

Appendix B Instrument

KANSAS HEALTH INSURANCE STUDY

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

(HELLO) Hello, this is _____, calling for the University of Kansas.
 INTERVIEWER: PRESS 1 TO CONTINUE WITH SURVEY
 PRESS CTRL/END TO TERMINATE CALL

Hello, this is _____ for the University of Kansas. We started an interview a few days ago about health care and health insurance and I'm calling back to complete that interview. May we begin?

(HOME) We are conducting research so that state leaders can better develop health care programs for people in Kansas and we need the input of your household. We would like to ask you some questions.

Have I reached you on your HOME phone?

(USE AS NECESSARY –

*This is not a sales call, we are only interested in your opinion

*YOU CAN TELL THEM YOU ARE WORKING FOR THE UNIVERSITY OF
 FLORIDA'S BUREAU OF ECONOMIC AND BUSINESS RESEARCH
 WHICH WAS HIRED BY THE STATE OF KANSAS)

INTERVIEWER: IF YES, PRESS 1 TO CONTINUE (*go to ADLT*)
 IF NO, PRESS 2

(LIVE) Does anyone LIVE there?

INTERVIEWER:

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?

INTERVIEWER: 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?

- PRESS 1 IF Yes (*go to KNOW*)
PRESS 0 IF 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.

PRESS ANY KEY TO CONTINUE

(KNOW) Are you the most knowledgeable person in your household about the family’s healthcare and health insurance?

- PRESS 1 IF Yes (*go to PROCEED*)
PRESS 0 IF No

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

- PRESS 1 IF Yes (*continue*)
IF THEY REFUSE, THANK THEM FOR THEIR TIME, QUIT OR HIT CTRL/END AND CODE AS A REFUSAL.

(PROCEED) Before we begin, let me tell you that your phone number was selected at random by computer, and only your first name or initials 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.

USE IF NECESSARY:

“This study is sponsored by the State of Kansas who hired the University of Florida’s Bureau of Economic and Business Research to conduct the survey. The results will be used to help state leaders develop better health care programs for people in Kansas.”

(May we proceed?)

- IF NO, QUIT OR HIT CTRL/END AND CODE AS REFUSAL
IF Yes PRESS 1 to continue

Section 1 Household Listing and Health Insurance

(HHL D) 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 THE FIRST NAME BECAUSE YOU 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. MAKE SURE THEY ARE *UNIQUE* INITIALS. IF NOT USE RELATIONSHIPS, LIKE "DAUGHTER1" OR "SON2."

- 1 MEMBER --RESPONDENT (CSR: We allow 12 characters for each name)
- 2 MEMBER
- 3 MEMBER
- 4 MEMBER
- 5 MEMBER
- 6 MEMBER
- 7 MEMBER
- 8 MEMBER

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

DISPLAY NAME
DISPLAY NAME
DISPLAY NAME...

Is this correct?

MAKE SURE THIS IS CORRECT BECAUSE YOU WILL NOT BE ABLE TO CHANGE/ADD MEMBERS ONCE YOU BEGIN ASKING ABOUT AGES.

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

(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, boarders, and roommates?

INTERVIEWER: WE ARE INCLUDING STUDENTS WHO ARE UNDER 22 YEARS OLD AND AWAY AT SCHOOL, REGARDLESS OF WHETHER THEY LIVE IN A DORM OR AN OFF-CAMPUS APARTMENT.

!!!MAKE SURE YOU HAVE ALL THE NAMES BECAUSE YOU WILL NOT BE ABLE TO ADD OR CHANGE MEMBERS' NAMES ONCE YOU GO PAST THIS QUESTION!!!

PRESS 1 FOR YES TO RETURN AND ADD THOSE MISSING
IF NO ONE MISSING AND EVERYTHING CORRECT, PRESS 2.

(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) (*go to SEX*)

-8 Don't know

-9 Not available

(AGERNG) Would you say:

INTERVIEWER: READ CHOICES...

1 Birth to five years?

2 5-17 years?

3 18-54 years?

4 55-64 years?

5 or over 65?

-8 Don't know

-9 Not available

(SEX) SEX OF HOUSEHOLD MEMBERS--
CODE W/O ASKING, IF KNOWN

INTERVIEWER: 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.

INTERVIEWER: FILL IN RESPONDENT'S SEX

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

(MAR) (*For those 16 or older*) MARITAL STATUS

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

What is your marital status?

INTERVIEWER: READ LIST. Say, "Is it...?"

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

(AGE) 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 the age of (NAME HH MEMBER NUMBER 2)?

(0-110) (*go to SEX*)

-8 Don't know

-9 Not available

(AGERNG) Would you say....

1 Birth to five years?

2 5-17 years?

3 18-54 years?

4 55-64 years?

5 or over 65?

-8 Don't know

-9 Not available

(SEX) SEX OF HOUSEHOLD MEMBERS--
CODE W/O ASKING, IF KNOWN

INTERVIEWER: 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.

(IF NOT KNOWN) What is the sex of (NAME HH MEMBER NUMBER 2)?

1 Male

2 Female

-8 DON'T KNOW

-9 NOT AVAILABLE

(MAR) (For those 16 or older) MARITAL STATUS

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

What is (NAME HH MEMBER NUMBER 2)'s marital status?

INTERVIEWER: READ LIST. Say, "Is it ...?"

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

(REL) RELATIONSHIP TO RESPONDENT

INTERVIEWER: IF RESPONDENT IS RELUCTANT, 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.

(IF NOT KNOWN) What is (NAME HH MEMBER NUMBER 2)'s relationship with you?

1. HUSBAND
2. WIFE
3. CHILD (OWN, ADOPTED , STEP)
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
12. 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, RELATIONSHIP, OR SEX PRESS 1

IF CORRECT, PRESS 2.

TEST: If age 16 or older and less than 22, go to STUDCHCK; else go to TEST before MARCHECK.

(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 MAR = married (1) and relationship is not husband (1) or wife (2), go to MARCHECK; else go to TEST after MARRIAGE.

(MARCHECK) Is NAME married to anyone living there?

INTERVIEWER: CODE "NO" FOR COHABITEE

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

(MARRIAGE) To whom is NAME married?

- 1 NAME
DON'T KNOW/NO MORE

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, MARCHECK, MARRIAGE for each person age 16 and older.

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

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

- 1 Yes
- 2 No (*go to next child or next test*)
- 8 Don't Know
- 9 Not Available

(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.....
- 8. Don't know
- 9. Not Available

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

(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 ASSN. 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
- 2 No (*go to COVID*)
- 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

INTERVIEWER: AFTER THEY ANSWER, SAY "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

(COV1D) Are (you/is anyone) covered by a health insurance plan from a PAST employer or union, other than the military?

INTERVIEWER: *INCLUDE COBRA AND RETIREMENT PLANS.

REMEMBER WE ARE NOT INCLUDING MILITARY COVERAGE HERE. DO NOT INCLUDE INSURANCE PLANS PURCHASED THROUGH A PROFESSIONAL ASSN. 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
- 2 No (*go to COV2A*)
- 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

INTERVIEWER: AFTER THEY ANSWER, SAY "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

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

INTERVIEWER: * NO MILITARY COVERAGE HERE.
* INCLUDE HEALTH INSURANCE PLANS PROVIDED BY COLLEGES AND UNIVERSITIES TO STUDENTS.
* INCLUDE COVERAGE BOUGHT THROUGH A PROFESSIONAL ORGANIZATION

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
- 2 No (*go to COV3A*)
- 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

INTERVIEWER: AFTER THEY ANSWER, SAY "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

(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

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
- 2 No (*go to test before COV4A*)
- 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

INTERVIEWER: AFTER THEY ANSWER, SAY "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 only if someone is 65 years of age or older.

(COV4A) Are (you/is anyone) age 65 or older covered by Medicare, the health insurance plan for people 65 years old or older or persons with certain disabilities?

INTERVIEWER: 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.

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

(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

INTERVIEWER: AFTER THEY ANSWER, SAY "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 (COV5A); else go to (COV5SUP).

(COV5A) I noticed that NAME PERSON is older than 64, but is not covered by Medicare. Is that correct?

- 1 Yes (*go to COV6D*)
- 2 No, they should be added to Medicare (*go to COV4A*)
- 3 No, they are younger than 65
- 8 Don't Know
- 9 Not Available

(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

(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.

Ask COV6A if there are children under age 19 in the household; otherwise, go to COV9A.

(COV6A) Are any of the children covered by HealthWave or CHIP?

INT: IF THEY SAY THEY HAVE FAMILY HEALTH PARTNERS OR FIRST GUARD, CODE "YES"

- 1 Yes
- 2 No (*go to COV10A*)
- 8 Don't know
- 9 Not available

(COV6C) 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

INTERVIEWER: AFTER THEY ANSWER, SAY "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

(COV6D) Are (you/is anyone) covered by Medicaid or an SRS medical card? These are government-sponsored health insurance programs.

(INT: IF THEY SAY THEY HAVE HEALTH CONNECT, PRIMECARE OR FIRST GUARD, CODE YES.)

- 1 Yes
- 2 No (*go to COV10A*)
- 8 Don't know
- 9 Not available

(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

INTERVIEWER: AFTER THEY ANSWER, SAY "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

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

- 1 Yes
- 2 No (*go to COV10A*)
- 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

INTERVIEWER: AFTER THEY ANSWER, SAY "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

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

INT: THIS MAY INCLUDE MEDICARE FOR THE DISABLED, INDIAN HEALTH SERVICE OR HIGH RISK POOL.

- 1 Yes
- 2 No (*go to TESTC1C2, before NOPLAN*)
- 8 Don't know
- 9 Not available

(COV10C): Who is covered by this program?

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
- NO MORE

INTERVIEWER: AFTER THEY ANSWER, SAY "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 C1C2 If a household member is not covered under some plan, go to NOCHECK; Else go to CONTCOV.

(NOCHECK) According to the information I 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 employer/union
- 2 Health insurance from a past employer/union
- 3 Health insurance bought on your own
- 4 A plan bought by someone who does not live in household
- 5 Medicare
- 6 HealthWave (also Family Health Partners, First Guard)
- 7 Medicaid or SRS medical card (also Health Connect, Primecare, First Guard)
- 8 CHAMPUS/CHAMP-VA, TRICARE, VA, Other Military
- 9 Other government plan (includes Medicare for disabled, Indian Health Services, High Risk Pool)
- 8 Don't Know
- 9 Not Available

Repeat test for each uninsured person

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

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

READ LIST

- 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 Employer doesn't offer it
- 7 Other (specify _____)
- 8 Don't Know
- 9 Not available

(NINSR2) Are there any other reasons that (NAME) does not have health insurance? Anything else?

DO NOT READ LIST

(CHECK ALL THAT APPLY)

- 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 Employer doesn't offer it
- 7 Other (specify _____)
- 8 No other reasons
- 8 Don't Know
- 9 Not available

(LONGU) About how long have you (has NAME) been without health coverage? Has it been...(READ CHOICES)

- 1 Less than one month
- 2 One to six months
- 3 Seven to twelve months
- 4 One to two years
- 5 More than two years
- 6 Never had health insurance
- 8 Don't Know
- 9 Not available

(EVER) Have you (has NAME) ever been covered by Medicaid or an SRS medical card?

- 1 Yes
- 2 No (*go to test before HEAR1*)
- 8 Don't Know (*go to test before HEAR1*)
- 9 Not available (*go to test before HEAR1*)

(LOST) In the past two years, have you (has NAME) lost Medicaid coverage due to losing cash assistance?

INT: THEY ALSO MIGHT REFER TO THIS AS CASH GRANT BENEFIT, AFDC, OR TANF. IF DUE TO LOSING ANY OF THOSE, IT IS "YES."

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

Go to HLTHCR

(CONTCOV) Since February of 2000, was NAME OF INSURED continuously covered by health insurance?

- 1 Yes (*Go to test before HEARI*)
- 2 No
- 3 Continuously covered, but less than 1 Yr. (FOR INFANTS ONLY)
- 8 Don't Know
- 9 Not available

For each person coded 2 to CONTCOV, ask CONMNTH:

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

- (1-12)
- 8 Don't know
- 9 Not available

Repeat CONTCOV and CONMONTH for all who are insured.

Section 2 Health Care

(HLTHCR) Now I am going to ask about the health care of people who live there.

PRESS 1 TO CONTINUE

For each person:

(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

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

(USRCE) INTERVIEWER: THE NEXT FEW QUESTIONS ARE ONLY ABOUT THE PERSON ON THE PHONE

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 ERUSE*)
- 8 Don't know (*skip to ERUSE*)
- 9 Not applicable (*skip to ERUSE*)

(KPLACE) What kind of place is it?—a clinic, a hospital, a hospital emergency room, a doctor's office, or some other place?

INTERVIEWER: DO NOT READ LIST. IF NOT SURE WHICH RESPONSE FITS, CODE #7 AND ENTER TEXT

- 1 CLINIC OR HEALTH CENTER
- 2 URGENT CARE/WALK-IN CLINIC
- 3 DOCTOR'S OFFICE OR HMO (HEALTH MAINTENANCE ORGANIZATION/PREPAID GROUP)
- 4 HOSPITAL EMERGENCY ROOM
- 5 HOSPITAL OUTPATIENT CLINIC
- 6 MILITARY OR VA HEALTHCARE FACILITY, or
- 7 ANOTHER TYPE OF PLACE (specify_____)
- 8 Don't know
- 9 Not available

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

(INTERVIEWER: RECORD HOW MANY TIMES)

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

(DRUSE) In the last 6 months, not counting emergency room visits, 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 Applicable

(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

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

READ LIST IF NECESSARY

- 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

*If no child of respondent in household, go to test before WORK. The next set of questions will be about one child (age 18 or under) who is the respondent's child, foster child or for whom the respondent is child's guardian. We **are not** asking about everyone in the household at this point.*

If more than one child fits this test, randomly select one child to ask about based on a random digit number.

STORE THE NAME OF THE CHILD SO WE CAN CONNECT THE DATA LATER

(USRCEC) These next few questions will be about (NAME)

Is there a particular clinic, hospital, health center or doctor's office that NAME usually goes to if sick or in need of advice about (NAME)'s health?

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

(KPLACEC) What kind of place is it?—a clinic, a hospital, a hospital emergency room, a doctor's office, or some other place?

INTERVIEWER: DO NOT READ LIST. IF NOT SURE WHICH RESPONSE FITS, CODE #7 AND ENTER TEXT

- 1 CLINIC OR HEALTH CENTER
- 2 URGENT CARE/WALK-IN CLINIC
- 3 DOCTOR'S OFFICE OR HMO (HEALTH MAINTENANCE ORGANIZATION/PREPAID GROUP)
- 4 HOSPITAL EMERGENCY ROOM
- 5 HOSPITAL OUTPATIENT CLINIC
- 6 MILITARY OR VA HEALTHCARE FACILITY, or
- 7 ANOTHER TYPE OF PLACE (specify_____)
- 8 Don't know
- 9 Not Applicable

(ERUSEC) In the last 6 months, how often did you go to the emergency room to get care for NAME?

(INTERVIEWER: RECORD HOW MANY TIMES)

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

(DRUSEC) In the last 6 months, not counting emergency room visits, how many times did you go to the doctor's office or clinic to get care for NAME?

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

(DELC) In the past 12 months, was there any time when NAME 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 Applicable

(COSTC) When you take NAME to the doctor, how much do you pay on average at the time of the visit?

READ LIST IF NECESSARY

- 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 Applicable

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 family members 18 years and older in your household.

TEST: for each person in the household 18 years and older or married ask:

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

INTERVIEWER: IF RESPONDENT HAS A JOB BUT IS HOME BECAUSE OF AN ILLNESS, VACATION, OR STRIKE, TYPE 1 FOR YES

- 1 Yes (*go to TEST before WRK1*)
- 2 No (*go to WRK3*)
- 8 DON'T KNOW (*go to WRK3*)
- 9 Not available (*go to WRK3*)

TEST: if REL=0, 1, 2 or 12 go to WRK2, else go to WRK1.

(WRK1) Do NAME's earnings from this job contribute to the family income?

- 1 Yes (*go to WRK2*)
- 2 No (*go to EDUCAT*)
- 8 DON'T KNOW (*go to EDUCAT*)
- 9 Not available (*go to EDUCAT*)

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

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

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

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

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

INTERVIEWER- PROBE IF NEEDED: What kind of company/What is their primary job?

HIT THE F1 KEY TO SEE DEFINITION OF THE JOB TYPES

- 1 AGRICULTURAL, FORESTRY OR FISHING (e.g., farms, orchards, nurseries, timber, tree farms, fish hatcheries)
- 2 MINING (e.g., coal, rock quarry, oil/gas extraction)
- 3 UTILITIES OR COMMUNICATION (e.g., electric, gas, telephone, cable, water resources, wastewater, waste management)
- 4 CONSTRUCTION (e.g., general contractors, heavy construction, repair of structures including plumbing, heating)
- 5 MANUFACTURING (e.g., meat packing, food processing, pet foods, aircraft, avionics, chemicals, petroleum/gas refining, glass, metal, wood products)
- 6 TRANSPORTATION (e.g., railroads, trucking, airlines, storage, pipeline distribution, distribution centers, post office, courier services, highway maintenance)
- 7 WHOLESALE TRADE (items sold to manufacturers or retailers)
- 8 RETAIL TRADE (items for personal or household use, home furnishings, gas stations, clothing stores, food and beverage stores, restaurants and bars)
- 9 FINANCE, INSURANCE OR REAL ESTATE (e.g., Realtors, stockbrokers, property maintenance, credit services, banking, tax services)
- 10 BUSINESS AND REPAIR SERVICES (e.g., advertising, credit reports, commercial art, data processing, news syndicates, temp services)
- 11 PERSONAL SERVICES (e.g., laundry, beauty/barber, funeral, child care)
- 12 ENTERTAINMENT AND RECREATION SERVICES (e.g., museum, movie theater, hotel)
- 13 HEALTH SERVICES (e.g., hospital, doctor's office, HMOs, dental/health clinics, mental health)
- 14 EDUCATIONAL SERVICES
- 15 SOCIAL SERVICES (e.g., nonprofit agencies, churches, youth agencies)
- 16 OTHER PROFESSIONAL SERVICES (e.g., law offices, engineering firms, management consultants)
- 17 PUBLIC ADMINISTRATION
- 18 OTHER (please describe PLACE_____)
- 8 Don't know
- 9 Not Available

(SECTOR) Is that job for the government, private industry, or is NAME self-employed?

- 1 Government
- 2 Private Industry (*go to BEPNUMB*)
- 3 Self-employed (*go to BEPNUMB*)
- 8 Don't know (*go to BEPNUMB*)
- 9 Not available (*go to BEPNUMB*)

(STATE) Is NAME employed by the State of Kansas?

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

(BEMPNUMB) Counting all locations where this business operates, what is the total number of persons who work for this business?

INTERVIEWER: THIS INCLUDES ALL THE EMPLOYEES WHO WORK FOR THIS BUSINESS, NOT JUST THOSE AT A PARTICULAR LOCATION.

PROBE IF NEEDED: Could you give me a specific number? Your best estimate is fine.

- 1 – 4 employees
- 5 – 9 employees
- 10-24 employees
- 25-49 employees
- 50-99 employees
- 100-249 employees
- 250-499 employees
- 500-999 employees
- Or are there 1,000 employees or more?
- Don't Know
- Not Available

(EST) Thinking about the particular location or facility where you work, how many people are employed there, full or part time?

- 1 – 4 employees
- 5 – 9 employees
- 10-24 employees
- 25-49 employees
- 50-99 employees
- 100-249 employees
- 250-499 employees
- 500-999 employees
- Or are there 1,000 employees or more?
- Don't Know
- Not Available

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

IF PERSON NORMALLY WORKS OVERTIME INCLUDE THOSE HOURS

(1-80) (*go to SEASON*)

-8 Don't know

-9 Not available

(HRSRNG) Would you say the job is full-time or part-time?

1 Full-time

2 Part-time

-8 Don't know

-9 Not available

(SEASON) Is this job a seasonal job? (Is this a job that only gets filled during certain parts of the year?)

1 Yes

2 No (*go to LENGT*)

-8 Don't know (*go to LENGT*)

-9 Not available (*go to LENGT*)

(WEEKS) How many weeks during the year does NAME usually work at this job? Include vacation and sick leave as work time.

(1-52)

-8 Don't know

-9 Not available

(LENGT) How many years has NAME been working for this employer?

(1-80) (*go to WORK2*)

-7 GIVE MONTHS IF ANSWER GIVEN IN MONTHS

-8 Don't know (*go to WORK2*)

-9 Not available (*go to WORK2*)

(LENGT2)

INTERVIEWER: ENTER MONTHS

(1-36) months

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

- 1 Yes (*go to PAY1*)
- 2 No (*go to PAY2*)
- 8 Don't Know
- 9 Not Available

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

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

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

Go to UNION after this question.

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

Include overtime, tips, bonuses.

- (1-500000)
- 8 Don't know
- 9 Not available

INTERVIEWER: REMIND PERSON IF HESITANT THAT THIS IS
CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP
PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS.
INCLUDE OVERTIME, TIPS, BONUSES.

(UNION) On this job, is NAME working under a union contract or collective agreement?

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

(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

(PAY4A) How much does NAME usually earn at this job ANNUALLY before deductions?

Include overtime, tips, bonuses.

(1-500000)

- 8 Don't know
- 9 Not available

INTERVIEWER: REMIND PERSON IF HESITANT THAT THIS IS CONFIDENTIAL, STATISTICAL INFORMATION ONLY AND WILL HELP PROVIDE INFORMATION TO DEVELOP AFFORDABLE HEALTH CARE PLANS. INCLUDE OVERTIME, TIPS, BONUSES.

*TESTWRK: If WORK =1 then ask EMP2 through PREM4; else go to EDUCAT.
(If wrk1 = 2 (no), -8(DK), or- 9(RF), skip to EDUCAT)*

Surveyer please note that the question sequence beginning with EMP2 and ending with PREM4 will be asked of each household member who is WORK=1. Please ask this sequence of ALL WORK=1 before going on to next question sequence that begins with EDUCAT.

(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*)

(EMP3) Is NAME eligible to enroll in this health 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*)

(EMP3A) Is the insurance that NAME is eligible for...
INTERVIEWER: READ CHOICES

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

(EMP4) Is NAME enrolled in this health insurance plan?

- 1 Yes
- 2 No (*go to W1*)
- 8 Don't know (*go to PLNCHIL*)
- 9 Not available(*go to PLNCHIL*)

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

(If person was only eligible for employee coverage (emp3a=1), store "1" for response below and skip to PREMI)

- 1 Employee coverage only (*if EMP3A=1, go to PREMI; if EMP3A=2, and there are no children under 22 in the household, go to PREMI; if EMP3A=2 and there are children under 22 in the household, go to W2*)
(*Those 22 & younger who are married are not included*)
- 2 Family coverage (*go to PLNCHIL*)
- 8 Don't know (*go to PLNCHIL*)
- 9 Not available (*go to PLNCHIL*)

(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 REASON: (Specify_____)
 - 8 Don't know
 - 9 Not Available
- NO MORE

Go to EDUCAT

Test: Only ask plnchil if there are children 22 years of age or younger and not married in the house.

(PLNCHIL) Let me confirm, are ALL the children 22 years of age or younger covered by this plan?

INTERVIEWER: IF NO, ASK "Are there ANY children covered by this plan?" IF NO, TYPE 3.

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

(W2) Why are the children not covered through NAME's employer?

INTERVIEWER: READ EACH LIST ITEM AND CHOOSE ALL THAT APPLY

- 1. Covered through another 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 REASONS: Other: Specify _____
 - 8 Don't know
 - 9 Not available
- NO MORE

(PREM1 for employee-only, PREM2 for family coverage) About how much does NAME have to pay out of each paycheck for his/her share to get insurance through his/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 is NAME paid? Once every month, every two weeks, every week or something else?

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

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

INTERVIEWER: READ CHOICES

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

Repeat starting at TESTWK for all hh members 18 and older or married

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

- 1 Less than high school
- 2 Completed high school
- 3 Some college or associates degree
- 4 Completed four years of college
- 5 Some graduate education
- 6 Graduate degree
- 8 Don't know
- 9 Not available

Repeat for all hh members 18 and older or married

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

(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 RACE*)
- 2 No (*go to RACE*)
- 8 Don't Know
- 9 Not Available

(RACE) What race does NAME consider him/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

(HHINCOME). For everyone who lives there 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.

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

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

- 1 Yes (go to PHONE2)
- 2 No (go to OTHPHN)
- 8 Don't know (go to OTHPHN)
- 9 Not available (go to OTHPHN)

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

(2-52)

-8 Don't know

-9 Not available

(OTHPHN) Are there any other telephone numbers in this household besides (FILL IN PHONE NUMBER) that people receive calls on?

1 Yes

2 No (go to ZIPCD)

-8 Don't know (go to ZIPCD)

-9 Not available (go to ZIPCD)

(OTHPHN2) How many?

(1-99)

-8 Don't Know

-9 Not Applicable

(1) go to OTHPHN3

(2-99) go to OTHPHN4

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

1 Yes (go to ZIPCD)

2 No (go to ZIPCD)

-8 Don't know (go to ZIPCD)

-9 Not available (go to ZIPCD)

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

(1-99)

-8 Don't know

-9 Not applicable

(ZIPCD) What is your zip code?

(60000-75000)

-8 Don't Know

-9 Not Available

(COUNTY) In what county in Kansas do you live?

OFFER LIST OF COUNTIES WITH NUMERIC CODE

(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 keep your first name and phone number so that we could call you back?

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

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