

Household Roster Worksheet - Oklahoma

#	Resp	Target	PWE*	Age	Sex	Relationship to Respondent	Insurance Coverage
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Type 1: _____ Type 2: _____ Type 3: _____ </div> <div style="width: 50%; font-size: small;"> 1. Medicare 2. Railroad retiremnt 3. TRICARE/ CHAMPUS 4. Indian Health Svc. 5. Medicaid/ SoonerCare 7. OK Hlth Ins Pool 11. Thru work 12. Thru else's work 13. Bought by you 14. Bought by else 19. None 20. Other source 97. Don't Know 99. Refused </div> </div>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Years: _____ <input type="checkbox"/> DK/Refused	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> DK/Refused	Rel: _____ <input type="checkbox"/> DK/Refused	

- 0. Unknown
- 1. Grandparent
- 2. Spouse/Partner
- 3. Parent
- 4. Child
- 5. Sibling
- 6. Grandchild
- 7. Other relative
- 8. Non-relative
- 9. Self

*PWE = Primary Wage Earner

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

CSCS Oklahoma

Survey Instrument

2004 Health Care Insurance and Access Survey

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

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

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

INTRO2. First, let me just check that I have dialed the right number.

Is this (XXX) XXX-XXXX?

[INTERVIEWER: IF YOU HAVE DIALED INCORRECTLY, RE-DIAL THE NUMBER]

1. - Continue -
2. Business/Govt
3. Institution
4. Group Quarter
5. Cell Phone
6. Phys/Mentally Unable
7. Language Unable
8. Callback
9. Refused

INTRO3. As I mentioned, we are calling for the State of Oklahoma. Oklahoma is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. Your telephone number was randomly selected from lists of people living in Oklahoma.

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

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

1. - Continue -
2. Callback
9. Refused

INTRO4. Before we start, let me tell you that everything you say is completely confidential. Your name will not be linked to your answers. The study will not be used for marketing purposes and will not have any effect on your current insurance.

START OF SURVEY

- S1.** Is this your year-round residence?
1. Yes
 2. No → “Thank you. We are only interviewing people at their main residence.”

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

- S2.** Can you answer questions about HEALTH INSURANCE for people in this household?
- 1 Yes → **SKIP TO S4**
 - 2 No

- S3.** Is another adult available who could answer questions about HEALTH INSURANCE?
- 1 Yes → **GET PERSON ON PHONE AND SKIP TO S4**
 - 2 No → **CALL BACK.** “Who should I speak with? What is a good time to call back?”

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

- S4A.** Is your household located in Oklahoma?
1. Yes
 2. No → “Thank you. We are only interviewing people who reside in Oklahoma”
 7. Don't Know → “Thank you. We are only interviewing people who reside in Oklahoma”
 9. Refused → “Thank you. We are only interviewing people who reside in Oklahoma”

- S5.** What is your zip code? ____
7. 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. In order to do that, I 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.

S6. How many people currently live or stay in this house, apartment, or mobile home?

(PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.)

_____ people
7. Don't Know
9. Refused

Now I have a process that will help select one person. Please tell me the age and sex of each person in the household.

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

1. Male
2. Female
7. Don't Know

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

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

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

NOTE: Once the target is selected the computer creates a TARGREL or relationship to target field that translates all RESPREL codes to have the target as the reference using the same codes as specified below.

NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7 SKIP TO S8

The program has randomly selected the (age) year old (sex).

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

FIRST NAME OF TARGET: _____

S8. INTERVIEWER: IS A PROXY SPEAKING FOR THE TARGET?

1. Yes
2. No → **SKIP TO S11**

S9. INTERVIEWER: REASON FOR PROXY (SELECT ONE):

1. Minor
2. College student living away from home
3. Temporarily living outside home (NOT at college)
4. Cognitively impaired
5. Hearing/speech
6. Language barrier
7. Too sick to come to phone or answer survey
8. TARGET is unavailable
9. Proxy can provide information about health insurance
10. Other _____
97. Don't Know
99. Refused

[IF (TARGET AGE < 3) SKIP TO S12]

I need to indicate who is answering questions for TARGET.

The following questions are about TARGET.

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

S11A. _____ # years **S11B.** _____ # months

7. Don't Know
9. Refused

[SKIP TO SECTION H]

S12. How long has (TARGET's) parents or guardian lived in Oklahoma?

S12A. _____ years **S12B.** _____ months

7. Don't Know
9. Refused

PROBE FOR MONTHS IF LESS THAN 2 YEARS

INSTRUCTIONS: Section H.

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

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

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

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

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

H. I am going to read you a list of different types of health insurance. Please tell me if you have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

Do you (Does TARGET) CURRENTLY have:		YES 1	NO 2	D/K 7	RF D 9
H1	Medicare? 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. IF NO, SKIP TO H2	1	2	7	9
	MEDIGAP Do you (does TARGET) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy like Blue Cross Blue Shield C+, or a retiree benefit?	1	2	7	9
	MEDDRG Do you (does TARGET) have insurance that pays for prescription drugs?	1	2	7	9
H2	A Railroad Retirement Plan? [SKIP FOR MINORS (<18)]	1	2	7	9
H3	TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran's Affairs service connected to a disability?	1	2	7	9
H4	Indian Health Service?	1	2	7	9
H5	Medical Assistance or Medicaid – also known as SoonerCare?	1	2	7	9
H7	Insurance through the Oklahoma Health Insurance Pool – also known as the Oklahoma High Risk Plan?	1	2	7	9

H11	Health insurance through your (TARGET's) work or union? [SKIP FOR MINORS (<18)]	1	2	7	9
	H11POL. Is this an individual or family policy? 1. Individual policy 2. Family (covers more than one person) 7. Don't Know 9. Refused				
H12	Health insurance through someone else's work or union?	1	2	7	9
	H12POL. Is this an individual or family policy? 1. Individual policy 2. Family (covers more than one person) 7. Don't Know 9. Refused				
H13	Health insurance bought directly by you (TARGET)? [SKIP FOR MINORS (<18)]	1	2	7	9
	H13POL. Is this an individual or family policy? 1. Individual policy 2. Family (covers more than one person) 7. Don't Know 9. Refused				
H14	Health insurance bought directly by someone else?	1	2	7	9
	H14POL. Is this an individual or family policy? 1. Individual policy 2. Family (covers more than one person) 7. Don't Know 9. Refused				
j_H15: IF TARGET HAS ONLY INDIAN SERVICES, SKIP TO H15A. IF TARGET HAS ANY OTHER INSURANCE, SKIP TO H17. ELSE CONTINUE TO H15.					
H15	According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? IF YES SKIP TO H16 IF NO/DK/REF SKIP TO H19	1	2	7	9
IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE TO H15A. ELSE SKIP TO H16.					
H15A	You've just told me you receive (TARGET receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? NOTE TO INTERVIEWER: INDIAN HEALTH SERVICE IS NOT CONSIDERED COMPREHENSIVE INSURANCE FOR THE PURPOSES OF THIS SURVEY. IF NO/DK/REF SKIP TO H19	1	2	7	9

H16	<p>And who is that? (DO NOT READ, SELECT ANSWER)</p> <ol style="list-style-type: none"> 1. Medicare 2. Railroad Retirement Plan 3. TRICARE/CHAMPUS, through an active duty military member, retiree or through the Veteran's Affairs service connected to a disability 4. Indian Health Service 5. Medicaid - SoonerCare 7. Insurance through the Oklahoma Health Insurance Pool 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 19. No Private or Public Insurance 20. Non Insurance Payment Source <p>[IF 1-3,5,7 SKIP TO H17 IF 11-14 CONTINUE TO H16POL IF 4,19-20 say: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN SKIP TO H19]</p>				
	<p>H16POL. Is this an individual or family policy?</p> <ol style="list-style-type: none"> 1. Individual policy 2. Family (covers more than one person) 7. Don't Know 9. Refused 				
<p>H17-H19 establish annual coverage status. Asking H17 and H19 ensures that respondents switching plans part way through the year do not get the uninsured part year long form.</p>		Y	N	DK	REF
H17	<p>Have you (Has TARGET) had insurance coverage for all of the past 12 months? IF YES SKIP TO STAT</p>	1	2	7	9
H18	<p>How many months during the past year were you without coverage? SKIP TO STAT</p>	# months		7	9
H19	<p>Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS?</p>	1	2	7	9

PREMIUMS SECTION

[IF TARGET IS A CHILD, REFER TO TARGET'S PARENT OR GUARDIAN]

PREM1. How much do you (does TARGET) pay each month for your (TARGET's) health insurance premium? [IF FAMILY COVERAGE INCLUDE COST FOR THE FAMILY COVERAGE]

- \$ _____ monthly
- \$ _____ bi-weekly (twice a month)
- \$ _____ quarterly (four times a yr)
- \$ _____ bi-annually (twice a year)
- \$ _____ annually
- 7. Don't Know
- 9. Refused

PREM2. How much does your (TARGET'S) employer/union contribute for this health insurance each month?

- \$ _____ monthly
- \$ _____ bi-weekly (twice a month)
- \$ _____ quarterly (four times a yr)
- \$ _____ bi-annually (twice a year)
- \$ _____ annually
- 7. Don't Know
- 9. Refused

DED1. Does your (TARGET'S) health insurance include a deductible?

[PROBE: "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."]

- 1. Yes
- 2. No → **SKIP TO COPAY**
- 7. Don't Know → **SKIP TO COPAY**

DED2. How much is that (Do not include premium expenses)?

- \$ _____
- 7. Don't Know
- 9. Refused

COPAY1. Does your (TARGET'S) health insurance include copayments for doctor's visits?

[PROBE: "A copayment is a flat fee you pay out of your pocket each time you visit the doctor."]

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

COPAY2. How much is the copayment for a visit to your regular doctor?

- \$ _____
- 7. Don't Know
- 9. Refused

PCP. Does your (TARGET'S) plan require you (TARGET) to sign up with a specific doctor, group of doctors or clinic for all your routine care?

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

SPECLIST. In order to see a specialist and have that visit covered fully by your plan, do you (does TARGET) have to obtain a referral or permission from your regular doctor or from your health insurance plan?

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

NETWRK. Do you have a list of approved doctors or hospitals that are associated with your plan?

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

NETWRK2. If you use a doctor or hospital that is not on the list for routine care, does your plan cover any of the costs?

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

CHOICE. When you (TARGET) enrolled in this plan, did you (TARGET) have any other plans from which to choose?

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

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

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

- 1. Medicare
- 2. Railroad Retirement Plan
- 3. TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran's Affairs service connected to a disability.
- 4. Indian Health Service
- 5. Medicaid - [SoonerCare](#)
- 7. [Insurance through the Oklahoma Health Insurance Pool](#)
- 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
- 19. No Private/Public
- 20. Other Non Insurance (Probe for type) (SPECIFY) _____
- 97. Don't Know
- 99. Refused

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

VERIFY# According to the information you have provided (LIST ALL RELATIONSHIP, or AGE and SEX) currently do not have health care coverage. Is that correct?

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

[PROCEED THROUGH ROSTER FOR EACH PERSON OVER 18 YEARS OF AGE EXCEPT TARGET].

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

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

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

- _____ hours
- 7 Don't Know
 - 9 Refused

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

- 1. Government
- 2. Private for profit company
- 3. Non-profit organization including tax exempt and charitable organizations
- 4. Self employed
- 5. Unpaid worker for a family business
- 7 Don't Know
- 9 Refused

SIZE(#). Counting all locations where this employer operates, what is the total number of persons who work for your (relationship) [(age) (sex) if multiple members with same relationship code] employer? (Source: CPS)

- 1. Just one
- 2. Between 2 and 10
- 3. 11 and 24
- 4. 25 and 50
- 5. 51 and 100
- 6. 101 and 500
- 7. Over 500
- 97 Don't Know
- 99 Refused

CATISORT

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

GROUP:

The Target has no public insurance but does have private insurance through work. This over-rides all purchased insurance. The Target has had this insurance for all of the last year (H17 = 1).

Long Form Questions: EmpCov/ParCov (depending on whether the Target is an adult or a minor).

ON_GROUP:

The Target has no public insurance but does have private insurance through work. This over-rides all purchased insurance. The Target has not had this insurance for all of the last year (H17 > 1)

Long Form Questions: Path and EmpCov/ParCov (depending on whether the Target is an adult or a minor).

ON_ELSE:

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 (H17 > 1).

Long Form Questions: Path, Cov and EmpCov/ParCov (depending on whether the Target is an adult or a minor).

INDIVID:

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 had this insurance for all of the past year (H17 = 1).

Long Form Questions: Cov and EmpCov/ParCov (depending on whether the Target is an adult or a minor).

UNINSURD:

The Target does not have any public or private insurance. The Target has not had any insurance for all of the last year (H19 = 2).

Long Form Questions: Cov, EmpCov/ParCov (depending on whether the Target is an adult or a minor), and PUB.

OFF:

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).

Long Form Questions: All (Path, Cov, EmpCov/ParCov (depending on whether the Target is an adult or a minor), and PUB).

SCREEN:

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.

Long Form Questions: None, skip to USC.

SCREEN2:

The Target is uninsured (or off), but we Don't Know the duration for which they have been uninsured (H19 > 2). Or, some other situation has occurred which should be reported as an error.

Long Form Questions: None, skip to USC.

LONG FORM (see CATISORT, previous page)

j_PATH:

```
IF (CODETYPE = SCREEN) SKIP TO USC
IF (CODETYPE = ON_GROUP) SKIP TO PATHI
IF (CODETYPE = ON_ELSE ) SKIP TO PATHI
IF (CODETYPE = OFF) SKIP TO PATHU
ELSE, SKIP TO j_COV
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- 1. Yes → **SKIP TO COV1**
- 2. No
- 7. Don't Know
- 9. Refused

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

- 1. Yes → **SKIP TO COV1**
- 2. No
- 7. Don't Know
- 9. Refused

PATHPROB. (TEXT ENTRY)

RECORD CURRENT AND PAST YEAR INSURANCE STATUS AND TYPE OF INSURANCE AS BEST UNDERSTOOD.

[SKIP TO USC]

j_COV:

```
IF (CODETYPE = GROUP ) SKIP TO j_EMPCOV
IF (CODETYPE = ON_GROUP) SKIP TO j_EMPCOV
IF ((CODETYPE = ON_ELSE ) AND ((f_MINOR) OR (f_STUDNT))) SKIP TO
j_EMPCOV
IF (CODETYPE = INDIVID )
    IF ((f_MINOR) OR (f_STUDNT)) SKIP TO j_EMPCOV
    IF (((H14 = 1) OR (H16 = 14)) AND (H13 <> 1)) SKIP TO j_EMPCOV
ENDIF
IF ((CODETYPE = UNINSURD) AND ((f_MINOR) OR (f_STUDNT))) SKIP TO
```

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

- COV1.** Does your (**TARGET's**) spouse or partner have insurance through their work or union?
1. Yes
 2. No → **SKIP TO COV3**
 7. Don't Know → **SKIP TO COV3**
 8. Not Applicable/ no spouse/partner or spouse/partner doesn't work → **SKIP TO EMPCOV1**
 9. Refused → **SKIP TO COV3**

- COV2.** Could this insurance policy be extended to cover you (**TARGET**)?
1. Yes → **SKIP TO COV5**
 2. No → **SKIP TO EMPCOV1**
 7. Don't Know → **SKIP TO EMPCOV1**
 9. Refused → **SKIP TO EMPCOV1**

- COV3.** Is your (**TARGET's**) spouse or partner **ELIGIBLE** for health insurance through their work or union, but chosen not to sign up for it?
1. Yes
 2. No → **SKIP TO EMPCOV1**
 7. Don't Know → **SKIP TO EMPCOV1**
 9. Refused → **SKIP TO EMPCOV1**

- COV4.** If that family member were to sign up for that health insurance, could the policy be extended to cover you (**TARGET**)?
1. Yes
 2. No
 7. Don't Know
 9. Refused

[SKIP TO EMPCOV1]

- COV5.** 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. MAP RESPONSE TO RESPONSE CATEGORY. CIRCLE ONE.]

1. Do not need or want any health insurance
2. Rarely sick
3. Too much hassle/paperwork
4. Could not afford/too expensive
5. Benefit package didn't meet needs
6. Rejected because of health condition
7. **NOT ELIGIBLE** to receive coverage
8. Own plan through work is cheaper/benefits better
9. Expect to get own health insurance soon
10. After waiting period will be covered by family member's policy
- 11 Other (specify) _____
97. Don't Know
99. Refused

j_EMPCOV

C: IF STUDENT AWAY FROM HOME OR MINOR, GO TO PARCOV

IF ((f_STUDNT) OR (f_MINOR)) SKIP TO j_PARCOV

IF (CODETYPE = GROUP)

IF (((H12 = 1) OR (H16 = 12)) AND (H11 <> 1)) SKIP TO EMPCOV1
SKIP TO EMPCOV2

ENDIF

IF (CODETYPE = ON_GROUP)

IF ((H11 = 1) OR (H16 = 11)) SKIP TO EMPCOV2

EMPCOV1. Does the firm you (TARGET) work for offer health insurance as a benefit to any of its employees?

1. Yes
2. No → **SKIP TO USC**
7. Don't Know → **SKIP TO USC**
8. NOT applicable, NOT employed → **SKIP TO USC**
9. Refused → **SKIP TO USC**

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

EMPCOV2. Does your (TARGET's) employer contribute to the cost of this benefit?

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

EMPCOV3. Can your (TARGET's) employer coverage be extended to cover dependents?

1. Yes → [IF ((H11 = 1) OR (H16 = 11)) SKIP TO USC]
2. No
7. Don't Know
8. TARGET does NOT have ACCESS to insurance through OWN employer → **SKIP TO USC**
9. Refused

EMPCOV3A. Does this employer contribute to the cost of dependent coverage?

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

EMPCOV4. Why aren't you (TARGET) included in your employer's group health insurance plan?

[DO NOT READ. MAP RESPONSE TO RESPONSE. CIRCLE ONE.]

1. Do not need or want any health insurance
2. Rarely sick
3. Too much hassle/paperwork
4. Could not afford/too expensive
5. Benefit package didn't meet needs
6. Rejected because of health condition
7. NOT ELIGIBLE to receive coverage
8. DO NOT work enough hours in a week
9. Have NOT worked there long enough
10. Other (specify) _____
97. Don't Know
99. Refused

[SKIP TO USC]

j_PARCOV

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IF ((NOT f_MINOR) AND (NOT f_STUDNT)) SKIP TO j_PUB

IF (CODETYPE = GROUP)
    IF (((H12 = 1) | (H16 = 12)) & (H11 <> 1)) SKIP TO PARCOV1
    ELSE SKIP TO PARCOV2
ENDIF
IF (CODETYPE = ON_GROUP)
    IF ((H11 = 1) OR (H16 = 11)) SKIP TO PARCOV2
ENDIF
```

PARCOV

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

PARCOV1. Does the firm **TARGET's** parent or guardian works for offer health insurance as a benefit to any of its employees?

(PROBE: IF ONLY ONE PARENT WORKS, ANSWER FOR THIS PARENT'S EMPLOYER. IF BOTH PARENTS WORK, ANSWER FOR THE PRIMARY WAGE EARNER LIVING IN THE HOUSEHOLD.)

1. Yes
2. No → **SKIP TO USC**
7. Don't Know → **SKIP TO USC**
8. Not Applicable/Parent not employed → **SKIP TO USC**
9. Refused → **SKIP TO USC**

PARCOV2. Does this employer contribute to the cost of this benefit?

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

PARCOV3. Can this coverage be extended to cover dependents?

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

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

```
IF ((H12 <> 1) AND (H16 <> 12)) SKIP TO PARCOV4
ELSE SKIP TO USC
```

PARCOV4. What is the main reason **TARGET** is not included in this employer's health insurance plan as a dependent?

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

1. Child doesn't need insurance
2. Rarely sick
3. Too much hassle/paperwork
4. Could not afford/too expensive
5. Their benefit package didn't meet this child's needs
6. Rejected because of health condition
7. Parent is NOT ELIGIBLE to receive coverage
8. Expect this child will be covered by a policy shortly
9. Child is covered under a school plan
10. Child is covered through another adult's employer plan
11. Other (specify) _____
97. Don't Know
99. Refused

j_PUB:

```
IF ((CODETYPE <> UNINSURD) & (CODETYPE <> OFF)) SKIP TO USC
```

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

PUB1. Have you (**TARGET/TARGET's** parents) ever asked for or been given information about one of the **STATE** public health programs, such as Medicaid?

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

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

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

PUB3. 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?

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

PUB4. Please tell me why you (**TARGET**) would not enroll?

INSTRUCTION: RECORD VERBATIM

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

UTILIZATION AND DEMOGRAPHIC SECTION

UTILIZATION QUESTIONS – Asked of all respondents.

- C30.** If low-cost health insurance were made available, would you be able to pay anything at all to get health care coverage?
1. Yes
 2. No → **SKIP TO USC**
 7. Don't Know
 9. Refused → **SKIP TO USC**
- C31A.** Could you (TARGET/'s parent or guardian) afford to pay \$100 per month for health care coverage?
1. Yes → **SKIP TO USC**
 2. No
 7. Don't Know → **SKIP TO USC**
 9. Refused
- C31B.** Could you (TARGET/'s parent or guardian) afford to pay \$50 per month for health care coverage?
1. Yes → **SKIP TO USC**
 2. No
 7. Don't Know → **SKIP TO USC**
 9. Refused
- C31C.** Could you (TARGET/'s parent or guardian) afford to pay \$25 per month for health care coverage?
1. Yes → **SKIP TO USC**
 2. No
 7. Don't Know → **SKIP TO USC**
 9. Refused
- C31D.** Could you (TARGET/'s parent or guardian) afford to pay \$10 per month for health care coverage?
1. Yes → **SKIP TO USC**
 2. No
 7. Don't Know → **SKIP TO USC**
 9. Refused

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

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

USCKIND. Where does [TARGET usually go/you usually go] for medical care. Is that an:

1. Emergency room or urgent care center → **SKIP TO USCPERS**
2. Clinic
3. Doctor's office → **SKIP TO USCPERS**
4. Or some place else (specify) _____ → **SKIP TO USCPERS**
5. Military hospital/clinic → **SKIP TO USCPERS**
7. Don't Know → **SKIP TO CONFID**
9. Refused → **SKIP TO CONFID**

CLINIC. Is this clinic a . . .

1. Public health, community, or free clinic
2. Hospital outpatient clinic
3. Private clinic
4. IHS / Tribal Facility
5. Other (please specify) _____
7. Don't Know
9. Refused

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

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

MILES. How many miles one way do you travel to for this care?

1. _____ miles
2. Less than 10 miles
3. 10 to 25 miles
4. 26 to 50 miles
5. 51 to 100 miles
6. Over 100 miles
7. Don't Know
9. Refused

[SKIP TO DOC6M]

WHYNOUSC. What is the main reason you (TARGET) DO NOT have a regular place that you go for health care?

1. CAN'T AFFORD IT
2. DO NOT HAVE HEALTH INSURANCE
3. RARELY GET SICK
4. CLINIC HOURS DON'T FIT MY SCHEDULE
5. TRANSPORTATION DIFFICULTIES
6. LANGUAGE BARRIER
7. DO NOT LIKE/TRUST/BELIEVE IN DOCTORS
8. CLINIC I USED TO GO TO CLOSED
9. JUST MOVED, DO NOT HAVE A REGULAR PLACE YET
10. JUST SWITCHED INSURANCE, DO NOT HAVE REGULAR PLACE YET
11. TWO OR MORE PLACES DEPENDING ON WHAT'S WRONG
12. OTHER (SPECIFY ABOVE)
97. DON'T KNOW
99. REFUSED

DOC6M. 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, emergency room or urgent care visits.

_____ visits

7. Don't Know
9. Refused

[IF NO VISITS SKIP TO INPUSE]

DOC3M. 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, emergency room or urgent care visits.

_____ visits

7. Don't Know
9. Refused

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

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

INPUSE2. How many times have you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

_____ times

7. Don't Know
9. Refused

ERUSE. During the **past 12 months**, have you (TARGET) been to a hospital emergency room or urgent care center?

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

CHRON1. (Not counting pregnancy) do you (does TARGET) now have any medical conditions that have lasted for at least 3 months?

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

CHRON2. In the last 12 months, how many times have you (has TARGET) seen a doctor or other health professional for any of these conditions?

_____ visits
7. Don't Know
9. Refused

[IF ONE OR MORE VISITS SKIP TO DENTAL]

CHRON3. Why haven't you seen a doctor or other health professional for any of these conditions?

1. Can't afford it
2. DO NOT have health insurance
3. Did not need to see doctor
4. Clinic hours don't fit my schedule
5. Transportation difficulties
6. Language barrier
7. Do not like/trust/believe in doctors
8. Clinic I used to go to closed
9. Just moved, DO NOT have a regular place yet
10. Just switched insurance, DO NOT have regular place yet
11. Other: _____
77. Don't Know
99. Refused

DENTAL. Do you currently have insurance that pays for **all or part of your** dental care?

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

[SKIP TO HSTAT IF TARGET HAS MEDICARE]

DRUG. Do you (does TARGET) have insurance that pays for prescription drugs?

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

DEMOGRAPHIC QUESTIONS – Asked of all respondents.

The following questions are about TARGET.

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

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

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. Which of the following races do you consider you (**TARGET**) to be?

[MAY SELECT MORE THAN ONE]

[READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE]

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

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

PRIMARY WAGE EARNER

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

CHARGE

Lead in to CHARGE below:

IF MINOR TARGET CURRENTLY INSURED:

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

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

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

CHARGE. Would that be you or someone else?

1. Person on phone
2. Someone else
8. N/A: No primary wage earner in household → **ASK NEXT 6 QUESTIONS (THROUGH EDUC) THEN SKIP TO UNEASE**

[IF CHARGE IS PERSON ON PHONE, INSERT "YOU" FOR "THIS PERSON" IN ALL PWE ITEMS.]

PWEAGE. What is this person's age?

Age _____
9. Refused

[IF CHARGE IS PERSON ON PHONE GO TO PHISP]

PWESEX. And is this person male or female?

1. Male
2. Female
9. Refused

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

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

PRACE. Which of the following race or races do you consider this person (YOURSELF) to be?
[MAY SELECT MORE THAN ONE]

[READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.]

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

MARSTAT. Are you (Is PWE) currently:

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

EDUC. What is the highest level of education you have (PWE has) completed?

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

[ASK EMPSTAT2 ONLY IF RESPONDENT HAS INDICATED AT BEGINNING OF SURVEY THAT S/HE IS EMPLOYED.]

EMPSTAT2. Do you (Does PWE) have more than one paying job?

1. Yes → **SKIP TO EMPHRS**
2. No
9. Refused

HOURS. Thinking about ALL of your jobs, what is the total number of hours usually worked per week?

- _____ hours
7. Don't Know
 9. Refused

[SKIP TO EMPERM]

EMPERM. Thinking about your PRIMARY job, is this a permanent, temporary, or seasonal job?

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

TENURE. How long have you (has PWE) been employed in this position?

1. Less than 1 month
2. More than 1 month but less than 6 months
3. More than 6 months but less than 1 year
4. More than 1 year but less than 5 years
5. 5 years or more
7. Don't Know
9. Refused

INDUST. Thinking about the employer you work (PWE works) for, what industry most closely describes the employer? (**Listen to the whole list of choices before deciding**)

1. Government, public administration
2. Health care
3. Education
4. Social Services
5. Agriculture, farming, forestry and fishing
6. Construction, mining
7. Manufacturing *
8. Transportation, communications and utilities**
9. Retail and wholesale trade/sales ***
10. Banking, finance, insurance, real estate
11. Entertainment or tourism
12. Business and repair services (such as mechanic, electrician, plumber)
13. Personal services (such as child care, house cleaning, stylist)
14. Professional and related services (such as legal services, financial planning, web design)
15. Other (specify) _____
97. Don't Know
99. Refused

Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing

** Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

*** Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

DEMOGRAPHICS (CONTINUED)

[THE REMAINING QUESTIONS ARE FOR THE RESPONDENT]

My next questions are about some health concerns facing people today.

UNEASE. How worried are you that over the next year:

A. You won't be able to afford prescription drugs.

Are you very worried, somewhat worried, not too worried, or not worried at all?

1. Very worried
2. Somewhat worried
3. Not too worried
4. Not worried at all
7. Don't Know
9. Refused

B. You won't be able to afford health services you think you need.

Are you very worried, somewhat worried, not too worried, or not worried at all?

1. Very worried
2. Somewhat worried
3. Not too worried
4. Not worried at all
7. Don't Know
9. Refused

[IF UNINSURED, SKIP TO UNEASE-D]

C. Health insurance will become so expensive you won't be able to afford it?

Are you very worried, somewhat worried, not too worried, or not worried at all?

1. Very worried
2. Somewhat worried
3. Not too worried
4. Not worried at all
7. Don't Know
9. Refused

[IF UNINSURED, SKIP TO PHONE]

D. Your benefits under your current health care plan will be cut back substantially?

Are you very worried, somewhat worried, not too worried, or not worried at all?

1. Very worried
2. Somewhat worried
3. Not too worried
4. Not worried at all
7. Don't Know
9. Refused

E. You will lose your health insurance benefits?

Are you very worried, somewhat worried, not too worried, or not worried at all?

1. Very worried
2. Somewhat worried
3. Not too worried → **SKIP TO PHONE**
4. Not worried at all → **SKIP TO PHONE**
7. Don't Know → **SKIP TO PHONE**
9. Refused → **SKIP TO PHONE**

UNWHY. Why do you feel this change might happen?

[DO NOT READ. MAP TO RESPONSE.]

1. Premium cost increases
2. Loss of employment
3. Change of employment
4. Employer no longer offering
5. Divorce or separation
6. COBRA will end
7. Change in income, age, family composition will make ineligible
8. Other: _____
97. don't know
99. refused

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

1. Yes
2. No → **SKIP TO PHONE3**
3. Not Respondent's # → **SKIP TO PHONE3**
7. Don't Know
9. Refused

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

Number _____

7. Don't Know
9. Refused

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

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

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

Number _____

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

Now I am going to ask 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.

TOTCNT. How many people live on your or your family's income who CURRENTLY LIVE in the household?

(PROBE: "Do not include any children for which a family member currently pays child support, or any children away attending college or boarding school.")

_____ people

7. Don't Know

9. Refused

[IF (TOTCNT = 1) SKIP TO INCOME]

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

_____ children

7. Don't Know

9. Refused

INCOME. What was your household's gross, pretax income from all sources for the year 2003? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.) If one million dollars (\$1,000,000) or more, enter 999999.

\$ _____, _____

7. Don't Know

9. Refused

[IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, SKIP TO INCOME2 ELSE SKIP TO END OF SURVEY.]

INCOME2. How about if I give you some categories? Would you say your household's gross, pretax income is...?

1 Less than \$5,000

2 \$5,000 and \$7,499

3 \$7,500 and \$9,999

4 \$10,000 and \$12,499

5 \$12,500 and \$14,999

6 \$15,000 and \$19,999

7 \$20,000 and \$24,999

8 \$25,000 and \$29,999

9 \$30,000 and \$34,999

10 \$35,000 and \$39,999

11 \$40,000 and \$49,999

12 \$50,000 and \$59,999

13 \$60,000 and \$74,999

14 \$75,000 or more

97 Don't Know

99 refused

END OF SURVEY.

THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.