

Massachusetts Health Insurance Survey -- 2008

INTRODUCTION

INTRO1. Hello. My name is <name> and I'm calling on behalf of the Commonwealth of Massachusetts. I'm with International Communications Research.

IF RDD or listed telephone from USPS sample: We are working on a study about health care in Massachusetts and will enter eligible households in a drawing for a \$100 prize or Red Sox tickets as our thank you for your contribution to this important research

IF other USPS sample: We are working on a study about health care in Massachusetts and will send eligible households a \$20 thank you for your contribution to this important research and will also enter you in a drawing for a \$100 prize or Red Sox tickets.

INTRO2. As you may know, Massachusetts is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. The state would like to better understand how to improve access to affordable health insurance.

INTERVIEWER: IF YOU REACH A CHILD, ASK TO SPEAK TO AN ADULT.

FOR RDD sample: Your telephone number was randomly selected from phone numbers in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 25 minutes. We're offering a chance to win a pair of Red Sox tickets or a \$100 gift certificate to each eligible household that completes the survey as a thank you.

FOR USPS sample with listed landline phone: Your address was randomly selected from residential addresses in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 25 minutes. We're offering a chance to win a pair of Red Sox tickets or a \$100 gift certificate to each eligible household that completes the survey as a thank you.

FOR remaining USPS sample: Your address was randomly selected from residential addresses in Massachusetts. Your participation in this study is voluntary and will be a great help. This study takes only about 25 minutes. We're offering a \$20 payment to each eligible household that completes the survey as a thank you. We will also enter your name into a drawing for a chance to win a pair of Red Sox tickets or a \$100 gift certificate.

Is this a good time or would another time be better?

1. Continue
2. Callback
- R (DO NOT READ) Refused

INTRO3. Before we start, let me tell you that everything you say will be kept private. Your answers will be combined with those of other people in Massachusetts. The study will not be used for marketing purposes and your decision whether or not to participate will not affect your insurance coverage, health care, eligibility for health care services, or your relationship with any state agencies in Massachusetts. You may skip over questions or stop the interview at any time you wish.

INTRO4. If you have questions about the study, I can give you a phone number now or at the end of the survey that you can call to find out more about the study.

For questions about the survey, please call (INSERT ICR NUMBER)

To speak with someone in the Massachusetts Division of Health Care Finance and Policy, please call Cindy Wacks at 617-988-3174.

START OF SURVEY

S1. First of all, is this a second home or vacation home?

1. Yes → Thank you. We are only interviewing people at their main residence.
2. No

I'd like to begin by asking some questions about health insurance coverage for people in your household.

S2. Can you answer questions about health insurance for people in this household?

1. Yes → SKIP TO S4
2. No

S3. Is another adult available who could answer questions about health insurance?

1. Yes → GET PERSON ON PHONE AND CONTINUE [SKIP TO INTRO1]
2. No → CALL BACK Who should I speak with? What is a good time to call back?
[Go to interim code]

S4. How many people currently live or stay here?

PROBE: Include in this number, children, foster children, roomers, or housemates not related to you, college students living away while attending college and National Guard members who are deployed.

Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the regular Armed Forces living somewhere else.

_____ people

- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

S5. What kind of residence is this?

1. House, row house
2. Apartment, condo or flat
3. Mobile home or trailer
4. Other private residence
5. Student housing/Dorm
6. Nursing home
7. Convent
8. Prison
9. Other group quarters
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF S5 >4 Thank you. We are only interviewing people in their family residence.

I need some general information about the people in this house so that one person can be picked at random to talk about their access to health insurance.

NOTE: For the mail survey, we will select the TARGET immediately based on the person in the HH with the most recent birthday and set up the HH roster with that person as Person #1.

S6. S6a_age: Starting with yourself, what is your age as of your last birthday?

S6(b-j)_age: And the next person's age? – can enter "0" (age 0 – 110 allowed) for infant (age<1).

_____ # (0-110 years)

- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

S6(a-j)_sex: Is this (child/person) (a boy or a girl/male or female)?

1. Male
2. Female
- R (DO NOT READ) Refused

S6(b-j)_rel: What is this person's relationship to you?

(DO NOT READ. ENTER ONE ONLY)

1. Spouse (wife/husband)
2. Unmarried partner / significant other
3. Child / stepchild
4. Parent / Stepparent
5. Sibling / Stepsister / Stepbrother
6. Grandparent / Step-grandparent
7. Grandchild / Step-grandchild
8. Son-in-law / Daughter-in-law
9. Father-in-law / Mother-in-law
10. Other relative

11. Employer
12. Employee (maid, nanny, au pair, housekeeper, etc.)
13. Professional caregiver (nurse, aide, etc)
14. Other non-relative
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF S6(a-j)_age>17 ask>

S6a_edu /S6(b-j)_edu: What is the highest level of school [you have/ TARGET has] completed or the highest degree [you have/ TARGET has] received?

(DO NOT READ. ENTER ONE ONLY)

1. Less than high school (grades 1-11, grade 12 but no diploma)
2. High school graduate or equivalent (e.g. GED)
3. Some college but no degree (incl. 2 year occupational or vocational programs)
4. Associates Degree (not occupation or vocational programs)
5. College graduate (e.g. BA, AB, BS)
6. Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDs, PhD, JD, LLB, DVM)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

S7. I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions my computer has selected [you/TARGET].

What is the first name or initials of the person I selected?

IF TAGE>=17, ASK S8 AND IDENTIFY SPOUSE/PARTNER (S8=1 OR 2) IN THE ROSTER (TSPOUSE)

- S8. Are you (is this person) currently:
1. Married
 2. Living with partner
 3. Divorced
 4. Separated
 5. Widowed
 6. Never Married
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

IF TARGET is respondent, respondent's spouse/partner or respondent's unmarried child<18 SKIP TO SETUP

ELSE ASK S6(b-j) for everyone except respondent, TARGET, and TSPOUSE=1

S6(b-j)_trcl: It would be helpful to know TARGET's relationship with the other members of your household? What is TARGET's relationship to (relationship) [(age) (sex) if multiple members with same relationship code]?

(DO NOT READ, ENTER ONE ONLY)

- 1. Spouse (wife/husband)
- 2. Unmarried partner / significant other
- 3. Child / stepchild
- 4. Parent / Stepparent
- 5. Sibling / Stepsister / Stepbrother
- 6. Grandparent / Step-grandparent
- 7. Grandchild / Step-grandchild
- 8. Son-in-law / Daughter-in-law
- 9. Father-in-law / Mother-in-law
- 10. Other relative
- 11. Employer
- 12. Employee (maid, nanny, au pair, housekeeper, etc.)
- 13. Professional caregiver (nurse, aide, etc)
- 14. Other non-relative
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

SETUP1:

Create the following variables to be used in remainder of survey

HH_COUNT – Number of people in household (S4)
 TMARR – 1 if TARGET is married/partner; 0 otherwise
 TPAR – 1 if TARGET is parent; 0 otherwise
 TAGE – TARGET's age
 TFEM – 1 if TARGET is female; 0 otherwise
 TFAM_COUNT – Number of people in TARGET's family.
 IF TAGE<19 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<19 FROM ROSTER
 IF TAGE<19 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<19 FROM ROSTER
 IF TAGE>18: TARGET+SPOUSE+CHILDREN<19 FROM ROSTER

HEALTH INSURANCE

I am going to read you a list of different types of health insurance. Please tell me if (you / TARGET) currently have (has) any of the following.

READ FOR EACH TYPE H1 TO H13--(Do you/does TARGET) currently have (FILL):

		YES 1	NO 2	D/K D	RF R
H1	COBRA? PROBE: This is insurance purchased temporarily for full cost through a former employer.	1	2	D	R

H2	ASK IF TAGE >17: Health insurance through (your / TARGET's) work or union? PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	D	R
H2a	ASK IF H2=1 Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) D (DO NOT READ) Don't know R (DO NOT READ) Refused	1	2	D	R
H3	(IF NEEDED: (Do you/Does TARGET) currently have) Health insurance through someone else's work or union? PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	D	R
H3a	ASK IF H3=1 & TAGE<=26 Is this through your/TARGET's parent or guardian?	1	2	D	R
H4	ASK IF TAGE>17: (IF NEEDED: (Do you/Does TARGET) currently have) Medicare? PROBE: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.	1	2	D	R
H5	ASK IF TAGE>17 A Railroad Retirement Plan?	1	2	D	R
H6	Veteran's Affairs services, military health care, TRICARE, or CHAMPUS?	1	2	D	R
H7	Indian Health Service (IHS)?	1	2	D	R
H8	MassHealth or Medicaid? PROBE: This is a Massachusetts' program for low- and moderate-income families with children, seniors, and people with disabilities. You may know it as CommonHealth, Family Assistance or the Insurance Partnership. (You/TARGET) may have coverage under MassHealth through a health insurance plan.	1	2	D	R
H9	ASK IF TAGE>17 Commonwealth Care or CommCare? PROBE: This is a program offered by the Connector that provides insurance at either no cost or at subsidized rates for low- and moderate-income adults. (You/TARGET) would have coverage under CommCare through a health insurance plan.	1	2	D	R
H10	ASK IF TAGE>17 Commonwealth Choice? PROBE: This is a program offered by the Connector that helps people purchase a health insurance plan. (You/TARGET) could obtain coverage under Commonwealth Choice from the Connector or directly from a health insurance plan.	1	2	D	R
H11	ASK IF TAGE>15 A qualifying student health insurance plan? PROBE: A QSHIP is a health insurance plan that is sponsored by a college or university.	1	2	D	R
H12	ASK IF TAGE>17 Health insurance bought directly by (you / TARGET)? PROBE: For example, bought directly from Blue Cross Blue Shield or another company or bought through an insurance broker.	1	2	D	R

H13	Health insurance bought directly by someone else?	1	2	D	R
H13a	ASK IF H13=1 Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) D (DO NOT READ) Don't know R (DO NOT READ) Refused	1	2	D	R
H13b	ASK IF H13a=2 & TAGE<=26 Is this through (your/TARGET's) parent or guardian?	1	2	D	R
H14	Do you currently receive care through the Free Care Program? PROBE: This used to be called the Uncompensated Care Pool and is now called the Health Safety Net. You may know it as ADD CARD NAMES	1	2	D	R

H15	Do you currently have any other type of insurance? (DO NOT READ, SELECT ANSWERS) 1. WORKERS COMPENSATION FOR SPECIFIC INJURY/ILLNESS 2. EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY 3. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 4. OTHER NON INSURANCE PAYMENT SOURCE 5. OTHER INSURANCE SPECIFY _____ D (DO NOT READ) DON'T KNOW R (DO NOT READ) REFUSED				
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CHK_H16:

IF TARGET HAS ONLY INDIAN SERVICES (H7=1) OR FREE CARE PROGRAM (H14=1) SKIP TO H16c
IF TARGET HAS H15=1-4 ONLY, SAY "For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance." AND SKIP TO H19
IF TARGET HAS ANY OTHER INSURANCE SKIP TO H18
ELSE CONTINUE TO H16

H16	Just to be sure I have this right, (you do/TARGET does) not have health insurance coverage. Is that correct? IF H16=1,D, or R SKIP TO H16b IF H16=2 SKIP TO H16a	1	2	D	R
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H16a	What insurance do you/they have? (DO NOT READ, SELECT ANSWER) 1. COBRA 2. HEALTH INSURANCE THROUGH (YOUR / TARGET'S) WORK OR UNION 3. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION 4. MEDICARE 5. RAILROAD RETIREMENT PLAN 6. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS 7. INDIAN HEALTH SERVICE 8. MASSHEALTH OR MEDICAID 9. COMMONWEALTH CARE OR COMMCARE 10. COMMONWEALTH CHOICE THROUGH THE CONNECTOR 11. STUDENT HEALTH PLAN 12. HEALTH INSURANCE BOUGHT DIRECTLY BY (YOU / TARGET) 13. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE 14. FREE CARE PROGRAM/HEALTH SAFETY NET 15. WORKERS COMPENSATION FOR SPECIFIC INJURY/ILLNESS 16. EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY 17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS				
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	18. OTHER NON INSURANCE PAYMENT SOURCE 19. OTHER INSURANCE SPECIFY _____ D. (DO NOT READ) DON'T KNOW R. (DO NOT READ) REFUSED
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IF H16a=2 OR 3 SKIP TO H17a
IF H16a=13 SKIP TO H17b
IF TARGET HAS ONLY INDIAN SERVICES OR FREE CARE PROGRAM, SKIP TO H16c
IF TARGET HAS 15-18 ONLY, SAY "For the purposes of this survey, we'll assume that (you do/TARGET does) not have health insurance." AND SKIP TO H19
IF TARGET HAS ANY OTHER INSURANCE SKIP TO H18
ELSE CONTINUE TO H16b

H16b	When you (they) go to a doctor, health clinic, or hospital, does anyone else pay for some or all of (your / TARGET's) medical bills? IF NO/DK/REF SKIP TO H19 ELSE SKIP TO H17	1	2	D	R
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H16c	I understand that (you receive / TARGET receives) services through the (FILL AS APPROPRIATE: Indian Health Service, Free Care Program). In addition to this, does anyone else pay for (your / TARGET's) bills when you (they) go to a doctor or hospital? IF NO/DK/REF, SAY "For the purposes of this survey, (FILL AS APPROPRIATE: Indian Health Service, Free Care Program) is not considered comprehensive insurance . For our survey, we'll assume that you do/TARGET does not have health insurance." AND SKIP TO H19 ELSE SKIP TO H17	1	2	D	R
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H17	And who is that? (DO NOT READ, SELECT ANSWER) ***REPEAT LIST FROM H16a IF H17=3 SKIP TO H17b IF H17=12 SKIP TO H17a IF H17=7 OR 14-18 ONLY SAY: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN SKIP TO H19 ELSE SKIP TO H18				
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H17a	Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) D (DO NOT READ) Don't know R (DO NOT READ) Refused IF H17a=1 SKIP TO H18 ELSE SKIP TO H17b	1	2	D	R
H17b	ASK IF TARGET<=26 Is this through (your/TARGET's) parent or guardian?	1	2	D	R

SETUP2

CREATE VARIABLES FOR INSURANCE STATUS to use in rest of survey

TINS =1 if TARGET insured; 0 otherwise

TESI = 1 IF TARGET HAS INSURANCE THROUGH OWN WORK OR UNION (H2=1 OR H16A=1 OR H17=1)

IF TINS=1 SKIP TO H18

ELSE IF TINS=0 SKIP TO H19

H18	IF TAGE>=1 (Have you/Has TARGET) had insurance coverage for all of the past 12 months? IF TAGE<1 Has TARGET had insurance coverage for all of the time since he/she was born? H18=1 SKIP TO STAT ELSE SKIP TO H19	1	2	D	R
H19	How many months during the past 12 months were (you / TARGET) without health insurance coverage? IF TINS=1 SKIP TO H23 ELSE SKIP TO H20	__ # months		D	R

H20	How long has it been since (you/TARGET) had any health insurance? PROBE FOR MONTHS IF LESS THAN 2 YEARS H20a _____ # (2-50) years H20b _____ # (1-24) months 99 NEVER HAD COVERAGE D R
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H21		Selected	Not Selected
	(SCRAMBLE) Which of these are reasons that (you) target do not have health insurance?		
	1 The person in family who had health insurance lost job or changed employers	1	0
	2 The person in family who had health insurance is no longer part of the family because of divorce, separation or death	1	0
	3 Family member's employer does not offer coverage or not eligible for employer's coverage	1	0
	4 Lost eligibility for MassHealth or CommCare	1	0
	5 Cost is too high	1	0
	6 Insurance company refused coverage	1	0
	7 Don't need insurance	1	0
	8 Don't know how to get insurance	1	0
	9 Traded health insurance for another benefit or higher pay	1	0
	10 Some other reason? SPECIFY	1	0

H22	<p>IF H20=99 SKIP TO H23</p> <p>Thinking back to the last time (you/TARGET) had health insurance, what type of insurance did (you/TARGET) have? (DO NOT READ, SELECT ANSWERS, UP TO 5 RESPONSES ALLOWED)</p> <ol style="list-style-type: none"> 1. COBRA 2. HEALTH INSURANCE THROUGH WORK OR UNION 3. MEDICARE 4. RAILROAD RETIREMENT PLAN 5. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS 6. INDIAN HEALTH SERVICE 7. MASSHEALTH OR MEDICAID 8. COMMONWEALTH CARE OR COMMCARE 9. COMMONWEALTH CHOICE THROUGH THE CONNECTOR 10. STUDENT HEALTH PLAN 11. HEALTH INSURANCE BOUGHT DIRECTLY 12. FREE CARE PROGRAM/HEALTH SAFETY NET 13. OTHER NON INSURANCE PAYMENT SOURCE 14. OTHER INSURANCE SPECIFY _____ <p>D. (DO NOT READ) DON'T KNOW R. (DO NOT READ) REFUSED</p>				
H23	At any time in the past 12 months, did (you / TARGET) receive care under the Free Care Program? PROBE: This used to be called the Uncompensated Care Pool and is now called the Health Safety Net. You may know it as ADD CARD NAMES	1	2	D	R

The next questions concern the health insurance that the other people in your household have at this time.

INSTRUCTIONS: PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET. SEQUENCE RUNS FROM STAT(#) TO PRIOR(#)

STAT(#). Do you/ Does your (relationship) [(age) (sex) if multiple members with same relationship code] currently have health insurance?

1. Yes →SKIP TO INS
2. No →SKIP TO INS_CHK

D (DO NOT READ) Don't know →REPEAT FOR NEXT PERSON ON ROSTER
R (DO NOT READ) Refused →REPEAT FOR NEXT PERSON ON ROSTER

INS: What type of health insurance (are you/is this person) covered by? Is it (FILL):

		Selected	Not Selected
INS(#)_1	COBRA?	1	0
INS(#)_2	<p>ASK IF HH MEMBER AGE>17</p> <p>Health insurance through (your / his/her) work or union? IF TAGE<18, ADD PROBE FOR FIRST ADULT: This insurance could be through a former employer or a retiree benefit, but not COBRA.</p>	1	0

INS(#)_2A	ASK IF INS(#)_2=1 Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) D (DO NOT READ) Don't know R (DO NOT READ) Refused		
INS(#)_3	(IF NEEDED--Are you/is this person) covered by Health insurance through someone else's work or union?	1	0
INS(#)_4	ASK IF HH MEMBER AGE>17 Medicare or Railroad Retirement Plan? IF TAGE<18, ADD PROBE FOR FIRST ADULT:: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.	1	0
INS(#)_5	Veteran's Affairs, Military Health, TRICARE OR CHAMPUS?	1	0
INS(#)_6	Indian Health Service?	1	0
INS(#)_7	MassHealth or Medicaid?	1	0

INS(#)_8	ASK IF HH MEMBER AGE>17 Commonwealth Care or CommCare? IF TAGE<18, ADD PROBE FOR FIRST ADULT: This is a program offered by the Connector that provides insurance at either no cost or at subsidized rates for low- and moderate-income adults. (You/TARGET) would have coverage under CommCare through a health insurance plan.	1	0
INS(#)_9	ASK IF HH MEMBER AGE>17 Commonwealth Choice through the Connector? IF TAGE<18, ADD PROBE FOR FIRST ADULT: This is a program offered by the Connector that helps people purchase a health insurance plan. (You/he/she) could obtain coverage under Commonwealth Choice from the Connector or directly from a health insurance plan.	1	0
INS(#)_10	ASK IF HH MEMBER AGE>15 Student Health Plan? IF TAGE<17 ADD PROBE FOR FIRST HH MEMBER AGE>16: PROBE: This is a health insurance plan that is sponsored by a college or university.	1	0
INS(#)_11	ASK IF HH MEMBER AGE>17 Health insurance bought directly by (you / him/her)? IF TAGE<18, ADD PROBE FOR FIRST ADULT: For example, bought directly from Blue Cross Blue Shield or another company or bought through an insurance broker.	1	0
INS(#)_12	Health insurance bought directly by someone else?	1	0
INS(#)_13	CHANGE LEAD FOR THIS TO: (Do you?Does he/she) currently receive care through the Free Care Program?	1	0
INS(#)_14	(Do you/Does he/she) currently have any other type of insurance? (DO NOT READ, SELECT ANSWERS) 1. WORKERS COMPENSATION FOR SPECIFIC INJURY/ILLNESS		

	2. EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY 3. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 4. OTHER NON INSURANCE PAYMENT SOURCE 5. OTHER INSURANCE SPECIFY _____ D (DO NOT READ) DON'T KNOW R (DO NOT READ) REFUSED
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IF ONLY FREE CARE (INS(#)_13=1) OR IHS (INS(#)_6=1), SAY "The (FILL AS APPROPRIATE: Free Care Program/Indian Health Service is not considered comprehensive insurance for the purposes of this survey" AND SKIP TO INS_CHK (#)

IF ONLY HAS INS(3)_14=1-4, SAY "For the purposes of this survey, we'll assume that you/he/she does not have health insurance." AND SKIP TO MNTHS(#)

ELSE IF ALL OTHER INSURANCE TYPES =0, SKIP TO INS-CHK(#)

ELSE SKIP TO YRSTAT(#)

INS_CHK(#) Just to be sure I have this right. [You do / your (relationship) [(age) (sex) if multiple members with same relationship code] does] not have health insurance coverage. Is that correct?

1. Yes → SKIP TO MNTHS(#)
2. No → GO BACK AND FIX

YRSTAT(#). IF TAGE>=1 Have you (Has your (relationship) [(age) (sex) if multiple members with same relationship code]) had insurance coverage for all of the past 12 months?

IF TAGE<1 Has your (relationship) [(age) (sex) if multiple members with same relationship code] had insurance coverage for all of the time since he/she was born?

1. Yes
2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF YRSTAT(#)=2 SKIP TO MNTHS(#)
 ELSE SKIP TO NEXT PERSON, IF LAST PERSON SKIP TO SETUP3

MNTHS(#) How many months during the past 12 months were (you / your (relationship) [(age) (sex) if multiple members with same relationship code]) without health insurance coverage?

_____ # months

- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF PERSON IS CURRENTLY INSURED SKIP TO NEXT PERSON OR IF LAST PERSON SKIP TO SETUP3

LONG(#) How long has it been since (you/(relationship) [(age) (sex) if multiple members with same relationship code])) had any health insurance?

PROBE FOR MONTHS IF LESS THAN 2 YEARS

LONG(#)a _____ # (2-50) years
LONG(#)b _____ # (1-24) months
99 NEVER HAD COVERAGE
D Don't know
R Refused

IF LONG(#)=99 SKIP TO NEXT PERSON OR IF LAST PERSON SKIP TO SETUP3

PRIOR(#) Thinking back to the last time (you/(relationship) [(age) (sex) if multiple members with same relationship code])) had health insurance, what type of insurance did (you/he/she) have? (DO NOT READ, SELECT ANSWERS, UP TO 5 RESPONSES ALLOWED)

1. COBRA
2. HEALTH INSURANCE THROUGH WORK OR UNION
3. MEDICARE
4. RAILROAD RETIREMENT PLAN
5. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS
6. INDIAN HEALTH SERVICE
7. MASSHEALTH OR MEDICAID
8. COMMONWEALTH CARE OR COMMCARE
9. COMMONWEALTH CHOICE THROUGH THE CONNECTOR
10. STUDENT HEALTH PLAN
11. HEALTH INSURANCE BOUGHT DIRECTLY
12. FREE CARE PROGRAM/HEALTH SAFETY NET
13. OTHER NON INSURANCE PAYMENT SOURCE
14. OTHER INSURANCE SPECIFY _____
- D. (DO NOT READ) DON'T KNOW
- R. (DO NOT READ) REFUSED

SKIP TO NEXT PERSON OR IF LAST PERSON SKIP TO SETUP3

SETUP3

CREATE VARIABLES FOR INSURANCE STATUS OF TARGET'S SPOUSE/PARTNER AND/OR PARENT

SESI = 1 IF SPOUSE/PARTNER HAS INSURANCE THROUGH OWN WORK OR UNION
PESI = 1 IF ANY PARENT HAS INSURANCE THROUGH OWN WORK OR UNION
SFAM=1 IF SPOUSE HAS FAMILY COVERAGE THROUGH OWN WORK OR UNION
PFAM=1 IF ANY PARENT HAS FAMILY COVERAGE THROUGH OWN WORK OR UNION

EMPLOYMENT

My next questions ask about employment.

INSTRUCTIONS FOR SEQUENCE EMP(#) TO STUD(#):

IF TAGE<15: PROCEED THROUGH ROSTER FOR TARGET'S PARENTS

IF 15<=TAGE<26: PROCEED THROUGH ROSTER FOR TARGET, TARGET'S SPOUSE (IF PRESENT)
AND TARGET'S PARENTS (IF PRESENT)

IF TAGE>25: PROCEED THROUGH ROSTER FOR TARGET & TARGET'S SPOUSE (IF PRESENT)

I'd like to start by asking about (you/TARGET/(relationship) [(age) (sex) if multiple members with same relationship code].

FOR SUBSEQUENT PEOPLE: Now I'd like to ask about (you/TARGET/(relationship) [(age) (sex) if multiple members with same relationship code].

EMP(#). (Are you /Is TARGET/Is your (relationship) [(age) (sex) if multiple members with same relationship code] currently...

1. Self-employed
2. Employed by military
3. Employed by someone else
4. Unpaid worker for a family business→SKIP TO VET(#)
5. Retired→ SKIP TO VET(#)
6. Unemployed or not working→ SKIP TO VET(#)
- D (DO NOT READ) Don't know → SKIP TO VET(#)
- R (DO NOT READ) Refused → SKIP TO VET(#)

JOB1(#). (Do you/Does TARGET/Does your (relationship) [(age) (sex) if multiple members with same relationship code]) have more than one job, including part-time, evening or weekend work?

1. Yes
2. No
- D Don't know
- R Refused

IF JOB1(#)=1 SKIP TO JOB2(#)
ELSE SKIP TO HRS1(#)

JOB2(#) Altogether, how many jobs (do you/does TARGET/ does your (relationship) [(age) (sex) if multiple members with same relationship code]) have?

- 1. 2 jobs
- 2. 3 jobs
- 3. 4 or more jobs
- D Don't know
- R Refused

HRS1(#) How many hours per week (do you /does TARGET/(does your (relationship) [(age) (sex) if multiple members with same relationship code]) usually work at your (their) main job?
IF NEEDED: By main job, I mean the one at which (you/he/she) usually (work/works/works) the most hours.

_____ hours (1-100)
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

IF JOB1(#)=1 SKIP TO HRS2(#)
ELSE SKIP TO TENURE(#)

HRS2(#) How many hours per week do you (does your (relationship) [(age) (sex) if multiple members with same relationship code]) usually work at your (their) other jobs?

_____ hours (1-100)
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

TENURE(#) How long (have you/has your (relationship) [(age) (sex) if multiple members with same relationship code]) worked for your main job?

PROBE FOR MONTHS IF LESS THAN 2 YEARS

TENURE_a_____years (2-60)
TENURE_b_____months (1-24)
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

SIZE(#) Counting all locations where this employer operates, are there more than 50 people working for your (relationship) [(age) (sex) if multiple members with same relationship code] employer?

If EMP#=1 Self employed the question reads:
Including yourself are there more than 50 people working for this business?

- 1. Yes
- 2. No
- 7. (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF SIZE=1 SKIP TO SIZEB

IF SIZE=2 SKIP TO SIZEA
ELSE SKIP TO OFFER1

SIZEA(#). Which category best represents the total number of persons who work for your (relationship) [(age) (sex) if multiple members with same relationship code] (employer/business)?

NOTE: If EMP#=1, use "business" instead of "employer."

1. Just one
2. Between 2 and 10
3. Between 11 and 50
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

SKIP TO OFFER1(#)

SIZEB(#). Which category best represents the total number of persons who work for your (relationship) [(age) (sex) if multiple members with same relationship code] (employer/business)?

NOTE: If EMP#=1, use "business" instead of "employer"

1. Between 51 and 100
2. Between 101 and 500
3. Between 501 and 1000
4. Over 1000
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF PERSON IS TARGET & TESI = 1 SKIP TO VET FOR TARGET
IF PERSON IS SPOUSE & SESI=1 & SFAM=1 SKIP TO VET FOR SPOUSE
IF PERSON IS SPOUSE & SESI=1 & SFAM=0 SKIP TO OFFER3 FOR SPOUSE
IF PERSON IS PARENT & PESI=1 & PFAM=1 SKIP TO VET FOR PARENTS
IF PERSON IS PARENT & PESI=1 & PFAM=0 SKIP TO OFFER3 FOR PARENTS

OFFER1(#). Does the business where (you work / your (relationship) [(age) (sex) if multiple members with same relationship code] works) at your main job offer health insurance as a benefit to any of its employees? INTERVIEWER: ASK ABOUT PRIMARY EMPLOYER IF HAVE MULTIPLE EMPLOYERS

1. Yes
2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

OFFER2(#). (Are you /Is your (relationship) [(age) (sex) if multiple members with same relationship code]) eligible for health insurance through (your/their) work?

1. Yes
2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

OFFER3(#) IF SFAM=0 OR PFAM=0, ADD> Earlier you mentioned that (you / your (relationship) [(age) (sex) if multiple members with same relationship code]) had health insurance coverage through (your/their) employer.

Could dependents be covered under that health insurance?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

VET(#) Are you (Is your (relationship) [(age) (sex) if multiple members with same relationship code] a veteran of the United States military?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

STUD(#) Are you (Is your (relationship) [(age) (sex) if multiple members with same relationship code] currently a full-time student (greater than three-fourths time) ?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ACCESS, USE AND COST

ASK FOR ALL

AC1. My next questions ask about [your/ TARGET's] recent health care experiences. Is there a place where [you/ TARGET's] usually [go/goes] when [you/(he/she)] [are/is] sick or when [you/(he/she)] need advice about [your/(his/her)] health?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK AC2 IF AC1 = 1)

AC2. What kind of place is it? Is it....?
(READ LIST. ENTER ONE ONLY)

- 1 A doctor's office or private clinic
- 2 A community health center or other public clinic
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 An urgent care center that is not part of a community health center
- 6 Or, some other place
- 7 (DO NOT READ) Doesn't go to one place most often
- D (DO NOT READ) Don't know

R (DO NOT READ) Refused

AC3. The next questions are about the health care [you/ TARGET] received in the past 12 months. In the past 12 months, how many times did [you/ TARGET] receive care in a hospital emergency room?

(READ LIST IF NECESSARY. ENTER ONE ONLY)

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK AC3a IF AC3 = 1-4)

AC3a. The last time (you/TARGET) went to a hospital emergency room, was it for a condition that (you/TARGET/TARGET'S parent) thought could have been treated by a regular doctor if he or she had been available?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF TFEM>1 & TAGE>15, INSERT "other than to have a baby"

AC4. In the past 12 months, (were you/ was TARGET) a patient in a hospital overnight (other than to have a baby)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

AC5. In the past 12 months, how many times did [you/ TARGET] visit a general doctor who treats a variety of illnesses? For example, a doctor in general practice, family medicine or internal medicine.

(READ LIST IF NECESSARY. ENTER ONE ONLY)

- 0 None
- 1 1 time
- 2 2 times
- 3 3 times
- 4 More than 3 times
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK AC5a IF AC5 = 1-4)

IF AC5 = 1, INSERT "Was this visit"; IF AC3c = 2-4, INSERT "Were any of those visits"

AC5a. (Was this visit/Were any of those visits) for a check-up, physical examination or for other preventive care?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

AC6. In the past 12 months, did [you/ TARGET] visit a specialist? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

AC7. In the past 12 months, did [you/ TARGET] see a dentist or a dental hygienist?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

AC8. In the past 12 months, did [you/ TARGET] take any prescription drugs?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

AC9 Still thinking about the past 12 months, was there any time that [you/ TARGET/TARGET's parent] did not (INSERT) because of cost?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Fill a prescription for medicine (IF TAGE<18, ADD> for TARGET)
- b. Get a medical test, treatment or follow-up recommended by a doctor (IF TAGE<18, ADD> for TARGET)
- c. Get doctor care that (you/TARGET) needed
- d. Get specialist care that (you/TARGET) needed (IF NEEDED: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.)

(SCRAMBLE)

AC10 My next questions are about the health care costs that [you/ TARGET] (and your family/ and [his/her]family) had in the past 12 months. First, I'd like to ask about how much [you/ TARGET] (and your family/and [his/her] family) spent "out of pocket" for health care in the past 12 months. "Out of pocket" is the amount of money you pay that is not covered by any insurance or special assistance that you might have. It does not include any premiums you pay for your health insurance or any health care costs that [you/(he/she)] will be reimbursed for.

How much did [you/ TARGET] (and your family/and [his/her] family) spend "out of pocket" in the past 12 months for (INSERT)...? Was it...?

(READ LIST. ENTER ONE ONLY)

- 1 Less than \$200
 - 2 \$200 to under \$500
 - 3 \$500 to under \$1,000
 - 4 \$1,000 to under \$3,000
 - 5 \$3,000 to under \$5,000
 - 6 \$5,000 or more
 - 7 (DO NOT READ) DID NOT USE CARE
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused
- a. Prescription medicines
 - b. Dental and vision care
 - c. All other medical expenses, including for doctors, hospitals, tests and equipment

AC11 In the past 12 months, did [you/ TARGET] have any problems paying or [were/was] [you/TARGET]] unable to pay any of [your/(his/her)] family's] medical bills? This would include doctor or hospital bills, dentist bills, bills for prescription drugs, nursing home bills, or home care bills.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

AC12 [Do/Does] [you/ TARGET] (and your family/and [his/her] family) currently have any medical bills that you are paying off over time? This could include medical bills you are paying off with your credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

HEALTH STATUS

My next questions are about (your/TARGET's) health.

HS1. Would you say (your / TARGET's) health, in general, is excellent, very good, good, fair, or poor?

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

HS2. (Are you/ Is TARGET) limited in any way in (your/his/her) activities because of a physical, mental, or emotional problems?

- 1 Yes
 - 2 No
- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

PUBLIC COVERAGE

Now I have a few questions about insurance programs available through the state of Massachusetts for those who are uninsured.

FOR TARGET<18 ASK ABOUT "TARGET'S PARENTS"

PUB1. (Have you /Has TARGET/Has TARGET's parents) ever asked for or been given information about any of the programs available in Massachusetts for people who are uninsured? This would include MassHealth, Commonwealth Care or Commonwealth Choice, among others.

1. Yes
 2. No
- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

PUB2. If (you / TARGET/TARGET's parents) learned (you /(she/he) /TARGET) were eligible for health coverage through one of these programs, would (you / he/she) enroll (//TARGET)?

1. Yes
 2. No
- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

PUB3. If (you / TARGET/TARGET's parents) learned (you/ (she/he)/ TARGET) were eligible for health coverage through one of these programs at no cost to (you / TARGET) or your (her/his) family, would (you /she/he) enroll (//TARGET)?

- 1. Yes
- 2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

PUB4. Which of these are important reasons (you / TARGET) are not enrolled in one of the programs available in Massachusetts for people who are uninsured?

	Selected	Not Selected
a Have other insurance	1	0
b Cost was too high	1	0
c Don't like the benefits package	1	0
d Too much hassle/paperwork	1	0
e Don't need or don't want insurance	1	0
f Not eligible for coverage	1	0
g Don't know about programs	1	0
g Don't know how to enroll in programs	1	0
h Something else? SPECIFY	1	0

HEALTH REFORM

HR1. As you may know, Massachusetts has a law that is aimed at providing health insurance for all Massachusetts residents. In general, do you support or oppose this Massachusetts law?

- 1 Support
- 2 Oppose
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

HR2. Massachusetts now requires that residents of the state either purchase health insurance or pay a fine. The requirement applies to everyone except people that a state agency determines can't afford the cost of a policy. Have you heard or read about this new requirement? It is called the individual mandate.

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF HR2=1 SKIP TO HR3
ELSE SKIP TO HISP

IF TAGE<18 ASK ABOUT TARGET'S PARENTS

HR3. Which of the following best describes the affect of the individual mandate on (you/TARGET's/TARGET'S parents') current health insurance coverage?

- 1 The individual mandate had no effect because (you/TARGET) already had coverage
- 2 (You/TARGET) obtained coverage because of the individual mandate.
- 3 (You/TARGET) tried to obtain coverage because of the individual mandate but could not find coverage (you/he/she) could afford.

- 4 (You/TARGET) decided not to obtain coverage and will just pay the penalty.
- 5 Something else? SPECIFY
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

BACKGROUND

Now, I'd like to ask a few questions to help us describe the people who participated in our survey.

HISP. Are you Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1. No, not of Hispanic origin
- 2. Yes, Mexican, Mexican American, Chicano
- 3. Yes, Puerto Rican
- 4. Yes, Cuban
- 5. Yes, other Spanish/Hispanic/Latino
- R (DO NOT READ) Refused

RACE. Do you consider yourself white, black or African American, Asian or Pacific Islander, some other race or mixed race?

- 1 White
- 2 Black or African American
- 3 Asian or Pacific Islander
- 4 Some other race (SPECIFY) _____
- 5 Mixed race (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

RACEAL. Are all of the other people in this household of the same race and ethnicity as you?

- 1. Yes → IF AGE < 18 YEARS → SKIP TO PHONE
- 2. No → PULL UP HOUSEHOLD ROSTER AND ASK ETHNICITY AND RACE QUESTIONS OF ALL HOUSEHOLD MEMBERS
- D (DO NOT READ) Don't know → IF AGE < 18 YEARS → SKIP TO PHONE
- R (DO NOT READ) Refused → IF AGE < 18 YEARS → SKIP TO PHONE

HISP(#). Are you (Is (relationship) [(age) (sex) if multiple members with same relationship code]) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1. No, not of Hispanic origin
- 2. Yes, Mexican, Mexican American, Chicano
- 3. Yes, Puerto Rican
- 4. Yes, Cuban
- 5. Yes, other Spanish/Hispanic/Latino
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

RACE(#). (Do you/Does TARGET) consider (yourself/[himself/herself]) white, black or African American, Asian or Pacific Islander, some other race or mixed race?

- 1 White
- 2 Black or African American
- 3 Asian or Pacific Islander
- 4 Some other race (SPECIFY) _____
- 5 Mixed race (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

***DAVID AND TIM: DO WE NEED ALL OF THESE PHONE QS? WE NEED TO ADD AN UNLISTED NUMBER QUESTION. ANYTHING ELSE??

PHONE. Besides this phone number, are there any other landline telephone numbers in this household, such as fax or data lines, a children's or a business line? Please do not include cell phones.

- 1. Yes
- 2. No → SKIP TO PHONE3
- 3. Not Respondent's # → SKIP TO PHONE3
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

DEFINITION: LANDLINE TELEPHONE NUMBERS ARE FOR PHONES PLUGGED INTO THE WALL OF YOUR HOME AND THEY CAN BE USED FOR DIFFERENT REASONS INCLUDING MAKING AND RECEIVING CALLS SUCH AS A CHILDREN'S OR A BUSINESS LINE, FOR COMPUTER LINES OR A FAX MACHINE.

PHONE2 Of these telephone numbers, how many are connected to phones that can be answered by a person?

- Number _____ (0-10)
- D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

IF NEEDED: THESE QUESTIONS ARE DESIGNED TO FIND OUT HOW POSSIBLE IT IS THAT THIS HOUSEHOLD COULD BE CONTACTED MORE THAN ONCE FOR THE STUDY.

PHONE3. During the past 12 months, has your household ever been without landline telephone service for more than 24 hours?

- 1. Yes
- 2. No → SKIP TO PHONE6
- D (DO NOT READ) Don't know → SKIP TO PHONE6
- R (DO NOT READ) Refused → SKIP TO PHONE6

PHONE4. Over the past twelve months, what was the total number of days, weeks, or months your household was without landline telephone service?

- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

PHONE4_D Number (1-90) _____
PHONE4_W Number (1-52) _____
PHONE4_M Number (1-12) _____

PHONE5 Of these <FILL PHONE4> <FILL PHONE4 UNITS> how often was a cell phone available for household use?
IF PHONE4 IS MISSING OR REFUSED: During this time without landline telephone service, how often was a cell phone available for household use?

1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

PHONE6. Do you (or any other members of your household) currently have a working cell phone?

1. Yes
 2. No → SKIP TO HOME
- D (DO NOT READ) Don't know → SKIP TO HOME
R (DO NOT READ) Refused → SKIP TO HOME

PHONE7. How many people in the household have a cell phone?

- D (DO NOT READ) Don't know
R (DO NOT READ) Refused
Number _____ (1-10)

PHONE8. Of all the phone calls that you receive, about how many are received on a cell phone?
Would you say...

1. Almost all calls
 2. More than half
 3. Less than half, or
 4. Very few or none
- D (DO NOT READ) Don't know
R (DO NOT READ) Refused

S9 Do you own or rent your home

1. Own or being bought by you/someone in your household
 2. Rent for cash
 3. Don't own; occupy without paying cash rent
- D (DO NOT READ) Don't know
8. (DO NOT READ) Refused

S10 How long (have you/has TARGET) lived in Massachusetts?

PROBE FOR MONTHS IF LESS THAN 2 YEARS

- S10a. _____ # (2-100) years
S10b. _____ # (0-24) months

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

S11 (Were you/was TARGET) born in the United States?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF S11=2 SKIP TO S12

ELSE SKIP TO INC1

S12. (Are you/Is TARGET) a citizen of the United States?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

INC1. My final questions are about income. This information is important because it helps the state understand how to make health care more affordable.

(IF TAGE<18 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean your spouse and the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

(IF TAGE <18 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS NOT MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

(IF TAGE <18 & TMARR=0 & TPAR=0 & RESPONDENT IS NOT PARENT, READ:)

I'm interested in TARGET's family income, that is the income from his/her parents PLUS the income of any immediate family. IF HH_COUNT>FAM_COUNT ADD>By immediate family I mean parents and siblings under 19 who are living with TARGET. For these questions, I'd like you to think back to 2007. During 2007, did any of TARGET's family members receive any income from wages or salary?

(IF TMARR=1 & FAM_COUNT>2, READ:)

I'm interested in [your/ TARGET's] family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean your/(his/her)] spouse and the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/his/her family members receive any income from wages or salary?

(IF TMARR=1 & FAM_COUNT=2, READ:)

I'm interested in (your/ TARGET's) family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] spouse. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

(IF TMARR=0 &TPAR=1 & FAM_COUNT>2, READ:)

I'm interested in [your/TARGET's] family income, that is [your/ TARGET's] income PLUS the income of the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/(his/her)] family members receive any income from wages or salary?

(IF FAM_COUNT=1, READ:)

For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] receive any income from wages or salary?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(SCRAMBLE)

INC2. During 2007, did [you/ TARGET] (or any of [your his/her] family members) receive (INSERT)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Any dividend income or any interest income from savings accounts, bonds, money market accounts, or similar types of investments
- b. Supplemental Security Income or SSI
- c. Income from any other sources, such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker's compensation or veteran's payments, Social Security or pensions, or anything else

INC3. Thinking about all the different sources of income [you/ TARGET] (and [your/ TARGET's] immediate family) received in 2007, what was the combined total income from all sources before taxes and other deductions? Was it under (INSERT AMT3 FOR FAMILY SIZE) or was it (INSERT AMT3 FOR FAMILY SIZE) or more?

PROBE: Your best estimate is fine.

- 1 Under (INSERT AMT5)
- 2 (INSERT AMT5) or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

ASK INC4 IF INC3 = 1
ELSE SKIP TO INC5

INC4. Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (family) income ...?

IF NEEDED: The computer gives me different income values for the question depending on the size of your family.

PROBE: Your best estimate is fine.

(READ LIST. ENTER ONE ONLY)

- 1 Less than (INSERT AMT1)
- 2 (INSERT AMT1) to (INSERT AMT2)
- 3 (INSERT AMT2) to under (INSERT AMT3)
- 4 (INSERT AMT 3) to under (INSERT AMT4)
- 5 (INSERT AMT 4) to under (INSERT AMT5)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

SKIP TO INC6

INC5. Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (family) income ...?

PROBE: Your best estimate is fine.

(READ LIST. ENTER ONE ONLY)

- 1 (INSERT AMT5) to under (INSERT AMT6)
- 2 (INSERT AMT6) to under (INSERT AMT7)
- 2 (INSERT AMT7) to under (INSERT AMT8)
- 3 (INSERT AMT8) or more
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

2007 Poverty Guidelines, rounded up to nearest thousand								
	100%	150%	200%	250%	300%	400%	500%	600%
FAMSIZE	AMT1	AMT2	AMT3	AMT4	AMT5	AMT6	AMT7	AMT8
1	11000	16000	21000	26000	31000	41000	52000	62000
2	14000	21000	28000	35000	42000	55000	69000	83000
3	18000	26000	35000	43000	52000	69000	86000	104000
4	21000	31000	42000	52000	62000	83000	104000	124000
5	25000	37000	49000	61000	73000	97000	121000	145000
6	28000	42000	56000	70000	83000	111000	139000	166000
7	32000	47000	63000	78000	94000	125000	156000	187000
8	35000	52000	70000	87000	104000	139000	173000	208000
9	39000	58000	77000	96000	115000	153000	191000	229000
10	42000	63000	84000	104000	125000	167000	208000	250000
11	46000	68000	91000	113000	136000	181000	226000	271000
12	49000	73000	97000	122000	146000	194000	243000	291000
13	52000	78000	104000	130000	156000	208000	260000	312000
14	56000	84000	111000	139000	167000	222000	278000	333000
15	59000	89000	118000	148000	177000	236000	295000	354000

16	63000	94000	125000	157000	188000	250000	313000	375000
17	66000	99000	132000	165000	198000	264000	330000	396000

IF TAGE>17 & EVER UNINSURED IN PRIOR YEAR (H19>0) SKIP TO INC6
 IF TAGE<18 & TARGET'S PARENTS EVERY UNINSURED IN PRIOR YEAR SKIP TO INC6 AND ASK
 ABOUT TARGET'S PARENTS
 ELSE SKIP TO FINAL

INC6. Finally, did (you/TARGET/TARGET'S parents) pay a penalty in your taxes in 2008 for not having insurance coverage by December 31, 2007?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

IF RDD SAMPLE SKIP TO ZIP
 ELSE SKIP TO FINAL

ZIP What is your zip code?

- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

FINAL. That was my last question. Do you have any questions for me?

The last thing I need is your name and mailing address to...

IF RDD or listed telephone from USPS sample: ...enter you in the drawing for the \$100 prize or Red Sox tickets as our thank you for your contribution to this important research

IF other USPS sample: ...send you your \$20 thank you for your contribution to this important research and enter you in the drawing for the \$100 prize or Red Sox tickets.

Name: _____
 Street: _____
 City: _____
 Zip code: _____