

CSCS Oklahoma

2008 Health Care Insurance and Access Survey Instrument

INTRO1. Hello. My name is <name> and I'm calling on behalf of the Oklahoma Health Care Authority.

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

IF ASKED BY PERSON ON PHONE, INDICATE YOU ARE CALLING FROM WESTAT, WHICH IS CONDUCTING INTERVIEWS FOR THE UNIVERSITY OF MINNESOTA-TWIN CITIES UNDER CONTRACT WITH THE OKLAHOMA HEALTH CARE AUTHORITY.

INTRO2. We are conducting a research study about health insurance issues in Oklahoma. Do you feel that health insurance is an important issue in your state?

Your household has been randomly chosen to participate in this interview and your input is very important for the results to accurately represent thousands of other Oklahoma residents. Your responses will help policy makers better understand the status of health insurance in Oklahoma.

INTRO3. The interview is voluntary. You can skip any question you don't want to answer, and you can end the interview at any time.

The interview generally takes about 15-20 minutes. The information you give will be kept confidential. Your phone number will not be linked to your answers, and your answers will be combined with those of other people in the state. Also know that the study will not be used for marketing and your decision to participate will not affect your eligibility for health care services.

INTRO4. **[IF RESPONDENT ASKS:** This study is being led by researchers at the University of Minnesota-Twin Cities. If you have questions about the study and would like to contact the researcher doing the study or someone at the Research Subjects' Advocate line, I can give you those phone numbers now or at the end of the survey.

Dr. Kathleen Call: 612-624-3922.

Research Subjects' Advocate Line: 612-625-1650 (This office will accept collect calls.)]

START OF SURVEY

- S1.** Is this your main residence? [**INTERVIEWR NOTE:** This does not include cabins or vacation homes used only seasonally.]
1. YES
 2. NO → "Thank you. We are only interviewing people at their main residence." **TERMINATE**

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 GO BACK TO INTRO1- INTRO4; INTERVIEWER MAY EITHER FILL IN ANSWERS FOR S1-S3 AGAIN OR SKIP DIRECTLY 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) _____ → **SKIP TO S5**
 777. DON'T KNOW → **SKIP TO S4A**
 999. Outside of Oklahoma → "Thank You. We are only interviewing people who live in Oklahoma" **TERMINATE**

FIPS	COUNTY	FIPS	COUNTY
001	Adair	059	Harper
003	Alfalfa	061	Haskell
005	Atoka	063	Hughes
007	Beaver	065	Jackson
009	Beckham	067	Jefferson
011	Blaine	069	Johnston
013	Bryan	071	Kay
015	Caddo	073	Kingfisher
017	Canadian	075	Kiowa
019	Carter	077	Latimer
021	Cherokee	079	Le Flore
023	Choctaw	081	Lincoln
025	Cimarron	083	Logan
027	Cleveland	085	Love
029	Coal	087	McClain
031	Comanche	089	McCurtain
033	Cotton	091	McIntosh
035	Craig	093	Major
037	Creek	095	Marshall
039	Custer	097	Mayes
041	Delaware	099	Murray
043	Dewey	101	Muskogee
045	Ellis	103	Noble
047	Garfield	105	Nowata

049	Garvin	107	Okfuskee
051	Grady	109	Oklahoma
053	Grant	111	Okmulgee
055	Greer	113	Osage
057	Harmon	115	Ottawa
117	Pawnee	137	Stephens
119	Payne	139	Texas
121	Pittsburg	141	Tillman
123	Pontotoc	143	Tulsa
125	Pottawatomie	145	Wagoner
127	Pushmataha	147	Washington
129	Roger Mills	149	Washita
131	Rogers	151	Woods
133	Seminole	153	Woodward
135	Sequoyah		

S4A. Is your household located in Oklahoma?

- 1. YES
- 2. NO → “Thank you. We are only interviewing people who reside in Oklahoma” **TERMINATE**
- 7. DON'T KNOW → “Thank you. We are only interviewing people who reside in Oklahoma” **TERMINATE**
- 9. REFUSED → “Thank you. We are only interviewing people who reside in Oklahoma” **TERMINATE**

S5. What is your zip code? ____ _

- 77777. DON'T KNOW
- 99999. REFUSED

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

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

- _____ people
- 77. DON'T KNOW
- 99. REFUSED

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

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

S7.

PERSON 1 (RESPONDENT):

s7a_age:

[IF S6= 1]

What is your age as of your last birthday?

[IF S6 >1]

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

____ (0-100, 0 for infant less than 1 years of age)

777. DON'T KNOW

999. REFUSED

[IF S7A_AGE <18, INTERVIEWER SHOULD SAY: "I NEED TO INTERVIEW SOMEONE AGE 18 AND OLDER. IS THERE AN ADULT AGED 18 OR OLDER WHO COULD ANSWER QUESTIONS ABOUT HEALTH INSURANCE?"]

s7a_sex:

GENDER: ASK IF UNKNOWN.

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

s7a_rel (STORE 0 IN s7a_rel, FOR SELF)

IF S6 = 1, SKI TO H

PERSONS 2 - 10: ASK AGE, SEX & RELATIONSHIP OF ONE PERSON BEFORE CONTINUING ON WITH NEXT PERSON

s7b_age thru s7j_age: And the next person's age?

____ (0-100, 0 for infant less than 1 years of age)

777. DON'T KNOW

999. REFUSED

INTERVIEWER: IF R DOES NOT WANT TO REPORT AGE, ATTEMPT TO DETERMINE WHETHER THE PERSON IS AN ADULT OR NOT. "PARTS OF THE INTERVIEW DEPEND ON KNOWING WHETHER YOU/SHE/HE/THIS PERSON IS AN ADULT. CAN YOU TELL ME IF YOU/SHE/HE/THIS PERSON IS 18 YEARS OR OLDER?"

s7b_sex thru s7j_sex: Is this (child/person) (a boy or a girl/male or female)?

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

s7b_rel thru s7j_rel: What is this person's relationship to you?

(DO NOT READ. ENTER ONE ONLY)

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

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

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

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

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

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

SELECT: I will be asking some specific insurance coverage questions about one randomly chosen person from your household. For those questions you (the (age) year old (sex) - TARGET) have (has) been selected.

IF COMPUTER SELECTS PERSON ON PHONE, CODE TO CONVERT RESPREL TO TARGREL, THEN SKIP TO H.

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

FIRST NAME OF TARGET: _____

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

(DO NOT READ, ENTER ONE ONLY)

- 9. SELF
- 2. SPOUSE (WIFE/HUSBAND)
- 10. UNMARRIED PARTNER / SIGNIFICANT OTHER
- 4. CHILD / STEPCHILD
- 3. PARENT / STEPPARENT
- 5. SIBLING / STEPSISTER / STEPBROTHER
- 1. GRANDPARENT / STEP-GRANDPARENT
- 6. GRANDCHILD / STEP-GRANDCHILD
- 41. SON-IN-LAW / DAUGHTER-IN-LAW
- 31. FATHER-IN-LAW / MOTHER-IN-LAW
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- 84. TENANT/RENTER
- 8. OTHER NON-RELATIVE
- 77. DON'T KNOW
- 99. REFUSED

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

HH_COUNT = Number of people in household (S6)

TMARR = 1 if TARGET has a spouse only; 0 otherwise

TPAR = 1 if TARGET is parent; 0 otherwise

TARGAGE = TARGET's age

FAM_COUNT = Number of people in TARGET's family.

IF TARGAGE<18 & TMARR=0 & TPAR=0: TARGET+PARENTS+SIBLINGS<18 FROM ROSTER

IF TARGAGE<18 & (TMARR=1 OR TPAR=1): TARGET+SPOUSE+CHILDREN<18 FROM ROSTER

IF TARGAGE>17: TARGET+SPOUSE+CHILDREN<18 FROM ROSTER

HEALTH INSURANCE

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 CURRENTLY have (TARGET CURRENTLY has) 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 9
H1	Medicare? MANDATORY TO READ: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue insurance card. IF H1 = 2,7,9 SKIP TO H2, ELSE SKIP TO MEDIGAP	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
	PUBGAP Do you (does TARGET) have coverage through Medicaid QMB, SLMB, QI1 or QI2?	1	2	7	9
	MEDDRG Do you (does TARGET) have Medicare insurance that pays for prescription drugs? IF TARGAGE > 64 SKIP to H17	1	2	7	9
H2	IF TARGAGE <18 SKIP TO H3 A Railroad Retirement Plan?	1	2	7	9
H3	Veteran's Affairs services? [If H3=2, 7, or 9 SKIP to H3b	1	2	7	9
H3a	Veteran's Affairs coverage resulting from a service-related disability?	1	2	7	9
H3b	Military health care, TRICARE, or CHAMPUS?	1	2	7	9
H4	Indian Health Service or tribal health care?	1	2	7	9
H5	Medical Assistance or Medicaid – also known as SoonerCare?	1	2	7	9
H6	Premium assistance also known as "Insure Oklahoma" or "O-EPIC"?	1	2	7	9
H7	Insurance through the Oklahoma Health Insurance Pool – also known as the Oklahoma High Risk Plan?	1	2	7	9
H9	H9 COBRA or other temporary extension of coverage? PROBE: This is insurance you purchase temporarily for full cost through a former employer. IF H9 = 2,7,9, SKIP TO H11	1	2	7	9

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

	<p>H9POL. Is this an individual policy or is it a family policy?</p> <ol style="list-style-type: none"> 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED 				
H11	<p>IF TARGAGE <18 SKIP TO H12</p> <p>H11 Health insurance through your (TARGET's) work or union?</p> <p>IF H11 = 2,7,9, SKIP TO H12</p>	1	2	7	9
	<p>H11POL. Is this an individual or family policy?</p> <ol style="list-style-type: none"> 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED 				
	<p>H11GOV Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <ol style="list-style-type: none"> 1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED 				
H12	<p>H12 Health insurance through someone else's work or union?</p> <p>IF H12 = 2,7,9 SKIP TO H13</p>	1	2	7	9
	<p>H12POL. Is this an individual or family policy?</p> <ol style="list-style-type: none"> 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED 				
	<p>H12GOV Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <ol style="list-style-type: none"> 1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED 				
H13	<p>IF TARGAGE <18 SKIP TO H14</p> <p>H13 Health insurance bought directly by you (TARGET)?</p> <p>IF H13 = 2,7,9 SKIP TO H14</p>	1	2	7	9
	<p>H13POL. Is this an individual or family policy?</p> <ol style="list-style-type: none"> 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED 				

	H14 Health insurance bought directly by someone else? IF H14 = 2,7,9 SKIP TO j_H15	1	2	7	9
H14	H14POL. Is this an individual or family policy? 1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED				
j_H15: IF TARGET HAS ONLY INDIAN SERVICES (H4 = 1), SKIP TO H15A. IF TARGET HAS ANY OTHER INSURANCE, SKIP TO H17. ELSE CONTINUE TO H15.					
H15	Just to be sure I have this right, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you go (TARGET goes) to a doctor or hospital? IF H15 = 1 SKIP TO H16 IF H15 = 2,7,9 SKIP TO H19	1	2	7	9
IF TARGET HAS ONLY INDIAN SERVICES, CONTINUE TO H15A. ELSE SKIP TO H16.					
H15A	I understand that you receive (TARGET receives) services through the Indian Health Service or tribal health care 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 H15A = 2,7,9 SKIP TO H19	1	2	7	9
H16	And who is that? (Interviewer: If returning back from PATHI, instead ask "What type of insurance is that?" (DO NOT READ, SELECT ANSWER)) 1. MEDICARE 2. RAILROAD RETIREMENT PLAN 3. VETERAN'S AFFAIRS SERVICE 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY 3b. MILITARY HEALTH CARE, TRICARE or CHAMPUS 4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE 5. MEDICAID – SOONERCARE 6. PREMIUM ASSISTANCE – INSURE OKLAHOMA OR O-EPIC 7. INSURANCE THROUGH THE OKLAHOMA HEALTH INSURANCE POOL 9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE 11. HEALTH INSURANCE THROUGH YOUR (TARGET's) WORK OR UNION 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (TARGET) 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE 15. WORKER'S COMPENSATION FOR SPECIFIC INJURY/ILLNESS 16. EMPLOYER PAYS FOR BILLS, BUT NOT FOR AN INSURANCE POLICY 17. FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 18. NON-FAMILY MEMBER PAYS OUT OF POCKET FOR ANY BILLS 19. NO PRIVATE OR PUBLIC INSURANCE 20. NON INSURANCE PAYMENT SOURCE 77. DON'T KNOW 99. REFUSED				

<p>[IF 1-3,5,6,7 SKIP TO H17 IF 9, 11-14 CONTINUE TO H16POL IF 4,15-20, 77, 99 say: "For purposes of this survey, we'll assume you/TARGET (do/does) not have insurance." THEN SKIP TO H19]</p>					
H16POL.	<p>Is this an individual or family policy?</p> <p>1. Individual policy 2. Family policy (covers more than one person) 7. DON'T KNOW 9. REFUSED</p>				
H16GOV	<p>IF H16 = 9,13,14 SKIP TO H17</p> <p>Is this policy through a local, state, or federal government employer, or through another type of employer?</p> <p>1. Local, state, or federal government employer 2. Another type of employer 7. DON'T KNOW 9. REFUSED SKIP TO H17</p>				
<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 H17 = 2 SKIP TO H18 IF H17 = 1,7,9 SKIP TO j PREMIUM</p>	1	2	7	9
H18	<p>How many months during the past year were you (was TARGET) without coverage? SKIP TO j PREMIUM</p>	_ # months		7	9
H19	<p>Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS? SKIP TO j PREMIUM</p>	1	2	7	9

j PREMIUM:

**IF ((H9, H11, H12, H13 OR H14 = 1) OR (H16 = 9,11,12,13,14)) SKIP TO PREM1
ELSE SKIP TO STAT**

PREMIUMS and COST SHARING

[Asked only of TARGETS with employer-based or private self-purchased]

PREM1. How much is the monthly premium for this health insurance?

[PROBE: "Premium is the monthly charge for the cost of this health insurance plan. We're interested in the cost of the entire policy, even if it covers other family members too."]

- \$ _____ MONTHLY - **SKIP TO PREM2**
- \$ _____ EVERY 2 WEEKS - **SKIP TO PREM2**
- \$ _____ BI-MONTHLY (TWICE A MONTH) - **SKIP TO PREM2**
- \$ _____ QUARTERLY (FOUR TIMES A YR) - **SKIP TO PREM2**
- \$ _____ BI-ANNUALLY (TWICE A YEAR) - **SKIP TO PREM2**
- \$ _____ ANNUALLY- **SKIP TO PREM2**
- 7. DON'T KNOW - ASK PREM1A.
- 9. REFUSED - **SKIP TO PREM2**

IF PREM1 = 0, SKIP to PREM2.

PREM1A. Which category best represents the monthly premium for your (TARGET's) health insurance?
READ CATEGORIES BELOW

Would you say it is:

1. Less than \$200 per month
2. Between \$200 and \$500 per month
3. \$501 to \$1000
4. More than \$1000
7. DON'T KNOW
9. REFUSED

[[IF H11 or H12 = 1) or (H16=11 or 12, ASK PREM2; ELSE SKIP TO DED1]]

PREM2.

[If H11=1 or H16=11]

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

[If H12=1 or H16=12]

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

- \$ _____ MONTHLY
- \$ _____ BI-MONTHLY (TWICE A MONTH)

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

- \$ _____ QUARTERLY (FOUR TIMES A YR)
- \$ _____ BI-ANNUALLY (TWICE A YEAR)
- \$ _____ ANNUALLY
- 7. DON'T KNOW
- 8. Not applicable (TARGET has private self-purchased insurance)
- 9. REFUSED

DED1. Does your (TARGET'S) health insurance include a deductible for major medical coverage?

[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 → **SKIP TO DED2**
 - 2. NO
 - 7. DON'T KNOW
 - 9. REFUSED
- SKIP TO COPAY1**

DED2. What is the amount of the annual deductible?

- 1. Less than \$300
- 2. Between \$300 and \$1500
- 3. Between \$1501 and \$5000
- 4. Between \$5001 and \$10,000
- 5. \$10,000 or more
- 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 **SKIP TO COPAY2**
 - 2. NO
 - 7. DON'T KNOW
 - 9. REFUSED
- SKIP TO STAT**

COPAY2. How much is the copayment for a visit to your (TARGET's) regular doctor?

- \$ _____
- 777. Don't Know
- 999. Refused

HOUSEHOLD HEALTH INSURANCE

SKIP TO J_EDUC IF S6=1. PROCEED THROUGH STAT(#) AND TYPE(#) FOR EACH PERSON IN THE ROSTER, EXCEPT TARGET.

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

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

- 1 YES → **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 are you (is this person) covered by? CHECK ALL THAT APPLY

[PROGRAM for Y/N RESPONSE FOR EACH]

- 1. MEDICARE
- 2. RAILROAD RETIREMENT PLAN
- 3. VETERAN'S AFFAIRS disability
- 3a. VETERAN'S AFFAIRS COVERAGE RESULTING FROM A SERVICE-RELATED DISABILITY
- 3b. MILITARY HEALTH CARE, TRICARE, or CHAMPUS
- 4. INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
- 5. MEDICAID - SOONERCARE
- 6. PREMIUM ASSISTANCE - INSURE OKLAHOMA OR O-EPIC
- 7. INSURANCE THROUGH THE OKLAHOMA HEALTH INSURANCE POOL
- 9. COBRA OR OTHER TEMPORARY EXTENSION OF COVERAGE
- 11. HEALTH INSURANCE THROUGH YOUR (THEIR) WORK OR UNION
- 12. HEALTH INSURANCE THROUGH SOMEONE ELSE'S WORK OR UNION
- 13. HEALTH INSURANCE BOUGHT DIRECTLY BY YOU (THEMSELVES)
- 14. HEALTH INSURANCE BOUGHT DIRECTLY BY SOMEONE ELSE
- 19. NO PRIVATE OR PUBLIC INSURANCE
- 20. NON INSURANCE PAYMENT SOURCE
- 77. DON'T KNOW
- 99. REFUSED

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

VERIFY

IF TARGET IS RESPONDENT:

I just want to make sure I have everything right. Other than you, my understanding is that the following people do not have health care coverage:

ELSE:

I just want to make sure I have everything right. Other than (TARGET) My understand is that the following people do not have health care coverage:

- 1. YES → **SKIP TO j_EDUC**
- 2. NO → **SKIP BACK TO TYPE(#) "What type of insurance is this person covered by?"**

j_EDUC:

**PROCEED THROUGH EDUCATION AND EMPLOYMENT SECTION FOR EACH ADULT
IN ROSTER WHO IS 18 OR OVER, INCLUDING TARGET (IF TARGAGE IS >17)
EDUC(#) - STUD1(#)**

EDUCATION AND EMPLOYMENT STATUS OF HOUSEHOLD ADULTS

Next, I'm going to ask some questions about adult household members' education and employment. I'll start with your (relationship) [(age) (sex) if multiple members with same relationship code].

EDUC(#). What is the highest level of education you have (this person has) completed? (DO NOT READ)

1. NO FORMAL EDUCATION
2. GRADE SCHOOL (1 TO 8 YEARS)
3. SOME HIGH SCHOOL (9 TO 11 YEARS) BUT NO DEGREE
4. HIGH SCHOOL GRADUATE OR GED (RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA)
5. SOME COLLEGE/TECHNICAL OR VOCATIONAL SCHOOL/TRAINING AFTER HIGH SCHOOL, NO DEGREE
6. ASSOCIATE'S DEGREE (FOR EXAMPLE: AA, AS)
7. BACHELOR'S DEGREE (FOR EXAMPLE: BA, BS)
8. POSTGRADUATE DEGREE/STUDY
77. DON'T KNOW
99. REFUSED

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

1. Self employed or own your (his/her) business
2. Employed by the local, state or federal government
3. Employed by another type of employer
4. Unpaid worker for family business, farm, or home → **SKIP TO STUD**
5. Retired → **SKIP TO STUD**
6. Unemployed, or not working → **SKIP TO STUD**
7. DON'T KNOW → **SKIP TO STUD**
9. REFUSED → **SKIP TO STUD**

MULTJOB(#) Do you (Does (relationship) [(age) (sex) if multiple members with same relationship code]) have more than one paying job?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

HOURS(#). What is the total number of hours usually worked per week?
Note: this question used to be under PWE section.

_____ HOURS
777. DON'T KNOW
999. REFUSED

**IF MULTIJOB(#)=1 SKIP TO EMPHRS(#)
ELSE SKIP TO SIZE(#)**

EMPHRS(#). For the job you work ((relationship) [(age) (sex) if multiple members with same relationship code] works) at the most hours, what is the total number of hours usually worked per week?

_____ hours
777. DON'T KNOW
999. REFUSED

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

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

1. YES **SKIP TO SIZEB(#)**
2. NO **SKIP TO SIZEA(#)**
7. DON'T KNOW **SKIP TO STUD**
9. REFUSED **SKIP TO STUD**

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

NOTE: If EMP#=1, use "business" instead of "employer."

1. Just one
2. Between 2 and 10
3. Between 11 and 24
4. Between 25 and 50
7. DON'T KNOW
9. REFUSED

SKIP TO STUD

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

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

1. Between 51 and 100
2. Between 101 and 250
3. Between 251 and 500
4. Between 501 and 1000
5. Over 1000
7. DON'T KNOW
9. REFUSED

STUD(#) Are you (relationship) [(age) (sex) if multiple members with same relationship code] currently a student?
1. YES – **SKIP TO STUD1**
2. NO
7. DON'T KNOW
9. REFUSED
SKIP TO CATISORT

STUD1(#) Are you (relationship) [(age) (sex) if multiple members with same relationship code] a full-time student (greater than three-fourths time) or part-time student (less than three-fourths time)?
1. FULL-TIME STUDENT
2. PART-TIME STUDENT
7. DON'T KNOW
9. REFUSED

CATISORT

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

Priority of assignment:

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

NOTE: IHS is considered uninsured

CODETYPE VALUE:

SCREEN: (public)

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

IF (H1, H2, H5, H6, OR H7 = 1) OR (H16 = 1,2,5,6,7)

GROUP: (group)

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

IF ((H17 = 1) AND ((H3, H3a, H3b, H9, H11, H12 = 1) OR (H16 = 3,3a,3b,9,11,12)))

ON_GROUP: (group)

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

IF ((H17 > 1) AND ((H3, H3a, H3b, H9, H11, H12 = 1) OR (H16 = 3,3a,3b,9,11,12)))

INDIVID: (individual)

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

IF ((H17 = 1) AND ((H13, H14 = 1) OR (H16 = 13,14)))

ON_ELSE: (individual)

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

IF ((H17 > 1) AND ((H13, H14 = 1) OR (H16 = 13,14)))

UNINSURD: (uninsured)

The Target does not have any public or private insurance. The Target has not had any insurance for all of the last year (H19 = 2). (NONE OF THE ABOVE CRITERIA ARE TRUE)

UNINOFF: (uninsured)

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

LONG FORM (see CATISORT, previous page)

j_PATH:

IF (CODETYPE = UNINSURD) SKIP TO J_COV – UNINSURED FOR PAST 12 MONTHS
IF (CODETYPE = ON_GROUP) SKIP TO PATHI – VERIFY STATUS
IF (CODETYPE = ON_ELSE) SKIP TO PATHI – VERIFY STATUS
IF (CODETYPE = UNINOFF) SKIP TO PATHU – VERIFY STATUS
IF (CODETYPE = SCREEN AND H17=2) SKIP TO PATHI – VERIFY STATUS
ELSE, SKIP TO HSTAT – (GROUP, PUBLIC AND INDIVIDUAL SKIP OUT)

PATHI. Just to be sure I've entered this right, currently you are (**TARGET** is) covered by health insurance but were (was) NOT covered at some point IN THE PAST 12 MONTHS. Is this correct?

1. YES
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO HSTAT**

PATHU. Just to be sure I've entered this right, 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 j_COV**
2. NO → **SKIP BACK TO H16, REASK**
7. DON'T KNOW → **SKIP BACK TO H16, REASK**
9. REFUSED → **SKIP BACK TO H16, REASK**

j_COV: ONLY CURRENTLY UNINSURED TARGETS WILL GO THROUGH THE COVERAGE SERIES

1. SPOUSE/PARTNER:

IF TARGAGE > 17 AND TARGET HAS SPOUSE/PARTNER WHO IS EMPLOYED AND WE KNOW FROM STAT(#)ROSTER THAT SPOUSE HAS OWN INSURANCE THORUGH WORK, SKIP TO COV2

IF TARGAGE > 17 AND TARGET HAS SPOUSE/PARTNER WHO IS EMPLOYED, BUT WE DON'T KNOW IF SPOUSE IS COVERED THORUGH THEIR OWN WORK, SKIP TO COV1

2. EMPLOYED:

IF TARGAGE > 17 AND TARGET IS SELF EMPLOYED WITH NO OTHER EMPLOYEES, SKIP TO OWNCOV

IF TARGAGE > 17 AND TARGET IS EMPLOYED, SKIP TO j_EMPCOV

3. KIDS/STUDENTS:

IF (TARGAGE < 18) SKIP TO j_PARCOV

IF (TARGAGE > 17 AND TARGAGE < 25 AND TARGET IS NOT MARRIED AND TARGET IS A FULLTIME STUDENT) SKIP TO j_PARCOV

4. OTHERS:

ALL OTHERS SKIP TO OWNCOV

ACCESS TO EMPLOYER-BASED INSURANCE

COV1. Now I'd like to ask a few questions about your (TARGET's) access to insurance. Does your (TARGET'S) partner have insurance through their work?
NOTE: If R = person 2(spouse) reads: "Do you have insurance through your work?"

1. YES
2. NO → **SKIPTO COV3**
7. DON'T KNOW → **SKIPTO COV3**
8. N/A: spouse/partner unemployed or self employed → **SKIP TO j_EMPCOV**
9. REFUSED → **SKIPTO COV3**

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

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

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

1. YES → **SKIPTO COV6**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO j_EMPCOV**

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

1. YES → **SKIPTO COV4**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO j_EMPCOV**

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

1. YES → **SKIPTO COV6**
 2. NO
 7. DON'T KNOW
 9. REFUSED
- SKIP TO j_EMPCOV**

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

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

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY SPOUSE'S POLICY
11. RECEIVES SERVICES THROUGH INIDAN HEALTH SERVICE OR TRIBAL CARE
12. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

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

j_EMPCOV

IF TARGET IS EMPLOYED, SKIP TO EMPCV1
IF (TARGET IS NOT EMPLOYED AND TARGAGE > 17 AND TARGAGE < 25 AND
TARGET IS NOT MARRIED AND TARGET IS A FULLTIME STUDENT) SKIP TO
j_PARCOV
ELSE SKIP TO OWNCOV

EMPCV1. Does the business you work for (he/she works for) offer health insurance as a benefit to any of its employees?

1. YES → **SKIPTO EMPC1A**
 2. NO
 7. DON'T KNOW
 8. NOT APPLICABLE, NOT EMPLOYED
 9. REFUSED
- SKIP TO OWNCOV**

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

1. YES → **SKIPTO EMPCOV2**
2. NO → **SKIPTO EMPNELIG**
7. DON'T KNOW → **SKIPTO EMPCV4**
9. REFUSED → **SKIPTO EMPCV4**

EMPNELIG. What is the main reason you (TARGET) are not eligible through your (their) work?
DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.

1. HEALTH CONDITION
2. AFTER WAITING PERIOD WILL BE ELIGIBLE FOR THEIR POLICY
3. WORK PART-TIME
4. WORK TEMPORARY/SEASONALLY
5. OTHER _____.
7. DON'T KNOW
9. REFUSED

SKIP TO OWNCOV

EMPCOV2. Does your (TARGET's) employer pay for all or a part of the insurance cost?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

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

1. YES → **SKIP TO EMPCOV3A**
2. NO → **SKIP TO EMPCV4**
7. DON'T KNOW
8. TARGET DOES NOT HAVE ACCESS TO INSURANCE THROUGH OWN EMPLOYER
9. REFUSED

SKIP TO OWNCOV

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

EMPCOV3A. Does your (TARGET's) employer pay for all or a part of dependent coverage?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

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

[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
8. PLAN THROUGH SPOUSE'S WORK IS CHEAPER/BETTER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY POLICY
11. RECEIVES SERVICES THROUGH INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
12. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

OWNCOV. **IF TARGET AGE < 18 YEARS:**

What is the main reason you/TARGET'S PARENTS have not bought health insurance for (TARGET)?

IF TARGET AGE 18+ YEARS :

What is the main reason you have (TARGET HAS) not bought health insurance on your (his/her) own?

[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]

1. DO NOT NEED OR WANT HEALTH INSURANCE
2. RARELY SICK/"I TAKE CARE OF MYSELF"
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
6. NOT ELIGIBLE, HEALTH CONDITION
7. NOT ELIGIBLE, OTHER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY A POLICY
11. DON'T KNOW WHERE TO BEGIN/WHERE TO GO
12. RECEIVES SERVICES THROUGH INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
13. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

SKIPTO PUB1

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

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

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

1. YES → **SKIPTO PARC1A**
2. NO
7. DON'T KNOW
8. N/A: PARENT/GUARDIAN NOT EMPLOYED OR SELF EMPLOYED W/1 EMPLOYEE
9. REFUSED

SKIP TO OWNCV2

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

1. YES → **SKIPTO PARCOV2**
2. NO
7. DON'T KNOW
9. REFUSED

SKIP TO OWNCV2

PARCOV2. Does this employer pay for all or a part of the health insurance cost?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

PARCOV3. Can this coverage be extended to cover dependents?

1. YES → **SKIPTO PARCOV2**
2. NO
7. DON'T KNOW
9. REFUSED

SKIP TO OWNCV2

PARC3A Does this employer pay for all or a part of dependent coverage?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

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

1. CHILD DOES NOT NEED HEALTH INSURANCE
2. RARELY SICK
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY POLICY
11. RECEIVES SERVICES THROUGH THE INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE
12. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

OWNCV2. What is the main reason your (TARGET's) parents or guardian have not bought health insurance for you (TARGET) on their own? **[DO NOT READ. MAP RESPONSE TO CATEGORY. CHOOSE ONE.]**

1. CHILD DOES NOT NEED HEALTH INSURANCE
2. RARELY SICK
3. TOO MUCH HASSLE/PAPERWORK
4. TOO EXPENSIVE/COULD NOT AFFORD
5. DON'T LIKE BENEFITS PACKAGE
6. NOT ELIGIBLE, HEALTH CONDITION
7. NOT ELIGIBLE, OTHER
9. WILL GET HEALTH INSURANCE SOON
10. AFTER WAITING PERIOD WILL BE COVERED BY A POLICY
11. DON'T KNOW WHERE TO BEGIN/WHERE TO GO
12. RECEIVES SERVICES THROUGH THE INDIAN HEALTH SERVICE OR TRIBAL HEALTH CARE.
13. OTHER (SPECIFY) _____
77. DON'T KNOW
99. REFUSED

SKIPTO PUB1

PUBLIC PROGRAM AWARENESS

[For uninsured TARGETS]

Now I'm going to ask you about public insurance programs available through the state of Oklahoma.

PUB1. Have you (has TARGET/TARGET's parents) ever asked for or been given information about one of the Oklahoma public health programs? By state public programs, we mean Medicaid also known as Sooner care, premium assistance also known as Insure Oklahoma or O-EPIC, or the state's high risk pool called the Oklahoma High Risk Plan.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

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

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

PUB3A. If you (TARGET/TARGET's parents) learned you (TARGET) were eligible for health coverage through a public program at no cost to you (TARGET/TARGET's parents) or your family, would you (TARGET/TARGET's parents) enroll?

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

PUB3B. If you (TARGET/TARGET's parents) learned you (TARGET) were eligible for a premium assistance program where the government pays for part of your (TARGET's) private insurance premium, would you (TARGET/TARGET's parents) enroll?

INSTRUCTION TO INTERVIEWERS: Private insurance includes a self-purchased policy or a plan through their employer.

1. YES
2. NO
7. DON'T KNOW
9. REFUSED

ASK PUB4 IF PUB3a OR PUB3b = 2(No)

PUB4. Please tell me why you (TARGET/TARGET's parents) would not enroll?

[DO NOT READ. CHOOSE ONE. CODE TO THESE RESPONSE OPTIONS:]

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

WILLINGNESS TO PAY

[For uninsured TARGETS only]

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

ACCESS AND UTILIZATION

[Asked about ALL TARGETS]

The following questions are about you (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

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

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
7. DON'T KNOW
9. REFUSED

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

1. YES
2. NO → **SKIP TO WHYNOUSC**
7. DON'T KNOW → **SKIP TO WHYNOUSC**
9. REFUSED → **SKIP TO WHYNOUSC**

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

[CHOOSE ONE]

1. Emergency room or urgent care center
2. Doctor's office or private clinic
3. Indian Health Service (IHS) or tribal facility
4. Community Health Center (Federally Qualified Health Center or FQHC)
5. Sliding fee scale, public health, or free clinic
6. Veteran's Affairs (or VA) provider
7. Military or Department of Defense provider
8. Other, specify _____
77. DON'T KNOW
99. REFUSED

[SKIP TO KIND]

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

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

1. CAN'T AFFORD IT
2. DO NOT HAVE HEALTH INSURANCE
3. RARELY GET SICK
4. CLINIC HOURS DON'T FIT MY SCHEDULE – GENERAL
5. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED MORNING APPOINTMENT
6. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED AFTERNOON APPOINTMENT
7. CLINIC HOURS DON'T FIT MY SCHEDULE – NEED EVENING APPOINTMENT
8. TRANSPORTATION DIFFICULTIES – GENERAL
9. TRANSPORTATION DIFFICULTIES – LIVE IN RURAL AREA AND IT'S TOO FAR
10. TRANSPORTATION DIFFICULTIES – LIVE IN URBAN AREA AND IT'S TOO FAR
11. TRANSPORTATION DIFFICULTIES – LIVE IN RURAL AREA AND PUBLIC TRANSPORTATION IS DIFFICULT TO USE
12. TRANSPORTATION DIFFICULTIES – LIVE IN URBAN AREA AND PUBLIC TRANSPORTATION IS DIFFICULT TO USE
13. LANGUAGE BARRIER
14. DO NOT LIKE/TRUST/BELIEVE IN DOCTORS
15. CLINIC I USED TO GO TO CLOSED
16. JUST MOVED, DO NOT HAVE A REGULAR PLACE YET
17. JUST SWITCHED INSURANCE, DO NOT HAVE REGULAR PLACE YET
18. TWO OR MORE PLACES DEPENDING ON WHAT'S WRONG
19. USE THE EMERGENCY ROOM PRIMARILY
20. SEEK ADVICE FROM FAMILY/FRIENDS PRIMARILY

- 21. OTHER (SPECIFY)
- 77. DON'T KNOW
- 99. REFUSED

KIND. In the past 12 months, which of the following types of health care providers did you (TARGET) go to, if any [**SELECT ALL THAT APPLY**]

- 1. Emergency room or urgent care center
- 2. Doctor's office or private clinic
- 3. Indian Health Service (IHS) or tribal facility
- 4. Community Health Center (Federal Qualified Health Center or FQHC)
- 5. Sliding fee scale, public health, or free clinic
- 6. Veteran's Affairs (or VA) provider
- 7. Military or Department of Defense provider
- 8. Other, specify _____
- 9. None
- 77. 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
- 77. DON'T KNOW
 - 99. 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
- 77. DON'T KNOW
 - 99. 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 (has) you (TARGET) been admitted to a hospital DURING THE PAST 12 MONTHS?

- _____ times
- 77. DON'T KNOW
 - 99. REFUSED

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

- 1. YES **SKIP TO ERUSE2**
 - 2. NO
 - 7. DON'T KNOW
 - 9. REFUSED
- SKIP TO CONFID**

ERUSE2. How many times have you (TARGET) been to a hospital emergency room or urgent care center DURING THE PAST 12 MONTHS?

_____ times
77. DON'T KNOW
99. REFUSED

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

- 1. Very confident
- 2. Somewhat confident
- 3. A little confident
- 4. Not confident at all
- 7. DON'T KNOW
- 9. REFUSED

DELAY During the past 12 months, have you (has TARGET) delayed seeking medical care because of worry about the cost? Do not include dental care.

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

DENTAL. Do you (does TARGET) currently have insurance that pays for all or part of your (his/her) dental care?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

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

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

LTCINS. Do you (does TARGET) have long term care insurance?

- 1. YES
- 2. NO
- 7. DON'T KNOW
- 9. REFUSED

PROBE: Long term care insurance pays for a person with a chronic condition or a disability to receive care at home, in a nursing home, or in an assisted living facility.

DEMOGRAPHIC QUESTIONS

{Asked about all TARGETS}

HISP. Now, I have a few general questions about you (TARGET). These questions will help our staff interpret the results. **[CHOOSE ONE]**

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
7. DON'T KNOW
9. REFUSED

RACE. **If HISP = 2-5:** In addition, which of the following race or races do you consider yourself (TARGET) to be?

ELSE: Which of the following race or races do you consider yourself (TARGET) to be?

[MAY SELECT MORE THAN ONE. READ AS PROBE. LIST IF NECESSARY.]

1. White
2. American Indian or Alaska Native – Select/Print name of up to 2 enrolled or principle tribes.

_____ **TRIBE1** _____ **TRIBE2** _____ (See below)

3. Black, African-American
4. Asian or Pacific Islander
5. Some other race? What race is that? _____
7. DON'T KNOW
8. Hispanic, Latino, Mexican, Puerto Rican, Cuban, Other Spanish (should only appear as option if yes to HISP)
9. REFUSED

American Indian options: **DO NOT READ**

CHOCTAW NATION.....	01
CHEROKEE NATION.....	02
MUSCOGEE (CREEK) NATION	03
CHICKASAW NATION.....	04
SEMINOLE NATION.....	05
ABSENTEE SHAWNEE TRIBE.....	06
ALABAMA QUASSARTE TRIBAL TOWN	07
APACHE TRIBE.....	08
CADDO TRIBE	09
CHEYENNE-ARAPAHO TRIBES	10
CITIZEN POTAWATOMI NATION	11
COMANCHE NATION	12
DELAWARE NATION	13
DELAWARE TRIBE OF INDIANS.....	14
EASTERN SHAWNEE TRIBE	15
EUCHEE (YUCHI) TRIBE OF INDIANS	16
FORT SILL APACHE TRIBE	17
IOWA TRIBE OF OKLAHOMA	18
KAW NATION OF OKLAHOMA	19
KIALEGEE TRIBAL TOWN	20
KICKAPOO TRIBE OF OKLAHOMA.....	21
KIOWA TRIBE.....	22
MIAMI NATION	23
MODOC TRIBE OF OKLAHOMA.....	24
OSAGE NATION.....	25
OTOE-MISSOURIA TRIBE.....	26
OTTAWA TRIBE	27
PAWNEE NATION OF OKLAHOMA	28
PEORIA TRIBE OF INDIANS OF OKLAHOMA....	29
PONCA NATION	30
QUAPAW TRIBE OF OKLAHOMA	31
SAC & FOX NATION.....	32
SENECA-CAYUGA TRIBE OF OKLAHOMA.....	33
SHAWNEE TRIBE	34
THLOPTHLOCCO TRIBAL TOWN	35
TONKAWA TRIBE	36
UNITED KEETOOWAH BAND OF CHEROKEES	37
WICHITA & AFFILIATED TRIBES	38
WYANDOTTE NATION	39
ALASKAN NATIVE	40
OTHER (SPECIFY)	41
DK	77
RF	99

LIVEDUS About how many years have you (has TARGET) lived in the United States?
[INTERVIEWER NOTE: FOR LESS THAN ONE YEAR, ENTER ONE YEAR]

_____ NUMBER OF YEARS OR
 _____ YEAR (FIRST CAME TO LIVE IN THE U.S.)
 7777 DON'T KNOW
 9999 REFUSED

PRIMARY WAGE EARNER ONLY

j_PWE:

The primary wage earner (PWE) questions are for Targets who are a minor:

[IF (TARGAGE < 18) SKIP TO CHARGE and IDENTIFY PWE FROM HOUSEHOLD ROSTER.

ELSE SKIP TO OTHERLANG

CHARGE:

LEAD IN:

IF MINOR TARGET CURRENTLY HAS GROUP OR INDIVIDUAL INSURANCE:

Now I'd like to ask a few questions about the person TARGET gets his/her 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.

Would that be you or someone else?

1. PERSON ON PHONE
2. SOMEONE ELSE IN HOUSEHOLD
8. N/A: NO PRIMARY WAGE EARNER IN HOUSEHOLD → **SKIP TO UNEASE**
7. DON'T KNOW
9. REFUSED

[IF CHARGE = 1 (PERSON ON PHONE), SKIP TO PHISP. STORE S7a_age IN PWEAGE, AND STORE S7a_sex IN PWESEX. INSERT "YOU" FOR "THIS PERSON" IN ALL REMAINING PWE ITEMS.]

PWEAGE. What is your (this person's/PWE) age?

Age _____
777. DON'T KNOW
999. REFUSED

PWESEX. And is this person (PWE) male or female?

1. Male
2. Female
9. REFUSED

PHISP. Is this person (Are you/PWE) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group? CHOOSE ONE

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
7. DON'T KNOW
9. REFUSED

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

PRACE. If PHISP = 2-5: In addition, which of the following race or aces do you consider yourself (this person/PWE) to be?

ELSE: Which of the following race or races do you consider yourself (this person/PWE) to be?

[MAY SELECT MORE THAN ONE]

[READ AS PROBE. LIST IF NECESSARY.]

1. White
- 2 American Indian or Alaska Native Native – Select/Print name of up to 2 enrolled or principal tribes.

 PTRIBE1 **PTRIBE2** (see above under RACE)

- 3 Black, African-American
4. Asian or Pacific Islander
5. Some other race? What race is that? _____
7. DON'T KNOW
8. Hispanic, Latino, Mexican, Puerto Rican, Cuban, Other Spanish (should only appear as option if yes to PHISP)
9. REFUSED

[IF CHARGE = 1 (PERSON ON PHONE), AND WE KNOW THEY HAVE A SPOUSE OR PARTNER (FROM THE ROSTER) SKIP TO OTHRLANG. IF UNCLEAR, OR CHARGE=2, ASK MARSTAT

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

DEMOGRAPHIC QUESTIONS CONTINUED

[For PWE or adult TARGETS only]

These questions refer to a different person than the Target depending on whether or not the Target is a minor:

- ▶ If the Target is an adult then these questions will refer to that person.
 - ▶ If the Target is a minor then these questions will refer to the PWE.
- Continue through INDUST

OTHRLANG Do you (Does this person/PWE/TARGET) speak a language other than English at home?

1. YES
2. NO – **SKIP TO MILIT**
7. DON'T KNOW – **SKIP TO MILIT**
9. REFUSED – **SKIP TO MILIT**

LANG What language is this? **SELECT ALL THAT APPLY**

Language list: **DO NOT READ**

CHINESE	01
JAPANESE.....	02
RUSSIAN	03
SPANISH	04
VIETNAMESE.....	05
CHEROKEE NATION.....	06
MUSCOGEE (CREEK) NATION	07
CHOCTAW NATION.....	08
ABSENTEE SHAWNEE TRIBE.....	09
ALABAMA QUASSARTE TRIBAL TOWN	10
APACHE TRIBE.....	11
CADDO TRIBE	12
CHEYENNE-ARAPAHO TRIBES	13
CHICKASAW NATION.....	14
CITIZEN POTAWATOMI NATION	15
COMANCHE NATION	16
DELAWARE NATION	17
DELAWARE TRIBE OF INDIANS.....	18
EASTERN SHAWNEE TRIBE	19
EUCHEE (YUCHI) TRIBE OF INDIANS	20
FORT SILL APACHE TRIBE	21
IOWA TRIBE OF OKLAHOMA	22
KAW NATION OF OKLAHOMA	23
KIALEGEE TRIBAL TOWN	24
KICKAPOO TRIBE OF OKLAHOMA.....	25
KIOWA TRIBE.....	26
MIAMI NATION	27
MODOC TRIBE OF OKLAHOMA.....	28
OSAGE NATION.....	29
OTOE-MISSOURIA TRIBE.....	30
OTTAWA TRIBE	31
PAWNEE NATION OF OKLAHOMA	32
PEORIA TRIBE OF INDIANS OF OKLAHOMA....	33
PONCA NATION	34
QUAPAW TRIBE OF OKLAHOMA	35
SAC & FOX NATION.....	36
SEMINOLE NATION.....	37
SENECA-CAYUGA TRIBE OF OKLAHOMA.....	38
SHAWNEE TRIBE	39
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TONKAWA TRIBE	41
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WYANDOTTE NATION	44
OTHER (SPECIFY)	45
DK	77
RF	99

ENGLWELL How well do you (does this person/PWE/TARGET) speak English?

1. Very well
2. Well
3. Not well
4. Not at all
7. DON'T KNOW
9. REFUSED

MILIT. Have you (has this person/PWE/TARGET) ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

1. YES, NOW ON ACTIVE DUTY
2. YES, A VETERAN
3. NO, NEVER SERVED
7. DON'T KNOW
9. REFUSED

[IF ESTABLISHED EARLIER THAT TARGET/PWE EMPLOYED...]

You mentioned earlier that you are (this person/PWE/TARGET is) employed.

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

1. Permanent
2. Temporary
3. Seasonal
7. DON'T KNOW
9. REFUSED

INDUST. Thinking about the employer you work (this person/PWE/TARGET works) for, which of the following industries most closely describes the employer? (Please listen to the whole list of choices before deciding). **[CHOOSE ONE]**

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) _____
77. 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

[For all respondents]

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

1. YES
2. NO → **SKIP TO PHONE3**
7. DON'T KNOW
9. REFUSED

DEFINITION: LANDLINE TELEPHONE NUMBERS ARE FOR PHONES PLUGGED INTO THE WALL OF YOUR HOME AND THEY CAN BE USED FOR DIFFERENT REASONS INCLUDING MAKING AND RECEIVING CALLS SUCH AS A CHILDREN'S OR A BUSINESS LINE, FOR COMPUTER LINES OR A FAX MACHINE.

PHONE2 Of these telephone numbers, how many are connected to phones that can be answered by a person?

- Number _____ (0-10)
77. DON'T KNOW
 99. REFUSED

IF NEEDED: THESE QUESTIONS ARE DESIGNED TO FIND OUT HOW POSSIBLE IT IS THAT THIS HOUSEHOLD COULD BE CONTACTED MORE THAN ONCE FOR THE STUDY.

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

1. YES
2. NO → **SKIP TO PHONE6**
7. DON'T KNOW → **SKIP TO PHONE6**
9. REFUSED → **SKIP TO PHONE6**

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

777. DON'T KNOW
999. REFUSED

PHONE4_D Number (1-365) _____ **DAYS**
PHONE4_W Number (1-52) _____ **WEEKS**
PHONE4_M Number (1-12) _____ **MONTHS**

PHONE6. Do you (or any other members of your household) currently have a working cell phone?

1. YES
2. NO → **SKIP TO HOME**
7. DON'T KNOW → **SKIP TO HOME**
9. REFUSED → **SKIP TO HOME**

PHONE8. Of all the phone calls that you and your family receive, about how many are received on a cell phone? Would you say...

1. Almost all calls
2. More than half
3. Less than half, or
4. Very few or none
7. DON'T KNOW
9. REFUSED

HOME. Do you own or rent your home?

1. Own
2. Rent
3. Don't own; occupy without paying rent
7. DON'T KNOW
9. REFUSED

INCOME

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

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

INC1.

(IF TARGAGE<19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean your spouse and the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS PARENT AND RESPONDENT IS NOT MARRIED, READ:)

I'm interested in your family income, that is your income PLUS the income of your immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean the children or stepchildren under 19 who are living with you. For these questions, I'd like you to think back to 2007. During 2007, did you or any of your family members receive any income from wages or salary?

(IF TARGAGE <19 & TMARR=0 & TPAR=0 & RESPONDENT IS NOT PARENT, READ:)

I'm interested in TARGET's family income, that is the income from his/her parents PLUS the income of any immediate family. IF HH_COUNT>FAM_COUNT ADD>By immediate family I mean parents and siblings under 19 who are living with TARGET. For these questions, I'd like you to think back to 2007. During 2007, did any of TARGET's family members receive any income from wages or salary?

(IF TMARR=1 & FAM_COUNT>2, READ:)

I'm interested in [your/ TARGET's] family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] immediate family. IF HH_COUNT>FAM_COUNT ADD> By immediate family I mean your/(his/her) spouse and the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

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

I'm interested in (your/ TARGET's) family income, that is [your/ TARGET's] income PLUS the income of [your/his/her] spouse. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/his/her] family members receive any income from wages or salary?

(IF TMARR=0 &TPAR=1 & FAM_COUNT>1, READ:)

I'm interested in [your/TARGET's] family income, that is [your/ TARGET's] income PLUS the income of the children or stepchildren under 19 who are living with [you/ TARGET]. For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] or any of [your/(his/her)] family members receive any income from wages or salary?

(IF FAM_COUNT=1, READ:)

For these questions, I'd like you to think back to 2007. During 2007, did [you/ TARGET] receive any income from wages or salary?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

(SCRAMBLE OPTIONS BELOW, AND INSERT)

INC2. During 2007, did [you/ TARGET] (or any of [your his/her] immediate family members) receive (INSERT)?

- 1 YES
- 2 NO
- 7 DON'T KNOW
- 9 REFUSED

- a. Any dividend income or any interest income from savings accounts, bonds, money market accounts, or similar types of investments
- b. Supplemental Security Income or SSI
- c. Income from any other sources, such as self-employment, alimony, child support, contributions from family or others, unemployment compensation, worker's compensation or veteran's payments, Social Security or pensions, or anything else

INCOME Thinking about all the different sources of income [you/ TARGET] (and [your/ TARGET's] immediate family) received in 2007, what was the combined total income from all sources before taxes and other deductions?

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

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

7777777 DON'T KNOW – GO TO INC3
9999999 REFUSED – GO TO INC3

SEE CHART BELOW TO INSERT CORRECT AMOUNTS BASED ON FAMILY SIZE

INC3. How about if I give you some categories? Would you say [your/ TARGET's] (and [your/ TARGET's] immediate family's) total income was under (INSERT AMT5 FOR FAMILY SIZE) or was it (INSERT AMT5 FOR FAMILY SIZE) or more?

[PROBE: "Your best estimate is fine."]

- 1 Under (INSERT AMT3)
- 2 (INSERT AMT3) or more
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

**IF INC3 = 1, SKIP TO INC4
ELSE SKIP TO INC5**

INC4. Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (immediate family) income ...?

IF NEEDED: The computer gives me different income values for the question depending on the size of your family.

[PROBE: "Your best estimate is fine."]

[READ LIST. ENTER ONE ONLY]

- 1 Less than (INSERT AMT1)
- 2 (INSERT AMT1) to under (INSERT AMT2)
- 3 (INSERT AMT2) to under (INSERT AMT3)
- 4 (INSERT AMT 3) to under (INSERT AMT4)
- 5 (INSERT AMT 4) to under (INSERT AMT5)
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

SKIP TO j_END

INC5. Now, just stop me when I get to the right category. Was [your/ TARGET'S] total (immediate family) income ...?

[PROBE: "Your best estimate is fine."]

[READ LIST. ENTER ONE ONLY]

- 1 (INSERT AMT5) to under (INSERT AMT6)
- 2 (INSERT AMT6) to under (INSERT AMT7)
- 3 (INSERT AMT7) to under (INSERT AMT8)
- 4 (INSERT AMT8) to under (INSERT AMT9)
- 5 (INSERT AMT9) or more
- 7 (DO NOT READ) DON'T KNOW
- 9 (DO NOT READ) REFUSED

2007 Poverty Guidelines, rounded up to nearest thousand									
	100%	150%	185%	200%	250%	300%	400%	500%	600%
FAMSIZE	AMT1	AMT2	AMT3	AMT4	AMT5	AMT6	AMT7	AMT8	AMT9
1	11000	16000	19000	21000	26000	31000	41000	52000	62000
2	14000	21000	26000	28000	35000	42000	55000	69000	83000
3	18000	26000	32000	35000	43000	52000	69000	86000	104000
4	21000	31000	39000	42000	52000	62000	83000	104000	124000
5	25000	37000	45000	49000	61000	73000	97000	121000	145000
6	28000	42000	52000	56000	70000	83000	111000	139000	166000
7	32000	47000	58000	63000	78000	94000	125000	156000	187000
8	35000	52000	64000	70000	87000	104000	139000	173000	208000
9	39000	58000	71000	77000	96000	115000	153000	191000	229000
10	42000	63000	77000	84000	104000	125000	167000	208000	250000
11	46000	68000	84000	91000	113000	136000	181000	226000	271000
12	49000	73000	90000	97000	122000	146000	194000	243000	291000
13	52000	78000	97000	104000	130000	156000	208000	260000	312000
14	56000	84000	103000	111000	139000	167000	222000	278000	333000
15	59000	89000	110000	118000	148000	177000	236000	295000	354000
16	63000	94000	116000	125000	157000	188000	250000	313000	375000
17	66000	99000	122000	132000	165000	198000	264000	330000	396000

END OF SURVEY

j_END: IF TARGET IS UNINSURED, SKIP TO FOLLOWUP
ELSE SKIP TO FINAL

FOLLOWUP. The Oklahoma Health Care Authority is working with the University of Oklahoma to develop ways to improve access to health insurance and health care. The Oklahoma Health Care Authority wants to better serve people who do not have insurance and would like to conduct a follow-up study. If you are interested in helping with this effort, all that I need is your name and for you to confirm your telephone number. This information will never be linked with your responses to the survey you just completed. Your participation in the follow-up study is completely voluntary and will be a great help.

Are you willing to participate in a follow-up study to develop plans for increasing access to health care?

1. Yes → **SKIP TO NAME**
2. No → **SKIP TO FINAL**

NAME: What is your name?

What telephone number is best to reach you at?

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