

Minnesota Health Insurance and Access In-Person Survey 2001

Organization Code: 3068-12b

READ: Hello, my name is _____. I am working for the Wilder Research Center on a survey for the Minnesota Department of Health. I would appreciate a few moments of your time to ask you some questions about health insurance. This survey will take about 15 minutes.

All of the information you provide will be kept private. Your name will not be connected with your answers. Your answers will be combined with those of others in the state and used to help improve our health insurance system. The information that you provide will not affect the medical care you receive or your eligibility for government programs. Your decision whether to participate is completely voluntary. If you decide to participate, you are free to skip over any questions or discontinue the interview at any point.

Before we start this survey, I want to ask a few questions about this household. I would like to speak with someone who lives in this household. Do you live in this household? **INTERVIEWER:** IF NO, ASK TO SPEAK WITH AN ADULT WHO LIVES IN THE HOUSEHOLD?

INTERVIEWER: DO NOT READ QUESTION RESPONSE CATEGORIES TO RESPONDENTS UNLESS INSTRUCTED TO DO SO.

READ: Minnesota is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. To better understand how to improve access to health care we are doing a statewide survey with a variety of communities. The next interview that I have been assigned to do is with (TARGET POPULATION).

S1. Does anyone in this household identify himself/herself as (TARGET POPULATION)?

1. Yes → → → **Continue with the survey** → **GO TO S2**

2. No → → → **READ:** I am sorry, but I have been assigned to complete my next interview with (TARGET POPULATION). At this time I cannot include your household in this survey. Is one of your next door neighbors of (TARGET POPULATION) descent? **INTERVIEWER:** IF YES, DETERMINE WHICH NEIGHBOR TO SAMPLE. IF NO, MOVE ON TO NEXT HOUSEHOLD IN THE SAMPLE. **READ:** Thank you for your time.

-7. Refused → → **READ:** I have been assigned to complete my next interview with (TARGET POPULATION). I cannot include this household in this survey unless a member of this household is of (TARGET POPULATION) descent. **INTERVIEWER:** IF RESPONDENT STILL DOES NOT TELL YOU WHETHER SOMEONE OF (TARGET POPULATION) DESCENT IS IN THE HOUSEHOLD, THEN **READ:** Is one of your next door neighbors of (TARGET POPULATION) descent? **INTERVIEWER:** IF YES, DETERMINE WHICH NEIGHBOR TO SAMPLE. IF NO, MOVE ON TO NEXT HOUSEHOLD IN THE SAMPLE. **READ:** Thank you for your time.

-9. Don't know → **READ:** I have been assigned to complete my next interview with (TARGET POPULATION). I cannot include this household in this survey unless a member of this household is of (TARGET POPULATION) descent. **INTERVIEWER:** IF RESPONDENT STILL DOES NOT TELL YOU WHETHER SOMEONE OF (TARGET POPULATION) DESCENT IS IN

THE HOUSEHOLD, THEN **READ:** Is one of your next door neighbors of (TARGET POPULATION) descent? **INTERVIEWER:** IF YES, DETERMINE WHICH NEIGHBOR TO SAMPLE. IF NO, MOVE ON TO NEXT HOUSEHOLD IN THE SAMPLE. **READ:** Thank you for your time.

S2. Please list everyone who lives in this household, starting with you, that identifies themselves as (TARGET POPULATION) by their month of birth. Do not include people who live or stay at another place most of the time. **INTERVIEWER:** IF THERE IS MORE THAN ONE TARGET POPULATION BEING SAMPLED IN THE AREA, PLEASE ASK THE RESPONDENT TO IDENTIFY THE RACE/ETHNICITY/AMERICAN INDIAN STATUS OF EACH LISTED PERSON. REPORT THIS RACE/ETHNICITY/AMERICAN INDIAN STATUS IN THE CHART BELOW.

Month of Birth	Race/Ethnicity INTERVIEWER: ONLY ASK WHEN MORE THAN ONE POPULATION IS TARGETED IN AN AREA
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

INTERVIEWER: USE THE RANDOM NUMBER TABLE TO SELECT ONE OF THE PEOPLE LISTED ABOVE TO COMPLETE THE REST OF THE SURVEY. IF MORE THAN ONE TARGET POPULATION IS BEING SAMPLED IN THE AREA AND THE PERSON RANDOMLY SELECTED IS NOT OF THE SAME RACE/ETHNICITY/AMERICAN INDIAN STATUS AS THE INTERVIEWER, SET UP AN APPOINTMENT WITH THE TARGET RESPONDENT TO MEET WITH AN INTERVIEWER OF THE SAME RACE/ETHNICITY. **PLEASE CIRCLE THE RESPONDENT IN THE TABLE ABOVE WHO WAS SELECTED TO PARTICIPATE.**

S3. I have randomly selected the person born in (month) to participate in this survey. If I may ask, what is this person's age? _____ Age

Refused -7

Don't know -9

S4. Is this person male or female?

Male 1

Female..... 2

Refused -7

Don't know -9

- S6. I have randomly selected the person born in (month) to participate in this survey. Is this person able to answer questions about their health insurance coverage? This person must be over the age of 18.
1. Yes → → → Ask survey questions of this person. **INTERVIEWER:** IF PERSON IS NOT AVAILABLE, SET UP INTERVIEW TIME. **GOTO S9, page 4.**
 2. No → → → **READ:** Is another adult available who could answer questions about health insurance for (TARGET)? **INTERVIEWER:** FIND OUT WHO TO SPEAK WITH AND SET UP INTERVIEW TIME. **Continue with the survey, → GO TO S7**
 - 7. Refused → → **READ:** Is another adult available who could answer questions about health insurance for (TARGET)? **INTERVIEWER:** FIND OUT WHO TO SPEAK WITH AND SET UP INTERVIEW TIME. **Continue with the survey, → GO TO S7**
 - 9. Don't know → **READ:** Is another adult available who could answer questions about health insurance for (TARGET)? **INTERVIEWER:** FIND OUT WHO TO SPEAK WITH AND SET UP INTERVIEW TIME. **Continue with the survey, → GO TO S7**

S7. What is the reason that (TARGET) cannot answer survey questions about (his/her) health insurance coverage?

- Minor.....1
- College student living away from home2
- Temporarily living outside home (not at college).....3
- Cognitively impaired4
- Hearing/speech.....5
- Language barrier **READ:** What language does this person speak?
Someone from Wilder Research Center will come back with a translated survey for this person.....6
- Too sick to answer survey.....7
- TARGET is unavailable.....8
- TARGET does not know information about health insurance.....9
- Other (SPECIFY: _____)..10

READ: If (TARGET) is a child or can not answer questions about health insurance, I need to speak with an adult in the household who can answer the survey questions on behalf of the (TARGET). I need to know who is answering questions for (TARGET). If the TARGET respondent is under the age of 18, I must speak with a parent or guardian of this child.

S8. What is your relationship to (TARGET)?

- Mother/Stepmother1
- Father/Stepfather.....2
- Spouse3
- Partner4
- Son/Daughter5
- Sibling/Sister/Brother6
- Grandparent.....7
- Other relative8
- Non-relative9

READ: I am now going to ask some questions about (your/TARGET's) health insurance coverage. There are two types of health insurance:

- *One type* is private insurance that a person buys on their own through an insurance company or that an employer or union provides.
- *A second type* is public insurance through a government program. Examples are Medicare for the elderly and disabled, and Minnesota Health Care Programs such as Medicaid or MinnesotaCare. If you have one of Minnesota's Health Care Programs you would have a teal and white health insurance card.

I am going to read you a list of different **types** of health insurance. Please tell me whether (you/TARGET) currently have any of the following types of public or private health insurance. I do not need to know the exact health plan **company**, such as Blue Cross/Blue Shield, Medica, Health Partners, Ucare, etc. that you have.

Do (you/TARGET) currently have:	Yes	No	Ref.	DK
S9. Medicare? (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	-7	-9
S10. A Railroad Retirement Plan?	1	2	-7	-9
S11. CHAMPUS, Veteran's Affairs service connected to a disability, military health care ?	1	2	-7	-9
S12. Tribal Health Services/Indian Health Service?	1	2	-7	-9
S13. Medical Assistance, Medicaid, PMAP (Prepaid Medical Assistance Plan), also known as Minnesota Health Care Programs?	1	2	-7	-9
S14. General Assistance Medical Care, or GAMC?	1	2	-7	-9
S15. Insurance through MinnesotaCare (A state sponsored program that offers health insurance at a subsidized rate.)?	1	2	-7	-9
S16. Insurance through the Minnesota Comprehensive Health Association or high risk pool insurance (known as MCHA)?	1	2	-7	-9
S17. Health insurance through (your/TARGET's) work or union?	1	2	-7	-9
S18. Health insurance through someone else's work or union?	1	2	-7	-9
S19. Private health insurance bought directly by (you/TARGET)?	1	2	-7	-9
S20. Private health insurance bought directly by someone else?	1	2	-7	-9

IF YES TO ANY TYPE OF INSURANCE (EXCEPT TRIBAL HEALTH SERVICES/INDIAN HEALTH SERVICE S12) → GO TO S21 ON NEXT PAGE

IF NO TO ALL TYPES OF INSURANCE (EXCEPT TRIBAL HEALTH SERVICES/INDIAN HEALTH SERVICE, S12) → GO TO S23 ON NEXT PAGE

- S21. Was there anytime in the past 12 months that (you/TARGET) were not covered by health insurance?
1. Yes → → → **GO TO S22.**
 2. No → → → **TARGET is Insured all year → If yes to S13, S14, or S15 GO TO P1 on page 7. ALL OTHERS GO TO S25 on page 6.**
 - 7. Refused → → **TARGET is Insured all year → If yes to S13, S14, or S15 GO TO P1 on page 7. ALL OTHERS GO TO S25 on page 6.**
 - 9. Don't know → **TARGET is Insured all year → If yes to S13, S14, or S15 GO TO P1 on page 7. ALL OTHERS GO TO S25 on page 6.**
- S22. From what you told me, it seems that (you/TARGET) are currently insured, but were uninsured or covered by the Tribal Health Services/Indian Health Service for part of the last year. Is this correct?
1. Yes → → → **TARGET is Part Year Uninsured → GO TO U2 on page 7.**
 2. No → → → **GO back one page and check skip pattern. Verify responses if needed.**
 - 7. Refused → → **GO back one page and check skip pattern. Verify responses if needed.**
 - 9. Don't know → **GO back one page and check skip pattern. Verify responses if needed.**
- S23. From what you told me, it seems that (you/TARGET) are currently uninsured or get health care services through the Tribal Health Services/Indian Health Service. Is this correct?
1. Yes → → → **GO TO S24.**
 2. No → → → **GO back one page and check skip pattern. Verify responses if needed.**
 - 7. Refused → → **GO back one page and check skip pattern. Verify responses if needed.**
 - 9. Don't know → **GO back one page and check skip pattern. Verify responses if needed.**
- S24. Have (you/TARGET) been covered by any health insurance in the past 12 months other than the Tribal Health Services/Indian Health Service?
1. Yes → → → **TARGET is Part Year Uninsured → GO TO A1 through A4, then GO TO U2.**
 2. No → → → **TARGET is Whole Year Uninsured → GO TO A1 through A4, then GO TO U1.**
 - 7. Refused → → **TARGET is Uninsured → GO TO A1 through A4, then GO TO U1.**
 - 9. Don't know → **TARGET is Uninsured → GO TO A1 through A4, then GO TO U1.**

READ: Now I am going to ask you a few questions about the cost of health insurance. Please respond to the following questions with **your own opinions** and not those of the selected respondent.

INTERVIEWER: QUESTIONS A1 TO A4 ARE ONLY FOR PEOPLE WHO ARE CURRENTLY UNINSURED AND ANSWERED YES TO S23.

A1. How much money could you pay for health insurance for you and your family each month?

\$ amount _____

A2. How much do you think that it would cost per month for you to enroll your family in a public health insurance program such as MinnesotaCare or Medicaid?

\$ amount _____

A3. How much do you think that it would cost per month for you to buy health insurance for your family on your own through an insurance agent or insurance company such as Blue Cross/Blue Shield, Health Partners, or Fortis Insurance Company?

\$ amount _____

A4. Who makes most of the financial decisions in this household? Would you say.....

- I make the financial decisions.....1
- Another person in the household makes the financial decisions2
- Decisions are made jointly with another person in this household.....3
- Other, please list _____.....4
- Refused -7
- Don't know.....-9

READ: Now I am going to ask you a few questions about (your/TARGET's) experience with health insurance. Please respond to the following questions on behalf of the (TARGET).

U1. **INTERVIEWER: ONLY ASK THIS QUESTION IF WHOLE YEAR UNINSURED. (ASK IF ANSWERED NO TO S24.)**

READ: Have (you/TARGET) ever been covered by health insurance other than the Tribal Health Services/Indian Health Service?

- Yes (GO TO Q. U3).....1
- No..... (GO TO Q. U3).....2
- Refused (GO TO Q. U3)..... -7
- Don't know (GO TO Q. U3)..... -9

U2. **INTERVIEWER:** ONLY ASK THIS QUESTION IF PART YEAR UNINSURED. (ASK IF ANSWERED YES TO S22 OR S24.)

READ: You indicated that you were both uninsured and insured during the past year. What are the reasons that (you/TARGET) either lost or gained health insurance coverage? **INTERVIEWER:** LIST VERBATIM RESPONSES.

GO TO U3.

U3. Other than financial reasons, what makes it difficult for (you/TARGET) to get or keep health insurance coverage? **INTERVIEWER:** LIST VERBATIM RESPONSES.

U4. **INTERVIEWER:** IF RESPONDENT IS PROXY ASK FOR THE PROXY'S OPINION, NOT THE TARGET'S OPINION.

READ: Are there any things that you think should be started or changed to help people who are uninsured get health insurance coverage? **INTERVIEWER:** LIST VERBATIM RESPONSES.

GO TO S25.

P1. **INTERVIEWER:** ASK ONLY OF PEOPLE WHO SAY YES TO S13, S14, OR S15 AND WERE INSURED ALL YEAR.

READ: Are there any things that you think could be changed to make public health insurance programs easier to use? Programs such as MinnesotaCare, Medical Assistance/Medicaid/PMAP, and General Assistance Medical Care/GAMC. Your responses to this question will not affect your health care benefits or insurance in any way. Your opinions to this question will be used to help the state improve public health insurance programs. **INTERVIEWER:** LIST VERBATIM RESPONSES.

GO TO S25.

S25. Do (you/TARGET) currently have insurance that pays for dental care?

Yes	1
No.....	2
Refused	-7
Don't know	-9

S26. Would you say (your/TARGET's) health, in general, is excellent, very good, good, fair, or poor?

Excellent	1
Very good	2
Good.....	3
Fair	4
Poor	5
Refused	-7
Don't know	-9

S28. Have (you/TARGET) seen a doctor, nurse, or other health care provider within the last year?

Yes	1
No.....	2
Refused	-7
Don't know	-9

S29. Have (you/TARGET) used an emergency room within the last year?

Yes	1
No.....	2
Refused	-7
Don't know	-9

S30. Is there a regular place that (you/TARGET) go for medical care?

Yes	(GO TO S32).....	1
No.....	(GO TO S31).....	2
Refused	(GO TO S31).....	-7
Don't know	(GO TO S31).....	-9

S31. What is the **main** reason (you/TARGET) do not have a regular place that you go for health care?

INTERVIEWER: PROBE FOR 1 ANSWER.

- Can't afford it 1
- Do not have health insurance.....2
- Rarely get sick3
- Clinic hours don't fit my schedule4
- Transportation difficulties.....5
- Language barrier.....6
- Do not like/trust/believe in doctors7
- Clinic I used to go to closed.....8
- Just moved, do not have a regular place yet.....9
- Just switched insurance, do not have regular place yet10
- Two or more places depending on what's wrong11
- Other (SPECIFY: _____).....12
 - Refused-7
 - Don't know-9

S32. Where do (you/TARGET) usually go for medical care. Is that a... **INTERVIEWER: READ ALL RESPONSES.**

- Hospital emergency room or urgent care center, 1
- Community or public health clinic that offers free or reduced-cost care,2
- Clinic or doctor's office that requires insurance or full payment for care,.....3
- Traditional healer, or4
- Tribal Health Services/Indian Health Service.....5
- Some place else? (SPECIFY: _____) ..6
- Not applicable, do not have a usual place (GO TO Q V1).....7
 - Refused-7
 - Don't know-9

S33. Is there a particular health care professional or traditional healer (you/TARGET) usually see when (you/TARGET) go there?

- Yes 1
- No.....2
 - Refused-7
 - Don't know-9

READ: Now I am going to read you a list of statements. Please let me know how strongly you disagree or agree with the following statements. Please respond using one of the following: 1. Strongly disagree, 2. Disagree, 3. Neutral/Don't Know, 4. Agree, and 5. Strongly Agree.

INTERVIEWER: HAND RESPONDENT RESPONSE CARD.

	Strongly Disagree	Disagree	Neutral/ Don't know	Agree	Strongly Agree
V1. Health insurance is a good value for the money.	1	2	3	4	5
V2. Healthy people need health insurance.	1	2	3	4	5
V3. People without health insurance have difficulty getting needed health care.	1	2	3	4	5
V4. I rely on the kind of health care that health insurance does not pay for.	1	2	3	4	5
V5. People who get free or reduced cost health care do not need to have health insurance.	1	2	3	4	5
V6. It is the federal government's responsibility to pay for all the health care services that a person needs.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral/ Don't know	Agree	Strongly Agree
B1. It is easy to find out if you can get on MN public health insurance programs such as MA, Medicaid, Medical Assistance, and MinnesotaCare.	1	2	3	4	5
B2. It is easy to apply for MN public health insurance programs.	1	2	3	4	5
B3. People worry that they might lose their property if they get on a public health insurance program.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral/ Don't know	Agree	Strongly Agree
SS1. People with public health insurance, such as Medicaid or MinnesotaCare, feel bad about themselves.	1	2	3	4	5
SS2. People respect a person with public health insurance.	1	2	3	4	5
SS3. Public health insurance programs are for people who are lazy.	1	2	3	4	5
SS4. Doctors treat people with public health insurance worse than people with private health insurance.	1	2	3	4	5
SS5. Government workers who determine eligibility for public health insurance programs treat people well.	1	2	3	4	5

	Strongly Disagree	Disagree	Neutral/ Don't know	Agree	Strongly Agree
C1. Doctors and nurses respect people of your cultural or ethnic group.	1	2	3	4	5
C2. Doctors and nurses are not trusted by people of your cultural or ethnic group.	1	2	3	4	5
C3. Doctors and nurses are supportive of the things that people of your cultural or ethnic group do to feel better.	1	2	3	4	5
C4. Doctors and nurses recommend health care treatments that go against your cultural or ethnic beliefs.	1	2	3	4	5

READ: Now I am going to ask you a few general questions.

S34. How long have (you/TARGET) lived in Minnesota?

_____ # years _____ # months

OR

Since Year _____

Refused -7

Don't know -9

IF TARGET IS A CHILD GO TO S35, IF NOT GO TO S36

S35. **INTERVIEWER: ASK IF CHILD IS TARGET.** How long has the child's parents or guardians lived in Minnesota?

Mother/Female Guardian _____ # years _____ # months

OR

Since Year _____

Father/Male Guardian _____ # years _____ # months

OR

Since Year _____

Refused -7

Don't know -9

S36. In what country were (you/TARGET) born?

- | | | |
|--------------------------|---|-----------------------------|
| 1. United States | 12. India | 22. Sudan |
| 2. Puerto Rico | 13. Jamaica | 23. Thailand |
| 3. Other U.S. Territory* | 14. Japan | 24. Togo |
| 4. Cambodia | 15. Korea | 25. Tibet |
| 5. Canada | 16. Laos | 26. Vietnam |
| 6. China | 17. Liberia | 27. Other Country (specify) |
| 7. Cuba | 18. Mexico | _____ |
| 8. Dominican Republic | 19. Philippines | -7 Refused |
| 9. El Salvador | 20. Russia, other Eastern
European** | -9 Don't know |
| 10. Ethiopia | 21. Somalia | |
| 11. Germany | | |

* American Samoa, Guam, Marshall Islands, Northern Marianas Island, U.S. Virgin Islands

** Bosnia, Kosovo, Yugoslavia

S37. In what country were (your/TARGET's) parents or guardian born?

- | | | |
|--------------------------|--|-----------------------------|
| 1. United States | 12. India | 22. Sudan |
| 2. Puerto Rico | 13. Jamaica | 23. Thailand |
| 3. Other U.S. Territory* | 14. Japan | 24. Togo |
| 4. Cambodia | 15. Korea | 25. Tibet |
| 5. Canada | 16. Laos | 26. Vietnam |
| 6. China | 17. Liberia | 27. Other Country (specify) |
| 7. Cuba | 18. Mexico | _____ |
| 8. Dominican Republic | 19. Philippines | -7 Refused |
| 9. El Salvador | 20. Russia, other Eastern
European ** | -9 Don't know |
| 10. Ethiopia | 21. Somalia | |
| 11. Germany | | |

* American Samoa, Guam, Marshall Islands, Northern Marianas Island, U.S. Virgin Islands

** Bosnia, Kosovo, Yugoslavia

INTERVIEWER: IF ANSWER TO ...

S36	and	37	→ → GO TO
1		Other	S39
Other		1	S38 then S40
1		1	S40
Other		Other	S38 and S39

S38. **INTERVIEWER: ASK IF TARGET BORN OUTSIDE OF UNITED STATES.** When did (you/TARGET) come to live in the U.S.?

Number of years ago _____

OR

Year _____

Refused-7

Don't know-9

S39. **INTERVIEWER: ASK IF TARGETS PARENTS/GUARDIANS BORN OUTSIDE OF UNITED STATES.** When did (TARGET's) parents or guardian come to live in the U.S.?

Mother/Female Guardian: Number of years ago _____

OR

Year _____

OR

Did not come to U.S. _____

Father/Male Guardian: Number of years ago _____

OR

Year _____

OR

Did not come to U.S. _____

Refused-7

Don't know-9

S40. Are (you/TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

No, not of Hispanic origin..... 1

Yes, Mexican, Mexican American, Chicano 2

Yes, Puerto Rican 3

Yes, Cuban..... 4

Yes, other Spanish/Hispanic/Latino, (SPECIFY: _____) ..5

Refused-7

Don't know-9

S41. Which race or races do you consider (yourself/ TARGET) to be: [MAY SELECT MORE THAN ONE]

- | | |
|-------------------------------------|---|
| 1. White | 9. Filipino |
| 2. Black, African-American | 10. Japanese |
| 3. Asian Indian | 11. Other Pacific Islander |
| 4. Chinese | 12. Some other race? What race is that? |
| 5. American Indian or Alaska Native | _____ |
| 6. Korean | -7. Refused |
| 7. Vietnamese | -9. Don't know |
| 8. Hmong | |

INTERVIEWER: IF THE TARGET RESPONDENT IS OVER THE AGE OF 18 → → GO TO S42B, DO NOT READ THE SENTENCE PRIOR TO S42B.

INTERVIEWER: IF THE TARGET RESPONDENT IS UNDER THE AGE OF 18 → → READ: Please listen carefully to the following questions. You may need to respond to questions on behalf of another person in the household. I would like to speak to the person who gets health insurance for the child or who is most likely to get health insurance for the child.

If the child currently has health insurance that a person gets through work or buys for the child, I would like to speak to that person.

If the child has no insurance or is on MA, Medicaid, or Medical Assistance, or receives health care through the Tribal Health Services/Indian Health Service, I would like to speak to the major wage earner.

If this person is not available, you may answer the questions on behalf of this adult.

S42A. What is the relationship of the person who gets health insurance for the child or the primary wage earner to the child?

Mother/Stepmother	1
Father/Stepfather.....	2
Spouse	3
Partner	4
Son/Daughter	5
Sibling/Sister/Brother	6
Grandparent.....	7
Other relative	8
Non-relative.....	9

READ: The following questions are about the adult you just identified, not the child.

S42B. Have (you/this adult) smoked at least 100 cigarettes in your entire life? (100 cigarettes=5 packs)

Yes	1
No.....	2
Refused	-7
Don't know	-9

S42C. Do (you/this adult) now smoke cigarettes every day, some days, or not at all?

Every day	1
Some days.....	2
Not at all.....	3
Refused	-7
Don't know	-9

S42D. During the past 30 days, other than your regular job, did (you/this adult) participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

Yes	1
No.....	2
Refused	-7
Don't know	-9

S42E. What is (your/this adult's) marital status? **INTERVIEWER: READ ALL RESPONSES.**

Single, never married,	1
Married,.....	2
Living with partner,.....	3
Divorced, Separated, or Widowed?.....	4
Refused.....	-7
Don't know	-9

S43. What is the highest level of education (you/this adult) have completed? Would you say...
INTERVIEWER: READ ALL RESPONSES. IF EDUCATED IN A FOREIGN COUNTRY AND RESPONDENT DOES NOT KNOW HOW TO ANSWER THE QUESTION, PLEASE NOTE THE NUMBER OF YEARS OF SCHOOLING AND/OR THE AGE AT WHICH THEY GRADUATED FROM EACH SCHOOL ATTENDED.

No formal education,.....	1
Grade school (1 to 8 years),	2
Some high school (9 to 11 years),.....	3
High school graduate or GED (received a high school equivalency diploma), .	4
Some college/technical or vocational school/training after high school,.....	5
College graduate, or.....	6
Postgraduate degree/study?.....	7
Refused.....	-7
Don't know	-9

S44. What is (your/this adult's) employment status? **INTERVIEWER: READ ALL RESPONSES.**

- Self employed or own your business..... (GO TO Q. S45) 1
- Employed by someoneGO TO Q. S45) 2
- An unpaid worker for family business, farm, or home
..... (GO TO Q. S49) 3
- Retired..... (GO TO Q. S49) 4
- Not working or Unemployed..... (GO TO Q. S49) 5
- Full-time student (greater than three-fourths time).... (GO TO Q. S49) 6
- Refused..... -7
- Don't know -9

S45. Do (you/this adult) have more than one paying job?

- Yes (GO TO Q S46) 1
- No (GO TO Q S47)..... 2
- Refused..... -7
- Don't know -9

S46. For the job (you/this adult) work at the most hours, what is the total number of hours usually worked per week?

_____ hours

- Refused..... -7
- Don't know.....-9

S47. Is this a permanent, temporary, or seasonal job?

- Permanent 1
- Temporary 2
- Seasonal 3
- Refused..... -7
- Don't know.....-9

S48. Including all paying jobs, what is the total number of hours (you/this adult) usually worked per week?

_____ hours

- Refused..... -7
- Don't know -9

READ: Now I am going to ask some questions about your family's income. The information that you provide is important because it helps the state understand how to make health care more affordable. Just like everything else in this survey, your income information will be kept private.

S49. Including yourself, how many people who live in your household are supported by your family's income? Do not include people who live or stay at another place most of the time.

_____ people

Refused..... -7

Don't know -9

S50. How many of these people are under age 21?

_____ children

S51. What was your family income before taxes from all sources for the year 2000? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this family who are 15 years or older. If you are self-employed or own your own business, please report your net income. PROBE: What did your household report on your 2000 tax return?

\$ _____, _____ → → **GO TO S53**

Refused(GO TO Q. S52)..... -7

Don't know(GO TO Q. S52)..... -9

INTERVIEWER: ONLY IF TARGET REFUSES TO ANSWER S51 OR CANNOT ESTIMATE INCOME GO TO S52. IF TARGET ANSWERS S51, GO TO S53.

S52. I am going to read you a list of income categories. Which category represents your family's income for the year 2000? Please stop me when I get to the category that best describes your household's income for the year 2000.

- | | |
|---------------------|----------------------|
| 1. Less than 5,000 | 9. 30,001 to 35,000 |
| 2. 5,001 to 7,500 | 10. 35,001 to 40,000 |
| 3. 7,501 to 10,000 | 11. 40,001 to 50,000 |
| 4. 10,001 to 12,500 | 12. 50,001 to 60,000 |
| 5. 12,501 to 15,000 | 13. 60,001 to 75,000 |
| 6. 15,001 to 20,000 | 14. 75,001 or more |
| 7. 20,001 to 25,000 | -7 Refused |
| 8. 25,001 to 30,000 | -9 Don't know |

S53. Do this household have phone service?

- Yes3
- No.....4
- Refused.....-7
- Don't Know.....-9

S54. In case there are errors or information that isn't clear, is there a number where we can reach you?

- Yes, phone number is: _____.....1
- No.....2
- Refused -7

INTERVIEWER: END OF SURVEY. READ: Thank you for your contribution to this important research.

INTERVIEWER

Is there anything extraordinary about this case? Please include anything that you think the supervisor or the coder should know about this case. If you are unsure how to code a particular response, note the item name and the problem here.
