



Vermont Division of Health Care Administration
2009 Household Health Insurance Survey

2009 Vermont Household Health Insurance Survey:
Survey Instrument

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I. Survey Lead-in Statement, Introduction, Respondent Selection

Interviewer persuader statement

We are doing this study on behalf of the Vermont Division of Health Care Administration to help the state learn more about the health insurance coverage of Vermont 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.

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 between 8 AM and 5 PM or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906 between 9 AM and 4 PM Monday through Friday. Or you can leave a voice mail message after hours.

Lead in statement

Q:LEAD

T:

Hello, I'm _____ calling for the Vermont Division of Health Care Administration. We are doing an important study to learn about health insurance coverage in Vermont.

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 Vermont 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 want to learn more about the study, please ask for Dr. Brian Robertson of Market Decisions at 1-800-293-1538 ext 102 or Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906. After hours you can also leave a voice mail message.

[ENTER <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:PHONE1

T:

Did I reach you on a cell phone?

IF YES ASK: IS THIS THE ONLY PHONE THAT YOUR HOUSEHOLD USES FOR TELEPHONE CALLS OR DO YOU ALSO HAVE A LANDLINE?

- 1 YES, CELL PHONE ONLY PHONE (CONTINUE)
- 2 YES, CELL PHONE BUT WE HAVE A LANDLINE (TERMINATE)
- 3 NO, NOT A CELL PHONE, LANDLINE (CONTINUE)

8 DK

9 REF

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 Vermont Division of Health Care Administration. We are doing an important study to learn about health insurance coverage in Vermont.

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 Vermont Division of Health Care Administration to help the state learn more about the health insurance coverage of Vermont 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 Dian Kahn of the Vermont Division of Health Care Administration at 802-828-2906.

- 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 Vermont Division of Health Care Administration. We are conducting an important study to learn about health insurance coverage in Vermont. 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 all Vermont residents are represented in the study.

Thank you for your patience.

ENTER <1> TO CONTINUE

Q:HHQ01 (Q2)

T:

In what Vermont County is your home located?

- 10 Addison
- 11 Bennington
- 12 Caledonia
- 13 Chittenden
- 14 Essex
- 15 Franklin
- 16 Grand Isle
- 17 Lamoille
- 18 Orange
- 19 Orleans
- 20 Rutland
- 21 Washington
- 22 Windham
- 23 Windsor
- 98 DK
- 99 REF

Q: HH01a (Q3)

T:

In what Vermont town or city is your household located?

[ASK FOR NEAREST TOWN FOR RURAL RESIDENTS].

10	BARRE CITY	49	POULTNEY	113	Berkshire
11	BARRE TOWN	50	RANDOLPH	114	Bethel
12	BELLOWS FALLS	51	RICHMOND	115	Bloomfield
13	BENNINGTON	52	READING	116	Bolton
14	BERLIN	53	ROCHESTER	117	Bradford
15	BRAINTREE	54	ROCKINGHAM	118	Bridgewater
16	BRANDON	55	ROXBURY	119	Bridport
17	BRATTLEBORO	56	RUTLAND	120	Brighton
18	BURLINGTON	57	ST ALBANS	121	Bristol
19	CHARLOTTE	58	ST JOHNSBURY	122	Burke
20	CHELSEA	59	SHAFTSBURY	123	Cambridge
21	COLCHESTER	60	SHELBURNE	124	Canaan
22	DANVILLE	61	SO BURLINGTON	125	Castleton
23	DOVER	62	STOWE	126	Cavendish
24	DUXBURY	63	STRAFFORD	128	Charleston
25	ESSEX	64	THETFORD	129	Chester
26	ESSEX JUNCTION	65	WALLINGFORD	130	Chittenden
27	GEORGIA	66	WATERBURY	131	Clarendon
28	GRANVILLE	67	WEATHERSFIELD	132	Cabot
29	GREENSBORO	68	WESTMINSTER	133	Concord
30	HARDWICK	69	WILLIAMSTOWN	134	Corinth
31	HIGHGATE	70	WILLISTON	135	Cornwall
32	HINESBURG	71	WILMINGTON	136	Coventry
33	HUNTINGTON	72	WINDSOR	137	Craftsbury
34	JERICHO	73	WINOOSKI	138	Danby
35	JOHNSON	74	WORCESTER	139	Derby
36	KILLINGTON	100	Addison	140	Dorset
37	LOWELL	101	Albany	141	Dummerston
38	LUDLOW	102	Alburgh	142	East Montpelier
39	MANCHESTER	103	Andover	143	Eden
40	MILTON	104	Arlington	144	Enosburg
41	MONTGOMERY	105	Athens	145	Enosburg Falls
42	MONTPELIER	106	Bakersfield	146	Fayston
43	MORRISTOWN	107	Baltimore	147	Fairfax
44	MOUNT HOLLY	108	Barnard	148	Fairfield

45	NEW HAVEN	109	Barnet	149	Fairhaven
46	NEWFANE	110	Barton	150	Fairlee
47	NEWPORT CITY	111	Belvidere	151	Ferrisburg
48	NORTHFIELD	112	Benson	152	Fletcher
153	Franklin	197	Peacham	242	Waitesfield
154	Glover	198	Peru	243	Walden
155	Goshen	199	Pitsfield	244	Waltham
156	Grafton	200	Pittsford	245	Wardsboro
157	Grand Isle	201	Plainfield	246	Warren
158	Graniteville	202	Plymouth	247	Washington
159	Guilford	203	Pomfret	248	Waterford
160	Halifax	204	Pownal	249	Waterville
161	Hartford	205	Proctor	250	Westburke
162	Hartland	206	Putney	251	Westfield
163	Holland	207	Readsboro	252	Westmore
164	Hyde Park	208	Richford	253	West Dover
165	Irasburg	209	Ripton	254	West Fairlee
166	Isle La Mott	210	Royalton	255	West Haven
167	Jamaica	211	Rupert	256	West Rutland
168	Jay	213	Ryegate	257	Weathersfield
169	Kirby	214	Salisbury	258	Wells
170	Lake Elmore	215	Sandgate	259	Westford
171	Leicester	216	Sharon	260	West Dover
172	Limington	217	Sheffield	261	West Windsor
173	Lyndonville	218	Sheldon	262	Wheelock
174	Lincoln	219	Shoreham	263	White River Junction
175	Lyndon	220	Shrewsbury	264	Whiting
176	Londonderry	221	South Hero	265	Whitingham
177	Lunenburg	222	Springfield	266	Wilder
178	Marlboro	223	Stamford	267	Windham
179	Mendon	224	Starksboro	269	Winhall
180	Marshfield	225	St George	270	Wolcott
181	Manchester Center	226	Stockbridge	271	Woodbury
182	Middlesex	227	Sudberry	272	Woodford
183	Middle Town Springs	228	Sunderland	273	Woodstock
184	Monkton	229	Sutton	274	Brookfield
185	Morgan	230	Swanton	275	Brownington
186	Moretown	232	Tinmouth	276	Elmore
187	Mount Tabor	233	Tunbridge	277	Middlebury
188	North Bennington	234	Topsham	278	Springfield
189	Newbury	235	Townshend	279	East Thetford
190	Newport	236	Troy	280	Groton
192	Norton	237	Tunbridge	281	Mc Indoe Falls

193	Norwich	238	Underhill	282	Quechee
194	Orwell	239	Vergennes	283	South Royalton
195	Panton	240	Vernon	284	South Ryegate
196	Pawlet	241	Vershire	285	Taftsville
286	Wells River	300	North Hero	314	East Craftsbury
287	West Hartford	301	Underhill Center	315	Craftsbury Common
288	North Springfield	302	Orange	316	Derby Line
289	Saxtons River	303	East Barre	317	East Hardwick
290	South Londonderry	304	East Calais	318	Greensboro Bend
291	Weston	305	Eden Mills	319	Island Pond
292	East Arlington	306	Morrisville	320	Lower Waterford
293	East Dorset	307	Belmont	321	North Concord
294	North Pownal	308	Bomoseen	322	Orleans
295	Jacksonville	309	East Middlebury	323	West Burke
296	West Wardsboro	310	East Poultney	324	West Charleston
297	East Fairfield	311	Gaysville	325	West Glover
298	Jeffersonville	312	West Pawlet	950	OTHER
299	North Ferrisburgh	313	Beebe Plain	980	DK
				990	REFUSE

Q:HH02 (Q4)

T:

What is your zip code?

INTS: ENTER LAST 4 DIGITS ONLY

5001-5999 ENTER NUMBER

8888 DK

9999 REF

Q:HH02a (Q5)

T:

How long have you lived in Vermont?

0 LESS THAN 1 YEAR

1 TO 97 ENTER NUMBER OF YEARS

98 DON'T KNOW

99 REF

Q:HH03

T:

Do you own or rent your current home?

1 OWN
2 RENT

8 DK
9 REF

Q:HH04 (Q7)

T:

How many telephone numbers do you have in your household?

IF MORE THAN ONE:

Do not include cell phones UNLESS this is the only phone you have OR numbers used for computers, faxes or modems.

How many of these are residential numbers?

IF RESPONDENT ONLY HAS CELL PHONE, CODE AS 1.

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

8 DON'T KNOW
9 REF

Q:HH05 (Q8, Q9)

T:

Was there anytime in the last 12 months that you did not have a working telephone for one week or longer? Please think about only phones in your house and not any cell phones you or others may have.

1 YES
2 NO

8 DK
9 REF

ASK IF YES TO HH05

Q:HH05a (Q8, Q9)

T:

For how many months of the past 12 months did you not have a working telephone for one week or longer?

- 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 AGE1

Q:AGE2

T:

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

IF STILL DON'T KNOW ASK: Is this a child or an adult?

YOU WILL GO BACK TO AGE1 AND ENTER THE VALUE LISTED

[INTERVIEWER: READ LIST]

10 0 - 5 years old (ENTER 3)

11 6 - 13 years old (ENTER 9)

12 14 - 17 years old (ENTER 15)

13 18 - 23 years old (ENTER 20)

14 24 - 29 years old (ENTER 26)

15 30 - 39 years old (ENTER 35)

16 40 - 49 years old (ENTER 45)

17 50- 59 years old (ENTER 54)

18 60 - 69 years old (ENTER 65)

19 70 - 80 years old (ENTER 75)

20 80 - 89 years old (ENTER 85)

21 90 and older (ENTER 90)

98 DK

99 REF

ASK OF THOSE 16 AND OLDER

Q:MAR

T:

Are/is FILL NAME
(READ RESPONSES)

INT: CODE CIVIL UNIONS ARE CURRENTLY MARRIED

- 1 Currently married (PARTNER IN A CIVIL UNION)
- 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:

- 1 LESS THAN HIGH SCHOOL
- 2 HIGH SCHOOL/GED
- 3 SOME COLLEGE/JUNIOR COLLEGE/ASSOCIATES DEGREE/TECHNICAL DEGREE
- 4 4 YEAR COLLEGE (BACHELORS DEGREE)
- 5 GRADUATE DEGREE (MASTERS/MA, MS)
- 6 GRADUATE DEGREE (PHD/MD/JD)
- 8 DK
- 9 REF

ASK OF THOSE AGE 18-23

Q:INSCH1 (Q10a, Q10b)

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 (ETHN)

T:

Is/Are FILL NAME Hispanic or Latino?

1 YES

2 NO

8 DK

9 REF

Q:RACEA-E (**ETHN**)

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 RACE05a-e

Q:RACE1 (ETHN)

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 (Q11)

T:

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

- 0 Head of household
- 11 Husband
- 12 Wife
- 13 Domestic partner/Civil Union Partner
- 14 Child, Son or Daughter - Own/Adopted
- 15 Stepchild
- 16 Foster Child
- 17 Grandchild
- 18 Parent
- 19 Mother-in-law/Father-in-law
- 20 Grandparent
- 21 Brother/Sister
- 22 Son-in-law/Daughter-in-law
- 23 Step parent
- 24 Step brother/step sister
- 25 Other Relative
- 26 Non Relative/Cohabitee/room-mate/renter
- 99 DK OR REF

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

Q:FAM2 (Q12a)

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 (Q14a)

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 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

11

12

13

14

15

16

17

97 NO MORE

18 FAMILIAR WITH EVERYONE

V. Insurance Coverage

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 and doctor bills. For example, Medicare or Medicaid programs including VHAP, PC Plus, or Dr. Dynasaur.

This also includes insurance you might get through an employer, a group or pay for on your own through companies like Blue Cross Blue Shield, MVP and CIGNA. It also includes Catamount Health.

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 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, people who are blind or disabled, children, pregnant women and parents. Enrollees may be in programs such as traditional Medicaid, VHAP, or Dr. Dynasaur.

ENTER <1> TO CONTINUE

Q:INS02A-D

T:

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

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

IF STATE INSURANCE ASK: Is this private insurance provided through your employer, or state provided insurance?

- 10 Private health insurance (such as thru Employer, Blue Cross, MVP and Cigna)
- 11 Medicare
- 12 Medicaid
- 13 Dr. Dynasaur
- 14 Vermont Health Access Program or VHAP
- 16 Military, Veterans, or TRICARE (formally known as CHAMPUS)
- 95 Some other type of insurance (SPECIFY)

- 23 CATAMOUNT HEALTH
- 92 GREEN MOUNTAIN CARE
- 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 IS CORRECT - NOT COVERED BY INSURANCE
- 2 NO NOT CORRECT - IS COVERED BY INSURANCE

- 8 DK
- 9 REF

ASK OF THOSE INDICATING YES TO INS03

Q:INS03a (Q49b)

T:

Does anyone else pay for FILL NAME 's bills when 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 you 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
- 27 Charity organizations, church
- 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

ASK OF THOSE INDICATING THEY RECEIVE INSURANCE THROUGH GREEN MOUNTAIN CARE TO INS02

Q:INS02b

T:

Green Mountain Care is a family of low-cost and free health coverage programs for Vermonters and is offered by the state of Vermont and its partners. Green Mountain Care provides uninsured Vermonters with access to quality, comprehensive health care coverage at a reasonable cost. It is a program that is run by the state of Vermont

Some of the programs you may know - such as Medicaid, Dr. Dynasaur, and Vermont Health Access Plan (VHAP) some are new, like Catamount Health which includes Premium Assistance and Employer-Sponsored Insurance (ESI) Premium Assistance.

Do you know the specific program in which FILL NAME is enrolled? (IF YES: Which program?)

INTS: IF YES YOU WILL GO BACK TO INS02 AND CORRECT THERE.

IF NO ASK: IS IS PROVIDED THROUGH YOUR EMPLOYER? - CODE AS CATMOUNT IN INS02

- 1 YES THEY KNOW NAME OF SPECIFIC PROGRAM – (GOTO INS02)
- 2 DO NOT KNOW NAME OF SPECIFIC PROGRAM

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.

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.

Is this correct?

- 1 YES – NOT COVERED BY MEDICARE
- 2 NO – 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 Vermont Blue 65 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?

- 12 AARP
- 13 Blue Cross Vermont Blue 65
- 14 Medigap
- 15 MedPlus
- 20 Aetna
- 21 American Progressive
- 22 Bankers Life
- 23 Blue Cross
- 24 Cigna
- 26 Progressive
- 27 United Health Care
- 40 Advantage
- 41 Anthem
- 42 Combined
- 43 Consec
- 44 Coventry
- 45 Humana
- 46 Mutual of Omaha
- 47 MVP
- 48 Tricare for Life
- 49 Unicare
- 95 OTHER MEDICARE SUPPLEMENT
- 96 NO MEDICARE SUPPLEMENT
- 97 NO, IS SEPARATE PRIVATE INSURANCE
- 98 DK
- 99 REF

- 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 which
also includes VHAP and Dr. Dynasaur or both Medicaid AND Medicare?

INTERVIEWERS READ TO RESPONDENTS AS NEEDED:

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, people who are blind or disabled, children,
pregnant women and parents. Enrollees may be in programs such as traditional
Medicaid, VHAP or Dr. Dynasaur.

- 1 YES COVERED BY MEDICARE ONLY
- 2 COVERED BY BOTH MEDICARE AND MEDICAID
(Including Dr. Dynasaur/VHAP)
- 3 COVERED BY MEDICAID ONLY (Including Dr. Dynasaur/VHAP)

- 8 DK
- 9 REF

ASK IF THEY NOW INDICATE MEDICAID COVERAGE IN INS06 ASK:

Q:INS07

T:

Is FILL NAME covered by...?

12 Medicaid

13 Dr. Dynasaur

14 Vermont Health Access Program or VHAP

95 Some other type of insurance (SPECIFY)

92 GREEN MOUNTAIN CARE

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

98 DK/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 **VHAP** 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 (INCLUDING VHAP)
- 2 COVERED BY BOTH MEDICARE AND MEDICAID (INCLUDING VHAP)
- 3 COVERED BY MEDICARE ONLY
- 8 DK
- 9 REF

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 health 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 HEALTH INSURANCE PLANS CAN BE PROVIDED THROUGH
AN EMPLOYER,
A GROUP OR ASSOCIATION, A RETIREMENT PLAN, A SCHOOL, OR
PURCHASED DIRECTLY

10
11
12
13
14
15
16
17

87 SOMEONE OUTSIDE HH IS THE POLICY HOLDER

96 NO MORE

97 NO ONE IN HH IS A POLICY HOLDER

98 DK

99 REF

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

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

Q:INSP02

T:

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

Who is covered under FILL NAME's policy?

10

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH

98 DK

99 REF

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

***VERIFY THAT ALL COVERED BY PRIVATE INSURANCE AS 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 _____ 's policy?

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

- 96 NO MORE
- 97 NONE
- 98 DK
- 99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP03

T:

Is FILL NAME 's HEALTH INSURANCE provided through Blue Cross Blue Shield, MVP, CIGNA, The Vermont Health Plan, or some other company or employer plan?

INS: ASK FOR A SPECIFIC INSURANCE COMPANY

- 11 MEDICARE
- 12 MEDICAID, VHAP, DR DYNASAUR
- 15 CIGNA
- 16 BLUE CROSS AND BLUE SHIELD OF VERMONT
- 17 CONNECTICUT GENERAL LIFE INSURANCE
- 18 MVP HEALTH PLAN
- 19 MVP INSURANCE COMPANY
- 20 THE VERMONT HEALTH PLAN - TVHP
- 22 Aetna
- 24 Anthem, Anthem Blue Cross
- 27 CBA
- 32 Great West
- 36 United Health Care
- 40 AARP
- 41 Other Blue Cross Blue Shield
- 42 Harvard Pilgrim
- 80 MEDICARE SUPPLEMENT
- 81 CATAMOUNT HEALTH
- 93 THROUGH THE STATE, SOCIAL SERVICES SSI, WELFARE, DISABILITY
- 95 OTHER PROVIDER
- 98 DK,REF

ASK OF THOSE INDICATING COVERAGE SOURCE IS BLUE CROSS OR MVP:

Q:INSP04

T:

Is this insurance provided through Vermont's Catamount Health Program?

PROMPT: Catamount Health is a new health insurance plan, offered in cooperation with the state of Vermont, by Blue Cross Blue Shield of Vermont and MVP Health Care. Catamount Health is part of Vermont's Green Mountain Care program.

Catamount Health provides comprehensive, quality health coverage at a reasonable cost no matter how much you earn. Depending on your income, you may even receive premium assistance.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP06 (Q25)

T:

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

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 (Q25)

T:

Is _____'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 STATE EMPLOYEE)

94 SSI/SSDI/WELFARE

98 DK

99 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP12

T:

Does FILL NAME's health insurance plan cover at least some of the
cost of prescription drugs?

1 YES

2 NO, BUT HAVE OTHER COVERAGE

3 NO

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP20

T:

What is the monthly premium paid for FILL NAME 's health insurance?

PROMPT: The premium is the amount paid each month for health insurance coverage. This is the amount that would be taken out of a paycheck or the amount paid directly to the insurance company every month.

0 - 9996 ENTER NUMBER OF DOLLARS

9997 \$9997 OR MORE

9998 DK, UNSURE OF MONTHLY AMOUNT

9999 REF

Q:INSP24

T:

Has the amount paid in premiums for PERSON's health insurance plan increased during the past year?

1 YES

2 NO

6 DO NOT PAY PREMIUM

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP25

T:

How much is the deductible for everyone covered under this health insurance?
This is the amount you must pay every year for medical care BEFORE the insurance begins to pay the bills. Please do not include premium expenses.

IF LESS THAN \$500, READ: Is this the amount paid for medical care BEFORE the insurance begins to pay medical bills? The deductible is NOT the same as your co-payments that you have to pay for every visit to the doctor or emergency room or for certain prescriptions. This is usually based on a calendar year.

IF UNSURE:

The health insurance deductible will be listed in the materials provided to **FILL NAME** by their health insurance company.

0 NONE, NO DEDUCTIBLE

1 - 9996 ENTER NUMBER OF DOLLARS

9997 \$9997 OR MORE

9998 DK

9999 REF

ASK if RESPONDENT INDICATES YES TO INSP25

Q:INSP27

T:

Does this deductible cover...

(SELECT ALL MENTIONED)

1 **FILL NAME** 's Spouse

2 **FILL NAME** 's Children

3 Only **FILL NAME**

8 DK

9 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP28

T:

What is the ANNUAL maximum amount FILL NAME would ever have to pay out-of-pocket each year? Out-of-pocket expenses may include co-payments for doctor and emergency room visits, coinsurance amounts for hospital care, deductibles.

IF UNSURE:

The out of packet maximum will be listed in the materials provided to FILL NAME by their health insurance company.

Is it possible for you to look at these materials and get the amount?

0 - 99996 ENTER NUMBER OF DOLLARS

99997 \$99997 OR MORE

99998 DK

99999 REF

ASK OF ALL INDICATED AS POLICY HOLDERS

Q:INSP29

T:

Does FILL NAME have a Health Savings Account or HSA?

PROMPT: a health savings account is a tax-advantaged medical savings account available to taxpayers who are enrolled in a High Deductible Health Plan. The money in the account can only be spent for health care and can grow from year to year.

1 YES

2 NO

8 DK

9 REF

ASK OF ALL SAYING YES TO INSP29

Q:INSP29A

How much did FILL NAME contribute to their HSA account during the past 12 months?

- 0 NONE
- 1-9996 ENTER AMOUNT
- 9997 \$9,997 OR MORE
- 9998 DK
- 9999 REF

ASK IF THEY INDICATED THAT PRIVATE INSURANCE WAS THROUGH STATE OF VERMONT MEDICAID, VHAP, PC PLUS, DR. DYNASAUR, SSI, WELFARE, DISABILITY TO INSP03 – ASK FOR EACH PERSON LISTED UNDER POLICY

Q:INSP05

T:

Earlier you stated that FILL NAME 's insurance was provided through Through the state, through SSI, or through disability coverage.

Just to check again, is FILL NAME covered by...

(READ RESPONSES)

- 12 Medicaid
- 13 Dr. Dynasaur
- 14 Vermont Health Access Program or VHAP
- 10 Private health insurance
- 90 Some other type of insurance (SPECIFY)

- 96 CATAMOUNT HEALTH
- 92 GREEN MOUNTAIN CARE
- 98 DK/REF

VII. State Health Insurance Follow-up Questions

ASK OF ALL IDENTIFIED AS COVERED THROUGH -ANY MEDICAID PROGRAM

Q:Q47

T:

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

1 YES

2 NO

8 DK

9 REF

ASK IF YES TO Q47

Q:OQ47

T:

What were these problems?

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

20 BILLED FOR EXPENSES MEDICAID, VHAP, DR. DYN SHOULD HAVE COVERED

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

22 DENIED APPLICATION, SAID NOT QUALIFIED

23 DOCTOR, OTHER PROVIDER REFUSED TO ACCEPT MEDICAID, VHAP, DR. DYN

24 LOST APPLICATION, STAFF LOST APPLICATION

25 LOST COVERAGE, NO LONGER HAVE MEDICAID

26 MEDICAID, VHAP, DR. DYN WON'T COVER SOME EXPENSES, COSTS

95 OTHER

98 DK

99 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?

- 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 (Q50)

T:

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

[INTERVIEWER: READ LIST]

- 1 Absolutely the only reason
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 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 (Q51)

T:

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

INTS: SELECT ALL MENTIONED BY RESPONDENT PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR MEDICAID, DR. DYNASAUR, VHAP, PC PLUS: Why is this?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB
- 11 EMPLOYER CUT PERSON BACK TO PART TIME,TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 16 GOT DIVORCED OR SEPARATED, DEATH OF SPOUSE OR PARENT
- 18 COST IS TOO HIGH, INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE,NO LONGER QUALIFY FOR MEDICAID, VHAP, DR DYN
- 24 DON"T NEED INSURANCE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB
- 28 PERSON CUT THEMSELF BACK TO PART TIME STATUS
- 29 NOT WORTH THE COST
- 30 FAILED TO SEND IN PAPERWORK , HASN"T CHECKED INTO IT
- 31 DOES NOT TRUST GOVERNMENT PROGRAMS , INSURANCE COMPANIES
- 95 OTHER
- 97 NONE
- 98 DK,REF

Q:insu03x

T:

Next, I am going to read some possible reasons why PERSON may no longer have health insurance coverage.

ENTER <1> TO CONTINUE

I:

SHOW HHNAME.ROSTNUM 2 52 12

key 1

**ASK IF UNINSURED AND THEY DID NOT RESPOND
10 PERSON WITH HEALTH INSURANCE LOST JOB
TO INSU03**

Q:insu03a

T:

You or another member of the family lost their job.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK IF UNINSURED AND THEY DID NOT RESPOND
11 EMPLOYER CUT PERSON BACK TO PART TIME/TEMPORARY STATUS
TO INSU03

Q:insu03b

T:

You or another member of the family are no longer eligible for insurance through their employer because of a reduction in the number of hours they work.

PROMPT: Is this a reason PERSON
no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK IF UNINSURED AND THEY DID NOT RESPOND
12 EMPLOYER STOPPED OFFERING COVERAGE
TO INSU03

Q:insu03c

T:

An employer stopped offering health insurance coverage to you or another family member.

PROMPT: Is this a reason PERSON
no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

Q:insu03d

T:

Our family could no longer afford the cost of the premiums for health insurance through an employer for PERSON.

PROMPT: Is this a reason PERSON no longer has health insurance coverage?

1 YES

2 NO

8 DK

9 REF

ASK IF PERSON INDICATED 12 MONTHS OR FEWER TO INSU01

Q:INSU05 (Q52, Q53)

T:

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

What type of health insurance coverage did have?

(READ RESPONSES)

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

10 Private health insurance through an employer or union

16 Private health insurance bought directly, paid out of pocket

11 Medicare

12 Medicaid

13 Dr. Dynasaur

14 Vermont Health Access Program or VHAP

23 Catamount Health

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

95 Some other type of insurance (SPECIFY)

97 NO INSURANCE COVERAGE

98 DK/REF

Q:MCA04

T:

Next, I would like to ask a few questions about the State health insurance Programs which provides health insurance benefits. What are the reasons that uninsured members of the household have not enrolled in one of the State's Health Insurance Programs?

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
- 15 TOO MUCH TROUBLE,PAPERWORK,LONG WAITING LIST
- 16 DON'T WANT TO BE ON PUBLIC ASSISTANCE
- 17 RARELY SICK
- 18 DON'T WANT OR NEED HEALTH INSURANCE
- 21 COSTS TOO MUCH
- 22 HAVE APPLIED, WAITING TO HEAR
- 23 HAVE APPLIED, APPLICATION WAS DENIED
- 24 PROBABLY NOT ELIGIBLE OTHER
- 32 HAD COVERAGE BUT WAS DROPPED
- 90 NOT NEEDED, HAVE PRIVATE INSURANCE
- 91 NOT NEEDED, HAVE OTHER TYPE OF INSURANCE Medicare, Military
- 92 WAITING FOR COVERAGE, ENROLLMENT THROUGH EMPLOYER
- 95 OTHER
- 97 NO REASON IN PARTICULAR
- 98 DK,REF

ASK OF ALL HOUSEHOLDS UNLESS ALL HOUSEHOLD MEMBERS HAVE MEDICAID

Q:MCA07

T:

Is there anything preventing household members from applying for any of the state's health insurance programs?

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

- 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?

- 10 COST, PREMIUMS
- 11 FORMS TOO COMPLICATED, DIFFICULT TO APPLY
- 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/ HOW TO APPLY
- 25 AGE
- 26 WAITING LIST
- 30 HEALTH OR MEDICAL REASONS
- 31 RELIGIOUS OR PERSONAL REASONS
- 32 NOT MOTIVATED TO APPLY
- 33 WAITING FOR HEALTH INSURANCE THROUGH EMPLOYER

- 95 OTHER
- 96 ALREADY HAVE INSURANCE
- 97 NO NEED, DO NOT NEED INSURANCE
- 98 DK, REF

Q:CHINS04

T:

Through Green Mountain Care the state of Vermont offers comprehensive, reasonably priced health insurance for uninsured adults who qualify.

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

Please tell me whether each of the following is a major reason, a minor reason, or not a reason at all.

ENTER <1> TO CONTINUE

Q:CHINS04a

T:

I don't think we would be eligible for it because our 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 the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

8 DK

9 REF

Q:CHINS04b

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 the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04c

T:

We would be concerned about being able to see the doctors or health care providers I want to.
(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 the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04d

T:

Our household 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 the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04e

T:

The uninsured members of our household 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 the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

Q:CHINS04g

T:

Our household 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 the uninsured adults in the household have not applied.

- 1 Major Reason
- 2 Minor Reason
- 3 Not a Reason at All

- 8 DK
- 9 REF

IX. Interruptions in Coverage

ASK OF THOSE COVERED BY ANY TYPE OF INSURANCE

Q:INSW01 (Q57)

T:

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

1 YES

2 NO

8 DK

9 REF

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

Q:INSW02 (Q57B)

T:

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

1 TO 12 ENTER NUMBER

98 DK

99 REF

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

Q:INSWC03A-E

T:

Why was **FILL NAME** without coverage?

INTS: SELECT ALL MENTIONED BY RESPONDENT

PROMPT: Was there any other reason?

IF NOT ELIGIBLE FOR MEDICAID, VHAP, DR. DYNASAUR: Why is this?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB , UNEMPLOYED
- 11 EMPLOYER CUT PERSON BACK TO PART TIME, TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DID NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE , RECERTIFIED COVERAGE
- 16 GOT DIVORCED OR SEPARATED, DEATH OF SPOUSE OR PARENT
- 18 COST IS TOO HIGH, COST INCREASED, COST OF PREMIUM, CANNOT AF
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE, NO LONGER QUALIFY FOR MEDICAID, VHAP Dr. Dyn
- 24 DON'T NEED INSURANCE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INS
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB , SWTICHD JOBS
- 28 PERSON CUT THEMSELF BACK TO PART TIME STATUS
- 30 PROBLEMS WITH PAPERWORK, LATE PAYMENTS
- 95 OTHER
- 97 NONE,NO MORE
- 98 DK
- 99 REF

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

Q:INSW04

T:

How long has FILL NAME been covered under their CURRENT health insurance?

1 TO 11 ENTER NUMBER

12 12 MONTHS

13 13 OR MORE MONTHS

98 DK

99 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS
ASK IF COVERED LESS THAN 12 MONTHS**

Q:INSW05

T:

IF LESS THAN 12 MONTHS:

What type of health insurance coverage did FILL PERSON have prior to your current coverage during the past 12 months?

10 Private health insurance (Examples include Blue Cross, MVP and Cigna)

11 Medicare

12 Medicaid

13 Dr. Dynasaur

14 Vermont Health Access Plan or VHAP

23 Catamount Health

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

95 Some other type of insurance (SPECIFY)

92 GREEN MOUNTIAN CARE

93 THROUGH THE STATE (BUT NOT AS STATE EMPLOYEE)

94 SSI/SSDI/WELFARE/DISABILITY

97 NO INSURANCE COVERAGE

98 DK

99 REF

**ASK OF THOSE COVERED BY INSURANCE AND
WITHOUT COVERAGE AT SOME TIME DURING PAST 12 MONTHS
ASK IF COVERED LESS THAN 12 MONTHS**

Q:INSW06

T:

Why did FILL PERSON change health insurance coverage?

- 10 PERSON WITH HEALTH INSURANCE LOST JOB , UNEMPLOYED
- 11 EMPLOYER CUT PERSON BACK TO PART TIME, TEMPORARY STATUS
- 12 EMPLOYER STOPPED OFFERING COVERAGE
- 13 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 14 WAITING PERIOD FOR COVERAGE
- 16 GOT DIVORCED OR SEPARATED, DEATH OF SPOUSE OR PARENT
- 18 COST IS TOO HIGH, INCREASED, COST OF PREMIUM, CANNOT AFFORD
- 19 INSURANCE COMPANY REFUSED COVERAGE, TERMINATED COVERAGE
- 20 NOT ELIGIBLE, NO LONGER QUALIFY FOR VHAP, MEDICAID, Dr. Dyn
- 24 DON"T NEED INSURANCE
- 25 PERSON CHANGED EMPLOYERS AND NOT ELIGIBLE FOR INSURANCE
- 26 PERSON CHANGED EMPLOYERS AND NEW EMPLOYER DOES NOT OFFER INS
- 27 PERSON WITH HEALTH INSURANCE QUIT JOB , SWITCHED JOBS
- 28 PERSON CUT THEMSELVES BACK TO PART TIME STATUS
- 30 PROBLEMS WITH PAPERWORK, LATE PAYMENTS
- 95 OTHER
- 97 NONE
- 98 DK
- 99 REF

X. Loss of Insurance

ASK IF ANYONE IN HOUSEHOLD IS COVERED BY INSURANCE

Q:INSLO01 (Q27)

T:

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

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

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

97 NO ONE, NOT CONCERNED

98 DK

99 REF

Q:INSLO02 (Q28)

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 MEDICAID, VHAP, DR> DYNASAUR: Why is this?

- 10 PERSON WITH HEALTH INSURANCE WILL LOSE JOB
- 11 PERSON WILL CUT BACK TO PART TIME
- 12 CURRENT EMPLOYER MAY STOP OFFERING HEALTH INSURANCE
- 15 BENEFITS FROM FORMER EMPLOYER, COBRA WILL RUN OUT
- 16 DIVORCE OR SEPARATION
- 17 WILL BECAME INELIGIBLE BECAUSE OF AGE - LEAVING SCHOOL
- 18 PREMIUM COST INCREASES
- 20 NOT ELIGIBLE, NO LONGER QUALIFY FOR VHAP, MEDICAID, Dr. Dyn
- 24 WON'T NEED INSURANCE
- 25 PERSON WILL CHANGE EMPLOYERS AND MAY NOT BE ELIGIBLE FOR INS
- 26 PERSON WILL CHANGE EMPLOYERS AND NEW EMPLOYER MAY NOT OFFER
- 30 CONCENRS ABOUT THE ECONOMY
- 31 CONCERNED GOVERNMENT PROGRAM WILL BE CUT
- 32 RETIRING
- 95 OTHER
- 97 NONE, NO MORE
- 98 DK
- 99 REF

XI. Health Care Barriers

Q:EXP01

T:

Over the last 12 months, about how much has your FAMILY had to pay
OUT OF POCKET for:

Your FAMILY's prescription medications.

Please include all "out of pocket" expenses, regardless of who actually
pays for them, and also include any co-payments or coinsurance payments

PROMPT: Out of pocket expenses are the amount of money paid that is NOT
covered by any insurance or special assistance you might have. It DOES
NOT include the premium you may pay for your insurance coverage.

PROMPT: If you had to say, what would you estimate? You best guess is fine.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:EXP02

T:

Dental and Vision care.

PROMPT: Over the last 12 months, about how much has your FAMILY had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? You best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:EXP03

T:

All OTHER medical expenses, including for doctors, hospitals, and tests. This would include common medical expenses such as over the counter medications, first aid materials, and so on.

PROMPT: Over the last 12 months, about how much has your FAMILY had to pay "out of pocket" for...

PROMPT: If you had to say, what would you estimate? You best guess is fine.

PROMPT: Out of pocket expenses are the amount of money paid that is NOT covered by any insurance or special assistance you might have. It DOES NOT include the premium you may pay for your insurance coverage.

0	NOTHING
1 - 99996	ENTER DOLLARS
99997	\$99,997 OR MORE
99998	DK
99999	REF

Q:HC01

T:

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

ENTER <1> TO CONTINUE

Q:HCB02 (Q59)

T:

Medical care from a doctor or surgery?

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

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB04

T:

Mental health care or counseling?

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

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: HCB05 (Q59b)

T:

Dental care including checkups?

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

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: 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
- 11
- 12
- 13
- 14
- 15
- 16
- 17

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

Q: HCB03 (Q60)

T:

Prescription Medicines?

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

IF YES: Who was that?

10 PERSON 1

11 PERSON 2

12 PERSON 3

13 PERSON 4

14 PERSON 5

15 PERSON 6

16 PERSON 7

17 PERSON 8

96 NO MORE

97 NO ONE

98 DK

99 REF

Q: 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

96 NO MORE

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 family ?

1 YES

2 NO

8 DK

9 REF

Q:HCB11

T:

In the last 12 months, was anyone in your family contacted by a collection agency about owing money for unpaid medical bills ?

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
- 30 Eye Care
- 31 Pain Management
- 32 Chiropractic
- 33 Dermatology
- 34 Neurology
- 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

**ASK IF ANY PERSON IN HOUSEHOLD COVERED BY MEDICAID, VHAP, DR
DYNASAUR**

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/VHAP/Dr. Dynasaur?

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 BAMC01

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
- 30 Eye Care
- 31 Pain Management
- 32 Chiropractic
- 33 Dermatology
- 34 Neurology
- 95 OTHER (SPECIFY)
- 97 NOTHING
- 98 DK
- 99 REF

XII. Doctor Visits and Location Receive Medical Attention

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

ASK OF THOSE NOT INDICATING NEVER GO TO DOCTOR TO DOCV03

Q:DOCV10

T:

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

FILL REGULAR CHECKUP/WELL BABY CHECKUP?

READ RESPONSES

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

11

12

13

14

15

16

17

96 NO MORE

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

11

12

13

14

15

16

17

96 NO MORE

97 NO ONE IN HH SOUGHT ER CARE

98 DK

99 REF

XIII. Health Status

Q:HSTAT01 – SECTION INTRODUCTION

T:

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

PRESS 1 TO CONTINUE

Q:HSTAT02 (Q67)

T:

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

[INTERVIEWER: READ LIST]

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

- 8 DK
- 9 REF

XIV. Employment

ASK OF THOSE 18 AND OLDER

Q:EMP01

T:

We are almost done with the survey.

This next series of questions is about jobs and employment.

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

[PRESS 1 TO CONTINUE]

ASK OF THOSE 18 AND OLDER

EMP02 (Q70)

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, disabled, 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 (Q71)

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 (Q72)

T:

For the job _____ works the most hours,
What is the total number of hours FILL NAME
usually works per week?

1-96 ENTER NUMBER

97 97 OR MORE HOURS

98 DK

99 REF

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

Q:EMP05a

T:

What kind of work do you do?

[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 at work?

[For example, a nurse's most important duties may be patient care.]

1 SPECIFY

8 DON'T KNOW/NOT SURE

9 REFUSED

Q:EMP05c

T:

Is PERSON typically paid an hourly wage or does PERSON receive an annual salary?

1 Hourly Wage

2 Annual Salary

8 DK

9 REF

ASK IF ANSWER 1 to EMP05c

Q:EMP05d

T:

What is PERSON's normal hourly wage?

PROMPT: Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

ENTER IN DOLLARD AND CENTS AS ONE NUMBER

I.E. \$7.50 SHOULD BE ENTERED AS 750 AND \$9.00 AS 900

1 – 99996 ENTER HOURLY WAGE

99997 \$999.97 OR MORE PER HOUR

99998 DK

99999 REF

ASK IF ANSWER DK OR REF TO EMP05d

Q:EMP05d1

T:

Could you at least give me a rough estimate of FILL NAME 's normal hourly wage? Is it...

PROMPT: This information is very important for the state to develop health insurance policies. Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

1 Less than \$8

2 Between \$9 and \$15

3 Between \$15 and \$20

4 More than \$20

8 DK

9 REF

ASK IF ANSWER 2 or GREATER to EMP05c

Q:EMP05e

T:

What is PERSON's annual salary? /How much does PERSON make in a year?

ENTER IN DOLLARD AND CENTS AS ONE NUMBER

I.E. \$7.50 SHOULD BE ENTERED AS 750 AND \$9.00 AS 900

PROMPT: Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

1 – 999996 ENTER DOLLARS

999997 \$999,997 OR MORE

999998 DK

999999 REF

ASK IF ANSWER DK OR REF TO EMP05e

Q:EMP05e1

T:

Could you at least give me a rough estimate of FILL NAME 's annual salary?
Is it...

Could you at least give me a rough estimate of what FILL NAME makes in a
year? Is it...

PROMPT: This information is very important for the state to develop health
insurance policies. Please be assured that this information is confidential.

IF UNSURE: Your best guess is fine

1 Less than \$20,000

2 Between \$20,000 and \$35,000

3 Between \$35,000 and \$50,000

4 More than \$50,000

8 DK

9 REF

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

Q:EMP06 (Q75)

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 (Q75)

T:

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

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

- 8 DK
- 9 Ref

Q:EMP09 (Q76)

T:

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

IF SELF EMPLOYED OR FAMILY BUSINESS OR FARM

About how many people are employed by your/his/her
business or farm?

[INTERVIEWER: READ IF NECESSARY]

- 19 1 person
- 10 2-4
- 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 PERSON 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

XV. Employer Sponsored Insurance

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 OF THOSE 18 AND OLDER AND EMPLOYED, TEMPORARILY NOT AT WORK, OR DOING SOMETHING FOR PAY AND Not A PRIVATE HEALTH INSURANCE POLICY HOLDER

Q:EMP12 (Q77)

T:

Does FILL NAME (r/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 INDICATING YES TO EMP12

Q:EMP13A-E (Q79)

T:

Why was coverage not taken?

INTS: ENTER ALL MENTIONED BY RESPONDENT

PROMPT: Were there any other reasons?

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE - NOT ENOUGH HOURS WORKED PER WEEK
- 12 INELIGIBLE - MEDICAL PROBLEMS
- 13 COST - WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 14 DOES NOT NEED HEALTH INSURANCE
- 15 INSURANCE FROM OTHER SOURCE - MEDICARE, MILITARY, MEDICAID
- 16 COST - COVERED FOR LESS THROUGH THE STATE,MEDICAID
- 19 COVERAGE OFFERED IS NOT ACCEPTABLE, DOES NOT MEET NEEDS
- 21 PRIVATE INSURANCE FROM OTHER SOURCE - BETTER PLAN
- 22 PRIVATE INSURANCE FROM OTHER SOURCE - LESS EXPENSIVE , SPOUS
- 24 EMPLOYER OFFERS INCENTIVE NOT TO TAKE HEALTH INSURANCE
- 25 SELF-EMPLOYED
- 27 DOES HAVE HEALTH INSURANCE THROUGH EMPLOYER
- 30 LOST JOB,TEMPORARILY NOT AT WORK
- 32 QUIT JOB
- 35 NOT SURE HOW TO ENROLL
- 40 WAITING TO ENROLL,APPLY
- 41 TEMP WORK STATUS
- 42 INELIGIBLE- OTHER
- 95 OTHER
- 97 NO REASON
- 98 DK_REF

ASK OF THOSE INDICATING YES TO EMP12

Q:EMP13FR

T:

Next, I am going to read some possible reasons why PERSON may not have coverage through their employer's or labor union's health insurance benefit or plan. For each let me know if this is a reason why PERSON did not enroll in their 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:

PERSON has not worked for their employer long enough to qualify for health insurance benefits.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their 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:

PERSON works too few hours to qualify for health insurance benefits.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their 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 PERSON's employer costs too much.

PROMPT: IS this a reason why PERSON does not have health insurance coverage through their 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 PERSON's employer does not meet
PERSON's needs in terms of what type of health care is covered.

PROMPT: IS this a reason why PERSON does not have health insurance coverage
through their employer or labor union?

1 YES

2 NO

8 DK

9 REF

XVI. Family Income

QUESTIONS WILL BE ASKED FOR EACH IDENTIFIED FAMILY UNIT

Q:INC01 (Q83a)– INTRODUCTION TO SECTION

T:

The next questions are about income that your FAMILY received during 2007. This includes money from all sources including wages, cash from government programs, alimony and child support. This is before taxes and other deductions.

This information helps explain whether people can afford the health insurance and health care they need.

Your information is strictly confidential and will be kept private.

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.

Q:INC02 (Q83b)

T:

During the entire year of 2007, 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 999997 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 (Q84)

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 their family's 2007 total income from all sources?

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

- 10 Under \$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 \$80,000 to less than \$100,000
- 21 Over \$100,000

98 DK

99 REF

XVII. Closing of the Survey

Q:THNX

T:

That is the conclusion of this interview for your family.

If you would like more information about state health insurance programs for the uninsured, you can visit the Green Mountain Care website at www.greenmountaincare.org or reach them by telephone at 1-800-250-8427

Thanks again and good-bye.