



MARKET DECISIONS

RESEARCH • INSIGHT • STRATEGY

Pennsylvania Health Insurance Survey Question Manual

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I. 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 should take less than 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 strictly confidential. Your answers will be combined with those of others **WITHOUT** your name or phone number.

The study is being sponsored by the 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 102. or Ed Naugle of the Pennsylvania Insurance Department at 717-705-7257.

Lead in statement

Q:LEAD

T:

Hello, I'm _____ calling for the Pennsylvania Insurance Department. We are doing an important study to learn about health insurance coverage and the health insurance needs of Pennsylvania residents. Let me assure you that this is not a sales call, 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 15 to 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 need to know more about health insurance coverage in Pennsylvania to better guide state policy and programs. Will you help us by doing this study?

STUDY LENGTH

The study will take about 15 to 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. 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 would like to find out more about our study, you can call Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102. or Ed Naugle of the Pennsylvania Insurance Department at 717-705-7257.

[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:FND1

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 the 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 15 to 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 15 to 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 strictly confidential. Your answers will be combined with those of others.

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 102. or Ed Naugle of the Pennsylvania Insurance Department at 717-705-7257.

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 in Pennsylvania. 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 102.

Thank you and goodbye.

INTS CODING FOR ANSWERING MACHINES

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

II. 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:HHQ01

T:

In what Pennsylvania County is your home located?

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

<PA COUNTY LIST>

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:HH05a

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:HHCOMP

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 – 8 ENTER NUMBER
9 9 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 1ST 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 8th 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:

III. 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:GEND

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:AGE1

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:AGE2

T:

We would like to get a rough estimate of the age of each person living in the household.
{Are/is you/she/he}

[INTERVIEWER: READ LIST]

- 10 0 - 5 years old
- 11 6 - 13 years old
- 12 14 - 18 years old
- 13 19 - 23 years old
- 14 24 - 29 years old
- 15 30 - 44 years old
- 16 45 - 64 years old
- 17 65 - 84 years old
- 18 85 years or older
- 98 DK
- 99 REF

ASK OF THOSE 16 AND OLDER

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:INSCH1

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:ETHN

T:

Is/Are FILL NAME Hispanic or Latino?

1 YES

2 NO

8 DK

9 REF

Q:RACEA-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)

77 NO MORE

98 DK

99 REF

ASK OF THOSE INDICATING MORE THAN ONE RACE IN RACEa-e

Q:RACE1

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

IV. 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:FAM1

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/Roommate/Renter
- 17 DK OR REF

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

Q:FAM2

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

77 PERSON IS NOT MARRIED/MARRIED TO SOMEONE UNDER 16

98 DK

99 REF

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

Q:FAM3

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

98 DK

99 REF

**ASK OF ALL CHILDREN WHO ARE NOT WARDS OF SOMEONE IN THE HH TO
FAM03 (any answer > 17)**

Q:FAM3a

T:

Who in the household is the main person taking care of FILL NAME?

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

97 NO ONE IN HH TAKING CARE OF CHILD

98 DK

99 REF

ASK OF THOSE WITH MORE THAN ONE FAMILY UNIT

Q:UNITSCRN

T:

For the rest of the interview I'll ask you to give me health related information about everyone you listed.

If there is anyone in the household you think you couldn't answer these questions about, please let me know now.

INTS: SELECT MEMBERS RESPONDENTS INDICATED THEY ARE NOT FAMILIAR WITH.

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

77 NO MORE

18 FAMILIAR WITH EVERYONE

V. Insurance Coverage

For the introduction, we'll add in the names of some of the common private insurance plans in this introduction.

Q:INS01

T:

The next questions will be about HEALTH INSURANCE. By this I mean any program or plan that pays any part of hospital or doctor bills. For example, Medicare, Medicaid, CHIP, adultBasic, Military or Veterans benefits, or Blue Cross.

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.

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 adultBasic are insurance programs offered through the STATE OF PENNSYLVANIA for persons with incomes below a certain limit or with certain disabilities.

Healthy 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.

adultBasic is coverage provided to adults with incomes below a certain limit.

ENTER <1> TO CONTINUE

Q:INS02A-D

T:

Is FILL NAME covered by ANY type of health insurance?
(FILL IN GENDER AND FILL IN AGE)

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 (such as thru Employer, Blue Cross, MVP and Cigna)
- 11 Medicare
- 12 Medicaid
- 13 CHIP (Children's Health Insurance Program) – SHOW ONLY IF AGE < 19
- 14 adultBasic - SHOW ONLY IF AGE 19+
- 15 Healthy Beginnings – SHOW ONLY IF CHILD OR FEMALE
- 16 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 (WILL TREAT AS MEDICAID)
- 93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE/DISABILITY
- 97 NO INSURANCE COVERAGE
- 98 DK/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

ASK OF THOSE INDICATING YES TO INS03

Q:INS03a (Q49b)

T:

Does anyone else pay for your/their bills when you (they) seek medical care?

IF YES ASK: who pays their medical expenses?

IF NO ASK: do you or other family members pay out of pocket?

Do pay with your own money?

20 Workers compensation for specific injury/illness

21 Employer pays for bills, but not an insurance policy

22 Family member pays out of pocket for any bills

26 Pays out of pocket with their own money

23 THROUGH HEALTH INSURANCE - ANY TYPE (GOTO INS02)

25 THROUGH FREE CLINICS, FREE MEDICAL SERVICES

95 OTHER (SPECIFY)

97 NONE, NO MEDICAL BILLS

98 DK

99 REF

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH SSI, THROUGH THE STATE, THROUGH WELFARE, OR THROUGH DISABILITY TO INS02

Q:INS02a

T:

How did FILL NAME apply for or receive the health insurance through the state?

INTS: NEARLY ALL PEOPLE COVERED MENTIONING THESE PROGRAMS WILL BE COVERED BY MEDICAID.

IF THEY MENTION THE MILITARY:

- SELECT 1 AND CODE AS 16 MILITARY IN INS02

IF THEY MENTION THEY ARE GETTING THROUGH A PRIVATE COMPANY OR MENTION THE NAME OF AN INSURANCE COMPANY

- SELECT 1 AND CODE AS 10 PRIVATE INSURANCE IN INS02

IF THEY MENTION THEY GET INSURANCE AS A STATE EMPLOYEE, SPOUSE OR CHILD OF STATE EMPLOYEE, OR AS A STATE RETIREE

- SELECT 1 AND CODE AS 10 PRIVATE INSURANCE IN INS02

IF THEY DO NOT MENTION ANY OF THESE

- SELECT 2

1 WILL GO BACK AND CORRECT TYPE OF INSURANCE

2 NO THIS IS CORRECT/NO FURTHER INFORMATION

NOTE: UNLESS THERE IS A CLEAR INDICATION OTHERWISE, ALL CASES WHERE RESPONDENT INDICATES THEY GET COVERAGE THROUGH SSI WELFARE, THROUGH THE STATE, THROUGH DISABILITY WILL BE TREATED AS IF THEY ARE COVERED UNDER MEDICAID FOR THE REMAINDER OF THE SURVEY

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 IS CORRECT - NOT COVERED BY MEDICARE
- 2 NO IS NOT CORRECT - PERSON IS COVERED BY MEDICARE

- 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

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 Senior Blue, Keystone, or other plans that help cover expenses not paid by Medicare, OR is this a separate private health insurance plan?

IF YES, ASK: What is the name of this Medicare supplement?

IF SUPPLEMENT: Is this ONLY a plan under Medicare Part D which is used to pay ONLY for prescription drugs? **CODE AS PART D**

10 AARP

11 Aetna Health Inc./Aetna Golden Choice

13 Blue Cross/Senior Blue/Security Blue

14 Elder Health of PA/Smart Choice

15 Geisinger Health Plan/Geisinger Health Plan Gold

16 Health America Avantara

17 Highmark/FreedomBlue

18 Keystone 65

19 Keystone Health Plan Central/SeniorBlue

20 Keystone Health Plan West/SecurityBlue

76 PART D - MEDICARE PART D Prescription Drug Plan

95 OTHER MEDICARE SUPPLEMENT (SPECIFY)

97 NO, THIS IS PRIVATE INSURANCE ONLY, NOT A SUPPLEMENT

98 DK/REF

Medicare Verification

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

Q:INS06

T:

Just to verify, is **FILL NAME** covered by national **MEDICARE**,
or are they covered through the state's **MEDICAID** program
including **CHIP** or **adultBasic**, or by both **MEDICARE** and **MEDICAID**?

INTS: READ AS NEEDED

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 **adultBasic**,
which is provided to adults 19 – 64.

1 YES COVERED BY MEDICARE ONLY

2 COVERED BY BOTH MEDICARE AND MEDICAID (CHIP, adultBasic, Healthy Horizons)

3 COVERED BY MEDICAID ONLY (CHIP, adultBasic, Healthy Horizons)

8 DK

9 REF

ASK IF THEY NOW INDICATE MEDICAID COVERAGE IN INS06 ASK:

Q: INS07

T:

Are/is FILL NAME covered by?
(READ RESPONSES)

12 Medicaid or Medical Assistance (Access Program, Access Card)

13 CHIP (Children's Health Insurance Program)

14 adultBasic

15 Healthy Beginnings

95 Some other type of insurance (SPECIFY)?

19 HEALTHY HORIZONS

20 MEDICAL ASSISTANCE FOR WORKERS WITH DISABILITIES

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, is **FILL NAME** covered by the **STATE MEDICAID** program including **CHIP** or **adultBasic** or are they covered through the **NATIONAL MEDICARE** program for those 65 and older, or by both **MEDICAID** and **MEDICARE**?

INTERVIEWERS READ AS NEEDED:

Medicare is federal health insurance for people 65 or older and people with disabilities and is run by the Social Security Administration. Medicare is different from Medicaid.

Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources. It's for certain eligible seniors 65 or older and people who are blind or disabled. Enrollees may be in programs such as traditional Medicaid and Healthy Horizons.

- 1 COVERED BY MEDICAID ONLY (CHIP, adultBasic, Healthy Horizons)
- 2 COVERED BY BOTH MEDICARE AND MEDICAID (CHIP, adultBasic, Healthy Horizons)
- 3 COVERED BY MEDICARE ONLY
- 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:

Does FILL NAME have a PRIVATE Medicare supplement such as Blue Cross Senior Blue, or Keystone to help cover expenses not paid by Medicare?

IF YES, ASK: What is the name of this Medicare supplement?

IF SUPPLEMENT: Is this is ONLY a plan under Medicare Part D which is used to pay ONLY for prescription drugs? CODE AS PART D

- 10 AARP
- 11 Aetna Health Inc./Aetna Golden Choice
- 13 Blue Cross/Senior Blue/Security Blue
- 14 Elder Health of PA/Smart Choice
- 15 Geisinger Health Plan/Geisinger Health Plan Gold
- 16 Health America Avantara
- 17 Highmark/FreedomBlue
- 18 Keystone 65
- 19 Keystone Health Plan Central/SeniorBlue
- 20 Keystone Health Plan West/SecurityBlue
- 76 PART D - MEDICARE PART D Prescription Drug Plan

- 95 OTHER MEDICARE SUPPLEMENT (SPECIFY)
- 97 NO MEDICARE SUPPLEMENT
- 98 DK/REF

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

VI. 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 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER

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.

Who is covered under FILL NAME's policy?

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 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 ARE LINKED TO A
POLICY HOLDER**

ASK OF ALL INDICATED AS COVERED BY PRIVATE INSURANCE AND NOT LINKED TO A SPECIFIC POLICY FROM INSP02

Q:INSP02a

T:

The following household members do not have a policy holder listed for their private insurance:

Are any of these household members covered under FILL NAME's policy?

- 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 NONE
- 98 DK
- 99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP03

T:

Is FILL NAME's PRIVATE HEALTH INSURANCE provided through Aetna Health, Blue Cross, Cigna Healthcare, or some other company?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

- 10 Aetna Health Inc.
- 11 Blue Cross of Northeastern PA/First Priority Health
- 26 Blue Cross (General no specific plan mentioned)
- 50 Cigna Healthcare of Pennsylvania
- 13 Geisinger Health Plan
- 14 HealthAmerica Pennsylvania
- 27 Health Assurance
- 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.
- 21 AmeriHealth HMO/AmeriHealth Mercy Health Plan (Medicaid)
- 25 United Health Care, UHC
- 95 OTHER PROVIDER (SPECIFY)
- 80 MEDICARE, MEDICARE SUPPLEMENT
- 12 MEDICAID, CHIP, ADULTBASIC, ACCESS, HEALTHY HORIZONS/BEGINNINGS
- 94 SSI, WELFARE, DISABILITY, SOCIAL SERVICES, THE STATE

- 98 DK/REF

LISTS OF PRIVATE INSURERS AND THOSE THAT MIGHT BE CONFUSED FOR CHIP, ADULTBASIC, MEDICAID, OR MEDICARE. UPDATED FOR 2007.

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
Capital Blue Cross/Keystone Health Plan Central
Independence Blue Cross/Keystone Health Plan East
Highmark/Keystone Health Plan West
Unison Family Health Plan of Pennsylvania, Inc.
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
Unison Family Health Plan of Pennsylvania, Inc.
UPMC Health Plan, Inc.

adultBasic Contractors

Blue Cross of Northeastern Pennsylvania/First Priority
Capital Blue Cross
Highmark
Unison Family Health Plan of Pennsylvania, Inc.

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
American Progressive Life & Health Ins. Co.
Avalon Insurance Company
Connecticut General Life Insurance Company
Coventry Health and Life Insurance Company
Express Scripts Insurance Company
First Health Life & Health Insurance Co.
Highmark/ FreedomBlue/ Highmark Senior Resources
Humana Insurance Company
Marquette National Life Insurance Company
Medco Containment Life Insurance Company
Pacificare Life & Health Insurance Company
Pennsylvania Life Insurance Company
QCC Insurance Company
SilverScript Insurance Company (TN)
Sterling Life Insurance Company
Unicare Life and Health Insurance Company
United American Insurance Company
United Healthcare Insurance Company
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 insurance through the state of Pennsylvania's adultBasic, CHIP, or Medicaid program?

INTS:

Medicaid or Medical Assistance is a program offered through the state of Pennsylvania, generally to people who are 64 or younger.

Healthy 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.

adultBasic is coverage provided to adults with incomes below a certain limit.

1 YES (CODE AS COVERED BY MEDICAID)

2 NO

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP06

T:

Is FILL NAME's plan provided through YOUR OR SOMEONE ELSE'S EMPLOYER?

PROMPT: This includes insurance coverage from an employer, and also through a labor union, through your business, a family business or farm, or some other employer based 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)

PROMPT: IF THROUGH STATE, ASK: Is this through the state's Medicaid program?

- 12 COBRA or a former employer,
- 13 A retirement plan,
- 14 A school, college, or university, or
- 15 Was the plan purchased directly or the premium paid out of pocket?
- 95 OTHER (SPECIFY)

- 92 DISABILITY
- 93 THROUGH THE STATE (BUT NOT AS A STATE EMPLOYEE)
- 94 SSI/SSDI/WELFARE
- 98 DK
- 99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP11

T:

Has the amount paid in co-pays for medical services or the deductible paid out of pocket increased during the past three years?

- 1 YES
- 2 NO
- 3 HAD INSURANCE LESS THAN 3 YEARS
- 4 DO NOT PAY COPAY OR DEDUCTIBLE

- 8 DK
- 9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP12

T:

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

- 1 YES
- 2 NO, BUT HAVE OTHER COVERAGE
- 3 NO

- 8 DK
- 9 REF

ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF PENNSYLVANIA MEDICAID, CHIP, ADULTBASIC 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 adultBasic program.

Just to check again, is FILL NAME covered by...(READ RESPONSES)

- 13 Medicaid or Medical Assistance (Access Program, Access card)
- 14 CHIP (Children's Health Insurance Program) - SHOW ONLY IF AGE < 19
- 15 adultBasic - SHOW ONLY IF AGE 19+
- 16 Healthy Beginnings - SHOW ONLY IF CHILD OR FEMALE
- 10 Private Insurance
- 95 Some other type of insurance (SPECIFY)?

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

- 98 DK
- 99 REF

VII. Medicaid Insurance Follow-up Questions

Q:Q42x

T:

For these next questions, please think about the household members that are currently covered by state sponsored health insurance programs, such as Medicaid, adultBasic, or CHIP.

ENTER <1> TO CONTINUE

ASK OF EACH PERSON ON ANY MEDICAID PROGRAM

Q:MC16

T:

How long ago did FILL NAME enroll in FILL PROGRAM and become eligible for benefits?

INTS: ROUND WEEKS TO THE NEAREST MONTH BY ROUNDING DOWN

- 1 Less than One Month Ago
- 2 ENTER PERIOD IN NUMBER OF MONTHS
- 3 ENTER PERIOD IN NUMBER OF YEARS

- 8 DK
- 9 REF

Q:MC16a

T:

1 – 97 ENTER NUMBER

- 98 DK
- 99 REF

ASK OF ADULTS INDICATING COVERAGE THROUGH ADULTBASIC

Q:ADBA01

T:

READ FIRST TIME AND THEN ONLY AS NEEDED

Those who are enrolled in the adultBasic plan pay a small monthly premium of about \$30. Those who are on the waiting list or who are income qualified may also receive coverage through adultBasic if they pay the entire premium which is \$235 to \$360 monthly.

Is FILL NAME paying the smaller amount, or is FILL NAME paying the larger premium of \$235 to \$360?

- 1 CURRENTLY ENROLLED IN ADULTBASIC (\$30 per month)
- 2 PAY FULL PREMIUM, ON WAITING LIST (\$235 - 360 monthly)

- 8 DK
- 9 REF

ASK OF CHILDREN INDICATIONG CHIP COVERAGE

Q:CHIP01

T:

Is FILL NAME covered through the free CHIP program, the low cost CHIP program which has monthly premiums of \$38 to \$60, or does FILL NAME have to pay the full cost of the premium, which is \$150 a month?

PROMPT:

Low cost and at cost CHIP requires a monthly premium which is an amount paid to help cover the cost of the insurance and would be paid to your insurance company. The low cost CHIP program has a monthly premium of \$38 to \$60 depending on a family's income level. Families with incomes over a certain level can purchase CHIP at cost for \$150 a month.

- 1 Free CHIP
- 2 Low Cost CHIP (\$38 to \$60 a month)
- 3 At Cost CHIP (\$150 a month)

- 8 DK
- 9 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY STATE SPONSORED HEALTH INSURANCE PROGRAM

Q:Q42

T:

If state sponsored health insurance programs were no longer available for members of your household, would they be able to get private health insurance coverage?

PROMPT: State sponsored health insurance programs include Medicaid, adultBasic, CHIP, and Healthly Beginnings.

(READ RESPONSES)

- 1 Definitely Yes
- 2 Probably Yes
- 3 Probably Not
- 4 Definitely Not

- 8 DK
- 9 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q43

How did the family find out about state sponsored health insurance in Pennsylvania?

PROMPT: How else did you find out about the Medicaid program?

- 54 ASSISTANCE DEPARTMENT, ASSISTANCE OFFICE
- 22 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 57 DOCTOR, AT OFFICE OF HEALTH CARE PROVIDER
- 32 EMPLOYER
- 52 GOVERNMENT OFFICE - GENERAL
- 21 HEALTH FAIR/COMMUNITY EVENT
- 50 HOSPITAL
- 60 INSURANCE DEPARTMENT, CHIP OR ADULTBASIC OFFICE
- 10 MAIL, THROUGH THE MAIL
- 30 PERSON - FRIEND/FAMILY/WORD OF MOUTH/OTHER CHILDREN
- 23 RETAIL STORES (RITEAID, BOSCOV'S, GIANT)
- 24 SCHOOL, CHILDREN'S SCHOOL
- 51 SOCIAL SERVICES
- 16 TELEPHONE, 800 NUMBER, CHIP HELPLINE, GO BASIC
- 31 TV/RADIO/NEWSPAPER ADVERTISEMENT
- 20 WEBSITE - CHIP, ADULTBASIC, COMPASS

- 33 WEBSITE - GENERAL, OWN RESEARCH
- 13 WELFARE OFFICE, SOCIAL WELFARE
- 56 WIC, WIC OFFICE
- 95 OTHER (SPECIFY)
- 98 DK/REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q44

T:

Where did the family actually apply for state sponsored health insurance?
At what location and which agency or organization?

PROBE FOR DETAILS

PROMPT: Was there anywhere else? (MAY HAVE APPLIED AT MORE THAN ONE LOCATION)

- 54 ASSISTANCE DEPARTMENT, ASSISTANCE OFFICE
- 22 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 55 COURT HOUSE
- 57 DOCTOR, AT OFFICE OF HEALTH CARE PROVIDER
- 52 GOVERNMENT OFFICE - GENERAL
- 21 HEALTH FAIR/COMMUNITY EVENT
- 50 HOSPITAL
- 60 INSURANCE DEPARTMENT, CHIP OR ADULTBASIC OFFICE
- 10 MAIL, THROUGH THE MAIL
- 23 RETAIL STORES (RITEAID, BOSCOV'S, GIANT)
- 24 SCHOOL
- 51 SOCIAL SERVICES
- 16 TELEPHONE, 800 NUMBER, CHIP HELPLINE, GO BASIC
- 20 WEBSITE/COMPASS/ONLINE
- 13 WELFARE OFFICE, SOCIAL WELFARE
- 56 WIC, WIC OFFICE
- 90 APPLIED BUT WAS DENIED
- 95 OTHER (SPECIFY)
- 98 DK/REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q45

T:

Was there anything that made the family consider NOT enrolling members of the family in state sponsored health insurance programs?

PROMPT: Were there barriers that made you think about NOT enrolling those in the family that are currently covered state sponsored health insurance?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING "YES" TO Q45

Q:OQ45

T:

What were the barriers that made you consider NOT enrolling?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

- 10 CAN'T READ FORMS, TROUBLE READING FORMS
- 21 COST ISSUES, OUT OF POCKET COSTS, COULD NOT AFFORD
- 22 DENIED APPLICATION, SAID NOT QUALIFIED
- 11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
- 23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID
- 12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
- 13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
- 24 LOST APPLICATION, STAFF LOST APPLICATION
- 26 MEDICAID WON'T COVER SOME EXPENSES, COSTS
- 14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
- 15 QUESTIONS HARD TO ANSWER, UNDERSTAND
- 16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
- 17 STIGMA, SHAME OF APPLYING
- 18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
- 19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
- 20 ASSUMED APPROVALS WERE NEEDED FOR TREATMENT
- 21 ASSUMED THERE WERE DELAYS IN GETTING APPROVALS/APPOINTMENTS
- 22 NOT FAMILIAR WITH THE PROGRAM
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q46

T:

How easy was it to enroll in state sponsored health insurance?
Would you say it was..

- 1 Very Easy
- 2 Somewhat easy
- 3 Somewhat difficult, or
- 4 Very difficult?

- 8 DK
- 9 REF

ASK OF THOSE SAYING SOMEWHAT OR VERY DIFFICULT TO Q46

Q:OQ46

T:

Why do you say that? What could have been done to make the enrollment process easier?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

- 10 CAN'T READ FORMS, TROUBLE READING FORMS
- 11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND
- 12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH
- 13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE
- 14 NEEDED HELP IN FILLING OUT APPLICATION FORMS
- 15 QUESTIONS HARD TO ANSWER, UNDERSTAND
- 16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP
- 17 STIGMA, SHAME OF APPLYING
- 18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS
- 19 TOOK TOO LONG, TOO MUCH TIME TO APPLY
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q47

T:

Did your household experience any problems when enrolling in any state sponsored health insurance program?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO Q47

Q:OQ47

T:

What were these problems?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

20 BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED

10 CAN'T READ FORMS, TROUBLE READING FORMS

21 COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS

22 DENIED APPLICATION, SAID NOT QUALIFIED

11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND

23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID

12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH

13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE

24 LOST APPLICATION, STAFF LOST APPLICATION

25 LOST COVERAGE, NO LONGER HAVE MEDICAID

26 MEDICAID WON'T COVER SOME EXPENSES, COSTS

14 NEEDED HELP IN FILLING OUT APPLICATION FORMS

15 QUESTIONS HARD TO ANSWER, UNDERSTAND

16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP

17 STIGMA, SHAME OF APPLYING

18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS

19 TOOK TOO LONG, TOO MUCH TIME TO APPLY

95 OTHER (SPECIFY)

98 DK

99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE-SPONSORED HEALTH INSURANCE PROGRAM

Q:Q49

T:

Has your household experienced any problems since they have been enrolled?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO Q49

Q:OQ49

T:

What were these problems?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

20 BILLED FOR EXPENSES MEDICAID SHOULD HAVE COVERED

10 CAN'T READ FORMS, TROUBLE READING FORMS

21 COST INCREASES, INCREASE IN PREMIUMS, OUT OF POCKET COSTS

22 DENIED APPLICATION, SAID NOT QUALIFIED

11 DIRECTIONS ON FORMS UNCLEAR, HARD TO UNDERSTAND

23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID

12 INCOME - NOT QUALIFIED BECAUSE MAKE TOO MUCH

13 LANGUAGE DIFFICULTIES, FORMS NOT IN MY LANGUAGE

24 LOST APPLICATION, STAFF LOST APPLICATION

25 LOST COVERAGE, NO LONGER HAVE MEDICAID

26 MEDICAID WON'T COVER SOME EXPENSES, COSTS

14 NEEDED HELP IN FILLING OUT APPLICATION FORMS

15 QUESTIONS HARD TO ANSWER, UNDERSTAND

16 STAFF MADE IT DIFFICULT, DIFFICULTIES WITH STAFF, NO HELP

17 STIGMA, SHAME OF APPLYING

18 TOO MUCH PAPERWORK, FORMS, ASK TOO MANY QUESTIONS

19 TOOK TOO LONG, TOO MUCH TIME TO APPLY

95 OTHER (SPECIFY)

98 DK

99 REF

ASK OF ALL IDENTIFIED AS COVERED THROUGH ANY STATE SPONSORED HEALTH INSURANCE PROGRAM

Q:Q48

T:

Based on your experiences, what could the state of PENNSYLVANIA have done to better communicate with your household about enrollment?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

- 11 MAKE DIRECTIONS EASIER TO UNDERSTAND
- 27 ELIGIBILITY, BETTER INFORMATION, PUBLICIZE WHO IS ELIGIBLE
- 12 INCOME - CHANGE INCOME REQUIREMENTS
- 28 INFORM PEOPLE ABOUT ELIGIBILITY, WHO IS ELIGIBLE
- 29 INFORM PEOPLE ABOUT PROGRAMS, IN GENERAL
- 30 INFORMATION PROVIDE THROUGH SERVICE AGENCIES, SSI, DISABILITY, WIC
- 31 INFORMATION PROVIDE THROUGH DOCTORS, OTHER PROVIDERS
- 13 LANGUAGE DIFFICULTIES, OFFER FORMS IN OTHER LANGUAGES
- 14 HELP IN FILLING OUT APPLICATION FORMS, PAPERWORK
- 32 STAFF COMMUNICATION, RETURN CALLS, ANSWER QUESTIONS
- 16 STAFF, IMPROVE ATTITUDE, BETTER SERVICE,
- 33 STAFF NEEDS TO BE MORE UNDERSTANDING OF PEOPLE'S SITUATION
- 18 SIMPLIFY PAPERWORK, FORMS
- 19 REDUCE TIME TO PROCESS APPLICATION
- 95 OTHER (SPECIFY)
- 98 DK
- 99 REF

ASK OF ALL HOUSEHOLDS WITH CHILDREN WHO ARE COVERED BY CHIP

Q:CHIPA05

T:

If a friend, family member, or co-worker had children who were in need of health insurance and asked your advice, how likely would you be to suggest CHIP to them?

(READ RESPONSES)

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

VIII. 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?

INTS: ENTER IN NUMBER OF MONTHS

- 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....

(READ RESPONSES)

- 1 Absolutely the only reason
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 5 NOT APPLICABLE (HAS INSURANCE)

- 8 DK
- 9 REF

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

Q:INSU03A-D

T:

IF THEY DID NOT HAVE COVERAGE DURING THE PAST 12 MONTHS ASK:

What are the main reasons that FILL NAME is not currently covered by any government or private health insurance plan?

IF THEY HAD COVERAGE DURING THE PAST 12 MONTHS ASK:

Why was coverage lost?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR CHIP, ADULTBASIC: 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 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 17 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL
- 18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR CHIP (SPECIFY)
- 21 NOT ELIGIBLE FOR ADULTBASIC (SPECIFY)
- 22 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID
- 23 LOST MEDICAID COVERAGE (OTHER)
- 24 DON'T NEED INSURANCE
- 25 NOT WORTH THE COST
- 26 BELIEVES THEY CAN OVERCOME ILLS WITHOUT MEDICAL HELP
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

ASK IF PERSON INDICATED 12 MONTHS OR FEWER TO INSU01

Q:INSU05

T:

Earlier you indicated that FILL NAME had health insurance coverage during the past 12 months.

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 adultBasic - 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 - 12 ENTER NUMBER

98 DK
99 REF

ASK OF ALL UNINSURED ADULTS

Q:ADBA03

T:

Are any of the uninsured adults currently on a waiting list to receive insurance coverage through the adultBasic Program?

IF YES ASK: Which adults?

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 IN HH
98 DK
99 REF

IX. Medicaid Awareness and Knowledge

ASK THIS SECTION OF QUESTIONS IF ONE OR MORE HOUSEHOLD MEMBERS ARE CURRENTLY UNINSURED

Q:MCA01

T:

Next, I would like to ask a few questions about some state sponsored health insurance programs that provide health insurance benefits through the state of Pennsylvania.

How knowledgeable are you about the State Medicaid Program?

(READ RESPONSES)

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable, or
- 4 Not at all knowledgeable?

- 8 DK
- 9 REF

Q:MCA03

T:

How knowledgeable are you about adultBasic?

(READ RESPONSES AS NEEDED)

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

ASK IF HOUSEHOLD HAS UNINSURED CHILDREN

Q:CHIPA01

T:

Are you aware of any programs in Pennsylvania for children who do not have health insurance coverage?

INTS: DO NOT READ RESPONSES; CODE UP TO 5 RESPONSES

- 10 CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM
- 11 BLUE CHIP
- 12 MA (MEDICAL ASSISTANCE)
- 13 MEDICARE
- 14 MEDICAID
- 15 COVER ALL KIDS
- 16 EMERGENCY ROOMS
- 17 LOCAL CLINICS

- 95 OTHER (SPECIFY)
- 97 NO, NOT AWARE OF ANY
- 98 DK
- 99 REF

Q:MCA02

T:

How knowledgeable are you about CHIP, or the Children's Health Insurance Program?

(READ RESPONSES AS NEEDED)

- 1 Very knowledgeable
- 2 Somewhat knowledgeable
- 3 Not very knowledgeable
- 4 Not at all knowledgeable

- 8 DK
- 9 REF

Q:MCDESC

T:

State sponsored insurance programs pay for medical insurance for certain individuals and families with low incomes. Pennsylvania's state sponsored programs include traditional Medicaid, CHIP, adultBasic, Healthy Beginnings, Healthy Horizons, and Medical Assistance for Workers with Disabilities.

FOR HH WITH UNINSURED CHILD:

CHIP is Pennsylvania's program to provide quality health insurance for children of working families who otherwise could not afford it.

ENTER <1> TO CONTINUE

ASK IF ANYONE IN THE HH IS UNINSURED

Q:INSU09

T:

If the uninsured members of your household were eligible to enroll in a state sponsored health insurance program, how much interest would there be in enrolling them?

Would you say...

(READ RESPONSES)

- 1 Very interested
- 2 Somewhat interested
- 3 Not very interested, or
- 4 Not at all interested?

- 8 DK
- 9 REF

ASK IF THE HH HAS UNINSURED ADULTS

Q:ADBA04

T:

If the uninsured adults were eligible for coverage through a state sponsored health insurance program, how likely would they be to enroll in this program if the monthly premium was \$350?

(READ RESPONSES)

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at All Likely?

- 8 DK
- 9 REF

ASK IF NOT “VERY INTERESTED” TO ADBA04

Q:ADBA04a

T:

How likely would they be to enroll in this program if the monthly premium was \$280?

(READ RESPONSES)

PROMPT: adultBasic is coverage provided to adults with incomes below a certain limit

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at All Likely?

- 8 DK
- 9 REF

ASK IF THE HH HAS UNINSURED CHILDREN

Q:CHIPA03a

T:

Currently, it is possible for children to get coverage through the CHIP if they pay the entire monthly premium and are eligible. If the uninsured children in your household were eligible for coverage, how likely would they be to enroll in this program if the monthly premium was \$150 a month?

(READ RESPONSES)

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at All Likely?

- 8 DK
- 9 REF

ASK IF ANYONE IN THE HH IS UNINSURED

Q:MCA04

T:

What are the reasons that the uninsured members of the household have not enrolled in any state sponsored health insurance programs?

ENTER ALL MENTIONED BY RESPONDENT

PROBE FOR SPECIFICS AND DETAILS - Are there any other reasons?

- 12 NOT FAMILIAR WITH THE MEDICAID PROGRAM
- 13 DON'T KNOW WHERE OR HOW TO APPLY
- 14 PROBABLY NOT ELIGIBLE DUE TO INCOME
- 24 PROBABLY NOT ELIGIBLE OTHER (SPECIFY WHY DO YOU FEEL THAT WAY?)
- 15 TOO MUCH TROUBLE/PAPERWORK
- 16 DON'T WANT TO BE ON PUBLIC ASSISTANCE
- 17 RARELY SICK
- 18 DON'T WANT OR NEED HEALTH INSURANCE
- 20 HAVE APPLIED AND NOW ENROLLED
- 22 HAVE APPLIED, WAITING TO HEAR
- 23 HAVE APPLIED, APPLICATION WAS DENIED
- 21 COSTS TOO MUCH
- 90 NOT NEEDED, HAVE PRIVATE INSURANCE
- 91 NOT NEEDED, HAVE OTHER TYPE OF INSURANCE Medicare, Military
- 95 OTHER (SPECIFY)
- 97 NO REASON IN PARTICULAR

98 DK
99 REF

Q:MCA05
T:

In thinking about people in your household, have any applied for Medicaid, CHIP, or adultBasic during the past 12 months?

Please include any instances where an adult filled out an application for a child.

PROMPT: IF YES, ASK: Was that Medicaid, adultBasic, or CHIP?

INTS: SELECT ALL MENTIONED BY RESPONDENT

- 1 YES, Medicaid (Healthy Horizons, Healthy Beginnings, MAWD)
- 2 YES, adultBasic
- 3 YES, CHIP
- 4 YES, NOT SURE WHAT PROGRAM/OTHER PROGRAM
- 5 NO

8 DK
9 REF

ASK IF YES TO MCA05

Q:MCA05o
T:

Where did you or other household members enroll?
At what location and through which agency or organization?

PROBE FOR DETAILS

PROMPT: Was there anywhere else? (MAY HAVE APPLIED AT MORE THAN ONE LOCATION)

- 54 ASSISTANCE DEPARTMENT, ASSISTANCE OFFICE
- 22 COMMUNITY GROUPS/ADVOCACY GROUPS/CHURCH
- 55 COURT HOUSE
- 57 DOCTOR, AT OFFICE OF HEALTH CARE PROVIDER
- 52 GOVERNMENT OFFICE - GENERAL
- 21 HEALTH FAIR/COMMUNITY EVENT
- 50 HOSPITAL
- 60 INSURANCE DEPARTMENT, CHIP OR ADULTBASIC OFFICE
- 10 MAIL, THROUGH THE MAIL
- 23 RETAIL STORES (RITEAID, BOSCOV'S, GIANT)

- 24 SCHOOL
- 51 SOCIAL SERVICES
- 16 TELEPHONE, 800 NUMBER, CHIP HELPLINE, GO BASIC
- 20 WEBSITE/COMPASS/ONLINE
- 13 WELFARE OFFICE, SOCIAL WELFARE
- 56 WIC, WIC OFFICE
- 90 APPLIED BUT WAS DENIED
- 95 OTHER (SPECIFY)
- 98 DK/REF

ASK IF YES TO MCA05

Q:MCA05a

T:

What happened with the application(s)?

Are you...

(READ RESPONSES)

- 1 Still waiting to hear
- 2 The application was accepted
- 3 The application was denied
- 4 OTHER (SPECIFY)

- 8 DK
- 9 REF

Q:MCA06

T:

Based on what you know, what are the requirements for enrolling in Medicaid, CHIP, or adultBasic?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

- 10 INCOME, INCOME BASED, LOW INCOME
- 11 AGE, FOR CERTAIN AGES
- 12 NO INSURANCE PROVIDED BY EMPLOYER
- 14 CAN NOT HAVE PRIVATE INSURANCE, INSURANCE THROUGH EMPLOYER
- 15 NO OTHER INSURANCE IN GENERAL, UNINSURED
- 16 MUST BE A CITIZEN
- 17 DISABLED, HAVE A DISABILITY
- 18 HAVE A BABY, HAVE A CHILD
- 22 MUST HAVE CHILDREN, DEPENDENTS
- 23 MUST BE PREGNANT
- 24 NO RESOURCES, NO ASSETS
- 26 WHETHER YOU CAN AFFORD PRIVATE INSURANCE

- 27 NO ACCESS TO ANY OTHER TYPE OF INSURANCE
- 28 BASED ON SIZE OF FAMILY
- 29 ON PUBLIC ASSISTANCE, FOOD STAMPS, SSI
- 30 HAVE HEALTH NEEDS, HEALTH CONCERNS
- 31 UNEMPLOYED
- 32 UNABLE TO AFFORD, PAY FOR MEDICAL CARE
- 95 OTHER (SPECIFY)
- 98 DK/REF

Q:MCA07

T:

Is there anything preventing household members from applying for Medicaid, CHIP, or adultBasic?

- 1 YES
- 2 NO

- 7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE
- 8 DK
- 9 REF

ASK IF YES to MCA07

Q:MCA07a

T:

What is preventing household members from applying?

PROMPT: Are there specific barriers that prevent you from applying?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

- 10 COST, PREMIUMS
- 11 FORMS TOO COMPLICATED, DIFFICULT
- 12 ELIGIBILITY REQUIREMENTS - INCOME, INCOME TOO HIGH
- 13 NOT SURE OF ELIGIBILITY REQUIREMENTS
- 14 BUSY, NO TIME TO APPLY, TAKE TIME OFF WORK
- 15 WOULD NOT QUALIFY IN GENERAL
- 16 DO NOT HAVE ANY CHILDREN
- 17 PROBLEMS WITH STAFF, RUDE, HELP IN FILLING OUT FORMS
- 18 WOULD NOT GIVE MEDICAID TO ME, WOULD NOT QUALIFY
- 19 NEED MORE INFORMATION
- 20 STIGMA OF PUBLIC ASSISTANCE, RATHER NOT BE ON ASSISTANCE
- 21 APPLICATION WAS DENIED IN PAST
- 22 TOO MANY RESOURCES, ASSETS

- 23 HAVE TO BE A CITIZEN TO APPLY
- 24 UNAWARE OF PROGRAM
- 95 OTHER (SPECIFY)
- 96 ALREADY HAVE INSURANCE
- 97 NO NEED, DO NOT NEED INSURANCE
- 98 DK/REF

Q:MCA08

T:

If you wanted more information about enrolling in Medicaid, CHIP, or adultBasic, who would you talk to?

PROMPT: If you wanted more information, which person or agency would you go to?

- 10 CONTACT BY PHONE, 800 NUMBER - IN GENERAL
- 11 GO TO OFFICE, AGENCY OFFICE - IN GENERAL
- 12 SPEAK WITH DOCTOR, HEALTH CARE PROVIDER
- 15 CONTACT STATE, STATE OFFICE, STATE AGENCY - IN GENERAL
- 18 INTERNET, LOOK ONLINE - IN GENERAL
- 20 SOCIAL SERVICES, VISIT OR CONTACT
- 24 INTERNET, LOOK ONLINE - STATE WEB SITE
- 27 DEPARTMENT OF HEALTH
- 28 MEDICAID AGENCY, MEDICAID PEOPLE
- 30 SOCIAL WELFARE OFFICE, DEPT OF SOC. WELFARE, VISIT/CONTACT
- 31 TALK TO FAMILY, FRIENDS
- 32 CHILD'S SCHOOL
- 35 WIC OFFICE, PROGRAM
- 36 FAMILY SERVICES
- 39 SOCIAL WORKER/CASE MANAGER
- 60 INSURANCE DEPARTMENT, CHIP OR ADULTBASIC OFFICER
- 95 OTHER (SPECIFY)
- 97 NO NEED FOR INFORMATION, HAVE OTHER INSURANCE
- 98 DK/REF

Q:MCA09

T:

Next, I'll list some places you might go to find out information about state sponsored health insurance programs in Pennsylvania. For each let me know how likely you would be to ask about enrolling.

A health care provider such as a doctor or hospital staff?

Would you be..

(READ RESPONSES)

- 1 Very Likely
 - 2 Somewhat Likely
 - 3 Not Very Likely, or
 - 4 Not at all likely to ask about enrolling?
-
- 7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE
 - 8 DK
 - 9 REF

Q:MCA10

T:

Your local office where you apply for assistance programs.

(READ RESPONSES AS NEEDED)

PROMPT: How likely would you be to ask _____ about the state Medicaid program?

- 1 Very Likely
 - 2 Somewhat Likely
 - 3 Not Very Likely, or
 - 4 Not at all likely to ask about enrolling?
-
- 7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE
 - 8 DK
 - 9 REF

Q:MCA11

T:

Through a state agency such as the Office of Children's Health Insurance Program, cover all kids program or adultBasic program.

PROMPT: How likely would you be to ask _____ about the state Medicaid program?

- 1 Very Likely
- 2 Somewhat Likely
- 3 Not Very Likely, or
- 4 Not at all likely to ask about enrolling?

- 7 N/A NO NEED TO APPLY, HAVE OTHER INSURANCE
- 8 DK
- 9 REF

Q:MCA15

T:

How could the state better inform you and other residents about its state sponsored health insurance programs and how to enroll in these programs?

PROBE FOR DETAILS AND SPECIFICS - FOLLOW UP ON ALL RESPONSES!

- 10 NEWS COVERAGE, NEWS STORIES, NEWS ARTICLES
- 11 PROVIDE INFORMATION TO HEALTH CARE PROVIDERS
- 14 LETTER, SEND LETTER TO RESIDENTS DIRECTLY, BY MAIL
- 17 TELEVISION ADVERTISING
- 18 NEWSPAPER ADVERTISING
- 19 RADIO ADVERTISING
- 20 ADVERTISING IN GENERAL
- 21 COMMUNITY FORUMS, COMMUNITY MEETINGS
- 22 PROVIDE INFO/VISIT SCHOOLS, SEND INFO HOME WITH KIDS
- 23 TELEPHONE NUMBER, 800 NUMBER
- 24 PROVIDE INFORMATION AT, THROUGH LIBRARIES
- 25 ON-LINE, WEB SITE
- 30 PROVIDE INFORMATION TO NON PROFIT ORGANIZATIONS
- 34 SIMPLIFY APPLICATION PROCESS
- 90 NEED TO PROVIDE INFO IN GENERAL, GET INFO OUT IN GENERAL
- 92 DOING GOOD JOB OF PROVIDING INFORMATION NOW
- 93 CHANGE ELIGIBILITY REQUIREMENTS - INCOME
- 95 OTHER (SPECIFY)
- 97 NO NEED TO LOOK FOR INFORMATION, ALREADY HAVE INFO I NEED

98 DK/REF

IF CODE 1-3 IN CONTINUE. ELSE SKIP TO next question

Q:CHIPA04

T:

Next I would like to ask you about possible reasons why you have not chosen to enroll the uninsured children in the household in the CHIP Program.

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

1 CONTINUE

2 UNINSURED CHILDREN HAVE ENROLLED/WAITING PERIOD/HAVE INSURANCE

QUESTIONS A-H WILL BE ROTATED

Q:CHIPA04a

T:

I don't think we would be eligible for it because my employer offers health insurance

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04b

T:

I don't think we would be eligible because my household makes too much money

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason

- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04c

T:

I would be concerned about the quality of care

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04d

T:

I would be concerned that health care professionals would treat my children differently

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04e

T:

I wouldn't want to be receiving government assistance

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04f

T:

I wouldn't want anyone to know that I was receiving assistance

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04f

T:

My children don't really need health insurance coverage

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04g

T:

I have too many other expenses

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA04h

T:

I would worry that the costs would be too high

(READ RESPONSES AS NEEDED)

PROMPT: Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all why you have not applied for CHIP.

- 1 Major reason
- 2 Minor reason
- 3 Not a reason at all

- 8 DK
- 9 REF

Q:CHIPA06

T:

From what you know, are there limits on how much money a family can make and still qualify for coverage through CHIP?

- 1 Yes
- 2 No, there are no limits

- 8 DK
- 9 REF

(If 1 in previous question, continue. Otherwise SKIP)

Q:CHIPA07

T:

From your best guess, what do you think is the most money a family of four can make to be eligible for CHIP?

PROMPT IF NOT SURE: Your best guess is fine.

- 0-\$99,996 ENTER DOLLAR AMOUNT
- 99997 More than \$99,996
- 99998 DK
- 99999 REF

Q:CHIPA09

T:

Please tell me whether or not you think CHIP enrollees are eligible to receive each of the following benefits.

READ ALL RESPONSES ONE AT A TIME AND CHECK IF RESPONDENT SAY “YES”

- 10 Well-child visits
- 11 Immunizations or vaccinations
- 12 Non-emergency sick visits
- 13 Dental check-ups
- 14 Vision exams
- 15 Emergency care
- 16 Inpatient hospital visits
- 17 Outpatient hospital visits
- 18 Drug rehabilitation
- 19 Mental health care
- 20 Prescription medications
- 97 ONE OF THE ABOVE
- 98 DK
- 99 REF

Q: CHIPA10

T:

IF ANY OF 10-20 ARE NOT CHECKED, READ:

Actually, CHIP enrollees are eligible to receive all of the benefits I just described.

If you are interested in more information about the CHIP Program, please call Cover All Kids at 1-800-986-KIDS

ENTER <1> TO CONTINUE

X. 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:INSW03

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, ADULTBASIC: 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 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 17 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL
- 18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR CHIP (SPECIFY)
- 21 NOT ELIGIBLE FOR ADULTBASIC (SPECIFY)
- 22 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID
- 23 LOST MEDICAID COVERAGE (OTHER)
- 24 DON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

XI. Loss of Insurance

ASK IF ANYONE IN HOUSEHOLD IS COVERED BY INSURANCE

Q:INSLO01

T:

Are you concerned that anyone in your household may
may lose 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, ADULTBASIC: 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 GOT DIVORCED OR SEPARATED/DEATH OF SPOUSE OR PARENT
- 17 BECAME INELIGIBLE BECAUSE OF AGE - LEFT SCHOOL
- 18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE/NO LONGER QUALIFY FOR CHIP (SPECIFY)
- 21 NOT ELIGIBLE FOR ADULTBASIC (SPECIFY)
- 22 NOT ELIGIBLE/NO LONGER QUALIFY FOR MEDICAID
- 23 LOST MEDICAID COVERAGE (OTHER)
- 24 DON'T NEED INSURANCE
- 95 OTHER (SPECIFY)
- 97 NONE/NO MORE
- 98 DK
- 99 REF

XII. Prescription Drugs and Cost

Q:RXU01

T:

How many different types of prescription drugs does FILL NAME take on a regular basis?

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

- 98 DK
- 99 REF

ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS

Q:RXU02

T:

What is the amount that FILL NAME pays per month out of pocket for prescription drugs that FILL NAME uses on a regular basis?

(READ RESPONSES)

- 10 Less than \$50
- 11 \$50 to \$99
- 12 \$100 to \$199
- 13 \$200 to \$299
- 14 \$300 to \$399
- 15 \$400 to \$499
- 16 \$500 to \$599
- 17 More than \$600
- 18 ONLY KNOW HOW MUCH ANNUALLY (ASK RXU03)
- 98 DK
- 99 REF

ASK IF PERSON TAKES ANY PRESCRIPTIONS ON A REGULAR BASIS AND I PERSON CAN ONLY PROVIDE ANNUAL AMOUNT SPENT

Q:RXU03

T:

How much does FILL NAME spend annually on prescription drugs used on a regular basis?

10 \$10 or less
11 - 99996 ENTER DOLLAR AMOUNT
99997 \$99,997 OR MORE

8 DK
9 REF

Q:RX01

T:

Does FILL NAME receive any support for drug costs through the PACE or PACENET state program?

1 YES
2 NO

8 DK
9 REF

XIII. Dental Insurance and Vision 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 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 IN HH COVERED BY DENTAL INSURANCE COVERAGE

98 DK

99 REF

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

Q:INSD07

T:

What is the main reason FILL NAME 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)
- 18 Have not thought of it
- 19 Other priorities, too busy, hasn't had time
- 20 NEWBORN, TOO YOUNG, NO TEETH
- 21 NO TEETH, DENTURES
- 22 NO INSURANCE
- 95 OTHER (SPECIFY)
- 97 NO PARTICULAR REASON
- 98 DK
- 99 REF

Q:INSV01

T:

Is anyone now covered by an insurance plan that pays for routine vision care including regular eye exams?

IF YES: Who is that?

PROMPT: This includes any coverage you may have through your health insurance or through a separate plan.

- 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 IN HH HAS VISION INSURANCE
- 98 DK
- 99 REF

XIV. 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:HC02

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

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

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

97 NO ONE

98 DK

99 REF

Q:HCB05a

T:

A diagnostic test such as a CAT scan, MRI, lab work, or x-ray that was recommended by a doctor or other care provider?

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

97 NO ONE IN HH

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

97 NO ONE

98 DK

99 REF

Q: HCB05c

T:

During the past 12 months, was there any time that you or anyone in the household skipped doses or took smaller amounts of their prescription drugs to make them last longer?

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

97 NO ONE

98 DK

99 REF

Q:HCB06

T:

During the past 12 months, did anyone in the household 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

97 NO ONE

98 DK

99 REF

Q:HCB10

T:

During the last 12 months, were there times that there were problems paying for medical bills for anyone in your household?

1 YES

2 NO

8 DK

9 REF

Q:BA01

T:

Has anyone in the household ever delayed or not gotten care because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care?

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

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

ASK IF YES TO BA01

Q:BA01a

T:

What type of care did FILL NAME delay or not get?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE'
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
- 22 SURGERY

- 95 OTHER (SPECIFY)

- 97 NOTHING
- 98 DK
- 99 REF

Q:BA02
T:

Has anyone in the household ever gotten care at a hospital emergency room because they could not find a doctor or other health care provider or a health care provider was not available at the time they needed care?

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

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

Q:BAMC01
T:

Has anyone in your household ever delayed or not gotten care because they could not find or did not know a doctor or other health care provider who accepts Medicaid/CHIP/adultBasic?

IF YES: Who is 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

- 97 NO ONE IN HH

- 98 DK
- 99 REF

ASK IF YES TO BA01

Q: BAMC01a

T:

What type of care did FILL NAME delay or not get?

(READ RESPONSES AS NEEDED)

- 10 DENTAL CARE INCLUDING CHECKUPS
- 11 DIAGNOSTIC TEST (CAT SCAN, MRI, LAB WORK, OR X-RAY)
- 12 EMERGENCY ROOM CARE'
- 13 HOSPITAL CARE/HOSPITAL STAY
- 14 MEDICAL CARE FOR AN ILLNESS/CONDITION (FLU, ASTHMA)
- 15 MEDICAL CARE FOR AN INJURY OR POISONING
- 16 MENTAL HEALTH CARE OR COUNSELING
- 17 OUTPATIENT CARE (DAY SURGERY)
- 18 PRESCRIPTION MEDICINES
- 19 REHABILITATION SERVICES
- 20 ROUTINE OR PREVENTIVE MEDICAL CARE (CHECKUP, WELL BABY)
- 21 SERIOUS MEDICAL CONDITION (PNEUMONIA)
- 22 SURGERY

- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

XV. Doctor Visits and Location Receive Medical Attention

Q:DOCV01

T:

How many times did FILL NAME see a doctor or health care provider during the past 12 months

PROMPT: Did FILL NAME see a doctor or health care provider about his/her health, NOT COUNTING when he/she may have stayed overnight in the hospital? Your best guess is fine.

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?

INTS: ROUTINE CARE INCLUDES ANY TREATMENT NOT RELATED TO ILLNESS OR INJURY AND CAN INCLUDE PHYSICALS, CHECK-UPS, AND FOLLOW-UP VISITS.

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

- 98 DK
- 99 REF

Q:DOCV03

T:

Is there one kind of 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?

INTS: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

- 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)
- 20 VA Clinic

- 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?

[INTS: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.]

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)

PROMPT: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

10 A private doctor's office (or group practice),

11 Community health center (or clinic),

12 Hospital outpatient department,

13 Emergency room,

14 Walk-in or urgent care

15 Some other place, or (SPECIFY)

20 VA Clinic

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 goes when he/she is sick or needs medical attention?

PROMPT: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

- 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...

(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 (or group practice)
- 11 Community health center (or clinic)
- 12 Hospital outpatient department,
- 13 Emergency room,
- 14 Walk-in or urgent care
- 15 Some other place, or (SPECIFY)
- 20 VA Clinic?

- 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?

PROMPT: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

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 does FILL NAME usually go to when he/she needs routine or preventive care, such as a check-up?

(READ RESPONSES)

PROMPT: By PLACE I mean locations such as a private doctor's office, a hospital emergency room, a clinic, or a health center. Think of this as ONE place even if those in the household might go to several private doctors or different private doctors.

10 A private doctor's office (or group practice)

11 Community health center (or clinic)

12 Hospital outpatient department,

13 Emergency room,

14 Walk-in or urgent care

15 Some other place, or (SPECIFY)

20 VA Clinic?

97 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 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 IN HH STAYED OVERNIGHT IN A HOSPITAL

98 DK

99 REF

Q:DOCV12

T:

DURING THE PAST 12 MONTHS did you or anyone in the household seek medical care in a hospital emergency room for any reason?

PROMPT: Do not include any visits to walk in treatment centers.

IF YES ASK: 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

97 NO ONE IN HH SOUGHT ER CARE

98 DK

99 REF

XVI. 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.

ENTER <1> TO CONTINUE

Q:HSTAT02 – ASK OF ALL FAMILY UNIT MEMBERS

T:

Would you say FILL NAME's health, in general, is...

(READ RESPONSES)

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

- 8 DK
- 9 REF

Q:MAWD

T:

Is anyone LIMITED IN ANY WAY in any activities because of physical, mental or emotional problems?

IF YES ASK: Who is this?

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 IN HH

98 DK

99 REF

XVII. Chronic Conditions

Q:QE1b

T:

Next I'm going to ask about several medical conditions.
Does anyone in the household currently have Asthma?

IF YES ASK: Who has Asthma?

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 IN HH WITH CONDITION

98 DK

99 REF

ASK FOR EVERY PERSON IN THE HH WITH ASTHMA

Q:QE1ba

T:

Did a doctor or other health care provider say that **FILL NAME**
has Asthma?

1 YES

2 NO

8 DK

9 REF

Q:QE1d

T:

Has anyone in the household ever been told by a doctor that they have diabetes or high blood sugar?

INTS: DO NOT INCLUDE PRE-DIABETES, POTENTIAL DIABETES, OR BORDERLINE DIABETES

IF YES ASK: Which member(s) of the household?

- 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 IN HH WITH CONDITION

98 DK

99 REF

ASK FOR EVERY PERSON IN THE HH WITH DIABETES AND FEMALE > 14

Q:QE1da

T:

Did FILL NAME have diabetes or high blood sugar ONLY during pregnancy?

INTS: IF PERSON HAS NEVER BEEN PREGNANT, SELECT OPTION 2 "NO"

- 1 YES
- 2 NO

- 8 DK
- 9 REF

Q:QE1e

T:

Has anyone in the household ever been told by a doctor that they have high blood pressure or hypertension?

IF YES ASK: Which member(s) of the household?

- 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 IN HH WITH CONDITION

98 DK

99 REF

Q:QE1f

T:

High cholesterol?

PROMPT: Has anyone in the household ever been told by a doctor that they have...

IF YES ASK: Which member(s) of the household?

- 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 IN HH WITH CONDITION

98 DK

99 REF

Q:QE1g

T:

Heart disease; such as hardening of the arteries, angina, congestive heart failure, or heart attack?

PROMPT: Has anyone in the household ever been told by a doctor or other health care provider that they have...

IF YES ASK: Which member(s) of the household?

- 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 IN HH WITH CONDITION

98 DK

99 REF

Q:QE1h

T:

Depression?

PROMPT: Has anyone in the household ever been told by a doctor or other health care provider that they have...

IF YES ASK: Which member(s) of the household?

- 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 IN HH WITH CONDITION

98 DK

99 REF

Q:QE1i
T:

Lung Disease such as Chronic Obstructive Pulmonary Disease (COPD), Chronic Bronchitis or Emphysema?

PROMPT: Has anyone in the household ever been told by a doctor or other health care provider that they have...

IF YES ASK: Which member(s) of the household?

- 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 IN HH WITH CONDITION
- 98 DK
- 99 REF

XVIII. Day Care

Q:DC01

T:

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

IF YES ASK: Which children in the household?

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 IN HH

98 DK

99 REF

XIX. 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.

ENTER <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
- 17 UNABLE TO WORK
- 95 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

**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

Occupational Categories

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

Q:EMP05a

T:

What kind of work do you do?

PROMPT: For example, are you a registered nurse, a logger, an accountant...
If you have more than one job, please answer the question for the
job that you spend the most hours doing.

1 SPECIFY

- 8 DON'T KNOW/NOT SURE
- 9 REFUSED

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

Q:EMP05b

T:

What are your most important activities or duties?

PROMPT: For example, a nurse's most important duties may be patient care.

1 SPECIFY

- 8 DON'T KNOW/NOT SURE
- 9 REFUSED

Responses are used to code into occupational category

Responses from these two questions will be coded into BLS occupations:

- 11 Management Occupations
- 13 Business and Financial Operations Occupations
- 15 Computer and Mathematical Occupations
- 17 Architecture and Engineering Occupations
- 19 Life, Physical, and Social Science Occupations
- 21 Community and Social Services Occupations
- 23 Legal Occupations
- 25 Education, Training, and Library Occupations
- 27 Arts, Design, Entertainment, Sports, and Media Occupations
- 29 Healthcare Practitioners and Technical Occupations
- 31 Healthcare Support Occupations
- 33 Protective Service Occupations
- 35 Food Preparation and Serving Related Occupations
- 37 Building and Grounds Cleaning and Maintenance Occupations
- 39 Personal Care and Service Occupations
- 41 Sales and Related Occupations
- 43 Office and Administrative Support Occupations
- 45 Farming, Fishing, and Forestry Occupations
- 47 Construction and Extraction Occupations
- 49 Installation, Maintenance, and Repair Occupations
- 51 Production Occupations
- 53 Transportation and Material Moving Occupations
- 55 Military Specific Occupations
- 66 Government Employee
- 95 Other
- 98 DK

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
- 95 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 CONSTRUCTION
- 5 FARMING/AGRICULTURE

- 7 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 local government such as a county or city, or a public school or college?

- 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?

INTS: 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
EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY**

Q:EMP10a

T:

How long has FILL NAME worked for this employer?

IF LESS THAN ONE YEAR - ENTER 0. YOU WILL ENTER THE MONTHS IN THE NEXT QUESTION

0 LESS THAN ONE YEAR

1-96 ENTER NUMBER OF YEARS

97 97 OR MORE YEARS

98 DK

99 REF

ASK OF THOSE SAYING 0 TO EMP10a

Q:EMP10a1

T:

INTS: ENTER NUMBER OF MONTHS:

1 ONE MONTH OR LESS

2-11 ENTER NUMBER OF MONTHS

98 DK

99 REF

XX. Employer Sponsored Insurance

Ask for all households with at least one working member – each working person will be asked questions individually.

Those with private health insurance through their employer will be asked ESI01 and then skip to EMP16.

Q:ESIINTO

T:

Next, I am going to ask a few questions about health insurance that may be offered by the employers of those living in the household.

ENTER <1> TO CONTINUE

Ask for all households with at least one working member – each working person will be asked questions individually.

Those with private health insurance through their employer will be asked ESI01 and then skip to EMP16.

SKIP question if person is respondent.

Q:ESI01

T:

Next, I am going to ask a few questions about health insurance through FILL NAME's employer or business.

IF PERSON IS NOT RESPONDENT: Do you feel you know enough about any potential health insurance that is offered through FILL NAME's employer or business to answer these questions?

- 1 YES, KNOW ENOUGH/SPEAKING WITH RESPONDENT
- 2 NO

- 8 DK
- 9 REF

Q:ESI01a

T:

Do you know if FILL NAME's
employers of business offers any type of health insurance to their employees?

IF DOES NOT OFFER - SELECT OPTION #2

OTHERWISE SELECT 3, 4, 8, or 9 to SKIP SECTION FOR THIS PERSON AND READ:

Then for FILL NAME, we will skip this section and at the end of the survey
I will make arrangements to speak with FILL NAME about his/her employer offered
insurance.

- 2 EMPLOYER DOES NOT OFFER HEALTH INSURANCE
- 3 DO NOT KNOW ENOUGH ABOUT HEALTH INSURANCE OFFERED BY EMPLOYER
- 4 YES, EMPLOYER OFFERS
- 8 DK
- 9 REF

IF ANSWER IS NO, DO NOT KNOW ENOUGH, DK, OR REF – the person will be flagged in the program. After completing the interview with the respondent, the interviewer will ask to speak directly to the individual about whom the respondent had no knowledge. If available they will ask the ESI series of questions. If not available the interviewer will schedule a callback and the case will be coded as a partial complete.

ASK OF THOSE WHO ARE WORKING AND WHO ARE NOT POLICY HOLDERS OF PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER

Q:EMP12

T:

Does FILL NAME's employer or labor union offer health insurance coverage?

IF SELF EMPLOYED, FAMILY BUSINESS OR FARM:

Does your/his/her business or farm offer any health insurance plans to any of its employees?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO EMP12

Q:EMP14a

T:

Does the health insurance offered by FILL NAME's employer or labor union cover most of the medical expenses for doctor's visits?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO EMP12

Q:EMP14b

T:

Hospital visits and care?

PROMPT: Does the health insurance offered by FILL NAME's employer or labor union cover most of the medical expenses for...

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO EMP12

Q:EMP14c

T:

Outpatient services, medical or diagnostic tests?

PROMPT: Does the health insurance offered by FILL NAME's employer or labor union cover most of the medical expenses for...

PROMPT: A diagnostic test is medical care such as a cat scan, MRI, lab work, or x-ray

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO EMP12

Q:EMP14d

T:

Prescription medications?

PPROMPT: Does the health insurance offered by FILL NAME's employer or labor union cover most of the medical expenses for...

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO EMP12

Q:EMP15a1

T:

Does the health insurance offered through FILL NAME's employer or labor union also provide an option to include coverage for FILL NAME's spouse?

PROMPT: Even if you/this person do/does not have a spouse, we are still interested in whether a spouse could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE SAYING YES TO EMP12

Q:EMP15b1

T:

FILL NAME's child dependents?

PROMPT: Does the health insurance offered through FILL NAME's employer also provide an option to include coverage for...

PROMPT: Even if you/this person do/does not have children we are still interested in whether a child could be covered through this insurance.

1 YES

2 NO

8 DK

9 REF

CHECK QUESTION – IF PERSON IS UNSURE ABOUT THE CHARACTERISTICS OF THE INSURANCE POLICY, THEY WILL BE SKIPPED – WE WILL THEN RECONTACT THE HOUSEHOLD TO OBTAIN INFORMATION DIRECTLY FROM THE PERSON

Q:ESICHK

T:

INTERVIEWER: IF

IS THE RESPONDENT, SELECT <1> TO CONTINUE

OTHERWISE SELECT <2> TO SKIP SECTION FOR THIS PERSON AND READ:

Thank you, but for this survey, we need to know about FILL NAME's employer offered insurance. At the end of the survey, I can make arrangements to speak with FILL NAME about their employer offered insurance.

1 SPEAKING WITH RESPONDENT

2 NOT THE RESPONDENT

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP13

T:

Why was health insurance 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 WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER (VERIFY!)
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

Q:EMP13FR

T:

Next, I am going to read some possible reasons why **FILL NAME** may not have coverage through his/her employer or labor union. For each let me know if this is a reason why **FILL NAME** did not enroll in his/her employer's health insurance plan.

ENTER <1> TO CONTINUE

**ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 10
INELIGIBLE - HASN'T WORKED LONG ENOUGH TO EMP13**

Q:EMP13F

T:

FILL NAME has not worked for his/her employer long enough to qualify for health insurance benefits.

PROMPT: Is this a reason why FILL NAME does not have health insurance coverage through his/her employer or labor union?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

**ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 11
INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13**

Q:EMP13G

T:

FILL NAME works too few hours to qualify for health insurance benefits.

PROMPT: Is this a reason why FILL NAME does not have health insurance coverage through his/her employer or labor union?

- 1 YES
- 2 NO

- 8 DK
- 9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:EMP13H

T:

The health insurance offered through FILL NAME's employer costs too much.

PROMPT: IS this a reason why FILL NAME does not have health insurance coverage through his/her employer or labor union?

1 YES

2 NO

8 DK

9 REF

ASK OF THOSE INDICATING YES TO EMP12 AND NOT INDICATING 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO EMP13

Q:EMP13i

T:

The health insurance offered through FILL NAME's employer does not meet FILL NAME's needs in terms of what type of health care is covered.

PROMPT: Is this a reason why FILL NAME does not have health insurance coverage through his/her employer or labor union?

1 YES

2 NO

8 DK

9 REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10 INELIGIBLE -
HASN'T WORKED LONG ENOUGH TO EMP13**

Q:EMP13F1_1

T:

You indicated that **FILL NAME** has not worked for his/her employer long enough to qualify for health insurance benefits. How long must **FILL NAME** work for his/her employer to qualify for health insurance benefits?

ENTER NUMBER OF MONTHS 30 DAYS = 1 MONTH
IF LESS THAN ONE MONTH OR TO ENTER DAYS, PLEASE SELECT 0

- 0 LESS THAN ONE MONTH (OR TO ENTER DAYS)
- 1-96 ENTER NUMBER OF MONTHS
- 97 97 OR MORE MONTHS

- 98 DK
- 99 REF

ASK OF THOSE ANSWERING 0 TO EMP13F1_1

Q:EMP13F1_2

T:

USE TO ENTER NUMBER OF DAYS:

- 1-96 ENTER NUMBER OF DAYS
- 97 97 OR MORE DAYS

- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10 INELIGIBLE - HASN'T ORKED LONG ENOUGH TO EMP13

Q:EMP13F2

T:

How likely is FILL NAME to enroll in his/her employer's health insurance plan once FILL NAME becomes eligible? Would you say...

(READ RESPONSES)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?

- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F2

Q:OEM13F2

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10 INELIGIBLE -
HASN'T WORKED LONG ENOUGH TO EMP13 AND PERSON HAS A SPOUSE AND
EMP13F2 is definitely, very likely, or somewhat likely**

Q:EMP13F3

T:

How likely is FILL NAME to enroll his/her spouse in his/her employer's
health insurance plan once FILL NAME becomes eligible? Would you say...

(READ RESPONSES AS NEEDED)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 NOT APPLICABLE, NO SPOUSE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F3

Q:OEM13F3

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 88 NOT APPLICABLE - NO SPOUSE/CHILDREN
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

**ASK OF THOSE INDICATING YES TO EMP13F OR INDICATING 10 INELIGIBLE -
HASN'T WORKED LONG ENOUGH TO EMP13 AND PERSON HAS CHILDREN
DEPENDENTS AND EMP13F2 is definitely, very likely, or somewhat likely**

Q:EMP13F4

T:

How likely is FILL NAME to enroll his/her dependent children in his/her employer's health insurance plan once FILL NAME becomes eligible?

(READ RESPONSES AS NEEDED)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 NOT APPLICABLE, NO CHILDREN DEPENDENTS
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP13F4

Q:OEM13F4

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 88 NOT APPLICABLE - NO SPOUSE/CHILDREN
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

ASK OF THOSE INDICATING YES EMP13G OR INDICATING 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK TO EMP13

Q:EMP13G1

T:

You indicated that FILL NAME works too few hours to qualify for health insurance benefits. How many hours a week must FILL NAME work to qualify for health insurance benefits?

ENTER NUMBER OF HOURS:

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

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:EMP13H1

T:

You indicated the health insurance offered through FILL NAME's employer costs too much. Approximately how much would FILL NAME have to pay in premiums per month for health insurance coverage for themselves?

This is the premium paid for the employee ONLY, not to provide coverage to a spouse or children.

PROMPT: Your best estimate is fine

ENTER DOLLARS

- | | |
|----------|---------------|
| 0 | NONE |
| 1 - 9997 | ENTER DOLLARS |
| 9998 | DK |
| 9999 | REF |

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:EMP13h2

T:

Approximately how much would FILL NAME have to pay in premiums per month for health insurance coverage BOTH themselves AND a spouse?

PROMPT: Even if you/this person do/does not have a spouse, we are still interested in what the monthly premium might be.

PROMPT: Your best estimate is fine

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:EMP13h3

T:

Approximately how much would FILL NAME have to pay in premiums per month for health insurance coverage BOTH themselves AND any CHILDREN dependents?

PROMPT: Even if you/this person do/does not have children, we are still interested in what the monthly premium might be.

PROMPT: Your best estimate is fine

ENTER DOLLARS

0 NONE

1 - 9997 ENTER DOLLARS

9998 DK

9999 REF

10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES EMP13H OR INDICATING 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO EMP13

Q:EMP13h4

T:

Approximately how much would FILL NAME have to pay in premiums per month for health insurance coverage for an ENTIRE family, that is, FILL NAME, a spouse AND children dependents?

PROMPT: Even if you/this person do/does not have a spouse/children, we are still interested in what the monthly premium might be.

PROMPT: Your best estimate is fine

ENTER DOLLARS

- 0 NONE
- 1 - 9997 ENTER DOLLARS

- 9998 DK
- 9999 REF
- 10000 DO NOT OFFER COVERAGE TO A SPOUSE

ASK OF THOSE INDICATING YES TO EMP13I OR INDICATING COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS TO EMP13

Q:EMP13I1

T:

You indicated that the health insurance offered through FILL NAMES's employer does not meet FILL NAME's needs in terms of what type of health care is covered. What is lacking from this health insurance plan?

INTS: PROBE FOR DETAILS, SELECT UP TO THREE RESPONSES

- 10 CATASTROPHIC COVERAGE ONLY
- 11 CO-PAYS, DEDUCTIBLES TOO HIGH
- 12 COST TOO MUCH FOR LIMITED RETURN
- 13 DOES NOT COVER CERTAIN ILLNESS
- 14 DOES NOT COVER CHILDREN, DEPENDENTS
- 15 DOES NOT COVER NECESSARY PROCEDURES
- 16 DOES NOT COVER SPOUSE, DOMESTIC PARTNER
- 17 FULL COVERAGE FOR HOSPITAL STAYS
- 18 HAVE OTHER COVERAGE
- 19 NO OR LIMITED DENTAL COVERAGE
- 20 NO OR LIMITED EYE COVERAGE
- 21 NO OR LIMITED PRESCRIPTION COVERAGE
- 22 WOULD NOT USE IT ENOUGH
- 95 OTHER (SPECIFY)
- 97 NOTHING, NOTHING IS MISSING
- 98 DK
- 99 REF

ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 – EMP13F4

Q:EMP15

T:

If FILL NAME had the option, how likely would FILL NAME be to enroll in his/her employer's health insurance plan?

(READ RESPONSES)

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK IF PERSON IS SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY TO ENROLL TO EMP16

Q:OEM15

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 – EMPF4 AND INDICATING DEFINITELY, VERY LIKELY OR SOMEWHAT LIKELY TO EMP15 AND IF PERSON HAS A SPOUSE

Q:EMP15a

T:

If FILL NAME had the option, how likely would FILL NAME be to enroll his/her SPOUSE in his/her employer's health insurance plan?
(READ RESPONSES AS NEEDED)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK: Why is this?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or)
- 5 Not at all likely?
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15a

Q:OEMP15a

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 88 NOT APPLICABLE - NO SPOUSE/CHILDREN
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

**ASK OF THOSE INDICATING YES EMP12 BUT NOT ALREADY ASKED EMP13F1 –
EMPF4 AND INDICATING DEFINITELY, VERY LIKELY OR SOMEWHAT LIKELY
TO EMP15 AND IF PERSON HAS CHILDREN**

Q:EMP15b

T:

If FILL NAME had the option, how likely would FILL NAME be to enroll
his/her CHILDREN dependents in his/her employer's health insurance plan?
(READ RESPONSES)

IF ONLY SOMEWHAT LIKELY, NOT VERY OR NOT AT ALL LIKELY ASK: Why is this?

- 1 Definitely
- 2 Very likely,
- 3 Somewhat Likely,
- 4 Not Very Likely, or
- 5 Not at all likely?
- 6 NOT APPLICABLE
- 8 DK
- 9 REF

ASK OF THOSE ANSWERING SOMEWHAT LIKELY, NOT VERY LIKELY, OR NOT AT ALL LIKELY TO EMP15b

Q:OEMP15b

T:

Why is this?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - PERSON/SPOUSE/CHILD HAS MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 COST - COVERED FOR LESS THROUGH THE STATE/MEDICAID
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE
- 14 DOES NOT NEED HEALTH INSURANCE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 40 EMPLOYER DOES NOT PROVIDE BENEFITS FOR SPOUSE/CHILDREN
- 25 SELF-EMPLOYED
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE
- 35 NOT SURE HOW TO ENROLL
- 30 LOST JOB/ TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 88 NOT APPLICABLE - NO SPOUSE/CHILDREN
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK/REF

ASK OF THOSE INDICATING WHO HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAS A SPOUSE THAT IS NOT COVERED UNDER THIS PRIVATE HEALTH INSURANCE PLAN

Q:EMP16

T:

You indicated that FILL NAME currently has private health insurance through his/her employer. Why is FILL NAME's spouse not covered under this health insurance plan?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - EMPLOYEE HASN'T WORKED LONG ENOUGH TO COVER SPOUSE
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER SPOUSE
- 12 INELIGIBLE - SPOUSE HAS MEDICAL PROBLEMS
- 21 SPOUSE HAS OWN HEALTH INSURANCE THROUGH EMPLOYER OR BOUGHT ON OWN
- 15 SPOUSE COVERED THROUGH OTHER SOURCE - MEDICARE/MILITARY/MEDICAID (NOT EMP?)
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER SPOUSE
- 40 EMPLOYER INSURANCE DOES NOT PROVIDE BENEFITS FOR SPOUSE
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR SPOUSE
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS OF SPOUSE
- 14 SPOUSE DOES NOT NEED HEALTH INSURANCE
- 27 SPOUSE IS COVERED
- 88 NOT APPLICABLE - NO SPOUSE
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK
- 99 REF

ASK OF THOSE INDICATING WHO HAVE PRIVATE HEALTH INSURANCE THROUGH AN EMPLOYER (INSP06 = 1) BUT WHO HAVE CHILDREN THAT IS NOT COVERED UNDER THIS PRIVATE HEALTH INSURANCE PLAN

Q:EMP16a1

T:

(You indicated that FILL NAME currently has private health insurance through his/her employer)

Why are FILL NAME's children not covered under this health insurance plan?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - EMPLOYEE HASN'T WORKED LONG ENOUGH TO COVER CHILD
- 11 INELIGIBLE - NOT ENOUGH HOURS PER WEEK TO COVER CHILD
- 12 INELIGIBLE - CHILD HAS MEDICAL PROBLEMS
- 21 CHILD COVERED THROUGH ANOTHER PRIVATE HEALTH INSURANCE PLAN
- 15 CHILD COVERED THROUGH OTHER SOURCE - MEDICARE/MILITARY/MEDICAID (NOT EMP?)
- 13 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH TO COVER CHILD
- 40 EMPLOYER INSURANCE DOES NOT PROVIDE BENEFITS FOR CHILDREN
- 29 WAITING FOR COVERAGE OR SIGN-UP DATE FOR CHILD
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS OF CHILD
- 14 CHILD DOES NOT NEED HEALTH INSURANCE
- 27 CHILDREN ARE COVERED
- 88 NOT APPLICABLE - NO CHILDREN
- 95 OTHER (SPECIFY)
- 97 NO REASON
- 98 DK
- 99 REF

XXI. Family Income

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 2006.

PROMPT:

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.

INTS: IF THEY ASK WHY PEOPLE ARE CLASSIFIED AS SEPARATE FAMILIES:

The government considers the people included in a family unit based upon their age, marital status, whether they have children, and whether they are a full time student.

ENTER <1> TO CONTINUE

Q:INC02

T:

During the entire year of 2006, what was the total income for THIS FAMILY before taxes, including money from jobs, investments, social security, retirement income, child support, unemployment payments, public assistance, and so on?

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 999999 IF RESPONSE IS \$1 MILLION OR MORE.

0	NONE
10	\$10 OR LESS
11 TO \$999,998	ENTER DOLLAR AMOUNT
999,999	\$1 MILLION OR MORE
8	DK
9	REF

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

Q:INC03

T:

It is important to understand incomes so we can better understand insurance coverage and concerns about insurance.

Which of the following income ranges is closest to your family's 2006 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

NOTE: AT THIS POINT IF ANYONE WAS SKIPPED IN THE ESI SECTION XIX WE WILL ASK TO SPEAK WITH THEM AND ADMINISTER THE ESI QUESTIONS

XXII. 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 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 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:AGAN

T:

In the future, the State of Pennsylvania may be interested in gathering more information on health insurance issues

May we contact you again in the future on some of these issues?

IF THEY DO NOT MIND ASK THEIR FIRST NAME

1 NO - DO NOT CALL BACK

2 YES - CALL ME BACK (SPECIFY)

Q:THNX

T:

That is the conclusion of this interview for your family.

IF SOMEONE IN HOUSEHOLD IS UNINSURED:

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 toll-free number 1-800-986-KIDS.

If you have any questions about HEALTH INSURANCE you can call the state at 1-877-881-6388 for assistance. (Allow interviewee to get a pen or pencil, then repeat the number.) That number is 1-877-881-6388.

Thanks again and good-bye.