

MNHA Minnesota Health Access Survey 2009

ANSWERS IN CAPS SHOULD NOT BE READ TO THE RESPONDENT

INTRO1. Hello. My name is <name> and I'm calling on behalf of the University of Minnesota and the State of Minnesota. The reason I'm calling is because we are working on a study concerning health care. Do you feel health insurance is an important issue in Minnesota?

If RDD SKIP TO INTRO2

CELL1. Before we continue, are you driving (optional: and unable to complete the survey)?

- | | |
|-------------------------------------|--------------------------|
| 1. Not driving→ | SKIP TO INTRO2 |
| 2. Driving → | SET UP CALL BACK |
| 7. THIS IS <u>NOT</u> A CELL PHONE→ | THANK & TERM. |
| 9. REFUSED→ | THANK & TERM. |

INTRO2. Your telephone number was randomly chosen and your input is very important for the results to accurately represent thousands of other Minnesota residents. Your participation in this study is voluntary. You can skip any questions you don't want to answer and you can end the interview at any time. This interview takes about 15 minutes.

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

1. - Continue -
2. CALLBACK
9. REFUSED

INTRO3. The information you give will be kept confidential. Your phone number will not be linked to your answers, and your answers will be combined with those of other people in Minnesota. Also know the study will not be used for marketing and your decision to participate will not affect your health insurance 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.

Dr. Kathleen Call: 612-624-3922
Research Subjects' Advocates Line: 612-625-1650, which will accept collect calls

IF RDD SKIP TO S1

CELL2. Could you please tell me if you are 18 or older?

- | | |
|----------------|-----------------------------|
| 1. Yes→ | SKIP TO CELL3 |
| 2. No→ | SKIP TO CELL2a |
| 7. DON'T KNOW→ | THANK AND END SURVEY |
| 9. REFUSED→ | THANK AND END SURVEY |

CELL2a. Do you share this cell phone with an adult?

- | | |
|-----------------|--|
| 1. Yes→ | ASK TO SPEAK WITH ADULT AND REPEAT INTRO; |
| 2. No→ | THANK & TERM. |
| 7. DON'T KNOW → | THANK & TERM. |
| 9. REFUSED→ | THANK & TERM. |

CELL3. Is your main residence located in Minnesota?

- | | |
|----------------|--------------------------|
| 1. Yes | |
| 2. No→ | THANK & TERM. |
| 7. DON'T KNOW→ | THANK & TERM. |
| 9. REFUSED→ | THANK & TERM. |

(INTERVIEWER READ) I'd like to begin by asking some questions about health insurance coverage for people you live with.

CELL4. Can you answer questions about health insurance for all people in your household?

- | | |
|----------------|-----------------------|
| 1. Yes | |
| 2. No→ | THANK AND TERM |
| 7. DON'T KNOW→ | THANK AND TERM |
| 9. REFUSED→ | THANK AND TERM |

CELL4a. As a thank you for your contribution to this important research, we will mail you a \$10 debit card as a token of appreciation for completing the survey. I will collect your contact information at the end of the survey

**SKIP TO S4 IF CELL PHONE
SKIP TO S1A FOR EVERY 4TH LANDLINE CALLER
OTHERWISE SKIP TO S1**

S1a. How many of the people in your household are age...?

- | | | |
|-------|---------------------------|----------------------------------|
| _____ | # OF PEOPLE | |
| 00 | None→ | IF a.=None THANK AND TERM |
| DD | (DO NOT READ) Don't know→ | IF a.=DD THANK AND TERM |
| RR | (DO NOT READ) Refused→ | IF a.=RR THANK AND TERM |
| a. | 64 or younger | |
| b. | 65 or older | |

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

- | | |
|----------------|-----------------------|
| 1. Yes→ | THANK AND TERM |
| 2. No | |
| 7. DON'T KNOW→ | THANK AND TERM |
| 9. REFUSED→ | THANK AND TERM |

We would like to ask some questions about health insurance for people in your household.

S2. Are you 18 or older and able to answer questions about health insurance for people in this household?

- | | |
|---------------|-------------------|
| 1. Yes→ | SKIP TO S4 |
| 2. No | |
| 7. DON'T KNOW | |
| 9. REFUSED | |

Color Key:

**All Ages
New 2009**

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

- | | |
|----------------|-------------------------|
| 1. Yes→ | GO TO INTRO1 |
| 2. No→ | SET UP CALL BACK |
| 7. DON'T KNOW→ | THANK AND TERM |
| 9. REFUSED→ | THANK AND TERM |

S4. What county do you live in?

(Enter code) _ _ _ →

555. Outside of Minnesota→

777. DON'T KNOW→

999. REFUSED→

**SKIP TO S4B IF CODE=053, SKIP TO S4C IF CODE=123
AND SKIP TO S5 IF ANY OTHER COUNTY CODE**

**SKIP TO S4A IF RDD BUT IF CELL VERIFY AND THEN
TERM**

SKIP TO S4A IF RDD AND S5 IF CELL

SKIP TO S4A IF RDD AND S5 IF CELL

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 home located in Minnesota?

- | | |
|----------------|-----------------------|
| 1. Yes☐→ | SKIP TO S5 |
| 2. No → | THANK AND TERM |
| 7. DON'T KNOW→ | THANK AND TERM |
| 9. REFUSED→ | THANK AND TERM |

S4B Do you live in the city of Minneapolis?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

SKIP TO S5

S4C Do you live in the city of St. Paul?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

S5. What is your zip code? ____ _

77777. DON'T KNOW
99999. REFUSED

S6. How many people currently live or stay in your household?

_____ people
77. DON'T KNOW
99. REFUSED

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

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

READ IF S6=1

I'd like to start by asking a couple of general questions.

READ IF S6>1

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

S7.

s7a age:

[IF S6= 1]

What is your age as of your last birthday?

____ (18-100 years old)

999 REFUSED → **SKIP TO S7age65**

[IF S6 >1]

Starting with yourself, what is your age as of your last birthday?

____ (0-100 years old)

999 REFUSED → **SKIP TO S7age65**

S7age65: **IF AGE IS REFUSED:** Some questions in this interview depend on knowing if a person is under 65 years of age. Are you under age 65?

2. Yes, Under 65 years
3. No, Over 65 years
7. DON'T KNOW
9. REFUSED

s7a_sex: GENDER: ASK IF UNKNOWN.

1. MALE
2. FEMALE
7. DON'T KNOW
9. REFUSED

s7arel (STORE 9 IN s7arel, FOR SELF)

IF S6 = 1, SKIP TO TARGET VARIABLE SETUP
PERSONS 2 - 10: ASK AGE, SEX & RELATIONSHIP OF ONE PERSON BEFORE
CONTINUING ON WITH NEXT PERSON

s7bage thru s7jage:

And the next person's age?

___ (0-100, 0 for infant less than 1 year of age) → **SKIP TO s7b_sex thru s7j_sex**
777 DON'T KNOW → **SKIP TO S7AGE(#)REF**
999 REFUSED → **SKIP TO S7AGE(#)REF**

S7AGE(#)REF (s7agebref-s7agejref):

IF AGE IS REFUSED: Some questions in this interview depend on knowing a person's general age group. Is this person age 0-17, age 18-64 or 65 years or older?

1. 0-17 Years
2. 18-64 Years
3. 65 + Years
7. DON'T KNOW
9. REFUSED

s7b_sex thru s7j_sex:

Is this (child/person) (a boy or a girl/male or female)?

1. Male
2. Female
9. REFUSED

s7b_rel thru s7j_rel:

What is this person's relationship to you?

2. SPOUSE (WIFE/HUSBAND)
10. UNMARRIED PARTNER / SIGNIFICANT OTHER
4. CHILD / STEPCHILD
3. PARENT / STEPPARENT
5. SIBLING / STEPSISTER / STEPBROTHER
1. GRANDPARENT / STEP-GRANDPARENT
6. GRANDCHILD / STEP-GRANDCHILD
41. SON-IN-LAW / DAUGHTER-IN-LAW
31. FATHER-IN-LAW / MOTHER-IN-LAW
42. NIECE/NEPHEW
32. AUNT/UNCLE
7. OTHER RELATIVE
81. EMPLOYER
82. EMPLOYEE (MAID, NANNY, AU PAIR, HOUSEKEEPER, ETC.)
83. PROFESSIONAL CAREGIVER (NURSE, AIDE, ETC)
84. TENANT/RENTER
8. OTHER NON-RELATIVE
77. DON'T KNOW
99. REFUSED

Color Key:

All Ages
New 2009

COMPUTER NOW RANDOMLY SELECTS A PERSON FROM THE ROSTER TO BE THE TARGET

TARGET VARIABLE SETUP

TARGET: STORE SELECTED PERSON NUMBER IN VARIABLE NAME 'TARGET' (1-10)

TARGAGE: STORE SELECTED PERSON'S AGE IN VARIABLE 'TARGAGE'.

TARGAGEREF: STORE SELECTED PERSON'S RESPONSES TO S7AGE65 or S7AGEBREF-S7AGEJREF IN VARIABLE NAME 'TARGAGEREF'. IF TARGAGE = 999, SET TARGAGE TO MISSING

TARGSEX: STORE SELECTED PERSON'S SEX IN VARIABLE 'TARGSEX'

TARGRESP: STORE SELECTED PERSON'S RELATIONSHIP TO RESPONDENT IN VARIABLE 'TARGRESP'

SKIP TO TARGETMAR IF S6=1

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 you (TARGET).

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

1. Answer given (SPECIFY) _____
9. REFUSED

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

IF targage<18 or targageref=1, SKIP TO TARGREL(#)

IF targage>=18 or targageref>1 ASK IF MARRIED (targetmar) AND TO WHOM IN THE ROSTER (targetsp) (IF S6=1 DO NOT ASK #2 (Living with partner))

targetmar. Are you (is this person) currently:

- | | |
|------------------------|-----------------------------|
| 1. Married | |
| 2. Living with partner | |
| 3. Divorced→ | SKIP TO J_TARGRE(#) |
| 4. Separated→ | SKIP TO J_TARGREL(#) |
| 5. Widowed or→ | SKIP TO J_TARGREL(#) |
| 6. Never Married→ | SKIP TO J_TARGREL(#) |
| 7. DON'T KNOW→ | SKIP TO J_TARGREL(#) |
| 9. REFUSED→ | SKIP TO J_TARGREL(#) |

targetsp. Which person are you (is Target) married to? -or- Who is your (target's) partner?

Display roster on screen, so interviewer can select the correct person:

- | | | |
|-----------------------------|--------|---------|
| 1. Person 1: Respondent | | |
| 2. Person 2: "My" s7b_rel | s7bage | s7b_sex |
| 3. Person 3: "My" s7c_rel | s7cage | s7c_sex |
| 4. Person 4: "My" s7d_rel | s7dage | s7d_sex |
| 5. Person 5: "My" s7e_rel | s7eage | s7e_sex |
| 6. Person 6: "My" s7f_rel | s7fage | s7f_sex |
| 7. Person 7: "My" s7g_rel | s7gage | s7g_sex |
| 8. Person 8: "My" s7h_rel | s7hage | s7h_sex |
| 9. Person 9: "My" s7i_rel | s7iage | s7i_sex |
| 10. Person 10: "My" s7j_rel | s7jage | s7j_sex |
| 11. Other: Not in HH | | |
| 77. DON'T KNOW | | |
| 99. REFUSED | | |

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J_TARGREL(#)

SKIP TO INCOME VARIABLE SETUP IF S6=1

USE RELATIONSHIP CONVERSION CODE TO CONVERT RESPONDENT RELATIONSHIPS TO TARGET RELATIONSHIPS. STORE RELATIONSHIP CODES IN TARGREL1 – TARGREL10. IF AFTER CONVERSION, RELATIONSHIPS ARE 77 (DON'T KNOW) OR 07, ASK FOLLOW UP QUESTION. IF AFTER CONVERSION, RELATIONSHIPS ARE 10. AND ANY HH MEMBERS ARE UNDER 21, ASK FOLLOW UP QUESTION JUST FOR CHILDREN IN HH. THIS IS ONLY ASKED ABOUT UNKNOWN RELATIONSHIPS, NOT THE ENTIRE ROSTER. IF NO RELATIONSHIPS NEED TO BE CLARIFIED, SKIP TO INCOME VARIABLE.

TARGREL(#) It would be helpful to know the relationship of the other members of your household to TARGET. What is [(age) (sex) if multiple members with same relationship code]'s relationship to TARGET?

[KEEP RESPONSE VALUES AS SHOWN BELOW]

- 2. TARGET'S SPOUSE (WIFE/HUSBAND)
- 10. TARGET'S UNMARRIED PARTNER / SIGNIFICANT OTHER
- 4. TARGET'S CHILD / STEPCHILD
- 3. TARGET'S PARENT / STEPPARENT
- 5. TARGET'S SIBLING / STEPSISTER / STEPBROTHER
- 1. TARGET'S GRANDPARENT / STEP-GRANDPARENT
- 6. TARGET'S GRANDCHILD / STEP-GRANDCHILD
- 41. TARGET'S SON-IN-LAW / DAUGHTER-IN-LAW
- 31. TARGET'S FATHER-IN-LAW / MOTHER-IN-LAW
- 42. TARGET'S NIECE/NEPHEW
- 32. TARGET'S AUNT/UNCLE
- 7. TARGET'S OTHER RELATIVE
- 81. TARGET'S EMPLOYER
- 82. TARGET'S EMPLOYEE (MAID, NANNY, AU PAIR, HOUSEKEEPER, ETC.)
- 83. TARGET'S PROFESSIONAL CAREGIVER (NURSE, AIDE, ETC)
- 84. TARGET'S TENANT/RENTER
- 8. TARGET'S OTHER NON-RELATIVE
- 77. DON'T KNOW
- 99. REFUSED

INCOME VARIABLE SETUP - (These are used for the INCOME questions at the end of the survey)

HH_COUNT = Number of people in household (S6)

TMARR = 1 if TARGET has a spouse of the opposite sex, or IF TARGET is separated; 0 otherwise (see code below)

IF (TARGETMAR = 1 &
(TARGETSP = 1 & ((TARGSEX = 1 & S7A_SEX = 2) OR (TARGSEX = 2 & S7A_SEX = 1)))
OR
(TARGETSP = 2 & ((TARGSEX = 1 & S7B_SEX = 2) OR (TARGSEX = 2 & S7B_SEX = 1)))
OR
(TARGETSP = 3 & ((TARGSEX = 1 & S7C_SEX = 2) OR (TARGSEX = 2 & S7C_SEX = 1)))
OR
(TARGETSP = 4 & ((TARGSEX = 1 & S7D_SEX = 2) OR (TARGSEX = 2 & S7D_SEX = 1)))
OR
(TARGETSP = 5 & ((TARGSEX = 1 & S7E_SEX = 2) OR (TARGSEX = 2 & S7E_SEX = 1)))
OR
(TARGETSP = 6 & ((TARGSEX = 1 & S7F_SEX = 2) OR (TARGSEX = 2 & S7F_SEX = 1)))
OR
(TARGETSP = 7 & ((TARGSEX = 1 & S7G_SEX = 2) OR (TARGSEX = 2 & S7G_SEX = 1)))
OR
(TARGETSP = 8 & ((TARGSEX = 1 & S7H_SEX = 2) OR (TARGSEX = 2 & S7H_SEX = 1)))
OR

Color Key:

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(TARGETSP = 9 & ((TARGSEX = 1 & S7I_SEX = 2) OR (TARGSEX = 2 & S7I_SEX = 1)))
 OR
 (TARGETSP = 10 & ((TARGSEX = 1 & S7J_SEX = 2) OR (TARGSEX = 2 & S7J_SEX = 1))))
 THEN TMARR = 1

IF TARGETMAR = 4 THEN TMARR = 1

TPAR = 1 if TARGET is parent; 0 otherwise
 (IF ANY TARGREL(1) – TARGREL(10) = 4), AND THE CHILD IS AGE 20 OR
 YOUNGER, THEN TPAR = 1

WITHPAR = 1 if (TARGET AGE 18-20 & lives with parent) or (TARGAGE = 0-17); else
 WITHPAR = 0
 (IF ANY TARGREL(1)-TARGREL(10) = 03 AND TARGAGE18-20) OR(TARGAGEREF
 = 1) OR TARGAGE = 0-17, THEN WITHPAR = 1

HIEU_COUNT = Number of people in TARGET's HIEU.

IF ((TARGAGE<21 OR TARGAGEREF = 1) & TMARR=0 & TPAR=0) THEN HIEU_COUNT =
 TARGET+PARENTS+SIBLINGS<21FROM ROSTER
 IF ((TARGAGE<21 OR TARGAGEREF = 1) & (TMARR=1 OR TPAR=1)) THEN HIEU_COUNT =
 TARGET+SPOUSE+CHILDREN<21 FROM ROSTER
 IF (TARGAGE>20 or TARGAGEREF > 1) & (TMARR=1 OR TPAR=1)) THEN HIEU_COUNT =
 TARGET+SPOUSE+CHILDREN<21 FROM ROSTER

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 question.
 A response of Don't Know or Refused is treated as No.

If YES to any of questions H1a-H13b then the item should be followed by:
 "Besides this, do you (does TARGET) have any other type of health insurance coverage?"

If YES, proceed to the next question.
 If NO, skip to J_H15

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

		YES 1	NO 2	D/K 7	RF 9
H1a	Medicare? PROBE: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card. IF TARGAGE <18 OR TARGAGEREF = 1 SKIP TO H3	1	2	7	9
H2a	How about a Railroad Retirement Plan?	1	2	7	9
H3	Veteran's Affairs services? If H3=2, 7, or 9 SKIP to H3b	1	2	7	9
H3a	Veteran's Affairs service related to a disability?	1	2	7	9
H3b	Military health care, TRICARE, or CHAMPUS?	1	2	7	9

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 New 2009

H4a	Indian Health Service? SKIP TO MEDSUPP IF (TARGAGE>=65 OR TARGAGREF=3) AND H1a=1	1	2	7	9
H5a	How about Medical Assistance (MA) also known as Medicaid or PMAP (Prepaid Medical Assistance Plan)? PROBE: 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
H6a	General Assistance Medical Care (GAMC) PROBE: 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
H7a	MinnesotaCare? PROBE: 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
H8a	How about insurance through the Minnesota Comprehensive Health Association or high risk pool (known as MCHA)?	1	2	7	9
H9a	COBRA? PROBE: This is insurance you purchase temporarily through a former employer. You might receive a subsidy for this coverage. IF H9 = 1 SKIP TO H9POL, ELSE IF TARGAGE < 18 or targageref=1 SKIP TO H12A ELSE SKIP TO H11A	1	2	7	9
H9POL. Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED IF TARGAGE < 18 or targageref=1 SKIP TO H12A					
H11a	Health insurance through your (TARGET's) work or union? PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA.	1	2	7	9
H12a	Health insurance through someone else's work or union? PROBE: This insurance could be through a former employer or a retiree benefit, but not COBRA. IF (H12a = 1 AND ((TARGAGE>17 & TARGAGE <25))) SKIP TO H12b ELSE SKIP TO H13a	1	2	7	9
H12b	Is this through (your/TARGET's) parent or guardian?	1	2	7	9
H13a	IF TARGAGE < 18 or targageref=1 SKIP TO H14A Health insurance bought directly by you (TARGET)? IF YES SKIP TO H13POL ELSE SKIP TO H14a	1	2	7	9
H13POL. Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED					
H14a	Health insurance bought directly by someone else? IF YES SKIP TO H14POL ELSE SKIP TO j_H15	1	2	7	9
H14POL. Is this an individual policy or is it a family policy? 1. Individual policy 2. Family policy (covers more than one person) 7. Don't Know 9. Refused					

J_H15: IF TARGET HAS ONLY INDIAN SERVICES (H4A=1) AND NO OTHER COVERAGE, SKIP TO H15A. IF H5a or H6a or H7a=1 SKIP TO KNOW1 IF TARGET HAS ANY OTHER INSURANCE AND targage>=1, SKIP TO H17. IF TARGET HAS ANY OTHER INSURANCE AND targage<1, SKIP TO H17A. ELSE CONTINUE TO H15.					
H15	Just to be sure I have this right, 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? IF YES SKIP TO H16 IF NO/DK/REF AND TARGAGE>=1, SKIP TO H19. IF NO/DK/REF AND TARGAGE<1, SKIP TO H19A.	1	2	7	9
H15a	I understand that you receive (TARGET receives) services through the Indian Health Service. For the purpose of this survey, IHS is not considered health insurance. Besides Indian Health Services, does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? IF NO/DK/REF AND TARGAGE>=1, SKIP TO H19. IF NO/DK/REF AND TARGAGE<1, SKIP TO H19A.	1	2	7	9
H16	And who is that? (DO NOT READ, SELECT ANSWER)				
	<ol style="list-style-type: none"> 1. MEDICARE 2. RAILROAD RETIREMENT PLAN 3. VETERAN'S AFFAIRS, MILITARY HEALTH, TRICARE OR CHAMPUS? 4. INDIAN HEALTH SERVICE 5. MEDICAL ASSISTANCE, MEDICAID, MA, PMAP (PREPAID MEDICAL ASSISTANCE PLAN) 6. GENERAL ASSISTANCE MEDICAL CARE OR GAMC? 7. MINNESOTACARE 8. MINNESOTA COMPREHENSIVE HEALTH ASSOCIATION OR MCHA (HIGH RISK POOL) 9. COBRA? 11. HEALTH INSURANCE THROUGH YOUR (TARGET'S) WORK OR UNION 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (TARGET) 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE 15. WORKERS COMPENSATION FOR SPECIFIC INJURY/ILLNESS 16. EMPLOYER PAYS FOR BILLS, BUT NOT AN INSURANCE POLICY 17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 18. NO PRIVATE OR PUBLIC INSURANCE 19. OTHER NON INSURANCE PAYMENT SOURCE 20. HENNEPIN COUNTY ASSURED ACCESS CARD, PORTICO, OR SIMILAR CARD THAT PROVIDES ACCESS TO SERVICES BUT IS NOT COMPREHENSIVE HEALTH INSURANCE 77. DON'T KNOW 99. REFUSED <p> IF H16=1 AND (TARGAGE>=65 OR TARGAGEref = 3) SKIP TO MEDSUPP IF (H16=12 AND (TARGAGE>17 & TARGAGE<25) SKIP TO H16PAR IF H16=5, 6 OR 7 SKIP TO KNOW1 IF H16=9, 13 OR 14 SKIP TO H16POL IF H16= 4,15-20 SAY: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN SKIP TO H19 IF TARGAGE>=1 OR TO H19A IF TARGAGE<1 ELSE SKIP TO H17 IF TARGAGE>=1 OR TO H17A IF TARGAGE<1 </p>				

	<p>H16PAR Is this through (your/TARGET's) parent or guardian?</p> <p>1. Yes 2. No 7. DON'T KNOW 9. REFUSED</p> <p>SKIP TO H17 IF TARGAGE>=1 OR TO H17A IF TARGAGE<1</p>				
	<p>H16POL. Is this an individual policy or is it a family policy?</p> <p>1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED</p>				
SKIP TO H17 IF TARGAGE>=1 OR TO H17A IF TARGAGE<1					
KNOW1.	Does (your/ TARGET's) public coverage pay for visits to the doctor?	1	2	7	9
KNOW2.	How about visits to the emergency room?	1	2	7	9
H17-H19A establish annual coverage status. SKIP TO H17 IF TARGAGE>=1 OR TO H17A IF TARGAGE<1					
H17	<p>Have you (Has TARGET) had insurance coverage for all of the past 12 months?</p> <p>IF H17=1 SKIP TO DUR</p> <p>ELSE IF H17=2,7 OR 9, SKIP TO H18</p>	1	2	7	9
H17A	<p>Has target had insurance coverage for all of the time since he/she was born?</p> <p>IF H17A=1 AND ((H1a=1) OR (H16=1) SKIP TO MEDSUPP IF H17A=1 AND ((H1a>=2 AND H2A=1) OR H16=2) SKIP TO MEDDRG</p> <p>ELSE IF H17A=1 SKIP TO STAT(#) ELSE IF H17A=2, 7 OR 9, SKIP TO H18</p>	1	2	7	9
H18	<p>How many months during the past year were you (TARGET) without coverage?</p> <p>IF ((H1a=1 OR H16=1) SKIP TO MEDSUPP IF ((H1a>=2 AND H2A=1) OR H16=2) SKIP TO MEDDRG ELSE SKIP TO STAT(#)</p>	__ # months		77	99
H19	Have you (Has TARGET) been covered by any health insurance in the past 12 months? SKIP TO STAT(#)	1	2	7	9
H19A	Has target been covered by any health insurance since he/she was born? SKIP TO STAT(#)	1	2	7	9

DUR Some people start the year with insurance through a public program and then are offered coverage through their employer. Others lose coverage through their employer and then purchase health insurance themselves. At any time--in the past 12 months--(have you/has TARGET) switched from one type of insurance coverage to another?

- 1. Yes
- 2. No→ **SKIP to TYPEDUR**
- 7. DON'T KNOW
- 9. REFUSED

If DUR=1, 7 or 9 AND (H1a=1 OR H16=1) SKIP TO MEDSUPP

If DUR=1, 7 or 9 AND ((H1a>=2 AND H2A=1) OR H16=2) SKIP TO MEDDRG IN MEDSUPP

ELSE IF DUR=1, 7 or 9 SKIP TO STAT(#)

TYPEDUR. What type of coverage did you/target have before?

- 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
- 14. HENNEPIN COUNTY ASSURED ACCESS CARD, OR SIMILAR CARD
- 19. NONE
- 20. OTHER SOURCE (SPECIFY)
- 77. DON'T KNOW
- 99. REFUSED

IF (H1a=1 OR H16=1) SKIP TO MEDSUPP

IF ((H1a>=2 AND H2A=1) OR H16=2) SKIP TO MEDDRG IN MEDSUPP

ELSE SKIP TO STAT(#)

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

	YES	NO	DK	REF
SUPP. Do you (does TARGET) have any coverage besides basic Medicare? IF SUPP = 1 SKIP TO MEDEMP ELSE SKIP TO MEDPUB	1	2	7	9
MEDEMP. Is this additional coverage through your own or someone else's current or former employer?	1	2	7	9
MEDPUB. Does the state of Minnesota help pay for your Medicare deductibles, coinsurance, or copayments? PROBE: Examples of these programs include Medical Assistance (MA), Minnesota Senior Health Options (MSHO), the Minnesota Comprehensive Health Association (MCHA), the Qualified Medicare Beneficiary (QMB), Service Limited Medicare Beneficiary (SLMB) and the Qualifying Individual (QI) program. Many of these programs are available through your county	1	2	7	9

Color Key:

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human services department. IF SUPP=1 & MEDPUB>1 SKIP TO MEDPRIV, ELSE SKIP TO MEDALL				
MEDPRIV. Is this additional coverage through a Medicare managed care plan or through an insurance policy that you purchase on your own? PROBE: Examples include Medigap Basic and Extended Plans, Health Partner's Freedom or Classic Plans, Medica's Prime and Advantage Solution Plans, Humana's Gold Choice Plans, UCare for Seniors Plans and Unicare's Security Choice Plans.	1	2	7	9
MEDALL. Have you (Has TARGET) had Medicare or other insurance coverage for all of the past 12 months? IF MEDALL=1 SKIP TO MEDDRG	1	2	7	9
MEDMON. How many months during the past year were you (TARGET) without coverage?	___ # months		77	99
MEDDRG. Do you (does TARGET) have insurance that pays for all or part of your (TARGET's) prescription drugs? Probe: This includes Medical Assistance or any other state or federal program that pays for all or part of your prescription drugs. Please do not include drug discount plans or cards available from retailers such as CVS, Walmart, Walgreens and other retailers.	1	2	7	9

IF MEDPUB=1 AND TARGAGE>=65 (TARGAGEREF=3) SKIP TO KNOW1MED ELSE SKIP TO STAT(#)

KNOW1MED. Does your TARGET's public coverage pay for visits to the doctor?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

KNOW2MED. How about visits to the emergency room? (IF NECESSARY: Does this coverage pay for visits to the emergency room?)

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

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

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

1. Yes→
2. No→
7. DON'T KNOW→
9. REFUSED→

**SKIP TO TYPE
REPEAT FOR NEXT PERSON ON ROSTER
REPEAT FOR NEXT PERSON ON ROSTER
REPEAT FOR NEXT PERSON ON ROSTER**

TYPE(#). What type of insurance are you (is this person) covered by? **Probe:** If R says they have a particular insurance type, please ask if they have “any other type of health insurance coverage” before moving to the next question.

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
14. Hennepin County Assured Access card, or similar card
19. None
20. Other source
77. DON'T KNOW
99. REFUSED

IF TYPE(#)=4 THEN READ “I understand that (you receive/TARGET receives/this person receives) services through the Indian Health Service. For the purpose of this survey IHS is not considered health insurance.”

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

VCHK(#) I just want to make sure I have everything right. Other than you/other than TARGET, I have noted that the following people (LIST ALL RELATIONSHIP, or AGE and SEX) do not have health care coverage. Is that correct?

1. Yes
2. No→ **GO BACK AND FIX**
7. DON'T KNOW
9. REFUSED

PROCEED THROUGH ROSTER FOR EACH PERSON 18 YEARS OF AGE AND OVER FOR EMPLOYMENT QUESTIONS BELOW. ELSE SKIP TO CATISORT.

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

- | | |
|---|----------------------------|
| 1. Self-employed→ | SKIP TO EMPSTAT2(#) |
| 2. Employed by military→ | SKIP TO EMPSTAT2(#) |
| 3. Employed by someone else→ | SKIP TO EMPSTAT2(#) |
| 4. Unpaid worker for a family business→ | SKIP TO STUD(#) |
| 5. Retired→ | SKIP TO STUD(#) |
| 6. Unemployed and looking for work→ | SKIP TO EMPDUR(#) |
| 7. Not working for pay→ | SKIP TO STUD(#) |
| 77. DON'T KNOW→ | SKIP TO STUD(#) |
| 99. REFUSED→ | SKIP TO STUD(#) |

EMPDUR(#) How long have you (has your (relationship) [(age) (sex) if multiple members with same relationship code]) been unemployed?

1. EMPDURYR(#)._____# years
2. EMPDURMO(#)._____#months
3. less than one month
7. DON'T KNOW
9. REFUSED

SKIP TO STUD(#)

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

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

HRS(#). **IF EMPSTAT2=1, read:**

The next questions ask about your primary place of employment.

PROBE: Primary place of em
is the place they work the mo

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

ELSE:

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

_____ hours (1-100)

777. DON'T KNOW

999. REFUSED

EMPERM(#). Is this a permanent, temporary, or seasonal job?

1. Permanent
2. Temporary
3. Seasonal
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 EMP#=1 Self employed the question reads:

Including yourself are there more than 50 people working for this business?

- | | |
|----------------|--------------------------|
| 1. Yes→ | SKIP TO SIZEB(#) |
| 2. No→ | SKIP TO SIZEA(#) |
| 7. DON'T KNOW→ | SKIP TO INDUST(#) |
| 9. REFUSED→ | SKIP TO INDUST(#) |

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

NOTE: If EMP#=1, Self employed the question reads:

Including yourself which category best represents the total number of persons who work for your (relationship) [(age) (sex) if multiple members with same relationship code] “business”

1. Just one
2. Between 2 and 10
3. Between 11 and 50
7. DON'T KNOW
9. REFUSED

SKIP TO INDUST(#)

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

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

1. Between 51 and 100
2. Between 101 and 500
3. Between 501 and 1000
4. Over 1000
7. DON'T KNOW
9. REFUSED

INDUST(#). Thinking about the employer you work for, which of the following most closely describes the employer?

1. Government and public administration
2. Education & health care
3. Agriculture, farming, forestry and fish
4. Construction
5. Mining and manufacturing
6. Retail and wholesale trades/sales
7. Professional and related services (such as legal services, financial planning, web design)
8. Leisure and hospitality
9. Other, specify _____
77. DON'T KNOW
99. REFUSED

IF TARGAGE > 64, SKIP TO EDUC

STUD (#) Are you (relationship) [(age) (sex) if multiple members with same relationship code] a student?

IF INTERVIEW IS ON OR BEFORE LABOR DAY [9/7/09] SHOW VERBIAGE, “That is, when school starts in the fall, will you be a student?”)

- | | |
|----------------|-------------------------|
| 1. Yes→ | SKIP TO STUD1(#) |
| 2. No→ | SKIP TO EDUC(#) |
| 7. DON'T KNOW→ | SKIP TO EDUC(#) |
| 9. REFUSED→ | SKIP TO EDUC(#) |

IF INTERVIEW IS ON OR BEFORE LABOR DAY [9/7/09] SHOW VERBIAGE, “That is, when school starts in the fall, will you be a student?”)

STUD1(#) Are you (relationship) [(age) (sex) if multiple members with same relationship code] currently a full-time (greater than three-fourths time) or part-time student (less than three-fourths time)?
IF INTERVIEW IS ON OR BEFORE LABOR DAY [9/7/09] SHOW VERBIAGE, “That is, when school starts in the fall, will you be a full-time student or a part-time student?”

1. Full-Time Student
2. Part-Time Student
7. DON'T KNOW
9. REFUSED

EDUC(#). What is the highest level of education you have (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. Associate's degree
7. Bachelor's Degree
8. Postgraduate degree/study
77. DON'T KNOW
99. REFUSED

[REPEAT FOR NEXT PERSON 18 YEARS OF AGE OR OLDER ON THE ROSTER]

CATISORT Define the CODETYPE variable based on the Target's insurance coverage information:

Priority of assignment:

1. Any public coverage, public is assigned
2. If no public coverage, but has group coverage, group is assigned
3. If no public coverage and no group coverage, but has individually purchased coverage, individual is assigned
4. If no coverage at all, uninsured is assigned

NOTE: IHS only is considered uninsured

CODETYPE VALUE:

PUBLIC (public)

The Target currently has some form of public insurance. Ownership of public insurance over-rides all private insurance types. The duration of the insurance (H17) is of no consequence.

IF (H1a, H3, H3a, H3b, H2a, H5a, H6a, H8a OR H7a = 1) OR (H16 = 1,2,3,5,6,7,8)

GROUP: (group)

The Target has no public insurance but does have private insurance through own work, or someone else's work or COBRA. This over-rides all self-purchased insurance. The Target has had this insurance for all of the last year.

IF ((H17 = 1 or H17a=1) AND ((H9a, H11a, H12a = 1) OR (H16 = 9,11,12)))

ON_GROUP: (group)

The Target has no public insurance but does have private insurance through own work or someone else's work or COBRA. This over-rides all self-purchased insurance. The Target has not had this insurance for all of the last year.

IF ((H17 > 1 or H17a>1) AND ((H9a, H11a, H12a = 1) OR (H16 = 9,11,12)))

INDIVID: (individual)

The Target has no public insurance and does not receive it through work, but they do purchase it on their own (or have it purchased for them). The Target has had this insurance for all of the past year.

IF ((H17 = 1 or H17a=1) AND ((H13a, H14a = 1) OR (H16 = 13,14)))

ON_ELSE: (individual)

The Target has no public insurance and does not receive it through work, but they do purchase it (or have it purchased for them). The Target has not had this insurance for all of the past year.

IF ((H17 > 1 or H17a>1) AND ((H13a, H14a = 1) OR (H16 = 13,14)))

UNINSURD: (uninsured)

The Target does not have any public or private insurance. The Target has not had any insurance for all of the last year (H19 > 1 or H19a>1). (NONE OF THE ABOVE CRITERIA ARE TRUE)

UNINOFF: (uninsured)

The Target does not have any public or private insurance. However, the Target did have insurance at some time during the last year (H19 = 1 or H19a=1) (NONE OF THE ABOVE CRITERIA ARE TRUE)

IF (H1a=1 OR H2a=1 OR H16=1 OR H16=2) AND ((H17~=1 or H17a~=1) OR MEDALL>=2) →SKIP TO j_UNINON.

IF (H1a=1 OR H2a=1 OR H16=1 OR H16=2) AND ((H17=1 OR H17a=1) OR MEDALL=1) →SKIP TO COVALL

IF (H17=1 OR H17a=1) AND H1a~=1 AND H2a~=1 AND H16~=1 AND H16~=2 →SKIP TO COVALL.

IF (H17 ~=1 or H17a~=1) → SKIP TO j_UNINON.

IF (H19 = 1 OR H19a=1) → SKIP TO j_UNINOFF.

IF (H19 >1 OR H19a>1) → SKIP TO j_UNINSURD.

ANY ELSE →SKIP TO COVALL.

J_UNINON

PATHI. Just to be sure I've entered this right, currently you are (TARGET is) covered by health insurance. Is this correct?

- 1. Yes, I am (Target is) currently covered by health insurance → **SKIPTO PATHI1**
- 2. No, I am (Target is) currently uninsured → **SKIP TO J_DENTAL**
- 7. DON'T KNOW → **SKIP TO J_DENTAL**
- 9. REFUSED → **SKIP TO J_DENTAL**

PATHI1. But there was a period in the last 12 months when, (you were/TARGET was) NOT covered by health insurance? Is this correct? (But there was a point at which TARGET was NOT covered by health insurance? Is this correct?)

- 1. Yes → **SKIP TO INSD2**
- 2. No → **SKIP TO COVALL**
- 7. DON'T KNOW → **SKIP TO COVALL**
- 9. REFUSED → **SKIP TO COVALL**

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?

- 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 _____
- 12. REQUIRED TO ENROLL IN SCHOOL
- 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
- 777. DON'T KNOW
- 999. REFUSED

INSTRUCTION: TARGET MAY HAVE HAD ANOTHER FORM OF COVERAGE PRIOR TO CURRENT COVERAGE BUT STILL EXPERIENCED A GAP IN COVERAGE DURING THE PAST YEAR. WE WANT TO KNOW HOW LONG THEY WERE WITHOUT INSURANCE DURING THEIR MOST RECENT GAP, EVEN IF THIS GOES BACK BEYOND THE PAST 12 MONTHS, AS LONG AS SOME PART OF THAT GAP EXTENDED INTO THE PAST YEAR.

IF H1=1a OR H2A=1 OR H16=1 OR H16=2 SKIP TO J_DENTAL ELSE SKIP TO COVALL

J_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. _____# (1-50) years EVERTB. _____# (1-48) months

777. DON'T KNOW
999. REFUSED

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

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

- 1. Medicare/ Railroad Retirement?
- 2. Veteran's Affairs, Military Health, TRICARE or CHAMPUS?*
- 3. Indian Health Service?
- 4. Medical Assistance (MA), Medicaid, MinnesotaCare, PMAP, GAMC (IF NECESSARY: Prepaid Medical Assistance Plan (PMAP), also known as Minnesota Health Care Programs, General Assistance Medical Care (GAMC))**
- 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

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

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

PRIOR2. What was the main reason your (TARGET's) insurance coverage ended?

- 1. JOB THAT PROVIDED COVERAGE ENDED
- 2. EMPLOYER STOPPED OFFERING COVERAGE
- 3. COULD NO LONGER AFFORD EMPLOYER COVERAGE
- 4. COULD NO LONGER AFFORD TO BUY OWN COVERAGE
- 5. NO LONGER ELIGIBLE FOR PUBLIC INSURANCE PROGRAM
- 6. COULD NO LONGER AFFORD PUBLIC INSURANCE PROGRAM
- 7. DID NOT PROVIDE INFORMATION TO STAY ON PUBLIC INSURANCE PROGRAM
- 8. JUST MOVED TO STATE, HAVEN'T GOTTEN NEW INSURANCE YET
- 9. LEFT SCHOOL, NO LONGER ELIGIBLE FOR PARENTS' POLICY
- 10. NO LONGER NEEDED OR WANTED INSURANCE
- 11. OTHER SPECIFY [SPECIFY]
- 77. DON'T KNOW
- 99. REFUSED

Color Key:

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IF TARGET AGE IS 18-24 (targage>=18 AND targage <=24) AND PRIOR2~=9 → SKIP TO YOUNG
ELSE → SKIP TO COVALL

J_UNINOFF

PATHU. Just to be sure I've entered this right, currently you are (TARGET is) uninsured. Is this correct?
1. Yes, I am (Target is) currently uninsured→ **SKIP TO PATHU1**
2. No, I am (Target is) currently covered by health insurance→ **SKIP TO PROBLEM1**
7. DON'T KNOW→ **SKIP TO PROBLEM1**
9. REFUSED→ **SKIP TO PROBLEM1**

PATHU1. But (you were/TARGET was) covered by health insurance at some point in the past 12 months. Is this correct?
1. Yes→ **SKIP TO UNIN1**
2. No→ **SKIP TO COVALL**
7. DON'T KNOW→ **SKIP TO COVALL**
9. REFUSED→ **SKIP TO COVALL**

PROBLEM1. (TEXT ENTRY) RECORD CURRENT AND PAST YEAR INSURANCE STATUS AND TYPE OF INSURANCE AS BEST UNDERSTOOD. PLEASE EXPLAIN

SKIP TO J_DENTAL

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

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

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

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

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

UNIN2. And what is the main reason your (TARGET's) coverage ended?

1. JOB THAT PROVIDED COVERAGE ENDED
2. EMPLOYER STOPPED OFFERING COVERAGE
3. COULD NO LONGER AFFORD EMPLOYER COVERAGE
4. COULD NO LONGER AFFORD TO BUY OWN COVERAGE
5. NO LONGER ELIGIBLE FOR PUBLIC INSURANCE PROGRAM
6. COULD NO LONGER AFFORD PUBLIC INSURANCE PROGRAM
7. DID NOT PROVIDE INFORMATION TO STAY ON PUBLIC INSURANCE PROGRAM
8. JUST MOVED TO STATE, HAVEN'T GOTTEN NEW INSURANCE YET
9. LEFT SCHOOL, NO LONGER ELIGIBLE FOR PARENTS' POLICY
10. NO LONGER NEEDED OR WANTED INSURANCE
11. COBRA EXPIRED
12. COBRA TOO EXPENSIVE
13. COBRA PREMIUM SUBSIDY ENDED
14. OTHER SPECIFY _____
77. DON'T KNOW
99. REFUSED

UNIN3. How many months has it been since you (TARGET) had any health insurance?

- _____ # (0-48) months
77. DON'T KNOW
 99. REFUSED

**IF TARGET AGE IS 18-24 (targage>=18 AND targage<=24) AND UNIN2~=9 → SKIP TO YOUNG
ELSE → SKIP TO COVALL**

YOUNG. Was your prior insurance coverage through your (TARGET's) parents' or guardian's plan?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

COVALL SKIP PATTERN

**J_COV: TARGET MUST MEET FOLLOWING CONDITIONS TO PROCEED THROUGH COV SERIES. IF
CONDITIONS ARE NOT MET, SKIP TO J_EMPCOV**

**TARGET AGE 18 OR OVER, WHO HAS EMPLOYED SPOUSE OR PARTNER OR A SPOUSE/PARTNER
WHO IS UNEMPLOYED WITH COBRA AND TARGET DOES NOT HAVE INSURANCE THROUGH THAT
SPOUSE OR PARTNER. IF SPOUSE/PARTNER IS SELF-EMPLOYED, MUST HAVE ONE OR MORE
EMPLOYEES.**

IF TARGAGE = 65+ OR TARGAGEREF = 3 SKIP TO J_DENTAL

IF SPOUSE OR PARTNER IS UNEMPLOYED WITH COBRA, SKIP TO COV2

**(if targage >= 18 or targageref > 1) and (targetmar =1,2,4) and
(((if targetsp = 1) and (emp1 > 3) and (type1 = 9)) or
(if targetsp = 2) and (emp2 > 3) and (type2 = 9)) or
(if targetsp = 3) and (emp3 > 3) and (type3 = 9)) or
(if targetsp = 4) and (emp4 > 3) and (type4 = 9)) or
(if targetsp = 5) and (emp5 > 3) and (type5 = 9)) or**

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((if targetsp = 6) and (emp6 > 3) and (type6 = 9)) or
((if targetsp = 7) and (emp7 > 3) and (type7 = 9)) or
((if targetsp = 8) and (emp8 > 3) and (type8 = 9)) or
((if targetsp = 9) and (emp9 > 3) and (type9 = 9)) or
((if targetsp = 10) and (emp10 > 3 and (type10 = 9)))
then skip to COV2

(if targage >= 18 or targageref > 1) and (targetmar =1,2,4) and
(((if targetsp = 1) and (emp1 <=3) and (sizea1 NE = 1)) or
(((if targetsp = 2) and (emp2 <=3) and (sizea2 NE = 1)) or
(((if targetsp = 3) and (emp3 <=3) and (sizea3 NE = 1)) or
(((if targetsp = 4) and (emp4 <=3) and (sizea4 NE = 1)) or
(((if targetsp = 5) and (emp5 <=3) and (sizea5 NE = 1)) or
(((if targetsp = 6) and (emp6 <=3) and (sizea6 NE = 1)) or
(((if targetsp = 7) and (emp7 <=3) and (sizea7 NE = 1)) or
(((if targetsp = 8) and (emp8 <=3) and (sizea8 NE = 1)) or
(((if targetsp = 9) and (emp9 <=3) and (sizea9 NE = 1)) or
(((if targetsp = 10) and (emp10 <=3) and (sizea10 NE = 1)))

and ((H12a NE = 1) and (H16 NE = 12))

then skip to COVSERIES

(if targage = 18 or older or targageref = 2,3, D, OR R) and targetsp = 11, then skip to COV1
else skip to j_EMPCOV

COVSERIES

If targetsp has coverage through own work or COBRA, skip to COV2

IF TARGETSP = 1 AND TYPE(1) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 2 AND TYPE(2) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 3 AND TYPE(3) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 4 AND TYPE(4) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 5 AND TYPE(5) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 6 AND TYPE(6) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 7 AND TYPE(7) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 8 AND TYPE(8) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 9 AND TYPE(9) = 11,9 THEN SKIP TO COV2

IF TARGETSP = 10 AND TYPE(10) = 11,9 THEN SKIP TO COV2

If targetsp has coverage through VA and is employed by the military, skip to COV2

IF TARGETSP = 1 AND TYPE(1) = 3 AND EMP1=2 THEN SKIP TO COV2

IF TARGETSP = 2 AND TYPE(2) = 3 AND EMP2=2 THEN SKIP TO COV2

IF TARGETSP = 3 AND TYPE(3) = 3 AND EMP3=2 THEN SKIP TO COV2

IF TARGETSP = 4 AND TYPE(4) = 3 AND EMP4=2 THEN SKIP TO COV2

IF TARGETSP = 5 AND TYPE(5) = 3 AND EMP5=2 THEN SKIP TO COV2

IF TARGETSP = 6 AND TYPE(6) = 3 AND EMP6=2 THEN SKIP TO COV2

IF TARGETSP = 7 AND TYPE(7) = 3 AND EMP7=2 THEN SKIP TO COV2

IF TARGETSP = 8 AND TYPE(8) = 3 AND EMP8=2 THEN SKIP TO COV2

IF TARGETSP = 9 AND TYPE(9) = 3 AND EMP9=2 THEN SKIP TO COV2

IF TARGETSP = 10 AND TYPE(10) = 3 AND EMP10=2 THEN SKIP TO COV2

COV1. Now I'd like to ask a few questions about your access to insurance.
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 → | SKIP TO j_EMPCOV |
| 9. REFUSED→ | SKIPTO COV3 |

COV2. IF SPOUSE/PARTNER HAS COVERAGE THROUGH THEIR WORK→ ADD LEAD-IN:

As you mentioned, your (TARGET'S) spouse/partner gets insurance through their work.

Could this insurance policy be used to cover you (TARGET)?

- | | |
|---------------|--------------------|
| 1. Yes→ | SKIPTO COV6 |
| 2. No | |
| 7. DON'T KNOW | |
| 9. REFUSED | |

NOTE: THE FOLLOWING CODE IS TESTING FOR ANY PARTNER, OR A SAME-SEX SPOUSE IF (COV2>1) &

(TARGREL1=10|TARGREL2=10|TARGREL3=10|TARGREL4=10|TARGREL5=10|TARGREL6=10|TARGREL7=10|TARGREL8=10|TARGREL9=10|TARGREL10=10) OR (TARGETMAR = 1 &

**(TARGETSP = 1 & TARGSEX = S7A_SEX) OR
(TARGETSP = 2 & TARGSEX = S7B_SEX) OR
(TARGETSP = 3 & TARGSEX = S7C_SEX) OR
(TARGETSP = 4 & TARGSEX = S7D_SEX) OR
(TARGETSP = 5 & TARGSEX = S7E_SEX) OR
(TARGETSP = 6 & TARGSEX = S7F_SEX) OR
(TARGETSP = 7 & TARGSEX = S7G_SEX) OR
(TARGETSP = 8 & TARGSEX = S7H_SEX) OR
(TARGETSP = 9 & TARGSEX = S7I_SEX) OR
(TARGETSP = 10 & TARGSEX = S7J_SEX)))**

**THEN SKIP TO COV2A
ELSE SKIP TO j_EMPCOV**

COV2A. Can dependents be covered by this policy?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

SKIP TO j_EMPCOV

COV3. Are you (Is your/ TARGET's spouse/partner) eligible for health insurance through your (their) work, but have chosen not to sign up for it?

- | | |
|---------------|--------------------|
| 1. Yes→ | SKIPTO COV4 |
| 2. No | |
| 7. DON'T KNOW | |
| 9. REFUSED | |

SKIP TO j_EMPCOV

Color Key:

**All Ages
New 2009**

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

1. Yes → **SKIPTO COV6**
2. No
7. DON'T KNOW
9. REFUSED

NOTE: THE FOLLOWING CODE IS TESTING FOR ANY PARTNER, OR A SAME-SEX SPOUSE IF (COV4>1) &

((TARGREL1=10|TARGREL2=10|TARGREL3=10|TARGREL4=10|TARGREL5=10|TARGREL6=10|TARGREL7=10|TARGREL8=10|TARGREL9=10|TARGREL10=10) OR (TARGETMAR = 1 &

**(TARGETSP = 1 & TARGSEX = S7A_SEX) OR
(TARGETSP = 2 & TARGSEX = S7B_SEX) OR
(TARGETSP = 3 & TARGSEX = S7C_SEX) OR
(TARGETSP = 4 & TARGSEX = S7D_SEX) OR
(TARGETSP = 5 & TARGSEX = S7E_SEX) OR
(TARGETSP = 6 & TARGSEX = S7F_SEX) OR
(TARGETSP = 7 & TARGSEX = S7G_SEX) OR
(TARGETSP = 8 & TARGSEX = S7H_SEX) OR
(TARGETSP = 9 & TARGSEX = S7I_SEX) OR
(TARGETSP = 10 & TARGSEX = S7J_SEX)))**

**THEN SKIP TO COV4A
ELSE SKIP TO j_EMPCOV**

COV4A Could dependents be covered by this policy?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

SKIP TO j_EMPCOV

COV6. What is the main reason you do (TARGET does) not get insurance through your (her/his) spouse/partner?

**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

PROBE: Can you tell me the primary reason you (he/she) did not get insurance through this family member?

J_EMPCOV BRANCHING

Color Key:

**All Ages
New 2009**

j_ EMPCOV: Target must meet following conditions to proceed through empcov series.

Target age 18 or over, target is employed, target does NOT have insurance through own work or COBRA or through the VA if employed by the military. If target is self-employed, must have one or more employees.

CREATE TARGET EMPLOYMENT VARIABLE: default targemp = 0 (not employed)

TARGEMP = 1: self-employed

if (target = 1) and (emp1 = 1) then targemp = 1
if (target = 2) and (emp2 = 1) then targemp = 1
if (target = 3) and (emp3 = 1) then targemp = 1
if (target = 4) and (emp4 = 1) then targemp = 1
if (target = 5) and (emp5 = 1) then targemp = 1
if (target = 6) and (emp6 = 1) then targemp = 1
if (target = 7) and (emp7 = 1) then targemp = 1
if (target = 8) and (emp8 = 1) then targemp = 1
if (target = 9) and (emp9 = 1) then targemp = 1
if (target = 10) and (emp10 = 1) then targemp = 1

TARGEMP = 2: employed by military

if (target = 1) and (emp1 = 2) then targemp = 2
if (target = 2) and (emp2 = 2) then targemp = 2
if (target = 3) and (emp3 = 2) then targemp = 2
if (target = 4) and (emp4 = 2) then targemp = 2
if (target = 5) and (emp5 = 2) then targemp = 2
if (target = 6) and (emp6 = 2) then targemp = 2
if (target = 7) and (emp7 = 2) then targemp = 2
if (target = 8) and (emp8 = 2) then targemp = 2
if (target = 9) and (emp9 = 2) then targemp = 2
if (target = 10) and (emp10 = 2) then targemp = 2

TARGEMP = 3: employed by someone else

if (target = 1) and (emp1 = 3) then targemp = 3
if (target = 2) and (emp2 = 3) then targemp = 3
if (target = 3) and (emp3 = 3) then targemp = 3
if (target = 4) and (emp4 = 3) then targemp = 3
if (target = 5) and (emp5 = 3) then targemp = 3
if (target = 6) and (emp6 = 3) then targemp = 3
if (target = 7) and (emp7 = 3) then targemp = 3
if (target = 8) and (emp8 = 3) then targemp = 3
if (target = 9) and (emp9 = 3) then targemp = 3
if (target = 10) and (emp10 = 3) then targemp = 3

CREATE VARIABLE FOR TARGET EMPLOYER SIZE

default targempsize = 0

If targempsize = 1, then target is selfemployed with only self, and no other employees

If (target = 1 and sizea1 = 1) then targempsize = 1
If (target = 2 and sizea2 = 1) then targempsize = 1
If (target = 3 and sizea3 = 1) then targempsize = 1
If (target = 4 and sizea4 = 1) then targempsize = 1
If (target = 5 and sizea5 = 1) then targempsize = 1
If (target = 6 and sizea6 = 1) then targempsize = 1
If (target = 7 and sizea7 = 1) then targempsize = 1
If (target = 8 and sizea8 = 1) then targempsize = 1
If (target = 9 and sizea9 = 1) then targempsize = 1
If (target = 10 and sizea10 = 1) then targempsize = 1

Color Key:

All Ages
New 2009

If (targage = 18 or older or targageref > 1) and (targemp = 1 or 3) and (targemsize ne 1) and (h9a ne = 1) and (h11a ne = 1) and (h16 ne 9) and (h16 ne 11) then skip to empcovseries

If (targage = 18 or older or targageref > 1) and (if targemp=2 and (h3 ne 1 & h3a ne 1 & h3b ne1 & h9a ne 1 & h11a ne 1 & h16 ne 9 & h16 ne 11 & h16 ne 3)) then skip to empcovseries

If target does not meet above conditions, follow skips below.
All children skip to j_PARCOV, checkpoint, for further conditional testing.
(if targage is <= 17 or targageref = 1 skip to j_PARCOV)

If target has coverage through own work, COBRA, or Va coverage if employed by the military, skip to empcv2.

If (h9A=1 or h11A=1 or h16=9 or h16=11 or if (targemp=2 and (h3=1 or h3a=1 or h3b=1)) skip to EMPCV2

Targets aged 18 and over, who are NOT insured skip to OWNCOV.
if ((targage > 17 or targageref > 1) and (target CODETYPE = UNINSURD or UNINOFF) skip to OWNCOV)

Targets 18-24 who have coverage go to j_PARCOV checkpoint for further conditional testing.
if ((targage > 17 and targage<25) and (target CODETYPE ne UNINSURD or UNINOFF) skip to j_parcov

Target aged 25 and over, who are insured skip to DENTAL.
if ((targage > 24 or targageref > 1) and (target CODETYPE ne UNINSURD or UNINOFF) skip to DENTAL)

EMPCOVSERIES

EMPCV1. As you mentioned, you do not get (TARGET does not get) insurance through your (their) own work.

Does the business you work for (he/she works for) offer health insurance as a benefit to any of its employees?

1. Yes→ **SKIPTO EMPC1A**
2. No
7. DON'T KNOW
8. NOT applicable, NOT employed
9. REFUSED

SKIP TO ENDEMPCOV

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. 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
9. REFUSED

Color Key:

All Ages
New 2009

If (h9=1 or h11=1 or h16=9 or h16=11 or if (targemp=2 and (h3=1 or h3a=1 or h3b=1)) skip to endempcov
ELSE SKIP TO EMPCV4

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

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

ENDEMPCOV

IF Codetype = UNINOFF OR UNINSURD SKIP TO OWNCOV

Else IF (targage < 25 or targageref = 1) SKIP TO J_PARCOV

Else SKIP TO DENTAL

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

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

IF (TARGAGE < 25 OR TARGAGeref = 1) SKIP TO j_PARCOV, else SKIP TO PUB1

J PARCOV BRANCHING

J_PARCOV: Target must meet following conditions to proceed through parcov series.

Target age less than 25 and target is not married and target does NOT have insurance through someone else's work . (see code below)

if (targage < 25 OR targageref = 1) and (targetmar != 1 and targetmar != 4) and (H12a != 1) and (h16!=12)
then skip to PARCOVSERIES
else skip to J_DENTAL

PARCOVSERIES

Now I'd like to ask a few questions about your (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 may be able to provide coverage for this child or the primary employed wage earner in the household.

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

1. Yes→ **SKIPTO PARC1A**
 2. No
 7. DON'T KNOW
 8. PARENT/GUARDIAN NOT EMPLOYED OR SELF EMPLOYED W/ 1 EMPLOYEE
 9. REFUSED
- SKIP TO ENDPARCOV**

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

1. Yes→ **SKIPTO PARC1B**
 2. No
 7. DON'T KNOW
 9. REFUSED
- SKIP TO ENDPARCOV**

PARC1B. Can this coverage be extended to cover dependents?

1. Yes→ **SKIPTO PARCV5**
 2. No
 7. DON'T KNOW
 9. REFUSED
- SKIP TO ENDPARCOV**

PARCV5. What is the main reason you are (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. 18 OR OLDER AND SO DOES NOT QUALIFY AS DEPENDENT
14. 18 OR OLDER AND HAS OWN COVERAGE
13. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

ENDPARCOV

**IF Codetype = UNINOFF OR UNINSURD SKIP TO OWNCV2
ELSE SKIP TO J_DENTAL**

OWNCV2. What is the main reason your (TARGET's) parents or guardian have not bought health insurance for you (TARGET) on their own?

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. 18 OR OLDER
11. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

**IF UNINSURD OR UNINOFF, SKIP TO PUB1
ELSE, SKIP TO J_DENTAL**

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 (Has 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 (she/he) were eligible for health coverage through a public program, would you (she/he) enroll?

1. Yes → **SKIP TO PUB3a**
2. No
7. DON'T KNOW
9. REFUSED

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

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

PUB3a. If you (TARGET/ Target's parents) learned you (TARGET) were eligible for a premium assistance program where the government pays for part of your (TARGET's) private insurance premium, would you (TARGET/Target's parents) enroll?

1. Yes
2. No
7. DON'T KNOW
9. REFUSED

PUB4. What is the main reason you (TARGET) have (has) not enrolled in a public health care program?

1. DON'T NEED OR WANT INSURANCE RIGHT NOW
2. RARELY SICK/NOT SICK RIGHT NOW
3. DO NOT KNOW WHAT TO DO/WHERE TO GO/HOW TO ENROLL
4. TOO MUCH HASSLE/PAPERWORK
5. TOO EXPENSIVE
6. DON'T THINK THE CARE OR BENEFITS THROUGH THESE PROGRAMS ARE GOOD
7. APPLIED BUT NOT ELIGIBLE
8. DON'T THINK I (TARGET) AM ELIGIBLE
9. EMBARRASSED; DON'T WANT OTHERS TO KNOW
10. DON'T THINK GOVERNMENT SHOULD PAY FOR MY HEALTH CARE
11. PRIVACY: DON'T WANT GOVERNMENT INVOLVED IN MY HEALTH CARE
12. OTHER (SPECIFY)
77. DON'T KNOW
99. REFUSED

DEMOGRAPHIC QUESTIONS – Asked of all respondents.

My next questions are about TARGET.

J_DENTAL

IF TARGAGE<3 SKIP TO HSTAT

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

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

DROP. Has a health insurance plan ever dropped (your/TARGET's) coverage, increased (your/TARGET's) premium or changed the terms of (your/TARGET's) coverage, for example, increased (your/TARGET's) deductible, due to a change in your health status?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. REFUSED

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

- 1. Yes
- 2. No→
- 7. DON'T KNOW→
- 9. REFUSED →

SKIP TO EREVER
SKIP TO EREVER
SKIP TO EREVER

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

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. Some place else (specify) _____→
- 7. DON'T KNOW→
- 9. REFUSED→

SKIPTO ERWHY
SKIP TO EREVER
SKIP TO EREVER
SKIP TO EREVER
SKIP TO EREVER
SKIP TO EREVER

ERWHY

What is the main reason that you use an emergency room as your usual source of care? (DO NOT READ, MAP TO ALL RESPONSES THAT APPLY)

1. Don't have insurance and they will provide care anyway
 2. Close to my home / convenient location
 3. Know and like the providers there
 4. Have received good care there
 5. DON'T KNOW where else to go
 6. Can't afford to go anywhere else
 7. Can see a specialist there
 8. Doctor's office/clinic isn't open when I need it
 9. Each visit has been an emergency – sudden severe illness/critical condition/injury/victimization
 10. Other, specify_____
77. DON'T KNOW
99. REFUSED

SKIP ERWHY2 IF ONLY ONE RESPONSE TO ERWHY**ERWHY2.**

Of the reasons you provided which is the primary reason you go to the ER? (DISPLAY RESPONSES FROM Q.ERWHY)

1. Don't have insurance and they will provide care anyway
2. Close to my home / convenient location
3. Know and like the providers there
4. Have received good care there
5. DON'T KNOW where else to go
6. Can't afford to go anywhere else
7. Can see a specialist there
8. Doctor's office/clinic isn't open when I need it
9. Each visit has been an emergency – sudden severe illness/critical condition/injury/victimization
10. Other (SPECIFY) _____
77. (DO NOT READ) Don't know
99. (DO NOT READ) Refused

EREVER

In the past twelve months, have you (TARGET) been treated in an emergency room for a condition that you knew wasn't an emergency? **PROBE: For example, a sore throat or earache.**

1. Yes
2. No→ **SKIP TO J_DENTAL**
7. DON'T KNOW→ **SKIP TO J_DENTAL**
9. REFUSED→ **SKIP TO J_DENTAL**

EREVER2.

Were any of (your/TARGET's) visits to the emergency room for something like a sore throat, earache, mild fever, etc. that (you/TARGET) probably could have received care for at a clinic or urgent care center?

1. Yes
2. No
7. DON'T KNOW
9. REFUSE

IF USC=1 SKIP TO TRAV1, ELSE SKIP TO TRAV2

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

_____ (1-240) 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

888. don't go to a doctor/get health care

777. DON'T KNOW

999. REFUSED

CONFID. How confident are you that you (TARGET) can get the health care you need (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) unfairly?

1. Never
2. Sometimes
3. Usually
4. 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 have (he has) or because you don't (he doesn't) have health insurance?

1. Never
2. Sometimes
3. Usually
4. Always
7. DON'T KNOW
9. REFUSED

S11. How long have you (has TARGET) lived in Minnesota?

1. Answer given in YEARS _____ (2-100)

2. Answer given in MONTHS _____ (0-24)

3. YEAR given (SPECIFY) _____

NN BORN IN MN

LL LESS THAN 1 MONTH

777. DON'T KNOW

999. REFUSED

PROBE FOR MONTHS IF LESS THAN 2 YEARS

IF (TARGAGE>=18 OR TARGAGeref > 1) SKIP TO S13

Color Key:

All Ages
New 2009

S12. How long have (TARGET's) parents or guardian lived in Minnesota?

If R is parent of TARGET: How long have you lived in Minnesota?

1. Answer given in YEARS _____ (2-100)
 2. Answer given in MONTHS _____ (0-24)
 3. YEAR given (SPECIFY) _____
- NN BORN IN MN
LL LESS THAN 1 MONTH
777. DON'T KNOW
999. REFUSED

PROBE FOR MONTHS IF LESS THAN 2 YEARS

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

- | | | |
|---------------------------------------|-------------------------------|---|
| 184. United States | 043. Cuba | 086. Jordan |
| 001. Afghanistan | 044. Cyprus | 087. Kazakhstan |
| 002. Albania | 045. Czech Republic | 088. Kenya |
| 003. Algeria | 046. Cote d'Ivoire | 089. Kiribati |
| 004. Andorra | 047. Denmark | 090. Korea, North |
| 005. Angola | 048. Djibouti | 091. Korea, South |
| 006. Antigua and Barbuda | 049. Dominica | 091a. Kosovo |
| 007. Argentina | 050. Dominican Republic | 092. Kuwait |
| 008. Armenia | 051. East Timor (Timor Timur) | 093. Kyrgyzstan |
| 009. Australia | 052. Ecuador | 094. Laos |
| 010. Austria | 053. Egypt | 095. Latvia |
| 011. Azerbaijan | 054. El Salvador | 096. Lebanon |
| 012. Bahamas | 183. England | 097. Lesotho |
| 013. Bahrain | 055. Equatorial Guinea | 098. Liberia |
| 014. Bangladesh | 056. Eritrea | 099. Libya |
| 015. Barbados | 057. Estonia | 100. Liechtenstein |
| 016. Belarus | 058. Ethiopia | 101. Lithuania |
| 017. Belgium | 059. Fiji | 102. Luxembourg |
| 018. Belize | 060. Finland | 103. Macedonia, Former
Yugoslav Rep of |
| 019. Benin | 061. France | 104. Madagascar |
| 020. Bhutan | 062. Gabon | 105. Malawi |
| 021. Bolivia | 063. Gambia, The | 106. Malaysia |
| 022. Bosnia and Herzegovina | 064. Georgia | 107. Maldives |
| 023. Botswana | 065. Germany | 108. Mali |
| 024. Brazil | 066. Ghana | 109. Malta |
| 025. Brunei | 067. Greece | 110. Marshall Islands |
| 026. Bulgaria | 068. Grenada | 111. Mauritania |
| 027. Burkina Faso | 069. Guatemala | 112. Mauritius |
| 028. Burundi | 070. Guinea | 113. Mexico |
| 029. Cambodia | 071. Guinea-Bissau | 114. Micronesia, Federatd
States of |
| 030. Cameroon | 072. Guyana | 115. Moldova |
| 031. Canada | 073. Haiti | 116. Monaco |
| 032. Cape Verde | 074. Honduras | 117. Mongolia |
| 033. Central African Republic | 075. Hungary | 118. Morocco |
| 034. Chad | 076. Iceland | 119. Mozambique |
| 035. Chile | 077. India | 120. Myanmar (former Burma) |
| 036. China | 078. Indonesia | 121. Namibia |
| 037. Colombia | 079. Iran | 122. Nauru |
| 038. Comoros | 080. Iraq | 123. Nepal |
| 039. Congo (Brazzaville) | 081. Ireland | 124. Netherlands |
| 040. Congo, Democratic
Republic of | 082. Israel | 125. New Zealand |
| 041. Costa Rica | 083. Italy | 126. Nicaragua |
| 042. Croatia | 084. Jamaica | |
| | 085. Japan | |

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- | | | |
|---------------------------------------|----------------------------|---------------------------|
| 127. Niger | 151. Senegal | 176. Tunisia |
| 128. Nigeria | 152. Serbia and Montenegro | 177. Turkey |
| 129. Norway | 153. Seychelles | 178. Turkmenistan |
| 130. Oman | 154. Sierra Leone | 179. Tuvalu |
| 131. Pakistan | 155. Singapore | 180. Uganda |
| 132. Palau | 156. Slovakia | 181. Ukraine |
| 133. Panama | 157. Slovenia | 182. United Arab Emirates |
| 134. Papua New Guinea | 158. Solomon Islands | 183. United Kingdom |
| 135. Paraguay | 159. Somalia | 184. United States |
| 136. Peru | 160. South Africa | 185. Uruguay |
| 137. Philippines | 161. Spain | 186. Uzbekistan |
| 138. Poland | 162. Sri Lanka | 187. Vanuatu |
| 139. Portugal | 163. Sudan | 188. Vatican City |
| 140. Qatar | 164. Suriname | 189. Venezuela |
| 141. Romania | 165. Swaziland | 190. Vietnam |
| 142. Russia | 166. Sweden | 191. Western Sahara |
| 143. Rwanda | 167. Switzerland | 192. Yemen |
| 144. Saint Kitts and Nevis | 168. Syria | 193. Zambia |
| 145. Saint Lucia | 169. Taiwan | 194. Zimbabwe |
| 146. Saint Vincent and The Grenadines | 170. Tajikistan | 195. Guam |
| 147. Samoa | 171. Tanzania | 196. Puerto Rico |
| 148. San Marino | 172. Thailand | 197. Other, list _____ |
| 149. Sao Tome and Principe | 173. Togo | 777. DON'T KNOW |
| 150. Saudi Arabia | 174. Tonga | 999. REFUSED |
| | 175. Trinidad and Tobago | |

IF S13=184 AND (TARGAGE>=18 OR TARGAGeref>1) SKIP TO HISP
IF S13!=184 AND (TARGAGE>=18 OR TARGAGeref > 1) SKIP TO S14

S13A. In what country were (TARGET's) parents or guardian born? If R is TARGET's parent: In what country were you born?

DO NOT READ. MAP TO RESPONSE.

- | | | |
|-----------------------------|------------------------------------|------------------------|
| 184. United States | 027. Burkina Faso | 054. El Salvador |
| 001. Afghanistan | 028. Burundi | 183. England |
| 002. Albania | 029. Cambodia | 055. Equatorial Guinea |
| 003. Algeria | 030. Cameroon | 056. Eritrea |
| 004. Andorra | 031. Canada | 057. Estonia |
| 005. Angola | 032. Cape Verde | 058. Ethiopia |
| 006. Antigua and Barbuda | 033. Central African Republic | 059. Fiji |
| 007. Argentina | 034. Chad | 060. Finland |
| 008. Armenia | 035. Chile | 061. France |
| 009. Australia | 036. China | 062. Gabon |
| 010. Austria | 037. Colombia | 063. Gambia, The |
| 011. Azerbaijan | 038. Comoros | 064. Georgia |
| 012. Bahamas | 039. Congo (Brazzaville) | 065. Germany |
| 013. Bahrain | 040. Congo, Democratic Republic of | 066. Ghana |
| 014. Bangladesh | 041. Costa Rica | 067. Greece |
| 015. Barbados | 042. Croatia | 068. Grenada |
| 016. Belarus | 043. Cuba | 069. Guatemala |
| 017. Belgium | 044. Cyprus | 070. Guinea |
| 018. Belize | 045. Czech Republic | 071. Guinea-Bissau |
| 019. Benin | 046. Cote dlvoire | 072. Guyana |
| 020. Bhutan | 047. Denmark | 073. Haiti |
| 021. Bolivia | 048. Djibouti | 074. Honduras |
| 022. Bosnia and Herzegovina | 049. Dominica | 075. Hungary |
| 023. Botswana | 050. Dominican Republic | 076. Iceland |
| 024. Brazil | 051. East Timor (Timor Timur) | 077. India |
| 025. Brunei | 052. Ecuador | 078. Indonesia |

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026. Bulgaria	053. Egypt	079. Iran
080. Iraq	119. Mozambique	159. Somalia
081. Ireland	120. Myanmar (former Burma)	160. South Africa
082. Israel	121. Namibia	161. Spain
083. Italy	122. Nauru	162. Sri Lanka
084. Jamaica	123. Nepal	163. Sudan
085. Japan	124. Netherlands	164. Suriname
086. Jordan	125. New Zealand	165. Swaziland
087. Kazakhstan	126. Nicaragua	166. Sweden
088. Kenya	127. Niger	167. Switzerland
089. Kiribati	128. Nigeria	168. Syria
090. Korea, North	129. Norway	169. Taiwan
091. Korea, South	130. Oman	170. Tajikistan
091a. Kosovo	131. Pakistan	171. Tanzania
092. Kuwait	132. Palau	172. Thailand
093. Kyrgyzstan	133. Panama	173. Togo
094. Laos	134. Papua New Guinea	174. Tonga
095. Latvia	135. Paraguay	175. Trinidad and Tobago
096. Lebanon	136. Peru	176. Tunisia
097. Lesotho	137. Philippines	177. Turkey
098. Liberia	138. Poland	178. Turkmenistan
099. Libya	139. Portugal	179. Tuvalu
100. Liechtenstein	140. Qatar	180. Uganda
101. Lithuania	141. Romania	181. Ukraine
102. Luxembourg	142. Russia	182. United Arab Emirates
103. Macedonia, Former Yugoslav Rep of	143. Rwanda	183. United Kingdom
104. Madagascar	144. Saint Kitts and Nevis	184. United States
105. Malawi	145. Saint Lucia	185. Uruguay
106. Malaysia	146. St. Vincent & The Gren.	186. Uzbekistan
107. Maldives	147. Samoa	187. Vanuatu
108. Mali	148. San Marino	188. Vatican City
109. Malta	149. Sao Tome and Principe	189. Venezuela
110. Marshall Islands	150. Saudi Arabia	190. Vietnam
111. Mauritania	151. Senegal	191. Western Sahara
112. Mauritius	152. Serbia and Montenegro	192. Yemen
113. Mexico	153. Seychelles	193. Zambia
114. Micronesia, Federated States of	154. Sierra Leone	194. Zimbabwe
115. Moldova	155. Singapore	195. Guam
116. Monaco	156. Slovakia	196. Puerto Rico
117. Mongolia	157. Slovenia	197. Other, list _____
118. Morocco	158. Solomon Islands	777. DON'T KNOW
		999. REFUSED

IF (TARGAGE <18 OR TARGAGeref=1) AND (S13A=184 AND S13=184) SKIP TO HISP
IF (TARGAGE<18 OR TARGAGEREF=1) AND S13=184 SKIP TO S15

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

S14A. Year _____ (1920-2009) or
S14B. Number of years ago _____ (0-80)

7777. DON'T KNOW
9999. REFUSED

IF S13A=184 SKIP TO HISP
Color Key:

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IF (TARGAGE>=18 OR TARGAGeref > 1) SKIP TO HISP

S15. When did (TARGET's) parents or guardian come to live in the U.S.?
If R is TARGET's parent: When did you come to live in the U.S.?
INTERVIEWER SHOULD SELECT ONE METHOD OF ENTRY.

- S15A. Year _____ (1920-2009) or
S15B. Number of years ago _____ (0-80)
7777. DON'T KNOW
9999. 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?
ENTER ALL THAT APPLY

1. American Indian
2. Black
3. White
4. Asian or Pacific Islander
5. Some other race, Specify _____
7. DON'T KNOW
8. HISPANIC, LATINO, MEXICAN, PUERTO RICAN, CUBAN, OTHER SPANISH
(SHOULD ONLY APPEAR AS OPTION IF YES TO HISP)
9. REFUSED

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

1. Yes → **IF TARGAGE < 19 YEARS OR TARGAGeref = 1 → SKIP TO J_pwe, ELSE SKIP TO PHONE IF RDD AND CELL5 IF CELL SAMPLE**
2. No → **SKIP TO HISP(#)**
7. DON'T KNOW → **IF TARGAGE < 19 YEARS OR TARGAGeref = 1 → SKIP TO J_pwe, ELSE SKIP TO PHONE IF RDD AND CELL5 IF CELL SAMPLE**
9. REFUSED → **IF TARGAGE < 19 YEARS OR TARGAGeref = 1 → SKIP TO J_pwe, ELSE SKIP TO PHONE IF RDD AND CELL5 IF CELL SAMPLE**

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

1. No, not of Hispanic origin
2. Yes, Mexican, Mexican American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban
5. Yes, other Spanish/Hispanic/Latino

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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?
ENTER ALL THAT APPLY

1. American Indian
2. Black
3. White
4. Asian or Pacific Islander
5. Some other race, specify _____
8. HISPANIC, LATINO, MEXICAN, PUERTO RICAN, CUBAN, OTHER SPANISH (SHOULD ONLY APPEAR AS OPTION IF YES TO HISP)
7. DON'T KNOW
9. REFUSED

IF (TARGAGE>18 OR TARGAGeref > 1) SKIP TO PHONE IF RDD AND CELL5 IF CELL SAMPLE

J_PWE - PRIMARY WAGE EARNER

IF TARGET IS 18 YEARS OLD (TARGAGE = 18) AND THERE ARE NO PARENTS IN HH (TARGREL NE 03), SKIP TO INSTRUCTION ABOVE PHONE)

IF TARGET IS 18 (TARGAGE = 18) AND HAS OWN COVERAGE THROUGH WORK (H11a = 1 OR H16 = 11 OR H9a = 1 OR H16 = 09) OR (TARGEMP = 2 AND H3 = 1 OR H3a = 1 OR H3b = 1), SKIP TO PHONE IF RDD AND CELL5 IF CELL SAMPLE

IF MINOR TARGET (TARGAGE = 18 OR YOUNGER OR TARGAGEREF = 1) IS UNINSURED OR PUBLICLY INSURED (CODETYPE = UNINSURD, UNINOFF, OR PUBLIC) AND NOT AN 18 YEAR OLD RESPONDENT:

Who is the primary wage earner in the household? If there is no primary wage earner, who is responsible for the care of this child?

NOW SKIP TO CHARGE

IF MINOR TARGET (TARGAGE = 18 OR YOUNGER OR TARGAGEREF = 1) HAS PRIVATE COVERAGE (CODETYPE = GROUP, ON_GROUP, INDIVID, OR ON_ELSE) AND NOT AN 18 YEAR OLD RESPONDENT:

Now I'd like to ask a few questions about the person TARGET gets her insurance benefits through.

NOW SKIP TO CHARGE.

IF TARGET IS AN 18 YEAR OLD RESPONDENT (TARGAGE = 18) AND UNINSURED OR PUBLICLY INSURED (CODETYPE = PUBLIC, UNINSURD, OR UNINOFF):

Now I'd like to ask a few questions about the primary wage earner in your household. If there is no primary wage earner, I'd like to ask questions about the person responsible for the household.

NOW SKIP to PWEREL

IF TARGET IS AN 18 YEAR OLD RESPONDENT (TARGAGE = 18) AND HAS PRIVATE COVERAGE (CODETYPE = GROUP, ON_GROUP, INDIVID, OR ON_ELSE):

Now I'd like to ask a few questions about the person you get your health insurance through.

NOW SKIP to PWEREL

- CHARGE.** Would that be you or someone else?
1. Person on phone → **SKIP TO J_PWEMAR IF TARGREL~=2, ELSE PHONE**
 2. Someone else
 9. **REFUSED**

IF CHARGE IS PERSON ON PHONE SKIP TO PWEMAR, ELSE SKIP TO CHARGESPEC

CHARGESPEC Does that person live in the household?

1. Yes → **SKIP to PWEREL**
2. No → **SKIP to PHONE IF RDD AND CELL5 IF CELL SAMPLE**

PWEREL: Which person would that be?

Display roster on screen, so interviewer can select the correct person:

Person 1: Respondent		
Person 2: "My" s7b_rel	s7bage	s7b_sex
Person 3: "My" s7c_rel	s7cage	s7c_sex
Person 4: "My" s7d_rel	s7dage	s7d_sex
Person 5: "My" s7e_rel	s7eage	s7e_sex
Person 6: "My" s7f_rel	s7fage	s7f_sex
Person 7: "My" s7g_rel	s7gage	s7g_sex
Person 8: "My" s7h_rel	s7hage	s7h_sex
Person 9: "My" s7i_rel	s7iage	s7i_sex
Person 10: "My" s7j_rel	s7jage	s7j_sex

J_PWEMAR: SKIP IF PWE IS RESPONDENT'S SPOUSE OR IF PWE IS RESPONDENT AND HAS SPOUSE IN ROSTER

- PWEMAR.** Is this person currently: (May skip only if PWE is respondent and respondent has a spouse in the roster)
1. Married
 2. Living with partner
 3. Divorced
 4. Separated
 5. Widowed or
 6. Never Married
 7. DON'T KNOW
 9. REFUSED

READ: Now I have some questions to determine whether it's possible that this household could be contacted more than once for this study.

PROBE: Not looking for the number of telephones or telephone jacks.

IF CELL SAMPLE, SKIP TO CELL5

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

1. Yes
2. No → **SKIP TO PHONE3**
3. Not Respondent's # → **SKIP TO PHONE3**
7. DON'T KNOW → **SKIP TO PHONE3**
9. REFUSED → **SKIP TO PHONE3**

- PHONE2** Of these telephone numbers, how many are connected to phones that can be answered by a person?
- Number _____ (0-10)
 77. DON'T KNOW
 99. REFUSED
- PHONE3.** During the past 12 months, has your household ever been without landline telephone service for more than 24 hours?
1. Yes
 2. No→ **SKIP TO PHONE6**
 7. DON'T KNOW→ **SKIP TO PHONE6**
 9. REFUSED→ **SKIP TO PHONE6**
- PHONE4.** Over the past twelve months, what was the total number of days, weeks, or months your household was without landline telephone service?
777. DON'T KNOW
 999. REFUSED
- PHONE4_D Number (1-90) _____
 PHONE4_W Number (1-52) _____
 PHONE4_M Number (1-12) _____
- PHONE5** Of these <FILL PHONE4> <FILL PHONE4 UNITS> how often was a cell phone available for household use?
 IF PHONE4 IS MISSING OR REFUSED: During this time without landline telephone service, how often was a cell phone available for household use?
1. Always
 2. Usually
 3. Sometimes
 4. Rarely
 5. Never
 7. DON'T KNOW
 9. REFUSED
- PHONE6.** Do you (or any other **ADULT** members of your household) currently have a working cell phone?
1. Yes
 2. No→ **SKIP TO HOME**
 7. DON'T KNOW→ **SKIP TO HOME**
 9. REFUSED→ **SKIP TO HOME**
- PHONE7.** How many working cell phones do you (or other adults in your household) have?
77. DON'T KNOW
 99. REFUSED
- Number _____ (1-10)

- PHONE8.** Of all the phone calls that you (and adults in your household) receive, about how many are received on a cell phone? Would you say...
1. All or almost all calls received on cell phones
 2. Some received on cell phones and some on regular phones
 3. Very few or none on cell phones
 7. DON'T KNOW
 9. REFUSED

SKIP TO HOME

- CELL5.** Thinking about where you currently live, are there any landline telephone numbers in this household, such as telephone, fax, or data lines, a children's or business line? Please do not include cell phones?

1. Yes
2. No → **SKIP TO CELL7**
7. DON'T KNOW → **SKIP TO CELL7**
9. (REFUSED) → **SKIP TO CELL7**

PROBE: Not looking for the number of telephones or telephone jacks.

- CELL6.** Of these landline telephone numbers, how many are connected to phones that can be answered by a person?

Number _____ (0-10)

77. DON'T KNOW
99. REFUSED

- CELL7.** During the past 12 months, has your household ever been without any telephone service for more than 24 hours?

1. Yes
2. No → **SKIP TO CELL9**
7. DON'T KNOW → **SKIP TO CELL9**
9. REFUSED → **SKIP TO CELL9**

PROBE: This means without any kind of telephone service so if respondent had no telephone service at home, neither regular or cell phone, for at least a day, record as yes.

- CELL8.** Over the past twelve months, what was the total number of days, weeks, or months your household was without telephone service?

1. Answer give in DAYS _____ (range: 1-90)
2. Answer given in WEEKS _____ (range: 1-52)
3. Answer given in MONTHS _____ (range: 1-12)
7. DON'T KNOW
9. REFUSED

- CELL9.** How many working cell phones do you (or other adults) in your household have?

_____ (range: 1-9)

7. DON'T KNOW
9. REFUSED

SKIP TO HOME IF CELL5=2

CELL10. Of all the phone calls that you (and adult members of your household) receive, are...?

1. All or almost all calls received on cell phones
2. Some received on cell phones and some on regular phones
3. Very few or none on cell phones
7. DON'T KNOW
9. REFUSED

HOME. Do you own or rent your home

1. Own → **SKIP TO INTRO ABOVE INCOME.**
2. Rent → **IF S6>1 SKIP TO HOME2, ELSE SKIP TO INTRO ABOVE INCOME**
3. Don't own; occupy without paying rent
7. DON'T KNOW
9. REFUSED

HOME2. Is this home owned by anyone else in your household?

1. Yes
2. No
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.

INCOME. In studies like this, households are often grouped according to income. Approximately what was your (TARGET's) household's income from all sources in 2008, before taxes?

IF ONE MILLION DOLLARS (\$1,000,000) OR MORE, ENTER 999999.

\$ _____, _____
(\$0 - \$999,999) GROSS PRETAX INCOME

99999999. \$1,000,000 or more
99999998. DON'T KNOW
999999999. REFUSED

PROBE: Only include target's immediate family member's income. Please include income from any parents/ stepparents/ spouses serving in the military. Do not include the income of 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 target.

NOTE: the number of people whose income is included here may be different from the number of household members from the roster.

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

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→	SKIP TO TOTCNT
2. \$5,000 to \$9,999→	SKIP TO TOTCNT
3. \$10,000 to \$14,999→	SKIP TO TOTCNT
4. \$15,000 to \$19,999→	SKIP TO TOTCNT
5. \$20,000 to \$24,999→	SKIP TO TOTCNT
6. \$25,000 to \$29,999→	SKIP TO TOTCNT
7. \$30,000 to \$34,999→	SKIP TO TOTCNT
8. \$35,000 to \$39,999→	SKIP TO TOTCNT
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 TOTCNT

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

1. \$40,000 to \$49,999→	SKIP TO TOTCNT
2. \$50,000 to \$59,999→	SKIP TO TOTCNT
3. \$60,000 to \$74,999→	SKIP TO TOTCNT
4. \$75,000 to \$99,999→	SKIP TO TOTCNT
5. \$100,000 to \$149,999→	SKIP TO TOTCNT
6. \$150,000 to \$199,999→	SKIP TO TOTCNT
7. \$200,000 or more→	SKIP TO TOTCNT
77. DON'T KNOW→	SKIP TO TOTCNT
99. REFUSED→	SKIP TO TOTCNT

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

TOTCNT. Just to be sure I have this right, how many people live on this income who are currently living in the household?

- 77. DON'T KNOW
- 99. REFUSED

____ people (1-20)

PROBE: This may be different from the number of household members that you reported to me earlier because I only want to include your 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 21 years old or older not attending college, and grandparents/ grandchildren or other relatives living in this household that are not dependents or guardians of you.

IF (TOTCNT = 1) SKIP TO INCHANGE ELSE SKIP TO KIDCNT

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

- 77. DON'T KNOW
- 99. REFUSED

____ children (0-20)

INCHANGE Do you expect the income you were just telling me about to be very different in 2009 than it was in 2008?

- 1. Yes
- 2. No → **SKIP TO HIEU**
- 7. DON'T KNOW → **SKIP TO HIEU**
- 9. REFUSED → **SKIP TO HIEU**

PROBE: By very different I mean a change caused by someone losing or gaining employment in 2009, or working many more or fewer hours than they did the year before. I do not mean changes caused by annual salary increases.

INCWHY Do you expect it to be higher or lower?

- 1. Higher
- 2. Lower
- 7. DON'T KNOW
- 9. REFUSED

HIEU Branching

IF HIEU_COUNT = TOTCNT, SKIP TO FINALCHK

VARY QUESTION BASED ON FAMILY STRUCTURE. USE INSURANCE VARIABLES CONSTRUCTED IN BEGINING OF INSTRUMENT, AFTER INITAL HOUSEHOLD ROSTER.

HIEUINC. We are also interested in (your/TARGET's) eligibility for public insurance programs. In Minnesota, this is determined by...

(IF (TARGAGE = 20 OR YOUNGER OR TARGAGEref = 1) & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ:)

Your income PLUS the income of your spouse and the children or stepchildren under 21 who are living with you. What was this total income from all sources in 2008, before taxes?

(IF (TARGAGE = 20 OR YOUNGER OR TARGAGEref = 1) & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS NOT MARRIED, READ:)

Your income PLUS the income of your children or stepchildren under 21 who are living with you. What was this total income from all sources in 2008, before taxes?

(IF (TARGAGE= 20 OR UNDER OR TARGAGEref = 1) & TMARR=0 & TPAR=0 & WITHPAR = 1 & RESPONDENT IS NOT PARENT, READ:)

TARGET's income PLUS the income of TARGET'S parents and siblings under 21 who are living with TARGET. What was this total income from all sources in 2008, before taxes?

(IF (TARGAGE= 20 OR UNDER OR TARGAGEref = 1) & TMARR=0 & TPAR=0 & WITHPAR = 0 & RESPONDENT IS NOT PARENT, READ:)

(Your/TARGET's) income only. What was this total income from all sources in 2008, before taxes?

(IF TMARR=1 & HIEU_COUNT = 3 OR MORE, READ:)

[Your/ TARGET's] income PLUS the income of (your/(his/her)) spouse and the children or stepchildren under 21 who are living with [you/ TARGET]. What was this total income from all sources in 2008, before taxes?

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

(Your/TARGET) PLUS the income of [your/his/her] spouse. What was this total income from all sources in 2008, before taxes?

(IF TMARR=0 & TPAR=1 & HIEU_COUNT = 2 OR MORE, READ:)

[Your/ TARGET's] income PLUS the income of the children or stepchildren under 21 who are living with [you/ TARGET]. What was this total income from all sources in 2008, before taxes?

(IF HIEU_COUNT=1, READ:)

(Your/TARGET's) income only. What was (your/TARGET's) total income from all sources in 2008, before taxes?

_____ (range: \$0 - \$999,999)
999999 \$1,000,000 or more
9999998 DON'T KNOW
9999999 REFUSED

IF TARGET REFUSES OR CANNOT ESTIMATE HIEUINC, SKIP TO HIEUINC2 ELSE SKIP TO FINALCHK.

HIEUINC2. How about if I give you some categories? Would you say this gross, pretax income was above \$40,000?

- | | |
|----------------|-------------------------|
| 1. Yes→ | SKIP TO HIEUINC4 |
| 2. No→ | SKIP TO HIEUINC3 |
| 7. DON'T KNOW→ | SKIP TO FINALCHK |
| 9. REFUSED→ | SKIP TO FINALCHK |

HIEUINC3. Would you say this 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 \$40,000
77. DON'T KNOW
99. REFUSED

SKIP TO FINALCHK

HIEUINC4. Would you say this 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
99. REFUSED

FINALCHK – if cell phone, skip to CELL11, else skip to FINAL

CELL11. We would like to send you \$10 for your contribution to this important research. Your mailing information will be stored in a file separate from the answers to the survey. Would you like to receive the \$10 thank you?

COLLECT AND ENTER RESPONDENT'S COMPLETE NAME AND MAILING ONLY IF RESPONDENT WOULD LIKE TO RECEIVE COMPENSATION

May I please have your name?
(VERIFY SPELLING)

1. Answer given (SPECIFY) _____
9. REFUSED

May I please have your address?
(VERIFY SPELLING)

1. Street: _____
2. City: _____
3. State: _____
4. Zip code: _____
9. DON'T KNOW

Thank you, this information will be stored in a file separate from the answers to the survey.

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

IF RESPONDENT HAS QUESTIONS ABOUT THE STUDY AND WOULD LIKE TO CONTACT THE RESEARCHER DOING THE STUDY OR SOMEONE AT UNIVERSITY'S RESEARCH SUBJECTS' ADVOCATE LINE:

Dr. Kathleen Call: 612-624-3922

Research Subjects' Advocates Line: 612-625-1650, which will accept collect calls