

## Household Roster Worksheet – Minnesota

#	Resp	Target	PWE*	Age	Sex	Relationship to Respondent	Insurance Coverage
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">                     Type 1: _____                      Type 2: _____                      Type 3: _____                 </div> <div style="width: 60%; font-size: small;">                     0. Unknown                      1. Grandparent                      2. Spouse/Partner                      3. Parent                      4. Child                      5. Sibling                      6. Grandchild                      7. Other relative                      8. Non-relative                      9. Self                 </div> </div>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	

- 1. Medicare/  
Railroad Retirement
- 3. Veteran's Affairs,  
Military Health,  
TRICARE or  
CHAMPUS?
- 4. Indian Health Svc
- 5. MA/PMAP/GAMC/  
MNCare
- 8.MCHA
- 9. COBRA
- 11. Thru work
- 12. Thru else's work
- 13. Bought by you or  
someone else
- 19. None
- 20. Other source
- 77. Don't Know
- 99. Refused

\*PWE = Primary Wage Earner

Color Key:    **Ages 0-17**  
                   **Ages 18+**  
                   All Ages

# CSCS Minnesota

## Survey Instrument

### 2004 Minnesota Health Care Access Survey

**INTRO1.** Hello. My name is <name> and I'm calling from the University of Minnesota on behalf of the State of Minnesota.

The reason I'm calling is because we are working on a study concerning health care.

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

**INTRO2.** As you may know, Minnesota is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. Your telephone number was randomly selected from phone numbers in Minnesota .

The State would like to better understand how to improve access to affordable health insurance. Your participation in this study is voluntary and will be a great help. This study takes only about 12 to 14 minutes.

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

- 1. - Continue -
- 2. Callback
- 9. Refused

**INTRO3.** Before we start, let me tell you that everything you say will be kept private. Your phone number will not be linked to your answers. Your answers will be combined with those of other people in Minnesota and will only be used by researchers at the University of Minnesota and the Minnesota Departments of Health and Human Services. The study will not be used for marketing purposes and will not have any effect on your current insurance coverage, health care, or eligibility for health care services.

**INTRO4.** If you have questions about the study and would like to contact the researcher doing the study or someone at the University's Research Subjects' Advocates line, I can give you those phone numbers now or at the end of the survey.

# START OF SURVEY

- S1.** Is this a cabin or vacation home?  
 1 yes → Thank you. We are only interviewing people at their main residence.  
 2 no

We would like to ask some questions about health insurance 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 SKIP TO S4**  
 2 No → **CALL BACK**

## IF NON-ENGLISH INTERVIEW SKIP TO S4A

- S4.** What county do you live in?  
 (Enter code) \_\_\_ \_\_ \_\_  
 7. Don't Know → **SKIP TO S4A**  
 9. Outside of Minnesota → **SKIP TO S4A**

## COUNTY CODES

FIPS COUNTY	FIPS COUNTY	FIPS COUNTY
001 AITKIN	059 ISANTI	117 PIPESTONE
003 ANOKA	061 ITASCA	119 POLK
005 BECKER	063 JACKSON	121 POPE
007 BELTRAMI	065 KANABEC	123 RAMSEY
009 BENTON	067 KANDIYOHI	125 REDLAKE
011 BIGSTONE	069 KITTSOON	127 REDWOOD
013 BLUEEARTH	071 KOOCHICHING	129 RENVILLE
015 BROWN	073 LACQUIPARLE	131 RICE
017 CARLTON	075 LAKE	133 ROCK
019 CARVER	077 LAKE OF THEWOODS	135 ROSEAU
021 CASS	079 LESUEUR	139 SCOTT
023 CHIPPEWA	081 LINCOLN	141 SHERBURNE
025 CHISAGO	083 LYON	143 SIBLEY
027 CLAY	087 MAHNOMEN	145 STEARNS
029 CLEARWATER	089 MARSHALL	147 STEELE
031 COOK	091 MARTIN	149 STEVENS
033 COTTONWOOD	085 MCLEOD	137 ST.LOUIS
035 CROWWING	093 MEEKER	151 SWIFT
037 DAKOTA	095 MILLELACS	153 TODD
039 DODGE	097 MORRISON	155 TRAVERSE
041 DOUGLAS	099 MOWER	157 WABASHA
043 FARIBAULT	101 MURRAY	159 WADENA
045 FILLMORE	103 NICOLLET	161 WASECA
047 FREEBORN	105 NOBLES	163 WASHINGTON
049 GOODHUE	107 NORMAN	165 WATONWAN
051 GRANT	109 OLMSTED	167 WILKIN
053 HENNEPIN	111 OTTERTAIL	169 WINONA
055 HOUSTON	113 PENNINGTON	171 WRIGHT
057 HUBBARD	115 PINE	173 YELLOWMEDICINE

- S4A.** Is this house located in Minnesota ?
1. Yes
  2. No → “Thank you. We are only interviewing people who reside in Minnesota ”
  7. Don't Know → **END SURVEY**
  9. Refused → **END SURVEY**

- S5.** What is your zip code? \_\_\_\_\_
7. Don't Know
  9. Refused

- S6.** How many people currently live or stay in this house?

**(PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending college. 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 Armed Forces living somewhere else.)**

- \_\_\_\_\_ people
7. Don't Know
  9. Refused

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.

- S7.** **AGE:** Starting with yourself, what is your age as of your last birthday?

1. Male
2. Female

**AGE(#):** And the next person's age?

**REL(#):** What is your relationship to this person?

**SEX(#):** Is this (child/person) (a boy or a girl/male or female)?

**NOTE:** ONCE THE TARGET IS SELECTED THE COMPUTER CREATES A TARGREL OR RELATIONSHIP TO TARGET FIELD THAT TRANSLATES ALL RESPREL CODES TO HAVE THE TARGET AS THE REFERENCE USING THE SAME CODES AS SPECIFIED BELOW.

**NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7 SKIP TO H1**

**S9.** I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions..... My computer has selected \_\_\_\_\_

**INTERVIEWER: THE CURRENT NAME OF THE TARGET (FOR REFERENCE) IS: \_\_\_\_\_**  
**NAME. YOU CAN RENAME THE TARGET, OR JUST PRESS ENTER TO KEEP THE SAME**

**IF TARGET AGE 17-24, NOT MARRIED AND NOT A ROOMMATE OR PARTNER IN ROSTER, ASK S10, ELSE SKIP TO H1.**

- S10.** Is \_\_\_\_\_ a university student living away from home?

- 1 Yes
- 2 No
- 7 Don't Know

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**INSTRUCTIONS: Section H.**

In the following section, each type of insurance should be read:  
 "Do you (does TARGET) CURRENTLY have (type of insurance)?"

If NO, proceed to next item in roster.  
 A response of Don't Know or Refused is treated as No.

If YES, the item should be followed by the PROBE:  
 "Besides this, do you (does the TARGET) have any other type of health insurance coverage?"

If YES, proceed with roster.  
 If NO, SKIP TO H17.

The PROBE should not be asked in response to YES to H14.

**Exception for those who say yes to Medicare H1=1/H16=1 or Railroad Retirement H2=1/H16=2: For those AGE>=65 with H1=1/H16=1 skip to MEDSUPP after H4; For those with H1>=2 and H16~=1 and H2=1/H16=2 skip to MEDDRG in MEDSUPP; For those AGE<=64 with H1=1/H16=1 complete H series then skip to MEDPUB in MEDSUPP.**

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

		YES 1	NO 2	D/K 7	RF 9
<b>H1</b>	Medicare? <b>PROBE:</b> 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
<b>H2</b>	A Railroad Retirement Plan? <b>[SKIP FOR MINORS (&lt;18)]</b>	1	2	7	9
<b>H3</b>	Veteran's Affairs, Military Health, TRICARE or CHAMPUS?	1	2	7	9
<b>H4</b>	Indian Health Service (IHS)? <b>IF H1=1 AND AGE&gt;=65 SKIP TO MEDGAP IN MEDSUPP</b>	1	2	7	9
<b>H5</b>	Medical Assistance (MA) also known as Medicaid or PMAP (Prepaid Medical Assistance Plan)? <b>PROBE:</b> This is Minnesota's Medicaid program for low-income families with children, seniors, and people with disabilities. It is also known as Minnesota Health Care Programs. Enrollees do not pay a premium.	1	2	7	9
<b>H6</b>	General Assistance Medical Care (GAMC) <b>PROBE:</b> This provides coverage for low-income adults ages 21 to 64 who do not have dependent children and who do not qualify for Medical Assistance. It is also known as Minnesota Health Care Programs. Enrollees do not pay a premium.	1	2	7	9
<b>H7</b>	MinnesotaCare? <b>PROBE:</b> This is a program that offers health insurance at a lower price/premium based on income for people who do not have access to affordable health insurance and do not qualify for MA or GAMC?	1	2	7	9
<b>H8</b>	Insurance through the Minnesota Comprehensive Health Association or high risk pool (known as MCHA)?	1	2	7	9
<b>H9</b>	COBRA? <b>PROBE:</b> This is insurance you purchase temporarily for full cost through a former employer.	1	2	7	9

**H9POL.** Is this an individual policy or is it a family policy?

- 1 individual policy
- 2 family (covers more than one person)
- 7 don't know **SKIP TO H11**
- 9 refused **SKIP TO H11**

**H9P1.** How much is paid for this health insurance premium?

- H9P1\_M. \$ \_\_\_\_\_ monthly **IF <\$50 OR >\$800 ASK H9P1\_T, ELSE SKIP TO H11**  
H9P1\_Q. \$ \_\_\_\_\_ quarterly/every 3 months **IF <\$150 OR >\$2400 ASK H9P1\_T, ELSE SKIP TO H11**  
H9P1\_S. \$ \_\_\_\_\_ semi-annually/every 6 months **IF <\$300 OR >\$4800 ASK H9P1\_T, ELSE SKIP TO H11**  
H9P1\_A. \$ \_\_\_\_\_ yearly **IF <\$300 OR >\$9600 ASK H9P1\_T, ELSE SKIP TO H11**  
H9P1\_O. \$ \_\_\_\_\_ other (specify) **SKIP TO H11**  
7. Don't Know  
9. Refused

H9P1\_T \_\_\_\_\_ (yearly calculation by CATI based on above entry)

**INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:** "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?"

**SKIP TO H11**

- 1 Yes
- 2 No
- 7 don't know → **SKIPTO H9P2**

**H9P2.** How about if I give you some categories? Which category best represents the amount paid per month for this health insurance? **READ CATEGORIES BELOW**

- 1 Less than \$100
- 2 \$100 to \$199
- 3 \$200 to \$299
- 4 \$300 to \$399
- 5 \$400 to \$499
- 6 \$500 to \$599
- 7 \$600 to \$699
- 8 \$700 to \$799
- 9 \$800 to \$899
- 10 \$900 to \$999
- 11 More than \$1000
- 77 Don't Know
- 99 Refused

H11	Health insurance through your (TARGET's) work or union? <b>[SKIP FOR MINORS (&lt;18)] PROBE:</b> This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	7	9
H12	Health insurance through someone else's work or union? <b>PROBE:</b> This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	7	9
H13	Health insurance bought directly by you (TARGET)? <b>[SKIP FOR MINORS (&lt;18)]</b> <b>IF YES SKIP TO H13POL</b> <b>ELSE SKIP TO H14</b>	1	2	7	9
	<b>H13POL.</b> Is this an individual policy or is it a family policy?  <u>1</u> individual policy <u>2</u> family (covers more than one person) <u>7</u> don't know <b>SKIP TO H14</b> <u>9</u> refused <b>SKIP TO H14</b>				
	<b>H13P1.</b> How much do you (does TARGET) pay each month for this health insurance premium?  H13P1_M. \$ _____ monthly <b>IF &lt;\$50 OR &gt;\$800 ASK H13P1_T, ELSE SKIP TO H14</b> H13P1_Q. \$ _____ quarterly/every 3 months <b>IF &lt;\$150 OR &gt;\$2400 ASK H13P1_T, ELSE SKIP TO H14</b> H13P1_S. \$ _____ semi-annually/every 6 months <b>IF &lt;\$300 OR &gt;\$4800 ASK H13P1_T, ELSE SKIP TO H14</b> H13P1_A. \$ _____ yearly <b>IF &lt;\$300 OR &gt;\$9600 ASK H13P1_T, ELSE SKIP TO H14</b> H13P1_O. \$ _____ other (specify) <b>SKIP TO H14</b> 7. Don't Know 9. Refused  H13P1_T _____ (yearly calculation by CATI based on above entry)  <b>INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:</b> "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?  <b>SKIP TO H14</b>  <u>1</u> Yes <u>2</u> No <u>-7</u> don't know → <b>SKIPTO H13P2</b>				
	<b>H13P2.</b> How about if I give you some categories? Which category best represents the amount that you (TARGET) pay per month for this health insurance? <b>READ CATEGORIES BELOW</b>  <u>1</u> Less than \$100 <u>2</u> \$100 to \$199 <u>3</u> \$200 to \$299 <u>4</u> \$300 to \$399 <u>5</u> \$400 to \$499 <u>6</u> \$500 to \$599 <u>7</u> \$600 to \$699 <u>8</u> \$700 to \$799 <u>9</u> \$800 to \$899 <u>10</u> \$900 to \$999 <u>11</u> More than \$1000 <u>77</u> Don't Know <u>99</u> Refused				

	Health insurance bought directly by someone else? <b>IF YES SKIP TO H14POL</b> <b>ELSE SKIP TO j_H15</b>	1	2	7	9
	<b>H14POL.</b> Is this an individual policy or is it a family policy?  <u>1</u> individual policy <u>2</u> family (covers more than one person) <u>7</u> don't know <b>SKIP TO j_H15</b> <u>9</u> refused <b>SKIP TO j_H15</b>				
	<b>H14P1.</b> How much is paid for this health insurance premium?  H14P1_M. \$ _____ monthly <b>IF &lt;\$50 OR &gt;\$800 ASK H14P1_T, ELSE SKIP TO j_H15</b> H14P1_Q. \$ _____ quarterly/every 3 months <b>IF &lt;\$150 OR &gt;\$2400 ASK H14P1_T, ELSE SKIP TO j_H15</b> H14P1_S. \$ _____ semi-annually/every 6 months <b>IF &lt;\$300 OR &gt;\$4800 ASK H14P1_T, ELSE SKIP TO j_H15</b> H14P1_A. \$ _____ yearly <b>IF &lt;\$300 OR &gt;\$9600 ASK H14P1_T, ELSE SKIP TO j_H15</b> H14P1_O. \$ _____ other (specify) <b>SKIP TO j_H15</b> 7. Don't Know 9. Refused  H14P1_T _____ (yearly calculation by CATI based on above entry)  <b>INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:</b> "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?  <b>SKIP TO j_H15</b>  <u>1</u> Yes <u>2</u> No <u>-7</u> don't know → <b>SKIPTO H14P2</b>				
H14					
	<b>H14P2.</b> How about if I give you some categories? Which category best represents the amount paid per month for this health insurance? <b>READ CATEGORIES BELOW</b>  <u>1</u> Less than \$100 <u>2</u> \$100 to \$199 <u>3</u> \$200 to \$299 <u>4</u> \$300 to \$399 <u>5</u> \$400 to \$499 <u>6</u> \$500 to \$599 <u>7</u> \$600 to \$699 <u>8</u> \$700 to \$799 <u>9</u> \$800 to \$899 <u>10</u> \$900 to \$999 <u>11</u> More than \$1000 <u>77</u> Don't Know <u>99</u> Refused				
<b>j_H15:</b> IF TARGET HAS ONLY INDIAN SERVICES, SKIP TO H15A. IF TARGET HAS ANY OTHER INSURANCE, SKIP TO H17. ELSE CONTINUE TO H15.					

<b>H15</b>	<p>According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital?</p> <p><b>IF YES SKIP TO H16</b> <b>IF NO/DK/REF SKIP TO H19</b></p>	1	2	7	9
IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE TO H15A. ELSE SKIP TO H16.					
<b>H15A</b>	<p>You've just told me you receive (TARGET receives) services through the Indian Health Service. In addition to this, does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? <b>NOTE TO INTERVIEWER: INDIAN HEALTH SERVICE IS NOT CONSIDERED COMPREHENSIVE INSURANCE FOR THE PURPOSES OF THIS SURVEY.</b></p> <p><b>IF NO/DK/REF SKIP TO H19</b></p>	1	2	7	9

<b>H16</b>	<p>And who is that? <b>(DO NOT READ, SELECT ANSWER)</b></p> <ol style="list-style-type: none"> <li>1. MEDICARE</li> <li>2. RAILROAD RETIREMENT PLAN</li> <li>3. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS?</li> <li>4. INDIAN HEALTH SERVICE</li> <li>5. MEDICAL ASSISTANCE, MEDICAID, MA, PMAP (PREPAID MEDICAL ASSISTANCE PLAN)</li> <li>6. GENERAL ASSISTANCE MEDICAL CARE OR GAMC?</li> <li>7. MINNESOTACARE</li> <li>8. MINNESOTA COMPREHENSIVE HEALTH ASSOCIATION OR MCHA (HIGH RISK POOL)</li> <li>9. COBRA?</li> <li>11. HEALTH INSURANCE THROUGH YOUR (TARGET'S) WORK OR UNION</li> <li>12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION</li> <li>13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (TARGET)</li> <li>14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE</li> <li>15. WORKERS COMPENSATION FOR SPECIFIC INJURY/ILLNESS</li> <li>16. EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY</li> <li>17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS</li> <li>18. NO PRIVATE OR PUBLIC INSURANCE</li> <li>19. OTHER NON INSURANCE PAYMENT SOURCE</li> </ol> <p><b>IF H16=1 AND AGE&gt;=65 SKIP TO MEDSUPP</b></p> <p><b>IF H16=13 OR 14 SKIP TO H16POL</b></p> <p><b>IF H16= 4,15-19 SAY: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN SKIP TO H19</b></p> <p><b>ELSE SKIP TO H17</b></p>
	<p><b>H16POL.</b> Is this an individual policy or is it a family policy?</p> <p style="margin-left: 40px;"> <u>1</u>      individual policy  <u>2</u>      family (covers more than one person)  7      don't know <b>SKIP TO H17</b>  9      refused <b>SKIP TO H17</b> </p>

**H16P1.** How much do you (does TARGET) pay each month for this health insurance premium?

H16P1\_M. \$ \_\_\_\_\_ monthly **IF <\$50 OR >\$800 ASK H16P1\_T, ELSE SKIP TO H17**

H16P1\_Q. \$ \_\_\_\_\_ quarterly/every 3 months **IF <\$150 OR >\$2400 ASK H16P1\_T, ELSE SKIP TO H17**

H16P1\_S. \$ \_\_\_\_\_ semi-annually/every 6 months **IF <\$300 OR >\$4800 ASK H16P1\_T, ELSE SKIP TO H17**

H16P1\_A. \$ \_\_\_\_\_ yearly **IF <\$300 OR >\$9600 ASK H16P1\_T, ELSE SKIP TO H17**

H16P1\_O. \$ \_\_\_\_\_ other (specify) **SKIP TO H17**

7. Don't Know

9. Refused

H16P1\_T \_\_\_\_\_ (yearly calculation by CATI based on above entry)

**INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:** "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?"

**SKIP TO H17**

- 1 Yes
- 2 No
- 7 don't know → **SKIPTO H16P2**

**H16P2.** How about if I give you some categories? Which category best represents the amount that you (TARGET) pay per month for this health insurance. **READ CATEGORIES BELOW**

- 1 Less than \$100
- 2 \$100 to \$199
- 3 \$200 to \$299
- 4 \$300 to \$399
- 5 \$400 to \$499
- 6 \$500 to \$599
- 7 \$600 to \$699
- 8 \$700 to \$799
- 9 \$800 to \$899
- 10 \$900 to \$999
- 11 More than \$1000
- 77 Don't Know
- 99 Refused

**SKIP TO H17**

H17-H19 establish annual coverage status. Asking H17 and H19 ensures that respondents uninsured part way through the year get the uninsured part year long form.		Y	N	DK	REF
H17	Have you (Has TARGET) had insurance coverage for all of the past 12 months? <b>IF H17=1 AND ((H1=1 AND AGE&lt;=64) OR (H16=1 AND AGE&lt;=64)) SKIP TO MEDPUB IN MEDSUPP</b> <b>IF H17=1 AND ((H1&gt;=2 AND H2=1) OR H16=2) SKIP TO MEDDRG IN MEDSUPP</b>  <b>ELSE IF H17=1 SKIP TO STAT</b>	1	2	7	9
H18	How many months during the past year were you (TARGET) without coverage? <b>IF ((H1=1 AND AGE&lt;=64) OR (H16=1 AND AGE&lt;=64)) SKIP TO MEDPUB IN MEDSUPP</b> <b>IF ((H1&gt;=2 AND H2=1) OR H16=2) SKIP TO MEDDRG IN MEDSUPP</b>  <b>ELSE SKIP TO STAT</b>	# months		-7	-9
H19	Have you (Has TARGET) been covered by any health insurance in the past 12 months? <b>SKIP TO STAT</b>	1	2	7	9

**MEDSUPP** Now I am going to ask about health insurance coverage you may have in addition to basic Medicare.

	YES	NO	DK	REF
<b>MEDGAP.</b> Do you (does TARGET) have additional insurance to supplement Medicare, such as a Medigap policy?	1	2	7	9
<b>MEDEMP.</b> Do you (does TARGET) receive health insurance through (your/their) or someone else's current or former employer?	1	2	7	9
<b>MEDPUB.</b> Does a Minnesota public program pay for all or part of your (TARGET's) Medicare premiums or deductibles? <b>PROBE:</b> For example, Qualified Medicare Beneficiary (QMB), Service Limited Medicare Beneficiary (SLMB), or Qualifying Individual (QI).	1	2	7	9
<b>IF AGE&lt;65 SKIP TO MEDHMO</b>				
<b>MEDMA.</b> Are you enrolled in Medical Assistance (MA) or MSHO (Minnesota Senior Health Options) provided by the state? <b>PROBE:</b> This is Minnesota's Medicaid program to help low-income seniors pay for services and costs not paid for by Medicare. Enrollees do not pay a premium.	1	2	7	9
<b>MEDCHA.</b> Do you (does TARGET) have health insurance through the Minnesota Comprehensive Health Association or high risk pool known as MCHA?	1	2	7	9
<b>MEDHMO.</b> Are you (Is TARGET) enrolled in a HMO or managed care plan? <b>PROBE:</b> This would include a HMO or managed care plan offered by a current or former employer or a plan bought directly such as HealthPartners 65+, Medica Prime Solution, UCare for Seniors, or First Plan Seniors First.	1	2	7	9
<b>IF AGE&lt;65 SKIP TO MEDDRG</b>				
<b>MEDALL.</b> Have you (Has TARGET) had Medicare or other insurance coverage for all of the past 12 months?	1	2	7	9
<b>IF MEDALL=1 SKIP TO MEDDRG</b>				
<b>MEDMON.</b> How many months during the past year were you (TARGET) without coverage?	# months		-7	-9
<b>MEDDRG.</b> Do you (does TARGET) have insurance that pays for all or part of your (TARGET's) prescription drugs? <b>PROBE:</b> This does not include a drug discount card, but does include Medical Assistance or Minnesota's Prescription Drug Program.	1	2	7	9
<b>DRGNUM.</b> How many different types of prescription drugs do you (does TARGET) take on a regular basis?				
_____ ENTER NUMBER OF DRUGS → >0 SKIP TO DRGCOST				
77 don't know → SKIP TO DGCOST				
88 none → SKIP TO SKPDG1				
99 refused → SKIP TO DGCOST				

**DGCOST.** Which category best represents the amount that you (TARGET) pay per month for prescription drugs that you (TARGET) use on a regular basis? **READ CATEGORIES BELOW**

- 1 Less than \$50
- 2 \$50 to \$99
- 3 \$100 to \$199
- 4 \$200 to \$299
- 5 \$300 to \$399
- 6 \$400 to \$499
- 7 \$500 to \$599
- 8 More than \$600
- 9 Annual \_\_\_\_\_ (record annual amount)
- 77 Don't Know
- 99 Refused

**SKPDG1.** During the past 12 months, was there any time you (TARGET) did not fill your (their) prescription drugs because you (they) could not afford it?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**SKPDG2.** During the past 12 months, was there any time you (TARGET) skipped doses or took smaller amounts of your (their) prescription drugs to make them last longer?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**CANDRG.** In the past 12 months, have you (has TARGET) bought prescription drugs from another country? For example, have you (has TARGET) bought prescription drugs in person, over the phone or fax, or through the internet from Canada or another country?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**SKIP TO STAT**

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

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

- 1 Yes → **SKIP TO TYPE**
- 2 No → **REPEAT FOR NEXT PERSON ON ROSTER**
- 7 Don't Know → **REPEAT FOR NEXT PERSON ON ROSTER**
- 9 Refused → **REPEAT FOR NEXT PERSON ON ROSTER**

**TYPE(#).** What type of insurance is this person covered by?

- 1. Medicare/ Railroad Retirement?
- 3. Veteran's Affairs, Military Health, TRICARE or CHAMPUS?
- 4. Indian Health Service?
- 5. Some other form of public insurance such as Medical Assistance (MA), Medicaid, PrePaid Medical Assistance Plan (PMAP), also known as Minnesota Health Care Programs, General Assistance Medical Care (GAMC), MinnesotaCare?
- 8. MCHA (Minnesota Comprehensive Health Association or high risk pool)
- 9. COBRA?
- 11. Health insurance through their work or union
- 12. Health insurance through someone else's work or union
- 13. Health insurance bought directly by you (TARGET) or someone else
- 19. None
- 20. Other source
- 77. Don't Know
- 99. Refused

**PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS**

**VCHK#** I just want to make sure I have everything right. The computer says the following people (LIST ALL RELATIONSHIP, or AGE and SEX) do not have health care coverage.

- 1. Yes → **SKIP TO EMP**
- 2. No → "What type of insurance is this person covered by?"

**PROCEED THROUGH ROSTER FOR EACH PERSON OVER 18 YEARS OF AGE FOR EMPLOYMENT QUESTIONS BELOW.**

**EMP(#).** Is your (relationship) [(age) (sex) if multiple members with same relationship code] currently employed?

- 1. Yes
- 2. No → **REPEAT FOR NEXT PERSON OVER 18 YEARS OF AGE ON ROSTER**
- 7. Don't Know → **REPEAT FOR NEXT PERSON OVER 18 YEARS OF AGE ON ROSTER**
- 9. Refused → **REPEAT FOR NEXT PERSON OVER 18 YEARS OF AGE ON ROSTER**

**HRS(#).** How many hours per week does your (relationship) [(age) (sex) if multiple members with same relationship code] usually work at their primary place of employment?

- \_\_\_\_\_ hours
- 7 Don't Know
- 9 Refused

**SECT(#).** Thinking about the primary place of employment, is your (relationship) [(age) (sex) if multiple members with same relationship code] employed by the government, a private company, a non-profit organization, or self-employed or working in a family business?

1. Government
2. Private for profit company
3. Non-profit organization including tax exempt and charitable organizations
4. Self employed
5. Unpaid worker for a family business
6. Military
- 7 Don't Know
- 9 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 SECT#=4 Self employed the question reads:  
Including yourself are there more than 50 people working for business?

1. Yes **SKIP TO SIZEB(#)**
2. No **SKIP TO SIZEA(#)**
7. Don't Know **SKIP TO Catisort**
9. Refused **SKIP TO Catisort**

**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 SECT#=4, use "business" instead of "employer"

1. Just one
2. Between 2 and 10
3. Between 11 and 50
7. Don't Know
9. Refused

#### **SKIP TO Catisort**

**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 SECT#=4, use "business" instead of "employer"

1. Between 51 and 100
2. Between 101 and 500
3. Between 501 and 1000
4. Over 1000
- 7 Don't Know
- 9 Refused

**CATISORT:**

**IF (H1=1 OR H2=1 OR H16=1 OR H16=2) AND (H17>=2 OR MEDALL>=2) →SKIP TO UNINON.  
IF (H1=1 OR H2=1 OR H16=1 OR H16=2) AND (H17=1 OR MEDALL=1) →SKIP TO HSTAT.  
IF H17=1 AND H1~=1 AND H2~=1 AND H16~=1 AND H16~=2 →SKIP TO COVALL.  
IF H17 >=2 → SKIP TO UNINON.  
IF H19 = 1 → SKIP TO UNINOFF.  
IF H19 >=2 → SKIP TO UNINSURD.  
ANY ELSE → SKIP TO UNINSURD.  
UNKNOWN →SKIP TO HSTAT.**

**UNINON**

**PATHI.** You have just explained to me that currently you are (TARGET is) covered by health insurance but were (was) not covered at some point in the past 12 months. Is this correct?

- 1 yes → **SKIPTO INSD2**
- 2 no → **SKIPTO PROBLEM2**
- 7 don't know → **SKIPTO PROBLEM2**
- 9 refused → **SKIPTO PROBLEM2**

PROBLEM2. (TEXT ENTRY)

PLEASE EXPLAIN

**INSD2.** Thinking back to the time you (TARGET) got your (his/her) current form of insurance, what is the main reason you (TARGET) got coverage at that time? **DO NOT READ. MAP TO RESPONSE.**

- 1 GOT A NEW JOB WITH COVERAGE
- 2 FAMILY MEMBER GOT NEW JOB WITH COVERAGE
- 3 BECAME ELIGIBLE THROUGH WORK
- 4 BECAME ELIGIBLE FOR THROUGH SOMEONE ELSE'S WORK
- 5 BECAME ELIGIBLE FOR PUBLIC INSURANCE
- 6 APPLIED FOR PUBLIC INSURANCE/KNEW ALREADY ELIGIBLE
- 7 COULD AFFORD TO BUY INSURANCE
- 8 NEEDED COVERAGE: BECAME SICK
- 9 NEEDED COVERAGE: NEW PARENT
- 10 OTHER \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

**INSD3.** Before you (TARGET) got your (his/her) current coverage, for how many years or months did you (TARGET) go with no insurance?

INSD3A. \_\_\_\_\_ # years    INSD3B. \_\_\_\_\_ # months

- 7    don't know
- 9    refused

**IF H1=1 OR H2=1 OR H16=1 OR H16=2 SKIP TO HSTAT  
ELSE SKIP TO COVALL**

**UNINSURD**

**EVER.** Have you (Has TARGET) ever been covered by health insurance?

- 1    yes → **SKIPTO EVERT**
- 2    no → **SKIPTO COVALL**
- 7    don't know → **SKIPTO COVALL**
- 9    refused → **SKIPTO COVALL**

**EVERT.** How long has it been since you (TARGET) had any health insurance?

EVERTA. \_\_\_\_\_ # years    EVERTB. \_\_\_\_\_ # months

- 7    don't know
- 9    refused

**PRIOR.** Prior to becoming uninsured, what type of insurance did you (TARGET) have? Was that..

- 1. Medicare/ Railroad Retirement?
- 2. Veteran's Affairs, Military Health, TRICARE or CHAMPUS?\*
- 3. Indian Health Service?
- 4. Some other form of public insurance\*\*
- 5. MCHA (Minnesota Comprehensive Health Association or high risk pool)
- 6. Health insurance through your (TARGET's) work or union
- 7. Health insurance through someone else's work or union
- 8. COBRA?
- 9. Health insurance bought directly by you (TARGET) or someone else
- 10. None
- 11. Other source
- 77 Don't Know
- 99 Refused

**Color Key:**    **Ages 0-17**  
                  **Ages 18+**  
                  **All Ages**

\* through an active duty military member, retiree or through the Veteran's Affairs service connected to a disability.

\*\* such as Medical Assistance (MA), Medicaid, PrePaid Medical Assistance Plan (PMAP), also known as Minnesota Health Care Programs, General Assistance Medical Care (GAMC), MinnesotaCare?

**NAME OF INSURANCE COMPANY ("BLUE CROSS", OR "MEDICA") IS NOT A SUFFICIENT ANSWER.**

**IF TARGET AGE IS 18-24 (>=18 AND <=24) → SKIP TO YOUNG  
ELSE → SKIP TO COVALL**

**UNINOFF**

**PATHU.** You have just explained to me that currently you are (TARGET is) NOT covered by health insurance but were (was) covered at some point IN THE PAST 12 MONTHS. Is this correct?

- 1 yes → **SKIPTO UNIN1**
- 2 no → **SKIPTO PROBLEM**
- 7 don't know → **SKIPTO PROBLEM**
- 9 refused → **SKIPTO PROBLEM**

PLEASE EXPLAIN

**UNIN1.** What type of insurance were you (was TARGET) covered by most recently? Was it . .

- 1. Medicare/ Railroad Retirement?
- 2. Indian Health Service?
- 3. Some other form of public insurance\*\*
- 4. MCHA (Minnesota Comprehensive Health Association or high risk pool)
- 5. Health insurance through your (TARGET's) work or union
- 6. Health insurance through someone else's work or union
- 7. COBRA? (Insurance purchased temporarily for full cost through former employer)
- 8. Health insurance bought directly by you (TARGET) or someone else
- 9. None
- 10. Other source
- 77. Don't Know
- 99. Refused

\* through an active duty military member, retiree or through the Veteran's Affairs service connected to a disability.

\*\* such as Medical Assistance (MA), Medicaid, PrePaid Medical Assistance Plan (PMAP), also known as Minnesota Health Care Programs, General Assistance Medical Care (GAMC), MinnesotaCare?

**NAME OF INSURANCE COMPANY (“BLUE CROSS”, OR “MEDICA”) IS NOT A SUFFICIENT ANSWER.**

**UNIN2.** And what is the main reason your (TARGET’S) coverage ended? **DO NOT READ. MAP RESPONSE TO CATEGORY.**

- 1 JOB WITH COVERAGE ENDED
- 2 EMPLOYER ENDED COVERAGE BUT STILL HAVE JOB
- 3 COULD NOT AFFORD
- 4 COBRA RAN OUT
- 5 NO LONGER ELIGIBLE FOR PUBLIC INSURANCE PROGRAM
- 6 NEVER REAPPLIED FOR PUBLIC INSURANCE
- 7 MOVED TO STATE RECENTLY AND DIDN’T GET NEW INSURANCE
- 8 NO LONGER ELIGIBLE FOR PARENTS’ POLICY
- 9 NO LONGER NEEDED OR WANTED INSURANCE
- 10 OTHER \_\_\_\_\_
- 77 DON’T KNOW
- 99 REFUSED

**IF TARGET AGE IS 18-24 (>=18 AND <=24) AND UNIN2~=8 → SKIP TO YOUNG  
ELSE → SKIP TO COVALL**

**YOUNG.** Was this insurance coverage through your (TARGET’s) parents’ or guardian’s plan?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**SKIPTO COVALL**

## COVALL SKIP PATTERN: J\_COV, J\_EMPCOV, J\_PARCOV

### J\_COV BRANCHING

#### **C: WAYS TO SKIP THE COV SERIES:**

C: 1. HH\_COUNT IS ONE AND NO COVERAGE THROUGH SOMEONE ELSE'S EMPLOYER.

IF ((!f\_ELSWRK) & (HH\_COUNT = 1)) SKP j\_EMPCOV

C: 2. NO SPOUSE/PARTNER AND NO COVERAGE THROUGH SOMEONE ELSE'S EMPLOYER.

IF ((!f\_SPOUSE) & (!f\_ELSWRK)) SKP j\_EMPCOV

C: 3. TARGET IS A MINOR.

IF (f\_MINOR) SKP j\_PARCOV

C: 4. TARGET IS A STUDENT.

IF (f\_STUDNT) SKP j\_PARCOV

C: 5. HAS SPOUSE BUT SPOUSE IS UNEMPLOYED W/OUT COBRA AND NO COVERAGE THROUGH SOMEONE ELSE'S EMPLOYER.

IF ((v\_SPOUSE = 1) & (EMP01 = 2) & (TYPE01 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 2) & (EMP02 = 2) & (TYPE02 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 3) & (EMP03 = 2) & (TYPE03 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 4) & (EMP04 = 2) & (TYPE04 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 5) & (EMP05 = 2) & (TYPE05 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 6) & (EMP06 = 2) & (TYPE06 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 7) & (EMP07 = 2) & (TYPE07 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 8) & (EMP08 = 2) & (TYPE08 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 9) & (EMP09 = 2) & (TYPE09 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 10) & (EMP10 = 2) & (TYPE10 <> 9)&!f\_ELSWRK))SKP j\_EMPCOV

C: 6. HAS SPOUSE BUT SPOUSE IS SELF-EMPLOYED W/OUT EMPLOYEES AND NO COVERAGE THROUGH SOMEONE ELSE'S EMPLOYER.

IF ((v\_SPOUSE = 1) & (SECT01 = 4) & (SIZE01 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 2) & (SECT02 = 4) & (SIZE02 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 3) & (SECT03 = 4) & (SIZE03 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 4) & (SECT04 = 4) & (SIZE04 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 5) & (SECT05 = 4) & (SIZE05 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 6) & (SECT06 = 4) & (SIZE06 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 7) & (SECT07 = 4) & (SIZE07 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 8) & (SECT08 = 4) & (SIZE08 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 9) & (SECT09 = 4) & (SIZE09 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

IF ((v\_SPOUSE = 10) & (SECT10 = 4) & (SIZE10 = 1)&!f\_ELSWRK))SKP j\_EMPCOV

**C: SKIP COV1 TO COV4 IF TARGET HAS COVERAGE THROUGH SOMEONE ELSE'S EMPLOYER.**

IF ((!f\_MINOR) & (!f\_STUDNT) & (f\_ELSWRK)) SKP e\_CCOST1

**C: SKIP TO COV2 IF SPOUSE GETS INSURANCE THROUGH WORK.**

f\_TEMP=0

IF ((v\_SPOUSE = 1) & (TYPE01 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 2) & (TYPE02 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 3) & (TYPE03 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 4) & (TYPE04 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 5) & (TYPE05 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 6) & (TYPE06 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 7) & (TYPE07 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 8) & (TYPE08 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 9) & (TYPE09 = 11)) f\_TEMP=1

IF ((v\_SPOUSE = 10) & (TYPE10 = 11)) f\_TEMP=1

IF (f\_TEMP) SKP e\_COV2

## J EMPCOV BRANCHING

**C: IF TARGET IS EMPLOYED BY THE MILITARY AND HAS VA COVERAGE, THEY SHOULD BE TREATED LIKE THOSE WITH INSURANCE THROUGH THEIR OWN WORK (THIS ONLY APPLIES TO TARGET FOR EMPCOV SERIES, DOES NOT APPLY TO SPOUSE FOR COV SERIES):**

```
IF ((TARGET = 1) & (SECT01 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 2) & (SECT02 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 3) & (SECT03 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 4) & (SECT04 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 5) & (SECT05 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 6) & (SECT06 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 7) & (SECT07 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 8) & (SECT08 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 9) & (SECT09 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
IF ((TARGET = 10) & (SECT10 = 6) & ((H03 = 1) | (H16 = 3))) f_OWNWRK=TRUE
```

**C: WAYS TO SKIP THE EMPCOV SERIES:**

**C: 1. TARGET IS A MINOR OR A STUDENT.**

```
IF ((f_STUDNT) | (f_MINOR)) SKP j_PARCOV
```

**C: 2. TARGET IS UNEMPLOYED WITHOUT COBRA AND NO INSURANCE THROUGH WORK.**

```
IF ((!f_EMP) & (!f_COBRA) & ((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD))) SKP e_OWNCOV
IF ((!f_OWNWRK) & (!f_EMP) & (!f_COBRA) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD)) SKP e_HSTAT
```

**C: 3. TARGET IS SELF-EMPLOYED BUT WITH NO EMPLOYEES AND NO INSURANCE THROUGH WORK.**

```
IF ((f_SLFMP1) & ((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD))) SKP e_OWNCOV
IF ((!f_OWNWRK) & (f_SLFMP1) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD)) SKP e_HSTAT
```

**C: SKIP TO EMPCOV2 IF THE TARGET IS COVERED THROUGH THEIR OWN WORK.**

```
IF (f_OWNWRK) SKP e_EMPCV2
```

## J PARCOV BRANCHING

**C: SKIP TO PCOST1 IF THE TARGET IS COVERED THROUGH SOMEONE ELSE'S WORK.**

```
IF (f_ELSSWRK) SKP e_PCOST1
```

**COV1.** Does your spouse or partner have insurance through their work?

**NOTE: If R = person 2(spouse) reads: "Do you have insurance through your work?"**

1      yes → SKIPTO COV2  
2      no → SKIPTO COV3  
7      don't know → SKIPTO COV3  
8      N/A: spouse/partner unemployed or self employed  
9      refused → SKIPTO COV3

```
IF ((ANS = 8) & ((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD))) SKP e_OWNCOV
IF ((ANS = 8) & (!f_OWNWRK) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD)) SKP e_HSTAT
IF ((ANS = 8) & (f_OWNWRK)) SKP e_EMPCV2
IF ((ANS = 8) & (!f_OWNWRK) & ((f_EMP) | (f_COBRA)) & (!f_SLFMP1)) SKP e_EMPCV1
```

**COV2.**

**IF H12~=1 AND H16~=12 AND SPOUSE/PARTNER HAS COVERAGE THROUGH THEIR WORK→ ADD LEAD-IN:**

You have explained to me that TARGET'S spouse/partner gets insurance through their work.

**COV2.** Could this insurance policy be extended to cover you (TARGET)?

- 1 yes → IF H11=1 OR H16=11 SKIPTO COV6, ELSE SKIP TO CCOST1
- 2 no
- 7 don't know
- 9 refused

**IF ((ANS > 1) & ((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD))) SKP e\_OWNCOV  
IF ((ANS > 1) & (!f\_OWNWRK) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD)) SKP e\_HSTAT  
IF ((ANS > 1) & (f\_OWNWRK)) SKP e\_EMPCV2  
IF ((ANS > 1) & (!f\_OWNWRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1**

**COV3.** Is your spouse partner eligible for health insurance through their work, but chosen not to sign up for it?

- 1 yes → SKIPTO COV4
- 2 no
- 7 don't know
- 9 refused

**IF ((ANS > 1) & ((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD))) SKP e\_OWNCOV  
IF ((ANS > 1) & (!f\_OWNWRK) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD)) SKP e\_HSTAT  
IF ((ANS > 1) & (f\_OWNWRK)) SKP e\_EMPCV2  
IF ((ANS > 1) & (!f\_OWNWRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1**

**COV4.** If they were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

- 1 yes → IF H11=1 OR H16=11 SKIPTO COV6, ELSE SKIP TO CCOST1
- 2 no
- 7 don't know
- 9 refused

**IF ((ANS > 1) & ((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD))) SKP e\_OWNCOV  
IF ((ANS > 1) & (!f\_OWNWRK) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD)) SKP e\_HSTAT  
IF ((ANS > 1) & (f\_OWNWRK)) SKP e\_EMPCV2  
IF ((ANS > 1) & (!f\_OWNWRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1**

**CCOST1.**

**IF H12=1 or H16=12 → ADD LEAD-IN:**

You have explained to me that you get (TARGET gets) insurance through another person's work.

**CCOST1** How much (does this IF H12=1 or H16=12/would you/your spouse/this family member have to pay for health insurance provided by their work for this family coverage? For example, how much (does this IF H12=1 or H16=12/would you/your spouse/this family member have taken out of each paycheck for health insurance?

CCOST1\_W. \$ \_\_\_\_\_ weekly IF >\$100 ASK T\_CCOST1; ELSE  
 IF (!f\_ELSWRK) SKP e\_COV6  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT  
 IF ((f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1  
 CCOST1\_B. \$ \_\_\_\_\_ every 2 weeks IF >\$200 ASK T\_CCOST1; ELSE  
 IF (!f\_ELSWRK) SKP e\_COV6  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT  
 IF ((f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1  
 CCOST1\_M. \$ \_\_\_\_\_ monthly IF >\$400 ASK T\_CCOST1; ELSE  
 IF (!f\_ELSWRK) SKP e\_COV6  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT  
 IF ((f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1  
 CCOST1\_O. \$ \_\_\_\_\_ other (specify)  
 IF (!f\_ELSWRK) SKP e\_COV6  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT  
 IF ((f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1  
 7. Don't know  
 9. Refused

T\_CCOST1 \_\_\_\_\_ (yearly calculation by CATI based on above entry)

**INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:** "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?"

- 1 Yes
- 2 No
- 7 Don't Know →SKIP TO CCOST1A

IF (!f\_ELSWRK) SKP e\_COV6  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT  
 IF ((f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2  
 IF ((f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1

**CCOST1A** How about if I give you some categories? Is the amount that this family member (has IF H12=1 or H16=12/would have IF H12~=1 and H16~=12) to pay out of each paycheck for health insurance more than \$200?

- 1 Yes →**SKIP TO CCOST1C**
- 2 No →**SKIP TO CCOST1B**
- 7 Don't Know
- 9 Refused

IF ((ANS > 2) & (!f\_ELSWRK)) SKP e\_COV6

IF ((ANS > 2) & (f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT

IF ((ANS > 2) & (f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2

IF ((ANS > 2) & (f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1

**CCOST1B** Which category best represents the amount that this family member (has IF H12=1 or H16=12/would have IF H12~=1 and H16~=12) to pay out of each paycheck for health insurance? **READ CATEGORIES BELOW**

- 1 Less than \$25
- 2 \$25 to \$49
- 3 \$50 to \$74
- 4 \$75 to \$99
- 5 \$100 to \$149
- 6 \$150 to \$199
- 77 Don't Know
- 99 Refused

**SKIP TO CCOST2**

**CCOST1C** Which category best represents the amount that this family member (has IF H12=1 or H16=12/would have IF H12~=1 and H16~=12) to pay out of each paycheck for health insurance? **READ CATEGORIES BELOW**

- 1 \$200 to \$249
- 2 \$250 to \$299
- 3 \$300 to \$349
- 4 \$350 to \$399
- 5 \$400 to \$499
- 6 \$500 to \$599
- 7 over \$600
- 77 Don't Know
- 99 Refused

**CCOST2** How often does this family member get paid?

- 1 Weekly
- 2 Every two weeks
- 3 Monthly
- 4 Other \_\_\_\_\_ (specify)
- 7 Don't Know
- 9 Refused

IF (!f\_ELSWRK) SKP e\_COV6

IF ((f\_ELSWRK) & (!f\_OWNRK) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT

IF ((f\_OWNRK) & (f\_ELSWRK)) SKP e\_EMPCV2

IF ((f\_ELSWRK) & (!f\_OWNRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**COV6.** What is the main reason you (TARGET) do not get insurance through your spouse?

**PROBE:** Can you tell me the primary reason you did not get insurance through this family member?

**DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

- 1 DO NOT NEED HEALTH INSURANCE
- 2 RARELY SICK/"I TAKE CARE OF MYSELF"
- 3 TOO MUCH HASSLE/PAPERWORK
- 4 TOO EXPENSIVE/COULD NOT AFFORD
- 5 DON'T LIKE BENEFITS PACKAGE
- 6 NOT ELIGIBLE, HEALTH CONDITION
- 7 NOT ELIGIBLE, OTHER
- 8 OWN PLAN THROUGH WORK IS CHEAPER/BETTER
- 9 WILL GET OWN HEALTH INSURANCE SOON
- 10 AFTER WAITING PERIOD WILL BE COVERED BY THEIR POLICY
- 11 COVERED BY PUBLIC PROGRAM
- 12 OTHER (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

**IF (((CODETYPE = UNINOFF) | (CODETYPE = UNINSURD)) & (((!f\_EMP) & (!f\_COBRA)) | (f\_SLFMP1)))  
SKP e\_OWNCOV  
IF ((!f\_OWNWRK) & (CODETYPE <> UNINOFF) & (CODETYPE <> UNINSURD) & (((!f\_EMP) &  
(!f\_COBRA)) | (f\_SLFMP1))) SKP e\_HSTAT  
IF ((f\_OWNWRK)) SKP e\_EMPCV2  
IF ((!f\_OWNWRK) & ((f\_EMP) | (f\_COBRA)) & (!f\_SLFMP1)) SKP e\_EMPCV1**

You have explained to me that you do not get (TARGET does not get) insurance through your (their) own work.

**EMPCV1.** Does the business you (TARGET) work for offer health insurance as a benefit to any of its employees?

- 1 yes → **SKIPTO EMPC1A**
- 2 no → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV, ELSE SKIPTO HSTAT**
- 7 don't know → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV, ELSE SKIPTO HSTAT**
- 8 NOT applicable, NOT employed → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV, ELSE SKIPTO HSTAT**
- 9 refused → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV, ELSE SKIPTO HSTAT**

**EMPC1A.** Are you (Is TARGET) eligible for health insurance through your (their) work?

- 1 yes → **SKIPTO EMPCV2**
- 2 no → **SKIPTO EMPCV4**
- 7 don't know → **SKIPTO EMPCV4**
- 9 refused → **SKIPTO EMPCV4**

**EMPCV2.**

**IF H11=1 OR H16=11 → ADD LEAD-IN:**

You have explained to me that you get (TARGET gets) insurance through your (their) work.

**EMPCV2.** Can dependents be covered by health insurance through your (TARGET's) work?

- 1 yes
- 2 no
- 7 don't know
- 8 TARGET does NOT have ACCESS to insurance through OWN employer → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV, ELSE SKIPTO HSTAT**
- 9 refused

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**IF H11~=1 AND H16~=11 AND (H12=1 OR H16=12) SKIP TO EMPCV4**

**ECOST1** How much (do you-does TARGET IF f\_OWNWRK/would you-would TARGET IF !f\_OWNWRK have to pay for health insurance provided by your (their) work? For example, how much (do you-does TARGET IF f\_OWNWRK /would you-would TARGET IF !f\_OWNWRK) have taken out of each paycheck for health insurance?

ECOST1\_W. \$ \_\_\_\_\_ weekly **IF >\$100 ASK T\_ECOST1, ELSE SKIP TO ECOST3**  
ECOST1\_B. \$ \_\_\_\_\_ every 2 weeks **IF >\$200 ASK T\_ECOST1, ELSE SKIP TO ECOST3**  
ECOST1\_M. \$ \_\_\_\_\_ monthly **IF >\$400 ASK T\_ECOST1, ELSE SKIP TO ECOST3**  
ECOST1\_O. \$ \_\_\_\_\_ other \_\_\_\_\_ (specify) **SKIP TO ECOST3**  
7. Don't know  
9. Refused

T\_ECOST1 \_\_\_\_\_ (yearly calculation by CATI based on above entry)

**INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:** "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?"

**SKIP TO ECOST3**

1 yes  
2 no  
-7 Don't Know →**SKIP TO ECST1A**

**ECST1A** How about if I give you some categories? Is the amount that you (TARGET) (have IF f\_OWNWRK /would have IF !f\_OWNWRK) to pay out of each paycheck for health insurance more than \$200?

1 Yes →**SKIP TO ECST1C**  
2 No →**SKIP TO ECST1B**  
7 Don't Know → **SKIP TO ECOST3**  
9 Refused → **SKIP TO ECOST3**

**ECST1B** Which category best represents the amount you (TARGET) (have IF f\_OWNWRK /would have IF !f\_OWNWRK) to pay out of each paycheck for health insurance? **READ CATEGORIES BELOW**

1 Less than \$25  
2 \$25 to \$49  
3 \$50 to \$74  
4 \$75 to 99  
5 \$100 to \$149  
6 \$150 to \$199  
77 Don't Know  
99 Refused

**SKIP TO ECOST2**

**ECST1C** Which category best represents the amount you (TARGET) (have IF f\_OWNWRK /would have IF !f\_OWNWRK) to pay out of each paycheck for health insurance? **READ CATEGORIES BELOW**

- 1 \$200 to \$249
- 2 \$250 to \$299
- 3 \$300 to \$349
- 4 \$350 to \$399
- 5 \$400 to \$499
- 6 \$500 to \$599
- 7 over \$600
- 77 Don't Know
- 99 Refused

**ECOST2** How often do you (does TARGET) get paid?

- 1 Weekly
- 2 Every two weeks
- 3 Monthly
- 4 Other \_\_\_\_\_ (specify)
- 7 Don't Know
- 9 Refused

**ECOST3** (Does this IF f\_OWNWRK /Would this IF !f\_OWNWRK) amount provide health insurance coverage to more than one person?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

**IF f\_OWNWRK → SKIPTO HSTAT**

**EMPCV4.** What is the main reason you (TARGET) are not included in your (his/her) work's group health insurance plan?

**DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

- 1 DO NOT NEED HEALTH INSURANCE
- 2 RARELY SICK/"I TAKE CARE OF MYSELF"
- 3 TOO MUCH HASSLE/PAPERWORK
- 4 TOO EXPENSIVE/COULD NOT AFFORD
- 5 DON'T LIKE BENEFITS PACKAGE
- 6 NOT ELIGIBLE, HEALTH CONDITION
- 7 NOT ELIGIBLE, OTHER
- 8 PLAN THROUGH SPOUSE'S WORK CHEAPER/BETTER
- 9 WILL GET OWN HEALTH INSURANCE SOON
- 10 AFTER WAITING PERIOD WILL BE COVERED BY THEIR POLICY
- 11 COVERED BY PUBLIC PROGRAM
- 12 OTHER (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

**IF UNINOFF OR UNINSURD SKIP TO OWNCOV  
ELSE SKIP TO HSTAT**

**OWNCOV.** What is the main reason you have (TARGET has) not bought health insurance on your (their) own?

**DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

- 1 DON'T NEED OR WANT INSURANCE
- 2 RARELY SICK
- 3 DO NOT KNOW WHERE TO BEGIN/WHERE TO GO
- 4 TOO MUCH HASSLE/PAPERWORK
- 5 COULD NOT AFFORD/TOO EXPENSIVE
- 6 EXPECT TO BE COVERED BY A HEALTH INSURANCE POLICY SHORTLY
- 7 BENEFIT PACKAGE DIDN'T MEET NEEDS
- 8 **NOT ELIGIBLE** FOR REASON OTHER THAN HEALTH
- 9 DOUBT ELIGIBLE/REJECTED BECAUSE OF A HEALTH CONDITION
- 10 OTHER (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

### SKIPTO PUB1

Now I'd like to ask a few questions about (TARGET's) access to insurance through a parent or guardian.

**PROBE:** Please respond to the following questions on behalf of the parent or guardian whose employer provides coverage for this child or the primary employed wage earner in the household.

**PARCOV1.** Does the business TARGET's parents or guardian work for offer health insurance as a benefit to any of its employees?

- 1 yes → **SKIPTO PARC1A**
- 2 no → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV2, ELSE SKIP TO HSTAT**
- 7 don't know → **IF UNINOFFOR UNINSURD SKIPTO OWNCOV2, ELSE SKIPTOHSTAT**
- 8 N/A: Parent/Guardian not employed or self employed w/ 1 employee → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV2, ELSE SKIP TO HSTAT**
- 9 refused → **IF UNINOFF OR UNINSURD SKIPTO OWNCOV2, ELSE SKIP TO HSTAT**

**PARC1A.** Are TARGET's parents or guardian eligible for health insurance from their work?

- 1 yes → **SKIPTO PARC1B**
- 2 no → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV2, ELSE SKIP TO HSTAT**
- 7 don't know → **IF UNINOFFOR UNINSURD SKIPTO OWNCOV2, ELSE SKIPTO HSTAT**
- 9 refused → **IF UNINOFF OR UNINSURD SKIPTO OWNCOV2, ELSE SKIP TO HSTAT**

**PARC1B.** Can this coverage be extended to cover dependents?

- 1 yes → **SKIPTO PCOST1**
- 2 no → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV2, ELSE SKIP TO HSTAT**
- 7 don't know → **IF UNINOFFOR UNINSURD SKIPTO OWNCOV2, ELSE SKIPTO HSTAT**
- 9 refused → **IF UNINOFF OR UNINSURD SKIP TO OWNCOV2, ELSE SKIP TO HSTAT**

**PCOST1.**

**If H12=1 OR H16=12 → ADD LEAD-IN:**

You have explained to me that TARGET gets health insurance through someone else's work.

**PCOST1** How much (does IF H12=1 or H16=12/would IF H12~=1 and H16~=12) TARGET's parents or guardian have to pay out of each paycheck for health insurance provided by their work for family coverage? For example, how much (do IF H12=1 or H16=12/would IF H12~=1 and H16~=12) they have taken out of each paycheck for health insurance?

PCOST1\_W. \$ \_\_\_\_\_ weekly **IF >\$100 ASK T\_PCOST1, ELSE IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**

PCOST1\_B. \$ \_\_\_\_\_ every 2 weeks **IF >\$200 ASK T\_PCOST1, ELSE IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**

PCOST1\_M. \$ \_\_\_\_\_ monthly **IF >\$400 ASK T\_PCOST1, ELSE IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**

PCOST1\_O. \$ \_\_\_\_\_ other \_\_\_\_\_ (specify) **IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**

- 7. Don't know
- 9. Refused

T\_PCOST1 \_\_\_\_\_ (yearly calculation by CATI based on above entry)

**INTERVIEWER: PLEASE REPEAT THE AMOUNT AND TIME FRAME BACK TO THE RESPONDENT AND ASK IF AMOUNT SOUNDS CORRECT FOR THE AMOUNT THAT THEY PAY PER YEAR:** "Just to make sure that I have entered this correctly, you said that the amount is \$100 per month or \$1200 per year. Does this sound about right?"

**IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**

- 1        yes
- 2        no
- 7        Don't Know →**SKIP TO PCST1A**
- 9        Refused →**SKIP TO PCST1A**

**PCST1A** How about if I give you some categories? Is the amount that they (have IF H12=1 or H16=12/would have IF H12~=1 and H16~=12) to pay out of each paycheck for health insurance more than \$200?

- 1    Yes →**SKIP TO PCST1C**
- 2    No →**SKIP TO PCST1B**
- 7    Don't Know → **IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**
- 9    Refused → **IF H12~=1 AND H16~=12 SKIP TO PARCV5, ELSE SKIP TO HSTAT**

**PCST1B** Which category best represents the amount that they (have IF H12=1 OR H16=12/would have IF H12~=1 and H16~=12) to pay out of each paycheck for health insurance? **READ CATEGORIES BELOW**

- 1    Less than \$25
- 2    \$25 to \$49
- 3    \$50 to \$74
- 4    \$75 to \$99
- 5    \$100 to \$149
- 6    \$150 to \$199
- 77    Don't Know
- 99    Refused

**SKIP TO PCOST2**

**PCST1C**

Which category best represents the amount that they (have IF H12=1 OR H16=12/would have IF H12~=1 and H16~=12) to pay out of each paycheck for health insurance? **READ CATEGORIES BELOW**

- 1 \$200 to \$249
- 2 \$250 to \$299
- 3 \$300 to \$349
- 4 \$350 to \$399
- 5 \$400 to \$499
- 6 \$500 to \$599
- 7 over \$600
- 77 Don't Know
- 99 Refused

**PCOST2**

How often does this parent or guardian get paid?

- 1 Weekly
- 2 every two weeks
- 3 Monthly
- 4 Other \_\_\_\_\_ (specify)
- 7 Don't Know
- 9 Refused

**IF H12=1 OR H16=12→ SKIPTO HSTAT**

**PARCV5.** What is the main reason (TARGET) is not included in this health insurance plan as a dependent? **DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

- 1 CHILD DOESN'T NEED INSURANCE
- 2 RARELY SICK
- 3 TOO MUCH HASSLE/PAPERWORK
- 4 TOO EXPENSIVE/COULD NOT AFFORD
- 5 DON'T LIKE BENEFITS PACKAGE
- 6 NOT ELIGIBLE, HEALTH CONDITION
- 7 PARENT NOT ELIGIBLE FOR INSURANCE
- 8 EXPECT CHILD WILL BE COVERED SOON
- 9 COVERED UNDER SCHOOL PLAN
- 10 COVERED THROUGH ANOTHER ADULT'S EMPLOYER PLAN
- 11 COVERED BY PUBLIC PROGRAM
- 12 OTHER (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

**IF UNINOFF OR UNINSURD SKIP TO OWNCV2 ELSE SKIPTO HSTAT**

**OWNCV2.**

What is the main reason TARGET's parents or guardian have not bought health insurance for TARGET on their own?

**DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

- 1 DON'T NEED OR WANT INSURANCE
- 2 RARELY SICK/"I TAKE CARE OF MYSELF"
- 3 DO NOT KNOW WHAT TO DO/WHERE TO GO
- 4 TOO MUCH HASSLE/PAPERWORK
- 5 TOO EXPENSIVE/COULD NOT AFFORD
- 6 DON'T LIKE BENEFITS PACKAGE
- 7 NOT ELIGIBLE, HEALTH CONDITION
- 8 NOT ELIGIBLE, OTHER
- 9 WILL GET INSURANCE SOON
- 10 OTHER (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

**SKIPTO PUB1**

Now I'm going to ask you about public insurance programs available through the state of Minnesota for those who are uninsured.

**PUB1.** Have you (TARGET/TARGET's parents) ever asked for or been given information about one of the Minnesota public health programs, such as MinnesotaCare, GAMC or Medical Assistance, which is also called Medicaid or PrePaid Medical Assistance Plan (PMAP)?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**PUB2.** If you (TARGET) learned you (s/he) were eligible for health coverage through a public program, would you (s/he) enroll?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**PUB3.** If you (TARGET) learned you (s/he) were eligible for health coverage through a public program at no cost to you (TARGET) or (your/his/her) family, would you (s/he) enroll?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

**SKIP TO HSTAT**

## **DEMOGRAPHIC QUESTIONS – Asked of all respondents.**

The following questions are about TARGET.

**HSTAT.** 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
- 7. Don't Know
- 9. Refused

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

(**PROBE:** A regular place that you go for medical care may be a particular clinic, doctor's office, an emergency room)

- 1. Yes
- 2. No **SKIP TO TRAV2**
- 7. Don't Know **SKIP TO TRAV2**
- 9. Refused **SKIP TO TRAV2**

**USCKIND.** Where do you (does TARGET) usually go for medical care. Is that an:

- 1 emergency room or urgent care center
- 2 sliding fee scale, public health, or free clinic
- 3 private clinic or doctor's office (HOSPITAL OUTPATIENT CLINIC, HMO, ETC.)
- 4 VA hospital/clinic
- 5 or some place else (specify) \_\_\_\_\_
- 7 don't know
- 9 refused

**TRAV1.** How long does it usually take you (TARGET) to travel to your usual place for medical care?

- \_\_\_\_\_ minutes
- 777 don't know
- 999 refused

**SKIP TO CONFID**

**TRAV2.** If you needed care, how long would it take you (TARGET) to travel to a doctor?

- \_\_\_\_\_ minutes
- 777 don't know
- 888 don't go to a doctor/get health care
- 999 refused

**CONFID.** How confident are you that you (TARGET) can get the health care you/she/he needs? Are you....

- 1 Very confident
- 2 Somewhat confident
- 3 A little confident
- 4 Not confident at all
- 7 Don't know
- 9 Refused

**RACDIS.** How often does your (TARGET's) race, ethnicity, or nationality cause health care providers to treat you/him/her unfairly?

- 1 Almost never
- 2 Sometimes
- 3 Usually
- 4 Almost always
- 7 Don't know
- 9 Refused

**PAYDIS.** How often do health care providers treat you (TARGET) unfairly because of the type of health insurance you/he/she has or because you/he/she doesn't have health insurance?

- 1 Almost never
- 2 Sometimes
- 3 Usually
- 4 Almost always
- 7 Don't know
- 9 Refused

**IF TARGET AGE<3 SKIP TO S12**

My next questions are about your (TARGET's) dental care.

**DENTAL.** Do you (DOES TARGET) currently have insurance that pays for all or part of your (TARGET's) dental care?

1. Yes
2. No
7. Don't Know
9. Refused

**DENTVST.** During the past year, did you (TARGET) go to the dentist?

1. Yes **SKIP TO DENTA**
2. No **SKIP TO DENTC**
7. Don't Know **SKIP TO S11**
9. Refused **SKIP TO S11**

**DENTA.** Was it difficult for you (TARGET) to get dental care?

1. Yes **SKIP TO DENTB**
2. No **SKIP TO S11**
7. Don't Know **SKIP TO S11**
9. Refused **SKIP TO S11**

**DENTB.** What is the main problem you (TARGET) faced in getting dental care this past year?

**DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

1. TYPE OF INS.: HARD TO FIND A DENTIST WHO WOULD ACCEPT AS A PATIENT
2. NO INSURANCE: HARD TO FIND A DENTIST WHO WOULD ACCEPT AS A PATIENT
3. HAD A HARD TIME GETTING AN APPOINTMENT AT A TIME COULD GO
4. HAD DIFFICULTY FINDING A DENTIST CLOSE TO HOME
5. HAD DIFFICULTY PAYING FOR DENTAL CARE
6. FEAR OF DENTIST
7. LANGUAGE PROBLEM
8. OTHER, PLEASE SPECIFY \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**SKIP TO S11**

**DENTC.** What is the main reason you (TARGET) did not go to the dentist in the past year?

**DO NOT READ. MAP RESPONSE TO CATEGORY. CIRCLE ONE.**

1. TYPE OF INS.: COULDN'T FIND DENTIST WHO WOULD ACCEPT AS A PATIENT
2. NO INSURANCE: COULDN'T FIND DENTIST WHO WOULD ACCEPT AS A PATIENT
3. COULD NOT GET AN APPOINTMENT AT A TIME COULD GO
4. TOO FAR TO DRIVE
5. COULD NOT AFFORD DENTAL CARE
6. DID NOT NEED DENTAL CARE IN THE PAST YEAR
7. FEAR OF DENTIST
8. LANGUAGE PROBLEM
9. OTHER, PLEASE SPECIFY \_\_\_\_\_
77. DON'T KNOW
99. REFUSED

**IF AGE < 3 SKIP TO S12**

**S11.** How long have (has TARGET) lived in Minnesota?  
**S11A.** \_\_\_\_\_ # years **S11B.** \_\_\_\_\_ # months

7. Don't Know  
9. Refused

**PROBE FOR MONTHS IF LESS THAN 2 YEARS**

**IF AGE>17 SKIP TO S13**

**S12.** How long has (TARGET's) parents or guardian lived in Minnesota?  
**S12A.** \_\_\_\_\_ years **S12B.** \_\_\_\_\_ months

7. Don't Know  
9. Refused

**PROBE FOR MONTHS IF LESS THAN 2 YEARS**

**IF AGE < 3 SKIP TO S13A**

**S13.** In what country (were you/was TARGET) born?  
**DO NOT READ. MAP TO RESPONSE.**

- 1 UNITED STATES **IF AGE <18 SKIP TO S13A, ELSE SKIP TO HISP**
- 2 PUERTO RICO
- 3 OTHER U.S. TERRITORY \*
- 4 CAMBODIA
- 5 CANADA
- 6 CHINA
- 7 CUBA
- 8 DOMINICAN REPUBLIC
- 9 EL SALVADOR
- 10 ETHIOPIA
- 11 GERMANY
- 12 INDIA
- 13 JAMAICA
- 14 JAPAN
- 15 KOREA
- 16 LAOS
- 17 LIBERIA
- 18 MEXICO
- 19 PHILIPPINES
- 20 RUSSIA, OTHER EASTERN EUROPEAN \*\*
- 21 SOMALIA
- 22 SUDAN
- 23 THAILAND
- 24 TOGO
- 25 TIBET
- 26 VIETNAM
- 27 OTHER COUNTRY (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

\* AMERICAN SAMOA, GUAM, MARSHALL ISLANDS, NORTHERN MARIANAS ISLAND, U.S. VIRGIN ISLANDS \*\* BOSNIA, KOSOVO, YUGOSLAVIA

**IF AGE>17 SKIP TO S14**

**13A.** In what country was (TARGET's) parents or guardian born?

**DO NOT READ. MAP TO RESPONSE.**

- 1 UNITED STATES **IF S13>1 SKIP TO S14, ELSE SKIP TO HISP**
- 2 PUERTO RICO
- 3 OTHER U.S. TERRITORY \*
- 4 CAMBODIA
- 5 CANADA
- 6 CHINA
- 7 CUBA
- 8 DOMINICAN REPUBLIC
- 9 EL SALVADOR
- 10 ETHIOPIA
- 11 GERMANY
- 12 INDIA
- 13 JAMAICA
- 14 JAPAN
- 15 KOREA
- 16 LAOS
- 17 LIBERIA
- 18 MEXICO
- 19 PHILIPPINES
- 20 RUSSIA, OTHER EASTERN EUROPEAN \*\*
- 21 SOMALIA
- 22 SUDAN
- 23 THAILAND
- 24 TOGO
- 25 TIBET
- 26 VIETNAM
- 27 OTHER COUNTRY (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW
- 99 REFUSED

\* AMERICAN SAMOA, GUAM, MARSHALL ISLANDS, NORTHERN MARIANAS ISLAND, U.S. VIRGIN ISLANDS \*\* BOSNIA, KOSOVO, YUGOSLAVIA

**IF AGE < 3 SKIP TO S15**

**S14.** When did you (TARGET) come to live in the U.S.?  
(INTERVIEWER SHOULD SELECT ONE METHOD OF ENTRY)

S14A. Year \_\_\_\_\_ or

S14B. Number of years ago \_\_\_\_\_

-7 don't know

-9 refused

**IF S13A=1 SKIP TO HISP**  
**IF AGE>17 SKIP TO HISP**

**S15.** When did (TARGET's) parents or guardian come to live in the U.S.?  
(INTERVIEWER SHOULD SELECT ONE METHOD OF ENTRY)

S15A. Year \_\_\_\_\_ or

S15B. Number of years ago \_\_\_\_\_

-7 don't know

-9 refused

**HISP.** Are you (Is TARGET) 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
9. Refused

**RACE.** **IF HISP=2, 3, 4, OR 5, READ:** In addition, which of the following race or races do you consider yourself (TARGET) to be?  
**ELSE READ:** Which of the following race or races do you consider yourself (TARGET) to be?  
[MAY SELECT MORE THAN ONE]

1. American Indian
2. Black
3. White
4. Asian or Pacific Islander
5. Some other race? What race is that? \_\_\_\_\_
7. Don't Know
8. HISPANIC, LATINO, MEXICAN, PUERTO RICAN, CUBAN, OTHER SPANISH (SHOULD ONLY APPEAR AS OPTION IF YES TO HISP)
9. Refused

**IF RACE~2 AND RACE~4 SKIP TO RACEAL**

**IF RACE~2 AND RACE=4 SKIP TO ASIAN**

**IF RACE=2 SKIP TO BLACK**

**BLACK.** Which of the following do you consider yourself (TARGET) to be?  
[MAY SELECT MORE THAN ONE]

1. African American
2. Ethiopian
3. Liberian
4. Somali
5. Sudanese
6. Other Black/African Nation \_\_\_\_\_ (specify)
7. Don't Know
9. Refused

**IF RACE~4 SKIP TO RACEAL**

**ASIAN.** Which of the following do you consider yourself (TARGET) to be?  
[MAY SELECT MORE THAN ONE]

1. Hmong
2. Vietnamese
3. Laotian
4. Cambodian
5. Asian Indian
6. Chinese
7. Korean
8. Filipino
9. Japanese
10. Other Pacific Islander
11. Other Asian \_\_\_\_\_(specify)
77. Don't Know
99. Refused

**RACEAL.** Are all of the people in this household of the same race and ethnicity as you (TARGET)?

- 1 Yes →IF AGE < 18 YEARS → SKIP TO CHARGE, ELSE SKIP TO MARSTAT
- 2 No →PULL UP HOUSEHOLD ROSTER AND ASK ETHNICITY AND RACE QUESTIONS OF ALL HOUSEHOLD MEMBERS
- 7 Don't Know → IF AGE < 18 YEARS → SKIP TO CHARGE, ELSE SKIP TO MARSTAT
- 9 Refused → IF AGE < 18 YEARS → SKIP TO CHARGE, ELSE SKIP TO MARSTAT

**HISP(#).** 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
9. Refused

**RACE(#).** **IF HISP=2, 3, 4, OR 5, READ:** In addition, which of the following race or races do you consider (relationship) [(age) (sex) if multiple members with same relationship code] to be?  
**ELSE READ:** Which of the following race or races do you consider (relationship) [(age) (sex) if multiple members with same relationship code] to be?  
[MAY SELECT MORE THAN ONE]

1. American Indian
2. Black
3. White
4. Asian or Pacific Islander
5. Some other race? What race is that? \_\_\_\_\_
7. Don't Know
8. HISPANIC, LATINO, MEXICAN, PUERTO RICAN, CUBAN, OTHER SPANISH (SHOULD ONLY APPEAR AS OPTION IF YES TO HISP)
9. Refused

**IF RACE(#) ~2 AND RACE(#) ~4 SKIP TO PRIMARY WAGE EARNER(IF AGE < 18 YEARS SKIP TO CHARGE, ELSE SKIP TO MARSTAT)**

**IF RACE(#) ~2 AND RACE(#) =4 SKIP TO ASIA(#)**

**IF RACE(#) =2 SKIP TO BLAK(#)**

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**BLAK(#).** Which of the following do you consider (relationship) [(age) (sex) multiple members with same relationship code] to be?  
[MAY SELECT MORE THAN ONE]

1. African American
2. Ethiopian
3. Liberian
4. Somali
5. Sudanese
6. Other Black/African Nation \_\_\_\_\_(specify)
7. Don't Know
9. Refused

**IF RACE(#) ~#4 SKIP TO PRIMARY WAGE EARNER(IF AGE < 18 YEARS SKIP TO CHARGE, ELSE SKIP TO MARSTAT)**

**ASIA(#).** Which of the following do you consider (relationship) [(age) (sex) multiple members with same relationship code] to be?  
[MAY SELECT MORE THAN ONE]

1. Hmong
2. Vietnamese
3. Laotian
4. Cambodian
5. Asian Indian
6. Chinese
7. Korean
8. Filipino
9. Japanese
10. Other Pacific Islander
11. Other Asian \_\_\_\_\_(specify)
77. Don't Know
99. Refused

**IF (TARGET AGE < 18) SKIP TO CHARGE. ELSE SKIP TO MARSTAT.**

## PRIMARY WAGE EARNER

The primary wage earner (PWE) questions may refer to a different person than the Target depending on whether or not the Target is a minor:

### CHARGE

Lead in to CHARGE below:

**IF MINOR TARGET CURRENTLY INSURED:**

**IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:**

Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household. If there is no primary wage earner, we'd like to ask questions about the person RESPONSIBLE for the care of this child.

**CHARGE.** Would that be you or someone else?

1. Person on phone
2. Someone else

**IF CHARGE IS PERSON ON PHONE SKIP TO MARSTAT**

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**PWEAGE.** What is this person's age?

Age \_\_\_\_\_  
7. Don't Know  
9. Refused

**PWESEX.** And is this person male or female?

1. Male  
2. Female  
9. Refused

**MARSTAT.** Is this person/Are you (Is TARGET) currently: (NOT ASKED IF FROM HOUSEHOLD ROSTER)

1. Married  
2. Living with partner  
3. Divorced  
4. Separated  
5. Widowed or  
6. Never Married  
7. Don't Know  
9. Refused

**EDUC.** What is the highest level of education this person/you (TARGET) has completed?

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

**ASK EMPSTAT2, HOURS, AND EMPERM ONLY IF RESPONDENT HAS INDICATED AT BEGINNING OF SURVEY THAT S/HE IS EMPLOYED (EMP=2), ELSE SKIP TO PHONE.**

**EMPSTAT2.** Does this person/Do you (Does TARGET) have more than one paying job?

1. Yes → **SKIP TO HOURS**  
2. No → **SKIP TO EMPERM**  
9. Refused → **SKIP TO EMPERM**

**HOURS.** Thinking about all of this person's/your (TARGET's) jobs, what is the total number of hours usually worked per week?

\_\_\_\_\_ hours  
7. Don't Know  
9. Refused

**EMPERM.** Thinking about this person's/your (TARGET's) primary job, is this a permanent, temporary, or seasonal job?

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

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**PHONE.** Besides this phone number, are there any other 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**
7. Don't Know
9. Refused

**PHONE2** How many of these telephone numbers are connected to phones that can be answered by a person?

Number \_\_\_\_\_

7. Don't Know
9. Refused

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

1. Yes
2. No → **SKIP TO TOTCNT**
7. Don't Know → **SKIP TO TOTCNT**
9. Refused → **SKIP TO TOTCNT**

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

Number \_\_\_\_\_

1. Days
2. Weeks
3. Months
7. Don't Know
9. Refused

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

**TOTCNT.** How many people live on your (TARGET's) or your (TARGET's) family's income who currently live in this household?

**(PROBE: This may be different from the number of household members that you reported to me earlier because I only want to include your (TARGET's) immediate family members. Please add to the household number that you reported to me earlier any parents/stepparents/spouses serving in the military. Subtract from the household number that you reported to me earlier any roomers or housemates, children over the age of 21 not attending college, and grandparents/grandchildren or other relatives living in this household that are not dependents or guardians of you (TARGET).**

\_\_\_\_\_ people

7. Don't Know
9. Refused

**IF (TOTCNT = 1) SKIP TO INCOME**

**KIDCNT.** How many of these people are children under age 21?

\_\_\_\_\_ children

7. Don't Know
9. Refused

**Color Key:** **Ages 0-17**  
**Ages 18+**  
**All Ages**

**INCOME.** What was your family's gross, pretax income from all sources for the year 2003? **PROBE:** **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. IF ONE MILLION DOLLARS (\$1,000,000) OR MORE, ENTER 999999.**

\$ \_\_\_\_\_, \_\_\_\_\_

7. Don't Know

9. Refused

**IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, SKIP TO INCOM2.**

**INCOM2.** How about if I give you some categories? Would you say your family's gross, pretax income was above \$40,000?

1 yes **SKIP TO INCOM4**

2 no **SKIP TO INCOM3**

7 don't know **SKIP TO GOVPROG**

9 refused **SKIP TO GOVPROG**

**INCOM3.** Would you say your family's gross, pretax income was?

1 Less than \$5,000

2 \$5,000 to \$9,999

3 \$10,000 to \$14,999

4 \$15,000 to \$19,999

5 \$20,000 to \$24,999

6 \$25,000 to \$29,999

7 \$30,000 to \$34,999

8 \$35,000 to \$39,999

77 Don't Know **SKIP TO GOVPROG**

99 Refused **SKIP TO GOVPROG**

**INCOM4.** Would you say your family's gross, pretax income was?

1 \$40,000 to \$49,999

2 \$50,000 to \$59,999

3 \$60,000 to \$74,999

4 \$75,000 to \$99,999

5 \$100,000 to \$149,999

6 \$150,000 to \$199,999

7 \$200,000 or more

77 Don't Know **SKIP TO GOVPROG**

99 Refused **SKIP TO GOVPROG**

**IF TARGET REFUSES OR CANNOT ESTIMATE INCOM3 OR INCOM4, SKIP TO GOVPROG ELSE SKIP TO END OF SURVEY.**

**GOVPROG.** Do you (Does TARGET or TARGET'S family) currently receive any of the following:

**READ ENTIRE LIST. SELECT YES IF YES TO ANY:**

- Earned Income Tax Credit (EITC)
- Free or Reduced School lunches
- Section 8 housing (HUD, housing assistance, housing voucher)
- WIC (Women, Infants & Children)
- Head Start
- SSI (Supplemental Security Income), SSDI (Disabled), RSDI, MSA (MN Supplemental Assistance)
- Cash Assistance (AFDC, MFIP, TANF, GA)
- Low income energy assistance
- Food Stamps

- 1      yes
- 2      no
- 7      don't know
- 9      refused

**FINAL.** That was my last question. Do you have any questions for me? Thank you for your contribution to this important research.