

Introduction

My name is _____. I am calling from the University of Montana in Missoula on behalf of the State of Montana.

We're calling households across the state to see how well people are accessing health insurance. Your participation in this study will be a great help. This survey is voluntary and usually takes about 10 minutes.

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S1. Are you 18 years of age or older and a resident of Montana?

- Yes (CONTINUE)
- No (ASK PROMPT BELOW)

IF "NO", ASK: Is there someone else at home who is 18 years of age or older and a resident of Montana that I might speak with?

(IF "Yes", THEN ASK: MAY I SPEAK WITH HIM/HER?)

(IF "NO", THEN ASK: WHO SHOULD I SPEAK WITH ? {GET FIRST NAME})

(WHAT IS A GOOD TIME TO CALL BACK?)

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

- 1. Yes --> SKIP TO S4
- 0. No

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

- 1. Yes --> GET PERSON ON PHONE. GO TO S4
- 0. No --> CALL BACK

S4. What is your zip code?

- 1. Zip:
- 8. Don't Know
- 9. REFUSED

We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

S5. Including yourself, how many people currently live or stay in this house, apartment, or mobile home?

[PROBE: "Include in this number children, foster children, boarders, 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."]

- 1. People:
- 8. Don't Know
- 9. REFUSED

S6. Please tell me the age and gender of each person in the household. Starting with yourself, what is your age as of your last birthday?

- 1. Years:
- 8. Don't Know
- 9. REFUSED

S6A. [MALE OR FEMALE?]

- 1. Male
- 2. Female

[CONTINUE ASKING AGE AND SEX FOR ALL RESIDENTS UP TO 12 IN HOUSEHOLD]

[AFTER ROSTER COMPLETE]

S6B. So, including yourself, there are {x} people in your household?

- 1. Yes
- 0. No

S7. The program has randomly selected the {x} year old {male/female}.

What is your relationship to the person selected?

- | | |
|-----------------------|----------------------------|
| 01. Self/TARGET | 07. Sibling/Sister/Brother |
| 02. Mother/Stepmother | 08. Grandparent |
| 03. Father/Stepfather | 09. Other relative |
| 04. Spouse | 10. NON-RELATIVE |
| 05. Partner | 98. Don't know |
| 06. Son/Daughter | 99. REFUSED |

S7a. **What is the first name or initials of the person that I selected?**

RECORD NAME OR INITIALS _____

S8. IS A PROXY SPEAKING FOR THE TARGET?

- 1. Yes
- 0. No → SKIP TO S11

S9. REASON FOR PROXY:

- 01. Minor
- 02. College student living away from home
- 03. Temporarily living outside home (NOT at college)
- 04. Cognitively impaired
- 05. Hearing/speech
- 06. Language barrier
- 07. Too sick to come to phone or answer survey
- 08. TARGET is unavailable
- 09. Proxy can provide information about health insurance
- 10. Other...

[IF NEW PERSON SPEAKING] I need to indicate who is answering questions for [TARGET].

S10. **What is your relationship to [TARGET]?**

- 02. Mother/Stepmother
- 03. Father/Stepfather
- 04. Spouse
- 05. Partner
- 06. Son/Daughter
- 07. Sibling/Sister/Brother
- 08. Grandparent
- 09. Other relative
- 10. NON-RELATIVE
- 77. Other

S10A. RECORD SEX OF PROXY IF KNOWN:

- 1. Male
- 2. Female

S11. **How long have you [TARGET] lived in Montana?**

- 1. Years:
- 2. Months:
- 8. Don't Know
- 9. REFUSED

IF TARGET AGE =< 2 YEARS, ASK:

S12. **How long has [TARGET's] parents lived in Montana?**

_____ years
 _____ months

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. Answer for each type that applies to you [TARGET].

H1. **Do you [TARGET] CURRENTLY have:**

Health insurance through your [TARGET] current or former work or union?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H2. **Do you [TARGET] CURRENTLY have:**

Health insurance through someone else's current or former work or union?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H3. **Do you [TARGET] CURRENTLY have:**

Health insurance bought directly by you [TARGET]?

- 1. Yes → GO TO H3A
- 0. No → SKIP TO H4
- 8. Don't Know → SKIP TO H4
- 9. REFUSED → SKIP TO H4

H3A. Some insurance companies sell policies that cover specific diseases such as cancer or stroke but do not cover you if you are sick with anything else. Does this privately purchased policy only cover your medical expenses for a specific disease or is it a general health plan?

- 1. Dread disease policy
- 2. General health plan
- 8. Don't Know
- 9. REFUSED

H3B. Some insurance companies sell plans that are not insurance but instead offer you a discount on certain services such as eye care or doctors visits. Does this sound like the policy you purchased?

- 1. Discount plan -not insurance
- 0. No
- 8. Don't Know
- 9. REFUSED

H4. Do you [TARGET] CURRENTLY have:

Health insurance bought directly by someone else?

- 1. Yes → GO TO H4A
- 0. No → SKIP TO H5
- 8. Don't Know → SKIP TO H5
- 9. REFUSED→ SKIP TO H5

H4A. Some insurance companies sell policies that cover specific diseases such as cancer or stroke but do not cover you if you are sick with anything else. Does this privately purchased policy only cover your medical expenses for a specific disease or is it a general health plan?

- 1. Dread disease policy
- 2. General health plan
- 8. Don't Know
- 9. REFUSED

H4B. Some insurance companies sell plans that are not insurance but instead offer you a discount on certain services such as eye care or doctors visits. Does this sound like the policy you purchased?

- 1. Discount plan -not insurance
- 0. No
- 8. Don't Know
- 9. REFUSED

H5. Do you [TARGET] CURRENTLY have:

Medicare?

- 1. Yes → GO TO H5a
- 0. No → SKIP TO H6
- 8. Don't Know → SKIP TO H6
- 9. REFUSED → SKIP TO H6

[READ IF NECESSARY: "Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card."]

H5A. Do you [TARGET] have additional insurance to supplement Medicare, such as a self-purchased Medigap policy, or a retiree benefit?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H6. Do you [TARGET] CURRENTLY have:

Medicaid?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

[READ IF NECESSARY: "Medicaid is the government program that pays for health care for low income people"]

H7. Do you [TARGET] CURRENTLY have:

Indian or Tribal Health Service?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H8. Do you [TARGET] CURRENTLY have:

TRICARE, military health care, CHAMPUS, or Veteran's Affairs for a service connected to a disability?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H9. Do you CURRENTLY have:

Child Health Insurance Plan, or CHIP, is a program for children 18 years of age or younger, who do not have any other form of health insurance.

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H10. Do you [TARGET] CURRENTLY have:

A Railroad Retirement Plan?

- 1. Yes
- 0. No
- 8. Don't Know
- 9. REFUSED

H11. According to the information you provided, you (TARGET) currently does NOT have health care coverage -- Is this correct?

- 1. Yes → SKIP TO H13
- 0. No → GO TO H12
- 8. DK → SKIP TO H13
- 9. REFUSED → SKIP TO H13

H12. At this time, under which plan or program are you (IS TARGET) covered? (DO NOT READ VALUES, JUST RECORD)

Health insurance through YOUR work or union	1
Health insurance through someone else's work or Union.....	2
Health insurance bought directly from an insurance company by target.....	3
Health insurance bought directly from an insurance company by someone else	4
Medicare	5
Medigap	6
Medicaid.....	7
Indian or Tribal Health Services.....	8
TRICARE/CHAMPUS/Veterans' Affairs	9
CHIP/Children's Health Insurance Plan.....	10
Railroad Retirement plan	11
Student Health Insurance.....	12
Montana Comprehensive Health Association	13
COBRA	14
Caring Program for Children	15
Special Health Services	16
WIC	17
Mental Health Services Plan.....	18
Workers Compensation.....	19
Employer pays bills.....	20
Family member pays out of pocket.....	21
Crime Victim's Assistance.....	22
Long-term care insurance, nursing home insurance	23
OTHER	24
UNSURE/DK	88
REFUSED.....	99

IF VALUES 24-99 IN H12, GO TO SHORT DEMOGRAPHICS

IF VALUES 1, 77, 99 IN H11 OR VALUES 15-23 IN H12, GO TO H13, OTHERWISE GO TO H14

For purposes of this survey, we'll assume that you (target) do/does not have insurance --

H13. Have you (has target) been covered by any health insurance in the past twelve months?

- 1. Yes
- 0. No
- 8. DK
- 9. REFUSED

IF VALUE 1 IN ANY OF INSURANCE ABOVE OR VALUES 1-14 IN H12, ASK:

H14. Have you (has target) had THE SAME insurance plan for ALL of the past twelve months?

- 1. Yes → SKIP TO H16
- 0. No → GO TO H15
- 8. DK → GO TO H15
- 9. REFUSED → GO TO H15

H15. Was there any time IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance?

- 1. Yes
- 0. No
- 8. DK
- 9. REFUSED

PERFORM CATI SORT INTO THE FOLLOWING CATAGORIES:

- A. GROUP INSURED ALL YEAR
- B. INDIVIDUAL INSURED ALL YEAR
- C. INTERMITTENT CURRENTLY INSURED
- D. INTERMITTENT CURRENTLY NOT INSURED
- E. UNINSURED ALL YEAR
- F. UNSURE

H16. The next few questions concern health insurance that other people in your household may have at his time. Does the (AGE PERSON 1) year old (GENDER PERSON 1) currently have health insurance?

- 1. Yes → GO TO H17
- 0. No → SKIP TO NEXT PERSON OR A
- 8. DK → SKIP TO NEXT PERSON OR A
- 9. REFUSED → SKIP TO NEXT PERSON OR A

H17. What type of insurance is this person covered by?

Health insurance through YOUR work or union 1
 Health insurance through someone else’s work or Union..... 2
 Health insurance bought directly from an insurance company by target..... 3
 Health insurance bought directly from an insurance company by someone else 4
 Medicare 5
 Medigap 6
 Medicaid..... 7
 Indian or Tribal Health Services..... 8
 TRICARE/CHAMPUS/Veterans’ Affairs 9
 CHIP/Child Health Plan 10
 Railroad Retirement plan 11
 Student health..... 12
 OTHER (specify) 13
 UNSURE..... 88
 REFUSED..... 99

[CONTINUE ASKING ALL RESIDENTS UP TO 12 IN HOUSEHOLD]

[AFTER ROSTER COMPLETE GO TO APPROPRIATE INSURANCE STATUS CATAGORY]

GROUP A: GROUP INSURED

IF H14=2 AND H15=2, ASK:

A1A. Prior to becoming insured under (your/his or her) current plan, what type of insurance did you (TARGET) have? Was that –

Health insurance through YOUR work or union 1
 Health insurance through someone else’s work or Union..... 2
 Health insurance bought directly from an insurance company by target..... 3
 Health insurance bought directly from an insurance company by someone else 4
 Medicare 5
 Medigap 6
 Medicaid..... 7
 Indian or Tribal Health Services..... 8
 TRICARE/CHAMPUS/Veterans’ Affairs 9
 CHIP/Child Health Plan 10
 Railroad Retirement plan 11
 Student health..... 12
 OTHER (specify) 13
 UNSURE..... 88
 REFUSED..... 99

IF RESPONDENT IS “STUDENT AWAY FROM HOME” OR “MINOR” ⇒ GO TO A10

IF H2=1 OR H12=9 AND H1≠1 ⇒ GO TO A6
 IF H1=1 AND H2=1 ⇒ GO TO CONDITIONAL BEFORE A6 ELSE GO TO A1

Now I’d like to ask you a few questions about your (TARGET’s) access to health insurance.

A1. Does your (TARGET’s) spouse or partner have insurance through their work or union?

- 1. Yes → GO TO A2
- 0. No → GO TO A3
- 3. Spouse / partner does not work → GO TO SKIP BEFORE A6
- 4. Do not have spouse / partner → GO TO SKIP BEFORE A6
- 5. Other (SPECIFY)
- 8. DK → GO TO A3
- 9. REFUSED → GO TO A3

A2. Could this insurance policy be extended to cover you (TARGET)?

- Yes (GO TO A5) 1
- No (GO TO CONDITIONAL BEFORE A6) 0
- UNSURE/DK (DNR) (GO TO CONDITIONAL BEFORE A6) 8
- REFUSED (DNR) (GO TO CONDITIONAL BEFORE A6) 9

A3. Is your (TARGET’s) spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not to sign up for it?

- Yes (GO TO A4) 1
- No (GO TO CONDITIONAL BEFORE A6) 0
- UNSURE/DK (DNR) (GO TO CONDITIONAL BEFORE A6) 8
- REFUSED (DNR) (GO TO CONDITIONAL BEFORE A6) 9

A4. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

- Yes (GO TO A5) 1
- No (GO TO CONDITIONAL BEFORE A6) 0
- UNSURE (DNR)(GO TO CONDITIONAL BEFORE A6) 8
- REFUSED (DNR)(GO TO CONDITIONAL BEFORE A6) 9

A5. What is the main reason you (TARGET) do not get insurance through that family member?
 (PROBE: CAN YOU TELL ME THE PRIMARY REASON YOU DID NOT GET INSURANCE THROUGH THIS FAMILY MEMBER?)(DO NOT READ RESPONSES, JUST RECORD)

Do not need or want health insurance	1
Rarely sick	2
Too much hassle / paperwork	3
Could not afford / too expensive	4
Plan through my own work is cheaper / benefits better	5
Expect to get own health insurance soon	6
Will be covered by family member's policy after waiting period	7
Benefit package didn't meet needs	8
Would be ineligible or rejected due to current health conditions	9
OTHER (specify)	10
UNSURE	88
REFUSED	99

IF A1 = 3 OR 4 DO THE FOLLOWING SKIP:
 IF H1 = 1 GO TO TEXT BEFORE A7; OR
 IF H2 = 1 OR H3 = 1 OR H4 = 1 GO TO A6

A6. Does the firm that you (TARGET) work for offer health insurance as a benefit to any of its employees?

Yes (GO TO A7)	1
No (GO TO LONG DEMOGRAPHICS)	0
Not employed, thus not applicable (GO TO LONG DEMOGRAPHICS)	3
UNSURE (DNR) (GO TO LONG DEMOGRAPHICS)	8
REFUSED (DNR) (GO TO LONG DEMOGRAPHICS)	9

IF H1=1, THEN READ: **You have explained to me that you get (TARGET gets) insurance through your (their) own employer.**

A7. Can your (TARGET's) employer coverage be extended to cover dependents?

Yes	1
No	0
Target does not have access to insurance through own employer (GO TO LONG DEMOGRAPHICS)	3
UNSURE (DNR)	8
REFUSED (DNR)	9

A8. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

IF H1=1, THEN GO TO LONG DEMOGRAPHICS

A9. Why aren't you (TARGET) included in your employer's group health insurance plan? (DO NOT READ)

Do not need or want health insurance	1
Rarely sick	2
Too much hassle / paperwork	3
Could not afford / too expensive	4
Plan through my own work is cheaper / benefits better	5
Expect to get own health insurance soon	6
Will be covered by family member's policy after waiting period	7
Benefit package didn't meet needs	8
Would be ineligible or rejected due to current health conditions	9
OTHER (specify)	10
UNSURE	88
REFUSED	99

(GO TO LONG DEMOGRAPHICS)

Now I would like to ask you a few questions about TARGET's access to insurance through a parent or guardian.

A10. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees? (PROBE IF NECESSARY: If only one parent works, then answer for this parent's employer. If both parents work, then answer for the primary wage earner living in the household.)

Yes (GO TO A11)	1
No (GO TO LONG DEMOGRAPHICS)	0
Parent not employed, thus not applicable (GO TO LONG DEMOGRAPHICS)	3
UNSURE (DNR) (GO TO LONG DEMOGRAPHICS)	8
REFUSED (DNR) (GO TO LONG DEMOGRAPHICS)	9

A11. Does this employer contribute to health insurance costs for those employees covered by this benefit?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

A12. Is TARGET covered under this plan?

Yes (GO TO LONG DEMOGRAPHICS)	1
No (GO TO A13)	0
UNSURE (DNR) (GO TO LONG DEMOGRAPHICS)	8
REFUSED (DNR) (GO TO LONG DEMOGRAPHICS)	9

A13. Can this coverage be extended to cover dependents?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

SKIP: IF A13=1 AND (H2≠1 OR H12=9) ⇒ GO TO A14 ELSE GO TO LONG DEMOGRAPHICS

A14. What is the main reason (TARGET) is not included in this employer's health insurance plan as a dependent? (DO NOT READ)

Child does not need health insurance	1
Rarely sick	2
Parent is not eligible to receive coverage	3
Child is covered through another adult's employer plan	4
Too much hassle / paperwork	5
Could not afford / too expensive	6
Benefit package didn't meet this child's needs	7
Expect this child will be covered by a health insurance policy shortly	8
Child is covered under a school plan	9
Child is covered by Medicaid	10
Child is covered by CHIP, Children's Health Insurance Plan	11
Child is covered by Special Health Services or another program for children with special needs	12
Child can get free or low-cost care. (Specify)	13
OTHER (specify)	14
UNSURE	88
REFUSED	99

(GO TO LONG DEMOGRAPHICS)

B1. Is this an individual or family policy?

Individual Policy	1
Family Policy (covers more than one person)	2
UNSURE/DK	8
REFUSED	9

B2. How much do you (does TARGET) pay for your (TARGET's) health insurance premium?

B2AA \$_____ (twice a month)	
B2A \$_____ (monthly)	
B2B \$_____ (biweekly)	
B2C \$_____ (quarterly)	
B2D \$_____ (semi-annually)	
B2E \$_____ (annually)	
UNSURE/DK	8
REFUSED	9

B3. Does your (TARGET's) health insurance include a deductible? READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services.

Yes (GO TO B4)	1
No (GO TO B5)	0
UNSURE (DNR) (GOTO B5)	8
REFUSED (DNR) (GOTO B5)	9

B4. How much is that? (READ: DO NOT include premium expenses)

\$_____	
UNSURE/DK	88888
REFUSED	99999

B5. Do you (does Target) have insurance that pays for prescription drugs?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

IF H14=2 AND H15=2, ASK:

You have explained to me that that you have (TARGET has) switched insurance plans in the last twelve months --

B6. Prior to becoming insured under (your/his or her) current plan, what type of insurance did you (TARGET) have? Was that:

Health insurance through YOUR work or union	1
Health insurance through someone else's work or Union.....	2
Health insurance bought directly from an insurance company by target.....	3
Health insurance bought directly from an insurance company by someone else	4
Medicare	5
Medigap	6
Medicaid.....	7
Indian or Tribal Health Services.....	8
TRICARE/CHAMPUS/Veterans' Affairs	9
CHIP/Child Health Plan.....	10
Railroad Retirement plan	11
Student health.....	12
OTHER (specify)	13
UNSURE.....	88
REFUSED	99

IF RESPONDENT IS "STUDENT AWAY FROM HOME" OR "MINOR" => GO TO B16

Now I'd like to ask you a few questions about your (TARGET's) access to health insurance.

B7. Does your (TARGET's) spouse or partner have insurance through their work or union?

Yes (GO TO B8)	1
No (GO TO B9)	0
Spouse / partner does not work (GO TO B12)	3
Do not have spouse / partner (GO TO B12)	4
Other (SPECIFY)	5
UNSURE (DNR) (GO TO B9)	8
REFUSED (DNR) (GO TO B9)	9

B8. Could this insurance policy be extended to cover you (TARGET)?

Yes (GO TO B11)	1
No (GO TO B12)	0
UNSURE/DK (DNR)(GO TO B12)	8
REFUSED (DNR)(GO TO B12)	9

B9. Is your (TARGET's) spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not to sign up for it?

Yes (GO TO B10)	1
No (GO TO B12)	0
UNSURE (DNR)(GO TO B12)	8
REFUSED (DNR)(GO TO B12)	9

B10. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

Yes (GO TO B11)	1
No (GO TO B12)	0
UNSURE (DNR)(GO TO B12)	8
REFUSED (DNR)(GO TO B12)	9

B11. What is the main reason you (TARGET) do not get insurance through that family member? (DO NOT READ)

Do not need or want health insurance	1
Rarely sick	2
Too much hassle / paperwork	3
Could not afford / too expensive	4
Plan through my own work is cheaper / benefits better	5
Expect to get own health insurance soon	6
Will be covered by family member's policy after waiting period	7
Benefit package didn't meet needs	8
Would be ineligible or rejected due to current health conditions	9
OTHER (specify)	10
UNSURE	88
REFUSED	99

B12. Does the firm that you (TARGET) work for offer health insurance as a benefit to any of its employees?

Yes (GO TO B13)	1
No (GO TO LONG DEMOGRAPHICS)	0
Not employed, thus not applicable (GO TO LONG DEMOGRAPHICS)	3
UNSURE (DNR) (GO TO LONG DEMOGRAPHICS)	8
REFUSED (DNR) (GO TO LONG DEMOGRAPHICS)	9

B13. Can your (TARGET's) employer coverage be extended to cover dependents?

Yes	1
No	0
Target does not have access to insurance through own employer (GO TO LONG DEMOGRAPHICS)	3
UNSURE (DNR)	8
REFUSED (DNR)	9

B14. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

B15. Why aren't you (TARGET) included in your employer's group health insurance plan? (DO NOT READ)

Do not need or want health insurance	1
Rarely sick	2
Too much hassle / paperwork	3
Could not afford / too expensive	4
Plan through my own work is cheaper / benefits better	5
Expect to get own health insurance soon	6
Will be covered by family member's policy after waiting period	7
Benefit package didn't meet needs	8
Would be ineligible or rejected due to current health conditions	9
OTHER (specify)	10
UNSURE	88
REFUSED	99

GO TO LONG DEMOGRAPHICS

Now I would like to ask you a few questions about TARGET's access to insurance through a parent or guardian.

B16. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees? (PROBE IF NECESSARY: If only one parent works, then answer for this parent's employer. If both parents work, then answer for the primary wage earner living in the household.)

Yes (GO TO B17)	1
No (GO TO LONG DEMOGRAPHICS)	0
Parent not employed, thus not applicable (GO TO LONG DEMOGRAPHICS)	3
UNSURE (DNR) (GO TO LONG DEMOGRAPHICS)	8
REFUSED (DNR) (GO TO LONG DEMOGRAPHICS)	9

B17. Does this employer contribute to health insurance costs for those employees covered by this benefit?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

B18. Is TARGET covered under this plan?

Yes (GO TO LONG DEMOGRAPHICS)	1
No (GO TO B19)	0
UNSURE (DNR) (GO TO LONG DEMOGRAPHICS)	7
REFUSED (DNR) (GO TO LONG DEMOGRAPHICSKIP)	9

B19. Can this coverage be extended to cover dependents?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

B20. What is the main reason (TARGET) is not included in this employer's health insurance plan as a dependent? (DO NOT READ)

Child does not need health insurance	1
Rarely sick	2
Parent is not eligible to receive coverage	3
Child is covered through another adult's employer plan	4
Too much hassle / paperwork	5
Could not afford / too expensive	6
Benefit package didn't meet this child's needs	7
Expect this child will be covered by a health insurance policy shortly	8
Child is covered under a school plan	9
Child is covered by Medicaid	10

Child is covered by CHIP, Children's Health Insurance Plan	11
Child is covered by Special Health Services or another program for children with special needs	12
Child can get free or low-cost care. (Specify)	13
OTHER (specify)	14
UNSURE	88
REFUSED	99

Montana SHADAC
Supplement C: Uninsured Intermittently

FINAL

*** ASK QUESTIONS C1–C8 AMONG
"intermittent – currently do not have ***

CATI SORT = 6

The next set of questions is about your (TARGET's) history of insurance coverage over the past 12 months.

C1. 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?

Yes (GOTO C3)	1
No (GOTO C2)	0
UNSURE (DNR) (GOTO C2)	8
REFUSED (DNR) (GOTO)	9

IF NO, UNSURE, or REFUSED IN C1, ASK:

C2. In your own words, please explain to me your current and past year insurance status and type of insurance.

(GO TO LONG DEMOGRAPHICS)

C3. What type of insurance were you (was TARGET) covered by most recently? Was it...
(NOTE: Naming an insurance company, like 'Blue Cross' or 'New West,' is not sufficient)

Health insurance through YOUR work or union	1
Health insurance through someone else's work or Union.....	2
Health insurance bought directly from an insurance company by target.....	3
Health insurance bought directly from an insurance company by someone else	4
Medicare	5
Medigap	6
Medicaid.....	7

Indian or Tribal Health Services	8
TRICARE/CHAMPUS/Veterans' Affairs.....	9
CHIP/Child Health Plan	10
Railroad Retirement plan.....	11
Student health.....	12
OTHER (specify).....	13
UNSURE	77
REFUSED	99

C4. And what is the main reason your (TARGET's) coverage ended? (DO NOT READ)

Job that provided coverage ended	1
Employer stopped offering coverage, but still have job	2
Could no longer afford to buy health insurance	3
COBRA coverage ran out	4
No longer eligible under public insurance program	5
Never got around to reapplying for public insurance	6
Moved to state recently and haven't gotten new insurance	7
Left school, therefore no longer eligible for parents' policy	8
Decided no longer needed or wanted insurance	9
Other (specify)	10
UNSURE (DNR)	88
REFUSED (DNR)	99

IF TARGET AGE >=18 and <=25 => go to C5 ELSE GO TO C6

C5. Was this insurance coverage through your (TARGET's) parents' or guardians' plan?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

C6. Did you (TARGET) get this insurance coverage less than 12 months ago?

Yes	1
No (GO TO SKIP)	0
UNSURE (DNR) (GO TO SKIP)	8
REFUSED (DNR) (GO TO IP)	9

C7. What was the main reason you (TARGET) got this insurance coverage? (DO NOT READ)

Got a new job offering insurance	1
Family member got a new job with coverage	2
Became eligible for insurance through work	3
Became eligible for insurance through someone else's work	4
Became eligible for public insurance / not eligible before	5
Applied for public insurance / knew already eligible	6
Could afford to buy health insurance	7
Needed or wanted health insurance	8
Became sick	9
Other (specify)	10
UNSURE (DNR)	88
REFUSED (DNR)	99

C8. Was there another period of time within the past 12 months – before you (TARGET) had the coverage we just talked about – that you were not covered by insurance?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

GO TO SKIP

*** ASK QUESTIONS C9–C13 only among intermittent – currently have ***

CATI SORT = 5

The next set of questions is about your (TARGET's) history of insurance coverage over the past 12 months.

C9. 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?

Yes (GOTO C11)	1
No (GOTO C10)	0
UNSURE (DNR) (GOTO C10)	8
REFUSED (DNR) (GOTO C10)	9

IF NO, UNSURE, or REFUSED IN C9, ASK:

C10. In your own words, please explain to me your current and past year insurance status and type of insurance.

(GO TO LONG DEMOGRAPHICS)

C11. Was there another period of time within the past 12 months that you (TARGET) were not covered by insurance?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

C12. Thinking back to the time you (TARGET) got this current form of insurance, what was the main reason you (TARGET) got coverage at this time? (DO NOT READ)

Got a new job offering insurance	1
Family member got a new job with coverage	2
Became eligible for insurance through work	3
Became eligible for insurance through someone else's work	4
Became eligible for public insurance / not eligible before	5
Applied for public insurance / knew already eligible	6
Could afford to buy health insurance	7
Needed or wanted health insurance	8
Became sick	9
Other (specify)	10
UNSURE (DNR)	88
REFUSED (DNR)	99

C13. Before you (TARGET) got this current health insurance coverage, for how many months did you (TARGET) go with no insurance?

RECORD NUMBER OF MONTHS (RECORD "UNSURE/DK" AS 888 - - - RECORD "REFUSED" AS 999)

GO TO SKIP

SKIP: If respondent is "student away from home" or "minor" ⇒ go to C24

If (H2=1 OR H12=4) and H1≠1 ⇒ go to C20

If H1=1 and H2=1 ⇒ go to C21

Else go to C14

Now I'd like to ask you a few questions about your (TARGET's) access to health insurance.

C14. Does your (TARGET's) spouse or partner have insurance through their work or union?

- Yes (GO TO C15) 1
- No (GO TO C16) 0
- Spouse / partner does not work (GO TO C19) 3
- Do not have spouse / partner (GO TO C19) 4
- Other (SPECIFY) 5
- UNSURE (DNR) (GO TO C16) 8
- REFUSED (DNR) (GO TO C16) 9

C15. Could this insurance policy be extended to cover you (TARGET)?

- Yes (GO TO C18) 1
- No 0
- UNSURE (DNR) 8
- REFUSED (DNR) 9

GO TO C20 IF ON/OWN (H15=1) AND (H3=1 OR H4=1 OR H12=10-11)
 GO TO C19 IF OFF (H13=1)
 GO TO C21 IF ON/GROUP (H1=1 OR H2=1 OR H5=1 OR H6=1 OR H8=1 OR H9=1 OR Q22=1-9 OR H12=12-14) AND (H15=1)
 ELSE GO TO C20

C16. Is your (TARGET's) spouse or partner eligible for health insurance through their work or union, but chosen not sign up for it?

- Yes (GO TO C17) 1
- No 0
- UNSURE (DNR) 8
- REFUSED (DNR) 9

GO TO C20 IF ON/OWN (H15=1) AND (H2=1 OR H3=1 OR H12=10-11)
 GO TO C19 IF OFF (H13=1)
 GO TO C20 IF ON/GROUP (H1=1 OR 2=1 OR Q16=1 H5=1 OR H6=1 OR H8=1 OR H9=1 OR H12=1-9 OR H12=12-14) AND (H15=1)
 ELSE GO TO C20

C17. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

- Yes (GO TO C18) 1
- No (GO TO C19) 0
- UNSURE (DNR)(GO TO C19) 8
- REFUSED (DNR) (GO TO C19) 9

C18. What is the main reason you (TARGET) do not get insurance through that family member? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Too much hassle / paperwork 3
- Could not afford / too expensive 4
- Plan through my own work is cheaper / benefits better 5
- Expect to get own health insurance soon 6
- Will be covered by family member's policy after waiting period 7
- Benefit package didn't meet needs 8
- Would be ineligible or rejected due to current health conditions 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

IF C18 = 1, 2, 3, 4, 8:

C18A. I'm going to read you two statements. Please tell me which best applies to you (target).

Some people could have health insurance but CHOOSE not to because they are healthy and would like to spend their money on other things that are not absolutely needed to live.

Other people MUST use all of the money they have for absolutely necessary things like food, clothing, and housing instead of health insurance.

DO NOT READ:

You (target) CHOOSE(s) not to have health insurance. 1

Or

You (target) are (is) forced not to have health insurance. 2
 OTHER (specify) 3
 UNSURE 8
 REFUSED 9

C18B. Please tell me more about why it is like this for you (target). RECORD VERBATUM.

IF CATI SORT=6 ⇒ GO TO C21

C19. What is the main reason you have (TARGET has) not bought health insurance on your (their) own? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Do not know where to begin / where to go 3
- Too much hassle / paperwork 4
- Could not afford / too expensive 5
- Expect to be covered by a health insurance policy shortly 6
- Benefit package did not meet needs 7
- Not eligible for reasons other than health 8
- Would be ineligible or rejected due to current health conditions 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

IF C19 = 1,2,3,4,7

C19A. I'm going to read you two statements. Please tell me which best applies to you (target).

Some people could have health insurance but CHOOSE not to because they are healthy and would like to spend their money on other things that are not absolutely needed to live.

Other people MUST use all of the money they have for absolutely necessary things like food, clothing, and housing instead of health insurance.

DO NOT READ:

- You (target) CHOOSE(s) not to have health insurance. 1
- Or
- You (target) are (is) forced not to have health insurance. 2
- OTHER (specify) 3
- UNSURE 8
- REFUSED 9

C19B. Please tell me more about why it is like this for you (target). RECORD VERBATUM.

IF H1=1, THEN GO TO C21

C20. Does the firm that you (TARGET) work for offer health insurance as a benefit to any of its employees?

- Yes (GO TO C21) 1
- No 0
- Not employed, thus not applicable 3
- UNSURE (DNR) 8
- REFUSED (DNR) 9

GO TO LONG DEMOGRAPHICS IF "CURRENTLY HAVE" CATI SORT=5
 GO TO C30 IF "CURRENTLY DO NOT HAVE" CATI SORT=6

IF H1=1, THEN READ:

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

C21. Can your (TARGET's) employer coverage be extended to cover dependents?

- Yes (GO TO C22) 1
- No (GO TO C23) 0
- Target does not have access to insurance through own employer 3
- UNSURE (DNR) (GO TO C23) 8
- REFUSED (DNR) (GO TO C23) 9

IF C21=3 AND "INTERMITTENT – CURRENTLY DO NOT HAVE" ⇒ GO TO C30
 IF C21=3 AND "INTERMITTENT – CURRENTLY HAVE" ⇒ GO TO LONG DEMOGRAPHICS

C22. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

- Yes 1
- No 0
- UNSURE (DNR) 8
- REFUSED (DNR) 9

IF H1=1, THEN GO TO LONG DEMOGRAPHICS

C23. Why aren't you (TARGET) included in your employer's group health insurance plan? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Too much hassle / paperwork 3
- Could not afford / too expensive 4
- Do not work enough hours in a week 5
- Have not worked there long enough 6

- Would be ineligible or rejected due to current health conditions 7
- Benefit package did not meet needs 8
- OTHER (specify) 9
- UNSURE 8
- REFUSED 9

IF "CURRENTLY HAVE" ⇒ GO TO LONG DEMOGRAPHICS
 IF "CURRENTLY DO NOT HAVE" ⇒ GO TO C30

Now I would like to ask you a few questions about TARGET's access to insurance through a parent or guardian.

C24. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees? (PROBE IF NECESSARY: If only one parent works, then answer for this parent's employer. If both parents work, then answer for the primary wage earner living in the household.)

- Yes (GO TO C25) 1
- No (GO TO SKIP) 0
- Parent not employed, thus not applicable (GO SKIP) 3
- UNSURE (DNR) (GO TO SKIP) 8
- REFUSED (DNR) (GO TO SKIP) 9

C25. Does this employer contribute to health insurance costs for those employees covered by this benefit?

- Yes 1
- No 0
- UNSURE (DNR) 8
- REFUSED (DNR) 9

C26. Is TARGET covered under this plan?

- Yes (GO TO SKIP) 1
- No (GO TO C27) 0
- UNSURE (DNR) (GO TO SKIP) 8
- REFUSED (DNR) (GO TO SKIP) 9

C27. Can this coverage be extended to cover dependents?

- Yes 1
- No 0
- UNSURE (DNR) 8
- REFUSED (DNR) 9

SKIP: IF C27=1 AND (H2≠1 AND H13≠4) ⇒ GO TO C28

IF "INTERMITTENT-CURRENTLY DO NOT HAVE" AND C27≠1 ⇒ GO TO C29
 ELSE GO TO LONG DEMOGRAPHICS

C28. What is the main reason (TARGET) is not included in this employer's health insurance plan as a dependent? (DO NOT READ)

- Child does not need health insurance 1
- Rarely sick 2
- Parent is not eligible to receive coverage 3
- Child is covered through another adult's employer plan 4
- Too much hassle / paperwork 5
- Could not afford / too expensive 6
- Benefit package didn't meet this child's needs 7
- Expect this child will be covered by a health insurance policy shortly 8
- Child is covered under a school plan 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

IF (H3=1 OR H4=1 OR H5=1 OR H6=1 OR H8=1 OR H9=1 OR Q20=1) OR (H13=1- 3, 5-7, 10, 11, 14) AND (H14=2 AND H15=1) -- GO TO LONG DEMOGRAPHICS

C29. What is the main reason TARGET's parents or guardian have not bought health insurance for TARGET on their own? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Do not know where to begin / where to go 3
- Too much hassle / paperwork 4
- Could not afford / too expensive 5
- Expect they will be covered by a health insurance policy shortly 6
- Benefit package did not meet this child's needs 7
- Not eligible for reasons other than health 8
- Would be ineligible or rejected due to current health conditions 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

Now I am going to ask you about public insurance programs available through the State of Montana for those who are uninsured.

C30. If low-cost health insurance were made available, would you (TARGET) be ABLE to pay anything at all to get health care coverage?

Yes (GO TO C31) 1
 No (GOTO C32) 0
 UNSURE (DNR) (GO TO C32) 8
 REFUSED (DNR) (GO TO C32) 9

C31. How much do think you (TARGET) would be WILLING to pay for health care coverage?

\$ _____ Monthly
 \$ _____ Yearly
 UNSURE 88
 REFUSED 99

C32. If you (TARGET) learned you (they) were eligible for health coverage through a public program, would you (TARGET) enroll?

Yes 1
 No 0
 UNSURE (DNR) 8
 REFUSED (DNR) 9

C33. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll?

Yes (GO TO C35) 1
 No (GO TO C34) 0
 UNSURE (DNR) (GO TO C35) 8
 REFUSED (DNR) (GO TO C35) 9

C34. Please tell me – in your own words – why you (TARGET) would not enroll?

C35. Have you ever heard about Medicaid?

Yes (GOTO C36) 1
 No (GOTO SKIP) 0
 UNSURE (DNR)(GOTO SKIP) 8
 REFUSED (DNR)(GOTO SKIP) 9

C36. Since you (TARGET) has been without health coverage, have you (TARGET) applied to have medical care or services provided by Medicaid?

Yes (GOTO C37) 1
 No (GOTO C40) 0
 UNSURE (DNR)(GOTO C40) 8
 REFUSED (DNR)(GOTO C40) 9

C37. Were you (was TARGET) accepted?

Yes (GOTO C38) 1
 No (GOTO C40) 0
 UNSURE (DNR)(GOTO C40) 8
 REFUSED (DNR)(GOTO C40) 9

C38. What was the month and year of your (TARGET's) most recent enrollment in Medicaid for health insurance coverage?

C38-1. MONTH: _____
 C38-2. YEAR: _____
 UNSURE (DNR) 88
 REFUSED (DNR) 99

C39. What change in situation happened so you (TARGET) no longer had health care coverage under Medicaid? (DO NOT READ LIST, CATEGORIZE RESPONSE)

Made too much money 1
 No longer eligible 2
 Needed to re-qualify 3
 Missed an appointment 4
 Children covered by Medicaid or other plan 5
 Didn't know Medicaid stopped 6
 Have not completed paperwork / too much of a hassle to reapply 7
 No longer on welfare of TANF 8
 OTHER 9
 NONE 10
 UNSURE 88
 REFUSED 99

C40. As far as you know, are you (is TARGET) eligible to have any medical care or services provided by Medicaid?

Yes GO TO SKIP 1
 No GO TO SKIP 0
 UNSURE (DNR) GOTO SKIP 8
 REFUSED (DNR) GOTO SKIP 9

SKIP: IF TARGET <=18 GOTO C41 ELSE GOTO LONG DEMOGRAPHICS

C41. Have you (has TARGET) ever heard about CHIP? PROBE: This program is also called: Children's Basic Health Plan, Children's Health Insurance Plan, CHIP, Child Health Plan.

Yes GOTO C42 1
 No GO TO LONG DEMOGRAPHICS 0
 UNSURE (DNR) GOTO LONG DEMOGRAPHICS 8
 REFUSED (DNR) GOTO LONG DEMOGRAPHICS 9

C42. Since you (TARGET) has been without health coverage, have you (TARGET) applied to have medical care or services provided by CHIP?

Yes GOTO C43	1
No GOTO C46	0
UNSURE (DNR) GOTO C46	8
REFUSED (DNR) GOTO C46	9

C43. Were you (was TARGET) accepted?

Yes GOTO C44	1
No GOTO C46	0
UNSURE (DNR) GOTO C46	8
REFUSED (DNR) GOTO C46	9

C44. What was the month and year of your (TARGET's) most recent enrollment in CHIP for health insurance coverage?

C44-1 MONTH: _____	
C44-2 YEAR: _____	
UNSURE (DNR)	88
REFUSED (DNR)	99

C45. What change in situation happened so you (TARGET) no longer had health care coverage under CHIP?

Made too much money	1
No longer eligible	2
Needed to re-qualify	3
Missed an appointment	4
Children covered by Medicaid or other plan	5
Children turned 19 years old	6
Have not completed paperwork / too much of a hassle to reapply	7
No longer on welfare of TANF	8
OTHER	9
NONE	10
UNSURE	88
REFUSED	99

C46. As far as you know, are you (is TARGET) eligible to have any medical care or services provided by CHIP?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

(GO TO LONG DEMOGRAPHICS)

Montana SHADAC
Supplement D: Uninsured All Year

FINAL

If TARGET AGE =18-25 => go to D1
ELSE => go to SKIP

D1. Have you (has TARGET) ever been covered by health insurance?

Yes (GO TO D2)	1
No (GO TO D4)	0
UNSURE (DNR) (GO TO D4)	8
REFUSED (DNR) (GO TO D4)	9

D2. Prior to becoming uninsured, what type of insurance did you (TARGET) have? Was it...

Health insurance through YOUR work or union	1
Health insurance through someone else's work or Union	2
Health insurance bought directly from an insurance company by target	3
Health insurance bought directly from an insurance company by someone else.....	4
Medicare.....	5
Medigap.....	6
Medicaid.....	7
Indian or Tribal Health Services	8
TRICARE/CHAMPUS/Veterans' Affairs.....	9
CHIP/Child Health Plan	10
Railroad Retirement plan.....	11
Student health.....	12
OTHER (specify).....	13
UNSURE	88
REFUSED	99

D3. Was this insurance coverage through your (TARGET's) parents' or guardians' plan?

Yes	1
No	0
UNSURE (DNR)	8
REFUSED (DNR)	9

SKIP: If respondent is "student away from home" or "minor" => go to D14
Else go to D4

Now I'd like to ask you a few questions about your (TARGET's) access to health insurance.

D4. Does your (TARGET's) spouse or partner have insurance through their work or union?

- Yes (GO TO D5) 1
- No (GO TO D6) 0
- Spouse / partner does not work (GO TO D9) 3
- Do not have spouse / partner (GO TO D9) 4
- Other (SPECIFY) 5
- UNSURE (DNR) (GO TO D6) 8
- REFUSED (DNR) (GO TO D6) 9

D5. Could this insurance policy be extended to cover you (TARGET)?

- Yes (GO TO D8) 1
- No (GO TO D9) 0
- UNSURE (DNR) (GO TO D9) 8
- REFUSED (DNR) (GO TO D9) 9

D6. Is your (TARGET's) spouse or partner ELIGIBLE for health insurance through their work or union, but chosen not sign up for it?

- Yes (GO TO D7) 1
- No (GO TO D9) 0
- UNSURE (DNR) (GO TO D9) 8
- REFUSED (DNR) (GO TO D9) 9

D7. If that family member were to sign up for that health insurance, could the policy be extended to cover you (TARGET)?

- Yes (GO TO D8) 1
- No (GO TO D9) 0
- UNSURE (DNR)(GO TOD9) 8
- REFUSED (DNR)(GO TD9) 9

IF "Yes" IN D7, ASK:

D8. What is the main reason you (TARGET) do not get insurance through that family member? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Too much hassle / paperwork 3
- Could not afford / too expensive 4
- Plan through my own work is cheaper / benefits better 5
- Expect to get own health insurance soon 6
- Will be covered by family member's policy after waiting period 7
- Benefit package didn't meet needs 8
- Would be ineligible or rejected due to health conditions 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

D9. What is the main reason you have (TARGET has) not bought health insurance on your (their) own? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Do not know where to begin / where to go 3
- Too much hassle / paperwork 4
- Could not afford / too expensive 5
- Expect to be covered by a health insurance policy shortly 6
- Benefit package did not meet needs 7
- Not eligible for reasons other than health 8
- Would be ineligible or rejected due to health conditions 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

IF D9 = 1, 2, 3, 4, 7 GO TO D9A

D9A. I'm going to read you two statements. Please tell me which best applies to you (target).

Some people could have health insurance but CHOOSE not to because they are healthy and would like to spend their money on other things that are not absolutely needed to live.

Other people MUST use all of the money they have for absolutely necessary things like food, clothing, and housing instead of health insurance.

DO NOT READ:

You (target) CHOOSE(s) not to have health insurance. 1

Or

You (target) are (is) forced not to have health insurance. 2
 OTHER (specify) 3
 UNSURE 8
 REFUSED 9

D9B. Please tell me more about why it is like this for you (target). RECORD VERBATIUM.

D10. Does the firm that you (TARGET) work for offer health insurance as a benefit to any of its employees?

Yes (GO TO D11) 1
 No (GO TO D20) 0
 Not employed, thus not applicable (GO TO D20) 3
 UNSURE (DNR) (GO TO D20) 8
 REFUSED (DNR) (GO TO D20) 9

D11. Can your (TARGET's) employer coverage be extended to cover dependents?

Yes 1
 No 0
 Target does not have access to insurance through own employer (GO TO D20) 3
 UNSURE (DNR) 8
 REFUSED (DNR) 9

D12. Does your (TARGET's) employer contribute to health insurance costs for those employees covered by this benefit?

Yes 1
 No 0
 UNSURE (DNR) 88
 REFUSED (DNR) 99

D13. Why aren't you (TARGET) included in your employer's group health insurance plan? (DO NOT READ)

Do not need or want health insurance 1
 Rarely sick 2
 Too much hassle / paperwork 3
 Could not afford / too expensive 4
 Do not work enough hours in a week 5
 Have not worked there long enough 6
 Would be ineligible or rejected due to current health conditions 7
 Benefit package did not meet needs 8
 OTHER (specify) 9
 UNSURE 88
 REFUSED 99

GO TO D20

Now I would like to ask you a few questions about TARGET's access to insurance through a parent or guardian.

D14. Does the firm TARGET's parent or guardian works for offer health insurance as a benefit to any of its employees? (PROBE IF NECESSARY: If only one parent works, then answer for this parent's employer. If both parents work, then answer for the primary wage earner living in the household.)

Yes (GO TO D15) 1
 No (GO TO D19) 0
 Parent not employed, thus not applicable (GO TO D19) 3
 UNSURE (DNR) (GO TO D19) 8
 REFUSED (DNR) (GO TO D19) 9

D15. Does this employer contribute to health insurance costs for those employees covered by this benefit?

Yes 1
 No 0
 UNSURE (DNR) 8
 REFUSED (DNR) 9

D16. Is TARGET covered by this employer health insurance plan?

Yes (GO TO LONG DEMOGRAPHICS) 1
 No (GO TO D17) 0
 UNSURE (DNR)GO TO D19) 8
 REFUSED (DNR) (GO TO D19) 9

D17. Can this coverage be extended to cover dependents?

Yes (GO TO D18) 1
 No (GO TO D19) 0
 UNSURE (DNR) (GO TO D19) 8
 REFUSED (DNR) (GO TO D19) 9

D18. What is the main reason (TARGET) is not included in this employer's health insurance plan as a dependent? (DO NOT READ)

Child does not need health insurance 1
 Rarely sick 2
 Parent is not eligible to receive coverage 3
 Child is covered through another adult's Employer plan 4
 Too much hassle / paperwork 5
 Could not afford / too expensive 6
 Benefit package didn't meet this child's needs 7
 Expect this child will be covered by a health insurance policy shortly 8
 Child is covered under a school plan 9
 OTHER (specify) 10
 UNSURE 88
 REFUSED 99

D19. What is the main reason TARGET's parents or guardian have not bought health insurance for TARGET on their own? (DO NOT READ)

- Do not need or want health insurance 1
- Rarely sick 2
- Do not know where to begin / where to go 3
- Too much hassle / paperwork 4
- Could not afford / too expensive 5
- Expect they will be covered by a health insurance policy shortly 6
- Benefit package did not meet this child's needs 7
- Not eligible for reasons other than health 8
- Would be ineligible or rejected due to current health conditions 9
- OTHER (specify) 10
- UNSURE 88
- REFUSED 99

IF D19 = 1, 2, 3, 4, 7

D19A. I'm going to read you two statements. Please tell me which best applies to the target's parents.

Some people could have health insurance but CHOOSE not to because they are healthy and would like to spend their money on other things that are not absolutely needed to live.

Other people MUST use all of the money they have for absolutely necessary things like food, clothing, and housing instead of health insurance.

DO NOT READ:

- Target's parents CHOOSE not to have health insurance. 1
- Or
- Target's are forced not to have health insurance. 2
- OTHER (specify) 3
- UNSURE 8
- REFUSED 9

D19B. Please tell me more about why it is like this for you (target). RECORD VERBATIUM.

D20. If low-cost health insurance were made available, would you (TARGET) be ABLE to pay anything at all to get health care coverage?

- Yes GO TO D21 1
- No GOTO D22 0
- UNSURE (DNR) GOTO D22 8
- REFUSD (DNR) GOTO D22 9

D21. How much do think you (TARGET) would be WILLING to pay for health care coverage?

- _____ \$ Monthly
- _____ \$ Yearly
- UNSURE 88
- REFUSED 99

D22. If you (TARGET) learned you (they) were eligible for health coverage through a public program, would you (TARGET) enroll?

- Yes 1
- No 0
- UNSURE (DNR) 8
- REFUSED (DNR) 9

D23. If you (TARGET) learned you (they) were eligible for health coverage through a public program at no cost to you (TARGET) or your family, would you (TARGET) enroll?

- Yes (GO TO D25) 1
- No (GO TO D24) 0
- UNSURE (DNR) (GO TO D25) 8
- REFUSED (DNR) (GO TO D25) 9

D24. Please tell me – in your own words – why you (TARGET) would not enroll?

D25. Have you ever heard about Medicaid?

- Yes GOTO D26 1
- No GOTO SKIP 0
- UNSURE (DNR) GOTO SKIP 8
- REFUSED (DNR) GOTO SKIP 9

D26. Since you (TARGET) has been without health coverage, have you (TARGET) applied to have medical care or services provided by Medicaid?

- Yes GO TO D27 1
- No GO TO D30 0
- UNSURE (DNR) GO TO D30 8
- REFUSED (DNR) GO TO D30 9

D27. Were you (was TARGET) accepted?

Yes GO TO D28 1
 No GO TO D30 0
 UNSURE (DNR) GO TO D30 8
 REFUSED (DNR) GO TO D30 9

D28. What was the month and year of your (TARGET's) most recent enrollment in Medicaid for health insurance coverage?

D28-1 MONTH: _____

D28-2 YEAR: _____
 UNSURE 88
 REFUSED 99

D29. What change in situation happened so you (TARGET) no longer had health care coverage under Medicaid?

Made too much money 1
 No longer eligible 2
 Needed to re-qualify 3
 Missed an appointment 4
 Children are covered by Medicaid or other plan 5
 Didn't know Medicaid stopped 6
 Have not completed paperwork / too much of a hassle to reapply 7
 No longer on welfare / TANF 8
 OTHER (specify) 9
 NONE 10
 UNSURE 88
 REFUSED 99

D30. As far as you know, are you (is TARGET) eligible to have any medical care or services provided by Medicaid?

Yes GOTO SKIP 1
 No GOTO SKIP 0
 UNSURE (DNR) GOTO SKIP 88
 REFUSED (DNR) GOTO SKIP 99

SKIP: IF TARGET <=18 GOTO D 31, ELSE GO TO LONG DEMOGRAPHICS

D31. Have you (has TARGET) ever heard about CHIP? PROBE: This program is also called: Children's Basic Health Plan, Children's Health Insurance Plan, CHIP, Child Health Plan, Child Health Plan Plus.

Yes GOTO D32 1
 No GOTO LONG DEMOGRAPHICS 0
 UNSURE (DNR) GO TO LONG DEMOGRAPHICS 8
 REFUSED (DNR) GO TO LONG DEMOGRAPHICS 9

D32. Since you (TARGET) has been without health coverage, have you (TARGET) applied to have medical care or services provided by CHIP?

Yes GO TO D33 1
 No GO TO D36 0
 UNSURE (DNR) GO TO D36 8
 REFUSED (DNR) GO TO D36 9

D33. Were you (was TARGET) accepted?

Yes GO TO D34 1
 No GO TO D36 0
 UNSURE (DNR) GO TO D3 8
 REFUSED (DNR) GOTO D36 9

D34. What was the month and year of your (TARGET's) most recent enrollment in CHIP for health insurance coverage?

D34-1. MONTH: _____

D34-2. YEAR: _____
 UNSURE 88
 REFUSED 99

D35. What change in situation happened so you (TARGET) no longer had health care coverage under CHIP?

Made too much money 1
 No longer eligible 2
 Needed to re-qualify 3
 Missed an appointment 4
 Children are covered by Medicaid or other plan 5
 Children turned 19 years old 6
 Have not completed paperwork / too much of a hassle to reapply 7
 No longer on welfare / TANF 8
 OTHER (specify) 9
 NONE 10
 UNSURE 88
 REFUSED 99

D36. As far as you know, are you (is TARGET) eligible to have any medical care or services provided by CHIP?

Yes 1
 No 0
 UNSURE (DNR) 88
 REFUSED (DNR) 99

GO TO LONG DEMOGRAPHICS

Montana SHADAC
Demographic Questions – SHORT VERSION

FINAL

BEGIN THIS SECTION AFTER TARGET SCREENER QUESTIONNAIRE

The following questions are about you (TARGET) -

Z1. Do you (does TARGET) currently have insurance that pays for dental care?

Yes	1
No	0
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z2. Would you say your (TARGET's) health – in general – is excellent, very good, good, fair, or poor?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z25. Are you (Is TARGET) Mexican, Puerto Rican, Cuban, or another Hispanic or Latino group?

No	1
Yes / Mexican, Mexican-American, Chicano	2
Yes / Puerto Rican	3
Yes / Cuban	4
Yes / other Spanish, Hispanic, Latino	5
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z26. Now choose one or more races for yourself (Target). What race or races do you consider yourself (TARGET) to be? (READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.) (PROMPT IF HISPANIC/LATINO: In addition to the being Hispanic, what race.....)

White	1
American Indian or Tribal or Alaska Native	2
Black / African-American	3
Asian or Pacific Islander	4
Other race (specify)	5
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

IF TARGET < 18 YEARS, GO TO Z37

Z27. Are you (Is TARGET) currently...

Single	1
Married	2
Living with a partner	3
Divorced	4
Separated	5
Widowed	6
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z28. What is the highest level of education you have (TARGET has) completed? [DO NOT READ, JUST RECORD]

No formal education	1
Grade school (1 to 8 years)	2
Some high school (9 to 11 years)	3
High school graduate or GED (received a high school equivalency diploma)	4
Some college/technical or vocational school/training after high school	5
College graduate	6
Post graduate degree/study	7
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z29. Are you (is TARGET) currently... (READ LIST)(PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS)

Self-employed or owner of a business (GO TO Z30)	1
Employed by someone (GO TO Z30)	2
An unpaid worker for family business, farm, or home (GO TO Z52)	3
Retired (GO TO Z52)	4
Unemployed or not working	

(GO TO Z52)	5
A full-time student	
(GO TO Z52)	6
UNSURE/DK (DNR)	
(GO TO Z52)	88
REFUSED (DNR)	
(GO TO Z52)	99

Z30. **Do you (does TARGET) have more than one paying job?**

Yes (GO TO Z32)	1
No (GO TO Z31)	0
UNSURE/DK (DNR) (GO TO Z32)	8
REFUSED (DNR) (GO TO Z32)	9

Z31. **And, what is the total number of hours that TARGET typically works per week?**

_____ RECORD
 NUMBER OF HOURS (RECORD
 "UNSURE/DK" AS 888 - - - RECORD
 "REFUSED" AS 999)

GO TO Z33

Z32. **For the job you work (TARGET works) at the most hours, what is the total number of hours typically worked per week?**

_____ RECORD NUMBER OF
 HOURS (RECORD "UNSURE/DK" AS 888 - -
 - RECORD "REFUSED" AS 999)

*** ASK OF EVERYONE ***

Z33. **Is this a permanent, temporary, or seasonal job?**

Permanent	1
Temporary	2
Seasonal	3
UNSURE (DNR)	8
REFUSED (DNR)	9

Z34. **Thinking about the employer you work (target works) for, about how many people are employed there? If you work (target works) for a firm that has multiple locations in your city or across states, please indicate the number of people at ALL locations?**

Just one	1
Between 2 and 10	2
Between 11 and 19	3
Between 20 and 50	4
Between 51 and 100	5
Between 101 and 500	6
More than 500	7
UNSURE (DNR)	8
REFUSED (DNR)	9

GO TO Z52

SKIP: IF TARGET IS 18 YEARS OF AGE OR OLDER, GOTO Z52ELSE ...

IF TARGET <18 AND CURRENTLY INSURED, PROMPT: **Now I'd like to ask a few questions about the person this child gets their insurance benefits through.**

IF TARGET <18 AND IS UNINSURED OR PUBLICLY INSURED, PROMPT: **Now I would 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.**

Z37. **Would that be you or someone else?**

Person on phone	1
Someone else	2

Z38. **What is (your / their) age?**

_____ _____
 RECORD NUMBER OF AGE
 (RECORD "UNSURE/DK" AS 888 - - -
 RECORD "REFUSED" AS 999)

Z39. **And is this person male or female?**

Male	1
Female	2

Z40. Is this person (Are you) Mexican, Puerto Rican, Cuban, or another Hispanic or Latino group?

- No 1
- Yes / Mexican, Mexican-American, Chicano 2
- Yes / Puerto Rican 3
- Yes / Cuban 4
- Yes / other Spanish, Hispanic, Latino 5
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z41. Now choose one or more races for this person (yourself). Which race or races do you consider this person (yourself) to be? (READ AS PROBE, LIST IF NECESSARY, DO NOT RECORD MORE THAN THREE)(PROMPT IF HISPANIC / LATINO: In addition the being Hispanic, what race.....)

- White 1
- American Indian or Tribal or Alaska Native 2
- Black / African-American 3
- Asian or Pacific Islander 4
- Other race (specify) 5
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z42. Is this person (are you) currently ...

- Single 1
- Married 2
- Living with a partner 3
- Divorced 4
- Separated 5
- Widowed 6
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z43. What is the highest level of education (you have / this person has) completed? [DO NOT READ, JUST RECORD]

- No formal education 1
- Grade school (1 to 8 years) 2
- Some high school (9 to 11 years) 3
- High school graduate or GED (received a high school equivalency diploma) 4
- Some college/technical or vocational school/training after high school 5
- College graduate 6
- Post graduate degree/study 7
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z44. Is this person (are you) currently...

- Self-employed or owner of a business (GO TO Z45) 1
- Employed by someone (GO TO Z45) 2
- An unpaid worker for family business, farm, or home (GO TO Z52) 3
- Retired (GO TO Z52) 4
- Unemployed or not working (GO TO Z52) 5
- A full-time student (GO TO Z52) 6
- UNSURE (DNR) (GO TO Z52) 8
- REFUSED (DNR) (GO TO Z52) 9

Z45. Does this person (do you) have more than one paying job?

- Yes (GO TO Z47) 1
- No (GO TO Z46) 0
- UNSURE (DNR) (GO TO Z48) 8
- REFUSED (DNR) (GO TO Z46) 9

Z46. And, what is the total number of hours usually worked per week?

RECORD NUMBER OF HOURS (RECORD "UNSURE/DK" AS 888 - - - RECORD "REFUSED" AS 999)

GO TO Z48

Z47. For the job they (you) work at the most hours, what is the total number of hours usually worked per week?

RECORD NUMBER OF HOURS (RECORD "UNSURE/DK" AS 888 - - - RECORD "REFUSED" AS 999)

*** ASK OF EVERYONE ***

Z48. Is this a permanent, temporary, or seasonal job?

- Permanent 1
- Temporary 2
- Seasonal 3
- UNSURE (DNR) 8
- REFUSED (DNR) 9

Z49. Thinking about the employer this person works (you work) for, about how many people are employed there? If the firm that this person works (you work) for has multiple locations in your city or across states, please indicate the number of people at ALL locations?

- Just one 1
- Between 2 and 10 2
- Between 11 and 19 3
- Between 20 and 50 4
- Between 51 and 100 5
- Between 101 and 500 6
- More than 500 7
- UNSURE (DNR) 8
- REFUSED (DNR) 9

Z52. Besides this phone number, do you have other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.

- Yes (GO TO Z53) 1
- No (GO TO Z54) 0
- This phone number is not the respondent's (GO TO Z54) 3
- UNSURE (DNR) (GO TO Z54) 8
- REFUSED (DNR) (GO TO Z54) 9

Z53. How many of these telephone numbers are connected to phones that can be answered by a person?

RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

Z54. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

- Yes (GO TO Z55) 1
- No (GO TO Z56) 0
- UNSURE (DNR) (GO TO Z56) 8
- REFUSED (DNR) (GO TO Z56) 9

Z55. During the past year, what was the total number of days, weeks, or months your household was without telephone service?

- Z55-1. _____ days (0-31)
- Z55-2. _____ weeks (0-4)
- Z55-3. _____ months (0-12)
(RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

*** ASK OF EVERYONE ***

For statistical purposes only, I am going to ask you some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

Z56. How many people are there who live on you or your family's income and CURRENTLY LIVE in this household? Do not include any children for whom a family member currently pays child support, or any children away attending college or boarding school.

_____ (RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

IF Z56=1 THEN GO TO Z58

Z57. How many of these people are children under 21 years of age?

RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

Z58. What do you expect family's gross, pretax income from all sources for the year 2002 to be? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and other money income received by members of this family who are 15 years of age or older. If you are self-employed or own your own business, please report your net income.

\$ _____, _____
RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 8888888 - - - RECORD "REFUSED" AS 9999999)

IF Z58 ANSWERED, THEN GO TO Z69.

IF "UNSURE/DK" OR "REFUSED" IN Z58, ASK:

Z59. I am going to read you a list of income categories. Which category represents your family's anticipated income for the year 2002? (READ LIST, DO NOT ROTATE)

- \$75,000 or more 1
- \$60,000 to \$75,000 2
- \$55,000 to \$60,000 3
- \$45,000 to \$55,000 4
- \$42,400 to \$45,000 5
- \$37,100 to \$42,400 6
- \$31,800 to \$37,100 7
- \$27,200 to \$31,800 8
- \$22,600 to \$27,200 9
- \$18,100 to \$22,600 10

Less than \$18,100	11
UNSURE/DK (DNR)	88
REFUSED (DNR)	99

Z69. **And, finally, we might like to call you back in a year to ask additional questions about your family's health care. May I record your name and phone number so that we could call you back?**

Yes (GO TO Z70-1)	1
No (GO TO Z71)	0
UNSURE (GO TO Z81)	8
REFUSED (GO TO Z71)	9

Z70-1. **What is your name, so that I may record it?**

(RECORD NAME)

And –

Z70-2. Just for complete accuracy, what is the telephone number that I should record, including area code?

____ - ____ - ____ - ____ - ____ - ____

(RECORD TELEPHONE NUMBER)

END OF SURVEY – THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.

FINAL

BEGIN THIS SECTION AFTER
SUPPLEMENT QUESTIONNAIRES

The following questions are about you (TARGET) -

Z1. **Do you (does TARGET) currently have insurance that pays for dental care?**

Yes	1
No	0
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z2. **Would you say your (TARGET's) health – in general – is excellent, very good, good, fair, or poor?**

Excellent	1
Very good	3
Fair	4
Poor	5
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z3. **Has a doctor or other medical provider ever diagnosed you (TARGET) with any medical condition or disability that currently limits you (TARGET) in everyday activities or in the kind of work you (TARGET) can do?**

Yes	1
No	0
UNSURE/DK	8
REFUSED	9

Z4. **Is there a regular place that you (TARGET) go for medical care?**

Yes GO TO Z5	1
No GO TO Z10	0
UNSURE/DK GO TO Z10	8
REFUSED GO TO Z10	9

Z5. **Where do you (TARGET) usually go for medical care? Is that an –**

Emergency room or urgent care center (Z7)	1
Clinic (Z6)	2
Doctor's office (Z7)	3
Other (Z7)	4
UNSURE/DK (Z8)	8
REFUSED (Z7)	9

Z6. Is this clinic a –

Public health clinic	1
Community health center	2
Hospital outpatient clinic	3
Private clinic	4
School-based health center	5
Family planning clinic	6
OTHER	7
UNSURE/DK	8
REFUSED	9

Z7. Is there a particular health care professional or traditional healer you (TARGET) usually see(s) when you (TARGET) go(es) there?

Yes	1
No	0
UNSURE/DK	8
REFUSED	9

Z8. During the past twelve months, did you (TARGET) not get, or postpone, getting medical care or surgery when you needed it? INFORM: This does not include dental care. (IF DENTAL CARE OFFERED, ASK: Other than dental care ... (REPEAT QUESTION)

Yes (Z9)	1
No (Z11)	0
UNSURE/DK (Z11)	88
REFUSED (Z11)	99

Z9. Was lack of insurance coverage or money a reason why you (TARGET) did not get the medical care or surgery you needed?

Yes	1
No	0
UNSURE/DK	88
REFUSED	99

GO TO Z11

IF VALUES 2,77,99 IN Z4, ASK:

Z10. What is the main reason you (TARGET) DO NOT have a regular place that you go for health care? (DO NOT READ VALUES, JUST RECORD)

Cannot afford it	1
Do not have health insurance	2
Rarely get sick	3
Clinic hours don't fit my schedule	4
Transportation difficulties	5
Language barrier	6
Do not like/trust/believe doctors	7
Clinic I used to go to has closed	8
Just moved, do not have regular place yet	9

Just switched insurance, do not have regular place yet	10
Have 2 or more places, depending on what's wrong	11
OTHER	12
NONE	13
UNSURE/DK	88
REFUSED	99

GO TO Z8

** ASK OF EVERYONE **

Z11. During the past 12 months, did you (DID TARGET) have a medical bill that you (TARGET) couldn't pay?

Yes	1 GO TO Z11A
No	0 SKIP TO Z12
UNSURE/DK	8 SKIP TO Z12
REFUSED	9 SKIP TO Z12

Z11a. About how much total medical debt do you (does target) have right now?

\$ _____, _____

IF TARGET, ASK:

Z12-1. Please tell me if you would agree or disagree with the following statement –

"I am confident that I can get the care I need when I need it."

Agree/strongly	1
Agree/somewhat	2
UNSURE (DNR)	8
Disagree/somewhat	3
Disagree/strongly	4
REFUSED	9

IF PROXY, ASK:

Z12-2. Please tell me if you would agree or disagree with the following statement –

"I am confident that (TARGET) can get the care she/he needs when she/he needs it."

Agree/strongly	1
Agree/somewhat	2
UNSURE (DNR)	8
Disagree/somewhat	3
Disagree/strongly	4
REFUSED	9

** ASK OF EVERYONE **

Z13. During the past 12 months, have you (TARGET) been a patient overnight in a hospital?

Yes (Z14)	1
No (Z16)	0
UNSURE/DK (Z16)	8
REFUSED (Z16)	9

Z14. How many times have you (TARGET) been admitted to a hospital DURING THE PAST TWELVE MONTHS?

ZERO/NONE (GO TO Z16)	0
UNSURE/DK (GO TO Z15)	88
REFUSED (GO TO Z15)	99

Z15. When you (TARGET) were a patient overnight in a hospital, to the best of your knowledge, were these hospital stays usually paid for by: you (TARGET) out of pocket, by your (TARGET's) insurance, by the hospital, or in some other manner?

Paid for by self (TARGET)	1
Paid for by insurance	2
Paid for by hospital	3
Paid for in other manner	4
UNSURE/DK	8
REFUSED	9

** ASK OF EVERYONE **

Z16. During the past twelve months, have you (TARGET) been to a hospital emergency room?

Yes (Z17)	1
No (Z19)	0
UNSURE/DK (Z19)	8
REFUSED (Z19)	9

Z17. In the past twelve months, how many times have you (TARGET) received care in a hospital emergency room?

ZERO/NONE (GO TO Z19)	0
UNSURE/DK (GO TO Z18)	8
REFUSED (GO TO Z18)	9

Z18. When you (TARGET) made hospital emergency room visits, to the best of your knowledge, were these visits usually paid for by: you (TARGET) out of pocket, by your (TARGET's) insurance, by the emergency room, or in some other manner?

Paid for by self (TARGET)	1
Paid for by insurance (with or without a co-pay or deductible)	2
Paid for by emergency room	3
Paid for in other manner	4
UNSURE/DK	8
REFUSED	9

** ASK OF EVERYONE **

Z19. In the past six months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do NOT include overnight hospital stays or emergency room visits?

UNSURE/DK	88
REFUSED	99

Z20. In the past three months, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do NOT include overnight hospital stays or emergency room visits?

UNSURE/DK	88
REFUSED	99

IF Z19=0 and Z20=0 GO TO Z22

Z21. When you (TARGET) made these doctors'/clinic visits, to the best of your knowledge, were they usually paid for by: you or your family out of pocket, by your (TARGET's) insurance, by the doctor or clinic, or in some other manner?

Paid for by self (TARGET)	1
Paid for by insurance (with or without a co-pay or deductible)	2
Paid for by doctor/clinic	3
Paid for in other manner	4
UNSURE/DK	8
REFUSED	9

Z21a. Regular physical activity includes actions like house cleaning, lawn mowing, gardening, dancing, walking, aerobics, jogging, bicycling, or swimming that result in moving your body for 30 minutes or more each day. Given this definition (actively moving 30 minutes or more each day), how often do you engage in regular physical activity?

- Less than once a month 1
- 1-3 times per month 2
- About once per week 3
- 2-4 times per week 4
- 5 or more times per week 5
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z21b. Have you ever smoked a cigarette?

- Yes 1
- No 0 SKIP TO Z21f
- UNSURE/DK (DNR) 8 SKIP TO Z21f
- REFUSED (DNR) 9 SKIP TO Z21f

Z21c. How long has it been since you last smoked a cigarette? DO NOT READ OPTIONS.

- Within the last 30 days 1
GO TO 21d
- More than 30 days ago but
Within the past 12 months 2
SKIP TO Z21f
- More than 12 months ago but
within the past 3 years 3
SKIP TO Z21f
- More than 3 years ago 4
SKIP TO Z21f
- UNSURE/DK (DNR) 8
SKIP TO Z21f
- REFUSED (DNR) 9
SKIP TO Z21f

Z21d. During the past 30 days, on how many days did you smoke a cigarette?

_____ days R smoked in last 30 days

Z21e. When you smoked cigarettes during the past 30 days, how many do you usually smoke each day? DO NOT READ OPTIONS.

- A puff or two but less than
1 cigarette each day 1
- 1-5 per day 2
- 6-15 (about ½ pack) 3
- 16-25 (about a pack) 4
- 26-35 per day (about 1 ½ packs) 5
- More than 35 per day
(about 2 packs per day) 6
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z21f. How much do you (does target) weigh without shoes? PROMPT: Your best guess is OK.

_____ pounds

Z21g. How tall are you (is target) without shoes? PROMPT: Your best guess is OK.

_____ feet _____ inches

Z21h. Have you (has target) ever attempted to get health insurance but were (was) rejected because of a pre-existing health condition?

- Yes 1
- No 0
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z21i. Whether or not you (target) have (has) health insurance, do you (does target) currently have a health condition that you believe might cause a future application for health insurance to be rejected?

- Yes 1
- No 0
- UNSURE/DK (DNR) 8
- REFUSED (DNR) 9

Z22. In the past 12 months were you (TARGET) prescribed medication by a doctor?

- Yes (Z23) 1
- No (Z25) 0
- UNSURE/DK (Z25) 8
- REFUSED (Z25) 9

Z23. Did you (TARGET) fill all, most, some, or none of these prescriptions?

All (Z24)	1
Most (Z24)	2
Some (Z24)	3
None (Z25)	4
UNSURE (Z25)	8
REFUSED (Z25)	9

Z24. When you (TARGET) filled prescriptions, to the best of your knowledge, were these prescriptions usually paid for by: you (TARGET) out of pocket, by your (TARGET's) insurance, by the pharmacy or clinic, or in some other manner?

Paid for by self (TARGET)	1
Paid for by insurance	2
Paid for by pharmacy/clinic	3
Paid for in other manner	4
UNSURE/DK	8
REFUSED	9

We are almost done with the survey. We have just a few questions left –

Z25. Are you (Is TARGET) Mexican, Puerto Rican, Cuban, or another Hispanic or Latino group?

No	1
Yes / Mexican, Mexican-American, Chicano	2
Yes / Puerto Rican	3
Yes / Cuban	4
Yes / other Spanish, Hispanic, Latino	5
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z26. Now choose one or more races for yourself (Target). What race or races do you consider yourself (TARGET) to be? (READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.) (PROMPT IF HISPANIC /LATINO: In addition the being Hispanic, what race)

White	1
American Indian or Tribal or Alaska Native	2
Black / African-American	3
Asian or Pacific Islander	4
Other race (specify)	5
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

IF TARGET < 18 YEARS, GO TO Z37

Z27. Are you (Is TARGET) currently

Single	1
Married	2
Living with a partner	3
Divorced	4
Separated	5
Widowed	6
UNSURE/DK (DNR)	88
REFUSED (DNR)	99

Z28. What is the highest level of education you have (TARGET has) completed? [DO NOT READ, JUST RECORD]

No formal education	1
Grade school (1 to 8 years)	2
Some high school (9 to 11 years)	3
High school graduate or GED (received a high school equivalency diploma)	4
Some college/technical or vocational school/training after high school	5
College graduate	6
Post graduate degree/study	7
UNSURE/DK (DNR)	8
REFUSED (DNR)	9

Z29. Are you (is TARGET) currently (READ LIST) (PROBE: ANSWER FOR THE JOB YOU WORK AT THE MOST HOURS)

Self-employed or owner of a business (GO TO Z30)	1
Employed by someone (GO TO Z30)	2
An unpaid worker for family business, farm, or home (GO TO Z52)	3
Retired (GO TO Z52)	4
Unemployed or not working (GO TO Z52)	5
A full-time student (GO TO Z52)	6
UNSURE/DK (DNR) (GO TO Z52)	8
REFUSED (DNR) (GO TO Z52)	9

Z30. Do you (does TARGET) have more than one paying job?

Yes (GO TO Z32)	1
No (GO TO Z31)	0
UNSURE/DK (DNR) (GO TO Z32)	88
REFUSED (DNR) (GO TO Z32)	99

Z31. **And, what is the total number of hours that TARGET typically works per week?**

RECORD NUMBER OF HOURS (RECORD
"UNSURE/DK" AS 888 - - - RECORD
"REFUSED" AS 999)

(GO TO Z33)

Z32. **For the job you work (TARGET works) at the most hours, what is the total number of hours typically worked per week?**

RECORD NUMBER OF HOURS (RECORD
"UNSURE/DK" AS 888 - - - RECORD
"REFUSED" AS 999)

*** ASK OF EVERYONE ***

Z33. **Is this a permanent, temporary, or seasonal job?**

- Permanent 1
- Temporary 2
- Seasonal 3
- UNSURE (DNR) 8
- REFUSED (DNR) 9

Z33a. **What is the name of the company, business, or other employer for whom you (target works) work?**

Z34. **Thinking about the employer you work (target works) for, about how many people are employed there? If you work (target works) for a firm that has multiple locations in your city or across states, please indicate the number of people at ALL locations?**

- Just one 1
- Between 2 and 10 2
- Between 11 and 19 3
- Between 20 and 50 4
- Between 51 and 100 5
- Between 101 and 500 6
- More than 500 7
- UNSURE (DNR) 8
- REFUSED (DNR) 9

Please answer the following questions about your (TARGET's) main job OR the one through which you are eligible for health insurance –

Z34a. **In what kind of business or industry are you (is Target) employed?** PROMPT: "Please describe the activity where you (Target) are employed, for example: hospital, newspaper publishing, mail order house, auto repair shop, bank.)"

Z34b. **Is this mainly?**

- Manufacturing 1
- Wholesale trade 2
- Retail trade 3
- Agriculture 4
- Construction 5
- Service 6
- Government 7
- Mining 8
- Other 9

Z34c. **What kind of work are you (is Target) doing?** PROMPT: "For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant."

GO TO Z52

SKIP:

IF TARGET IS 18 YEARS OF AGE OR OLDER,
GOTO Z52

ELSE ...

IF TARGET <18 AND CURRENTLY INSURED,
PROMPT:

Now I'd like to ask a few questions about the person this child gets their insurance benefits through.

IF TARGET <18 AND IS UNINSURED OR PUBLICLY INSURED, PROMPT:

Now I would 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.

Z37. Would that be you or someone else?

Person on phone 1
Someone else 2

Z38. What is (your / their) age?

RECORD NUMBER OF AGE (RECORD
"UNSURE/DK" AS 888 - - - RECORD
"REFUSED" AS 999)

Z39. And is this person male or female?

Male 1
Female 2

Z40. Is this person (Are you) Mexican, Puerto Rican, Cuban, or another Hispanic or Latino group?

No 1
Yes / Mexican, Mexican-American,
Chicano 2
Yes / Puerto Rican 3
Yes / Cuban 4
Yes / other Spanish,
Hispanic, Latino 5
UNSURE/DK (DNR) 8
REFUSED (DNR) 9

Z41. Now choose one or more races for this person (yourself). Which race or races do you consider this person (yourself) to be? (READ AS PROBE, LIST IF NECESSARY, DO NOT RECORD MORE THAN THREE) (PROMPT IF HISPANIC/LATINO: In addition the being Hispanic, what race.....)

White 1
American Indian or Tribal or
Alaska Native 2
Black / African-American 3
Asian or Pacific Islander 4
Other race (specify) 5
UNSURE/DK (DNR) 8
REFUSED (DNR) 9

Z42. Is this person (are you) currently

Single 1
Married 2
Living with a partner 3
Divorced 4
Separated 5
Widowed 6
UNSURE/DK (DNR) 8
REFUSED (DNR) 9

Z43. What is the highest level of education (you have / this person has) completed? [DO NOT READ, JUST RECORD]

No formal education 1
Grade school (1 to 8 years) 2
Some high school (9 to 11 years) 3
High school graduate or GED
(received a high school
equivalency diploma) 4
Some college/technical or vocational
school/training after high school 5
College graduate 6
Post graduate degree/study 7
UNSURE (DNR) 8
REFUSED (DNR) 9

Z44. Is this person (are you) currently

Self-employed or owner of
a business (GO TO Z45) 1
Employed by someone
(GO TO Z45) 2
An unpaid worker for family
business, farm, or home
(GO TO Z52) 3
Retired (GO TO Z52) 4
Unemployed or not working
(GO TO Z52) 5
A full-time student (GO TO Z52) 6
UNSURE (DNR) (GO TO Z52) 8
REFUSED (DNR) (GO TO Z52) 9

Z45. Does this person (do you) have more than one paying job?

Yes (GO TO Z47) 1
No (GO TO Z46) 0
UNSURE (DNR) (GO TO Z48) 8
REFUSED (DNR) (GO TO Z46) 9

Z46. And, what is the total number of hours usually worked per week?

RECORD NUMBER OF HOURS (RECORD
"UNSURE/DK" AS 888 - - - RECORD
"REFUSED" AS 999)

GO TO Z47

Z47. For the job they (you) work at the most hours, what is the total number of hours usually worked per week?

RECORD NUMBER OF HOURS (RECORD
"UNSURE/DK" AS 888 - - - RECORD
"REFUSED" AS 999)

*** ASK OF EVERYONE ***

Z48. Is this a permanent, temporary, or seasonal job?

Permanent	1
Temporary	2
Seasonal	3
UNSURE (DNR)	8
REFUSED (DNR)	9

Z48a. What is the name of the company, business, or other employer for whom you (target works) work?

Z49. Thinking about the employer this person works (you work) for, about how many people are employed there? If the firm that this person works (you work) for has multiple locations in your city or across states, please indicate the number of people at ALL locations?

Just one	1
Between 2 and 10	2
Between 11 and 19	3
Between 20 and 50	4
Between 51 and 100	5
Between 101 and 500	6
More than 500	7
UNSURE (DNR)	8
REFUSED (DNR)	9

Please answer the following questions about your (TARGET's) main job OR the one through which you are eligible for health insurance –

Z50. In what kind of business or industry are you (is Target) employed? PROMPT: "Please describe the activity where you (Target) are employed, for example: hospital, newspaper publishing, mail order house, auto repair shop, bank."

Z37. Is this mainly?

Manufacturing	1
Wholesale trade	2
Retail trade	3
Agriculture	4
Construction	5
Service	6
Government	7
Mining	8
Other	9

Z38. What kind of work are you (is Target) doing? PROMPT: "For example: registered nurse, personnel manager, supervisor of order department, auto mechanic, accountant."

**** ASK OF EVERYONE ****

Z52. Besides this phone number, do you have other telephone numbers in your household, such as fax or data lines, a children's or business line? Do not include cell phones.

Yes (GO TO Z53)	1
No (GO TO Z54)	0
This phone number is not the respondent's (GO TO Z54)	3
UNSURE (DNR) (GO TO Z54)	8
REFUSED (DNR) (GO TO Z54)	9

Z53. How many of these telephone numbers are connected to phones that can be answered by a person?

RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

Z54. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

Yes (GO TO Z55)	1
No (GO TO Z56)	0
UNSURE (DNR) (GO TO Z56)	8
REFUSED (DNR) (GO TO Z56)	9

Z55. During the past year, what was the total number of days, weeks, or months your household was without telephone service?

- Z55-1. _____ days (0-31)
- Z55-2. _____ weeks (0-4)
- Z55-3. _____ months (0-12)
(RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

***** ASK OF EVERYONE *****

For statistical purposes only, I am going to ask you some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

Z56. How many people are there who live on your or your family's income and CURRENTLY LIVE in this household? Do not include any children for whom a family member currently pays child support, or any children away attending college or boarding school.

RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

IF Z56=1 THEN GO TO Z58

Z57. How many of these people are children under 21 years of age?

RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 88 - - - RECORD "REFUSED" AS 99)

Z58. What do you expect family's gross, pretax income from all sources for the year 2002 to be? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments, and other money income received by members of this family who are 15 years of age or older. If you are self-employed or own your own business, please report your net income.

\$ _____ , _____

RECORD EXACT NUMBER (RECORD "UNSURE/DK" AS 8877777 - - - RECORD "REFUSED" AS 9999999)

IF Z58 ANSWERED, THEN GO TO Z69.

IF "UNSURE/DK" OR "REFUSED" IN Z58, ASK:

Z59. I am going to read you a list of income categories. Which category represents your family's anticipated income for the year 2002? (READ LIST, DO NOT ROTATE)

- \$75,000 or more 1
- \$60,000 to \$75,000 2
- \$55,000 to \$60,000 3
- \$45,000 to \$55,000 4
- \$42,400 to \$45,000 5
- \$37,100 to \$42,400 6
- \$31,800 to \$37,100 7
- \$27,200 to \$31,800 8
- \$22,600 to \$27,200 9
- \$18,100 to \$22,600 10
- Less than \$18,100 11
- UNSURE/DK (DNR) 88
- REFUSED (DNR) 99

IF "UNSURE/DK" OR "REFUSED" IN Z59, ASK:

Do you (Does TARGET or TARGET's family) currently receive any of the following –

Z60. Earned Income Tax Credit (EITC)

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z61. Free or reduced school lunches

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z62. Section 8 Housing (HUD, housing assistance, housing voucher)

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z63. Women, Infants & Children, or WIC

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z64. Head Start

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z65. SSI or supplemental security income, SSDI, or RSDI

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z66. AFDC, TANF, or "welfare"

- Yes 1
- No 0
- UNSURE 8
- REFUSED 9

Z67. Low income energy assistance

Yes	1
No	0
UNSURE	8
REFUSED	9

Z68. Food stamps

Yes	1
No	0
UNSURE	8
REFUSED	9

** ASK OF EVERYONE **

Z69. And, finally, we might like to call you back in a year to ask additional questions about your family's health care. May I record your name and phone number so that we could call you back?

Yes (GO TO Z70-1)	1
No (GO TO Z71)	0
UNSURE (GO TO Z71)	8
REFUSED (GO TO Z71)	9

Z70-1. What is your name, so that I may record it?

(RECORD NAME)

And –

Z70-2. Just for complete accuracy, what is the telephone number that I should record, including area code?

____ - ____ - ____ - ____ - ____

(RECORD TELEPHONE NUMBER)

END OF SURVEY – THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.