

**Pennsylvania Health Insurance Survey**

**February 19, 2003**

**Prepared by Dr. Brian Robertson**

**Survey Lead-in Statement, Introduction, Respondent Selection**

**Interviewer persuader statement**

We are doing this study on behalf of the Pennsylvania Insurance Department to help the state evaluate the health insurance coverage and health insurance needs of Pennsylvania residents.

Your interview will count for a lot because your household represents many others in your community. For our results to be valid and useful, it is very important that we interview the people we select.

The study will take about 20 minutes, depending on the size of your household.

Your telephone number was randomly generated by a computer program.

All of the information you provide will be kept confidential. Your answers will be combined with those of others.

The study is being sponsored by Pennsylvania Insurance Department. If you would like to find out more about our study, you can call Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 149. or Ed Naugle of the Pennsylvania Insurance Department at 717-705-0009

**Lead in statement**

Q:LEAD

T:

Hello, I'm \_\_\_\_\_ calling for Pennsylvania Insurance Department. We are doing an important study to learn about health insurance coverage and the health insurance needs of Pennsylvania residents. The survey will only take about 20 minutes, will you help us?

First, is this a residence?

INTS: Read as needed: your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 20 minutes depending on answers.

- 11 YES
- 15 NOT NOW, CALL BACK [Wait - Schedule Time]
- 17 OTHER
- 19 CONTACT ONLY
- 21 BUSINESS
- 23 LANGUAGE
- 25 INFIRM
- 27 GROUP QUARTERS, INSTITUTION (DORMS)
- 29 WRONG NUMBER
- 31 HANG UP

- 33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD
- 88 WILL NOT HELP, HOUSEHOLD REFUSAL
- 89 WANT MORE INFORMATION ABOUT STUDY

**Information screen for interviewers**

Q:INFOQ

T:

INFORMATION:

**GENERAL RELUCTANCE**

Your participation in this study is very important. We want to know about the health insurance coverage and health insurance needs of Pennsylvania residents to better guide state health policy and programs. Will you help us by doing this study?

**STUDY LENGTH**

The study will take about 20 minutes, depending on the size of your household. Will you help us by doing this study?

**HOW WAS I SELECTED**

Your telephone number was selected at random (so we don't know who you are). For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

IF you want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext. 149 or or Ed Naugle of the Pennsylvania Insurance Department at 717-705-0009

[PRESS 1 TO CONTINUE]

I:

Q:RES1

T:

Is this a...

- 1 Private residence where SOMEONE lives at least 6 months of the year
- 2 Vacation residence or vacation rental?
- 3 An institutional residence?
- 4 A group home?

8 DK

9 REFUSED

Q:SEL1

T:

I'd like to talk with the adult in the household who knows the most about the health insurance coverage and health care of the people living there. Is that you?

- 1 YES, SPEAKING
- 3 NO, SOMEONE ELSE
- 5 WANT MORE INFORMATION ABOUT STUDY

8 DK

9 REF

Q:FNDI

T:

Is there someone who can help you answer the question?

IF NO, GET A TIME WHEN THEY MIGHT BE AVAILABLE AND SCHEDULE A CALLBACK

1 YES

3 NO (CALLBACK)

8 DK

9 REF

Q:SELR

T:

Is this person available now?

1 YES (ASK RPH)

2 SPEAKING (ASK PH2)

3 NOT AVAILABLE NOW - SCHEDULE CALLBACK

4 OTHER

5 LANGUAGE

6 INFIRM

7 UNAVAILABLE DURING DATA COLLECTION

9 REF

Q:RPH

T:

Hello, I'm \_\_\_\_\_ calling for Pennsylvania Insurance Department. We are doing an important study to learn about health insurance coverage and the health insurance needs of Pennsylvania residents.

Your participation counts for a lot because you represent many others in your community.

Do you have some time to answer some questions for me?

INTS: Read as needed: your participation counts for a lot because you represent many others in your community. Your information is strictly confidential. This is not a sales call.

IF ASKED: The survey will take about 20 minutes depending on answers.

1 YES

5 NO, NOT A GOOD TIME (SCHEDULE CALLBACK)

7 WANT MORE INFORMATION ABOUT STUDY

9 REF

Q:PH2

T:

Could you answer some questions for me now?

1 YES

5 NO, NOT A GOOD TIME - SCHEDULE CALLBACK

7 WANT MORE INFORMATION ABOUT STUDY

9 REF

**Statement of implied consent**

Q:INTO

T:

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If there are questions you do not wish to answer, let me know and we will skip them.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

1 PROCEED WITH STUDY

5 NOT A GOOD TIME, CALL BACK

9 REFUSED

**Persuader statement for initial refusals**

Q:PER

T:

We are doing this study on behalf of the Pennsylvania Insurance Department to help the state evaluate the health insurance coverage and health insurance needs of Pennsylvania residents.

Your interview will count for a lot because your household represents many others in your community.

The study will take about 20 minutes, depending on the size of your household.

Your telephone number was randomly generated by a computer program. All of the information you provide will be kept confidential. Your answers will be combined with those of others.

The study is being sponsored by Pennsylvania Insurance Department. If you would like to find out more about our study, you can call Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 149 or Ed Naugle of the Pennsylvania Insurance Department at 717-705-0009

Or you can leave a voice mail message after hours.

1 AGREES TO COOPERATE

- 3 NOT A GOOD TIME, CALL BACK
- 5 SOFT REFUSAL (RESPONDENT KNOWN)
- 6 SOFT REFUSAL (HOUSEHOLD)
- 7 HARD REFUSAL (RESPONDENT KNOWN)
- 8 HARD REFUSAL (HOUSEHOLD)
- 9 FINAL REFUSAL CONVERSION ATTEMPT

**Message left on answering machine dispositions**

Q:ANMACH

T:

INTS: LEAVE MESSAGE ON IDENTIFIED RESIDENTIAL ANSWERING MACHINES ON THE 1st, 3rd, and 7th ATTEMPTS.

Hello, my name is \_\_\_\_\_ and I am calling on behalf of the Pennsylvania Insurance Department. We are conducting an important study to learn about health insurance coverage of Pennsylvania residents. Another interviewer will be contacting your household in the next few days.

If you have any questions about the survey or need to verify it as legitimate, please feel free to call:  
Dr. Brian Robertson at 1-800-293-1538, extension 149.

Thank you and goodbye.

**INTS CODING FOR ANSWERING MACHINES**

- 1 IDENTIFIED RESIDENTIAL ANSWERING MACHINE
- 2 UNKNOWN IF RESIDENTIAL ANSWERING MACHINE

**Household Level Information**

Q:Q00

T:

First we need to know a little about your household.

**PROMPT IF RELUCTANT:**

We need this information to assure that we represent all Pennsylvania residents. Thank you for your patience.

ENTER <1> TO CONTINUE

Q:HH01

T:

In what Pennsylvania County is your home located?

[USE PLACE NAME LIST TO CODE INTO TOWNS LISTED BELOW]

ADD LIST OF COUNTIES

Q:HH02

T:

What is your zip code?

INTS: ENTER ALL 5 DIGITS

00001-99997 ENTER NUMBER

99998 DK  
99999 REF

Q:HH03

T:

Do you own or rent the house or apartment where you currently live?

1 OWN  
2 RENT

8 DK  
9 REF

Q:HH04

T:

How many telephone numbers do you have in your household?

IF MORE THAN ONE:

Do not include cell phones or numbers used for computers, faxes or modems. How many of these are residential numbers?

1 TO 6 ENTER NUMBER OF LINES  
7 7 OR MORE LINES

8 DON'T KNOW  
9 REF

Q:HH05

T:

Was there anytime in the last 12 months that you did not have a working telephone for two weeks or more?

1 YES  
2 NO

8 DK  
9 REF

**ASK IF YES TO HH05**

Q:HH06

T:

For how many months of the past 12 months did you not have a working telephone for two weeks or more?

0 LESS THAN ONE MONTH  
1 - 12 ENTER NUMBER OF MONTHS

98 DK  
99 REF

**Identification of household members for survey questions**

Q:HH07

T:

Now I need to find out how many people live in your household. This includes family, boarders, roommates and anyone else who lives there most of the year. Including yourself, how many people are in your household?

INTS: Include those temporarily absent such as traveling, or in the hospital. Do not include those living elsewhere such as those on military duty or at school for more than 6 months of the year

INTS: IF 9 OR MORE ASK: Is this a dorm or some other type of group quarters where people live together who are not related?  
CODE AS 11 IF YES

0 NO ONE  
1 - 7 ENTER NUMBER  
8 8 OR MORE

98 DK  
99 REF  
11 GROUP QUARTERS, INSTITUTE (TERMINATE)

Q:HHCMP1

T:

Please give me just the FIRST NAMES of the people who are living in your household. I'll ask for the names one at a time.

INTS: IF THEY ARE UNCOMFORTABLE ABOUT GIVING NAMES:  
If you would prefer just give me a label that will allow you to identify each person when I ask questions about them.

[PRESS 1 TO CONTINUE]

Q:CNAME

T:

**FOR 1<sup>ST</sup> PERSON**

Please tell me the first name of the person who OWNS/RENTS this house or apartment. Let me know if this is you.

**FOR OTHER PEOPLE**

Please tell me (your name)/the name of the next member of the household.

**IF ONLY ONE PERSON**

ENTER 1 TO CONTINUE  
ENTER NAME AS YOU ON NEXT SCREEN

**IF THERE ARE MORE THAN 8 PEOPLE – ON THE 8<sup>th</sup> PERSON**

For this survey, I will only be asking about 8 people  
in the household. Of those who you have not mentioned,  
who had the most recent birthday?

INTS: IF THE RESPONDENT IS NOT THE HEAD OF HOUSEHOLD  
THEN ALWAYS PUT THEM AS THE SECOND PERSON

FOR THE RESPONDENT ENTER THE NAME AS "YOU"  
IF THERE ARE NO MORE PEOPLE THEN SELECT NO MORE PEOPLE

- 1 SELECT TO ENTER PERSON'S NAME
- 2 NO MORE PEOPLE

Q:HHNAME  
T:

INTS: ENTER THE NAME OF THE PERSON HERE

INTS IF THIS IS THE RESPONDENT ENTER "YOU"

IF RELUCTANT: If you'd rather not give names, just provide  
some way that you can tell household members apart.

ENTER NAME AND PRESS ENTER:

**Person Level Demographics**  
(asked about each household member)

Q:DEM01  
T:

Next, I am going to ask a few questions about each  
member in the household.

[PRESS 1 TO CONTINUE]

I:  
key 1

Q:GEND01  
T:

Are/is FILL NAME male or female?

[INTERVIEWER: CODE WITHOUT ASKING IF DISCERNABLE  
BY NAME OR VOICE FOR RESPONDENT.]

- 1 Male
- 2 Female

- 8 DK
- 9 REF

Q:AGE01

T:

And FILL NAME's age on her/his/your last birthday?

[INTERVIEWER: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY]

0 IF UNDER ONE YEAR OLD  
1 TO 96 ENTER AGE OF PERSON  
97 97 OR GREATER

98 DK  
99 REF

**ASK OF THOSE INDICATING DK OR REF TO AGE01**

Q:AGE02

T:

We would like to have a rough age for people in the household. {Are/is you/she/he}

[INTERVIEWER: READ LIST]

10 Less than 1 year old  
11 1 - 5 years old  
12 6 - 13 years old  
13 14 - 17 years old  
14 18 - 19 years old  
15 20 - 23 years old  
16 24 - 29 years old  
17 30 - 44 years old  
18 45 - 64 years old  
19 65 or older

98 DK  
99 REF

**ASK OF THOSE 16 AND OLDER**

**Is this the legal marital age in Pennsylvania?**

Q:MAR

T:

Are/is FILL NAME  
(READ RESPONSES)

1 Currently married  
2 Widowed  
3 Separated  
4 Divorced  
5 Never been married  
6 Member of an unmarried couple

8 DK  
9 REF

**ASK OF THOSE 18 AND OLDER**

Q:EDU

T:

What was the highest grade in school that FILL NAME have/has completed?

READ ONLY IF NECESSARY:

- 10 Never attended school or only attended kindergarten
- 11 Grades 1 through 8 (Elementary)
- 12 Grades 9 through 11 (Some high school)
- 13 Grade 12 or GED (High school graduate)
- 14 College 1 year to 3 years (Some college or technical school)
- 15 College 4 years or more (College graduate)
- 16 Post Graduate, Professional Degree
  
- 98 Don't know/Not sure
- 99 Refused

**ASK OF THOSE AGE 18-23**

Q:INSCH

T:

Is/Are FILL NAME a full-time high school or college student?

[INTERVIEWER: THE DEFINITION OF A FULL-TIME SHOULD BE AS DEFINED BY THIS PERSON'S SCHOOL.]

- 1 YES
- 2 NO
  
- 8 DK
- 9 REF

Q:ETHN02

T:

Is/Are FILL NAME Hispanic or Latino?

- 1 YES
- 2 NO
  
- 8 DK
- 9 REF

Q:RACE05A-E

Which of the following would you say is FILL NAME(r/s) race?  
(READ RESPONSES - SELECT ALL MENTIONED BY RESPONDENT)

- 10 White
- 11 Black or African American

- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 95 Other (SPECIFY)

- 96 NO MORE
- 98 DK
- 99 REF

**ASK OF THOSE INDICATING MORE THAN ONE RACE IN RACE05a-e**

Q:RACE06

T:

Which one of these groups would you say best represents your/his/her race?

- 10 White
- 11 Black or African American
- 12 Asian
- 13 Native Hawaiian or Other Pacific Islander
- 14 American Indian, Alaska Native
- 95 Other (SPECIFY)

- 98 DK
- 99 REF

**Family Unit Formation**

Q:SETUNIT

T:

INTS THIS VARIABLE INITIALIZES THE FAMILY UNITS. IF THERE ARE PROBLEMS IN ASSIGNMENT AT THE END, YOU'LL COME BACK HERE AND GO THROUGH THE SECTION AGAIN

ENTER 1 TO CONTINUE

**ASK OF ALL BUT THE HEAD OF HOUSEHOLD**

Q:FAM01

T:

What is FILL NAME (r/'s) relationship to FILL HEAD OF HOUSEHOLD ?

- 0 Head of household
- 1 Husband
- 2 Wife
- 3 Domestic partner
- 4 Child, Son or Daughter - Own/Adopted
- 5 Stepchild
- 6 Foster Child
- 7 Grandchild
- 8 Parent
- 9 Mother-in-law/Father-in-law
- 10 Grandparent

- 11 Brother/Sister
- 12 Son-in-law/Daughter-in-law
- 13 Step parent
- 14 Step brother/step sister
- 15 Other Relative
- 16 Non Relative/Cohabitee/room-mate/renter
- 17 DK OR REF

**ASK OF THOSE 16+ INDICATING THEY WERE MARRIED EXCEPT SPOUSE OF HEAD OF HOUSEHOLD**

Q:FAM02

T:

Is/Are FILL NAME married to anyone who currently lives here or to someone outside the household?

IF YES ASK: Which member of the household are they married to?

PERSON AGE GENDER (1=M 2=F) MARRIED? (1 = YES)

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8
- 18 PERSON MARRIED TO SOMEONE OUTSIDE THE HH
- 97 PERSON IS NOT MARRIED
- 98 DK
- 99 REF

**ASK OF THOSE < 18 AND NOT CHILDREN OF THE PRIMARY FAMILY IN THE HOUSEHOLD**

Q:FAM03

T:

Is anyone living here the parent or guardian of FILL NAME ?

INTS: SOMEONE UNDER 18 CANNOT BE THE GUARDIAN

IF YES: Which member of the household?

PERSON AGE

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8
- 18 NO ONE IN HH IS THE PARENT/GUARDIAN
- 97 PERSON IS NOT MARRIED



**IF NEEDED:**

It includes health insurance that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and Medicaid that help pay medical bills.

**USE THESE AS PROMPTS AS NEEDED:**

Medicare is a NATIONAL health insurance program for people 65 years and older and for certain people with disabilities.

Traditional Medicaid, CHIP, Healthy Beginnings, and Adult Basic are insurance programs offered through the STATE OF PENNSYLVANIA for persons with incomes below a certain limit or with certain disabilities.

Health Beginnings is coverage provided to Pregnant Women and children in families with incomes below a certain limit

CHIP (Children's Health Insurance Program) is coverage provided to children 18 and younger in families with incomes below a certain limit

Adult Basic is coverage provided to adults with incomes below a certain limit

ENTER <1> TO CONTINUE

Q:INS02A-D

T:

Are/is FILL NAME covered by ANY type of health insurance?

IF YES ASK: Which of the following types of insurance is this person covered by?  
(READ RESPONSES AND SELECT ALL MENTIONED)

10 Private health insurance (Examples include ADD EXAMPLES)

11 MEDICARE

13 MEDICAID or Medical Assistance

14 CHIP (Children's Health Insurance Program) – SHOW ONLY IF AGE < 19

15 ADULT BASIC - SHOW ONLY IF AGE 19+

16 HEALTHY BEGINNINGS – SHOW ONLY IF CHILD OR FEMALE

17 Military, Veterans, or TRICARE (formally known as CHAMPUS)

95 Some other type of insurance (SPECIFY)?

19 HEALTHY HORIZONS (WILL TREAT AS MEDICAID)

20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES (WILL TREAT AS MEDICAID)

96 NO MORE

97 NO INSURANCE COVERAGE (VERIFY!)

98 DK

99 REF

**Coverage Verification Variables**

**ASK OF ALL INDICATING NO INSURANCE, DK, OR REF TO INS02**

Q:INS03

T:

You indicated FILL NAME is not covered by health insurance, is this correct?

INTS: USE AS NEEDED:

Health insurance is any program or plan that anyone gets through employment or that anyone pays for directly, as well as any government programs like Medicare and Medicaid that help pay medical bills.

1 YES

2 NO

8 DK

9 REF

**Medicare and Medicaid Questions For Verifications**

**MEDICARE CHECK FOR THOSE 65 AND OLDER**

**ASK OF ALL 65 AND OLDER WHO DID NOT INDICATE MEDICARE COVERAGE**

Q:INS04

T:

I noticed that FILL NAME is 65 or older and you indicated this person was NOT covered by Medicare. Is this correct?

1 YES

2 NO

8 DK

9 REF

**MEDICARE CHECK TO DETERMINE IF PRIVATE INSURANCE IS A MEDICARE SUPPLEMENT**

**ASK OF ALL 65 AND OLDER AND INDICATED COVERED BY PRIVATE INSURANCE**

*For this, we'll need the names of common plans in Pennsylvania*

Q:INS05

T:

You indicated FILL NAME is covered by private Insurance.

Is this private insurance policy a PRIVATE Medicare supplement such as Blue Cross Plan 65, to help cover expenses not paid by Medicare OR is this a separate private health insurance plan?

INTS: IF RESPONDENTS INDICATE COVERAGE BY BLUE CROSS PLAN 65

SELECT BLUE CROSS PLAN 65

10 Aetna Health Inc./Aetna Golden Choice

11 AmeriChoice/AmeriChoice Personal Care

12 Elder Health of PA/Smart Choice

13 Geisinger Health Plan/Geisinger Health Plan Gold

14 Health America Avantara

15 Highmark/FreedomBlue

16 Keystone 65

17 Keystone Health Plan Central/SeniorBlue

18 Keystone Health Plan West/SecurityBlue

19 Personal Choice 65

20 UPMC for Life

21 OTHER MEDICARE SUPPLEMENT (SPECIFY)

22 PRIVATE HEALTH INSURANCE

97 NONE

98 DK  
99 REF

### Medicare Verification

**ASK OF THOSE INDICATED COVERED BY MEDICARE  
(THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE) AND  
YOUNGER THAN 65**

*For this and other questions, I've put in a brief description of the state plans – We'll need to provide definitions for these plans.*

Q:INS06  
T:

Just to verify, are/is FILL NAME covered by national MEDICARE,  
or are they covered through the state's MEDICAID program OR  
ANOTHER INSURANCE PLAN OFFERED BY THE STATE OF PENNSYLVANIA,  
such as CHIP or Adult Basic, or by both these programs?

INTS:  
MEDICARE IS A NATIONAL HEALTH INSURANCE PROGRAM FOR PEOPLE  
65 YEARS AND OLDER AND FOR CERTAIN PEOPLE WITH DISABILITIES.

MEDICAID OR MEDICAL ASSISTANCE IS A PROGRAM OFFERED THROUGH THE STATE OF  
PENNSYLVANIA GENERALLY TO PEOPLE WHO ARE 64 OR YOUNGER

OTHER INSURANCE PROGRAMS THAT ARE PROVIDED BY THE STATE INCLUDE  
CHIP WHICH IS PROVIDED TO THOSE UNDER 19, HEALTHY BEGINNINGS WHICH IS PROVIDED TO  
CHILDREN AND PREGNANT WOMEN AND ADULT BASIC WHICH IS PROVIDED TO ADULTS 19 - 64

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID/STATE INSURANCE PLAN
- 3 COVERED BY MEDICAID, STATE INSURANCE PLAN ONLY

8 DK  
9 REF

**ASK IF THEY NOW INDICATE MEDICAID COVERAGE IN INS06 ASK:**

Q:INS07  
T:

Are/is FILL NAME covered by ?

- 13 MEDICAID or Medical Assistance
- 14 CHIP (Children's Health Insurance Program) – SHOW ONLY IF AGE < 19
- 15 ADULT BASIC - SHOW ONLY IF AGE 19+
- 16 HEALTHY BEGINNINGS – SHOW ONLY IF CHILD OR FEMALE
- 95 Some other type of insurance (SPECIFY)?

- 19 HEALTHY HORIZONS
- 20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES

- 96 NO MORE
- 97 NO INSURANCE COVERAGE (VERIFY!)
- 98 DK
- 99 REF

**Medicaid Verification**

**ASK OF THOSE INDICATED COVERED BY MEDICAID  
(THOUGH NOT DUALY COVERED BY MEDICAID AND MEDICARE)  
AND 65 AND OLDER**

Q:INS08

T:

Just to verify, are/is FILL NAME covered by the STATE MEDICAID program OR ANOTHER INSURANCE PLAN OFFERED BY THE STATE OF PENNSYLVANIA, or are they covered through the NATIONAL MEDICARE program for those 65 and older, or by both these programs?

INTS:

MEDICARE IS A NATIONAL HEALTH INSURANCE PROGRAM FOR PEOPLE 65 YEARS AND OLDER, FOR CERTAIN PEOPLE WITH DISABILITIES.

MEDICAID OR MEDICAL ASSISTANCE IS A PROGRAM OFFERED THROUGH THE STATE OF PENNSYLVANIA GENERALLY TO PEOPLE WHO ARE 64 OR YOUNGER

OTHER INSURANCE PROGRAMS THAT ARE PROVIDED BY THE STATE INCLUDE CHIP WHICH IS PROVIDED TO THOSE UNDER 19, HEALTHY BEGINNINGS WHICH IS PROVIDED TO CHILDREN AND PREGNANT WOMEN AND ADULT BASIC WHICH IS PROVIDED TO ADULTS 19 – 64

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID/STATE INSURANCE PLAN
- 3 COVERED BY MEDICAID, STATE INSURANCE PLAN ONLY
- 2 NO, MEDICARE ONLY
- 4 NOT COVERED BY EITHER

8 DK

9 REF

**Follow-up MEDICARE Question to determine if they have a supplement**

**ASK OF THOSE INDICATED COVERED BY MEDICARE AND 65 AND NOT INDICATING PRIVATE INSURANCE COVERAGE**

Q:INS09

T:

Do/Does FILL NAME have a PRIVATE Medicare supplement such as Blue Cross Plan 65 or a similar plan, to help cover expenses not paid by Medicare?

INTS: IF THEY SAY IS BLUE CROSS PLAN 65 SELECT THIS OPTION

- 10 Aetna Health Inc./Aetna Golden Choice
- 11 AmeriChoice/AmeriChoice Personal Care
- 12 Elder Health of PA/Smart Choice
- 13 Geisinger Health Plan/Geisinger Health Plan Gold
- 14 Health America Avantara
- 15 Highmark/FreedomBlue
- 16 Keystone 65
- 17 Keystone Health Plan Central/SeniorBlue
- 18 Keystone Health Plan West/SecurityBlue
- 19 Personal Choice 65

- 20 UPMC for Life
- 21 OTHER MEDICARE SUPPLEMENT (SPECIFY)
- 22 PRIVATE HEALTH INSURANCE
- 97 NONE
- 98 DK
- 99 REF

**IF YES – TREAT AS COVERED BY PRIVATE INSURANCE AND ASK PRIVATE INSURANCE QUESTIONS, BUT TREAT INDIVIDUAL AS A SEPARATE POLICY HOLDER**

**Follow-up CHIP and ADULT BASIC**

**IF COVERED BY ADULT BASIC**  
*We'll need the amount of the full premium*  
Q:ADBA01  
T:

Those who are enrolled in the ADULT BASIC plan pay a small monthly premium of around \$30. IN ADDITION, those who are on the waiting list or who are income qualified may also receive coverage through ADULT BASIC if they pay the entire premium which is \$200 to \$300 monthly.

IS FILL NAME currently enrolled in the ADULT BASIC PROGRAM paying the smaller amount, or is FILL NAME covered through ADULT BASIC but paying the larger premium of \$200 to \$300?

- 1 CURRENTLY ENROLLED IN ADULT BASIC
- 2 ON WAITING LIST, PAY FULL PREMIUM

- 8 DK
- 9 REF

**IF COVERED BY CHIP**  
Q:CHIP01  
T:

Is there a monthly premium that is paid for FILL NAME's coverage through the CHIP program?

PROMPT: THE MONTHLY PREMIUM WOULD BE AN AMOUNT PAID TO HELP COVER THE COST OF THE INSURANCE AND WOULD BE PAID TO YOUR INSURANCE COMPANY.

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**Private Insurance**

**ASK OF ALL INDICATED COVERED BY PRIVATE INSURANCE AND IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE**  
Q:INSP01  
T:

Are the people you indicated above as covered by private insurance ALL covered under the SAME health insurance plan?

IF YES: Who is the policy holder for this plan?  
IF NO: Which members of the household are policy holders for a private health insurance plan?

**INTS: PRIVATE INSURANCE PLANS CAN BE PROVIDED THROUGH AN EMPLOYER, A RETIREMENT PLAN, A SCHOOL, OR PURCHASED DIRECTLY**

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER
- 96 NO MORE
- 97 NO ONE IN HH IS A POLICY HOLDER
- 98 DK
- 99 REF

**IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY HOLDER AND ASK PRIVATE INSURANCE QUESTIONS**

**ASK OF ALL INDICATED AS POLICY HOLDERS AND IF MORE THAN ONE PERSON IS COVERED BY PRIVATE INSURANCE**

Q:INSP02  
T:

Next, I need to know which members of the household are covered by each of these private health insurance plans.

Which members are covered under FILL NAME's policy?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 96 NO MORE
- 97 NO ONE IN HH
- 98 DK
- 99 REF

**IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY HOLDER AND ASK PRIVATE INSURANCE QUESTIONS**

**VERIFY THAT ALL COVERED BY PRIVATE INSURANCE AS LINKED TO A POLICY HOLDER**

**ASK OF ALL INDICATED AS POLICY HOLDERS**

*For this question, we'll need a list of the common private insurance providers.*

*We'll also need to flag companies that respondents on Medicaid or other state insurance programs might confuse and list themselves as covered by private insurance*

*That and we should include common Medicare Supplement plans*

Q:INSP03

T:

Is FILL NAME's PRIVATE HEALTH INSURANCE provided through  
Aetna Health Inc., Blue Cross/First Priority Health,  
Cigna Healthcare of Pennsylvania, or some other company?

- 10 Aetna Health Inc.
- 11 Blue Cross of Northeastern PA/First Priority Health
- 12 Cigna Healthcare of Pennsylvania
- 13 Geisinger Health Plan
- 14 HealthAmerica Pennsylvania
- 15 HealthGuard of Pennsylvania
- 16 Capital Blue Cross/Keystone Health Plan Central/Blue Chip
- 17 Independence Blue Cross/Keystone Health Plan East
- 18 Highmark/Keystone Health Plan West
- 19 UPMC Health Plan, Inc.
- 20 AmeriHealth HMO/AmeriHealth Mercy Health Plan (Medicaid)
- 21 OTHER PROVIDER (SPECIFY)
- 22 NO PRIVATE INSURANCE
- 23 THROUGH THE STATE, SOCIAL SERVICES (NOT AS/FROM STATE EMPLOYEE)
- 98 DK
- 99 REF

LIST OF PRIVATE INSURERS AND THOSE THAT MIGHT BE CONFUSED FOR CHIP OR ADULT BASIC

**Private or Employer-Based Health Insurance/ Plan Name or Other name that Respondents May Recognize**

Aetna Health Inc.  
Blue Cross of Northeastern PA/First Priority Health  
Cigna Healthcare of Pennsylvania  
Geisinger Health Plan  
HealthAmerica Pennsylvania  
HealthGuard of Pennsylvania  
Capital Blue Cross/Keystone Health Plan Central  
Independence Blue Cross/Keystone Health Plan East  
Highmark/Keystone Health Plan West  
UPMC Health Plan, Inc.

**CHIP Contractors/Plan Name or Other name that Respondents May Recognize**

Aetna Health Inc.  
AmeriChoice  
Blue Cross of Northeastern Pennsylvania/Blue CHIP/First Priority Health  
Capital Blue Cross/Blue CHIP  
Highmark  
Independence Blue Cross/Keystone Health Plan East/Caring Foundation for Children  
Three Rivers Health Plans Inc./MedPlus

**adultBasic Contractors**

Blue Cross of Northeastern Pennsylvania/First Priority  
Capital Blue Cross  
Highmark  
Independence Blue Cross

**Medicaid Contractors/Plan Name**

AmeriHealth HMO/AmeriHealth Mercy Health Plan  
Gateway Health Plan  
Three Rivers Health Plans/MedPlus  
AmeriChoice of Pennsylvania  
Health Partners of Philadelphia, Inc.  
Independence Blue Cross/Keystone Mercy Health Plan  
UPMC Health Plan, Inc./Best Health Care of Western PA/ UPMC For You

**Medicare Contractors/Plan Names**

Aetna Health Inc./Aetna Golden Choice  
AmeriChoice/AmeriChoice Personal Care  
Elder Health of PA/Smart Choice  
Geisinger Health Plan/Geisinger Health Plan Gold  
Health America Avantara  
Highmark/ FreedomBlue  
Keystone 65  
Keystone Health Plan Central/SeniorBlue  
Keystone Health Plan West/SecurityBlue  
Personal Choice 65  
UPMC for Life

**FOR THOSE COMPANIES FLAGGED AS POTENTIALLY MISIDENTIFIED PRIVATE INSURANCE  
COVERAGE WHEN COVERAGE IS THROUGH STATE PROGRAM**

Q:INSP04

T:

Does FILL NAME have FILL HEALTH INSURANCE PROVIDER  
through the state of PENNSYLVANIA'S CHIP, Adult Basic, Healthy Beginnings,  
Or Medicaid program?

1 YES (CODE AS COVERED BY MEDICAID) –

2 NO

8 DK

9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP06

T:

Is this plan provided through YOUR OR SOMEONE ELSE'S EMPLOYER?,  
This includes insurance coverage from an employer, and also through a labor union, through a family business, or some  
other employer based plan?

1 YES

2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INSP07  
T:

Does the employer or labor union pay for half or more of the cost of this plan?

- 1 YES
- 2 NO PAY LESS THAN HALF

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INSP08  
T:

Does the employer or labor union offer a choice of more than one health plan?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS AND NOT COVERED BY PLAN THROUGH EMPLOYER/LABOR UNION**

Q:INSP09  
T:

Is **FILL NAME** (r/s) insurance provided through...  
(READ RESPONSES)

- 1 COBRA or a former employer,
- 2 A retirement plan,
- 3 A school, college, or university, or
- 4 Was the plan purchased directly or premium paid out of pocket
- 5 OTHER (SPECIFY)
- 6 THROUGH THE STATE, SOCIAL SERVICES (NOT AS/FROM STATE EMPLOYEE)

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP10  
T:

Has the premium paid for this health insurance by **FILL NAME** increased during the past three years

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP11

T:

Has the amount paid in copays for medical services or the deductible paid out of pocket increased during the past three years

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF ALL INDICATED AS POLICY HOLDERS**

Q:INSP12

T:

Do/Does (r/s) health insurance plan cover the costs of prescription drugs?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**IF YES TO INSP10**

Q:INSP11

T:

Approximately how much of prescription drug expenses are covered by this health insurance plan?

[INTERVIEWER: READ LIST]

- 1 More than half of the expenses
- 2 About half of the expenses
- 3 Less than half of the expenses
- 4 None
- 8 DK
- 9 REF

**ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF PENNSYLVANIA  
MEDICAID, CHIP, ADULT BASIC OR HEALTHY BEGINNINGS – ASK FOR EACH PERSON LISTED  
UNDER POLICY**

Q: INSP05

T:

Earlier you stated that FILL NAME 's insurance was provided through  
the state's Medicaid or Adult Basic program.

Just to check again, is FILL NAME covered by \_\_\_\_\_?

13 MEDICAID or Medical Assistance

14 CHIP (Children's Health Insurance Program) - SHOW ONLY IF AGE < 19

15 ADULT BASIC - SHOW ONLY IF AGE 19+

16 HEALTHY BEGINNINGS - SHOW ONLY IF CHILD OR FEMALE

17 Private Insurance

18 Some other type of insurance (SPECIFY)?

19 HEALTHY HORIZONS

20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES

77 NONE

88 NO INSURANCE COVERAGE (VERIFY!)

98 DK

99 REF

**ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF PENNSYLVANIA  
MEDICAID, CHIP, ADULT BASIC OR HEALTHY BEGINNINGS – ASK FOR EACH PERSON LISTED  
UNDER POLICY**

**AND THEY INDICATED COVERAGE THROUGH ADULT BASIC TO INSP05**

Q:ADBA01a

T:

Those who are enrolled in the ADULT BASIC plan pay a small monthly  
premium of around \$30. IN ADDITION, those who are on the  
waiting list or who are income qualified may also receive  
coverage through ADULT BASIC if they pay the entire premium  
which is \$200 to \$300 monthly.

Is FILL NAME currently enrolled in the ADULT BASIC PROGRAM  
paying the smaller amount, or is FILL NAME covered through  
ADULT BASIC but paying the larger premium of \$200 to \$300?

1 CURRENTLY ENROLLED IN ADULT BASIC

2 ON WAITING LIST, PAY FULL PREMIUM

8 DK

9 REF

**ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF PENNSYLVANIA  
MEDICAID, CHIP, ADULT BASIC OR HEALTHY BEGINNINGS – ASK FOR EACH PERSON LISTED  
UNDER POLICY**

**AND THEY INDICATED COVERAGE THROUGH CHIP TO INSP05**

Q:CHIP01a

T:

Is there a monthly premium that is paid for FILL NAME 's coverage through the CHIP program?

PROMPT: THE MONTHLY PREMIUM WOULD BE AN AMOUNT PAID TO HELP COVER THE COST OF THE INSURANCE AND WOULD BE PAID TO YOUR INSURANCE COMPANY.

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**Questions of Those Who Are UNINSURED**

**ASK OF THOSE INDICATED AS UNINSURED IN INS02**

Q:INSU01

T:

How long have/has FILL NAME been without health insurance coverage?

- 1 ONE MONTH OR LESS
- 2 - 60 ENTER NUMBER OF MONTHS
- 61 MORE THAN 5 YEARS

- 97 NEVER HAD HEALTH INSURANCE
- 98 DK
- 99 REF

Q:INSU02

T:

How does cost rate as the reason why FILL NAME is not currently covered by insurance? Would you say it is....

[INTERVIEWER: READ LIST]

- 1 Absolutely the only reason
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 8 DK
- 9 REF

**ASK OF THOSE INDICATED AS UNINSURED IN INS02 AND UNINSURED FOR 12 MONTHS OR LESS**

Q:INSU03A-D

T:

Why was coverage lost?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR CHIP, ADULT BASIC: Why is this?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 11 CUT BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 15 BENEFITS FROM FORMER EMPLOYER RAN OUT
- 16 CHANGED JOBS AND LOST COVERAGE
- 17 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 18 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL
- 19 EMPLOYER DOES NOT OFFER COVERAGE - OR NOT ELIGIBLE FOR COVERAGE
- 20 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 21 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 22 CANNOT FIND A BENEFIT PLAN TO MEET MY NEEDS
- 23 COBRA RAN OUT
- 24 NOT ELIGIBLE FOR CHIP (SPECIFY)
- 25 NOT ELIGIBLE FOR ADULT BASIC (SPECIFY)
- 26 NOT ELIGIBLE FOR MEDICAID
- 27 MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY
- 28 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB/INCREASE IN INCOME
- 29 LOST MEDICAID COVERAGE (OTHER)
- 30 DON'T NEED INSURANCE
- 31 NEW BIRTH - NEVER HAD INSURANCE
- 95 OTHER (SPECIFY)
- 96 NO MORE
- 97 NONE
- 98 DK
- 99 REF

Q:INSU04

T:

At any time during the past 12 months was/were  
EVER covered by any type of health insurance plan?

- 1 Yes
- 2 No
  
- 8 DK
- 9 REF

**ASK IF YES TO INSU04**

Q:INSU05

T:

What type of health insurance coverage did FILL NAME have?

(READ RESPONSES)

[INTERVIEWER: ACCEPT ALL RESPONSES - UP TO THREE RESPONSES]

- 10 Private health insurance (Examples include Blue Cross and United)
- 11 MEDICARE
- 13 MEDICAID or Medical Assistance
- 14 CHIP (Children's Health Insurance Program) – SHOW ONLY IF AGE < 19
- 15 ADULT BASIC - SHOW ONLY IF AGE 19+
- 16 HEALTHY BEGINNINGS – SHOW ONLY IF CHILD OR FEMALE

17 Military, Veterans, or TRICARE (formally known as CHAMPUS)  
95 Some other type of insurance (SPECIFY)?

19 HEALTHY HORIZONS  
20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES

96 NO MORE  
97 NO INSURANCE COVERAGE (VERIFY!)  
98 DK  
99 REF

**ASK IF YES TO INSU04**

Q:INSU06

T:

Approximately how many of the past 12 months was FILL NAME  
WITHOUT health insurance coverage? This can be from 1-12 months.

1 TO 12 ENTER NUMBER

98 DK  
99 REF

**ASK OF THOSE INDICATED AS UNINSURED IN INS02 AND  
UNINSURED FOR MORE THAN 12 MONTHS**

Q:INSU07

T:

What are the main reasons that FILL NAME is not currently  
covered by any government or private health insurance plan?  
[INTERVIEWER: DO NOT READ LIST. MARK AS MANY REASONS AS  
OFFERED BY RESPONDENT]

IF NOT ELIGIBLE FOR CHIP, ADULT BASIC: Why is this?

10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS  
11 CUT BACK TO PART TIME/TEMPORARY STATUS  
12 EMPLOYER STOPPED OFFERING COVERAGE  
13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE  
14 WAITING PERIOD FOR COVERAGE  
15 BENEFITS FROM FORMER EMPLOYER RAN OUT  
16 CHANGED JOBS AND LOST COVERAGE  
17 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT  
18 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL  
19 EMPLOYER DOES NOT OFFER COVERAGE - OR NOT ELIGIBLE FOR COVERAGE  
20 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD  
21 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE  
22 CANNOT FIND A BENEFIT PLAN TO MEET MY NEEDS  
23 COBRA RAN OUT  
24 NOT ELIGIBLE FOR CHIP (SPECIFY)  
25 NOT ELIGIBLE FOR ADULT BASIC (SPECIFY)  
26 NOT ELIGIBLE FOR MEDICAID  
27 MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY  
28 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB/INCREASE IN INCOME  
29 LOST MEDICAID COVERAGE (OTHER)  
30 DON'T NEED INSURANCE  
31 NEW BIRTH - NEVER HAD INSURANCE

- 95 OTHER (SPECIFY)
- 96 NO MORE
- 97 NONE
- 98 DK
- 99 REF

**ASK OF THOSE INDICATED AS UNINSURED IN INS02**

Q:INSU08

T:

Do/Does FILL NAME have any coverage for the costs of prescription drugs?

IF YES ASK: What plan provides this prescription coverage?

- 1 YES (SPECIFY)
- 2 NO
  
- 8 DK
- 9 REF

**ASK OF ALL UNINSURED ADULTS**

Q:ADBA03

T:

Are you currently on a waiting list to receive insurance coverage through the ADULT BASIC Program?

- 1 YES
- 2 NO
  
- 8 DK
- 9 REF

**IF YES TO QUESTION ADBA03**

*For this we will need to know the amount of the premium*

Q:ADBA04

T:

Currently, it is possible for certain adults to get coverage through ADULT BASIC if they pay the entire monthly premium of \$200 to \$300 and they are eligible. If FILL NAME were eligible for coverage through ADULT BASIC, how likely would he/she

be to enroll in this program if the monthly premium was \$200 to \$300?

(READ RESPONSES)

ADD IN DEFINITION OF ADULT BASIC AND WHAT IT COVERS

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at All Likely?
  
- 8 DK
- 9 REF

## Interruptions in Coverage

### ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE

Q:INSW01

T:

Have/has FILL NAME been without coverage  
anytime in the last 12 months?

1 YES

2 NO

8 DK

9 REF

Q:INSW02

T:

Approximately how many of the past 12 months was FILL NAME  
WITHOUT health insurance coverage? This can be from 1-12 months.

1 TO 12 ENTER NUMBER

98 DK

99 REF

### ASK OF THOSE COVERED BY INSURANCE AND WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS

Q:INSWC03A-E

T:

Why were/was FILL NAME without coverage?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR CHIP, ADULT BASIC: Why is this?

10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS

11 CUT BACK TO PART TIME/TEMPORARY STATUS

12 EMPLOYER STOPPED OFFERING COVERAGE

13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE

14 WAITING PERIOD FOR COVERAGE

15 BENEFITS FROM FORMER EMPLOYER RAN OUT

16 CHANGED JOBS AND LOST COVERAGE

17 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT

18 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL

19 EMPLOYER DOES NOT OFFER COVERAGE - OR NOT ELIGIBLE FOR COVERAGE

20 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD

21 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE

22 CANNOT FIND A BENEFIT PLAN TO MEET MY NEEDS

23 COBRA RAN OUT

24 NOT ELIGIBLE FOR CHIP (SPECIFY)

25 NOT ELIGIBLE FOR ADULT BASIC (SPECIFY)

26 NOT ELIGIBLE FOR MEDICAID

- 27 MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY
- 28 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB/INCREASE IN INCOME
- 29 LOST MEDICAID COVERAGE (OTHER)
- 30 DON'T NEED INSURANCE
- 31 NEW BIRTH - NEVER HAD INSURANCE
- 95 OTHER (SPECIFY)
- 96 NO MORE
- 97 NONE
- 98 DK
- 99 REF

**LOSS OF INSURANCE**

*These are optional questions that can be asked of those who are insured to determine risk of loss of coverage.*

**ASK IF ANYONE IN HOUSEHOLD IS COVERED BY INSURANCE**

Q:INSLO01

T:

Are you concerned that anyone in your household may  
may lose {your/his/her} coverage within the next 12 months?

IF YES ASK: Who are you concerned might lose coverage?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 97 NO ONE, NOT CONCERNED
- 98 DK
- 99 REF

Q:INSLO02

T:

What are the reasons that there is a  
risk for losing health insurance coverage within the next 12 months?

[INTERVIEWER: ACCEPT ALL RESPONSES.]

IF NOT ELIGIBLE FOR CHIP, ADULT BASIC: Why is this?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB/CHANGED EMPLOYERS
- 11 CUT BACK TO PART TIME/TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 15 BENEFITS FROM FORMER EMPLOYER RAN OUT
- 16 CHANGED JOBS AND LOST COVERAGE
- 17 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 18 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL

- 19 EMPLOYER DOES NOT OFFER COVERAGE - OR NOT ELIGIBLE FOR COVERAGE
- 20 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 21 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 22 CANNOT FIND A BENEFIT PLAN TO MEET MY NEEDS
- 23 COBRA RAN OUT
- 24 NOT ELIGIBLE FOR CHIP (SPECIFY)
- 25 NOT ELIGIBLE FOR ADULT BASIC (SPECIFY)
- 26 NOT ELIGIBLE FOR MEDICAID
- 27 MEDICAID/MEDICAL PLAN STOPPED AFTER PREGNANCY
- 28 LOST MEDICAID/MEDICAL PLAN BECAUSE OF NEW JOB/INCREASE IN INCOME
- 29 LOST MEDICAID COVERAGE (OTHER)
- 30 DON'T NEED INSURANCE
- 31 NEW BIRTH - NEVER HAD INSURANCE
- 95 OTHER (SPECIFY)
- 96 NO MORE
- 97 NONE
- 98 DK
- 99 REF

**RX Coverage**

**ASK OF ALL OF THOSE 65 AND OLDER**

Q:RX01

T:

Do/Does FILL NAME receive any support for drug costs through the PACE or PACENET?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**Dental Insurance and Dental Care**

Q:INSD01

T:

Is anyone now covered by an insurance plan that pays for routine dental care, such as cleanings and fillings?

IF YES: Who is that?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 77 NO MORE
- 88 NO ONE IN HH COVERED BY DENTAL INSURANCE COVERAGE
- 98 DK

99 REF

**ASK IF ANYONE IN HOUSEHOLD IS COVERED BY DENTAL INSURANCE**

Q:INSD02

T:

Are the people you indicated above as covered by dental insurance  
ALL covered under the SAME dental insurance plan?

IF YES: Who is the policy holder for this plan?

IF NO: Which members of the household are policy  
holders for a dental insurance plan?

10

11

12

13

14

15

16

17

18 COVERED BY SOMEONE OUTSIDE THE HOUSEHOLD

96 NO MORE

97 NO ONE IN HH IS A POLICY HOLDER

98 DK

99 REF

**IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY HOLDER AND ASK  
DENTAL INSURANCE QUESTIONS**

**ASK IF MORE THAN ONE POLICY HOLDER.**

Q:INSD03

T:

Next, I need to know which members of the household are covered  
by each of these dental insurance plans.

Who is covered under FILL NAME's policy?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH

98 DK

99 REF

**IF DK OR REFUSE – TREAT EACH INDIVIDUAL AS A SEPARATE POLICY HOLDER AND ASK  
DENTAL INSURANCE QUESTIONS**

**VERIFY THAT ALL COVERED BY PRIVATE INSURANCE AS LINKED TO A POLICY HOLDER**

**ASK OF EACH POLICY HOLDER IDENTIFIED IN INSD03**

*For this we'll need a list of the common plans in Pennsylvania  
Do any of the state programs provide dental insurance?*

Q:INSD04

T:

Which plan provides this dental coverage?

- 10 Aetna Dental
- 11 Cigna Dental
- 12 Delta Dental
- 13 Pennsylvania Dental Service Corporation
- 14 United Concordia Dental Plans
- 15 United Dental Care
- 16 OTHER PRIVATE PLAN (SPECIFY)
- 17 MEDICAID
- 18 MEDICARE (SUPPLEMENT OR MANAGED CARE PLAN)
- 19 MILITARY, VETERAN'S, TRICARE FAMILY DENTAL PLAN
- 20 OTHER (SPECIFY)
- 97 NO DENTAL COVERAGE
- 98 DK
- 99 REF

**ASK OF THOSE AGE 1 AND OLDER**

Q:INSD05

T:

About how long has it been since FILL NAME  
last went to a dentist or dental hygienist?

READ RESPONSES AS NEEDED

- 1 During the past 12 months
- 2 One to Two years ago (13 - 24 MONTHS)
- 3 Three to five years ago
- 4 More than five years ago
- 5 NEVER
  
- 8 DK
- 9 REF

**ASK OF THOSE AGE 1 AND OLDER AND  
VISITING THE DENTIST DURING THE PAST 12 MONTHS**

Q:INSD06

T:

Were any of the visits FILL NAME made during the past 12  
months primarily for a checkup or cleaning?

- 1 YES
- 2 NO
  
- 8 DK

9 REF

**ASK OF THOSE AGE 1 AND OLDER AND WHO HAVE NOT BEEN TO THE DENTIST DURING THE PAST 12 MONTHS**

Q:INSD07

T:

What is the main reason FILL NAME have/has not visited the dentist in the past 12 months?

(READ ONLY IF NOT OFFERED)

- 10 Fear, apprehension, nervousness, pain, dislike going
- 11 Cost
- 12 Do not have/know a dentist
- 13 Can't find a dentist who accepts Medicaid
- 14 Cannot get to office/clinic (too far away, no transportation)
- 15 Cannot get in to office/clinic (no appointments available)
- 16 No reason to go (no problems, no teeth)
- 17 Other priorities
- 18 Have not thought of it
- 19 Other priorities, too busy, hasn't had time
- 20 OTHER (SPECIFY)

88 NO PARTICULAR REASON

98 DK

99 REF

**ASK OF THOSE COVERED BY MEDICAID OR CHIP**

*This question was asked in Rhode Island where Medicaid will pay for dental care – It might be appropriate here as well.*

Q:INSD08

T:

There are many reasons people delay or don't get dental care. Have/has FILL NAME ever delayed or not gotten care because they could not find or did not know a dentist who accepts Medicaid/CHIP?

1 YES

2 NO

8 DK

9 REF

**Doctor Visits and Location Receive Medical Attention**

Q:DOCV01

T:

Next, I would like to ask you about doctors visits and medical care. Within the past 12 months, about how many times did FILL NAME see a doctor or health care provider about your/his/her health, NOT COUNTING when you/he/she may have stayed overnight in the hospital?

INTS: THIS DOES NOT INCLUDE INSTANCES SUCH AS GETTING A FLU SHOT THROUGH WORK OR CHECKING THEIR BLOOD PRESSURE AT THE PHARMACY

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

**ASK OF THOSE WITH AT LEAST ONE VISIT IN DOCV01**

Q:DOCV02

T:

How many of those visits were for strictly routine check-ups, that is when, FILL NAME were/was not sick?

- 0 NONE
- 1 - 96 ENTER NUMBER OF VISITS
- 97 97 OR MORE

- 98 DK
- 99 REF

Q:DOCV03

T:

Is there one place that EVERYONE living in the household usually goes when they are sick or need medical attention OR do they typically go to different places?

- 1 YES, EVERYONE USUALLY GOES ONE PLACE
- 2 NO, GO TO DIFFERENT PLACES
- 3 NO ONE GOES TO THE DOCTOR

- 8 DK
- 9 REF

**ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION**

Q:DOCV04

T:

What kind of place is this...  
(READ RESPONSES)

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

- 10 A private doctor's office,
- 11 Neighborhood health center,
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care, or
- 15 Some other place? (specify)

- 97 DO NOT GO ONE PLACE MOST OFTEN

98 DK  
99 REF

**ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION**

Q:DOCV05

T:

Is this the same place EVERYONE goes when they need routine or preventive care, such as a regular check-up?

1 YES  
2 NO

8 DK  
9 REF

**ASK IF EVERYONE IN THE HOUSEHOLD GOES TO ONE PLACE FOR MEDICAL ATTENTION AND THEY SAY NO, DK, REF TO DOCV05**

Q:DOCV06

T:

What kind of place do household members usually go when they need routine or preventive care, such as a regular check-up?

(READ RESPONSES)

10 A private doctor's office,  
11 Neighborhood health center,  
12 Hospital outpatient department,  
13 Emergency room,  
14 Walk-in or urgent care, or  
15 Some other place? (specify)

97 DOES NOT GO ONE PLACE MOST OFTEN

98 DK  
99 REF

**ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03**

Q:DOCV07

T:

Is there a place that FILL NAME usually go/goes when you/he/she are/is sick or needs medical attention?

1 YES  
2 NO, NO USUAL PLACE  
3 YES, MORE THAN ONE USUAL PLACE  
4 NEVER GO TO THE DOCTOR

8 DK  
9 REF

**ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND**

**ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO DOCV03**

Q:DOCV08

T:

What kind of place do/does FILL NAME go most often...

INTS: IF NOT MEDICAL PROVIDER THEN BY THIS I MEAN THE TYPE OF HEALTH CARE PROVIDER YOU WOULD GO TO IN THESE INSTANCES.

READ RESPONSES

- 10 A private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care, or
- 16 Some other place (specify)

97 DOES NOT GO ONE PLACE MOST OFTEN

98 DK

99 REF

**ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND**

**ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR, DK, REF TO DOCV03**

Q:DOCV09

T:

Is this the same place FILL NAME usually go/goes when you/he/she need(s) routine or preventive care, such as a regular check-up/well baby check-up?

- 1 YES
- 2 NO

8 DK

9 REF

**ASK IF EVERYONE IN THE HOUSEHOLD DOES NOT GO TO ONE PLACE FOR MEDICAL ATTENTION, THERE IS NO USUAL PLACE EVERYONE GOES OR DK OR REF RESPONSE TO DOCV03 AND**

**ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR TO DOCV03**

Q:DOCV10

T:

What kind of place do/does usually go to when you/she/he needs routine or preventive care, such as a

FILL REGULAR CHECK-UP/WELL BABY CHECK-UP?

READ RESPONSES

- 10 A private doctor's office (or group practice)
- 11 Neighborhood health center (or community clinic)
- 12 Hospital outpatient department
- 13 Emergency room
- 14 Walk-in or urgent care, or
- 16 Some other place (specify)

17 DOES NOT GO ONE PLACE MOST OFTEN

- 98 DK
- 99 REF

Q:DOCV11

T:

Within the past 12 months, did anyone in the household stay overnight in a hospital?

IF YES ASK: Which members of the household stayed overnight in a hospital?

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

- 96 NO MORE
- 97 NO ONE IN HH STAYED OVERNIGHT IN A HOSPITAL
- 98 DK
- 99 REF

### Health Care Barriers

Q:HC01

T:

During the past 12 months, was there any time when anyone in the household needed any of the following but didn't get it because they could not afford it:

ENTER <1> TO CONTINUE

Q:HCB02

T:

Medical care from a doctor or surgery?

PROMPT: During the past 12 months was there any time anyone in the household needed \_\_\_\_\_ but didn't get it because they could not afford it?

IF YES: Who was that?

- 10 PERSON 1

- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 96 NO MORE
- 97 NO ONE
- 98 DK
- 99 REF

Q:HCB03  
T:

Prescription Medicines?

PROMPT: During the past 12 months was there any time anyone in the household needed \_\_\_\_\_ but didn't get them because they could not afford it?

IF YES: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7
- 17 PERSON 8

- 96 NO MORE
- 97 NO ONE
- 98 DK
- 99 REF

Q:HCB04  
T:

Mental health care or counseling?

PROMPT: During the past 12 months was there any time anyone in the household needed \_\_\_\_\_ but didn't get it because they could not afford it?

IF YES: Who was that?

- 10 PERSON 1
- 11 PERSON 2
- 12 PERSON 3
- 13 PERSON 4
- 14 PERSON 5
- 15 PERSON 6
- 16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q:HCB05

T:

Dental care including checkups?

PROMPT: During the past 12 months was there any time anyone in the household needed \_\_\_\_\_ but didn't get it because they could not afford it?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q:HCB06

T:

During the past 12 months, did anyone in the family receive any medical bill for more than \$500 that had to be paid out-of-pocket?

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

**ASK OF ALL RESPONDENTS**

Q:HCB07

T:

How important do you think health insurance is for you and your family?

[INTERVIEWER: READ RESPONSES]

- 1 Very important
- 2 Somewhat important
- 3 Not very important
- 4 Not important at all
- 8 DK
- 9 REF

**ASK OF ALL**

Q:HCB08

T:

To what extent are you concerned about being able to afford prescription medicines?

[INTERVIEWER: READ LIST]

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not very concerned
- 4 Not concerned at all
- 8 DK
- 9 REF

**General Health Status**

*These are standard health status questions*

Q:HSTAT01 – SECTION INTRODUCTION

T:

Now, I'd like to ask several questions about the health of each member of your family.

PRESS 1 TO CONTINUE

Q:HSTAT02 – ASK OF ALL FAMILY UNIT MEMBERS

T:

In general, FILL NAME's health is

[INTERVIEWER: READ LIST]

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair, or
- 5 Poor

- 8 DK
- 9 REF

Q:HSTAT03  
T:

Now thinking about FILL NAME's physical health, which includes physical illness and injury, for how many days during the past 30 days was FILL NAME's physical health not good?

- 0 NONE
- 1 – 30 ENTER NUMBER OF DAYS

- 98 DK
- 99 REF

Q:HSTAT04  
T:

Now thinking about FILL NAME's mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was FILL NAME's mental health not good?

- 0 NONE
- 1 – 30 ENTER NUMBER OF DAYS

- 98 DK
- 99 REF

#### DAY CARE

#### ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD AGE 0-6

Q:DC01  
T:

In the past four weeks, has FILL NAME been cared for in any regular childcare arrangement, such as a daycare center, babysitter, or with a relative?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

#### ASK OF THOSE WITH ONE OR MORE CHILDREN IN THE HOUSEHOLD AGE 0-6 AND INDICATING YES TO DC01

Q:DC02  
T:

In which one place was FILL NAME cared for the most...  
(READ RESPONSES)

- 1 Their own home
- 2 A relative's home
- 3 Some other private home
- 4 A day-care center

- 5 An after-school program at a school, church, or YMCA, or
- 6 Somewhere else? (SPECIFY)

- 8 DK
- 9 REF

**Employment**

**ASK OF THOSE 18 AND OLDER**

Q:EMP01

T:

We are almost done with the survey.  
This next series of questions is about jobs and employment.

PROMPT: Answers to these questions are important because they help us understand about health issues and sources of health insurance. also, I want to emphasize that the information you provide will be kept confidential and will only be used in combined form.

[PRESS 1 TO CONTINUE]

**ASK OF THOSE 18 AND OLDER**

Q:EMP02

T:

Are/Is FILL NAME working, keeping house,  
going to school, or something else?

IF ON VACATION ASK: Does this person generally work?

IF SOMETHING ELSE ASK:

Are/Is FILL NAME PRIMARILY unemployed, not at  
your/his/her job temporarily, retired, unable to work,  
or something else?

- 10 WORKING (INCLUDE THOSE ON VACATION)
- 11 KEEPING HOUSE
- 12 GOING TO SCHOOL
  
- 13 WITH A JOB, BUT NOT AT WORK TEMPORARILY
- 14 UNEMPLOYED, LAID OFF, LOOKING FOR WORK
- 15 RETIRED
- 16 DISABLED/UNABLE TO WORK
- 17 OTHER (SPECIFY)
  
- 98 DK
- 99 REF

**ASK OF THOSE 18 AND OLDER AND  
GOING TO SCHOOL, KEEPING HOUSE, RETIRED, OTHER, DK, OR REF TO EMP02**

Q:EMP03

T:

Do/Does FILL NAME typically work for pay?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

*An Optional Question*

**ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY**

Q:EMP04

T:

Is this a permanent, temporary, or seasonal job?

- 1 Permanent
- 2 Temporary
- 3 Seasonal

- 8 DON'T KNOW
- 9 REFUSED

**ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY**

Q:EMP05

T:

What is the total number of hours FILL NAME usually works per week?

- 1-96 ENTER NUMBER
- 97 97 OR MORE HOURS
- 98 DK
- 99 REF

**ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY**

Q:EMP06

T:

On this job, are/is FILL NAME employed by a private company or business, a government agency, in active military duty, self-employed, working in a family business or farm, or something else?

INTERVIEWER: CODE NOT-FOR-PROFIT /FOUNDATION AS PRIVATE COMPANY. IF EMPLOYED BY A SCHOOL COLLEGE OR UNIVERSITY, CLARIFY WHETHER THIS IS A STATE OR PRIVATE COLLEGE OR UNIVERSITY OR A PRIVATE OR PUBLIC SCHOOL

- 10 PRIVATE COMPANY
- 11 GOVERNMENT AGENCY
- 12 MILITARY DUTY
- 13 SELF-EMPLOYED
- 14 FAMILY-BUSINESS OR FARM (NOT SELF-EMPLOYED)
- 15 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE
- 16 PRIVATE EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE

17 OTHER (SPECIFY)

98 DK  
99 REF

**ASK OF THOSE EMPLOYED BY A PRIVATE COMPANY**

Q:EMP07  
T:

Is this company a manufacturing company, a retail company, a company that provides services, or something else?

1 MANUFACTURING  
2 RETAIL  
3 SERVICE  
4 SOMETHING ELSE (SPECIFY)

8 DK  
9 Ref

**ASK OF THOSE EMPLOYED BY A GOVERNMENT AGENCY**

Q:EMP08  
T:

Does FILL NAME work for the federal government, state government, or local government such as a county or city?

1 FEDERAL GOVERNMENT  
2 STATE GOVERNMENT  
3 LOCAL GOVERNMENT  
4 PUBLIC EDUCATIONAL INSTITUTION, SCHOOL, COLLEGE  
5 OTHER (SPECIFY)

8 DK  
9 Ref

Q:EMP09  
T:

About how many people are employed by this employer, at all locations?

[INTERVIEWER: READ IF NECESSARY]

10 4 or fewer  
11 5-9  
12 10-24  
13 25-49  
14 50-99  
15 100-199  
16 200-499  
17 500-999  
18 1,000 & over  
98 DK  
99 REF

**ASK OF THOSE 18 AND OLDER AND**

**UNEMPLOYED**

Q:EMP10

T:

Have/has FILL NAME been out of work for less than one year,  
or for one year or more?

1 < 1 YEAR

2 1 YEAR +

8 DK

9 REF

**ASK OF THOSE 18 AND OLDER AND  
DISABLED/UNABLE TO WORK**

Q:EMP11

T:

Is FILL NAME (r/s) disability permanent or temporary?

1 TEMPORARY DISABILITY

2 PERMANENT DISABILITY

3 NO DISABILITY

8 DK

9 REF

**ASK OF THOSE 18 AND OLDER AND  
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND UNINSURED**  
*We could also ask this question of those people who are employed, without private insurance but covered under  
AdultBasic or other State plans*

Q:EMP12

T:

Does FILL NAME (r/s) employer or labor union  
offer health insurance coverage?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE 18 AND OLDER AND  
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND UNINSURED  
AND  
INDICATING YES TO EMP12**

Q:EMP13A-E

T:

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DON'T NEED HEALTH INSURANCE
- 95 OTHER (SPECIFY)

- 86 NO MORE
- 97 NO REASON

- 98 DK
- 99 REF

**ASK OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND UNINSURED**  
*We could also ask this question of those people who are employed, without private insurance but covered under AdultBasic or other State plans*

Q:EMP14  
T:

Does FILL NAME's employer offer a stipend so they can purchase their own insurance?

PROMPT: Instead of paying for all or some of their employees health insurance, companies sometime provide a payment directly to an employee so they can purchase their OWN health insurance.

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**Family Income SECTION**  
*Questions will be asked for each identified family unit*

Q:INC01 – INTRODUCTION TO SECTION  
T:

The next questions are about income that your FAMILY received during 2003. This includes money from all sources including wages, cash from government programs, alimony and child support. This is before taxes and other deductions.

This information helps explain whether people can afford the health insurance and health care they need. Your information is strictly confidential and will be kept private.

[PRESS 1 TO CONTINUE]

Q:INC02  
T:

During the entire year of 2003, what was your family's total income from ALL sources, before taxes and other deductions?

[PROBE FOR MILD RESISTANCE: ANSWERS TO QUESTIONS ON EARNINGS ARE IMPORTANT BECAUSE THEY HELP EXPLAIN WHETHER PEOPLE CAN AFFORD THE HEALTH CARE THEY NEED. ALSO, THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED IN SUMMARY REPORTS. PROBE FOR DK OR HESITATION: IF YOU DO NOT KNOW EXACTLY, YOUR BEST ESTIMATE WOULD BE FINE. VERIFY IF <\$5,000 OR >\$500,000. CODE 999997 IF RESPONSE IS \$1 MILLION OR MORE.]

0 NONE  
1 TO \$999996 ENTER DOLLAR AMOUNT  
\$999997 \$1 MILLION OR MORE

999998 DK  
999999 REF

**ONLY ASK THOSE WHO DON'T KNOW OR REFUSED THE PREVIOUS QUESTION**

Q:INC03

T:

Which of the following income ranges is closest to your family's 2003 total income from all sources?

[INTERVIEWER: PROBE: YOUR BEST ESTIMATE WOULD BE FINE]

- 10 Under \$5,000
- 11 \$5,000 to less than \$10,000
- 12 \$10,000 to less than \$20,000
- 13 \$20,000 to less than \$25,000
- 14 \$25,000 to less than \$30,000
- 15 \$30,000 to less than \$35,000
- 16 \$35,000 to less than \$40,000
- 17 \$40,000 to less than \$50,000
- 18 \$50,000 to less than \$60,000
- 19 \$60,000 to less than \$80,000
- 20 Over \$80,000
- 98 DK
- 99 REF

Q:INC04

T:

Was this income from...

(READ RESPONSES) – SELECT ALL MENTIONED

- 1 Work or employment,
- 2 Social Security,
- 3 Investments, or
- 4 SOME OTHER SOURCE (SPECIFY)
- 5 NO MORE
- 6 NONE

8 DK  
9 REF

**Closing of the Survey**

**ASK IF MORE THAN ONE FAMILY UNIT AND HOUSEHOLD MEMBERS EXCLUDED IN UNITS CRN**

Q:CLOSE0

T:

Thank you, those are all the questions I have for your family.  
In order for me to complete this survey, I would like to identify  
the person in the household who is familiar with the health of...

FILL NAMES OF THOSE EXCLUDED ABOVE

Who would be the person I should ask for?

10

11

12

13

14

15

16

17

18 PERSON DOES NOT LIVE IN THIS HH

98 DK

99 REF

**ASK IF MORE THAN ONE FAMILY UNIT AND HOUSEHOLD MEMBERS EXCLUDED IN UNITS CRN**

Q:CLOSE1

T:

I will call back and ask for this person at a later time.

INTS: IF THEY SAY THEY ARE AVAILABLE NOW SAY: It will take some time  
for us to set up the program for this person, so I cannot complete  
the interview now.

1 ENTER TO CONTINUE

2 PERSON IS AT A DIFFERENT TELEPHONE NUMBER

Q:THNX

T:

That is the conclusion of this interview for your family

IF SOMEONE IN HOUSEHOLD IS UNINSURED FILL:

If you or anyone else is interested in finding out about state health

insurance programs for people WITHOUT insurance, call the Pennsylvania Insurance Department at a toll-free number  
1-800-986-KIDS.

If you have any questions about HEALTH INSURANCE you can call  
the state at ADD NUMBER for assistance. (Allow interviewee to get  
a pen or pencil, then repeat the number.) That number is 877-881-6385.

[PRESS 1 TO CONTINUE]

Thanks again and good-bye.