know

-9 Not available

SURVEYER: THE CHLDCRE AND CHLINCC QUESTIONS ARE ONLY ASKED ONCE OF THE RESPONDENT.

(childcare/CHLDCRE) Do you or does anyone in your household pay for childcare (hiring someone to watch a child full or part time or using daycare full or part time)?

- 1 Yes
- 2 No (*go to TESTWRK*)
- 8 Don't know (*go to TESTWRK*)
- 9 Not available (*go to TESTWRK*)

(ccaren/CHLINCC) Which children are in childcare that is paid for by someone in your household?

INTERVIEWER: IF RESPONDENT IS RELUCTANT, TELL THEM THAT WE ONLY WANT THE INFORMATION TO CALCULATE ESTIMATED COSTS OF CHILD CARE AND WE ARE REALLY NOT INTERESTED IN THE PARTICULAR CHILDREN.

PLEASE NOTE THAT THIS DOES NOT INCLUDE AFTERSCHOOL PROGRAMS.

Interviewer selects the names of children who are in childcare, selects NO MORE to move to next question.

NAME
NAME
NAME
NAME
NAME
NO MORE

TESTWRK: Identify all of those over 18 where WORK =1 and ask EMP2 through PREM3; else go to EDUCAT.

Surveyer please note that the question sequence beginning with EMP2 and ending with PREM3 will be asked of each household member who is WORK=1. Please ask this sequence of ALL WORK=1 before going onto next question sequence that begins with OTRSRCE.

(I1/EMP2) Does NAME'S current employer or union offer a health insurance plan to any of its employees?

- 1 Yes
- 2 No (*go to next person who is WORK=1*)
- 8 Don't know (*go to next person who is WORK=1*)
- 9 Not available (*go to next person who is WORK=1*)

(I2/EMP3) Is NAME eligible to enroll in this employer's insurance plan?

- 1 Yes
- 2 No (*go to next person who is WORK=1*)
- 8 Don't know (*go to next person who is WORK=1*)
- 9 Not available (*go to next person who is WORK=1*)

(ei1/EMP3A) Is the insurance that NAME is eligible for...

- 1 Employee coverage only
- 2 Family coverage
- 8 Don't know
- 9 Not available

(ei2/EMP4) Is NAME currently enrolled under this coverage?

- 1 Yes
- 2 No (*go to why1/WHY1*)
- 8 Don't know (*go to ei3/PLNCHIL*)
- 9 Not available(*go to ei3/PLNCHIL*)

(./EMP5) Is NAME enrolled in employee coverage only or family coverage?

- 1 Employee coverage only (*if EMP3A=1, go to PREM1; if EMP3A=2, and there are no children under 22 in the household, go to PREM1; if EMP3A=2 and there are children under 22 in the household, go to why2/W2*)
- 2 Family coverage (*go to ei3/PLNCHIL*)
- 8 Don't know (*go to ei3/PLNCHIL*)
- 9 Not available (*go to ei3/PLNCHIL*)

(why1/W1) Why is NAME not covered through his or her employer?

INTERVIEWER: READ EACH ONE AND INDICATE ALL THAT APPLY

- 1. Covered through other family member
 - 2. Covered through a public program
 - 3. Too expensive
 - 4. Didn't like the benefit package
 - 5. Didn't like the doctors in the plan
 - 6. Don't believe in health insurance
 - 7. OTHER REASONS: Other: Specify _____
 - 8 Don't know
 - 9 Not Available
- NO MORE

Go to ed1/EDUCAT

Test: Only ask plnchil if there are children 22 years of age or younger in the house.

(ei3/PLNCHIL) Are ALL children IN THIS HOUSEHOLD 22 years of age or younger covered by this plan?

- 1 Yes (*go to pay1/PREM2*)
- 2 No, NOT ALL OF the children are covered (*go to why2/W2*)
- 3 NO, NONE OF THE CHILDREN ARE COVERED (*go to why2/W2*)
- 8 Don't know (*go to pay1/PREM2*)
- 9 Not available (*go to pay1/PREM2*)

(why2/W2) Why isn't/aren't the child/children covered through NAME's employer?

INTERVIEWER: READ EACH LIST ITEM AND CHOOSE ALL THAT APPLY

- 1. Covered through other family member
 - 2. Covered through a public program
 - 3. Too expensive
 - 4. Didn't like the benefit package
 - 5. Didn't like the doctors in the plan
 - 6. Don't believe in health insurance
 - 7. OTHER--ASK IF THERE ARE OTHER REASONS: Other:
Specify _____
 - 8 Don't know
 - 9 Not available
- NO MORE

Go to ed1/EDUCAT

(pay1/PREM1 for employee-only, PREM2 for family coverage) About how much does NAME have to pay out of each paycheck for his or her share to get insurance through his or her employer?

Your best guess is fine.

INTERVIEWER: GET AMOUNT IN DOLLARS PER PAYCHECK. CLARIFY THIS BY ASKING: "IS THIS FOR ONE PAY PERIOD?"

\$ (0-5000) PER PAYCHECK

- 8 Don't know
- 9 Not available

(./PREM3) How often are you paid? Once every month, every two weeks, every week....

- 1. Every month
- 2. Every two weeks
- 3. Every week
- 4. Other—specify
- 8 Don't know
- 9 Not available

(pay2/PREM4) How confident are you that your estimate is within \$20.00 of the actual employee share of the premium?

- 1 Very confident, I looked at the pay stub
- 2 Confident
- 3 Somewhat confident
- 4 Not confident at all
- 8 Don't know
- 9 Not available

(ed1/EDUCAT) What is the highest level of school NAME ever completed?

- Less than high school.....1
- Completed high school.....2
- Some college or associates degree.....3
- Completed four years of college4
- Some graduate education5
- Graduate degree6
- Don't know-8
- Not available.....-9

Repeat for all hh members 18 and older or married

For each hh member who is 18 years of age or older or married

(eth1/HISP)

(IF NECESSARY: The next questions may be sensitive. We are asking so that we can better understand differences in health care problems and needs.)

Is NAME of Spanish or Hispanic origin?

- 1 Yes (*go to eth2*)
- 2 No (*go to r1*)

(eth2/HISP2) What group? For example, Mexican, Mexican-American, Puerto Rican, Cuban, or some other group?

- 1 Mexican, Mexican-American, Chicano
- 2 Puerto Rican
- 3 Cuban
- 4 Other Specify _____

(r1/RACE) What race does NAME consider himself or herself to be?

- 1 White
- 2 Black
- 3 Native American Indian/Eskimo
- 4 Asian/Pacific Islander
- 5 Other Specify _____
- 8 Don't Know
- 9 Not Available

Repeat for all 18 years of age or older or married

(w3/HHINCOME). For everyone who lives here that is related to you by blood, marriage or adoption...from all sources, what is the gross (before taxes) yearly family income. Your best guess is fine.

Less than \$4,999	1
\$5,000 to \$9,999.....	2
\$10,000 to \$14,999.....	3
\$15,000 to \$19,999.....	4
\$20,000 to \$24,999.....	5
\$25,000 to \$34,999.....	6
\$35,000 to \$44,999.....	7
\$45,000 to \$54,999.....	8
\$55,000 to \$64,999.....	9
\$65,000 to \$74,999.....	10
\$75,000 to \$84,999.....	11
\$85,000 to \$94,999.....	12
\$95,000 or more.....	13
Don't Know.....	-8
Not Available.....	-9

(ph1/PHONE1) In the past 12 months was there any time that you did not have a working telephone for two weeks or more?

- 1 Yes (go to ph2)
- 2 No (go to otherphone)
- 8 Don't know (go to otherphone)
- 9 Not available (go to otherphone)

(ph2/PHONE2) For how many weeks in the past 12 months did you not have a working telephone for two weeks or more?

- (2-52)
- 8 Don't know
- 9 Not available

(Otherphone/OTHPHN) Are there any other telephone numbers in this household besides (FILL IN PHONE NUMBER) that people receive calls on? DO NOT INCLUDE CELLULAR PHONES

- 1 Yes
- 2 No (go to zip)
- 8 Don't know (go to zip)
- 9 Not available (go to zip)

(othernum/OTHPHN2) How many?

(1-99)

(1) go to phbus/OTHPHN3

(2-99) go to OTHPHN4

(phbus/OTHPHN3) Is this line used for business purposes only?

- 1 Yes – go to zip
- 2 No – go to zip
- 8 Don't know – go to zip
- 9 Not available – go to zip

(./OTHPHN4) How many of these lines are used for business purposes?

(1-99)

- 8 Don't know
- 9 Not applicable

(zip/ZIPCD) What is your zip code?

(32000-35000)

(county/COUNTY) What is the name of the county where you live?

ENTER COUNTY NAME HERE

(HLTHIMP) Is there something that I haven't asked you about your family's health care that you think is important for us to know?

INTERVIEWER: RECORD ANSWER WORD FOR WORD AS CLOSELY AS POSSIBLE.

(CALLBACK) And finally, we might like to call you back in a year to ask additional questions about your family's health care. May I record your name and phone number so that we could call you back?

- 1 Yes
- 2 No
- 8 Don't know
- 9 Not available

Record name and phone number here:

(./THANKYOU) Thank you for your time. Your responses will help us to develop better health insurance plans for families in Florida.