

**RESULTS FROM  
THE 2001 VIRGINIA CHILDREN'S HEALTH ACCESS SURVEY**

Prepared for

*THE VIRGINIA DEPARTMENT OF HEALTH  
(VDH)*

and

*THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES  
(DMAS)*

by

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>conf< Hello, my name is [fill INAM], and I'm calling on behalf of the Virginia Department of Health. We are conducting a study about children's health care in Virginia.

Is this [fill PRFX]-[fill SUFX:0] in Area Code [fill AREA]?

>adul< Am I speaking to an adult over age 18?

>home< Have I reached you on your home phone?

>intr< The information collected in this study will be used by the Virginia Department of Health to better understand what health services people get.

>x1< I'd like to speak to the adult in your household who is MOST familiar with the health care of the members of the household. Would that be you?

>intro1< Please be assured that all information you give me is completely confidential. Your participation is totally voluntary. Some people may not want to answer all of the questions. If I ask a question that you prefer not to answer, just tell me and we'll skip it. Moreover, if you choose to stop after we start just let me know. However, your feedback is important to let policy-makers know what the citizens of Virginia need in terms of health care.

#### Lead Module:

>pb1< Recently there have been some stories in the newspaper and on TV about the dangers of lead poisoning. I just have a few questions about this issue.

First of all, do you happen to know whether public health officials recommend that ALL children under 6 years of age be tested for lead poisoning, or should just SOME of them be tested?

(IF JUST SOME, ASK: "What kinds of children should be tested?")

- <1> ALL CHILDREN UNDER 6
- <2> SOME - ONLY THOSE THOUGHT TO HAVE BEEN EXPOSED
- <3> SOME - ONLY THOSE SHOWING SIGNS OF ILLNESS
- <4> SOME - ONLY THOSE IN OLD HOUSES/RUN-DOWN HOUSES
- <5> SOME - OTHER RESPONSE [NO SPECIFY]
- <6> (vol) NO CHILDREN SHOULD BE TESTED
- <8> DON'T KNOW
- <9> NO ANSWER

>pb2< As far as you know, can someone have high levels of lead in their body and not show any signs of illness?

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>pb3< I'm going to read a short list of situations that might put children at risk of lead poisoning. For each one, please tell me if you think it does pose a risk of lead poisoning. First does living near battery recycling plants pose a risk of lead poisoning?

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>pb4< Working on the construction of new houses, or living with a person who builds new houses... does this pose a risk of lead poisoning?

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>pb5< Living in or visiting a 30-year old house with peeling or chipping paint? (Does this pose a risk of lead poisoning?)

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>pb7< Drinking milk? (Does this pose a risk of lead poisoning?)

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>pb8< Doing some remodeling of a 50-year old house? (Does this pose a risk of lead poisoning?)

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>pb9< Are you aware of any steps you can take to prevent lead poisoning in your home? (PROMPT IF NECESSARY: What are they?)

(PROBE FOR 3 MENTIONS: Anything else?)

- <0> HAVE THE PAINT TESTED FOR LEAD
- <1> HAVE THE WATER TESTED FOR LEAD
- <2> RUN THE TAP FOR A WHILE BEFORE USING THE WATER
- <3> USE COLD WATER FOR COOKING
- <4> USE COLD WATER FOR INFANT FORMULA
- <5> DON'T REMOVE LEAD PAINT YOURSELF
- <6> WASH HANDS BEFORE EATING
- <7> OTHER [specify]
- <10> USE HOUSEHOLD CLEANER TO WET DUST WINDOW SILLS AND WINDOW WELLS
- <88> NO, DON'T KNOW [goto tpr2]
- <99> NO ANSWER [goto tpr2]

>res1< What can happen to a child who gets lead poisoned? (IF NEEDED: What are the long-term effects of lead

<p>poisoning on children?) DO NOT READ RESPONSES - SINGLE RESPONSE</p> <p>&lt;1&gt; REDUCED IQ &lt;2&gt; LEARNING DISABILITIES (includes attention deficit disorder: ADD) &lt;3&gt; BEHAVIOR PROBLEMS (includes delinquency and hyperactivity) &lt;4&gt; HEARING PROBLEMS &lt;5&gt; STOMACH ACHES &lt;6&gt; KIDNEY DAMAGE &lt;7&gt; LIVER DAMAGE &lt;8&gt; BRAIN DAMAGE &lt;9&gt; (VOL) DEATH &lt;0&gt; OTHER (specify) &lt;88&gt; DON'T KNOW &lt;99&gt; NO ANSWER</p>	<p>younger?</p> <p>&lt;1&gt; Yes, have children younger than 6 &lt;2&gt; No, children are 6 or older [goto tob4a] &lt;8&gt; Don't know [goto tob4a] &lt;9&gt; Refused [goto tob4a]</p>
<p>&gt;reg1&lt; Are all contractors allowed to remove lead-based paint from homes, apartments or day care centers?</p> <p>&lt;1&gt; YES [goto reg3] &lt;2&gt; NO [goto reg2] &lt;8&gt; DON'T KNOW [goto reg3] &lt;9&gt; NO ANSWER [goto reg3]</p>	<p>&gt;hse1&lt; Do you live in a residence built before 1960?</p> <p>&lt;1&gt; YES [goto hse2] &lt;2&gt; NO [goto hse3] &lt;8&gt; DON'T KNOW [goto hse3] &lt;9&gt; NO ANSWER [goto hse3]</p> <p>&gt;hse2&lt; Does your residence have peeling or chipping paint?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p>
<p>&gt;reg2&lt; How can you tell if a contractor is allowed to remove lead-based paint from homes, apartments or day care centers?</p> <p>&lt;1&gt; THEY HAVE A SPECIAL LICENSE &lt;2&gt; OTHER ANSWERS [NO SPECIFY] &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p>	<p>&gt;hse3&lt; [Does/Do] the child[ren] under 6 regularly visit a residence built before 1960?</p> <p>&lt;1&gt; YES [goto hse4] &lt;2&gt; NO [goto pb14] &lt;8&gt; DON'T KNOW [goto pb14] &lt;9&gt; NO ANSWER [goto pb14]</p>
<p>&gt;reg3&lt; Before renting or selling a house or apartment built before 1978, what must the owner or landlord do?</p> <p>&lt;1&gt; NOTIFY THE RENTER OR BUYER ABOUT LEAD BASED PAINT HAZARD &lt;2&gt; OTHER ANSWERS [NO SPECIFY] &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p>	<p>&gt;hse4&lt; Does that residence have peeling or chipping paint?</p> <p>(IF NEEDED: The residence visited by the child/children)</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p>
<p>&gt;lea1&lt; If you had a question about lead poisoning or the effects of lead, who would you call or where would you go for information?</p> <p>&lt;1&gt; LOCAL HEALTH DEPARTMENT &lt;2&gt; DOCTOR OR CLINIC &lt;3&gt; STATE HEALTH DEPARTMENT &lt;4&gt; POISON CONTROL CENTER &lt;5&gt; LEAD INFO HOTLINE (1-800-LEAD FYI) &lt;6&gt; OTHER specify &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p>	<p>&gt;hsey&lt; Has that residence undergone any renovations within the past year?</p> <p>(IF NEEDED: The residence visited by the child/children)</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p>
<p>&gt;R1&lt; How many children age 18 or younger live in this household?</p> <p>&lt;1&gt; Enter number of children &lt;2&gt; No [goto tob4a]</p> <p>&gt;R8pb&lt; Do you have any children who are younger than six years of age in your household, i.e., aged 5 years or</p>	<p>&gt;pb14&lt; Do you, or does someone you live with, have a job or hobby that involves exposure to lead?</p> <p>&lt;1&gt; YES &lt;2&gt; NO &lt;8&gt; DON'T KNOW &lt;9&gt; NO ANSWER</p> <p>&gt;pb15&lt; Is your residence located near an active lead smelter, battery recycling plant, or other industrial site likely to release lead?</p>

- <1> YES [goto talk]
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

p15a< [Does/Do] the child[ren] under 6 regularly visit such a residence?

[IF NEEDED: a residence located near an active lead smelter, battery recycling plant, or other industrial site likely to release lead]

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

q1< Now on another topic. Routine health care means having regularly scheduled checkups.

[Does/Do] the child[ren] under 6 in your household get routine health care?

- <1> YES [goto wher]
- <2> NO [goto NO1]
- <8> DON'T KNOW [goto talk]
- <9> NO ANSWER [goto talk]

NO1< [Does/Do] the child[ren] under 6 have someplace to go if health care was needed?

- <1> YES [goto wher]
- <2> NO [goto talk]
- <8> DON'T KNOW [goto talk]
- <9> NO ANSWER [goto talk]

wher< What kind of place [does/do] the child[ren] under 6 go to for health care  
DO NOT READ LIST - SINGLE RESPONSE  
(PROBE: IF DOCTOR IS A PEDIATRICIAN)  
(PROBE: IF DOCTOR'S OFFICE OR CLINIC/HOSPITAL)

- <1> PRIVATE DOCTOR'S OFFICE - NOT A PEDIATRICIAN
- <2> PRIVATE DOCTOR'S OFFICE - PEDIATRICIAN
- <3> CLINIC/HOSPITAL/HMO - NOT A PEDIATRICIAN
- <4> CLINIC/HOSPITAL/HMO - PEDIATRICIAN
- <5> HOSPITAL EMERGENCY ROOM
- <6> HEALTH DEPARTMENT
- <0> Somewhere else (specify) [specify]
- <88> DON'T KNOW
- <99> NO ANSWER

alk< Has any health care provider ever talked to you about childhood lead poisoning?

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> NO ANSWER

>test< [Has/Have] your child[ren] ever been tested for lead poisoning?

- <1> YES
- <2> NO
- <7> (VOL) SOME, BUT NOT ALL
- <8> DON'T KNOW
- <9> NO ANSWER

*Tobacco Module (If no children under 6 (i.e. R8pb NE 1), go to tob4a. If R8pb=1 ask tob1 thru tob3).*

>tob1< Now, I have some questions on tobacco use in your household. Does anyone living with you in your home smoke cigarettes, cigars or a pipe? [note to interviewer: the emphasis in this question is on the members of the household, not on the home.]

- <1> YES
- <2> NO
- <9> DON'T KNOW/REFUSED [goto tob4]

>tob2< Do you allow ANYONE to smoke INSIDE your home on a regular basis? [note to interviewer: the emphasis on this question is on the physical home, not on the members of the household]

- <1> YES
- <2> NO
- <9> DON'T KNOW/REFUSED [goto tob4]

>tob3< Who smokes in your home on a regular basis? (PICK ALL THAT APPLY FROM a THROUGH e OR f, THEN CONTINUE TO QUESTION tob4a) [Note to interviewer: read each of the following choices to the respondent, EXCEPT f.]

- a. FATHER OF THE CHILD(REN) - YES/NO
- b. MOTHER OF THE CHILD(REN) - YES/NO
- c. CHILD(REN)'S BROTHER(S) OR SISTER(S) - YES/NO
- d. OTHER LIVE-IN RELATIVES - YES/NO
- e. OTHERS (FOR EXAMPLE: OTHER RELATIVES, FRIENDS, VISITORS, AND SO ON) - YES/NO
- f. DON'T KNOW/REFUSED - YES/NO

*Note: If respondent is skipped out of tob1 through tob3, use the following introduction: "Now, I want to ask you your views on secondhand smoking."*

>tob4a< Would you say EXPOSURE TO SECONDHAND SMOKE HAS LITTLE OR NO EFFECT ON HEALTH or EXPOSURE TO SECONDHAND SMOKE IS UNHEALTHY. [Note to interviewer: If respondent asks for a definition of secondhand smoke, read this to them: Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar, and the smoke exhaled from the lungs of the smoker.] ROTATE RANDOMLY ORDER OF PHRASES.

- <1> SECONDHAND SMOKE HAS LITTLE OR NO EFFECT ON HEALTH
- <2> SECONDHAND SMOKE IS UNHEALTHY
- <8> DON'T KNOW [goto tvchas]

<9> REFUSED [goto tvchas]

>tob4b< On a scale of 1 to 5, where 1 is Very Strongly and 5 is Not At All Strongly, how strongly do you feel about this?

<1> STRONGLY AGREE  
<2> AGREE  
<3> DISAGREE  
<4> STRONGLY DISAGREE  
<8> DON'T KNOW  
<9> REFUSED

>tvchas< **IF R1=0, then go to MAR – (Note: only items that need be asked are: empR, eduR, hsize, incl-5, cnty, mar and respondent's age, gender, race, and hispanic origin.)**

>nam1< Now, I will be asking questions about ONE child in your household. Please think about the child living in your household who is 18 or younger, and who has had the most recent birthday. What name or initials can I use to refer to this child?

(IF NECESSARY: Probe for "oldest child", "middle child", etc.)

<99> REFUSED

ENTER NAME ==> \_\_\_\_\_

>sex1< Is [fill NAME] male or female?

<1> Male  
<2> Female

>age1< How old was [fill NAME] on [fill her] last birthday?

<1-18> Enter number of years [goto rac2]  
<0> Less than one year [goto rac2]  
<88> Don't know  
<99> Refused

>R8< Is [fill NAME] 5 years old or younger?

<1> Yes, is 5 or under  
<2> No, is 6 or older  
<8> Don't know  
<9> Refused

>rac2< Is [fill NAME] Spanish, Latino or Hispanic?

<1> Yes  
<2> No  
<8> Don't know  
<9> Refused

>race< How would you describe [fill NAME]'s race?

**(DO NOT READ LIST UNLESS NEEDED TO PROBE)**

<1> White  
<2> Black  
<3> Asian  
<4> Native American (American Indian)  
<5> Something else (Specify) [specify]

<6> (VOLUNTEERED) Multi-racial

<8> Don't know  
<9> No answer/Refused

#### GENERAL HEALTH

>heal< Compared with other children [fill NAME]'s age, would you say that [fill her] health is excellent, good, fair, or poor?

<1> EXCELLENT  
<2> GOOD  
<3> FAIR  
<4> POOR  
<8> DON'T KNOW  
<9> NO ANSWER

>scho< During the past 12 months, that is since [fill cMON] 2000, did [fill NAME] miss 11 or more days of school because of illness or injury? ("School" includes kindergarten and home school it does not include summer school, day care, etc.)

<1> YES  
<2> NO  
<3> DOES NOT GO TO SCHOOL  
<8> DON'T KNOW  
<9> NO ANSWER

#### FACCT Items

>facct1< Does your child currently need or use MEDICINE PRESCRIBED BY A DOCTOR OTHER THAN VITAMINS?

<1> YES  
<2> NO [goto facct2]  
<9> DON'T KNOW/REFUSED [goto facct2]

>facct1a< Is this because of ANY medical, behavioral or other health condition?

<1> YES  
<2> NO [goto facct2]  
<9> DON'T KNOW/REFUSED [goto facct2]

>facct1b< Is this a condition that has lasted or is expected to last AT LEAST 12 months?

<1> YES  
<2> NO  
<9> DON'T KNOW/REFUSED

>facct2< Does your child need or use MORE MEDICAL CARE, MENTAL HEALTH OR EDUCATIONAL SERVICES than is usual for most children of the same age?

<1> YES  
<2> NO [goto facct3]  
<9> DON'T KNOW/REFUSED [goto facct3]

>facct2a< Is this because of ANY medical, behavioral or other health condition?

<1> YES  
<2> NO [goto facct3]

- <9> DON'T KNOW/REFUSED [goto facct3]
- >facct2b< Is this a condition that has lasted or is expected to last AT LEAST 12 months?
- <1> YES  
<2> NO  
<9> DON'T KNOW/REFUSED
- >facct3< Is your child LIMITED OR PREVENTED in any way in his or her ability to do the things most children of the same age can do?
- <1> YES  
<2> NO [goto facct4]  
<9> DON'T KNOW/REFUSED [goto facct4]
- >facct3a< Is this because of ANY medical, behavioral or other health condition?
- <1> YES  
<2> NO [goto facct4]  
<9> DON'T KNOW/REFUSED [goto facct4]
- >facct3b< Is this a condition that has lasted or is expected to last for AT LEAST 12 months?
- <1> YES  
<2> NO  
<9> DON'T KNOW/REFUSED
- >facct4< Does your child need or get SPECIAL THERAPY such as physical, occupational or speech therapy?
- <1> YES  
<2> NO [goto facct5]  
<9> DON'T KNOW/REFUSED [goto facct5]
- >facct4a< Is this because of ANY medical, behavioral or other health condition?
- <1> YES  
<2> NO [goto facct5]  
<9> DON'T KNOW/REFUSED [goto facct5]
- >facct4b< Is this a condition that has lasted or is expected to last for AT LEAST 12 months?
- <1> YES  
<2> NO  
<9> DON'T KNOW/REFUSED
- >facct5< Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets TREATMENT OR COUNSELING?
- <1> YES  
<2> NO [goto inhe]  
<9> DON'T KNOW/REFUSED [goto inhe]
- >facct5b< Is this a condition that has lasted or is expected to last for AT LEAST 12 months?
- <1> YES  
<2> NO  
<9> DON'T KNOW/REFUSED

>inhe< Now we have some questions about [fill NAME]'s access to health care.

#### HEALTH ACCESS

>sick< Is there a particular clinic, hospital, doctor's office or other place that [fill NAME] usually goes if [fill she] is SICK or you need advice about [fill her] health?

- <1> YES [goto wher]  
<2> NO [goto well]  
<3> Not Applicable - never gone for health care [goto well]  
<8> DON'T KNOW [goto well]  
<9> NO ANSWER [goto well]

>wher< What kind of place does [fill she] go to most often? DO NOT READ LIST (PROBE FOR WHICH TYPE - CODE INTO ONE OF THE FOLLOWING)

- <1> Doctor's office or private clinic  
<2> Company or school health clinic/center  
<3> Community/migrant/rural clinic/center  
<4> Local Public Health Department  
<5> Hospital outpatient clinic  
<6> Hospital emergency room  
<7> HMO/prepaid group  
<8> Free or other non-profit clinic  
<11> Military health care facility  
<0> Some other kind of place (Specify) [specify]  
<77> DON'T KNOW/NOT SURE  
<99> REFUSED

>well< Is there a particular clinic, hospital, doctor's office or other place that [fill NAME] usually goes if [fill she] needs ROUTINE or PREVENTIVE care, such as a physical examination, well-baby visit or a check-up?

- <1> YES [goto thome]  
<2> NO  
<3> Don't get checkups, don't use these services  
<8> DON'T KNOW  
<9> NO ANSWER

[goto med2]

>thome< *If SICK NE 1, goto homea, else goto home1*

>home1< Is this the same place where [fill NAME] usually goes when [fill she] is SICK?

- <1> YES [goto med2]  
<2> NO [goto homea]  
<8> DON'T KNOW [goto med2]  
<9> NO ANSWER [goto med2]

>homea< What kind of place does [fill NAME] usually go to when [fill she] gets a checkup?

- <1> Doctor's office or private clinic  
<2> Company or school health clinic/center  
<3> Community/migrant/rural clinic/center  
<4> Local Public Health Department  
<5> Hospital outpatient clinic  
<6> Hospital emergency room  
<7> HMO/prepaid group  
<8> Free or other non-profit clinic

<1> Military healthcare facility  
 <0> Some other kind of place (Specify)  
 <77> DON'T KNOW/NOT SURE  
 <99> REFUSED

>med2< How long has it been since [fill NAME] last visited a doctor for a routine checkup or physical exam? (NOTE: This can be ANY provider, it does not have to be the child's usual provider, but it must be for a routine checkup or physical - NOT a sick visit.)

**READ ONLY IF NECESSARY**

<1> Never  
 <2> within the last 6 months  
 <3> 6+ months to one year ago  
 <4> 1+ to 2 years ago  
 <5> 2+ to 4 years ago  
 <6> 4+ years ago  
 <8> DON'T KNOW  
 (PROBE FIRST BEFORE CODING)  
 <9> NO ANSWER

>med3< Within the past year, was there a time when [fill NAME] needed health care, but was unable to get it?

<1> Yes [goto md3a]  
 <2> No [goto dnt2]  
 <8> Don't know [goto dnt2]  
 <9> Refused/no answer [goto dnt2]

>md3a< What was the primary reason that [fill NAME] was unable to get health care when needed? (NOTE: Could not get off work/school should be coded as "Could not get an appointment when needed")

**DO NOT READ RESPONSES!**

<1> Transportation difficulties  
 <2> Could not afford it  
 <3> Didn't have time to see a doctor  
 <4> Didn't know where to go to get it  
 <5> Could not get an appointment when needed  
 <6> Language problem  
 <7> Paperwork/bureaucracy  
 <0> Something else (specify) [specify]  
 <88> Don't know  
 <99> Refused

**DENTAL CARE**

>dnt2< When was the last time [fill NAME] received dental care from a dentist or dental hygienist?

<1> Has never received dental care  
 <2> within the last 6 months  
 <3> 6+ months to 1 year ago  
 <4> 1+ to 2 years ago  
 <5> 2+ to 4 years ago  
 <6> 4+ years ago  
 <8> DON'T KNOW  
 <9> NO ANSWER

>INZ< Now I have some questions about insurance coverage for [fill NAME].

**INSURANCE**

>IN1a< Is [fill NAME] covered by any type of health insurance?

<1> YES  
 <2> NO [goto not]  
 <8> DON'T KNOW [goto compstat]  
 <9> NO ANSWER [goto compstat]

>ty1a< Which of the following source of insurance would you consider to be [fill NAME]'s primary plan? (IF ASKED WHAT PRIMARY PLAN MEANS: the plan that covers the largest range of health needs) Would you say it was...

**READ RESPONSES**

<1> Medicaid, also known as Medallion or Medicaid HMO  
 <2> Tri-Care or other military coverage (used to be called CHAMPUS or CHAMP-VA)  
 <3> CMSIP (pronounced SIM-SIP) - also known as the Children's Medical Security Insurance Program  
 <4> Other publicly funded programs such as Medicare  
 <5> Private coverage obtained through a parent's job or union  
 <6> Private coverage purchased directly from an insurance company  
 <10> Something else (specify) [specify]

**DON'T READ**

<11> None - does not have insurance coverage [goto IN1a]  
 <88> Don't know  
 <99> No answer

[goto in1b]

>not< For how long has [fill she] been uninsured?

<1> IN MONTHS (UP TO 30 MONTHS - 2 1/2 YEARS) [goto notm]  
 <2> IN YEARS (IF 1 YEAR OR MORE) [goto noty]  
 <7> Never been insured [goto tnot]  
 <8> Don't know [goto tnot]  
 <9> No answer [goto tnot]

>no1a< What would you say is the main reason why [fill NAME] does not have health insurance?

**DO NOT READ RESPONSES**

<1> Never thought about getting health insurance  
 <2> Decided not to get because [fill she] is not sick, is healthy  
 <3> Can't afford health insurance  
 <4> Tried to get it but was rejected  
 <5> Employer offers coverage only for adults  
 <6> Lost or quit job and lost coverage  
 <7> Other (Specify) [specify]  
 <0> HAVE FULL INSURANCE [goto IN1a]  
 <8> Don't know  
 <9> No answer

[goto compstat]

>in1b< Now thinking about all the health insurance plans that may cover [fill NAME], please tell me if any of them cover any of the following: (NOTE: Partial coverage counts)

TYPE "1" FOR YES, "2" FOR NO, "8" FOR DK, "9" FOR REF

**READ LIST**

- @1 Physician visits when [fill she] is sick
- @2 Hospitalization
- @3 Dental care
- @4 Mental health care
- @5 Prescription drugs
- @6 Checkups or Well child care
- @7 Anything else not previously mentioned (specify):

>in1c< What else is covered?

**DO NOT READ LIST**

- @1 Cancer treatment
- @2 Disability insurance
- @3 Intensive care
- @4 Home health care
- @5 School insurance
- @6 Special medical equipment
- @7 Preventive counseling, such as nutrition and substance abuse (not mental health)
- @8 Other (Specify)

*Note: MAR should be asked of all respondents regardless of parental status.*

>mar< I have just a few more questions to help us classify your answers. Are you...

**READ LIST**

- <1> MARRIED
- <2> WIDOWED
- <3> DIVORCED
- <4> SEPARATED
- <5> SINGLE, living alone
- <6> or SINGLE, but living in a committed relationship
- <8> DON'T KNOW
- <9> REFUSED

[goto tguar]

>tguar< **If R1=0 or R1=99 go to empR.**

>guard< Are you the parent, step-parent, or legal guardian of the child we have been talking about?

- <1> YES
- <2> NO
- <8> DON'T KNOW
- <9> REFUSED

>empR< Are you currently employed full-time? (IF NO: Are you employed part-time, laid off, retired, going to school, homemaker, or something else?)

- <1> FULL-TIME EMPLOYED
- <2> PART-TIME EMPLOYED
- <3> WITH A JOB BUT TEMPORARILY OUT
- <4> UNEMPLOYED, LAID OFF, LOOKING FOR WORK
- <5> RETIRED
- <6> IN SCHOOL
- <7> HOMEMAKER
- <8> OTHER
- <9> DON'T KNOW/REFUSED

>tempRe<**If R1=0 or 99 go to ageR. If empR=1 or 2 and R1 NE 0 or 99 and insurance status (compstat) is NONE, then go to emRe. If guard NE 1, then go to ageR.**

>emRe< Does your employer or union offer a health insurance plan to any of its employees?

- <1> Yes [goto emRf]
- <2> No [goto tspo]
- <8> Don't know [goto tspo]
- <9> No answer [goto tspo]

>emRf< Are you covered by your employer's health insurance plan?

- <1> Yes [goto kidno]
- <2> No [goto emRg]
- <8> Don't know [goto tspo]
- <9> No answer [goto tspo]

>emRg< Why are you not covered by your employer's health insurance plan?

- <1> Ineligible, have not worked long enough
- <2> Ineligible, not enough hours per week
- <3> Ineligible, medical problems
- <4> Have insurance through spouse's employer [goto kidno]
- <5> Have other health insurance
- <6> Would have to pay too much/ costs too much
- <7> Don't need health insurance
- <0> Other (Specify) [specify]
- <8> Don't know
- <9> No answer

[goto tspo]

>kidno< You mentioned that [fill NAME] does not have any insurance coverage. Why is [fill she] not covered under your employer's insurance program?

- <1> Children are not allowed under the plan
- <2> Cannot afford to add children to the plan
- <3> Covered under spouse's employer's plan
- <4> Other reason (Specify)
- <8> Don't know
- <9> No answer

>tspo< **If MAR=1 go to empS, else go to ageR.**

>empS< Is your spouse currently employed full-time? (IF NO: Is your spouse employed part-time, laid off, retired, going to school, keeping house, or what?)

- <1> FULL-TIME EMPLOYED [goto temSe]
- <2> PART-TIME EMPLOYED [goto temSe]
- <3> WITH A JOB BUT TEMPORARILY OUT
- <4> UNEMPLOYED, LAID OFF, LOOKING FOR WORK
- <5> RETIRED
- <6> IN SCHOOL
- <7> KEEPING HOUSE
- <8> OTHER
- <9> DON'T KNOW/REFUSED

[goto ageR]

>temSe< If emRg NE 4 and Insurance status (COMPSTAT) IS NONE go to emSe, else go to ageR.

>emSe< Does your spouse's employer or union offer a health insurance plan to any of its employees?

- <1> Yes [goto emSf]
- <2> No
- <8> Don't know
- <9> No answer

[goto ageR]

>emSf< Is your spouse covered by his/her employer's health insurance plan?

- <1> Yes [goto tkidno2]
- <2> No [goto emSg]
- <8> Don't know
- <9> No answer

[goto ageR]

>emSg< Why is your spouse not covered by his/her employer's health insurance plan?

- <1> Ineligible, have not worked long enough
- <2> Ineligible, not enough hours per week
- <3> Ineligible, medical problems
- <4> Have insurance through your employer
- <5> Have other health insurance
- <6> Would have to pay too much/ costs too much
- <7> Don't need health insurance
- <0> Other (specify)
- <8> Don't know
- <9> No answer

[goto ageR]

>kidno2< You mentioned that [fill NAME] does not have any insurance coverage. Why is [fill she] not covered under your spouse's employer's insurance program?

- <1> Children are not allowed under the plan
- <2> Cannot afford to add children to the plan
- <3> Covered under my employer's plan
- <4> Other reason (Specify) [specify]
- <8> Don't know
- <9> No answer

#### RESPONDENT QUESTIONS - CHARACTERISTICS

>ageR< How old were you on your last birthday?

- <1-18> Enter number of years
- <0> Less than one year
- <88> Don't know
- <99> Refused

>racR< Are you Spanish, Latino or Hispanic?

- <1> Yes
- <2> No
- <8> Don't know
- <9> Refused

>racer< How would you describe your race?

(DO NOT READ LIST UNLESS NEEDED TO PROBE)

- <1> White
- <2> Black
- <3> Asian
- <4> Native American (American Indian)
- <5> Something else (Specify) [specify]
- <6> (VOLUNTEERED) Multi-racial
- <8> Don't know
- <9> No answer/Refused

>eduR< What is the highest grade of school or year of college that you completed?

(PROBE FOR HIGH SCHOOL OR COLLEGE GRADUATION)

- <1> LESS THAN HIGH SCHOOL GRADUATE
- <2> HIGH SCHOOL GRADUATE
- <3> SOME COLLEGE, ASSOC. DEGREE, COMM. COLLEGE
- <4> COLLEGE GRADUATE, B.A., B.S., BACHELORS
- <5> SOME GRADUATE SCHOOL
- <6> GRADUATE OR PROFESSIONAL DEGREE
- <8> DON'T KNOW
- <9> REFUSED

#### DEMOGRAPHICS

>hsize< Including yourself, how many people live in your household?

- <2-13> Enter number
- <14> 14 or more
- <88> DON'T KNOW
- <99> NO ANSWER

>inc1< Was your total household income in 2000, before taxes, above or below \$30,000?

- <1> ABOVE \$30,000 [goto inc4]
- <2> BELOW \$30,000 [goto inc2]
- <3> EXACTLY \$30,000 (VOL.) [goto income]
- <8> DON'T KNOW [goto income]
- <9> NO ANSWER [goto income]

>inc2< Was it less than \$20,000?

- <1> YES BELOW [goto inc3]
- <2> NO [goto income]
- <3> EXACTLY \$20,000 (VOL.) [goto income]
- <8> DON'T KNOW [goto income]
- <9> NO ANSWER [goto income]

>inc3< Was it less than \$10,000?

- <1> YES BELOW
- <2> NO [goto income]
- <3> EXACTLY \$10,000 (VOL.) [goto income]
- <8> DON'T KNOW [goto income]
- <9> NO ANSWER [goto income]

>inc4< Was it above \$50,000?

- <1> YES ABOVE [goto inc5]
- <2> NO [goto income]
- <3> EXACTLY \$50,000 (VOL.) [goto income]

<8> DON'T KNOW [goto income]  
 <9> NO ANSWER [goto income]

>inc5< Was it above \$75,000?

<1> YES ABOVE  
 <2> NO  
 <3> EXACTLY \$75,000 (VOL.)  
 <8> DON'T KNOW  
 <9> NO ANSWER

[goto income]

>pov1< Now we'd also like to categorize your household income according to some groups used by government agencies. Was your total household income before taxes in 2000 . . . above or below \$8,350?

<1> ABOVE [goto pov1a]  
 <2> BELOW [goto pov1b]  
 <3> EXACTLY (VOL.) [goto pov1b]  
 <8> DON'T KNOW [goto pov1c]  
 <9> NO ANSWER [goto pov1c]

**Note: Poverty level items will be asked in the above format using the following poverty levels (source: Health and Human Services – [www.aspe.hhs.gov/poverty/00poverty.htm](http://www.aspe.hhs.gov/poverty/00poverty.htm)):**

2000 HHS Poverty Guidelines

<u>HH Size</u>	<u>100% Poverty Level</u>
1	\$8,350
2	\$11,250
3	\$14,150
4	\$17,050
5	\$19,950
6	\$22,850
7	\$25,750
8	\$28,650

For each additional person, add \$2,900.

>cnty< In what independent city or county do you live?

<1> [COUNTY/CITY]  
 <888> DON'T KNOW  
 <999> REFUSED

TYPE 1ST LETTER TO SEE ALPHA LIST

<a,b,c,d,e,f,g,h,i,j,k,l,m,n,o,p,q,r,s,t,u,v,w,x,y,z>

>pho4< And how many different telephone numbers will reach this household? Please do NOT include lines used only for computer modems, faxes, etc.

<1-7> ENTER NUMBER  
 <8> DON'T KNOW  
 <9> NO ANSWER

>rsex< RECORD SEX OF RESPONDENT (ASK ONLY IF NECESSARY)

<1> MALE  
 <2> FEMALE

>thnk< Thank you very much for your help in our research.