

**HEALTH CARE IN WEST VIRGINIA:  
IT'S ABOUT YOU AND YOUR COMMUNITY!  
JOB #DL18419 - FINAL**

INTRODUCTION

Hello. I am calling for the Health Care in West Virginia Survey: It's About You and Your Community! The State of West Virginia needs your help in learning more about health issues that concern you.

(IF NECESSARY) We're doing this survey in cooperation with the West Virginia University Center for Healthcare Policy and Research.

(IF NECESSARY: Our goal is to get accurate information by hearing from as many West Virginians as possible so it's important we talk with you or someone in your household about their views on health.)

IF PEOPLE HAVE QUESTIONS ABOUT THE SURVEY, THEY SHOULD CALL 888-558-7002 FOR VERIFICATION.

- 1 CONTINUE
- 2 RETURN TO DISPO

SCREENER (PROGRAMMER: TIME THIS SECTION – S1 THROUGH S6)

S1. We would like to ask about health insurance for people in your household. Who knows the most about the health insurance of the people who live in your home?

- 1 PERSON YOU ARE SPEAKING WITH
- 2 SOMEONE ELSE

IF S1=1, SKIP TO S5

S2. I'd like to talk to that person now.

- 1 SELECTED RESPONDENT IS COMING TO THE PHONE
- 2 SELECTED RESPONDENT IS NOT AT HOME
- 3 RETURN TO DISPO

IF S2=1, RETURN TO INTRO

S3. When is the best time to reach (him/her)? Whom should we ask for when we call back? (Just a first name will do.)

ENTER RESPONDENT'S FIRST NAME

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PROGRAMMER: RETURN INTERVIEWER TO DISPO SCREEN. DISPLAY RESPONDENT'S

NAME ON INTRO SCREEN FOR CALLBACK.

S5. INTERVIEWER: RECORD R's GENDER

(IF NECESSARY SAY: I am recording that you are male/female.)

- 1 Male
- 2 Female

IF COUNTY= MCDOWELL OVERSAMPLE OR RALEIGH OVERSAMPLE, ASK S6. ALL OTHERS SKIP TO A1

S6new. To ensure that all types of people are represented in our survey, which of the following groups best describe you. Are you: (READ LIST)

- 1 White
- 2 African-American or black
- 3 American Indian
- 4 Asian or Pacific Islander (IF NECESSARY: For example, Chinese, Asian Indian, Hawaiian, Laotian, Vietnamese, etc.)
- 5 Or some other race?
- Don't Know
- Refused

IF S6=2, SKIP TO A1

S7. Is there anyone living in your home who does not have health insurance?

- 1 Yes
- 2 No
- DK
- REF

ALL TERMINATE

(IF NECESSARY: We are randomly selecting certain households for in-depth interviews and your household has not been selected.)

FOCAL ADULT SELECTION (PROGRAMMER: TIME THIS SECTION – A1 THROUGH A5)

A1. We want to make sure every person in West Virginia has the same opportunity to be chosen. So we'd like to select one adult living in your home at random and talk mostly about him or her.

Please think about the adult age 19 and older living in your household who last had a birthday. Is that you or someone else?

- 1 PERSON YOU ARE SPEAKING WITH
- 2 SOMEONE ELSE
- 3 RETURN TO DISPO

IF A1= 1, SKIP TO A3

A2. Is this person male or female?

- 1 Male
- 2 Female

PROGRAMMER: IF A1=1 FILL "ARE YOU". IF A2=1, FILL "IS HE". IF A2=2, FILL "IS SHE"

A3. How old (are you) (is he/she)?

ENTER AGE. IF AGE 99 OR OLDER, ENTER 99.

\_\_\_\_\_

VALID RANGE IS 13- 99  
ALLOW REFUSED

IF A3=13 TO 99, SKIP TO INSTRUCTIONS ABOVE A4

A3A. (Are you) (Is he/she) 65 years old or older?

- 1 Under age 65
- 2 Age 65 or older

IF A1=1, SKIP TO INSTRUCTION ABOVE Q.1

IF A2=1, FILL "HIS". IF A2=2, FILL "HER"

A4. So I can refer to (him/her) by name during the interview, may I please have (his/her) first name?

- 1. NAME GIVEN
- 2. REFUSED TO GIVE NAME

IF A4=2, SKIP TO INSTRUCTION ABOVE Q.1

Name2. ENTER FIRST NAME

\_\_\_\_\_

PROGRAMMER: CREATE A VARIABLE CALLED "NAME" TO USE AS A FILL IN FOR FUTURE QUESTIONS. SAVE NAME FROM A5. IF A4= 2 (REFUSED TO GIVE NAME), SAVE THE FOLLOWING IN PLACE OF NAME: the AGE FROM A3 year old GENDER FROM A2. (for example, the 25 year old male)

PROGRAMMER: FILLS FOR QUESTIONS IN THE NEXT SECTIONS WILL BE BASED ON THE

RESPONSE TO A1 AND A2. FOR ALL ITEMS CONTAINING 2 SETS OF PARENTHETICAL PHRASES, USE THE FOLLOWING:

IF A1=1, FILL PHRASE IN FIRST SET OF PARENS (you, your etc.)

IF A1=2, FILL PHRASE IN SECOND SET OF PARENS.

IF A1=2 AND A2=1 (male), USE THE FIRST PRONOUN (he, his etc.).

IF A1=2 AND A2=2 (female), USE THE SECOND PRONOUN (she, hers etc.)

**FOCAL ADULT QUESTIONS (PROGRAMMER: TIME THIS SECTION – Q1 THROUGH Q124A)**

**HEALTH INSURANCE FOR PEOPLE UNDER 65**

IF A3= 65-99 OR A3A=2, SKIP TO Q40

1. (IF A1=2, DISPLAY:) This series of questions will be about (FILL NAME.)  
I want to ask you about (your) (his/her) health or medical insurance. I am going to read you a list of different types of health insurance. Please tell me what type of insurance (you currently have) (he/she currently has). (Do you) (Does he/she) currently have:

Health or medical insurance through a job? (IF NECESSARY: This includes an HMO or managed care plan through job-related health insurance.)

- 1 Yes
- 2 No
- 3 IF VOLUNTEERED: DOES NOT HAVE INSURANCE
- 4 RETURN TO DISPO  
Don't Know  
Refused

IF Q1=1, SKIP TO Q4

IF Q1= 2, DON'T KNOW OR REFUSED, SKIP TO Q7

- 1A. I know I have already asked, but just to be sure, because some people call health insurance different things, (do you)(does he/she) have any kind of plan that pays for medical bills?
- 1 Yes
  - 2 No  
Don't Know  
Refused

IF Q1A=1, SKIP TO Q7

IF Q1A=2, DON'T KNOW, OR REFUSED, SKIP TO Q22.

4. Is this through PEIA? (IF NECESSARY: PEIA is the Public Employees Insurance Agency. Some people think of it as Acordia.)
- 1 Yes
  - 2 No  
Don't Know  
Refused

IF Q4=1, SKIP TO Q6

5. Is this through the Federal Employees Health Benefit Program?
- 1 Yes
  - 2 No  
Don't Know  
Refused

6. What is the name of the insurance company?
- 1 Acordia
  - 2 Aetna
  - 3 American Family and Life
  - 4 Blue Cross-Blue Shield (Mountain State)
  - 5 Carelink
  - 6 Central Reserve
  - 7 Continental Insurance
  - 8 Coventry Health
  - 9 Guardian Life
  - 10 Health Plan (of Upper Ohio Valley)
  - 11 Mamsi Life and Health
  - 12 Metropolitan Life
  - 13 Mutual of Omaha
  - 14 Optimum Choice
  - 15 United Healthcare Insurance Company
  - 17 Cigna
  - 18 Laborers Trust Fund (of West Virginia)
  - 16 Other
- Don't Know  
Refused

ALL SKIP TO Q16

7. (Do you) (Does he/she) currently have:  
A COBRA policy, a policy that a person pays for directly after leaving a job where he or she had insurance?
- 1 Yes
  - 2 No
- Don't Know  
Refused

IF Q7=1, SKIP TO Q 16

- 7A. (Do you) (Does he/she) currently have:  
The UMWA Health and Retirement Funds, sometimes called the Funds? (READ IF NECESSARY: United Mine Workers of America)
- 1 Yes
  - 2 No
- Don't know  
Refused

IF Q7A=1, SKIP TO Q16

8. (Do you) (Does he/she) currently have:  
Medicaid, sometimes called a medical card or medical assistance?  
1 Yes  
2 No  
Don't Know  
Refused

IF Q8=1, SKIP TO Q28

9. (Do you) (Does he/she) currently have:  
Medicare for persons under 65 years old with certain disabilities?  
1 Yes  
2 No  
Don't Know  
Refused

IF Q9=1, SKIP TO Q28

10. (Do you) (Does he/she) currently have:  
CHAMPUS, VA, or TriCare?  
1 Yes  
2 No  
Don't Know  
Refused

IF Q10=1, SKIP TO Q16

11. (Do you) (Does he/she) currently have:  
A Railroad Retirement Plan?  
1 Yes  
2 No  
Don't Know  
Refused

IF Q11=1, SKIP TO Q16

15. (Do you) (Does he/she) currently have:  
Health or medical insurance bought directly from an insurance company by (you) (him/her) or a  
family member?  
1 Yes  
2 No  
Don't Know  
Refused

IF Q15=1, SKIP TO Q16

- 15A. (Do you) (Does he/she) have a type of health or medical insurance that I have not mentioned?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q15A=2, SKIP TO Q20  
 IF Q15A=DK OR REFUSED, SKIP TO Q38

15B. What kind (do you) (does he/she) have?

- 1 Student health insurance purchased through school
- 2 Black lung program
- 3 Paid for by a relative or other individual
- 4 Other – SPECIFY
- Don't know
- Refused

IF Q15B=3, SKIP TO Q20  
 IF Q15B=DK OR REFUSED, SKIP TO Q38  
 ALL OTHERS SKIP TO Q28

16. (Are you) (Is he/she) the policyholder?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q16=1, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q16B

16A. How is the policyholder related to (you) (NAME)?  
 (THE POLICYHOLDER IS THE FOCAL ADULT'S \_\_\_\_\_)

- 1 Spouse – husband or wife
- 2 Partner
- 3 Own or adopted child – son or daughter
- 4 Step child – step son or step daughter
- 5 Parent – father or mother
- 6 Legal guardian
- 7 Grandparent – grandfather or grandmother
- 8 Grandchild – grandson or granddaughter
- 9 Other relative
- Don't Know
- Refused

IF Q7A=1, SKIP TO Q28  
IF Q10=1, SKIP TO Q28  
IF Q11=1, SKIP TO Q28

- 16B. Is this a policy that pays only for certain illnesses or dread diseases, such as cancer or a stroke, or major accidents or only gives you extra cash if you are in the hospital?
- 1 Yes
  - 2 No
  - Don't Know
  - Refused

ALL SKIP TO Q28

20. So, (you do) (he/she does) not have any health or medical insurance of any kind? Is this correct?
- 1 Yes, he/she does NOT have health insurance
  - 2 No, he/she DOES have health insurance
  - DK
  - REF

IF Q20=1, SKIP TO Q22  
IF Q20=DK OR REF, SKIP TO Q38

- 20A. Are (your) (his/her) medical bills paid for by an insurance plan or by a relative or other individual?
- 1 Insurance plan
  - 2 Relative or other individual
  - Don't know
  - Refused

IF Q20A=1, SKIP TO Q1  
IF Q20A=DON'T KNOW OR REFUSED, SKIP TO Q38

22. How long (have you) (has he/she) been without health insurance?
- 1 ANSWER GIVEN IN YEARS
  - 2 ANSWER GIVEN IN MONTHS
  - 3 ANSWER GIVEN IN MONTHS AND YEARS
  - 4 NEVER HAD HEALTH INSURANCE
  - 5 LESS THAN ONE MONTH

IF Q22=1 OR 3 DISPLAY:  
22yrs ENTER NUMBER OF YEARS.

— —

VALID RANGE 0-20  
DK  
REF

IF Q22=2 OR 3 DISPLAY:  
22mnths ENTER NUMBER OF MONTHS.

— —

VALID RANGE 0 – 12

DK

REF

23. What is the one main reason why (you don't) (he/she doesn't) have health insurance? Is it because:  
(READ LIST)

- 01 (You don't) (He/she doesn't) need it,
- 02 (You don't) (He/she doesn't) want it,
- 03 (You) (He/she) can't afford it,
- 04 (You) (He/she) can't get it,
- 05 (You don't) (He/she doesn't) know how to get an insurance policy, or
- 06 Is it because (you have) (he/she has) not been contacted by an insurance company?
- 07 DO NOT READ: Other  
Don't know  
Refused

IF Q23=5, 6, 7, DON'T KNOW OR REFUSED, SKIP TO Q26

IF Q23=3 OR 4, SKIP TO Q25

24. What is the main reason why (you don't) (he/she doesn't) need or want health insurance? Is it because: (READ LIST)

- 1 (You are) (He/she is) healthy,
- 2 (You) (He/she) can get free health care from clinics, community programs, and providers,
- 3 (You have) (He/she has) enough money to pay for (your) (his/her) own medical care, or
- 4 (You have) (He/she has) other expenses that are more important now?
- 5 DO NOT READ: Other  
Don't know  
Refused

ALL SKIP TO Q26

25. What is the main reason why (you) (he/she) can't get or afford health insurance?

- 1 Premiums, copays, or deductibles for insurance available to (you)(him/her) are too high
- 2 No family member has a job – temporarily unemployed, lost job
- 3 No family member has a job that offers health insurance
- 4 Family members who have jobs are not eligible for health insurance – not employed long enough, temporary job, part-time, or contractor
- 5 Lost relationship to insured person – divorce, separation or death
- 6 Uninsurable due to health problem
- 7 Other  
Don't know  
Refused

26. What is the most the family would be willing to pay each month for a comprehensive health insurance plan that would cover only (you) (him/her)? (READ LIST)  
(IF NECESSARY: It would have a standard and fixed deductible and copay.)

- 1 \$300 or more,
- 2 \$200 to \$299, or
- 3 Less than \$200 ?
- 4 DO NOT READ: Nothing  
Don't know  
Refused

ALL SKIP TO Q38

28. Was there anytime in the past 12 months that (you) (he/she) did not have health insurance?

- 1 Yes
- 2 No  
Don't know  
Refused

IF Q28=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q30

29. How many months (were you) (was he/she) without health insurance in the past 12 months?

ENTER NUMBER OF MONTHS; ROUND TO NEAREST MONTH

\_\_\_\_/\_\_\_\_

VALID RANGE 0 TO 12

DK  
REF

IF Q7A=1 OR Q8=1 OR Q9=1 OR Q10=1, SKIP TO Q34

30. Does (your) (his/her) insurance plan cover prescription drugs?  
(INTERVIEWER: ENTER CODE 1 IF RESPONDENT SAYS "A little", "Partially", OR SOMETHING SIMILAR)

- 1 Yes
- 2 No  
Don't know  
Refused

IF Q30=2, DON'T KNOW OR REFUSED, SKIP TO Q34

32. If it would reduce the copay, would (you) (he/she) use a list that compared drug prices at different pharmacies and purchase the lowest cost drugs? Would you say that (you) (he/she):

(READ LIST)

- 1 Definitely would
- 2 Probably would
- 3 Probably would not
- 4 Definitely would not
- 5 or is there no copay?  
Don't know  
Refused

34. Has (your) (his/her) insurance company ever denied (you) (him/her) coverage for a service or procedure?

- 1 Yes
- 2 No  
Don't know  
Refused

IF Q34=2, DON'T KNOW OR REFUSED, SKIP TO Q36

35. Was this because: (READ LIST)  
RECORD ALL THAT APPLY

- 1 (You) (He/She) had a preexisting condition,
- 2 (You) (He/She) exceeded (your) (his/her) benefit limit,
- 3 It was not a covered service,
- 4 (You were) (He/She was) not pre-certified,
- 5 Or some other reason?  
Don't know  
Refused

36. How would you rate (your) (his/her) current insurance plan (INSERT ITEM)? Would you say: (READ LIST)

ROTATE ITEMS A THROUGH G – ITEM H SHOULD ALWAYS BE PRESENTED LAST

- A on benefits covered
- B. on ability to choose a doctor
- C. on ability to see a specialist
- D. on cost of co-payments or deductibles
- E. on cost of premiums
- F. on answering questions about coverage
- G. on having understandable bills or statements
- 36a H. overall

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 IF VOLUNTEERED: Not applicable  
Don't know

Refused

37. Which of the features I just read is the worst feature of (your) (his/her) health insurance?  
(IF NECESSARY, READ LIST)

- 01 Benefits covered
- 02 Ability to choose a doctor
- 03 Ability to see a specialist
- 04 Cost of co-payments or deductibles
- 05 Cost of premiums
- 06 Answering questions about coverage
- 07 Having understandable bills or statements
- 08 Other
- 09 Satisfied/No worst feature
- Don't know
- Refused

38. (Do you) (Does he/she) currently have any kind of dental insurance?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q38=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q53

39. Does (your) (his/her) dental insurance cover at least some of the costs of:

- A. Crowns and bridgework?
- B. Dentures?

- 1 Yes
- 2 No
- Don't Know
- Refused

ALL SKIP TO INSTRUCTION ABOVE Q53

**ABOUT HEALTH INSURANCE FOR PEOPLE 65 AND OVER**

40. (IF A1=2, DISPLAY:) This series of questions will be about (FILL NAME.)  
I want to ask you about (your) (his/her) health or medical insurance. I am going to read you a list of different types of health insurance. Please tell me what type of insurance (you currently have) (he/she currently has).

(Do you) (Does he/she) have the UMWA Health and Retirement Funds, sometimes called the Funds? (READ IF NECESSARY: United Mine Workers of America)

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q40=1, SKIP TO Q44

40A. (Do you) (Does he/she) have Medicare that pays for doctor visits and outpatient services?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q40A=1, SKIP TO Q42

40B. (Do you) (Does he/she) have Medicare that pays for hospital services?

- 1 Yes
- 2 No
- Don't Know
- Refused

42. (Do you) (Does he/she) have Medigap or another Medicare supplemental policy that pays for health care costs not covered by Medicare?

- 1 Yes
- 2 No
- Don't Know
- Refused

43. How about Medicaid, sometimes call a medical card or medical assistance?

- 1 Yes
- 2 No
- Don't Know
- Refused

44. (Do you) (Does he/she) have a policy that pays only for certain illnesses or dread diseases, such as cancer or a stroke, or major accidents, or only gives you extra cash if you are in the hospital?

- 1 Yes
- 2 No

Don't Know  
Refused

45. (Do you) (Does he/she) have long-term care insurance?

- 1 Yes
- 2 No
- Don't Know
- Refused

46. Do you have a plan that covers prescription drugs?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q40B=2, DON'T KNOW OR REFUSED, SKIP TO Q51

IF Q40=1, SKIP TO Q51

50. What is (your) (his/her) **main** source of information about Medicare? (READ LIST)

- 01 Family or friends
- 02 A doctor
- 03 Newspaper, television or radio shows
- 04 AARP
- 05 A local senior citizens group
- 06 The Medicare program through the 800 number
- 07 A local Social Security office
- 08 Internet or web site
- 09 Someplace else
- 10 or (you don't) (he/she doesn't) need information about Medicare
- Don't Know
- Refused

51. (Do you) (Does he/she) currently have any kind of dental insurance?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q51=2, DON'T KNOW OR REFUSED, SKIP TO Q53

52. Does (your) (his/her) dental insurance cover at least some of the costs of:

A. Crowns and bridgework?

B. Dentures?

1 Yes

2 No

Don't Know

Refused

**ABOUT MEDICAL CARE ACCESS AND USE**

IF Q8=1 OR Q43=1 ASK 53. ALL OTHERS SKIP TO Q63.

53. Are (your) (his/her) local doctors or clinics accepting Medicaid?

- 1 Yes
- 2 No
- Don't Know
- Refused

55. Please tell me a little more about the application process for Medicaid. Was it: (READ LIST)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat hard
- 4 Very hard?
- Don't Know
- Refused

56. Were the people where (you) (he/she) applied (READ LIST)

- 1 Very helpful
- 2 Fairly helpful
- 3 Not too helpful
- 4 Not at all helpful?
- Don't Know
- Refused

57. Were the forms difficult to fill out?

- 1 Yes
- 2 No
- Don't Know
- Refused

63. (Do you) (Does NAME) currently have a usual or regular place where (you go) (he/she goes) for medical care?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q63=2, DON'T KNOW OR REFUSED, SKIP TO Q68

64. Is this place a: (READ LIST)

- 03 Doctor's office
- 07 Hospital outpatient clinic
- 01 Community health center or local clinic
- 05 Hospital emergency room
- 02 Free Clinic
- 10 VA Medical Center

- 06 Public health department or school health clinic
- 08 Community mental health center
- 04 Urgent care center
- 09 Or some other place?
- Don't Know
- Refused

65. Is there an individual doctor or health professional who usually treats (you) (him/her)?

- 1 Yes
- 2 No
- Don't Know
- Refused

68. Is transportation to a doctor's office, clinic, or other health care provider a big problem, a small problem, or not a problem at all?

- 1 Big problem
- 2 Small problem
- 3 Not a problem at all
- Don't Know
- Refused

69. How (do you) (does he/she) usually get to a doctor's office, clinic, or other health care provider?  
(IF NECESSARY: READ LIST)

- 1 (You drive yourself) (He/she drives himself/herself)
- 2 A household member drives (you) (him/her)
- 3 A relative or friend not in the household drives (you) (him/her)
- 4 (You take) (He/she takes) a bus or some other form of paid transportation
- 5 (You use) (He/she uses) a local transportation program or dispatching agency
- 6 or some other way?
- 7 IF VOLUNTEERED: Never go
- Don't Know
- Refused

70ot. If (you) (he/she) had a life threatening illness, what hospital would (you) (he/she) go to?

ENTER NAME OF HOSPITAL

\_\_\_\_\_

REFUSED

IF Q70=REFUSED, SKIP TO Q71

70Aoth. In what city or town is this hospital located?

\_\_\_\_\_

DK  
REF

71. Thinking about the last 12 months, from about (FILL CURRENT MONTH) of 2000 until now.  
(Have you) (Has he/she) had an overnight hospital stay?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q71=2, DON'T KNOW OR REFUSED, SKIP TO Q75

72. Was the hospital in West Virginia or another state?

- 1 West Virginia
- 2 Another state
- Don't Know
- Refused

Now, please think about the past 6 months, from about [IF CURRENT MONTH IS SEPTEMBER  
DISPLAY MARCH; IF CURRENT MONTH IS OCTOBER, DISPLAY APRIL; IF CURRENT MONTH  
IS NOVEMBER, DISPLAY MAY] of 2001 until now.

75. In the past 6 months, (have you) (has he/she) made any visits to a doctor, physician's assistant or  
nurse practitioner?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q75=2, DON'T KNOW, OR REFUSED, SKIP TO Q76

75A. How many of these visits were in:

————(IF NECESSARY: In the past 6 months)

DO NOT ROTATE ITEMS

- A. A doctor's office?
- B. An urgent care center?
- C. A hospital emergency room?
- D. A community or free clinic?
- E. A hospital outpatient clinic?
- F. A community mental health center or other mental health provider?
- G. A school health or public health clinic?
- 75a2 H. A VA Medical Center
- I. A chiropractor's office?

ENTER NUMBER OF VISITS

\_\_\_/\_\_\_/\_\_\_

VALID RANGE 0 - 180

DON'T KNOW  
REFUSED

76. In the past 6 months, how many times (have you) (has he/she) seen a dentist?

ENTER NUMBER OF TIMES

\_\_\_/\_\_\_/\_\_\_

VALID RANGE 0 - 180  
DON'T KNOW  
REFUSED

76A. In the past 6 months, did a doctor prescribe any medications for (you) (him/her)?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q76A=2, DON'T KNOW OR REFUSED, SKIP TO Q76E

76B. Did (you) (he/she) fill all, most, some, or none of these prescriptions?

- 1 All
- 2 Most
- 3 Some
- 4 None
- Don't Know
- Refused

IF Q76B=1, SKIP TO Q76D

76C. For the prescriptions (you) (he/she) didn't fill, what was the main reason for not filling them?

- 1 Too expensive to fill
- 2 Had a bad reaction to it the first time
- 3 Too inconvenient to fill
- 4 Waited to see if it got better without medication
- 5 Something else
- Don't Know
- Refused

76D. Now thinking about the last 30 days, how much did (you) (he/she) spend on prescribed medications for (yourself)(himself/herself)? Don't count the amount an insurance company paid.

ENTER DOLLAR AMOUNT

\_\_\_/\_\_\_/\_\_\_/\_\_\_

RANGE 0 - 1000

DK

REF

76E. Thinking back over the past year, was there ever a time when (you) (NAME) needed medical care but didn't get it?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q76E=2, DON'T KNOW OR REFUSED, SKIP TO Q87

76F. What was the main reason that (you) (he/she) didn't get the medical care (you) (he/she) needed? Would you say: (READ LIST)

- 01 Cost
- 02 Medical or health services are lacking in the area
- 03 Transportation problems
- 04 Couldn't get appointment
- 05 Didn't have time
- 06 It was too far
- 07 Medical providers were not open when (you) (he/she) could go
- 08 Or something else
- Don't know
- Refused

**HEALTH STATUS AND SPECIAL NEEDS**

87. The next few questions are about (your)(his/her) health during the past month. Overall, how would you rate (your) (his/her) health in the past month? (READ LIST)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- Refused

88. Thinking about (your) (NAME)'s physical health, which includes physical illness and injury, how many days during the past month was (your) (his/her) physical health not good?

ENTER NUMBER OF DAYS

\_\_\_\_/\_\_\_\_

VALID RANGE 0-31

DON'T KNOW

REFUSED

89. Thinking about (your) (his/her) emotional health, which includes stress, depression and problems with emotion, for how many days during the past month was (your) (his/her) emotional health not good?

ENTER NUMBER OF DAYS

\_\_\_\_/\_\_\_\_

VALID RANGE 0 TO 31

DON'T KNOW

REFUSED

90. Has a doctor **ever** diagnosed (you) (him/her) with a chronic health condition or disability? (IF NECESSARY: For example, diabetes, asthma, or cerebral palsy?)

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q90=2, DON'T KNOW OR REFUSED, SKIP TO Q103

91. What conditions or disabilities (have you) (has he/she) been diagnosed with?  
(ALLOW UP TO 4 RESPONSES)

- 1 Alzheimer's Disease or Dementia
- 2 Anemia or Sickle Cell Anemia
- 3 Arthritis, Osteoarthritis, Rheumatoid, Bone or Joint Disease
- 4 Asthma
- 5 Back injury, chronic back condition, back pain
- 6 Blindness
- 7 Cancer, Leukemia, Melanoma
- 8 Cardiovascular Disease
- 9 Cerebral Palsy
- 10 Chronic Obstructive Pulmonary Disease-COPD
- 11 Congestive Heart Failure
- 12 Cystic Fibrosis
- 13 Diabetes, Low Blood Sugar
- 14 Emphysema
- 15 Kidney Disease, Nephritis, Nephrotic Syndrome, Nephrosis
- 16 Hardening of the Arteries, Arteriosclerosis
- 17 Heart Disease, Angina Pectoris or Coronary Disease
- 18 Hemophilia
- 19 HIV/AIDS
- 20 Hypertension, High Blood Pressure
- 21 Liver Disease and Cirrhosis
- 22 Lupus
- 23 Lyme Disease
- 24 Mental Retardation
- 25 Mental or Psychiatric Disorder
- 26 Multiple Sclerosis
- 27 Osteoporosis
- 28 Paralysis (Complete or Partial)
- 29 Parkinson's Disease
- 30 Seizure Disorder
- 31 Stroke
- 32 Substance Abuse
- 33 Tuberculosis
- 35 Thyroid Disease, Hyperthyroidism
- 36 Black Lung, Lung Disease, Miner's Disease
- 34 Other
- DK
- REF

92. Because of (IF ONLY ONE CONDITION SELECTED IN Q91, FILL "this condition") (IF MORE THAN ONE CONDITION SELECTED IN Q91, FILL "any of these conditions") (do you) (does he/she) need help with everyday duties at home or at work?

- 1 Yes
- 2 No

Don't Know  
Refused

93. (Do you) (Does he/she) receive disability payments for (IF ONLY ONE CONDITION SELECTED IN Q91, FILL "this condition") (IF MORE THAN ONE CONDITION SELECTED IN Q91, FILL "any of these conditions")?

- 1 Yes
- 2 No
- Don't Know
- Refused

98. (Do you) (Does he/she) currently receive any services at home because of (IF ONLY ONE CONDITION SELECTED IN Q91, FILL "this condition") (IF MORE THAN ONE CONDITION SELECTED IN Q91, FILL "any of these conditions")?

- 1 Yes
- 2 No
- Don't know
- Refused

IF ONLY ONE CONDITION SELECTED IN Q91, SKIP TO Q103

98A. Which of the conditions you just told me about is the most serious?

DISPLAY ONLY THE CONDITIONS SELECTED IN Q91

**DEMOGRAPHICS OF FOCAL ADULT**

103. What county do you live in?
1. Barbour County
  2. Berkeley County
  3. Boone County
  4. Braxton County
  5. Brooke County
  6. Cabell County
  7. Calhoun County
  8. Clay County
  9. Doddridge County
  10. Fayette County
  11. Gilmer County
  12. Grant County
  13. Greenbrier County
  14. Hampshire County
  15. Hancock County
  16. Hardy County
  17. Harrison County
  18. Jackson County
  19. Jefferson County
  20. Kanawha County
  21. Lewis County
  22. Lincoln County
  23. Logan County
  24. Marion County
  25. Marshall County
  26. Mason County
  27. McDowell County
  28. Mercer County
  29. Mineral County
  30. Mingo County
  31. Monongalia County
  32. Monroe County
  33. Morgan County
  34. Nicholas County
  35. Ohio County
  36. Pendleton County
  37. Pleasants County
  38. Pocahontas County
  39. Preston County
  40. Putnam County
  41. Raleigh County
  42. Randolph County
  43. Ritchie County
  44. Roane County
  45. Summers County

- 46. Taylor County
- 47. Tucker County
- 48. Tyler County
- 49. Upshur County
- 50. Wayne County
- 51. Webster County
- 52. Wetzel County
- 53. Wirt County
- 54. Wood County
- 55. Wyoming County
- Refused

104ot. What is the name of your town or city?

\_\_\_\_\_

REF

IF Q103=20 (KANAWHA COUNTY), ONLY ACCEPT SPECIFIED ZIP CODES

105oth. What is your zip code?

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

REF

106. How many telephone lines does your household currently have? (INTERVIEWER: IF ANSWER IS TWO OR MORE, READ: Don't count telephones that have the same telephone number as this one or cellular phones or telephone lines used only for business, computers, or fax machines.)

ENTER NUMBER OF TELEPHONE LINES

\_\_\_\_/\_\_\_\_

VALID RANGE 1 – 5

DK

REF

107. Has there been any time in the past 12 months that your household did not have telephone service?

- 1 Yes
- 2 No
- Don't Know
- Refused

108. (Are you) (Is NAME) of Hispanic origin or descent?

- 1 Yes
- 2 No
- Don't Know
- Refused



IF A1=1 AND S6 WAS ASKED, SKIP TO Q109A

109. Which of the following groups best describes (you) (NAME): (READ LIST)

- 1 White
- 2 African-American or black
- 3 American Indian
- 4 Asian or Pacific Islander (IF NECESSARY: For example, Chinese, Asian Indian, Hawaiian, Laotian, Vietnamese, etc.)
- 5 Or some other race?  
Don't Know  
Refused

IF A1=1, SKIP TO Q110

109A. How is (he/she) related to you?

(THE FOCAL ADULT IS THE RESPONDENT'S \_\_\_\_\_)

- 1 Spouse – husband or wife
- 2 Partner – boyfriend, girlfriend
- 3 Own child, adopted child – son or daughter
- 4 Step child – step son or step daughter
- 5 Sibling – brother or sister
- 6 Parent, In-laws – father or mother, father in law or mother in law
- 7 Grandparent – grandfather or grandmother (Own or spouses)
- 8 Aunt or Uncle (Own or spouses)
- 9 Niece or Nephew (Own or spouses)
- 10 Grandchild – grandson or granddaughter
- 11 Other relative
- 12 Friend
- 13 Roommate
- 14 Foster Child
- 15 Legal Guardian
- 16 Child of partner/girlfriend/boyfriend
- 17 Roomer/Boarder
- 18 Other non-relative  
Don't Know  
Refused

IF Q109A=1, SKIP TO Q111

110. (Are you) (Is he/she) currently: (READ LIST)

- 1 Married
- 2 Divorced
- 3 Separated
- 4 Widowed or
- 5 never married?  
Don't Know  
Refused

111. What is the highest level of education (you have) (he/she has) completed?
- 1 Grade school
  - 2 Middle school
  - 3 Some high school
  - 4 High school graduate or GED (IF NECESSARY: received a high school equivalency diploma)
  - 5 Some college, technical, or vocational school training after high school
  - 6 College graduate
  - 7 Postgraduate training or degree
- Don't Know  
Refused

- 112A. (Are you) (Is he/she) currently: (READ LIST)  
(IF MORE THAN ONE STATUS, ASK: Which is the primary? AND MARK THAT ONE)
- 01 Self-employed or the owner of (your) (his/her) own business
  - 02 Employed by someone else
  - 03 Full-time homemaker
  - 04 Unemployed for less than a year
  - 05 Unemployed for more than a year
  - 06 Full-time student
  - 07 Retired
  - 08 Not working due to disability
- Don't Know  
Refused

IF Q112=1,3, 4, 5, 6 OR 7,8, DON'T KNOW, OR REFUSED, SKIP TO Q125

113. (Do you) (Does he/she) currently have more than one paying job?
- 1 Yes
  - 2 No
- Don't Know  
Refused

IF Q113=2, DON'T KNOW OR REFUSED, SKIP TO Q115

114. How many paying jobs (do you) (does he/she) have?

ENTER NUMBER OF JOBS

\_\_\_\_\_

VALID RANGE IS 2-10

DK

REF

115. How many hours (do you) (does he/she) usually work per week? IF Q113=1, DISPLAY: If (you have) (he/she has) more than one job, answer about the one where (you work) (he/she works) the

most hours.

ENTER NUMBER OF HOURS

\_\_\_\_/\_\_\_\_

VALID RANGE IS 1 - 80

DON'T KNOW

REFUSED

116. Would you say this job is: (READ LIST)

- 1 Permanent
- 2 Temporary, or
- 3 Seasonal?

DO NOT READ

Other

Don't Know

Refused

117A. Thinking about all jobs (you have) (he/she has) held in the past 12 months, (have you) (has he/she) visited a doctor, clinic or emergency room due to a work-related injury or illness?

1 Yes

2 No

DK

REF

IF Q117A=2, DON'T KNOW OR REFUSED SKIP TO Q118

117B Was this from:

ROTATE – ITEM E MUST ALWAYS BE ASKED LAST

A. Chemical exposure?

B. Working with coal dust?

C. Working with vibrating tools?

D. Working with machinery?

117B2 E. Some other type of work-related exposure?

1 Yes

2 No

Don't Know

Refused

IF Q117B--A, B, C, D, AND E=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q118

117C. Did (you) (he/she) file a Worker's Compensation claim for the injury or illness?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q1=1 and Q16=1, SKIP TO Q121

118. Does (your) (his/her) current employer offer health insurance for its employees?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q118=2, DON'T KNOW OR REFUSED, SKIP TO Q123

119. (Are you) (Is he/she) eligible for this insurance?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q119=1, SKIP TO Q121

IF Q119=DK OR REFUSED, SKIP TO Q123

120. Is this because: (READ LIST)

- 1 (You haven't) (He/she hasn't) worked there long enough,
- 2 (You don't) (He/she doesn't) work enough hours,
- 3 (Your) (His/her) job is temporary or contractual,
- 3 (You have) (He/she has) a preexisting condition,
- 5 Or some other reason?
- Don't Know
- Refused

SKIP TO Q123

121. IF Q119= 1, DISPLAY: Can this health insurance be used to cover other family members?

IF Q1=1 and Q16=1, DISPLAY: Can the health insurance (you have) (he/she has) through (your) (his/her) employer be used to cover other family members?

- 1 Yes
- 2 No
- Don't Know
- Refused

123. Is (your) (his/her) employer: (READ LIST)

- 1 The federal government,
- 2 State or local government, or

- 3 A private company or firm ?  
Don't Know  
Refused

IF Q123=1, 2, DON'T KNOW OR REFUSED, SKIP TO Q124A

- 123A. Is (your) (his/her) employer's headquarters or home office located in West Virginia?  
1 Yes  
2 No  
Don't Know  
Refused

124. What is (your) (his/her) employer's primary business?

1. Automotive (dealers, repair and service)
  2. Building or home repair and maintenance/Construction
  3. Chemical manufacturing
  4. Communications
  5. Community and social services
  6. Entertainment, Travel, Recreation
  7. Farming
  8. Financial and business services
  9. Gas station or convenience store
  10. Healthcare
  11. Insurance
  12. Legal services
  13. Mining
  14. Oil and gas
  15. Police or fire protection
  16. Public utilities
  17. Radio/TV/newspaper
  18. Restaurant or other food service
  19. Sales – other than retail
  20. School or college/ Education
  21. Timbering / Forestry / Lumber
  22. Transportation (railroads, airlines, bus drivers, cab drivers)
  23. Other manufacturing
  24. Other retail such as clothing, hardware, or grocery store
  25. Other service business such as telemarketing
  26. Other
- DK  
Refused

- 124A. About how many people work for (your) (his/her) employer? Would you say: (READ LIST)
- 1 Less than 10,
  - 2 Between 10 and 49,
  - 3 Between 50 and 100, or

4 More than 100 ?  
Don't Know  
Refused

**FOCAL CHILD SELECTION (PROGRAMMER: TIME THIS SECTION – Q125 THROUGH Q131A)**

125. Are there any children age 18 or younger living in this household?

- 1 Yes
- 2 No
- Don't know
- Refused

IF 125=2, DON'T KNOW OR REFUSED, SKIP TO Q238

125A. How many children are there?

\_\_\_\_/\_\_\_\_

VALID RANGE 1 - 10

DK

126. IF Q125A=2 OR MORE: We'd like to select one of these children at random and talk mostly about him or her. So I can refer to him or her by name during the interview, may I please have the first name of the child who last had a birthday?

IF Q125A=1: What is this child's first name?

- 1 NAME GIVEN
- 2 REFUSED TO GIVE NAME

IF Q126=2, SKIP TO Q128

ename. ENTER FIRST NAME

\_\_\_\_\_

128. Is this child male or female?

- 1 Male
- 2 Female

129. How old is he/she?

- 1 Age given in years
- 2 Age given in months
- DK
- Refused

IF Q129=2 SKIP TO Q131

130. ENTER AGE IN YEARS

\_\_\_\_

PROGRAMMER: VALID RANGE IS 1 TO 18

DK

REF

SKIP TO Q131A

131 ENTER AGE IN MONTHS, ROUND TO THE NEAREST MONTH.

\_\_\_\_

PROGRAMMER: VALID RANGE IS 1 TO 48.

DK

REF

131A. How is this child related to you?

(THE CHILD IS THE RESPONDENT'S \_\_\_\_\_)

- 1 Own child, adopted child – son or daughter
  - 2 Step child – step son or step daughter
  - 3 Foster child
  - 4 Child of partner/girlfriend/boyfriend
  - 5 Sibling – brother or sister
  - 6 Niece or Nephew
  - 7 Grandchild – grandson or granddaughter
  - 8 Other relative
  - 9 Other non-relative
- Don't Know  
Refused

PROGRAMMER: CREATE A VARIABLE CALLED "CNAME" TO USE AS A FILL IN FOR FUTURE QUESTIONS. SAVE NAME FROM Q127. IF Q126= 2 (REFUSED TO GIVE NAME), SAVE THE FOLLOWING IN PLACE OF NAME: the AGE FROM 130 year old GENDER FROM Q128. (for example, the 5 year old male) OR : the AGE FROM Q131 month old GENDER FROM Q128. (for example, the 3 month old female)

**FOCAL CHILD QUESTIONS (PROGRAMMER: TIME THIS SECTION – Q132 THROUGH Q237)**

**HEALTH INSURANCE OF FOCAL CHILD**

132. Now, I'd like to ask about the health insurance for (CNAME). Does he/she currently have any kind of health or medical insurance?

- 1 Yes
- 2 No

IF Q132=1 AND Q22 IS ANSWERED (ADULT NOT INSURED), SKIP TO Q134  
IF Q132=2, SKIP TO Q150

133. Is this the same health insurance that (NAME) has?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q133=1, SKIP TO Q160

134. Is (CNAME)'s health or medical insurance through a job? (IF NECESSARY: This includes an HMO or managed care plan through job-related health insurance.)

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q134=2, DON'T KNOW OR REFUSED, SKIP TO Q. 139.

134A. Is this through PEIA?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q134A=1, SKIP TO Q136

134B. Is this through the Federal Employees Health Benefit Program?

- 1 Yes
- 2 No
- Don't know
- Refused

136. What is the name of the insurance company?

- 1 Acordia
  - 2 Aetna
  - 3 American Family and Life
  - 4 Blue Cross-Blue Shield (Mountain State)
  - 5 Carelink
  - 6 Central Reserve
  - 7 Continental Insurance
  - 8 Coventry Health
  - 9 Guardian Life
  - 10 Health Plan (of Upper Ohio Valley)
  - 11 Mamsi Life and Health
  - 12 Metropolitan Life
  - 13 Mutual of Omaha
  - 14 Optimum Choice
  - 15 United Healthcare Insurance Company
  - 17 Cigna
  - 18 Laborers Trust Fund (of West Virginia)
  - 16 Other
- Don't Know  
Refused

ALL SKIP TO Q146

139. Is his/her health or medical insurance through:  
A COBRA policy, a policy that a person pays for directly after leaving a job where he/she had insurance?

- 1 Yes
  - 2 No
- Don't know  
Refused

IF Q139=1, SKIP TO Q146

139A. Is his/her health or medical insurance through the UMWA Health and Retirement Funds, sometimes called the Funds? (IF NECESSARY: United Mine Workers of America)

- 1 Yes
  - 2 No
- Don't know  
Refused

IF Q139A=1, SKIP TO Q146

140. Is his/her health or medical insurance through:  
Medicaid, sometimes called a medical card or medical assistance?
- 1 Yes
  - 2 No
  - Don't know
  - Refused

IF Q140=1, SKIP TO Q. 160

141. Is his/her health or medical insurance through:  
Medicare for persons under 65 years old with certain disabilities?
- 1 Yes
  - 2 No
  - Don't know
  - Refused

IF Q141=1, SKIP TO Q. 160

142. Is his/her health or medical insurance through:  
CHAMPUS, VA, or TriCare?
- 1 Yes
  - 2 No
  - Don't know
  - Refused

IF Q142=1, SKIP TO Q146

143. Is his/her health or medical insurance through:  
The Children's Health Insurance Program or CHIP, sometimes called kids insurance?
- 1 Yes
  - 2 No
  - Don't know
  - Refused

IF Q143=1, SKIP TO Q. 160

145. Was his/her health or medical insurance bought directly from an insurance company by you or a family member?
- 1 Yes
  - 2 No
  - Don't know
  - Refused

IF Q145=1, SKIP TO Q146

145A. Does he/she have a type of health or medical insurance that I have not mentioned?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q145A=2, SKIP TO Q150

IF Q145A=DON'T KNOW OR REFUSED, SKIP TO Q168

145B. What kind does he/she have?

- 1 Student health insurance purchased through school
- 2 Black lung program
- 3 Paid for by a relative or other individual
- 4 Other – SPECIFY
- Don't know
- Refused

IF Q145B=3, SKIP TO Q150

IF Q145B=DK OR REFUSED, SKIP TO Q168

ALL OTHERS SKIP TO Q160

146. How is the policyholder related to (CNAME)?

(THE POLICYHOLDER IS THE CHILD'S \_\_\_\_\_)

- 1 Own or Adopted Parent – father or mother
- 2 Step Parent – step father or step mother
- 3 Foster Parent – foster mother or foster father
- 4 Legal Guardian
- 5 Grandparent – grandfather or grandmother
- 6 Sibling – brother or sister
- 7 Aunt or Uncle
- 8 Other relative
- 9 Other non-relative
- Don't Know
- Refused

IF Q139A=1, SKIP TO Q160

IF Q142=1, SKIP TO Q160

146A. Is this a policy that pays only for certain illnesses or dread diseases such as cancer or a stroke, or major accidents or only gives you extra cash if you are in the hospital?

- 1 Yes
- 2 No
- Don't know
- Refused

ALL SKIP TO Q160

150. So, he/she does not have health or medical insurance of any kind including a medical card, CHIP, or a plan through someone's job. Is this correct?

- 1 Yes- he/she does NOT have insurance
- 2 No – he/she DOES have insurance
- Don't know
- Refused

IF Q150 = 1, SKIP TO Q152

150A. Are his/her medical bills paid for by an insurance plan or by a relative or other individual?

- 1 Insurance plan
- 2 Relative or other individual
- Don't know
- Refused

IF Q150A=1, SKIP BACK TO Q134

IF Q150A=DK OR REFUSED, SKIP TO Q168

152. How long has he/she been without health insurance?

- 1 ANSWER GIVEN IN YEARS
- 2 ANSWER GIVEN IN MONTHS
- 3 ANSWER GIVEN IN MONTHS AND YEARS
- 4 NEVER HAD HEALTH INSURANCE
- 5 LESS THAN ONE MONTH

IF Q152=1 OR 3 DISPLAY:

152yrs ENTER NUMBER OF YEARS.

— —

VALID RANGE 0-18

DK  
REF

IF Q152=2 OR 3 DISPLAY:

152mths ENTER NUMBER OF MONTHS.

— —

VALID RANGE 0 – 12

DK  
REF

153. What is the one main reason why he/she doesn't have health insurance? Is it because: (READ LIST)

- 1 He/she doesn't need it,

- 2 The family can't afford it,
- 3 The family can't get it,
- 4 The family doesn't know how to get an insurance policy, or
- 5 Is it because the family has not been contacted by an insurance company?
- 6 DO NOT READ: Other
- Don't know
- Refused

IF Q153=4, 5, OR 6, DON'T KNOW OR REFUSED, SKIP TO Q156  
 IF Q153=2 OR 3, SKIP TO Q155

154. What is the main reason why he/she doesn't need health insurance? (READ LIST)
- 1 He/she is healthy,
  - 2 He/she can get free health care from clinics, community programs, and providers,
  - 3 Family has enough money to pay for his/her medical care,
  - 4 Family has other expenses that are more important now?
  - 5 DO NOT READ: Other
  - Don't know
  - Refused

SKIP TO Q156

155. What is the main reason why the family can't get or afford health insurance for him/her?
- 1 Premiums, copays, or deductibles for insurance available to him/her are too high
  - 2 No family member has a job – temporarily unemployed, lost job
  - 3 No family member has a job that offers health insurance
  - 4 Family members who have jobs are not eligible for health insurance – not employed long enough, temporary job, part-time, or contractor
  - 5 Lost relationship to insured person – divorce, separation or death
  - 6 Uninsurable due to health problem
  - 7 Other
  - Don't know
  - Refused

156. What is the most your family would be willing to pay each month for a comprehensive health insurance plan that would cover this child and one parent or guardian? Would your family be willing to pay: (READ LIST)
- 1 \$500 or more,
  - 2 \$400 to \$499, or
  - 3 Less than \$400?
  - 4 DO NOT READ: Nothing
  - Don't know
  - Refused

158. What is the most your family would be willing to pay each month for a comprehensive health

insurance plan that would cover this child and both parents or guardians? Would your family be willing to pay:

(READ LIST)

- 1 \$800 or more,
- 2 \$700 to \$799, or
- 3 Less than \$700?
- 4 DO NOT READ: Nothing
- 6 IF VOLUNTEERED: Not applicable. Only 1 parent/guardian.  
Don't know  
Refused

SKIP TO Q168

160. Was there anytime in the past 12 months that he/she did not have health insurance?

- 1 Yes
- 2 No  
Don't Know  
Refused

IF Q160=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q162

161. How many months was he/she without health insurance in the past 12 months?

ENTER NUMBER OF MONTHS

\_\_\_\_/\_\_\_\_

VALID RANGE 0 TO 12

DK  
REF

IF Q133=1, SKIP TO Q164

IF Q139A, Q140, Q141, Q142, OR Q143=1, SKIP TO Q164

162. Does his/her insurance plan cover prescription drugs?

(INTERVIEWER: ENTER CODE 1 IF RESPONDENT SAYS "A little", "Partially", OR SOMETHING SIMILAR)

- 1 Yes
- 2 No  
Don't Know  
Refused

164. Has his/her insurance company ever denied him/her coverage for a service or procedure?

- 1 Yes

- 2 No
- Don't Know/UNSURE
- Refused

IF Q164=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q166

165. Was this because: (READ LIST)  
RECORD ALL THAT APPLY
- 1 He/she had a preexisting condition,
  - 2 He/she exceeded his/her benefit limit,
  - 3 It was not a covered service,
  - 4 He/she was not pre-certified,
  - 5 Or some other reason?
- Don't Know  
Refused

IF Q133=1, SKIP TO Q168

166. How would you rate his/her current insurance plan (INSERT ITEM). Would you say: (READ LIST)

ROTATE ITEMS A THROUGH G – ITEM H SHOULD ALWAYS BE LAST

- A. on benefits covered
- B. on ability to choose a doctor
- C. on ability to see a specialist
- D. on cost of co-payments or deductibles
- E. on cost of premiums
- F. on answering questions about coverage
- G. on having understandable bills or statements
- 166b H Overall

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 DO NOT READ:Not applicable
- Don't know
- Refused

167. Which of the features I just read is the worst feature of this health insurance?

- 01 benefits covered
- 02 ability to choose a doctor
- 03 ability to see a specialist
- 04 cost of co-payments or deductibles
- 05 cost of premiums
- 06 answering questions about coverage
- 07 having understandable bills or statements
- 08 Other
- 09 Satisfied/No worst feature
- Don't know
- Refused

IF Q140=1, SKIP TO INSTRUCTION ABOVE Q170

168. Does he/she have any kind of dental insurance now?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q168=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q170

169. Does his/her dental insurance cover at least some of the costs of orthodontics or braces?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q143=1, ASK Q170. ALL OTHERS SKIP TO INSTRUCTION ABOVE Q175

170. Are your local doctors or clinics accepting CHIP?

- 1 Yes
- 2 No
- Don't Know
- Refused

171. Please tell me a little more about the application process for CHIP. Was it: (READ LIST)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat hard
- 4 Very hard
- Don't Know/UNSURE
- Refused

172. Were the people where you applied (READ LIST)?

- 1 Very helpful
- 2 Fairly helpful
- 3 Not too helpful
- 4 Not at all helpful
- Don't Know/UNSURE
- Refused

173. Were the forms difficult to fill out?

- 1 Yes
- 2 No
- Don't Know
- Refused

174. How did you find out about CHIP?

- 01 Other people with children in program
- 02 Friends, relatives, or neighbors
- 03 Flyers from school
- 04 TV or radio ads
- 05 Doctor's office, clinic, or hospital staff
- 06 Employer
- 07 Social worker or other government program staff

- 08 Or some other place
- Don't Know
- Refused

IF Q140=1, ASK Q175. ALL OTHERS SKIP TO Q178

175. Are your local doctors or clinics accepting Medicaid?

- 1 Yes
- 2 No
- Don't Know
- Refused

175A. Are your local dentists accepting Medicaid?

- 1 Yes
- 2 No
- Don't Know
- Refused

175B. Please tell me a little more about the application process for Medicaid. Was it: (READ LIST)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat hard
- 4 Very hard?
- Don't Know
- Refused

175C. How helpful were the people where you applied? Would you say they were: (READ LIST)

- 1 Very helpful
- 2 Fairly helpful
- 3 Not too helpful
- 4 Not at all helpful?
- Don't Know
- Refused

175E. Were the forms difficult to fill out?

- 1 Yes
- 2 No
- Don't Know
- Refused

**FOCAL CHILD MEDICAL CARE ACCESS AND USE**

The next few questions are about medical care.

178. Does (CNAME) currently have a usual or regular place where he/she goes for medical care?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q178=1 AND IF Q63=1, ASK Q179

IF Q178=1 AND IF Q63=2, DON'T KNOW OR REFUSED, SKIP TO Q. 180

IF Q178=2, DON'T KNOW OR REFUSED, SKIP TO Q182

179. Is this the same place that (NAME) goes?

- 1 Yes
- 2 No
- Refused

IF Q179=1, SKIP TO Q182

180. Is this place a: (READ LIST)

- 03 Doctor's office
- 07 Hospital outpatient clinic
- 01 Community health center or local clinic
- 05 Hospital emergency room
- 02 Free Clinic
- 10 VA Medical Center
- 06 Public health department or school health clinic
- 08 Community mental health center
- 04 Urgent care center
- 09 Or some other place?
- Don't Know
- Refused

181. Is there an individual doctor or health professional who usually treats him/her?

- 1 Yes
- 2 No
- Don't Know
- Refused

182. Has he/she had an overnight hospital stay in the last 12 months?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q182=2, DON'T KNOW OR REFUSED, SKIP TO Q183

182A. Was the hospital in West Virginia or another state?

- 1 West Virginia
- 2 Another state
- Don't Know
- Refused

Now, please think about the past 6 months, from about [IF CURRENT MONTH IS SEPTEMBER DISPLAY MARCH; IF CURRENT MONTH IS OCTOBER, DISPLAY APRIL; IF CURRENT MONTH IS NOVEMBER, DISPLAY MAY] of 2001 until now.

183. In the past 6 months, has he/she made any visits to a doctor, physician's assistant, or nurse practitioner?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q183=2, DON'T KNOW, OR REFUSED, SKIP TO Q184

183A. How many of these visits were in:

(IF NECESSARY: In the last 6 months)

DO NOT ROTATE ITEMS

- A. A doctor's office?
- B. An urgent care center?
- C. A hospital emergency room?
- D. A community or free clinic?
- E. A hospital outpatient clinic?
- F. A community mental health center or other mental health provider?
- G. A school health or public health clinic?
- 183a2 H. A VA Medical Center
- ~~I.~~ I. a chiropractor's office?

ENTER NUMBER OF VISITS

\_\_\_/\_\_\_/\_\_\_

VALID RANGE 0 - 180

DON'T KNOW

REFUSED

184. In the past 6 months, how many times has he/she seen a dentist or orthodontist?

ENTER NUMBER OF TIMES

\_\_\_/\_\_\_/\_\_\_

VALID RANGE 0 - 180  
DON'T KNOW  
REFUSED

184A. In the past 6 months, did a doctor prescribe a medication for him/her?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q184A=2, DON'T KNOW OR REFUSED, SKIP TO Q184E

184B. Were all, most, some, or none of these prescriptions filled?

- 1 All
- 2 Most
- 3 Some
- 4 None
- Don't Know
- Refused

IF Q184B=1, DON'T KNOW OR REFUSED, SKIP TO Q184D

184C. For the prescriptions that were not filled, what was the main reason for not filling them?

- 1 Too expensive to fill
- 2 Had a bad reaction to it the first time
- 3 Too inconvenient to fill
- 4 Waited to see if it got better without medication
- 5 Something else
- Don't Know
- Refused

184D. Now thinking about the past 30 days, how much did your family spend on prescribed medications for him/her? Don't count the amount an insurance company paid.

ENTER DOLLARS

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Range 0 - 1000

DK  
REF

184E. Thinking back over the past year, was there ever a time when (CNAME) needed medical care but didn't get it?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q184E=2, DON'T KNOW OR REFUSED, SKIP TO Q185

184F. What was the main reason that he/she didn't get the medical care he/she needed?

Would you say: (READ LIST)

- 01 Cost
- 02 Medical or health services are lacking in the area
- 03 Transportation problems
- 04 Couldn't get appointment
- 05 Didn't have time
- 06 It was too far
- 07 Medical providers were not open when he/she could go
- 08 Or something else
- Don't know
- Refused

**HEALTH STATUS AND SPECIAL NEEDS OF FOCAL CHILD**

185. The next few questions are about (his/her) health during the past month. Overall, how would you rate (CNAME)'s health in the past month? (READ LIST)

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 6 Very poor
- Refused

186. Thinking about his/her physical health, which includes physical illness and injury, how many days during the past month was his/her physical health not good?

ENTER NUMBER OF DAYS

\_\_\_\_/\_\_\_\_

VALID RANGE 0 TO 31

DON'T KNOW

REFUSED

IF Q131=1 TO 48 OR Q130=4 OR LESS, SKIP TO Q188

187. Thinking about his/her emotional health, which includes stress, depression and problems with emotion, for how many days during the past month was his/her emotional health not good?

ENTER NUMBER OF DAYS

\_\_\_\_/\_\_\_\_

VALID RANGE 0 TO 31

DON'T KNOW

REFUSED

188. Has a doctor ever diagnosed him/her with a chronic health condition or disability? (IF NECESSARY: For example, diabetes, asthma, or cerebral palsy?)

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q188=2, DON'T KNOW OR REFUSED, SKIP TO Q196

189. What conditions or disabilities has he/she been diagnosed with?  
ALLOW UP TO 4 RESPONSES

- 1 Alzheimer's Disease or Dementia
- 2 Anemia or Sickle Cell Anemia
- 3 Arthritis, Osteoarthritis, Rheumatoid, Bone or Joint Disease
- 4 Asthma
- 5 Back injury, chronic back condition, back pain
- 6 Blindness
- 7 Cancer, Leukemia, Melanoma
- 8 Cardiovascular Disease
- 9 Cerebral Palsy
- 10 Chronic Obstructive Pulmonary Disease-COPD
- 11 Congestive Heart Failure
- 12 Cystic Fibrosis
- 13 Diabetes, Low Blood Sugar
- 14 Emphysema
- 15 Kidney Disease, Nephritis, Nephrotic Syndrome, Nephrosis
- 16 Hardening of the Arteries, Arteriosclerosis
- 17 Heart Disease, Angina Pectoris or Coronary Disease
- 18 Hemophilia
- 19 HIV/AIDS
- 20 Hypertension, High Blood Pressure
- 21 Liver Disease and Cirrhosis
- 22 Lupus
- 23 Lyme Disease
- 24 Mental Retardation
- 25 Mental or Psychiatric Disorder
- 26 Multiple Sclerosis
- 27 Osteoporosis
- 28 Paralysis (Complete or Partial)
- 29 Parkinson's Disease
- 30 Seizure Disorder
- 31 Stroke
- 32 Substance Abuse
- 33 Tuberculosis
- 35 Thyroid Disease, Hyperthyroidism
- 36 Black Lung, Lung Disease, Miner's Disease
- 34 Other
- DK
- REF

190. Because of (IF ONLY ONE CONDITION SELECTED IN Q189, FILL "this condition") (IF MORE THAN ONE CONDITION SELECTED IN Q189, FILL "any of these conditions") does he/she need help with everyday activities such as going to school, playing , and doing household chores?

- 1 Yes
- 2 No
- Don't Know
- Refused

191. Does he/she receive disability payments because of (IF ONLY ONE CONDITION SELECTED IN Q189, FILL "this condition") (IF MORE THAN ONE CONDITION SELECTED IN Q189, FILL "any of these conditions")?

- 1 Yes
- 2 No
- Don't Know
- Refused

195. Does he/she currently receive any services at home because of (this condition)(any of these conditions)?

- 1 Yes
- 2 No
- Refused

195A. Does he/she currently receive any services at school because of (this condition)(any of these conditions)?

- 1 Yes
- 2 No
- Refused

IF ONLY ONE CONDITION SELECTED IN Q189, SKIP TO Q196

195B. Which of these conditions is the most serious?

DISPLAY ONLY THE CONDITIONS SELECTED IN Q189

196. Has a doctor diagnosed him/her with:

ROTATE ITEMS

- A. A learning disability?
- B. A mental health or behavioral health problem?
- C. Attention deficit disorder?
- D. Mental retardation?
- E. Developmental delay?
- F. Autism?

- 1 Yes
- 2 No
- Don't Know
- Refused

FOLLOW-UP EACH YES RESPONSE (CODE 1) WITH Q197 BEFORE ASKING THE NEXT ITEM

197. Is this condition:

(READ LIST)

- 1 Mild,
- 2 Moderate, or
- 3 Severe?
- Don't Know
- Refused

**CHILD CARE FOCAL CHILD UNDER 6 YEARS OF AGE**

IF Q130=1 TO 5 , ASK Q200  
IF Q130 = 6 TO 11, SKIP TO Q219  
IF Q130=12 TO 18, SKIP TO Q234  
IF Q131 IS ANSWERED, ASK Q200

The next few questions are about childcare for (CNAME).

200. In the past month, did someone other than a household member take care of him/her for 5 or more hours per week?
- 1 Yes
  - 2 No
  - DK
  - Refused

IF Q200=2, DON'T KNOW OR REFUSED, SKIP Q234

214. About how much did your family pay for all child care for (CHILD NAME) in the past month?

ENTER DOLLARS

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

VALID RANGE 0-1000  
DON'T KNOW  
REFUSED

ALL SKIP TO Q234

**AFTER SCHOOL CARE FOR FOCAL CHILD AGE 6 TO 11 YEARS OLD**

The next few questions are about child care for (CNAME) when he/she is not with a household member.

219. In the last month, did he/she go to a program that provides before or after-school care?

- 1 Yes
- 2 No  
Refused

IF Q219=2, DON'T KNOW OR REFUSED, SKIP TO Q234

229. About how much did your family pay for all before and after school child care for (CNAME) in the past month?

ENTER DOLLARS

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

VALID RANGE 0-1000

DON'T KNOW

REFUSED

**DEMOGRAPHICS OF FOCAL CHILD**

234. Is (CNAME) of Hispanic origin or descent?

- 1 Yes
- 2 No
- Don't Know
- Refused

235. Which of the following best describes him/her (READ LIST):

- 01 White
- 02 African-American or black
- 03 American Indian
- 04 Asian or Pacific Islander. [READ, IF NECESSARY, For example, Chinese, Asian Indian, Hawaiian, Laotian, Vietnamese, etc.]
- 05 Or some other race?
- Don't Know
- Refused

IF Q130=15 OR LESS, SKIP TO Q238

236. What is the highest level of education he/she has completed?

- 1 Grade school
- 2 Middle school
- 3 Some high school
- 4 High school graduate or GED? (IF NECESSARY, SAY GED IS a high school equivalency diploma)
- Don't Know
- Refused

237. Is he/she currently a student?

- 1 Yes
- 2 No
- Don't Know
- Refused

RESPONDENT QUESTIONS (PROGRAMMER: TIME THIS SECTION 238-Q252)

RESPONDENT PERCEPTIONS AND SATISFACTION

238. Thinking about health care in your community, how satisfied are you overall with (INSERT ITEM) Are you: (READ LIST)
- 1 Very satisfied
  - 2 Somewhat satisfied
  - 3 Not too satisfied or
  - 4 Not at all satisfied
- Don't Know  
Refused
- a. The kinds of services that are available to you?
  - b. The cost of your health care?
  - c. The quality of health care that you get?
- 238A. Compared to five years ago, do you think public trust in the health care system has improved, declined or stayed about the same?
- 1 Improved
  - 2 Declined
  - 3 Stayed about the same
- Don't know  
Refused
240. Overall, how confident are you that your household can pay for the health care expenses of everyone living there? Would you say: (READ LIST)
- 1 Very confident
  - 2 Somewhat confident
  - 3 Not too confident
  - 4 Not at all confident
- Don't Know  
Refused
241. Has anyone in your household ever declared personal bankruptcy because of medical expenses?
- 1 Yes
  - 2 No
- Don't Know  
Refused
243. How much of a burden is it on the household to pay for health care costs that are not covered by health insurance? Would you say: (READ LIST)
- 1 None
  - 2 Light
  - 3 Moderate
  - 4 Heavy
  - 5 Very heavy
- Don't Know

Refused

244. How important is it to you that members of your household have health insurance? Would you say: (READ LIST)

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not at all important
- Don't Know/Not sure
- Refused

245. How important is it to you that all West Virginians have health insurance? Would you say: (READ LIST)

- 1 Very important
- 2 Somewhat important
- 3 Not too important
- 4 Not at all important
- Don't Know/Not Sure
- Refused

Please tell me if you agree or disagree with the following statement.

246. Each person in the community has an obligation to make the community better. Do you: (READ LIST)

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree
- Don't Know
- Refused

IF A1=1, SKIP TO Q284

DEMOGRAPHICS OF RESPONDENT IF HE/SHE IS NOT FOCAL ADULT

IF Q109A=1, SKIP TO Q248A

248. Are you currently: (READ LIST)

- 1 Married
- 2 Divorced
- 3 Separated
- 4 Widowed or
- 5 Have you never married?  
Don't Know  
Refused

248A. How old are you?

ENTER AGE. IF AGE 99 OR OLDER, ENTER 99

\_\_\_\_\_

VALID RANGE 13-99

DON'T KNOW

REFUSED

249. Are you of Hispanic origin or descent?

- 1 Yes
- 2 No  
Don't Know  
Refused

IF S6 WAS ASKED, SKIP TO Q251

250. Which of the following best describes you: (READ LIST)

- 1 White
- 2 African-American or black
- 3 American Indian
- 4 Asian or Pacific Islander. (IF NECESSARY: For example, Chinese, Asian Indian, Hawaiian, Laotian, Vietnamese, etc.)
- 5 Some other race?  
Don't Know  
Refused

251. What is the highest level of education you have completed?

- 1 Grade school
- 2 Middle school
- 3 Some high school
- 4 High school graduate or GED (IF NECESSARY, SAY:GED is a high school equivalency diploma)
- 5 Some college, technical, or vocational school training after high school
- 6 College graduate
- 7 Postgraduate training or degree

Don't Know  
Refused

- 252A. Are you currently: (READ LIST)
- 1 Self-employed or the owner of your own business
  - 2 Employed by someone
  - 3 Full-time homemaker
  - 4 Unemployed for less than a year
  - 5 Unemployed for more than a year
  - 6 Full-time student, greater than three-fourths time
  - 7 Retired
  - 8 Not working due to disability
- Don't Know  
Refused

**HOUSEHOLD QUESTIONS (PROGRAMMER: TIME THIS SECTION – Q284 THROUGH Q288B)**

**HOUSHOLD COMPOSITION**

284. Now I have just a few questions about your household. **Not counting yourself**, how many adults age 19 and older currently live in your household?

ENTER NUMBER

— —

VALID RANGE 0-10

DON'T KNOW

REFUSED

IF Q284=0, SKIP TO INSTRUCTION ABOVE Q287

IF Q284=1 AND A1=2, SKIP TO INSTRUCTION ABOVE Q287 (R AND FOCAL ADULT ARE THE ONLY ADULTS)

285. IF Q284=1 AND A1=1: Please tell me this person's age, gender and relationship to you.  
IF Q284=2 OR MORE: Please tell me each person's age, gender and relationship to you, starting with the oldest member of the household. IF A1=2, DISPLAY: You don't have to tell me about (NAME) because we've already talked about him/her.

1 CONTINUE

2 NO OTHER ADULTS IN THE HOUSEHOLD

REFUSED

IF Q285=2 OR REFUSED, SKIP TO INSTRUCTION ABOVE Q287

PERSON 1 – P1 SERIES

P1A How old is person?

ENTER AGE IN YEARS

Range 19 - 99

DON'T KNOW

REFUSED

P1B Is this person male or female?

1 Male

2 Female

REFUSED

P1C How is this person related to you?

(ADULT IS RESPONDENT'S \_\_\_\_\_)

- 1 Spouse – husband or wife
- 2 Partner – boyfriend, girlfriend
- 3 Own child, adopted child – son or daughter
- 4 Step child – step son or step daughter
- 5 Sibling – brother or sister
- 6 Parent, In-laws – father or mother, father in law or mother in law
- 7 Grandparent – grandfather or grandmother (Own or spouses)
- 8 Aunt or Uncle (Own or spouses)
- 9 Niece or Nephew (Own or spouses)
- 10 Grandchild – grandson or granddaughter
- 11 Other relative
- 12 Friend
- 13 Roommate
- 14 Foster Child
- 15 Legal Guardian
- 16 Child of partner/girlfriend/boyfriend
- 17 Roomer/Boarder
- 18 Other non-relative
- Don't Know
- Refused

P1D Does he/she have health insurance?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q284=1, SKIP TO INSTRUCTION ABOVE Q287

P1E Now, tell me about the next adult household member.

- 1 CONTINUE
- 2 NO OTHER ADULTS IN HOUSEHOLD
- REFUSED

IF P1E=2 OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q287

PERSON 2 – P1 SERIES

P1A How old is person?

ENTER AGE IN YEARS

\_\_\_\_\_  
 Range 19 - 99  
 DON'T KNOW  
 REFUSED

P1B Is this person male or female?

- 1 Male
  - 2 Female
- REFUSED

P1C How is this person related to you?  
(ADULT IS RESPONDENT'S \_\_\_\_\_)

- 1 Spouse – husband or wife
  - 2 Partner – boyfriend, girlfriend
  - 3 Own child, adopted child – son or daughter
  - 4 Step child – step son or step daughter
  - 5 Sibling – brother or sister
  - 6 Parent, In-laws – father or mother, father in law or mother in law
  - 7 Grandparent – grandfather or grandmother (Own or spouses)
  - 8 Aunt or Uncle (Own or spouses)
  - 9 Niece or Nephew (Own or spouses)
  - 10 Grandchild – grandson or granddaughter
  - 11 Other relative
  - 12 Friend
  - 13 Roommate
  - 14 Foster Child
  - 15 Legal Guardian
  - 16 Child of partner/girlfriend/boyfriend
  - 17 Roomer/Boarder
  - 18 Other non-relative
- Don't Know  
Refused

P1D Does he/she have health insurance?

- 1 Yes
  - 2 No
- Don't know  
Refused

IF Q284=2, SKIP TO INSTRUCTION ABOVE Q287

P1E Now, tell me about the next adult household member.

- 1 CONTINUE
  - 2 NO OTHER ADULTS IN HOUSEHOLD
- REFUSED

IF P1E=2 OR REFUSED, SKIP TO INSTRUCTIONS ABOVE Q287

IF Q284=3, ASK P1A THROUGH P1D AGAIN, THEN SKIP TO INSTRUCTIONS ABOVE Q287  
IF Q284=4, ASK P1A THROUGH P1E AGAIN, THEN ASK P1A THROUGH P1D AGAIN, THEN  
SKIP TO INSTRUCTIONS ABOVE Q287  
IF Q284=5, ASK P1A THROUGH P1E TWO MORE TIMES, THEN ASK P1A THROUGH P1D  
AGAIN, THEN SKIP TO INSTRUCTIONS ABOVE Q287  
CONTINUE UNTIL ALL ADULT HH MEMBERS MENTIONED IN Q284 ARE ASKED ABOUT

IF Q125=2, DON'T KNOW OR REFUSED, SKIP TO Q288  
IF Q125A=1, SKIP TO Q288

IF Q125A=2 OR MORE DISPLAY: Now I would like to ask a few questions about the children age 18 or younger living in this household. You don't have to tell me about (CNAME) because we've already talked about him/her.

287. Please tell me each child's age, gender and relationship to you, starting with the oldest.

- 1 CONTINUE
- 2 NO OTHER CHILDREN IN THE HOUSEHOLD  
REFUSED

IF Q287=2 OR REFUSED, SKIP TO Q288

CHILD 1 – C1 SERIES

C1A How old is child?

- 1 AGE GIVEN IN YEARS
- 2 AGE GIVEN IN MONTHS  
Refused

IF C1A=1, DISPLAY: ENTER AGE IN YEARS

IF C1A=2, DISPLAY: ENTER AGE IN MONTHS

— —  
VALID RANGE FOR YEARS: 1 – 18  
VALID RANGE FOR MONTHS: 1 - 48  
DK  
REF

C1B Is this child male or female?

- 1 Male
- 2 Female  
REF

C1C How is this child related to you?

(CHILD IS RESPONDENT'S \_\_\_\_\_)

- 1 Own child, adopted child – son or daughter
- 2 Step child – step son or step daughter
- 3 Foster child
- 4 Child of partner/girlfriend/boyfriend
- 5 Sibling – brother or sister
- 6 Niece or Nephew
- 7 Grandchild – grandson or granddaughter

- 8 Other relative
- 9 Other non-relative
- Don't Know
- Refused

C1D Does this child have health insurance?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q125A=2, SKIP TO Q288

C1E Now, tell me about the next child.

- 1 CONTINUE
- 2 NO OTHER CHILDREN IN HOUSEHOLD
- REFUSED

IF C1E=2 OR REFUSED, SKIP TO Q288

CHILD 2 – C1 SERIES

C1A How old is child?

- 1 AGE GIVEN IN YEARS
- 2 AGE GIVEN IN MONTHS
- Refused

IF C1A=1, DISPLAY: ENTER AGE IN YEARS

IF C1A=2, DISPLAY: ENTER AGE IN MONTHS

C1Ayrs

C1Amths            \_\_\_\_\_

VALID RANGE FOR YEARS: 1 – 18

VALID RANGE FOR MONTHS: 1 - 48

DK

REF

C1B Is this child male or female?

- 1 Male
- 2 Female
- REF

C1C How is this child related to you?

(CHILD IS RESPONDENT'S \_\_\_\_\_)

- 1 Own child, adopted child – son or daughter
- 2 Step child – step son or step daughter

- 3 Foster child
- 4 Child of partner/girlfriend/boyfriend
- 5 Sibling – brother or sister
- 6 Niece or Nephew
- 7 Grandchild – grandson or granddaughter
- 8 Other relative
- 9 Other non-relative
- Don't Know
- Refused

C1D Does this child have health insurance?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q125A=3, SKIP TO Q288

C1E Now, tell me about the next child.

- 1 CONTINUE
- 2 NO OTHER CHILDREN IN HOUSEHOLD
- REFUSED

IF C1E=2 OR REFUSED, SKIP TO Q288

IF Q125A=4, ASK C1A THROUGH C1D AGAIN, THEN SKIP TO Q288

IF Q125A=5, ASK C1A THROUGH C1E AGAIN, THEN ASK C1A THROUGH C1D AGAIN, THEN SKIP TO Q288

IF Q125A=6, ASK C1A THROUGH C1E TWO MORE TIMES, THEN ASK C1A THROUGH C1D AGAIN, THEN SKIP TO Q288

CONTINUE UNTIL ALL CHILDREN MENTIONED IN Q125 – 1 (FOCAL CHILD) ARE ASKED ABOUT.

CREATE A VARIABLE CALLED HHSIZE. HHSIZE= 1 (RESPONDENT) + RESPONSE TO Q284 (# OF ADULTS) + RESPONSE TO Q125A (# OF CHILDREN)

**HOUSEHOLD INCOME**

288. The next question is about your household income. (IF NECESSARY: We know people aren't used to talking about their income, but this information is important because it helps the state understand how to make health care more affordable for everyone.)

Was your household income from all sources in 2000, before taxes above or below \$30,000. IF Q252=1 OR IF A1=1 AND Q112=1 DISPLAY: If you are self-employed or own your own business, please report your net income.

- 1 \$30,000 or above
- 2 Below \$30,000
- Don't Know
- Refused

IF Q288=DON'T KNOW OR REFUSED, SKIP TO END

IF Q288=1 (ABOVE), SKIP TO Q288B

IF Q288= 2 (BELOW), ASK Q288A:

288A. Is it: (READ LIST)

- 1 Less than \$10,000
- 2 \$10,000 to less than \$15,000
- 3 \$15,000 to less than \$20,000
- 4 \$20,000 to less than \$25,000
- 5 \$25,000 to less than \$30,000
- Don't know
- Refused

IF Q288A=DON'T KNOW OR REFUSED, SKIP TO END  
ALL OTHERS SKIP TO INSTRUCTION ABOVE Q289

288B. Is it: (READ LIST)

- 1 \$30,000 to less than \$35,000
- 2 \$35,000 to less than \$40,000
- 3 \$40,000 to less than \$50,000
- 4 \$50,000 to less than \$75,000
- 5 \$75,000 to less than \$100,000
- 6 \$100,000 or more
- Don't know
- Refused

IF Q288B=DON'T KNOW OR REFUSED, SKIP TO END  
ALL OTHERS SKIP TO INSTRUCTION ABOVE Q289

**AWARENESS AND EXPERIENCE OF FOCAL ADULT 65+WITH MEDICAID ASSISTANCE PROGRAMS**

IF HH INCOME IS BELOW 134% (SEE TABLE BELOW) AND Q43=2 (NOT ON MEDICAID), DON'T KNOW OR REFUSED, ASK Q289.

ALL OTHERS SKIP TO INSTRUCTION ABOVE Q293

HHSIZE	134% FPL	HH INCOME
1	\$ 11,189	Q288A = 1 or 2
2	\$ 15,075	Q288A = 1 or 2
3	\$ 18,961	Q288A = 1, 2 or 3
4	\$ 22,981	Q288A = 1, 2, 3 or 4
5	\$ 26,733	Q288A = 1, 2, 3, 4 or 5
6	\$ 30,619	Q288A = 1, 2, 3, 4 or 5
7	\$ 34,505	Q288A <= 5 or Q288B = 1
8 OR MORE	\$ 38,391	Q288A <= 5 or Q288B =1 or 2

289. Are you aware that (you) (NAME) might be qualified to get help paying for Medicare copays, deductibles, and premiums through certain Medicaid assistance programs?  
(IF NECESSARY SAY, These programs are called Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), and Qualifying Individual 1 & 2 (QI-1 & 2))
- 1 Yes
  - 2 No
  - Don't know
  - Refused

IF Q289 =1 OR REFUSED AND Q125=2, DON'T KNOW OR REFUSED, SKIP TO END

IF Q289 =1 OR REFUSED AND Q125=1, SKIP TO INSTRUCTIONS ABOVE Q293

IF Q289 =2 OR DON'T KNOW, ASK Q292

292. You might want to call Medicaid to find out if you qualify. The number is **800-642-8589**

IF Q125=2, DON'T KNOW, OR REFUSED, SKIP TO END

**AWARENESS AND EXPERIENCE WITH CHIP**

IF INCOME BELOW 250% (SEE TABLE BELOW), AND Q152 WAS ASKED (CHILD UNINSURED), ASK Q293

ALL OTHERS SKIP TO INSTRUCTIONS ABOVE Q307

HHSIZE	250% FPL	HH INCOME
1	\$20,875	NA
2	\$28,125	Q288A = 1, 2, 3, 4 or 5
3	\$35,375	Q288A <= 5 or Q288B = 1
4	\$42,875	Q288A <= 5 or Q288B = 1, 2 or 3
5	\$49,875	Q288A <= 5 or Q288B = 1, 2 or 3
6	\$57,125	Q288A <= 5 or Q288B = 1, 2, 3 or 4
7	\$64,375	Q288A <= 5 or Q288B = 1, 2, 3 or 4
8 OR MORE	\$71,625	Q288A <= 5 or Q288B = 1, 2, 3 or 4

293. Had you heard about the Children's Health Insurance Program or CHIP before this interview?
- 1 Yes
  - 2 No
  - Don't Know
  - Refused

IF Q293=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q307

294. Has the family ever applied for CHIP for (CNAME)?
- 1 Yes
  - 2 No
  - Don't Know
  - Refused

IF Q294=1, SKIP TO Q296

IF Q294= DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q307

295. What is the main reason for not applying?
- 1 It was too hard to enroll
  - 2 We got other insurance coverage for this child
  - 3 We don't think we qualify
  - 4 We do not think we'd be satisfied with the program
  - 5 Our local doctors are not accepting CHIP
  - 6 We don't want to enroll in government programs

- 7 Or some other reason
- Don't Know
- Refused

SKIP TO INSTRUCTION ABOVE Q307

296. Was he/she accepted for CHIP?
- 1 Yes
  - 2 No
  - Don't Know
  - Refused

IF Q296=2, SKIP TO Q298  
IF Q296=DK OR REFUSD, SKIP TO Q302

297. What is the main reason (CNAME) isn't enrolled now?
- 01 It was too hard to re-enroll
  - 02 We have other insurance coverage now for this child
  - 03 We no longer qualify
  - 04 We were not satisfied with the program
  - 05 Our local doctors were not accepting CHIP
  - 06 He/she is healthy, doesn't need it
  - 07 Or some other reason
  - Don't Know
  - Refused

ALL SKIP TO Q302

298. Do you know why he/she was not accepted?
- 1 Yes
  - 2 No
  - Don't Know
  - Refused

IF Q298=2, DON'T KNOW OR REFUSED, SKIP TO Q302

299. Do you think the decision was fair?
- 1 Yes
  - 2 No
  - Don't Know
  - Refused

302. Please tell me a little more about the application process for CHIP. Was it: (READ LIST)
- 1 Very easy
  - 2 Somewhat easy
  - 3 Somewhat hard
  - 4 Very hard
  - Don't Know/UNSURE
  - Refused

303. Were the people where you applied (READ LIST)?

- 1 Very helpful
- 2 Fairly helpful
- 3 Not too helpful
- 4 Not at all helpful
- Don't Know/UNSURE
- Refused

304. Were the forms difficult to fill out?

- 1 Yes
- 2 No
- Don't Know
- Refused

305. How did you find out about CHIP?

- 01 Other people with children in program
- 02 Friends, relatives, or neighbors
- 03 Flyers from school
- 04 TV or radio ads
- 05 Doctor's office, clinic, or hospital staff
- 06 Employer
- 07 Social worker or other government program staff
- 08 Or some other place
- Don't Know/UNSURE
- Refused

AWARENESS AND EXPERIENCE OF FOCAL CHILD WITH MEDICAID

IF HH INCOME BELOW 200% FPL (SEE CHART BELOW) AND Q152 WAS ASKED (CHILD IS UNINSURED), ASK Q307

ALL OTHERS SKIP TO INSTRUCTION ABOVE Q320A

HHSIZE	200% FPL	HH INCOME
1	\$ 16,700	NA
2	\$ 22,500	Q288A = 1, 2, 3, or 4
3	\$ 28,300	Q288A = 1, 2, 3, 4 or 5
4	\$ 34,300	Q288A <= 5 or Q288B = 1
5	\$ 39,900	Q288A <= 5 or Q288B = 1 or 2
6	\$ 45,700	Q288A <= 5 or Q288B = 1, 2 or 3
7	\$ 51,500	Q288A <= 5 or Q288B = 1, 2, 3 or 4
8 OR MORE	\$ 57,300	Q288A <= 5 or Q288B = 1, 2, 3 or 4

307. Had you heard about Medicaid, sometimes called a medical card, before this interview?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q307=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q320A

308. Has the family ever applied for Medicaid for [CNAME]?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q308=1, SKIP TO Q310

IF Q308=DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q320A

309. What is the main reason for not applying?

- 1 It was too hard to enroll
- 2 We got other insurance coverage for this child
- 3 We don't think we qualify
- 4 We do not think we'd be satisfied with the program
- 5 Our local doctors are not accepting CHIP
- 6 We don't want to enroll in government programs
- 7 Or some other reason
- Don't Know
- Refused

SKIP TO INSTRUCTION ABOVE Q320A

310. Was he/she accepted for Medicaid?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q310=2, SKIP TO Q312

IF Q310= DON'T KNOW OR REFUSED, SKIP TO Q317

311. Why isn't he/she enrolled now?

- 1 It was too hard to re-enroll
- 2 We have other insurance coverage now
- 3 We no longer qualify
- 4 We were not satisfied with the program
- 5 Our local doctors were not accepting Medicaid
- 6 Or something else
- Don't Know
- Refused

ALL SKIP TO Q317

312. Do you know why he/she was not accepted?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q312=2, DON'T KNOW OR REFUSED, SKIP TO Q317

313. Do you think the decision was fair?

- 1 Yes
- 2 No
- Don't Know
- Refused

317. Please tell me a little more about the application process for Medicaid. Was it: (READ LIST)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat hard
- 4 Very hard?
- Don't Know
- Refused

318. How helpful were the people where you applied? Would you say they were: (READ LIST)

- 1 Very helpful
- 2 Fairly helpful
- 3 Not too helpful
- 4 Not at all helpful?
- Don't Know
- Refused

319. Were the forms difficult to fill out?

- 1 Yes
- 2 No
- Don't Know
- Refused

AWARENESS AND EXPERIENCE OF FOCAL ADULT WITH TANF

IF Q125=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q330  
 IF Q125=1 AND HH INCOME BELOW 134% FPL (SEE CHART BELOW), ASK Q320A  
 ALL OTHERS SKIP TO INSTRUCTION ABOVE Q330

HHSIZE	134% FPL	HH INCOME
1	\$ 11,189	Q288A = 1 or 2
2	\$ 15,075	Q288A = 1 or 2
3	\$ 18,961	Q288A = 1, 2 or 3
4	\$ 22,981	Q288A = 1, 2, 3 or 4
5	\$ 26,733	Q288A = 1, 2, 3, 4 or 5
6	\$ 30,619	Q288A = 1, 2, 3, 4 or 5
7	\$ 34,505	Q288A <= 5 or Q288B = 1
8 OR MORE	\$ 38,391	Q288A <= 5 or Q288B =1 or 2

320A. IF A1=1: Are you...  
 IF A1=2: Is NAME... the parent or guardian of any of the children living in this household?

- 1 Yes
- 2 No
- Don't know
- Refused

IF Q320A=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q330.

320B. In the past 2 years, did (you) (he/she) ever apply for public assistance or welfare, sometimes called West Virginia Works?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q320=2, DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q330

321. Were (you) (he/she) told by a West Virginia Works worker that there is a limit to how long (you) (he/she) will be able to get it?

- 1 Yes
- 2 No
- Don't Know
- Refused

322. Were (you) (he/she) told by a worker about:

ROTATE

- A. Job training
- B. Food stamps
- C. Child care assistance
- D. Job transportation assistance
- E. Housing assistance
- F. Medicaid
- G. CHIP
- H. Clothing vouchers
- I. Pre-employment dental and vision care
- J. Auto repair
- K. Cash assistance

- 1 Yes
- 2 No
- Don't know
- Refused

323. Did (you) (he/she) ever get West Virginia Works benefits?

- 1 Yes
- 2 No
- DON'T KNOW
- Refused

IF Q323=1, SKIP TO Q329

IF Q323=DON'T KNOW OR REFUSED, SKIP TO INSTRUCTION ABOVE Q330.

324. What is the main reason (you) (he/she) didn't get West Virginia Works?

- 01 Didn't know how to
- 02 Too much trouble
- 03 Paper work was too much trouble
- 04 Sign-up staff was not helpful
- 05 No interest in program
- 06 Didn't need it
- 07 Told not eligible
- 08 Other
- Don't Know
- Refused

ALL SKIP TO INSTRUCTIONS ABOVE Q330

329. Approximately how many months (have you) (has he/she) gotten West Virginia Works in the past 2 years?

ENTER NUMBER OF MONTHS

\_\_\_\_ / \_\_\_\_

VALID RANGE IS 1 TO 24

DON'T KNOW

REFUSED

AWARENESS AND EXPERIENCE OF FOCAL ADULT UNDER AGE 65 WITH MEDICAID

IF HH INCOME BELOW 175% FPL (SEE CHART BELOW) AND Q22 IS ASKED (FOCAL ADULT UNINSURED) AND Q307 IS ASKED, SKIP TO Q331

IF HH INCOME BELOW 175% FPL (SEE CHART BELOW) AND Q22 IS ASKED (FOCAL ADULT UNINSURED) AND Q307 IS NOT ASKED, ASK Q330

ALL OTHERS SKIP TO END

HHSIZE	175% FPL	HH INCOME
1	\$ 14,612.50	Q288A=1 or 2
2	\$ 19,687.50	Q288A = 1, 2, or 3
3	\$ 24,762.50	Q288A = 1, 2, 3 or 4
4	\$ 30,012.50	Q288A = 1, 2, 3, 4 or 5
5	\$ 34,912.50	Q288A <= 5 or Q288B = 1
6	\$ 39,987.50	Q288A <= 5 or Q288B = 1 or 2
7	\$ 45,062.50	Q288A <= 5 or Q288B = 1, 2 or 3
8 OR MORE	\$ 50,137.50	Q288A <= 5 or Q288B = 1, 2 or 3

330. Had you heard about Medicaid, sometimes called a medical card, before this interview?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q330=2, DON'T KNOW OR REFUSED, SKIP TO END

331. IF A1=1: Have you...

IF A1=2: Has NAME... ever applied for Medicaid for (yourself) (himself/herself)?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q331=2, DON'T KNOW OR REFUSED, SKIP TO END

332. (Were you) (Was he/she) accepted for Medicaid?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q332=2, SKIP TO Q334

IF Q332=DK OR REFUSED, SKIP TO Q339

333. Why (aren't you) (isn't he/she) enrolled now?

- 1 It was too hard to re-enroll
- 2 (I have) (He/she has) other insurance coverage now
- 3 (I) (He/she) no longer (qualify) (qualifies)
- 4 (I) (He/she) wasn't satisfied with the program
- 5 Our local doctors were not accepting Medicaid
- 6 Or something else
- Don't Know
- Refused

ALL SKIP TO Q339

334. (Do you) (Does he/she) know why (you were) (he/she was) not accepted?

- 1 Yes
- 2 No
- Don't Know
- Refused

IF Q334=2, DON'T KNOW OR REFUSED, SKIP TO Q339

335. (Do you) (Does he/she) think the decision was fair?

- 1 Yes
- 2 No
- Don't Know
- Refused

339. Please tell me a little more about the application process for Medicaid. Was it: (READ LIST)

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat hard
- 4 Very hard?
- Don't Know
- Refused

340. Were the people where (you) (he/she) applied (READ LIST)

- 1 Very helpful
  - 2 Fairly helpful
  - 3 Not too helpful
  - 4 Not at all helpful?
- Don't Know  
Refused

341. Were the forms difficult to fill out?

- 1 Yes
  - 2 No
- Don't Know  
Refused

END

This completes the survey. Thank you very much for your time and participation.