

MARYLAND HEALTH INSURANCE STUDY

Final 10/24/2001

(HELLO) Hello, my name is _____ and I am working with the Gallup Organization and the Maryland Health Care Commission to find out about health insurance coverage and services for Maryland's children and adults. I am not asking for money or trying to sell you anything. All of your answers are strictly confidential. Your telephone number was randomly selected from all households in Maryland. This call may be monitored for quality assurance.

| **(HOME)** Have I reached you on your HOME phone?

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

(LIVE)

Can you confirm that this is a residential household, not an institution or business?

<1> Yes - residential household

<2> No - institution [thank and terminate]

<3> No - business [thank and terminate]

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) Are you a member of this household at least~~ 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~~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~~ not eligible for Medicare so I do not have any other questions.

(KNOW) Are you the person in the household who is the most knowledgeable familiar with person in the household about the family's healthcare and health insurance the healthcare and health insurance of the people living in the household?

- 1 Yes (go to PROCEED)
- 0 No

(KNOW2) May I speak to the person in the household who is the most familiar with the healthcare and health insurance of the people living in the household 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) I will ask you only your first name or initials 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.

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

~~+~~Yes to continue

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~~[From the NSAF-SC2] One important~~ The focus of this study is the health care, in particular health care for children. Including everyone who usually lives there such as family, relatives, friends, or boarders, are there any children or teens in the household who are less than 189 years old?

[INCLUDE EVERYONE UNDER 198 REGARDLESS OF RELATIONSHIP TO OTHERS IN HH]

YES..... 1
NO..... 2 (IF HOUSEHOLD WAS PRE-DESIGNATED AS CHILD-INTERVIEW ONLY, GO TO END)

SC3. Including yourself, {and any babies and small children:}, how many people live in

this household?

NUMBER

[HOUSEHOLD (HH) MEMBERS INCLUDE PEOPLE WHO THINK OF THIS HH AS THEIR USUAL PLACE OF RESIDENCE. IT INCLUDES PERSONS WHO USUALLY STAY IN THE HH BUT ARE TEMPORARILY AWAY ON BUSINESS, VACATION, IN A HOSPITAL, OR AWAY AT SCHOOL.]

SC30V. Did you include everyone who usually lives here, even those who may be temporarily away on business, vacation, in a hospital, or away at school?

YES 1
NO 2

[CHANGE AND VERIFY TOTAL AS APPROPRIATE]

Now, I would like to ask your opinion about ways to improve education in this country. Which of the following do you feel would be effective in improving public education? How about...

_____ Yes No

— **Enforcing stricter discipline in schools.**
Would you say that would be effective in improving public education? 1 — 2

a. Evaluating teachers according to performance? 1 — 2

b. Making the school year longer? 1 — 2

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(POVLINE) The Maryland State Health Department is especially interested in the issues facing those working families that do not have insurance.

We are interested in including for the study households in a wide variety of economic situations in Maryland. For 2001, will the total income for everyone in this household, before taxes, be at or below (3X POVERTY LINE FOR HH) or above (3X POVERTY LINE FOR HH)?

AT OR BELOW 1
ABOVE 2

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[Note, we will need to give Gallup the family size and corresponding FPLs so that they can create the appropriate skip patterns supporting tables to automatically fill in the dollar figure for 3x FPL.]

What county do you live in?

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 or initials 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 (CSR: Allow 12 characters for each 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 (CSR: changed to 2=no, incorrect) TO GO BACK AND ADD/FIX NAMES
HIT 2 (CSR: changed to 1=yes, correct) 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, borders, and roommates?

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

(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/refusal ~~know~~

(AGERNG) Would you say....?

~~1~~ Birth to five years?

~~2~~ 5-17 years?

~~3~~ 18-24 years

~~2~~ 25-34 years

~~3~~ 35-54 years

~~4~~ 55-64 years

~~4~~ 5 or over 65 and older

-8 Don't know

-9 Not available/refusal

(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/refusal

(MAR) (For those 16 or older) What is your marital status? Is it...

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INTERVIEWER: READ LIST (OPTIONAL AFTER FIRST TIME)

- 1 Married
- 2 Widowed
- 3 Divorced
- 4 Separated
- 5 Never married
- 6 Living with a partner
- 8 Don't know
- 9 Not available/refusal

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.

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

- (0-110) (*go to SEX*)
- 8 Don't know
- 9 Not available/refusal

(AGERNG) Would you say....

- 0 Under 1 years old
- 1 1 ~~Birth~~ to five ~~five~~ years
- 2 5 ~~6~~-187 years
- 3 19 ~~8~~-624 years
- 4 2 ~~5~~-34 years
- 45 3 ~~5~~-54 years
- 6 5 ~~5~~-64 years
- 57 ~~or over~~ 65 and older
- 8 Don't know
- 9 Not available/refusal

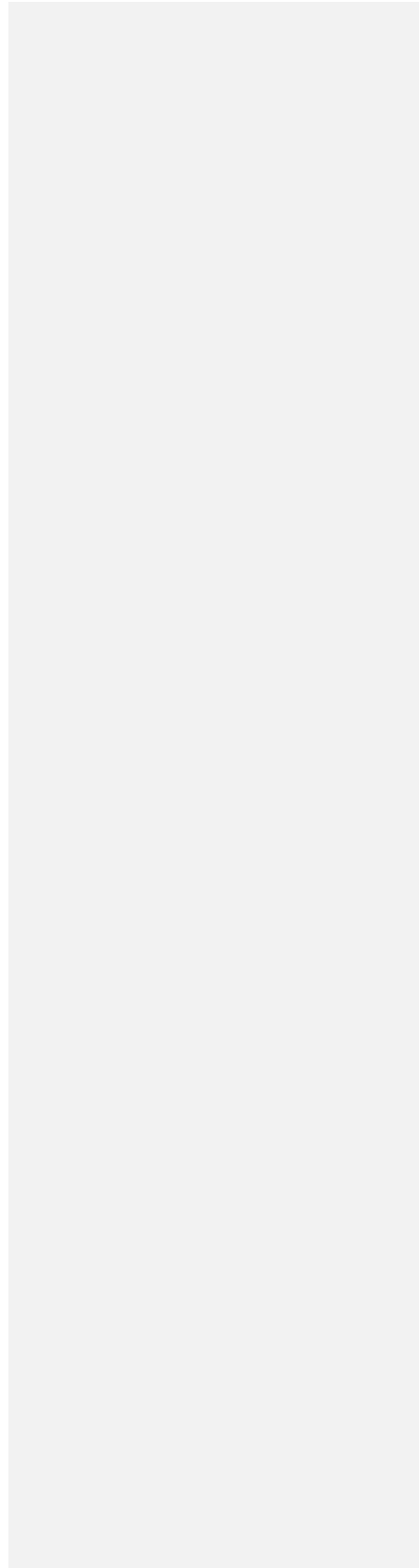
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(SEX) And sex?

- 1 Male
- 2 Female
- 8 Don't know
- 9 Not available/refusal

|



(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/refusal

| (REL) And relationship with-to 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
- 12. UNMARRIED PARTNER
- 8 Don't know
- 9 Not available/refusal

INTERVIEWER: REPEAT AGE, GENDER, MARITAL STATUS, AND RELATIONSHIP TO RESPONDENT FOR EACH PERSON IN THE HOUSEHOLD
Surveyor: 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
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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 X

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/refusal

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 who currently lives here?

INTERVIEWER: CODE "NO" FOR CO-HABITEE

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

(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, 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~~*)
- 2

(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

(COV1) Are you or 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 COVID*)
- 8 Don't know
- 9 Not available/refusal

(COV1C) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSE WHO ARE COVERED.

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

(COV1D) Are you or anyone who lives there 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 COV2A*)
- 8 Don't know
- 9 Not available/refusal

(COV1E) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSE WHO ARE COVERED

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

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

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

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 COV3A*)
- 8 Don't know
- 9 Not available/refusal

(COV2C) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSE WHO ARE COVERED

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

(COV3A) Are you or anyone who lives there 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 [HOOSIER HEALTHWISE](#) [Maryland Children's Health Program](#) 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 test before COV4A*)
- 8 Don't know
- 9 Not available/refusal

(COV3C) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSE WHO ARE COVERED

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

| (COV4A) Are you or anyone who lives there ~~age 65 or older~~ 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 (*if 65 or older, go to TEST C4*)
- 8 Don't know
- 9 Not available/refusal

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.

(COV4C) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSW WHO ARE COVERED

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

| *TEST C4: If person in household is 65 or older and not covered by Medicare; go to (COV5A); else go to (COV5SUP).*

(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 COV6D1*)
- 2 No, they should be added to Medicare (*go to COV4A*)
- 3 No, they are younger than 65

(COV5B) What is the correct age?

- (0-64)
- 8 Don't know
- 9 Not available/refusal

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/refusal

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

(COV6D1) Are (you/is anyone) covered by ~~Hoosier Healthwise or Medicaid~~, Medical Assistance or HealthChoice? You may have a "blue Hoosier Health card" an insurance card for one of the following plans: Americaid Community Care, Priority Partners, Maryland Physicians Care, ~~or~~ Jai Medical Systems, ~~or~~ Helix Family Care, or United Health Care.
~~for your insurance.~~

- 1 Yes – LIST NAMES
- 2 No (*go to COV10A*)
- 8 Don't know
- 9 Not available/refusal

(COV6E) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSE WHO ARE COVERED

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

8 NAME

(COV6D2) Is Are (you/is anyone covered by the Maryland Children's Health Program, M-CHIP? You may have a-an insurance card for your/the child for one of the following plans: Americaid Community Care, Priority Partners, United Health Care, Helix Health System?, Family Care, Maryland Physicians Care, or Jai Medical Systems.

- 1 Yes – LIST NAMES
- 2 No (go to COV10A)
- 8 Don't know (go to COV10A)
- 9 Not available/refusal (go to COV10A)

(COV6E) Who is covered?

INTERVIEWER: SELECT 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: SELECT THE NAMES OF THOSE WHO ARE COVERED

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

[Note we will probably have to have Gallup insert some sort of verification, as they do for marriage. This way we can insure that people are not categorizing adults as having this type of coverage. The VT instrument has programmed the CATI to suppress names of kids over 19; see their instrument Section D22 Dr. Dynasa

(HAVEESI) Do you pay a monthly premium for health insurance through the Maryland Children's Health Program?

- 1 Yes ~~(EISSI)~~ (if yes, go to ESI)
- 2 No

What is the dollar amount of the premium that you pay each month?

⌘

⌘ [Get amounts from John, Cora, Nancy]

(ESI) Is your monthly premium per child \$38 or \$48 per month?

1. \$38

2. \$48

3. Other [ask for amount]

-8 Don't know

-9 Not available/refusal

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|(COV10A) Are you or anyone who lives there covered by a government-sponsored or public health insurance program that I have not mentioned?

(THESE MIGHT INCLUDE ~~CHILDREN'S SPECIAL HEALTH CARE SERVICES,~~ CHAMPUS, CHAMP-VA, TRICARE, VA, MILITARY COVERAGE, MEDICARE FOR THE NON-ELDERLY, ETC.)

1 Yes – LIST NAMES

2 No (*go to TESTC1C2, before NOPLAN*)

-8 Don't know

-9 Not available/refusal

(COV10C): Who is covered by PLAN NAME?

INTERVIEWER: SELECT 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?

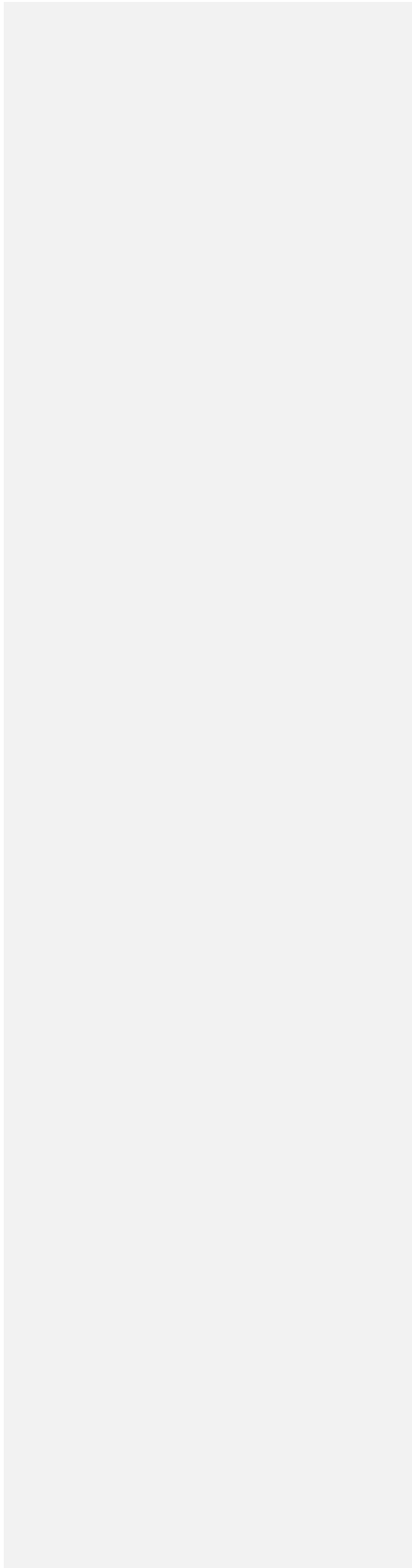
INTERVIEWER: SELECT THE NAMES OF THOSE WHO ARE COVERED

1 NAME

2 NAME

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3 NAME
4 NAME
5 NAME
6 NAME
7 NAME
8 NAME



TEST C1C2 If a household member is not covered under some plan, go to NOCHECK; Else go to CONTCOV.

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

(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?

- 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 his or her own
- 4 A plan bought by someone who does not live in the household
- 5 Medicare
- 6 ~~Hoosier Healthwise, Medicaid, Medical Assistance, or HealthChoice~~
- 6 ~~Children's Special Health Care Services~~
- 7 ~~Maryland Children's Health Program~~
- 78 CHAMPUS/CHAMP-VA, TRICARE, VA, Other Military
- 89 Other state plan
- 8 Don't know
- 9 Not available/refusal [~~Again, were do we put FEHBP?~~]

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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?

- 1 MEDICAL PROBLEMS/PRE-EXISTING CONDITION
- 2 TOO EXPENSIVE/CAN'T AFFORD IT/PREMIUM TOO HIGH
- 3 COVERAGE NOT OFFERED
- 4 DON'T BELIEVE IN INSURANCE
- 5 DON'T NEED INSURANCE/USUALLY HEALTHY
- 6 FREE OR INEXPENSIVE CARE IS READILY AVAILABLE
- 7 OTHER (SPECIFY _____)
- 8 Don't know
- 9 Not available/refusal [~~Kristin, I don't think we need to add anything to this list. When you look at the info from this question and those in the employment section collectively, I think we get everything we're after.~~]

(HOWLONG1) [How long have you \(NAME\) been uninsured? Has it been ...](#)

- [1 less than 1 month](#)
- [2 1 to 6 months](#)
- [3 7 to 12 months](#)
- [4 1 to 2 years](#)
- [5 Over 2 years](#)
- [5 Never had insurance](#)
- [-8 Don't know](#)
- [-9 Not available/refusal](#)

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(EVER) Have you (has NAME) ever been covered by Medicaid, [Medical Assistance or HealthChoice](#)?

- 1 Yes
- 2 No ~~(go to test before HEART)~~ [\(Go to HLTHCR\)](#)
- 8 Don't know [\(Go to HLTHCR\)](#)
- 9 Not available/refusal [\(Go to HLTHCR\)](#)

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(LOST) In the past two years, have you (NAME) lost Medicaid, [Medical Assistance or HealthChoice](#) coverage due to [losing Temporary Cash Assistance \(TCA\) benefits or leaving TANF?](#) (IF NECESSARY ADD: TANF IS "TEMPORARY ASSISTANCE TO NEEDY FAMILIES." IT USED TO BE CALLED "AFDC.")

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

~~[\(Go to HLTHCR\)](#)~~ ~~[Go to test before HEART](#)~~

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

(CSR: If person is younger than 1 year old (age=0), we ask "since birth" instead of "since 12 MONTH DATE).

- 1 Yes ~~[\(Go to HLTHCR\)](#)~~ ~~[Go to test before HEART](#)~~
- 2 No
- 8 Don't Know
- 9 Not available/refusal

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/refusal

~~Repeat CONTCOV and CONMONTH for all who are insured. TEST: 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 Hoosier Healthwise or Medicaid. We want to understand name recognition Hoosier Healthwise. (HEAR1) Have you heard of the Hoosier Healthwise program?~~

~~1 Yes~~

~~2 No (go to HLTH)~~

~~-8 Don't know (go to HLTH)~~

~~-9 Not Applicable (go to HLTH)~~

~~(HEAR3) Where did you hear about this program?~~

~~INTERVIEWER: SELECT THE RESPONSE, OR SELECT OTHER AND ENTER TEXT~~

~~TELEVISION? _____~~

~~RADIO? _____~~

~~YOUR CHILD'S SCHOOL OR DAYCARE? _____~~

~~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? _____~~

~~IN YOUR WORKPLACE? _____~~

~~ANYWHERE ELSE? (SPECIFY _____)~~

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Section 2 Health Care

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

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/refusal

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

(USRCE) Is there a particular clinic, hospital, health center or doctor's office that you usually go to if sick or need advice about your 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?

- 1 CLINIC OR HEALTH CENTER ([Community or local health department](#))
- 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 FACILITY](#)
- 6 MILITARY OR VA HEALTHCARE FACILITY
- 7 OR ANOTHER TYPE OF PLACE (specify _____)

- 8 Don't know
- 9 Not available/refusal

~~[\[Ask Colleen if people can differentiate between all of these different care sites. Would our results be better if we streamlined the categories somewhat?\]](#)~~

(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/refusal

(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/refusal

(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/refusal

(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/refusal

*If no child of respondent in household, go to test before WORK. The next set of questions will be about one child. We **are not** asking about everyone in the household at this point.*

(CSR: check to see if any children are age 4-18 & younger AND a) the respondent's child or foster child, or b) the respondent is child's guardian. If more than one child fits this test, we randomly select one child to ask about based on a random digit number)

(USRCEC) 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?

- 3 Yes (*ask KPLACEC*)
- 4 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?

- 1 CLINIC OR HEALTH CENTER (Community or local health department)
- 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 FACILITY

- 6 MILITARY OR VA HEALTHCARE FACILITY
- 7 OR ANOTHER TYPE OF PLACE (specify_____)
- 8 Don't know
- 9 Not available/refusal

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

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

(DRC) In the last 6 months (not counting visits to the emergency room) 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 available/refusal

(DELC) In the past 12 months, was there any time when NAME needed medical care, but you 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/refusal

(COSTC) When you take NAME 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/refusal

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 currently employed?

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

- 1 Yes (*go to TEST before WRK1*)
- 2 No (*go to WRK3*)
- 8 DON'T KNOW (*go to WRK3*)
- 9 Not available/refusal (*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 WRK2)
- 8 Don't know (go to WRK2)
- 9 Not available/refusal (go to WRK2)

(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 PLWK)
- 9 Not available/refusal (go to PLWK)

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

- 1 Unemployed but looking for work (go to IMP1)
- 2 Not looking (go to IMP1)
- 3 Retired (go to (go to IMP1)
- 8 Don't know (go to (go to IMP1)
- 9 Not available/refusa; (go to IMP1) [Kristin, putting the question from the OH survey doesn't work terribly well here.](#)

(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, FORESTRY OR FISHING (e.g. farms, orchards, greenhouses, nurseries, timber, tree farms, fish hatcheries)
- ~~2~~ 32 MINING
- ~~3~~ 32 CONSTRUCTION (e.g. general contractors, heavy construction, repair of structures including plumbing, heating)
- ~~4~~ 43 MANUFACTURING (e.g. food, apparel, publishing, logging, furniture, paper, soap, chemicals, glass, metal, wood products)
- ~~5~~ 54 TRANSPORTATION, COMMUNICATION, ELECTRIC, GAS OR SANITARY (e.g. post office, telephone, highway maintenance)
- ~~6~~ 65 WHOLESALE TRADE (items sold to manufacturers or retailers)
- ~~7~~ 76 RETAIL TRADE (items for personal or household use, restaurants and bars)
- ~~8~~ 87 FINANCE, INSURANCE OR REAL ESTATE (e.g. Realtors, stockbrokers, property management)
- ~~9~~ 98 BUSINESS AND REPAIR SERVICES (e.g. advertising, credit reports, commercial art, data processing, news syndicates, temp services)
- ~~10~~ 109 PERSONAL SERVICES (e.g. laundry, beauty/barber, funeral, child care)

~~14~~10 ENTERTAINMENT AND RECREATION SERVICES (e.g. museum, movie theater, hotel)

~~13~~11 HEALTH SERVICES (e.g. hospital, doctor's office)

~~13~~12 EDUCATIONAL SERVICES (private education)

~~14~~13 SOCIAL SERVICES (e.g. non-profit agencies, churches)

~~15~~14 OTHER PROFESSIONAL SERVICES (e.g. law offices, engineering firms, management consultants)

15 MILITARY

~~16~~ FEDERAL, STATE, AND LOCAL GOVERNMENT (including state and local education)~~16~~ PUBLIC ADMINISTRATION (government worker, military)

17 OTHER (please describe PLACE _____)

MILITARY

~~17~~ OTHER (please describe PLACE _____)

-8 Don't know

-9 Not available/refusal

(TYPE_1) Is (NAME'S) job for the government, private industry, or are (you/they) self-employed?

1. Government

2. Private Industry

3. Self-employed

-8. Don't Know

-9. Not available/refusal

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

(THIS INCLUDES ALL THE EMPLOYEES WHO WORK FOR K-MART, NOT JUST THOSE AT YOUR PARTICULAR K-MART STORE.)

1. 1 – 4 employees

2. 5 – 9 employees

3. 10-24 employees

4. 25-4950

5. 5051-99

6. 100-249

250-499

500-999

1,000 or more employees

-8 Don't know

-9 Not available/refusal

(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/refusal

(FLPT_1) [Does NAME work full-time or part-time?](#)

[1. Full-time](#)

[2. Part-time](#)

[-8 Don't know](#)

[-9 Not available/refusal](#)

Formatted: Bullets and Numbering

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

1 Yes (*go to PAY1*)

2 No (*go to PAY2*)

(PAY1) How much does NAME make per hour?

Include Overtime, Tips, Bonuses.

(1.00 - ~~100~~200.00)

-8 Don't know

-9 Not available/refusal

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

Go to PAY4 after this question.

(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/refusal

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

- 1 Yes
- 2 No ([Go to IMP1](#))
- 8 Don't know
- 9 Not available/refusal

(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/refusal

[IMP1] In the last twelve months, did anyone have an Independence Card?

1. Yes

2. No \longrightarrow IF CHILDREN <19 GO TO IMP11 (WAG)
IF NO CHILDREN <19 GO TO IMP 15 (SSI)

-8 Don't know (Same as NO)

-9 Not available/refusal (Same as NO)

[IMP2] Whose name was on the Independence Card?

[PROBE: Did anyone else have an Independence Card in their name?]

REPEAT QUESTIONS IMP3 to IMP6 FOR THE "ANYONE ELSE" IN THE PROBE WITH CHILDREN UNDER 19.

[IMP3] In the last twelve months, did (CARD HOLDER 1) receive Food Stamps?

1. Yes (GO TO IMP4 IF KIDS <19
(GO TO IMP8 IF NO KIDS <19)

2. No (GO TO IMP4 IF KIDS <19
(GO TO IMP 8 IF NO KIDS <19)

-8 Don't know (GO TO IMP4 IF CHILDREN < 19)

(GO TO IMP8 --TEMHA IF NO CHILDREN <19

-9 Not available/refusal

[IMP4] In the last twelve months, did CARDHOLDER 1 receive benefits from Temporary Cash Assistance, or TCA, which used to be called AFDC?

YES 1

NO.....2 (GO TO IMP 8 TEMHA)

DON'T KNOW (GO TO IMP 8 – TEMHA)

[IMP5] Who were the TCA benefits for?

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

[IMP6] How much did CARD HOLDER 1 receive in the last twelve months? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT\$ _____

- MONTHLY AMOUNT, OR1
- TOTAL FOR THE YEAR.....2
- DON'T KNOW.....3

[IMP7] For how many months did CARD HOLDER 1 receive TCA (Temporary Cash Assistance) in the last twelve months?

MONTHS..... _____
DON'T KNOW

[IMP8] In the last twelve months, did CARDHOLDER 1 receive benefits from the TEMHA (Transitional Emergency, Medical, and Housing Assistance)?

- YES 1
 - NO 2
- (NEXT CARDHOLDER.IF NO CHILDREN <19 GO TO IMP 15 SSI)

[IMP9] How much did CARD HOLDER 1 receive in the last twelve months? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$ _____

- MONTHLY AMOUNT, OR..... 1
- TOTAL FOR THE YEAR..... 2
- ONLY ONCE A ONE-TIME PAYMENT.....3
- DON'T KNOW

[IMP10] For how many months did CARDHOLDER 1 receive TEMHA (Transitional Emergency, Medical and Housing Assistance) during the last twelve months?

MONTHS..... GO TO NEXT CARDHOLDER IMP 3, IF
LAST AND KIDS <19 GO TO IMP 11--WAG, IF NO KIDS <19 GO TO IMP15--SSI)

[IMP11] In the last twelve months, did anybody *in the household* receive a WAG (Welfare Avoidance Grant), Emergency Assistance, local emergency grant or vendor payment, such as a payment to a landlord for back rent?

Yes1
No.....2 (Go to IMP15--SSI)

[IMP12] Who received the WAG (Welfare Avoidance Grant) emergency assistance, local emergency grant, or vendor payment from social services?

[INTERVIEWER: EXAMPLE OF PAYMENT IS THOSE MADE BY SOCIAL SERVICES AGENCIES TO LANDLORDS]

[PROBE: Anybody else?]

REPEAT IMP13 AND 14 FOR EACH NAME MENTIONED IN IMP 12

[IMP13] How much in WAG, emergency assistance, local emergency grant or vendor payments did (you/NAME) receive in the last 12 months?

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

TOTAL PAYMENTS.....\$ _____ (RETURN TO IMP12 FOR
NEXT NAME; IF LAST GO TO IMP15--SSI)

[IMP14] Did you already report some or all of these payments earlier as TCA (Temporary Cash Assistance)

YES.....1
NO.....2

[IMP15] In the last twelve months, did anybody *in the household* receive SSI (Supplemental Security Income)?

Yes 1
No.....2 (Go to TESTWRK)

[IMP16] Were the SSI benefits received on behalf of ...

- a child, 1
- an adult, or..... .2
- both?..... 3

[IMP17] Who received SSI in the last twelve months?

[PROBE: Anybody else?]

REPEAT IMP 18 and 19 FOR EACH NAME MENTIONED IN IMP 17

[IMP18] How much did (you/NAME) receive in the last twelve months? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT..... \$_____

[IMP19] For how many months did (you/NAME) receive SSI (Supplemental Security Income) payments in the past twelve months?

MONTHS..... (RETURN TO IMP 19 FOR NEXT NAME; IF LAST, GO TO TESTWRK).

TESTWRK: Identify all those where WORK =1 and ask EMP2 through PREM4; else go to EDUCAT.

INTERVIEWER: 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, then EDUCAT)
- 8 Don't know (go to next person who is WORK=1, then EDUCAT)
- 9 Not available/refusal (go to next person who is WORK=1, then EDUCAT)

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

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

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

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

(EMP4) Is NAME currently enrolled under this employer's insurance plan?

- 1 Yes
- 2 No (*go to WI*)
- 8 Don't know (*go to PLNCHIL*)
- 9 Not available/refusal (*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/refusal (*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 REASONS: (Specify _____)
- 8 Don't know

-9 Not available/refusal

Go to EDUCAT

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

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

- 1 Yes (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/refusal (go to PREM2)

(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/refusal

(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/refusal

(PREM3) How often are you/NAME paid? Once every month, every two weeks, every week....
(INTERVIEWER: READING RESPONSES IS OPTIONAL AFTER THEY ARE READ FOR TWO DIFFERENT HOUSEHOLD MEMBERS)

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

~~[We need to figure out the skip patterns for this. Or do we ask this of everyone?]~~

~~6. In 2000, did anybody receive benefits from Temporary Cash Assistance, or TCA, which used to be called AFDC?~~

~~YES 1 (GO TO 7)~~
~~NO 2 (GO TO 7)~~

~~7. In 2000, did anybody receive benefits from the TEMHA (Transitional Emergency, Medical, and Housing Assistance)?~~

~~YES 1~~
~~NO 2~~

~~8. In 2000, did anybody receive SSI (Supplemental Security Income)?~~

BOX-9

Did family receive TCA/AFDC in 2000? (6 = 1)

YES 1 (continue)
NO 2 (go to box 14)

BOX 9a

Is the respondent the only adult in the family?

YES 1 (go to 10)
NO 2 (continue)

Are there only two adults and the second is the respondent's spouse/partner?

YES 1 (go to 11)
NO 2 (go to 9)

9. In 2000, whose name was on the Independence Card?

[PROBE: Did anyone else have an Independence Card in their name?]

IF NAME LISTED IN 8 IS MKA WITH NO SPOUSE/PARTNER ASK 10.

IF NAME LISTED IN 8 IS MKA WITH A SPOUSE/PARTNER, ASK 11

IF NAME LISTED IN 8 IS NOT MKA OR S/P OF MKA, GO TO 12

10. Were the TCA (Temporary Cash Assistance) benefits to provide for just the (child/children) or both you and the children?

JUST CHILDREN 1 (GO TO 12)
MKA AND CHILDREN 2 (GO TO 12)

11. Were the TCA (Temporary Cash Assistance) benefits to provide for just the (child/children), or both you and the children, you, (SPOUSE) and the children, or just (SPOUSE) and the children?

JUST CHILDREN 1
MKA AND CHILDREN 2
MKA, SPOUSE/PARTNER AND CHILDREN 3
JUST SPOUSE/PARTNER AND CHILDREN 4

12. How much did (you/NAME) receive during 2000? This can be either a monthly amount or the total for the year.

{DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.}

AMOUNT.....\$.....

MONTHLY AMOUNT, OR1

TOTAL FOR THE YEAR.....2

RESPONDENT MENTIONS RECEIVING:

ONLY ONCE A ONE-TIME PAYMENT.....3 (REPEAT FOR NEXT NAME;

IF LAST, GO TO BOX 14)

13. For how many months did (you/NAME) receive TCA (Temporary Cash Assistance) during 2000?

MONTHS.....(RETURN TO 11 FOR NEXT

NAME; IF LAST, GO TO BOX 14)

BOX 14

DID FAMILY RECEIVE TEMHA (TRANSITIONAL, EMERGENCY, MEDICAL AND HOUSING Assistance) IN 2000 (Q7 = 1)?

YES.....1 (CONTINUE)

NO.....2 (GO TO Box 17)

IS THE RESPONDENT THE ONLY ADULT IN THE FAMILY?

YES.....1 (GO TO 15)

NO.....2 (GO TO 14)

14. To whom was the TEMHA (Transitional Emergency, Medical and Housing Assistance) benefit given during 2000?

{PROBE: Anybody else?}

REPEAT 15-16 FOR EACH NAME MENTIONED IN 14

15. How much did (you/NAME) receive during 2000? This can be either a monthly amount or the total for the year.

[DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.]

AMOUNT \$

MONTHLY AMOUNT, OR..... 1

TOTAL FOR THE YEAR..... 2

ONLY ONCE A ONE-TIME PAYMENT..... 3 (REPEAT FOR NEXT NAME; IF LAST, GO TO 17)

16. For how many months did (you/NAME) receive TEMHA (Transitional Emergency, Medical and Housing Assistance) during the year?

MONTHS..... (RETURN TO 14 FOR NEXT NAME; IF LAST GO TO 17)

BOX 17

Did the family receive SSI in 2000 (Q8 = 1)?

..... YES..... 1 (go to 17)

..... No..... 2 (go to xx)

17. Were the SSI benefits received on behalf of ...

..... a child, 1

..... an adult, or 2

..... both? 3

18. Who received SSI during 2000?

[PROBE: Anybody else?]

REPEAT 19-20 FOR EACH NAME MENTIONED IN 18

19. How much did (you/NAME) receive in 2000? This can be either a monthly amount or the total for the year.

DO NOT PROBE "REFUSALS." PROBE ONLY "DON'T KNOW" ANSWERS.

AMOUNT.....\$_____

20. For how many months did (you/NAME) receive SSI (Supplemental Security Income) payments during 2000?

MONTHS.....(RETURN TO 19. FOR NEXT NAME; IF LAST, GO TO NEXT QUESTION).

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

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

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

Repeat for all HH members 18 and 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 ~~2~~ No (go to RACE)

(RACE) What race does NAME consider himself or herself to be? (Check off all that apply) (READ LIST)

- 1 White
- 2 Black
- 3 Native American Indian/Eskimo

- 4 Asian/Pacific Islander
- 5 Other Specify _____
- 8 Don't Know
- 9 Not Available/refusal

Repeat for all 18 years of age or older or married

(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. (INTERVIEWER NOTE: IF RESPONDENT INQUIRES, AMOUNT SHOULD REFLECT WHAT THE INCOME WILL BE FOR 2001]

- Less than \$4,9991
- \$5,000 to \$9,9992
- \$10,000 to \$14,9993
- \$15,000 to \$19,9994
- \$20,000 to \$24,9995
- \$25,000 to \$34,9996
- \$35,000 to \$44,9997
- \$45,000 to \$54,9998
- \$55,000 to \$64,9999
- \$65,000 to \$74,99910
- \$75,000 to \$84,99911
- \$85,000 to \$94,99912
- \$95,000 or more13
- Don't know-8
- Not available/refusal-9

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

(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/refusal

(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 ZIPCD)
- 8 Don't know (go to ZIPCD)
- 9 Not available/refusal (go to ZIPCD)

(OTHPHN2) How many?

(1-99)

(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/refusal (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?

(20000-30000)

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

~~Kristin, you put this up front in the screener.~~

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. Would that be all right?

- 1 Yes
- 2 No

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