

OHIO FAMILY HEALTH SURVEY
METHODOLOGY REPORT

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Introduction

Overview of Survey Purpose and Content

Household surveys are a commonly used methodology for obtaining population-based prevalence estimates for phenomena of interest. They provide a mechanism for enrolling randomly selected samples of respondents, from whom population-wide prevalence estimates of particular phenomena may be reliably calculated, with identified confidence intervals.

The Ohio Department of Health contracted with The Gallup Organization to conduct The Ohio Family Health Survey. —A questionnaire designed by the Ohio Department of Health and the Gallup Study staff, was used to obtain by telephone data for approximately 16,000 adults (18 years of age and older) and nearly 6,000 children (under the age of 18) in a sample of households in the state of Ohio. The survey was administered from January through August 1998.

A main purpose of this survey was to produce estimates of the uninsured for both adults and children at the state and county levels in Ohio, as well as provide the relative contribution of several independent measures as predictors of insurance status.

Another goal of the Ohio Family Health Survey was to obtain baseline measures of health insurance coverage, health status, health risk behaviors, access to care, health care utilization, health care costs, satisfaction with care, and unmet health needs. A third goal was to gather demographic information that allows for analysis at the state and substate levels and for specific subpopulations in Ohio. For planning and resource allocation, Ohio needs estimates for these health issues for the state as a whole, for its counties, and for the following population characteristics of interest to the state:

- age
- race
- Hispanic origin
- gender
- education
- employment status
- income.

The state sample included adequate representation of non-Appalachian designated rural farm, Appalachian, metropolitan, suburban commuters, industrial regions and different minority groups like African Americans, Asian and Pacific Islanders, and Hispanics. It also contained a sufficient sampling of Medicaid and uninsured persons.

Data were collected by means of a standardized telephone questionnaire, containing the core questions developed by staff from the Ohio Department of Health and The Gallup Organization as well as appropriate items from several ongoing federal surveys, with some questions modified to meet the needs of the state for surveying its population.¹ The sample of 16,261 completed surveys of Ohio households was designed and continuously monitored by survey research professionals in order to ensure that it was representative of the state population as a whole and that adequate representation of age, race/ethnicity and gender were obtained. Using these data, therefore, it is possible to estimate the health care status of the population of Ohio and to use these estimates as a basis for planning and resource allocation on a statewide and countywide basis.

Survey Content

The survey instrument used in this study contains nine sections of questions asked of the eligible adult respondent, and eight sections of questions asked about the eligible child.

Adult Sections

Introduction. This section consists of an introductory paragraph that the interviewer read to the person who answered the phone in each household selected to be in the study sample. It tells the person that the interviewer is from The Gallup Organization that is conducting an important survey for the Ohio Health Department on health insurance and medical services. The interviewer then asks if he/she is speaking to someone 18 or older. Once such a person is on the line, the interviewer continues to explain that the survey is designed to provide a greater understanding of health insurance coverage in the state of Ohio, satisfaction with health care and health insurance, how much people have to pay for health care, and if Ohioans are having any problem getting health care. The interviewer explains further that the survey's purpose is to gather information for the state that can be used to make health care policy decisions that will affect the respondent and his/her family. Then the interviewer explains that the respondent's telephone number was chosen randomly and all information would be kept strictly confidential. The survey should take 15 to 20 minutes to complete.

Section A. Screener Questions for Adult Interview (Questions S1-S18 and Question 1) - the S series questions ask for the adult in the household with the most recent birthday and defines this person as the eligible respondent about whom the insurance information will be gathered. If the eligible respondent is not knowledgeable about his/her own medical insurance, the interviewer will ask to speak with an adult who does know about the eligible respondent's health insurance. The remaining questions establish:

- the relationship of the adult being questioned to the eligible adult respondent;
- whether the eligible respondent lives in a regular house or apartment or a non-house residence;

¹ A copy of the survey instrument noting the source of all items is found in Appendix A.

- the length of time the eligible respondent has lived in Ohio;
- his/her county of permanent residence;
- zip code;
- the number of adults living in this household;
- the number of adults in the respondent's family living in the household;
- the number of children living in the household;
- the number of children in the respondent's family living in the household;
- the eligible respondent's age, gender, ethnicity, and race.

The screener section ends by asking if the eligible respondent is covered by health insurance such as insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Start, CHAMPUS, Champ-VA, and the Indian Health Service.

Section B. Currently Insured (Questions B-4 to B34f) – This section is asked of adult respondents who indicated that they are currently insured. The questions ask about:

- the type of health insurance coverage;
- the name of the policyholder;
- whether their primary insurance plan is some type of managed care plan;
- the beginning of the period of coverage for those who have a medical card from the state or county;
- whether their primary coverage is family, single, or some other type of coverage;
- the respondent or policy holder's monthly cost for the insurance coverage;
- their own rating of their insurance coverage on ability to chose a doctor;
- the benefits covered;
- their ability to get emergency medical care;
- how much they have to pay personally for medical services;

- whether their current insurance covers mental health services, dental care, vision services, hearing services, or prescription medications;
- whether they have a full-time or part-time job;
- number of hours worked per week;
- whether they work for the government, private industry, or are self-employed;
- the industry of their job;
- the number of employees in their company;
- the county in which they work;
- the length of time they have been covered by their primary insurance plan;
- their health insurance coverage prior to their current plan;
- the type of health insurance coverage prior to their current plan;
- how they might compare their current plan with their prior plan;
- the ways in which their current plan is better or worse than their prior plan;
- whether there was any time in the past 12 months when they were uninsured;
- number of weeks in the past year without coverage;
- reasons for being uninsured during the past year;
- the nature of any medical problems they experience when they were uninsured;
- whether their employer offers health insurance coverage;
- whether their employer's health insurance coverage is offered to full-time only or to all employees;
- whether their employer offers single, family, or both single and family coverage.

Section C. Currently Uninsured (Questions C2 to C34e) – These questions are asked of those eligible respondents who are currently uninsured. The questions ask about:

- the last time they had health insurance;
- the type of health insurance they had the last time they had coverage;

- whether their previous coverage covered them as a dependent or was obtained through their own work;
- their relationship to the person whose insurance may have covered them as a dependent;
- their relationship to the policyholder;
- whether their previous coverage was some type of managed care plan;
- for those who previously had a medical card from the state or county, the month and year their coverage began;
- the monthly cost of their previous coverage;
- their own rating of their previous coverage based on their ability to choose a doctor,
- the benefits covered;
- their ability to get emergency care;
- how much they had to pay personally for medical services;
- whether their previous health insurance covered mental health services, dental care, vision services, hearing services, and prescription medications;
- whether they had a job during their previous coverage;
- the number of hours per week they worked at the job that provided them with their previous health insurance coverage;
- whether they worked for the government, private industry, or were self-employed;
- the industry of their job the last time they had health insurance;
- the number of employees in their company that last provided them with health insurance;
- the county of the job that last provided them with health insurance;
- when was the last time they had health insurance;
- the number of weeks in the past year in which they had no health insurance;
- the reasons for no health insurance during the past year;
- whether they had any medical problems while they were uninsured during the past year;

- whether they are currently employed;
- whether they had a full or part-time job during the past year;
- whether their employer offers health insurance, and if so, whether it is offered to full-time only or to all employees;
- whether their employer offers family coverage, single coverage, or both;
- the number of hours per week worked at their current job;
- whether they currently work for the government, private industry, or are self-employed;
- the industry of their current job;
- the number of person who work for their current employer.

Section D. Health Status of Adult (Questions 35 to 58) - This section asks three types of questions, i.e., a rating of the respondent's health; questions about whether their physical or emotional problems interfere with current daily activities; and additional questions about the respondent's health. The first question asks the respondents to rate his/her health on a scale from poor to excellent. The second section, taken from the SF-12 survey, a standardized generic measure of physical and emotional health status asks:

- how the respondent's health might impact on his/her ability to perform moderate activities;
- how the respondent's health might impact on his/her ability to climb several flights of stairs;
- during the past 4 weeks, has the respondent accomplished less than he/she would like as a result of health;
- during the past 4 weeks, was the respondent limited in the kind of work or other regular daily activities he/she did as a result of physical health;
- during the past 4 weeks, did the respondent accomplish less than he/she would like as a result of any emotional problems;
- during the past 4 weeks, did the respondent not do work or other regular activities as carefully as usual as a result of any emotional problems;
- during the past 4 weeks, how much did pain interfere with his/her normal work, including both work outside the home and housework;
- during the past 4 weeks, how much of the time has the respondent's physician health or emotional problems interfered with his/her social activities like visiting with friends or relatives;

- how much of the time during the past 4 weeks has the respondent felt calm and peaceful;
- how much of the time during the past 4 weeks did the respondent have a lot of energy;
- how much of the time during the past 4 weeks did the respondent feel downhearted and blue;

Finally, a third set of questions ask:

- whether the respondents have a chronic health condition diagnosed by a doctor;
- the type of chronic conditions they have;
- questions about some activities of daily living and limitations the respondent has because of his/her physical or mental health;
- questions about cigarette smoking, i.e., whether the respondent has smoked at least 100 cigarettes in his/her lifetime and whether they smoke now;
- questions about exercise, recreation, or physical activities other than the respondent's regular job duties; and
- the respondent's height and weight.

Section E. Utilization of Health Care Services by Adult (Questions 59-66) – All questions in this section ask the respondent about his/her use of health care services during the past year. These include questions about:

- the number of times the respondent has seen a doctor;
- the number of times the respondent was admitted as a patient to a hospital;
- the number of times the respondent had outpatient surgery;
- the number of times the respondent was a patient in a hospital emergency room;
- the number of times the respondent went to a dentist;
- respondent's ratings of their access to services such as the overall quality of the health care they received, the overall quality of the hospital care they received, number of days spent in the hospital, the overall quality of outpatient surgery they had, the overall quality of emergency room services they received, and the overall quality of dental services they received;
- whether they had a PAP smear or a mammogram;
- women age 18-50 were asked whether they had been pregnant at any time during the past year.

Section F. Unmet Health Care Needs of Adult (Questions 67 to 69) - These questions ask the respondent about unmet health care needs during the past year. The questions include:

- whether they had a problem getting medical, mental, or dental care;
- the nature of the healthcare they needed; and
- why they had a problem getting care.

Section G. Access to Care by Adult (Questions 70 to 73) – This section includes four questions about the respondent's sources of medical care. Questions include:

- whether there is a place the respondent usually goes to when sick or needing advice about their health;
- the type of place they go to; and
- the respondent's rating of his/her ability to see a specialist.

Section H. Demographics of Adult (Questions 74 to 89) – This is the final section of questions asked of the adult respondent in the survey. The questions in this section include:

- the adult's zip code;
- the adult's marital status;
- whether the respondent's spouse or partner is currently employed;
- the highest level of schooling completed by the respondent;
- the respondent's out-of-pocket costs for medical services during the past year;
- total family income for the calendar year 1997.

The following questions were asked of low-income adults that might be eligible for Medicaid:

- whether the respondent tried to get health insurance coverage from the State or County Department of Human Services during the past year;
- why the respondent could not get a medical card from the state or county during the past year; and
- why the respondent who was eligible for health insurance from the state or county did not try to get it.

Child Section

The following eight sections of the survey are asked of those respondents who indicated that there was at least one child in their family.

Section I. Screening Questions for Eligible Child (Questions 90 to 95) – The questions in this section include:

- the identification of the eligible child for the survey, i.e., the child, age 17 or younger, who had the most recent birthday;
- the age of the eligible child;
- the identification of an adult in the household who is well informed about the eligible child's insurance coverage;
- the relationship of the adult answering the survey to the eligible child;
- some general information related to the child's health insurance coverage, i.e., whether the child is currently covered by health insurance.

Section J. Child's Insurance Coverage (Questions J96 to J124) – These questions were asked only for children previously identified as insured. They include:

- whether the child's insurance coverage was the same as the eligible adult respondent's coverage;
- the type of insurance coverage the child has;
- identification of the person whose insurance coverage covers the eligible child as a dependent;
- whether the child's primary insurance plan is a managed care plan;
- the month and year that medical card ("Medicaid") coverage began (for those children who have a medical card from the state or county);
- the informed adult's rating of the child's health insurance coverage on ability to choose a doctor, benefits covered, and ability to get emergency medical care;
- how much the child's family has to pay for medical service for the child;
- whether the child's insurance plan covers dental care, vision care, mental health care, hearing care, prescription medications;
- the current employment status of the child's policyholder;

- number of hours per week worked by the child's policyholder;
- whether the child's policyholder works for the government, private industry, or is self-employed;
- the industry of the policyholder's job;
- the total number of people who work for the policyholder's employer;
- the county in which the policyholder's job is located;
- how long the child has been covered by his/her current primary health insurance plan;
- prior to the child's current plan, was the child covered by any other health insurance plan in the past year;
- type of plan that covered the eligible child prior to his/her current coverage;
- the adult's comparison of the child's current and former insurance plan;
- the ways in which the child's current plan is better or worse than their prior plan;
- whether there was any time in the past year when the child did not have health insurance;
- the number of weeks in the past year that the child was without health insurance;
- reasons the child was uninsured during the past year;
- things that might have happened to the child while he/she was uninsured such as the child incurring major medical costs, avoiding necessary care, and any problems getting the care the child needed.

Section K. Child Currently Uninsured (Questions K97 to K124) – This section contains a set of questions asked about only those eligible children who were uninsured. The questions include:

- the month and year the child last had health insurance during the past year;
- whether the child's previous health insurance was the same as the eligible adult's;
- what type of plan was the child's previous coverage
- identification of the adult whose insurance plan previously covered the eligible child;
- whether the child's previous primary insurance plan was some type of managed care plan;

- the most recent month and year the child's medical card ("Medicaid") coverage began (for those children who had a medical card from the state or county);
- the adult respondent's rating of the child's most recent health insurance coverage in terms of the ability to choose a doctor, the benefits covered, the ability to get emergency care, and how much the child's family has to pay personally for medical services;
- the last time the eligible child had health insurance;
- whether the child's plan covered dental care, vision care, mental health care, hearing care, or prescription medications;
- whether the child's policyholder had a job the last time the child had health insurance;
- how many hours per week the policyholder usually worked at his/her job;
- whether the policyholder worked for the government, private industry, or was self-employed;
- the industry of the policyholder's job;
- the total number of employees who worked for the policyholder's employer;
- in what county did the child's policyholder work the last time the eligible child had insurance;
- the last time the eligible child had health insurance;
- for how many weeks during the last year was the eligible child without health insurance;
- reasons why the eligible child was without health insurance in the last year;
- whether the eligible child had any major medical costs, delayed or avoided getting care, or had any problems getting the care needed while he/she was uninsured in the past year.

Section L. Health Status of Child (Questions 125 to 129) – This section includes questions about the eligible child's current health status. It asks the adult respondent to:

- rate the eligible child's health on a scale from poor to excellent;
- whether the child has a chronic condition that has been diagnosed by a doctor;
- name the child's chronic condition; and
- two questions ask about the child's height and weight.

Section M. Utilization of Health Care Services by Child (Questions 130 to 136) – This section asks about the use of health care services by the eligible child in the past year. Questions include:

- whether the child received a physical exam or well baby/child checkup;
- how many times the child has seen a doctor;
- how many times the child was admitted as a patient to a hospital that included an overnight stay;
- how many times the child had outpatient surgery;
- how many times the child was a patient in a hospital emergency room; and
- how many times the child visited a dentist.

The final question asked the adult respondent to rate the child's medical services including the overall quality of the health care, the overall quality of the hospital care, the number of days spent in the hospital, the overall quality of the child's outpatient surgery, the overall quality of the emergency room services, and the overall quality of the child's dental services.

Section N. Unmet Health Care Needs of Child (Questions 137 to 142) – This section asks the adult respondent about the health care needs of the eligible child during the last year. The questions include:

- whether the child had a problem getting any health care;
- the type of healthcare that the child needed;
- why the child had a problem getting necessary health care;

Low-income families that might qualify for Medicaid were asked:

- whether anyone tried to get health insurance for the eligible child from the State or County Department of Human Services;
- why the child was unable to get a medical card from the state or county; and
- why the adult respondent did not try to get health insurance for the child from the state or county.

Section O. Access to Care for Child (Questions 143 to 146) – This section contains questions that ask about the child's access to medical care. Questions include:

- whether there is a place to which the eligible child is usually taken when he/she is sick;
- what kind of place the eligible child goes to when he/she is sick;

- the primary place the eligible child goes to when sick; and
- a rating of the child's ability to see a specialist in the past year.

Section P. Child's Demographics (Questions 148 to 157) – This section contains the final set of questions about the eligible child. It asks questions about:

- the child's gender, ethnicity, and race; and
- whether either of the child's parents are employed.

The remaining items in this section do not actually pertain to child demographics. Respondents were asked for verification of the phone number, the number of telephone lines in the house, and whether the household had an interruption in telephone service during the past year.

Sampling Design

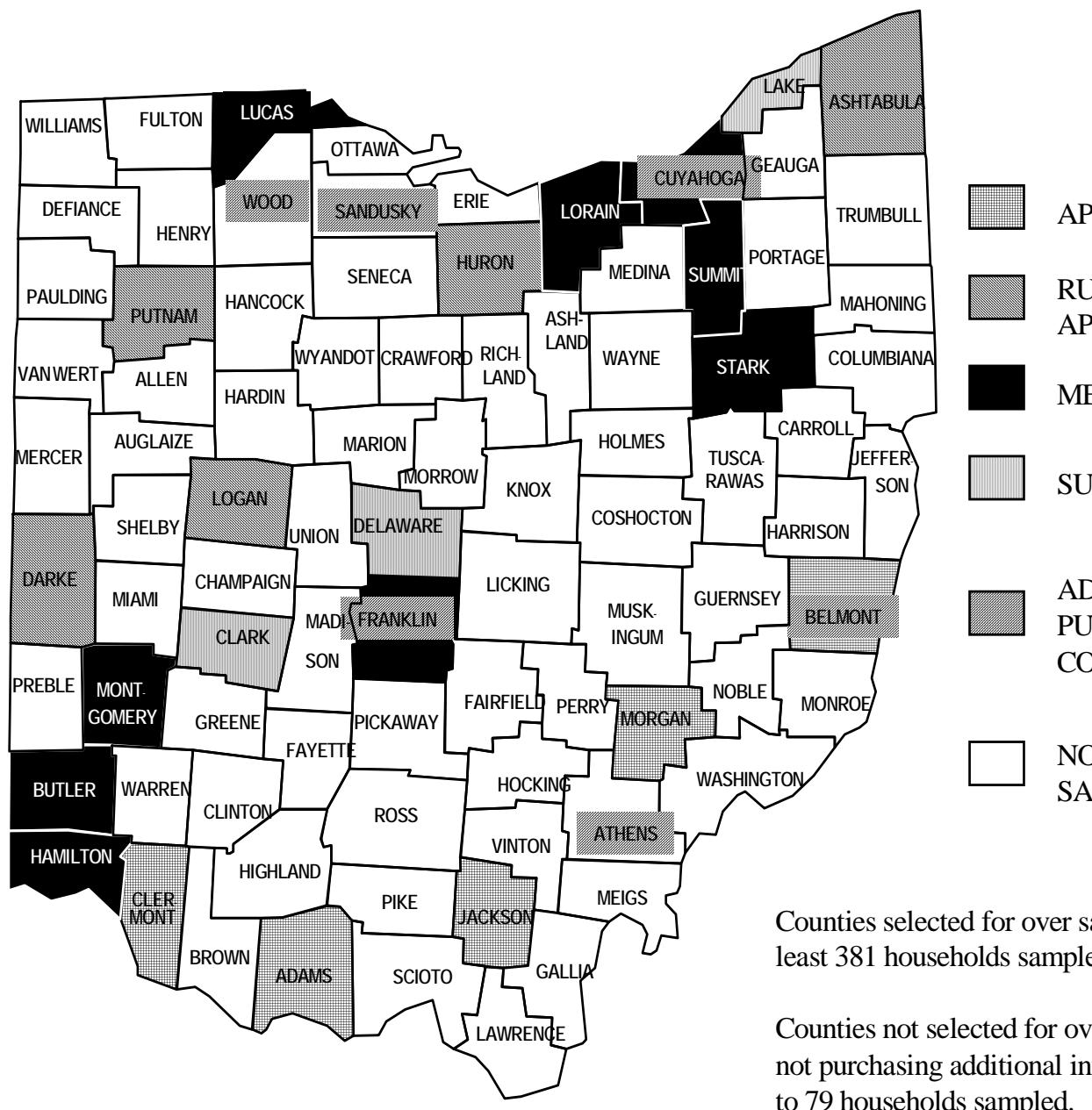
The main objective of the Ohio Family Health Survey was to estimate, among other variables, the number (or proportion) of uninsured persons in the state of Ohio. Another objective was also to obtain separate estimates for each of the 88 counties of the state. Using Computer Assisted Telephone Interviewing (CATI) methodology of data collection, the total number of interviews completed with adults (18 years of age or older) and children (17 years of age or younger) statewide was 16,261 and 5,788 respectively. For the purpose of telephone interviewing, the entire state of Ohio was stratified into 88 counties (strata) and sampling was done independently within each county. The truncated version of the telephone sampling design proposed by Casady & Lepkowski (1993) was followed for constructing the telephone samples. Oversampling of certain specified subgroups (like African Americans, Hispanics and Asians) was done by making use of special lists (containing surnames) and additional information at the telephone exchange level. Further details of the sampling procedures used are given below in the section on 'Sampling Method.'

Out of the 88 counties in the state of Ohio, it was decided to have a relatively larger sample size (number of completed interviews) for 22 selected counties. These 22 counties included 9 large metropolitan counties (Cuyahoga, Lorain, Summit, Stark, Lucas, Hamilton, Butler, Montgomery and Franklin), 5 Rural counties (Putnam, Huron, Ashtabula, Darke, Logan), 5 Appalachian counties (Clermont, Adams, Jackson, Morgan, Belmont) and 3 Suburban counties (Clark, Delaware, Lake). For each of these 22 counties, the initial plan was to have a sample size of about 382. For the remaining 66 counties, the targeted sample size was about 62. The total anticipated sample size was, therefore, expected to be about 12,500. The total sample size as well as the sample size for each of the 22 oversampled counties was derived taking into consideration the budget and the minimum precision requirement of the estimate of uninsured persons for such counties. Towards the end of the data collection period, the number of completed interviews for the oversampled subgroups (like African Americans, Asians and Hispanics) was reviewed and it was considered necessary to increase the sample size for these groups, thereby increasing the total number of interviews.

Description of procedures used to carry out the sampling for these groups are given in the section on Sampling Method (pages 19-20 of this report). Moreover, six counties (Cuyahoga, Athens, Franklin, Sandusky, Wood and Belmont) purchased additional surveys to be completed in their respective counties. As a result, the actual number of interviews completed statewide and at the county level was higher than originally planned. The actual number of interviews completed in different counties is presented in this section in Table 1. The details on selection of counties and sample allocation across counties are given below in the section on ‘Selection of counties and sample allocation.’

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COUNTIES SELECTED FOR OVER SAMPLING



Sampling Method

There are essentially two types of sampling frames for telephone surveys. One is the BCR (Bell Core Research) frame that is generated by appending all 10,000 four digit suffixes (0000 to 9999) to the area code-prefix combinations. The telephone numbers in the BCR frame are grouped into banks of 100 numbers using the area code, three-digit prefix, and the first two digits of the suffix to specify each bank. An unrestricted random sampling of telephone numbers (called Random Digit Dialing) from the BCR frame, however, turns out to be quite inefficient since only about 20 percent of all numbers at the national level are expected to be WRNs (working residential numbers). The other type of frame is a list or directory-based frame, which yields a significantly higher rate of WRNs. However, samples drawn from such lists do not include unlisted (or unpublished) telephone numbers, and studies of telephone households with or without published numbers suggest that estimates based on such samples may be biased.

In order to avoid the problem of low hit-rate and higher cost, it was decided to use the telephone sampling method proposed by Robert J. Casady and James M. Lepkowski (1993). The Casady and Lepkowski method effectively uses bank-level information from the BCR frame and achieves a much higher (about 52 percent) hit-rate. The bank level information is available from Survey Sampling Inc. (SSI) of Fairfield, CT or from other similar organizations.

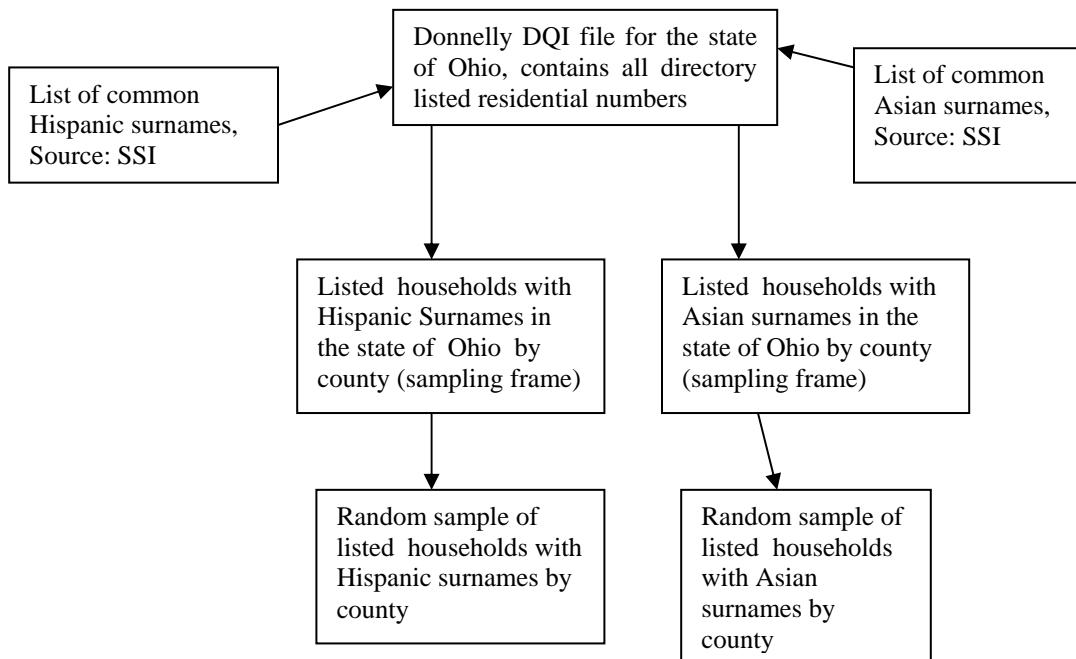
The truncated version of the design proposed by Casady and Lepkowski (1993) for constructing the telephone sample was used to construct the telephone samples. A telephone number in the United States is 10 digits long (AAA EEE XXXX), where the first three digits are the area code, the second three are the exchange, and the last four are the number within the exchange. The area code, three-digit prefix and the first two digits of the four-digit suffix specify a 100-bank containing 100 telephone numbers. For example, within area code 301, exchange 738, one such 100-bank is 301 738-12XX where the last two digits range from 00 to 99. The Casady-Lepkowski procedure uses the BCR (Bell Core Research) frame for the study area. This frame of all possible telephone numbers (containing both listed and unlisted numbers) is then stratified into two strata: a "high density" stratum consisting of 100-banks with a minimum number (for example, one or more) of listed residential numbers, and a "low density" stratum consisting of all the remaining numbers in the BCR frame. For each county, the Casady-Lepkowski truncated design was followed i.e. a RDD sample of specified size was drawn from the high-density stratum of each county. The information on the number of listed residential numbers in each bank in a county was obtained from Survey Sampling Inc. In view of cost and operational efficiency, it was decided not to sample from the low-density stratum. For the purpose of constructing the high-density stratum for any county, it was necessary to match geographic areas with telephone exchanges. This matching process is approximate and hence, the final determination of which county a particular respondent belonged was based on his/her actual answer to the question "In what county in the state of Ohio, do you live most of the time?"

For each of the 88 counties, a county level RDD sample was drawn proportionate to the number of completes required within each county following the sampling procedure described above. However, for the purpose of oversampling certain subgroups, separate sampling techniques

had to be used. For oversampling of African Americans, there were nine counties that were deemed to have an above average rate of African American households. The exchanges in these counties were stratified into those having a higher density of African American households and those having a lower density. In addition to the standard RDD samples, these nine counties also had a black density stratified sample included. The counties were: Clark, Cuyahoga, Franklin, Hamilton, Lorain, Lucas, Montgomery, Stark and Summit.

In order to achieve the oversampling of Hispanics, a random sample from a list of households known to have a Hispanic Surname was drawn. This list was compiled from the combination of two files, one the Donnelly DQI file that contains all listed households and two, a list of all possible common Hispanic Surnames. The two were matched and all listings that matched comprised the sampling frame for the state of Ohio.

Chart 1: Oversampling of Minority Groups



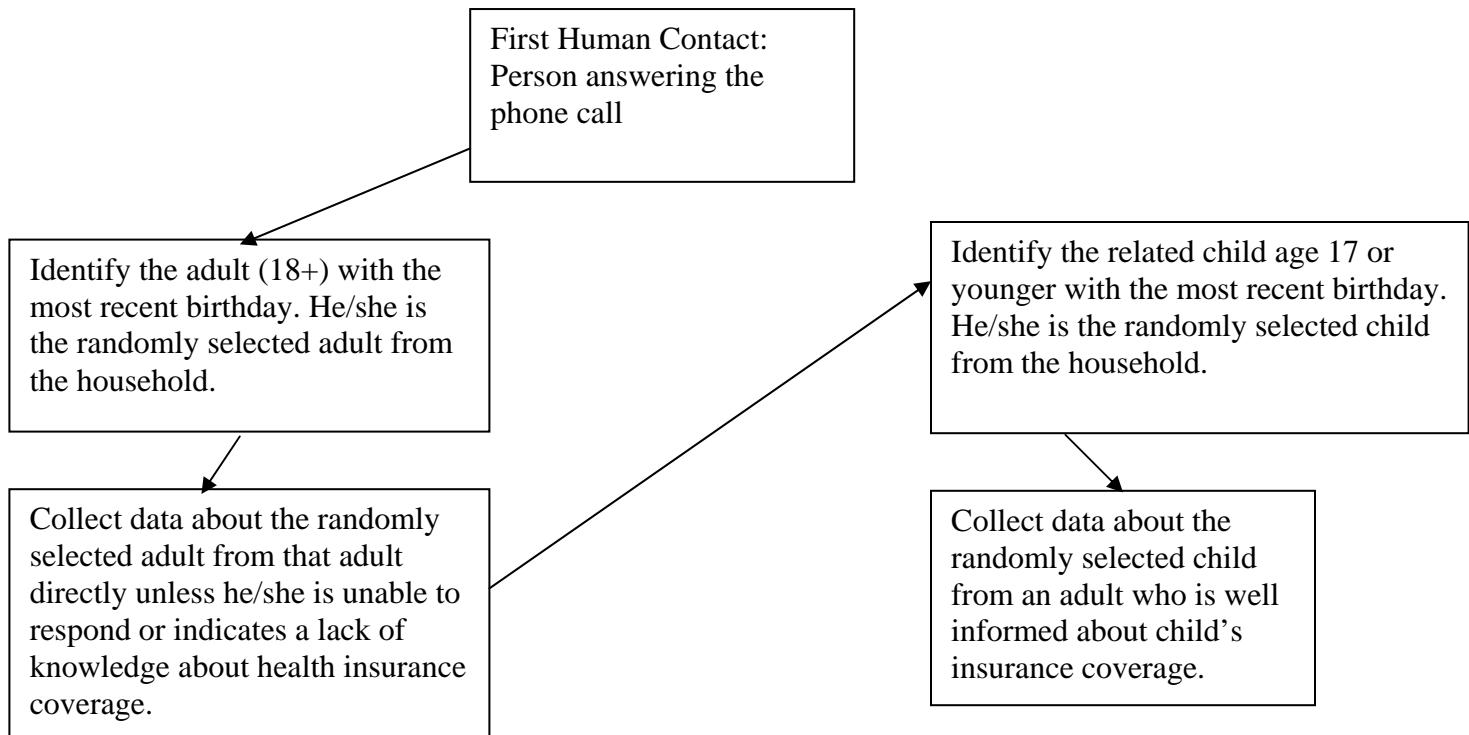
A random sample proportionate to the number of such numbers within the 88 counties was drawn. For oversampling of Asians, a similar strategy was used and a random sample was drawn from a list of households that were deemed to have an Asian Surname attached to it. Once again the sample was drawn proportionate to the number of such records estimated within each County. All four samples for each county (the RDD part and the sample of telephone numbers selected to oversample these subgroups) were obtained from Survey Sampling Inc. of Fairfield, CT.

Criteria for Selection

An eligible selected adult for the purposes of the survey was a full-time adult member of a household within the state of Ohio who was 18 years of age or older and had been a permanent resident of the state for at least one month. Households were defined as non-institutional places of permanent residence.

From each selected household, Gallup interviewers interviewed one adult , defined as age 18 or older, on behalf of the eligible adult in the household and one adult on behalf of the eligible child, age 17 or younger, if there was a related child in the household. The adult was chosen from all adults living in that household using the “most recent birthday” method. Similarly, the eligible child was chosen from all children in that household who were members of the selected adult’s family. Adult responses were collected from the adult directly unless the randomly selected adult was unable to respond or indicated a lack of knowledge about health insurance coverage. Information about the selected child was obtained from an adult in the household who was well informed about the child’s insurance coverage. Given below is a diagram describing the steps of selection and interview of the randomly selected adult and the child.

Chart 2: Respondent selection within a household



Selection of Counties and Sample Allocation

The 88 counties of the state of Ohio were divided into (i) 12 metro counties (ii) 30 rural counties (iii) 29 Appalachian counties and (iv) 17 suburban counties. Based on the information given in the Request for Proposal (RFP) and other supporting materials, the counties of the state of Ohio were divided into the categories mentioned above. The purpose of this type of stratification was mainly to ensure adequate representation from each type of county under the budgetary constraints. The suburban counties were urban non-metro counties. Out of the 12 large metro counties, the nine counties that were selected to be oversampled were Cuyahoga, Lorain, Summit, Stark, Lucas, Hamilton, Butler, Montgomery and Franklin. The three metro counties (Allen, Richland and Mahoning) that were not oversampled were the three smallest metro counties of the state. The other 13 ($22-9=13$) counties to be oversampled were chosen from the remaining 76 ($88-12=76$) non-metro counties following the procedure described below. As mentioned before, a relatively higher sample size (about 382) was allocated to each of the 22 selected counties.

Three cluster analyses were performed to select 5 counties from the 30 rural counties, 5 counties from the 29 Appalachian counties, and 3 counties from the 17 suburban counties. Cluster analysis is a statistical technique for forming groups of similar objects. The objective was to select representative samples from each of the three sets of counties (rural, Appalachian, and suburban). Using cluster analysis, each set of counties was divided into a number of more or less homogenous groups of counties. The number of groups to be formed within each set of counties was made equal to the specified sample size from that set of counties. After formation of these groups based on cluster analysis, one county was selected from each group. This procedure ensured representation of one county from each homogeneous group of counties formed by cluster analysis. As a result, any between county variation with particular types of counties (rural, Appalachian, and suburban) were captured in the sample. Hence the final sample of counties from each of the three sets of counties were representative of the corresponding population of counties (rural, Appalachian, suburban). A 5-cluster solution was obtained for both the rural and Appalachian counties and a 3-cluster solution was obtained for the suburban counties. Since variables with greater variances tend to have more effect on the resulting clusters than those with smaller variances, all variables were standardized to mean 0 and standard deviation 1 before the cluster analyses were done. Ward's minimum-variance method was used in all these analyses. Geographic location was not a variable in the cluster analysis, but it was taken into consideration while selecting counties from clusters so that the resulting sample, to the extent possible, was also geographically representative. The details of the procedures (variables used in the cluster analysis, etc.) are given below.

1. Rural Counties

The following measures at the county level were used in this analysis: median family income, Medicare enrollment, Medicaid enrollment, proportion of the population that are self-employed, and proportion of the population who work for companies which have more than 100 employees. Data on median family income at the county level were obtained from the Ohio Department of Health. The data were based on the U. S. Census Bureau's County Income and Poverty Estimates for Ohio, 1993. The information on Medicare and Medicaid enrollment for each

county was obtained from the document titled State Health Resources Plan 1996, from the Ohio Department of Health. The information on the proportion of the population that is self-employed was obtained from the Ohio 1990 Census Employment Data, by County. The proportion of the population who work for companies that have more than 100 employees was obtain from Ohio Department of Health. The original source of the information was Ohio Bureau of Employment Services. Five clusters were derived and one county was selected from each cluster. The plan was to complete about 382 interviews in each of these five counties and the average number of completed interviews in the remaining counties was set to be about 62. We chose the following five counties: Ashtabula, Darke, Huron, Logan, and Putnam.

2. Appalachian Counties

The measures used here were the same as those in the analysis for rural counties. Again, five clusters were derived and one county was selected from each cluster. We chose the following five counties: Adams, Belmont, Clermont, Jackson, and Morgan.

3. Suburban Counties

Urban counties were defined as counties that were not Rural or Appalachian counties. So there were 29 (= 88 - 30 -29) of these. Of these 29 counties, 12 were metropolitan while the remaining 17 were suburban. In order to have representation from this group, a three-cluster solution was derived from the group of 17 suburban counties and then one county from each cluster was chosen. The variables used were: population density, unemployment rate, percent of the population that is uninsured, median family income, percent of the population that is nonwhite, Medicare enrollment, and Medicaid enrollment. The sources for data on median family income, Medicare and Medicaid enrollment are the same as those mentioned for rural counties above. Data on population density and percent of population that is non-white were obtained from Census estimates. Data on percent of population that is uninsured were obtained from the Ohio State Health Resources Plan 1996. Unemployment rate data were obtained from the Ohio Department of Health. The original source of that information was the Ohio Bureau of Employment Services (Civilian Labor Force Estimates). The following three counties were chosen in the sample: Lake, Delaware, and Clark.

The total initial sample of size 12,500 was, therefore, allocated as follows: about 382 interviews to each of the 22 selected counties consisting of (i) 5 rural counties (ii) 5 Appalachian counties (iii) 12 urban counties - 9 metropolitan counties (selected from the original 12 by dropping Allen, Richland and Mahoning) and three suburban counties (Lake, Delaware and Clark). The targeted sample size in each of the other 66 counties was about 62.

The solutions of the Cluster analyses are given below. The selection of counties presented above was one of the possible choices that could be made.

Rural		Appalachian		Suburban	
County	Cluster	County	Cluster	County	Cluster
Ashland	1	Adams	1	Clark	1
Darke	1	Holmes	1	Fairfield	1
Fayette	1	Athens	2	Greene	1
Hardin	1	Brown	2	Licking	1
Morrow	1	Carroll	2	Madison	1
Wyandot	1	Coshocton	2	Miami	1
Ashtabula	2	Gallia	2	Pickaway	1
Champaign	3	Guernsey	2	Portage	1
Defiance	3	Harrison	2	Wood	1
Henry	3	Highland	2	Lake	2
Mercer	3	Hocking	2	Trumbull	2
Ottawa	3	Jackson	2	Auglaize	3
Paulding	3	Meigs	2	Delaware	3
Preble	3	Noble	2	Fulton	3
Putnam	3	Perry	2	Geauga	3
Clinton	4	Vinton	2	Medina	3
Hancock	4	Belmont	3	Union	3
Logan	4	Columbiana	3		
Shelby	4	Jefferson	3		
Van Wert	4	Lawrence	3		
Warren	4	Muskingum	3		
Williams	4	Ross	3		
Crawford	5	Scioto	3		
Erie	5	Tuscarawas	3		
Huron	5	Washington	3		
Knox	5	Clermont	4		
Marion	5	Monroe	5		
Sandusky	5	Morgan	5		
Seneca	5	Pike	5		
Wayne	5				

As mentioned before, six counties (Cuyahoga, Athens, Franklin, Sandusky, Wood and Belmont) purchased additional surveys. Also, additional data collection efforts were made to increase the number of interviews with oversampled groups like African Americans, Hispanics and Asians. As a result, the actual number of completed interviews was higher than what was originally planned. Table 1 below gives the number of interviews completed for the different counties.

Table 1: Number of completed interviews (adults & children) by county

County	Number of Completed Interviews	
	Adults	Children
Total	16,261	5,788
Adams	388	136
Allen	66	22
Ashland	64	23
Ashtabula	397	150
Athens	587	187
Auglaize	62	28
Belmont	623	206
Brown	75	29
Butler	427	140
Carroll	60	18
Champaign	65	23
Clark	389	138
Clermont	419	160
Clinton	74	30
Columbiana	65	29
Coshcocton	68	22
Crawford	77	25
Cuyahoga	1493	486
Darke	421	145
Defiance	65	20
Delaware	390	151
Erie	65	18
Fairfield	66	24
Fayette	70	24
Franklin	783	275
Fulton	61	28
Gallia	61	24
Geauga	61	23
Greene	70	25
Guernsey	60	23
Hamilton	451	164
Hancock	61	24
Hardin	62	21
Harrison	61	21
Henry	60	27
Highland	62	21
Hocking	61	24
Holmes	62	31

Huron	381	156
Jackson	381	119
Jefferson	62	14
Knox	61	18
Lake	401	161
Lawrence	71	30
Licking	68	26
Logan	382	147
Lorain	401	153
Lucas	438	152
Madison	61	24
Mahoning	69	24
Marion	60	24
Medina	65	27
Meigs	61	14
Mercer	63	23
Miami	70	27
Monroe	61	19
Montgomery	467	141
Morgan	403	136
Morrow	61	25
Muskingum	61	23
Noble	61	27
Ottawa	61	21
Paulding	62	24
Perry	61	25
Pickaway	61	16
Pike	62	26
Portage	67	24
Preble	68	22
Putnam	401	173
Richland	67	16
Ross	67	21
Sandusky	408	140
Scioto	62	28
Seneca	69	24
Shelby	65	26
Stark	402	141
Summit	410	150
Trumbull	72	24
Tuscarawas	79	30
Union	62	22
Van Wert	61	23

Vinton	66	29
Warren	67	26
Washington	64	22
Wayne	63	27
Williams	64	19
Wood	509	187
Wyandot	60	27
More than one county	40	0

Informed Consent

Given the fact that the Ohio Family Health Survey was completely anonymous, i.e., no full names were collected or associated with phone numbers, the formal obtaining of informed consent was not required. Data was collected for this survey with an assurance that the respondents' answers would remain confidential and their responses would help the state in planning the provision of services efficiently and effectively. This assurance was supported in two different ways. All Gallup personnel, including interviewers, coders, and professional staff, signed a confidentiality pledge promising that they would maintain the confidentiality of all survey data. Access to the study data was limited to Gallup employees working on the project who had signed the confidentiality pledge. Second, the data set delivered to the Ohio Department of Health would not contain personally identifying information. Instead, personally identifying information would be used only for recontacting households and respondents. When the data had been collected, this information was destroyed.

Questionnaire Development

The survey instrument was developed by The Gallup Organization in consultation with staff from the Ohio Department of Health. It included provisions for obtaining interviews with adult persons in the household who were informed about the health care coverage of the selected adult and child household members. Gallup, in consultation with representatives from the Ohio Department of Health, developed appropriate questions to screen adult household members to determine if they were knowledgeable about the health care –insurance of the selected adult and child respondents. If respondents indicated they were not knowledgeable, attempts were made to interview another adult who was knowledgeable.

Standard demographic information was collected, as were specific questions about Ohio's uninsured population, in order to estimate the number of uninsured persons in the state and by county. The survey instrument addressed the following priority areas at the state level:

- Health Insurance Coverage
- Health Status and Personal Behaviors

- Mental Health
- Utilization of Health Care Services
- Patient Perception of Care, and Insurance Coverage
- Access to Care
- Health Status and Finances
- Demographic Characteristics

A copy of the survey instrument is included in **Appendix A**.

Sources of Questions

Questions chosen for inclusion in the Ohio Family Health Survey were taken from several sources. These included the following:

- 1) CURRENT POPULATION SURVEY
- 2) SF-12 QUESTIONNAIRE
- 3) NATIONAL HEALTH INTERVIEW SURVEY -- ADULT CORE
- 4) NATIONAL HEALTH INTERVIEW SURVEY -- CHILD CORE
- 5) BLUE CROSS OF IDAHO UNINSURED STUDY -- THE GALLUP ORGANIZATION, FIELD FINAL, MAY 8, 1995
- 6) FEDERAL EMPLOYEE HEALTH BENEFITS PROGRAM SURVEY
- 7) THE GALLUP ORGANIZATION
- 8) BEHAVIORAL RISK FACTORS SURVEILLANCE SYSTEM (BRFSS) QUESTIONNAIRE
- 9) NATIONAL TECHNICAL CENTER TELEPHONE SUBSTANCE DEPENDENCE NEEDS ASSESSMENT QUESTIONNAIRE

A comprehensive list of survey questions and their sources can be found in **Appendix A**.

Pilot Testing of Questionnaire and Questionnaire Modifications

Gallup assisted the Ohio Department of Health in the final stages of instrument development by conducting 100 pilot test interviews in a random sample of the population within the state of Ohio. The purpose of the pilot study was to test the survey instrument on the Computer Assisted Telephone Interview (CATI) system, and to work out all bugs from the CATI software program. The data gathered during the pilot test was reviewed in order to determine whether changes to the pilot test version of the survey instrument were necessary before the instrument was used for the Ohio Family Health telephone full survey data collection.

Once agreement was reached on the initial content of the questionnaire, Gallup staff prepared it for pilot testing. First, the questionnaire was typed in the Gallup CATI format which includes interviewer instructions as well as skip pattern instructions and column locations that are used by the CATI programmer. Gallup's programmers then used a software called SURVENT to program the CATI screens used by the interviewers during data collection.

The pilot test for the Ohio Family Health Survey was conducted in two phases. The sample of households for the first phase of the pretest was a random digit dial sample of households. The purpose of phase 1 of the pretest was to test the questionnaire's skip patterns and wording, and to verify that respondents understood the meaning of the questions. The goal of phase one of the pretest was to complete 100 interviews with adults, and in those households with an eligible child, the child interview too.

Many of the skip patterns throughout the survey were determined by the eligible respondent's health insurance status and type of insurance coverage. In particular, the adults with health insurance coverage were asked Section B, but adults without health insurance coverage were asked Section C instead.

The second phase of the pretest also used a random digit dial sample of households in Ohio. The purpose of phase 2 of the pretest was to test the questionnaire's skip patterns and wording based on edits made to the survey after the first pretest, and to verify the average length of the interview, both adult and adult with child interviews. The goal of phase two of the pretest was to complete an additional 100 interviews with adults, and in those households with an eligible child, the child interview too.

Two sets of pretest interviews were completed. Considerable reprogramming of the instrument occurred between pretests. The dates of these pretests were as follows:

Pretest #1: December 1 to December 8 (8 days) – 100 completed interviews

Pretest #2: December 19 to December 23 (5 days) - 100 completed interviews

The pretests were intended to test only the interview itself, not the study procedures. Thus, no response rate estimates were computed for the pretests. One major purpose of both pretests was to finalize the survey instrument and its skip patterns before the full study started in the field.

The pilot tests of the Ohio Family Health Survey instrument were the proving ground for open versus closed responses, question wording, sequence, physical layout, and convenience of administration. Another important goal was to evaluate the time required to administer the interview. A pretest of the Ohio Family Health telephone household survey instrument was essential.

It was clear from the first set of pretest interviews that the interview was too long. The average interview length in Pretest #1 was 31.1 minutes. Prior to Pretest #2, cuts were made to reduce the time required for the interview. Overall, these cuts succeeded in reducing the interview length by 6.5 minutes to 24.6 minutes.

Some reasons for shortening the interview were the following. While the interview generally seemed to be interesting to adult respondents, it was also cognitively burdensome in some places. For example, many of the questions were long because they included explanations and definitions to convey the meaning of the question. In listening to the pretest interviews, we felt strongly that the cognitive burden was eased when interviewers slowed down. Yet, adults are busy and interviewers are often pressured to speed through the interview. The longer the interview, the more likely it is that interviewers would be pressured to speed up with a resulting increase in cognitive burden and potential decline in data quality.

In addition to cutting questions, several of the question wordings were revised after reviewing pretest respondents' reactions. A number of format changes and other minor changes were also made following the pretests. For example, changes and corrections were made to the CATI programming, to response category wording, and to interviewer instructions appearing on screen.

The deliverables for the pilot study included two databases, documentation for the database, and a hard copy printout of frequencies for all survey items. The pilot study data were not included in the final database for this study. Rather, an additional 16,261 adult and 5,788 child completed interviews were conducted for the actual household survey itself in accordance with the sampling plan specified earlier in this protocol.

Skip Pattern Problem with Initial Questionnaire

Due to the complexity of skip patterns in the survey instrument, a small number of skip pattern errors were detected in the initial questionnaire after data collection had ended. Gallup project staff then prepared a short version of the questionnaire containing only those questions that needed refielding in order to collect missing information. On the adult survey, the errors occurred

at question B33 and C33, where those who said their employer did not offer insurance or did not know or refused were improperly skipped out of the series of questions regarding their employment. This could have resulted in item nonresponse bias, since those missing employment information would have been systematically those whose employer did not offer insurance. In total, Gallup interviewers attempted to recontact 1841 cases for the missing information. Using a 5+5 call design (up to five attempts to contact the household, and an additional five attempts to gain cooperation once contact was established), Gallup interviewers were able to successfully reinterview 1234 cases.

The shortened version of the questionnaire asked the respondent to think back to the time of the original interview and describe their employment at that time. The introductory statement read, "Hello, my name is _____, and I am calling from the Gallup Organization. On (DATE OF ORIGINAL INTERVIEW), we conducted a survey for the State of Ohio on health issues and you were the adult from your household about whom we gathered health insurance information. At that time, we forgot to ask a few very important questions, and we would like to ask these questions of you now so we can complete our data. This should only take a few minutes." Interviewers confirmed the county of residence at that time, and, depending on the questions that were inappropriately skipped in the original interview, adults were either asked about the job they held at that time, or the most recent job they had held before that date. It should be noted that there is a greater potential for less accurate responses from these callbacks due to potential cognitive difficulties in recalling employment information from a position held months earlier.

QUESTION (VARIABLE NAME)	NUMBER MISSING DATA FROM ORIGINAL SURVEY	NUMBER OF MISSING VALUES RETRIEVED		NUMBER OF MISSING VALUES NOT RETRIEVED	
		n	%	n	%
B34b (AC_LCLWK)	1168	867	74%	301	26%
B34c (AC_LHRWK)	1168	867	74%	301	26%
B34d (AC_LIND)	1168	867	74%	301	26%
B34e (AC_LSIZE)	1168	867	74%	301	26%
B34f (AJOBCOUN)	891	676	76%	215	24%
C34b (AUNCWK)	712	367	52%	345	48%
C34c (AUNHRS)	712	367	52%	345	48%
C34d (AUNIND)	712	367	52%	345	48%
C34e (AUNSIZ)	712	367	52%	345	48%

In the child's portion of the survey, a skip pattern error occurred in the initial design of the survey such that uninsured children who had insurance at some point during the year, and whose parents were either currently insured, or were uninsured for the entire year, were not asked a series

of questions pertaining to the insurance coverage the child previously had during the year. Gallup interviewers attempted to recontact these 53 cases to collect the missing information and were able to successfully capture data for 21 cases, using the same methodology as outlined above.

Data Collection

Data collection for the full telephone study was carried out in three phases. Phase 1 consisted of interviews conducted with the vast majority of the sample throughout the state of Ohio with an oversample of households in Cuyahoga County. The first phase of data collection began in January 1998 and ended on April 13. This phase of data collection resulted in completed interviews with 13,710 adults concerning adult insurance coverage and 4,960 adults concerning their children's coverage. This included interviews with 1,320 households in Cuyahoga County.

Phase Two (other counties)

A few days after the first phase ended, Gallup interviewers began the second phase of interviewing, which then ended on May 4. The goal of phase 2 of data collection was to meet the minimum quotas of completed interviews in the few counties that had not reached their quotas during phase 1. Gallup interviewers used the same version of the interview in order to complete an additional 141 adult and 55 child interviews.

Phase Three

The third and final round of data collection resumed on June 22 and ended on August 3, 1998. Phase 3 included:

- 1) Use of the short survey with 1,255 households to obtain missing employment and child insurance information;
- 2) Additional interviews to increase the representation of African Americans, Asians, and Hispanics in the state sample. These were obtained using the same methods described in the section on "Sampling Methods" (pages 19-20 of this report).
- 3) An oversample for the five counties of Athens, Belmont, Franklin, Sandusky, and Wood. This phase resulted in an additional 2,411 adult interviews and 773 child interviews.

Calling Design/Hours

Because the number of contacts attempted and the not-at-home patterns of households were key factors impacting response rates, an aggressive call design was important. Gallup, therefore, used the following two-phase schedule of calls:

Phase 1: To Contact the Household and Select the Eligible Respondent**Table 1a****Ohio Family Health Survey
Call Design: Phase 1**

Calling Period (Respondents' Local Time)	Number of Attempts
Weekdays: (1:00 p.m. - 4:59 p.m.)	2
Weeknights: (5:00 p.m. - 9:59 p.m.)	5
Weeknights: (8:00 p.m. - 9:50 p.m.) Interviewer supervisors assigned late evening calls that remained active to weekend time periods: (Saturday: 11:00 a.m. - 5:00 p.m.; Sunday: 5:00 p.m. - 9:30 p.m.)	3

Phase 2: To Complete the Interview with Selected Respondent Within Each Eligible Household**Table 1b****Ohio Family Health Survey
Call Design: Phase 2**

Calling Period (Respondents' Local Time)	Number of Attempts
Weekdays: (1:00 p.m. - 4:59 p.m.)	2
Weeknights: (5:00 p.m. - 9:59 p.m.)	5
Weeknights: (8:00 p.m. - 9:50 p.m.) Interviewer supervisors assigned late evening calls that remained active to weekend time periods: (Saturday: 11:00 a.m. - 5:00 p.m.; Sunday: 5:00 p.m. - 9:30 p.m.)	3

Within each household, the selection of respondents was conducted through the use of the most recent birthday method. Gallup drew a sample of telephone numbers selected in the manner described above and divided the sample into systematic random sub-samples called "replicates." The replicates were used to control the sample and to maintain flexibility while ensuring high response rates. Gallup released replicates sequentially depending on the extent to which the calling design had been completed for earlier replicates. This procedure allowed interviewing supervisors to maintain a high response rate and ensure the representativeness of the sample of households contacted. If no qualified person was available when an interviewer called a household, the interviewers made up to nine additional follow-up calls to the household to locate a qualified

respondent. To complete the interview with the selected respondent, up to an additional 10 calls were made.

Interviewer Training

Prior to the initiation of data collection for this study, Gallup senior project staff prepared an interviewer training manual and used it to train all interviewers who would be conducting the interviews. The interviewing requirement for the Ohio Family Health Survey was to complete 12,500 telephone surveys over a four-month data collection period. Gallup determined that 50 interviewers would be required to complete all telephone survey interviewing tasks on schedule.

Interviewers were selected from within Gallup especially for the Ohio Family Health Survey. These interviewers were originally hired using a selection instrument developed by Gallup for use in selecting Gallup's interviewers. Because the talent and training of interviewers is such an important factor in the collection of accurate data by telephone interviews, Gallup has invested in the development of a process that provides for the identification of individuals with personality traits that contribute to their success as interviewers.

The CATI system was programmed to take the interviewer through the questionnaire on the basis of the respondent's responses. Skip patterns were programmed into the survey. The progress of the interview was therefore determined by the participants' responses.

Training Preparation

Preparation of interviewer training materials was done by Gallup in conjunction with the completion of the Ohio Family Health Survey questionnaire. A preliminary outline of the training plan, study materials, and training program schedule were prepared prior to the training. Final training materials were submitted to The Ohio Department of Health (ODH) as soon as the final survey and protocol had been approved by the ODH Project Officer so that Gallup could train interviewers to be ready to begin the pilot test.

Training Methods

A variety of methods were used to train interviewers for the Ohio Family Health Survey. Gallup emphasized hands-on, interactive methods over more passive teaching methods such as lecture and demonstration. At the end of the training session, the Gallup Project Manager and ODH Project Officer monitored a series of interviews online as the study interviewers began the pilot study interviews. After the monitoring session, the interviewers gathered with the Gallup Project Manager and ODH Project Officer in the training room for a debriefing on the survey instrument and ease of administration. Interviewers were requested to identify any initial problems discovered during the pilot interviews.

Gallup paid particular attention to the content of the Ohio Family Health Survey training. Major components of the interviewer training were:

- **Definition of a completed interview.** For purposes of this study, a completed interview was defined as an interview in which the respondent has answered the appropriate screening questions in the first section of the survey, as well as all appropriate questions in every section of the survey including the phone number validation question at the end of the interview.
- **Procedures for contacting sample members and methods for achieving the required response rate.** It was expected that to achieve a response rate of 70 percent, an average of 10 callbacks would be required for each respondent telephone number. Gallup senior project staff provided the ODH Project Officer with a weekly response rate report showing the call status of the phone numbers in the released sample as well as the Council of American Survey Research Organizations (CASRO) response rate. The CASRO response rate (CRR) is considered as the standard response rate formula to be used for this type of random digit dial surveys. It is defined as follows:

$$\begin{aligned} \text{CRR} &= (\text{number of completed interviews}) / (\text{Estimated number of eligibles}) \\ &= (\text{number of completed interviews}) / (\text{Known Eligibles} + \text{Presumed Eligibles}) \quad (1) \end{aligned}$$

It is straightforward to find the number of completed interviews and the number of known eligibles. The estimation of the number of ‘Presumed Eligibles’ is done in the following way. In terms of eligibility, all respondents (irrespective of whether any contact/interview was obtained or not) may be divided into three groups: (i) Known eligibles i.e. cases where the respondents, based on their responses to screening questions, were found eligible for the survey, (ii) known ineligibles i.e. cases where the respondents, based on their responses to screening questions, were found ineligible for the survey and (iii) Eligibility Unknown i.e. cases where the screening questions could not be asked (for example, there was never any human contact) and hence the eligibility is unknown. Based on cases where eligibility is known (known eligible or known ineligible), the Eligibility rate (ER) is computed as:

$$\text{ER} = (\text{known eligibles}) / (\text{known eligibles} + \text{known ineligibles}).$$

So, the ER is the proportion of eligibles found in the group of respondents for whom the eligibility could be established. At the next step, the number of Presumed Eligibles is calculated as:

$$\text{Presumed Eligibles} = (\text{ER}) * (\text{Number of respondents in the Eligibility Unknown group}).$$

The basic assumption here is that the eligibility rate among cases where eligibility could not be established is the same as the eligibility rate among cases where eligibility status was known. Appendix D lists the definition of all the terms used in the calculation of CASRO response rate.

- The Gallup Organization worked toward the goal of achieving a 70% CASRO response for the state as a whole. Interviewers who were part of a special refusal conversion team worked both the soft and hard refusals. Soft refusals were those calls in which someone in the respondent's household refused to allow the eligible respondent's participation in the interview, but they did not prohibit the interviewer from calling back at some other time. Hard refusals, however, were those calls in which someone in the respondent's household told the interviewer never to call back again. These interviewers had demonstrated, over time, that they have repeatedly converted the highest number of refusals, regardless of the nature of the interviews themselves. The actual response rate for the adult study was 53.1%, and the corresponding number for the children's study was 90.1%.

Procedures Used to Assure Quality of Data Collected

Gallup project staff used several procedures to assure quality of data collected. Among these were attempts at participant maximization, refusal prevention and conversion, and other quality control functions such as maintenance of confidentiality, monitoring of the interviewers' work, and validation of interviews to ensure that respondents had actually been interviewed. Two pretests also served as a way to assure the ultimate quality of the data collected during the study.

Participation Maximization

Techniques to encourage maximum participation by respondents included the following:

- Interviewers included a short introduction to the survey that encouraged respondents to participate in the Ohio Family Health Survey;
- Interviewers were willing to schedule appointments to conduct the interview at the convenience of eligible respondents;
- Interviewers provided the respondent with the name and phone number of an ODH contact person, when the respondent requested this; and
- Interviewers provided the respondent with a Gallup toll-free phone number should the respondent wish to call to authenticate this study.

Refusal Prevention and Conversion

Refusals are a growing portion of nonresponse bias. Although the reasons for that well-documented trend are unclear, the immense expansion of telemarketing activities, a possible tendency toward greater resistance to perceived intrusions into the privacy of one's home and the growing popularity of telephone survey research may all contribute to the problem. Thanks to the prominence of the Gallup name, its refusal rate is well below the industry average.

Throughout the study, Gallup interviewers attempted to convert all "soft" refusals, including refusals that were the result of inconvenience or distractions (the respondent states, "I don't have time right now," "I'm right in the middle of something," etc.). The conversion rate for soft refusals was greater than or equal to 15%. "Hard" refusals, in which it is clear from the outset that the respondent emphatically refused to participate in the discussion of the survey topic, were worked to the extent possible. The extent to which each hard refusal was worked was left to the professional judgment of the interviewer and interviewer supervisors conducting the data collection. The Gallup Institutional Review Board has established an approved set of guidelines governing this decision-making process in accordance with CASRO guidelines and the protection of human subjects. The Gallup phone management system tracked the refusal conversion rate and reported it as part of the final study report.

Procedures that were used to minimize nonresponse due to refusal included the following:

- training of interviewers on refusal aversion and conversion techniques;
- frequent review of interviewer refusal rates, and close monitoring and re-training of interviewers who have rates above the norm;
- requiring interviewers to record information about refusals which facilitated subsequent interview attempts;
- supervisor review of reasons for refusals and efforts to re-contact respondents if refusal conversion was deemed possible.

Procedures for how to deal with respondents who wished to speak to someone regarding any aspect of the household survey included the following:

- Interviewers were prepared to refer the respondent to ODH by giving them the name and telephone number of the ODH designated contact person.
- Interviewers were also prepared to give the respondent Gallup's 800 number to call for verification that interviewers were representing the Ohio adult household survey and The Gallup Organization.

Gallup senior project staff developed an Interviewer Training Manual that documented procedures for conducting the adult household survey as well as all procedures and instructions emphasized during the training. Each interviewer received their own copy of the training manual, which was used as a reference tool throughout the data collection period.

Quality Control

Two critical aspects of quality control for this project were maintaining respondent confidentiality and maintaining quality control over interviewers' work.

Maintaining Confidentiality

Data was collected for this project with an assurance that the respondent's answers would remain confidential. This assurance was supported in two different ways. All Gallup personnel, including interviewers, coders, and professional staff, signed a statement promising that they would maintain the confidentiality of all survey data. Access to the study data was limited to Gallup employees working on the project who had signed the confidentiality pledge. Second, no personally identifying information was delivered with the resulting data set. Instead, personally identifying information was only used for recontacting households and respondents. When the data were collected, this information was destroyed.

Maintaining Quality Control Over Interviewers' Work

Careful supervision of interviewers' work ensured that high quality data were collected throughout the field period. There were two aspects to quality control supervision. First, interviewers were monitored by supervisors while conducting interviews. Supervisors silently monitored an interviewer's work without awareness by either the interviewer or respondent. At least five percent of each interviewer's work was monitored by supervisors in this way.

Second, supervisors checked interviewers' completed work for accuracy and completeness. They provided feedback to interviewers so that high quality work was encouraged, misunderstandings were corrected, and completeness was ensured. Respondents were recontacted to obtain critical data inadvertently missed by the skip patterns in the first survey.

Gallup's standard minimum requirement for validation of completed interviews was 10% supervisory callbacks plus the validation of all interviews completed in a particular evening of individual interviewers selected on a random basis. Consequently our actual validation percentage was over 15%.

Response Rates to Total Questionnaire

The following table shows the final response rate report for all released phone numbers for the Ohio Family Health Survey.

Final Status	Adult	Child
Numbers Used	56,726	6,454
Completes	16,261	5,788
Breakoff Screening Complete	9	0
Breakoff Screening Incomplete	390	97
Quota Fill	530	0
Screen Failure	577	0
Screener DK/RF	1,539	5
Callback Screening Complete	1	0
Callback Screening Incomplete	2,595	132
Other	950	352
Refusal	4,356	24
Deafness/Language Barrier	650	1
Non-Target	6,157	20
Busy	230	0
Answering machine	1,524	10
No Answer	3,178	13
Disconnect	17,779	12
CASRO Response Rate	53.1%	90.1%

The table above shows the final status codes assigned to all released phone numbers. Definitions of the terms used in this table can be found in Appendix D. The number of cases assigned each of the final status codes appears in each column. For example, the number 1,524 adults that have "answering machine" as their final status indicates that on the 10th call to the household in an attempt to define the eligible adult, the interviewer still encountered an answering machine when they called.

The overall response rate for the Ohio Family Health Survey was 53.1 % for adults and 90.1% for children.

Item Non-Response

CATI interviews are designed to prevent respondents from choosing to skip any items relevant to them. However, they could refuse to answer a question or they may have indicated that they did not know the answer to a question. We have reviewed the frequency of these two types of non-responses and list the items that had one percent or more in either of these two categories:

Adult Survey			Child's Survey		
Question #	Don't Knows	Refused	Question #	Don't Knows	Refused
B4Ba (supplementary insurance coverage)	1.6% (n=263)	<1%	J105C (mental health coverage)	11.1% (n=644)	<1%
B5 (primary coverage is managed care)	5.8% (n=939)	<1%	J105D (hearing care)	14.1% (n=818)	<1%
B6 month (most recent month for medical card coverage)	2.2% (n=364)	<1%	J111 (number of people working for employer)	11.9% (n=691)	0%
B6 year (most recent year for medical card coverage)	1.3% (n=216)	<1%	128b (height without shoes)	3.0% (n=172)	<1%
B9A (Rating of ability to choose a doctor)	1.3% (n=215)	<1%	129 (Weight in pounds)	1.0% (n=58)	<1%
B9B (Rating of benefits covered)	1.6% (n=268)	<1%	J102 (primary coverage is managed care)	1.6% (n=95)	0%
B9C (Rating of ability to get emergency medical care)	4.4% (n=723)	<1%	J103 (Most recent medical card coverage)	1.3% (n=78)	<1%

Table Cont'd

Adult Survey			Child's Survey		
Question #	Don't Knows	Refused	Question #	Don't Knows	Refused
B9D (Rating of out-of-pocket fees for medical services)	2.6% (n=430)	<1%	J104C (Rating of ability to get emergency medical care)	1.6% (n=92)	<1%
B10A (Has mental health coverage)	17.3% (n=2,816)	<1%	J104D (Rating of amount family pays for medical services)	1.3% (n=78)	<1%
B10C (Has vision services)	2.0% (n=318)	<1%	J105B (has vision services)	1.9% (n=111)	<1%
B10D (Has hearing services)	17.2% (n=2,792)	<1%			
B16 (Number of people who work for employer)	4.6% (n=743)	<1%			
58 (Weight in pounds)	<1%	1.1% (n=174)			
64A (Rating of overall quality of health care)	1.1% (n=187)	<1%			
86 (1997 family income)	2.7% (n=444)	5.6% (n=918)			
83 (out-of-pocket medical expenses)	9.5% (n=1,546)	1.2% (n=188)			

An examination of the proportions responding "don't know" to the adult questions on the survey illustrates that we found only 6 items to which more than one or two percent said they did not know the answer. For two items concerning the adults' insurance coverage, items B10A and B10D, about 17.3% of the respondents reported that they did not know the answer to the questions. These questions asked if any of the respondent's current health insurance plans covered mental health services and hearing services. The next largest proportion of adult respondents, 9.5%, reported that they did not know the answer to question 83, which asked about the amount of money they were responsible for paying for medical costs during the past year. 5.8%, 4.6% and 4.4% further reported that they did not know the answers to questions B5, B16, and B9C. These questions asked about the adult's coverage and whether their primary insurance plan was an HMO or PPO, the total number of people who work for their employer, and how they would rate their insurance coverage relative to their ability to get emergency medical care. Further, no more than 1.2% of the respondents refused to answer any question on the survey, except for the 5.6% who refused to answer question 86. This question asked about the respondent's total family income during the calendar year 1997. Given the sensitive nature of this question, we assume that Gallup's interviewers established enough good rapport with the respondents such that the vast majority were willing to disclose this income information.

Upon examining the proportions responding "don't know" or "refused" to questions concerning the eligible child's insurance coverage, we found that only five questions evoked a "don't know" response for the 2% or more respondents, and that less than one percent of the respondents refused to answer any one question. The question concerning the eligible child's coverage that evoked the largest proportion (14.1%) responding "don't know" was question J105D, "Do any of the (eligible child's) insurance plans cover hearing care"? Another 11.9% reported that they did not know the total number of employees who worked for the policy holder's employer (J111), 11.1% reported that they did not know whether any of the eligible child's insurance plans covered mental health care (J105C), and 3.0% reported not knowing how tall the eligible child was without shoes (128). Less than 1% of the respondents refused to answer any of the questions regarding the eligible child's health insurance coverage.

No follow-up interviews were conducted with nonrespondents to see if they were different from respondents.

Preparing and Cleaning the Data

At the end of data collection, Gallup project staff developed a data cleaning and processing plan in coordination with the ODH Project Officer. This included plans for response range checks, inconsistency checks, the coding of all open-ended questions in the survey, and attempted imputation of missing data.

Most of the data coding and cleaning was accomplished by the CATI system. As the interviewers entered response option codes selected by the respondents, these numbers were written to a data file. The CATI system was programmed to conduct range checks and to prompt the interviewer when an impossible or unlikely response was entered. The interviewer could then correct the data entry or ask the respondent to clarify his/her answer.

Range Checks. The ranges of most closed-ended items in the CATI survey were determined by codes for the available responses. For example, a “Yes/No” variable offered the following codes:

1	=	Yes
2	=	No
3	=	Don't know
4	=	Refused

If the interviewer mistakenly attempted to enter a code of “9,” the CATI system would notify the interviewer that this was an unacceptable code. The interviewer could then reenter the correct code.

Some items such as dates, number of hours worked, or respondents’ out-of-pocket medical costs in the past year, did not have a set of preassigned response codes. Ranges were bounded by what was possible. For example, question 90 reminded the respondent that they just reported that the eligible child in the household had a medical card and asked when the most recent period of coverage began. “Please tell me the month and year.” Since there are 12 months in a year, the acceptable range for responses was 01 to 12 for month. Higher numbers were not accepted by the system unless the respondent refused to answer the question.

Method for Recoding Outliers and Inconsistent Values

Consistency Checks. Consistency or logic checks examine the relationships between two or more variables to be sure that the responses do not conflict with one another. Several logic checks were contained in the CATI program.

Although most data cleaning is done on-line with a CATI survey, there were a few data cleaning steps to complete when the survey came out of the field. Frequencies were examined and cross-tabulations were run to check for additional consistency checks that were not built into the survey. Based on these tabulations, data were changed or flagged for further checking. Occasionally, a check step may have been overlooked during CATI development which requires cleaning of the data once the survey is out of the field. For example, there were a few inconsistencies between family size and household size (i.e., where the number of children or adults in the family was greater than the number of children or adults in the household). We believed this represented either a respondent misunderstanding of the question, or a typographical error on the

part of the interviewer. Upon careful inspection, we recoded the family size to be equal to the household size whenever the family size was greater.

Most data editing procedures occurred on-line, as specified in and programmed into the telephone interviewing software, SURVENT. As the CATI interview was executed, edits took place on each screen. The on-line editing included range checks for out-of-range responses. The care with which the Ohio Family Health Survey was constructed made the instrument fairly efficient. Gallup interviewers also conduct pre-testing to ensure that on-line editing and skip patterns had been programmed accurately.

There were some extreme values in the dataset (such as respondents who reported 400 doctor visits in the past year and adults who claimed to weigh less than 50 pounds). For these cases, we examined the interviewer's analysis of the quality of data collected for these extreme values. If the quality was reported as fair or poor, we would have excluded those cases entirely from the dataset. However, none of these cases were rated as such; therefore, we reset these extreme values to missing data.

In other cases, the extreme values were very close to matching a precoded response (such as 9998 instead of 99998, or 9988 instead of 9998). In these cases, we assumed it was a typographical error on the part of the interviewer, and recoded these responses to their intended values.

In those 163 cases where there were no children in the household, but the data indicated there were children in the family, a programming error temporarily occurred. We reviewed the problem with the phone management team, who recommended that for those cases we reset the variable for children in the family to missing, since they are certain there were no children in the household. This also resolved the problem of having extreme numbers of children in the household (i.e. 88, 61, and 62), since all of the extreme values were associated with these cases.

Once these and other cleaning steps were performed, we found two cases with an extreme number of children in the household, n=41 and n=32. In the former case, there was only 1 child reported in the family, and in the latter, there were only 2 in the family. Therefore, we believe there were typographical errors in the household variable, and recoded them to 1 and 2, respectively. The same strategy was followed in examining extreme cases of household adults and family adults.

Coding of Open Ended Questions

The software used to program the survey screens permitted interviewers to type in open-ended responses as they were given by the respondent. The list of responses for each item was then printed for coding. There were two types of open-ended questions that were recoded: completely open-ended questions with no available precoded responses, and questions with precoded responses that also allowed a response of "other" along with a description. For example, a completely open-ended question was question B4f, "Do you have any other health care coverage? If yes, Which type?" The interviewer probed for up to three responses and typed in each response verbatim. For

questions with precoded responses, interviewers were trained to type in the verbatim response when the respondent's answer did not agree exactly with any of the available precoded responses.

At the end of data collection, all verbatim responses were organized into three types of questions: chronic condition questions, insurance-related questions, and all other questions. Gallup coders developed codes for these sets of items and coordinated with the Ohio Project Officer for review and approval of the final set of codes for recoding.

Classification Sources

Gallup coders used several sources for coding the open-ended responses collected during this survey. The first set of sources were other questionnaires such as the Current Population Survey, the National Health Interview Survey, and Gallup coding archives consisting of hundreds of surveys that Gallup had conducted for a variety of organizations, including the federal and state governments.

Classification Process

Gallup coders presented their assigned codes for sets of open-ended questions in spreadsheets for review and editing by ODH project staff. All coding was reviewed and approved by ODH staff before inclusion of these codes in the final study database.

Difficulties

Occasionally during the coding process, Gallup coders identified open-ended responses that were either vague or irrelevant. Many such responses were coded as "other". The following are examples of how some difficulties were handled:

Several vague or atypical responses to open-ended questions could not easily be classified into a small number of categories. These cases were coded as "other". In some other cases, an open-ended response could be classified into more than one coding category. For questions that allowed more than one response, multiple responses were coded. If the question was not designed for multiple responses or the maximum number of responses would be exceeded, the category mentioned first was coded.

The coding of industry was especially problematic because many responses (such as "automotive" "computers", and "food") were too vague to be coded into a Standard Industrial Classification. It was not clear whether the respondent manufactured, sold, or repaired these items. In addition, some respondents reported an occupation (e.g., "sales", "customer service") rather than an industry. These cases were coded as "other", but in reality may have fit into a preset category if the respondent had given more specific information.

The coding of reason uninsured was also especially problematic due to vague responses. Several respondents stated that they were uninsured because they worked part time or were self-employed. However, these respondents did not indicate whether this meant they were uninsured because they didn't make enough money, their employer didn't offer insurance, they weren't eligible for their employer's insurance, a combination of these reasons, or some other reason. These responses were coded as "other" as were many other vague responses such as "just don't have it", "didn't sign up".

Lack of medical knowledge among some respondents hindered the coding of chronic health conditions. Although lay terms were used in the classification of common health conditions, some responses were still too vague to classify into a meaningful category and were coded as "other". Several rare conditions that did not fit into a standard category also were given the "other" code.

Weighting of Sample Data

The sample data must be weighted to compose population level estimates. Sampling weights were attached to each survey record in each county and the final weight assigned to any case was the product of the weights generated at several stages of the weighting process. There are two main purposes for producing these weights . One, to correct for any disproportionalities introduced by design either at the household selection stage or within household at the respondent selection stage. For e.g., we oversampled certain counties to achieve a desired sample size. This means that households in those counties have a higher chance of being included in our sample than what random chance would dictate. Household weights are constructed to equalize the probability of selection across all households in the state. Two, to provide the correct representation for the various demographic sub-groups that are included in the sample so as to make the sample projectable to the population. Typically, the latter adjusts the sample data for demographic bias. For e.g., if we find that our sample includes more older people than what we believe should be there based on reliable population targets then this step corrects for this over-representation without which all estimates will be biased.

There were six steps involved in constructing the final weights for the adult sample. Details of the steps involved in the construction of these weights follow:

Step 1: In this step we correct for the disproportional selection of some households required by design either because of geography (county oversample) or race/ethnic oversample. To cost effectively achieve the desired sample sizes for Hispanics, Blacks and Asians, it was decided that we would combine more than one sample source. For oversampling Hispanic and Asian households our strategy was to draw more of those households Hispanics from counties where their concentration was larger than the rest of the state. This was accomplished by combining a restricted RDD sample drawn at the county level with Asian and Hispanic targeted samples as described in the sampling design section. A similar strategy was adopted to identify counties with a higher than average proportion of African American households. There were 9 counties (see sampling section for details) that were identified as having a larger proportion of African American households. In those counties, exchanges were stratified by the estimated density of Black population. Samples

were drawn disproportionately from the higher density stratum where there was a greater chance of finding an African American household, while the exchanges in the lower density stratum were undersampled (or given less chance of being selected). The correction for disproportionate household selection probabilities as a result of combining multiple sample sources and stratification by density of exchanges was achieved by first combining all of the different sampling frames within each county, eliminating the overlaps, and then separating out the exchanges into 4 exhaustive but mutually exclusive groups from which the sample was drawn.

Group 1 contained numbers that were unique to the targeted Hispanic households list, Group 2 contained numbers that were unique to the targeted Asian households list, Group 3 contained RDD numbers that were not in Group 1 or Group 2 and from exchanges that were estimated to have a high concentration of Black households and finally, Group 4 that contained numbers that were not in Group 1, 2 or 3. Since the size of each of these groups in the combined sampling frame was known, it was possible to assign group weights to adjust the corresponding proportions in the sample. For e.g., if within a particular county the proportion of households that fall into each of the four groups in the sampling frame was say 25%, 25%, 25% and 25% and our sample was drawn as 20%, 25%, 20% and 35%, then households in our sample groups 1 and 3 were given a weight greater than 1 and households in sample group 4 was given a weight less than 1. However to achieve this, each sampled household had to be first weighted by the inverse of the number of telephone lines (reported) so that we could relate the data in terms of households rather than phone numbers. The idea behind this is that households with 2 telephone lines both of which are being used for non data reasons have a greater chance (2 times) of being included in our sample compared to a household that has just 1 line going in. By applying a weight that is the inverse of the number of unique telephone lines we equalize the probability of including any household within a county. Depending on the number of reported lines going into a sampled household the weights can range anywhere from 0.1 (if 10 lines were reported) to 1 (if 1 line was reported). To reduce this range of weights which can inflate the variance of all estimates, the 'number of telephone lines' variable was truncated to be between 1 and 3 .

Step 2: Since our survey was conducted exclusively by telephone, we did not provide any way for non-telephone households to be included in our sample. To the extent that some telephone households can be representative of the non-telephone households we can provide this group a larger voice (to compensate for the missing non-telephone household population). This stage corrects for the under-coverage of non-telephone households. To account for the under-coverage of non-telephone households, telephone households in our sample that more closely resemble (criterion used is defined later) an average non-telephone household were given a weight greater than 1. In particular, households with intermittent telephone coverage, i.e., those that satisfied the following criteria: nophone=1 (i.e. respondents who said YES to the question: "At any time, during the past 12 months, had your household been without telephone service for 24 hours or more?") and reasnop=6 or 9 (i.e. respondents who did not have phone service or was disconnected because of nonpayment of phone bill or couldn't afford one) were deemed to resemble non-telephone households. This is based on some previous research done by Scott Keeter (1994). Once again, to keep the range of weights at a reasonable level, second stage weights or coverage weights were restricted to not exceed the value 2 . That is if the multiplier needed to adjust step1 weights to achieve the desired percentage of non-telephone households in our sample was over 2, the

multiplier was trimmed to be equal to 2. This, of course, warranted the correction of the complementary group so the total number of households within each county matched known household totals from official sources.

Step 3: In step3 we corrected for the varying household sizes and its effect on the selection of one adult at random from within the household. In particular, larger households result in each adult having a smaller chance of being included in the sample, while smaller households (in the extreme case of 1 adult) have a higher chance of selecting an adult at random. In addition, within county a correction was made to match the sample count for adult population to match the targets from official sources. This correction involved first multiplying the step2 weight by the modified reported number of adults in the household. To keep the range of weights within a reasonable level, the variable called number of adults was modified to lie within the range 1 to 4. The application of within household selection weight converted a sample of households into a sample of adults within each county. To ensure that the total adult population count within each county matched demographic targets a correction factor was applied on top of step3 weight.

Step 4: To account for possible overrepresentation of households with adults who have a higher level of educational achievement which typically happens in RDD telephone surveys, two stages of weights were applied.

The first stage adjusted the education distribution of the over sampled counties. That is for the 25 over sampled counties, a county level education weight was constructed. These were ratio weights. That is education was first categorized into, less than high school, high school graduate, some college and college degree or higher and Don't Know and Refused. The categories Don't Know and Refused were collapsed with college degree or higher since the weighted percentage of respondents who offered a Don't Know or Refused response to the education question was very small (~0.3%). By taking the ratio of the population proportion (demographic target) of less than high school graduate and dividing it by the sample proportion of the same education category we obtained the ratio weight for that cell. Similarly weights for the remaining 3 educational categories were constructed within each of the 25 oversampled counties. The source of these educational targets was the 1990 Census estimates provided by Claritas, which is the largest provider of demographic information in the U.S. after the U.S. Census bureau.

The second stage consisted of applying an overall state level education weight to adjust the marginal distribution at the state level using once again ratio weights. The education distribution from the march supplement of the Current Population Survey 1997 at the state level was used as target. The bureau of Labor statistics collects a whole bunch of demographic information at the state level each March that is used by agencies and companies to produce estimates of population size for different demographic subgroups at the state level. The objective of this second stage weight is to bring into alignment the education distribution for respondents from the remaining 66 non-oversampled counties in addition to fixing the state distribution of education to the most current estimates.

Step 5: This stage provides the various demographic subgroups the appropriate representation in the sample to make it project to the adult population within each county. Within each county, adjustments were made for age, gender and race at the marginal level. That is the distribution of all three variables in the sample was adjusted simultaneously such that the resulting sample has the desired proportion of 18-24 year olds or males or whites but not 18-24 year old white males. This was done because cell sizes to create a cross-classified matrix (*i.e., 18-24 year old white male*) for ratio weights would have been impossible in most counties except the over-sampled ones. There was one exception to this and that was Cuyahoga. For Cuyahoga county, we had a fully cross-classified matrix of 18 cells, two for gender, 3 for age (18-34, 35-54 and 55+) and 3 for race (White, Black & Other including Don't know and Refused). The two questions used in race classification were combined to create the race variable. In particular "Black" and "White" Hispanics were coded to "Black" and "White" race respectively. "Other Hispanics" and those who said "Don't know" or "Refused" were coded to "Other race."

Step 6: Final projection weights were constructed within each county so that the weighted totals added up to the estimated adult population. 1998 post-censal estimates produced by Claritas was the source of these projection totals.

The weighting process for Kids' data set started with weights generated at step 2 described above.

Step 3: Instead of weighting by the number of adults, weighting was done based on the number of children in the family (afamchld). To keep the range of weights within reasonable limits the distribution of afamchld was truncated to be between 1 and 4.

Step 4: Demographic post-stratification to correct for non-response. This was accomplished in two steps. In the first step the 22 oversampled counties were adjusted for race at the marginal level. Due to sample size limitations, we had just two categories of race: white, non-white, where non-white included DK/REF as well. In the second step all counties were weighted for age x gender. Age was categorized as 0-11 and 12-17.

Step 5: Final projection weights to ensure that the number of children in each county in the sample matched known targets of 0-17 year olds from Claritas 1998 county estimates.

Imputation of Missing Data

Efforts to impute missing values on questions that were missed due to a skip pattern error were of two kinds. One was a modeling approach that tried to use available data to construct predictive models for the missing variables. The second was a hot-deck approach, where information on the missing variables was borrowed from a group of respondents called donors who match fairly closely with the recipient group on some key demographics. The inability to fit a good model (from a prediction standpoint) and likewise a reasonable donor in the hot-deck approach resulted in our recommendation to dispense with any form of imputation. Details of each of those efforts follow.

In the modeling approach we explored the possibility of imputing the 5 “B” variables (AC_LCWK, AC_LHWK, AC_LIND, AC_LSIZ and AJOBCOUN) and the four “C” variables (AC_LCWK, AC_LHWK, AC_LIND, AC_LSIZ) using variables that could be identified as predictors. Specifically we used age, gender, race, education, county of residence, income and cost of insurance where applicable as predictors. Iterative imputation software from Institute for Survey Research at the University of Michigan was used to facilitate the modeling process with not much success. There were three practical problems with the use of this software.

First, memory restrictions required that variables with multiple categories be collapsed to create variables with fewer categories or be treated as continuous variables. While it is possible to collapse some categories it was determined that treating them as continuous variables would have no theoretical foundation. In particular, categories within AC_LSIZ, AC_LIND and AJOBCOUN were collapsed substantially and AC_LHWK was treated as a continuous variable in some of the models tested.

Second, there was no explicit measure of the prediction accuracy. The efficacy of the model was tested outside the imputation software by setting some of the known information to missing and validating the imputed values against known information. Lack of strong relationships between the predictor variables and the “B” or “C” variables resulted in models that yielded less than a 50% prediction accuracy. That is imputation based on the model performed worse than allocating respondents into categories by chance.

Finally, there was no way to ensure consistency in the values assigned to the imputed variables. For example, we could end up with a respondent who works for the government , part-time, in the retail sector, with just 5 employees.

To implement the hot-deck approach for both “B” and “C” variables, we first identified a set of key demographic variables that we decided would be the basis for finding donors. These included county of residence, age, race, education, income, gender, whether the household had a child or not and type of insurance for “B” variable imputation. Within each cell (where a cell is a combination of the demographic variables that were used in any single imputation scheme. For e.g., 18-24, Black, College or greater with no child would be one cell) a donor was identified at random to provide information for a recipient within the same cell. To validate the effectiveness of this imputation approach, we set both “B” and “C” variables on some of the donors (missing/donors+missing) to missing and imputed those based on information from the remaining donors. Validation percentages were calculated for each variable based on percentage of imputed values that matched actual values. Once again these validation percentages ranged from a high of 54% for the classification of work variable, AC_LCWK to 13% for AC_LIND (even after the categories were sufficiently collapsed). One of the basic problems that this approach exhibits is the lack of good predictors or variables in this study that can be used to stratify the sample and impute, particularly variables such as Industry and size of employer.

Data/Question Validation

All questions on the Ohio Family Health Survey instrument were pretested twice before fielding the main study. During the pilot studies, both the ODH Project Officer and Gallup research team conducted listen-ins to determine if respondents had difficulty understanding or answering any of the survey questions. In addition, most questions containing structured response categories were adapted from other federal and state government health surveys and survey instruments fielded by Gallup in recent years.

Both the data itself as well as interviewer comments at the end of the study speak to the respondents' ability to understand and answer the survey questions accurately. As described in a previous section of this report, the vast majority of respondents seemed to understand all questions, a negligible proportion refused to answer some questions such as family income, and only a small proportion (usually about one percent) did not know the answers to some questions such as the nature of the detailed services offered to them or their children by their medical plans or the exact amount of money they had paid out-of-pocket for medical services during the past year.

At the end of the survey instrument, Gallup built in two questions for the interviewers to answer in order to assess their perception of the quality of the interview they had just completed. The first question was the following:

Q159. How would you (the interviewer) rate the quality of the information obtained in this interview? (source: The Gallup Organization)

- 1 *Poor (Extreme number of problems)*
- 2 *Fair (many problems, overall quality open to question)*
- 3 *Good (a few problems but overall quality was good)*
- 4 *Excellent (no problems at all)*

For all cases that the interviewer rates as less than excellent, the interviewer was asked to complete the second question:

Q. 160 What were the reasons that the quality of information was less than excellent?

- 01 *Other (list)*
- 06 *Interview not in respondent's native language*
- 07 *Hearing (hearing loss or background noise)*
- 08 *Interruptions or distractions*
- 09 *Poor phone connection*
- 10 *Lack of mental or physical competency to respond*
- 11 *Infirm or ill*
- 12 *Intoxication*
- 13 *Respondent was rushed*
- 14 *Respondent did not take interview seriously*
- 15 *Respondent did not understand the meaning of some of the questions*

- 16 *Respondent may not have been truthful because someone else was listening in*
17 *Respondent was offended by interview*

An analysis of interviewers' comments at the end of the study confirmed that most of the data was quite satisfactory, i.e., 75.3% of the interviews were evaluated as "excellent" by Gallup's interviewers conducting the survey and another 6.1% were evaluated as "good." Of the remaining interviews, another 2.1% of the interviews were rated as "fair" and only 0.1% or 18 interviews were rated as "poor." Finally, 16.5% of the interviews did not receive ratings from the interviewers due to a software problem.

File Structure and Layout

The raw data obtained through CATI interviews were read as an ASCII file. For the purpose of data cleaning and data processing, the ASCII data sets were then transferred to SAS and/or SPSS data sets. The data sets for the adults and the kids were created separately. The open-ended responses to different questions were coded and were then merged to the main data sets. The sample weights were calculated and then the weight variable was also merged to the main SAS data sets. ASCII data sets corresponding to the final SAS data sets were created in fixed column format.

A number of SAS programs were written to provide the layout or format information for the different variables included in the final SAS data sets. Gallup created two databases in SAS format, adlfinl.sd2 for the Adult Survey and kidfinl.sd2 for the Kid Survey. Both data bases are accompanied by standard documentation, including file layout, variable names, variable labels, variable formats, and, when appropriate, value labels. Variable formats for the adult and kid databases are stored in "adult format.sas" and "kid format.sas," respectively.

As mentioned before, the definitions of data items are all available from the format files. However, some additional clarifications are provided below for the following variables. The two variables AOHIOCTY and AWGTCNT provide information on the county of residence. AOHIOCTY is the original variable for county whereas the second variable AWGTCNT was created for the purpose of weighting. The difference is that all cases where multiple counties were reported (code 200 for AOHIOCTY) were assigned a single county code in AWGTCNT based on the telephone exchange. This was necessary because a single county had to be assigned to each case for the purpose of weighting. A separate Race variable (AWGTRACE) was also created for the purpose of weighting by recoding the original Race variable (ARACE).

Some variables (AC_LCLWK, AC_LHRWK, AC_LIND, AC_LSIZE, AJOBCTN, AUNCWK, AUNHRS, AUNIND, AUNSIZE) were affected due to skip pattern error. For details, please refer to the section on "Skip pattern problem with initial questionnaire" (page 30 of this report). In order to distinguish between the actual missing values for these variables with those that were due to the skip pattern error, a value of "M" was used instead of a '.' for the second set of missing values (i.e. those caused by the skip pattern error). These values (coded as "M") will not be part of any statistical computation (like computing mean, variance etc.). These values may be

displayed (in a frequency distribution, for example) by using the SAS procedure PROC FREQ with the MISSPRINT option.

Data Usage

Precision of Estimates and Calculation of Standard Errors

The standard error of a survey statistic (or estimator) is a function of both of the form of the statistic and of the nature of the sampling design. The form of the statistic (estimator) in this survey is relatively simple (counts, proportions or totals). However, the sampling design involves stratification (by counties) and clustering (within households), and there are sampling weights to correct for unequal probabilities of selection and other sampling fluctuations. A common mistake is to use simple random sampling formulae to estimate standard errors and confidence intervals, regardless of the design or estimator actually employed. Standard statistical software packages like SPSS or SAS do not take into consideration the sample design. For the purpose of estimating standard error from sample surveys involving complex sampling and estimation procedures, two general classes of methods are commonly used: “linearization” and “replication” methods. Some special softwares like SUDAAN, WESVAR and STATA are capable of computing the standard errors correctly. The software SUDAAN is capable of handling both the “linearization” and the “replication” methods. Moreover, SUDAAN is also capable of conducting other statistical data analyses of complex survey data. It was, therefore, decided to use SUDAAN to calculate the standard errors accurately.

Sample sizes and reliability of the estimates – The reliability (or precision) of an estimate depends, among other things, on the sample size. The main response variable for this study is the proportion of uninsured (P, say). For the entire state of Ohio (or for any subpopulation like a single county or groups of counties), the value of P may be estimated by the corresponding sample proportion (p). The sampling error (an inverse measure of precision) of an estimator p (of P), at 95 percent level of confidence, is defined as $1.96 * \sqrt{P * Q / n}$, where $Q = 1 - P$. The value of P, however, is unknown and hence P is estimated by p. The estimated sampling error is then calculated as $1.96 * \sqrt{p * q / n}$, where $q = 1 - p$ and n is the sample size. Based on p=11, for example, the estimated sampling error for different values of n (sample size) is given below.

Sample Size	Sampling Error (%)
50	8.7
100	6.1
400	3.0
1000	1.9

For counties with relatively smaller sample size (about 65), the estimated sampling error is around 7.6 percent. For oversampled counties with sample size about 400, the error is, as shown above, about 3 percent. At the state level, the error is only about 0.5 percent. The calculation of

error, as shown above, is done ignoring the sample weights. For complex surveys involving unequal sampling weights, the values of sampling error will change after taking into account the sampling weights. The sampling error may be derived as $1.96^*(\text{standard error})$, where the standard error may be calculated using appropriate software like SUDAAN. More details about SUDAAN are given in the section on ‘Analysis of survey Data.’

Analysis of Survey data – The analysis of data will obviously depend on the research hypothesis. In general, sample based estimates, as estimators of the corresponding population parameters, may be computed using standard statistical softwares like SAS or SPSS. Weighted estimates may be generated by using the WEIGHT option and using the final weight variable in the data set for this purpose. Unweighted estimates, if necessary, may be similarly computed by not using any weight variable. The sample design for this study was complex and as a result, the calculation of standard errors of estimates for this data set is not straightforward. Regular SPSS or SAS commands for calculation of standard error will not correctly compute the standard errors. These softwares will fail to take into account the specific sample design used for this survey. For calculation of standard errors, it will, therefore, be necessary, to use appropriate software like SUDAAN. The software SUDAAN is capable of taking into account the sample design and can make proper use of the sample weights to come up with the correct value of standard error. SUDAAN is also capable of generating the estimates or carrying out most of the standard statistical data analysis procedures. The SUDAAN based estimates, however, will be the same as those calculated by SPSS or SAS.

For this study, the following SUDAAN design statements may be used to calculate the standard errors:

DESIGN STRWR

WEIGHT (name of the weight variable in the data set: finalwgt)

NEST (name of the stratification variable in the data set: awgtncty)

Depending on the requirements, it may be useful to use the Subgroup and/or Subpopulation commands if the analyses are to be performed for specific subpopulations.

It may be noted that STRWR (stratified design with replacement) design is suggested here although the actual design for this survey, like most other surveys, is without replacement (WOR). The reason for this is that the use of without replacement design requires additional information making the procedure more complex. Moreover, the sampling fractions, for this project, are quite high and so there will not be much of a difference between the WR and the WOR options. Also, using WR option is more conservative in the sense that the standard error calculated under the WR option will, if anything, be slightly higher than those calculated under the WOR option. For reasons mentioned above, this is a standard procedure in survey research particularly for studies where the population counts for every sampling cells may not be known.

Limitations and Cautions about Using the Data

Users of the Ohio Family Health Survey data should be aware of the limitations of these data and show proper caution when analyzing these data. Four limitations are worth review, i.e., the use of proxy respondents and its affect on data collection; the collection of self-reported health information without validation; the absence of employment information and the ability to impute these data; and reference period bias.

Proxy Respondents and Affect on Data Collection

The Ohio Family Health survey asks about the insurance coverage of an eligible adult and, if present, eligible child in the household. The survey was designed so that the interviewer asked the first adult contacted in the household to identify the adult with the most recent birthday (eligible respondent), and then asked to speak to an adult who knew about the health insurance coverage of that eligible adult. Often, the interviewer then collected the insurance coverage data from a proxy respondent.

While there is a large set of literature on proxy reporting in surveys, the findings are varied (Blair, et al., 1991) such that differences have been found between respondents and proxies in some studies but not in others. In the area of health research, proxies have often been used successfully to gather data about individuals who, for health, age, or other reasons, could not answer the questions themselves (Hyland, A., et al., 1997; Berk, R.A., 1995; Gilpin E. A., et al., 1994; Nelson, L.M. et al., 1994; Halabi, S., et al., 1992; Tennstedt, S. L., 1992). However, other studies show that the level of success with the use of proxies depends on the nature of the health information requested (Fikree, F. F., 1993; Hislop, T. G., 1992; Hatch, M.C., 1991; Epstein, A. M., 1989; Magaziner, J., et al., 1988, 1987; Mosely, R. R. 2nd, 1986).

Gallup recommends that users of the data from the Ohio Family Health Survey form their own judgments about the accuracy of these data after conducting some of their own analyses on these data.

The Collection of Self-Reported Health Information Without Validation

The literature in this area suggests that survey respondents may inaccurately report mental health service utilization for motivational and cognitive reasons (Golding, J. M., 1988). It is often quite difficult to validate self-reported health information without access to respondents' medical records. The methodology used for the Ohio Family Health Survey self-reporting was a telephone methodology, and no allowance was made for medical record validation due to budget constraints.

Once again, Gallup recommends that users of these data take into account the self-report nature of the data when conducting analyses.

The Absence of Employment Information

Due to a skip pattern omitted in the questionnaire, 649 workers who said that their employer did not offer health insurance or did not know whether their employer offered insurance were not asked a series of questions regarding their hours worked, class of work, industry, county of work, and size of employer. Since the missing data are not random, employment-related analyses not taking into account these missing values may produce misleading results. For instance, not adjusting for missing data might result in:

- Overestimation of employer health insurance offer rates since most respondents with missing employment data were not offered insurance;
- Underestimation of the prevalence of part-time workers, workers in retail, and workers in small firms since such workers were less likely to be offered insurance, and therefore more likely to not be asked the employment questions;
- Underestimation of uninsured rates by employment characteristic since workers not offered insurance by their employer were more likely to be uninsured. The underestimation would be most severe for the worker characteristics most likely to not be offered insurance (part-time workers, workers in retail, and workers in small firms).

Reference Period Bias

Several questions in the Ohio Family Health Survey ask the respondent or proxy to recall health-related information about an adult or child over the past 12 months or prior to their last period of health insurance coverage. A good rule to remember in designing questions about items of personal history is that the respondent or proxy has probably not thought about these questions at the level of detail required by the survey. Therefore, we anticipated that the respondents would not be able to give interviewers instant information that would match every structured code category attached to survey items. As a result, Ohio Health Department and Gallup study staff thought very carefully about the level of knowledge that the typical respondent would bring to the interview and checked these expectations against the results of some of the pilot study interviews. Experience with questions about the nature of chronic conditions diagnosed, reasons for being uninsured, and type of healthcare needed over certain time periods during the pilot studies indicated that the survey structure should allow respondents to answer these questions with an open-ended response that could later be recoded and categorized into more structured summary response categories.

Throughout the data collection period, interviewers also commented that the more detailed and quantitative information called for over a longer time period, the more difficult it seemed for the respondent to recall the information, thus often resulting in a “best guess” on the part of the respondent.

Respondent Feedback Regarding Difficulty with Questions

Overall, respondents had the most difficulty in answering questions that asked for detailed quantitative information over a 12-month recall period. They also had great difficulty paying attention to definitions of medical and other terms, such as Medicare, Medicaid, and household vs. family, over the telephone. It was often difficult for the interviewer to know whether the definitions were completely understood prior to asking for a response because they could not see the respondent's facial expression and needed to rely on the respondent volunteering that they did not understand. Given the length of the interview, respondents were reluctant to ask questions and prolong the interview.

Validity of the Survey Questions

Validity is defined as how well the survey measures what it set out to measure. There are several types of validity that are typically measured when assessing the performance of a survey instrument: face, content, criterion, and construct.

Face validity is based on a cursory review of items by untrained judges. This is the least scientific way of measuring validity. With certainty, we can say that the Ohio Family Health Survey instrument contained, at the very minimum, face validity. All sections of both the adult and child instruments contained questions about topics directly related to major political and research issues surrounding the status of health insurance today. Several questions were viewed as exploratory and were written as open-ended questions so that respondents could report their exact answers and help the research team in defining the parameters of the issues related to the individual question.

Content validity is a subjective measure of how appropriate the items seem to a set of reviewers who have some knowledge of the subject matter. It usually involves an organized review of the survey's contents to ensure that it includes everything it should and does not include anything it shouldn't. We can also attest to the survey's content validity since most questions were abstracted from other federal or state level survey instruments dealing with the subject of health insurance, or from Gallup's storehouse of questionnaire items, all of which had been tested previously.

Criterion validity is a measure of how well one instrument stacks up against another instrument or predictor. It provides quantitative evidence on the accuracy of a survey instrument.

Finally, construct validity requires that the survey instrument be judged against some other method that is acknowledged as a "gold standard" for assessing the same variable. These last two types of validity will be determined as Gallup, through its subcontractor at Ohio State University, and state staff analyze the resulting data and compare the study's results against other types of indicators of health insurance, health status, and health service utilization at the state level.

Reliability of the Survey Questions

Reliability of survey questions is defined as the likelihood that a set of questions will be answered the same way a second time. Although no specific reliability tests were conducted on the Ohio Family Health Survey instrument used for this study, we are quite confident about the reliability of all items since most were borrowed or adapted from other surveys that had already been used for gathering data from national and state-wide populations and other oversampled groups.

Recommended Changes in Survey Design and Implementation for Future Projects

Based on Gallup's staff experience with the Ohio Family Health Survey, we would like to make several recommendations for changes to the current survey should it will be used again to gather insurance data from households within any State.

First we would like to recommended the following changes to the survey instrument:

- Eliminate questions that respondents have a tendency to answer with a “don’t know.” Large proportions (from 6 to 17%) of respondents in the Ohio Family Health Survey did not know whether their primary coverage was managed care, whether they had mental health coverage or hearing services, or the amount of out-of-pocket medical expenses they had during the past 12 months. If these questions are important enough to the data collection, we would advise having the interviewers schedule a callback with the respondents once they have had an opportunity to look up this information.
- Reword certain questions to be more specific, and ask them only of relevant respondents. For example, question B9C seems to need rewording. A substantial proportion of respondents (4.4%) did not know how to rate their ability to get emergency medical care, particularly if they did not need any.
- Design the survey instrument so that it has far fewer skip patterns and does not account for every exception to the norm. This will eliminate the danger of mistakes in programming such complex skip patterns where every possibility must be accounted for.
- Continue to include alternative ways to obtain household or family income such as income ranges.
- Include the definition of “chronic disease” for the respondent. A good proportion of respondents included illnesses or health conditions that were not really chronic, e.g., pregnancy.
- Include fewer questions that include definitions of unfamiliar terms since these are confusing to the respondent over the telephone. It is often difficult to know in a telephone interview whether the respondent has grasped the meaning of the term, e.g., “household members” vs. “family members” or “Medicare” vs. “Medicaid.”

- Expand the set of questions asked of families whose income is below 200% of the federal poverty level since this group is becoming more and more significant for state level funding.
- Include fewer open-ended questions, but use structured response categories. This will assist in keeping costs down and will also allow interviewers to code information rather than having to take time to type in long sentences.
- Do not feel tied to the use of questions from other existing health surveys.
- Add a question about the name of the health plan that covers the respondent and gather information about these health plans in order to supplement information not known by the respondent.
- When including questions that use a recall period of 12 months or longer, the more detailed and quantitative is the information asked for, the less likely one is to gather accurate information.

Depending on funding available at the time, we would also recommend:

- More intensive training for interviewers regarding chronic conditions, types of insurance, industry classifications, and the definitions of Medicare and Medicaid programs;
- A study of nonrespondents to see if they differ in their responses from respondents in the survey;
- Conducting a test-retest reliability study of the items in the survey instrument;
- Conducting an analysis of the data reported by the eligible adult vs. a proxy to see if differences exist in the responses given by the two groups.
- Be consistent in the use of a methodology to count the uninsured when conducting this study repeatedly over time.

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Appendices

- A. Ohio Family Health Survey Instrument Indicating Sources of Questions**
- B. Ohio Family Health Short Survey**
- C. Changes Made to Initial Survey Instrument to Generate Final Survey Instrument**
- D. CASRO Response Rate Definition**

Appendix A: Ohio Family Health Survey Instrument Indicating Sources of Questions

CRT

HARD COPY REQUIRED

**FINANCE,OHI39107
F107**

FIELD FINAL - JANUARY 3, 1998

(Columns are card/column)

Revisions on last page)

AC5368

Project Registration #116218

10-17-97 APPROVED BY CLIENT

OHIO DEPARTMENT OF HEALTH

Columbus, Ohio

10-17-97 DATE APPROVED BY CLIENT

Ohio Family Health Survey

_____ DATE APPROVED BY PROJECT MANAGER

The Gallup Organization, Inc.

Kroliczak/McLain

Robin McClurg-George, Specwriter

May, 1998

n=12,300

I.D.#:

_____ (1- 6)

**AREA CODE AND TELEPHONE NUMBER:()_____

(/32 - /41)

**INTERVIEW TIME: -----

(2/49 - 2/54)

INTRODUCTION:

Hello, my name is _____, and I am calling from The Gallup Organization. We are conducting an important survey for the Ohio Health Department on health insurance and medical services. Am I speaking to someone 18 or older? **(If "Yes", Continue with rest of introduction/If "No", Ask to speak to someone who is 18 or older. Then begin the introduction from the beginning)** The survey is designed to provide a greater understanding of health insurance coverage in the state of Ohio, satisfaction with health care and health insurance, how much people have to pay for health care, and if Ohioans are having any problem getting health care. Its purpose is to gather information for the state that can be used to make health care policy decisions that will affect you and your family. Your telephone number was chosen randomly and all information will be kept strictly confidential. **(If necessary, say:)** This survey should take 15 to 20 minutes to complete.

- | | | |
|---|---|-------------------|
| 1 | Available | (Continue) |
| 3 | Person who answered the phone was cognitively impaired - (Ask to speak with another adult in the household and reset to Intro) | |
| 4 | (DK) - (Thank and Terminate) | |
| 7 | Not available - (Set time to call back) | |
| 9 | (Refused) - (Thank and Terminate) | _____(5/12) |
-

Section A: SCREENER QUESTIONS FOR ADULT INTERVIEW

S1.

First I would like to identify the adult in your household, 18 or older, who had the most recent birthday. Who would that be? **(NOTE: Be sure to record the person's name not just relationship)** (Open ended) **(INTERVIEWER NOTE: If it's the person on the phone, ask for their name. Remember what is said here as you will also need to code the next screen based on the response)** [Source: The Gallup Organization]

- 01 Selected person available
(list name) - **(Ask to speak to that person, then continue)**

03 (Individual on phone does not know about family members' birthdays) - **(Ask to speak to someone else in the household who does know about them and reset to Intro)**

96 There are no adults 18 or over in household - **(Thank, Terminate and Tally)**

98 (DK) **(Thank and Terminate)**
99 (Refused) **(Thank and Terminate)**

(5/13) (5/14)

NAME: _____

(18/12 - 18/20)

S1a. **(INTERVIEWER NOTE:** If person selected in S1 is not the current respondent, ask to speak to person in S1, the one with the most recent birthday [NAME: RESPONSE IN S1]. If current respondent is the person selected in S1, code as "97")

- 01 Person selected in S1 is available BUT is NOT current respondent - **(Ask to speak to that person, then Skip to S2)**
 - 02 Person selected in S1 is not available AND is NOT current respondent - **(Continue)**
 - 97 (Individual on the phone is the qualified person) - **(Skip to S3)**

(10/40)(10/41)

S1b. **(If code “02” in S1a, ask:)** I need to ask some questions about (Person in S1’s) health insurance coverage. Does (Person in S1) know about his/her health insurance? [Source: Ohio Department of Health]

1 Yes - (Suspend and set time for callback)

2 No (Continue)
3 (DK) (Continue)
4 (Refused) (Continue)

_____(11/77)

S1c. **(If code “2”, “3” or “4” in S1b, ask:)** Do you know about (Person in S1’s) health insurance? [Source: Ohio Department of Health]

1 Yes - (Autocode S3 as “1” and Skip to S6)

2 No (Autocode S3
as “2”
3 (DK)
4 (Refused) and Skip to S4)

_____(11/78)

S2. Hello, my name is _____, and I am calling from The Gallup Organization. We are conducting an important survey for the Ohio Health Department on health insurance and medical services. The survey is designed to provide a greater understanding of health insurance coverage in the state of Ohio, satisfaction with health care and health insurance, how much people have to pay for health care, and if Ohioans are having any problem getting health care. Its purpose is to gather information for the state that can be used to make health care policy decisions that will affect you and your family. Your telephone number was chosen randomly and all information will be kept strictly confidential. This survey should take 15 to 20 minutes to complete. [Source: Ohio Department of Health]

1 Available - (Continue)

2 Not a good time - (Set time to call back)

3 Person who answered the phone was cognitively impaired - (Ask to speak with another adult in the household and reset to Intro)

4 (DK) - (Thank and Terminate)

5 (Refused) - (Thank and Terminate)

_____(5/15)

S3. I need to ask you some questions about your health insurance. Do you know about the health insurance or should I speak to someone else about the health insurance coverage? [Source: Ohio Department of Health]

- 1 Person on phone does know
about insurance or knows
they don't have coverage - (**Skip to "Note" before S6**)
- 2 Person on phone does NOT
know about insurance - (**Continue**)
- 3 (DK) - (**Thank and Terminate**)
- 4 (Refused) - (**Thank and Terminate**) _____(5/16)

S4. (**If code "2" in S3, ask:**) Who could I speak to that does know about (your/Person in S1's) insurance? (Open ended and record name) [Source: Ohio Department of Health]

- 01 Other available (list) - (**Continue**)
 - 02 (DK) (**Thank and Terminate**)
 - 03 (Refused) (**Thank and Terminate**)
 - 04 Not available (list name) - (**Suspend and**
set time to call back)
 - 05 HOLD
-

QNS4 _____
(5/17) (5/18)

(When appropriate respondent on line, Continue with S5)

S5. Hello, my name is _____, and I am calling from The Gallup Organization. We are conducting an important survey for the Ohio Health Department on health insurance and medical services and we would like to ask you some questions about **(Person in S1's)** health insurance coverage. The survey is designed to provide a greater understanding of health insurance coverage in the state of Ohio, satisfaction with health care and health insurance, how much people have to pay for health care, and if Ohioans are having any problem getting health care. Its purpose is to gather information for the state that can be used to make health care policy decisions that will affect you and your family. Your telephone number was chosen randomly and all information will be kept strictly confidential. This survey should take 15 to 20 minutes to complete. [Source: Ohio Department of Health]

- 1 Available - **(Continue)**
- 2 Not available - **(Set time to call back)**
- 3 (DK) - **(Thank and Terminate)**
- 4 (Refused) - **(Thank and Terminate)**

_____ (5/19)

S6. **(If code "97" in S1a AND code "1" in S3, Autocode S6 as "00", Otherwise, ask:)** What is your relationship to **(Person in S1)**? [Source: Ohio Department of Health]

- 00 Self
- 01 Spouse
- 02 Mother
- 03 Father
- 04 Grandparent
- 05 Aunt/Uncle
- 06 Brother/sister
- 07 Other relative
- 08 Legal guardian
- 09 Foster parent
- 10 Other non-relative
- 98 (DK) **(Probe)**
- 99 (Refused) **(Probe)**

_____ (5/20) (5/21)

S7. [Do you/Does **(Person in S1)** live in a regular house or apartment, OR [do you/does **(Person in S1)** live in a military barracks, a group home, or some other non-house type of living quarters? **[Source: National Technical Center, Harvard School of Medicine, Adult Household Survey Core Instrument]**

1 Yes, Regular house
or apartment - (**Continue**)

2 No, Non-house
residence - (**Thank and Terminate**)

3 (DK) (**Thank and Terminate**)
4 (Refused) (**Thank and Terminate**) _____(5/22)

S8. How long [have you/has **(Person in S1)** lived in Ohio? (Open ended and code) **(NOTE: If respondent says “Don’t know” or “Refused”, probe by reading 1-5)** **[Source: Ohio Department of Health]**

1 Less than one month - (**Thank and Terminate**)

2 1 month to less than 12 months

3 1 year

4 More than 1 year but less than 5 years

5 5 years or more

6 (DK) (**Thank and Terminate**)
7 (Refused) (**Thank and Terminate**) _____(5/23)

S9. In what county in the State of Ohio [do you/does **(Person in S1)**] live **MOST OF THE TIME** or [are you/is **(Person in S1)**] a permanent resident? (Open ended and code) **[Source: Ohio Department of Health]**

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miami	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	200	(More than one county)

998 (DK) **(Thank and Terminate)**
999 (Refused) **(Thank and Terminate)**

(5/24)(5/25)(5/26)

**(If code “013” in S9, Continue;
Otherwise, Skip to S10)**

S9a. **(If code “013” in S9, ask:)** What is [your/**(Person in S1’s)**] zip code? (Open ended and code all five digits of zip code) [Source: The Gallup Organization]

99998 (DK)
99999 (Refused)

_____ (/ - /)

S9b. ZIP QUALIFIERS: **(Autocode from S9a)**

- 1 **(If code “43713”, “43718”, “43719”, “43747”, “43759”, “43784”, “43927” “43928”, “43933”, “43950”, “43951”, “43972”, “43977”, “43983” or “43985”, in S9a)** St. Clairsville/Barnesville
- 2 **(If code “43906”, “43909”, “43912”, “43916”, “43917”, “43934”, “43935”, “43942” or “43947”, in S9a)** Bellaire/Martins Ferry
- 3 **(All other codes in S9a)** - (Thank and Terminate) _____(/)

S10. Other than [you/**(Person in S1)**], how many adults, age 18 and over, live in this household? (Open ended and code actual number) [Source: The Gallup Organization]

00 None - **(Skip to S12)**
01-
97 97+ **(Continue)**
98 (DK) **(Thank and Terminate)**
99 (Refused) **(Thank and Terminate)**

_____ (5/27) (5/28)

S11. Other than [you/(Person in S1)], how many adult members of (your/his/her) FAMILY, age 18 and over, live in this household? By FAMILY I mean two or more persons residing together who are related by birth, marriage, or adoption. (Open ended and code actual number)
[Source: The Gallup Organization]

00 None - (**Continue**)
01-
97 97+ (**Continue**)
98 (DK) (**Thank and Terminate**)
99 (Refused) (**Thank and Terminate**)

(5/29) (5/30)

S12. How many children, persons 17 years of age or younger, live in this household whether they are family members or not? (Open ended and code actual number) [Source: The Gallup Organization]

00 None - (**Skip to S14**)
01-
97 97+ (**Continue**)
98 (DK) (**Continue**)
99 (Refused) (**Continue**)

(5/31) (5/32)

S13. (If code “01-97” in S10, ask:) How many children, persons 17 years of age or younger, in [your/(Person in S1’s)] FAMILY live in this household? (Open ended and code actual number)

(If code “00” in S10, ask:) How many children, persons 17 years of age or younger, in [your/Person in S1’s] FAMILY live in this household? By family I mean two or more persons residing together who are related by birth, marriage, or adoption. (Open ended and code actual number) [Source: The Gallup Organization]

00 None
97 97+
98 (DK)
99 (Refused)

(5/33) (5/34)

S14. Please tell me how old [you were/**(Person in S1)** was] on (your/his/her) last birthday. (Open ended and code actual age) [Source: The Gallup Organization]

018-
125 **(Continue)**

998 (DK/Not sure) **(Thank and Terminate)**
999 (Refused) **(Thank and Terminate)**

_____ (5/35)(5/36)(5/37)

S15. So [you are/**(Person in S1)** is] a (response in S14) year old (male/female), is that correct? [Source: The Gallup Organization]

1 Yes, male
2 Yes, female

_____ (5/38)

S16. [Are you/Is **(Person in S1)**] of Hispanic, Latino or Spanish origin? [Source: The Gallup Organization]

1 Yes
2 No
3 (DK)
4 (Refused)

_____ (5/39)

S17. What race [do you/does **(Person in S1)**] consider (yourself/himself/herself) to be? The U. S. Census categories are (read 06-11)? [Source: The Gallup Organization]

01 Other (list) **(Skip to “Read before #1”)**
02 (DK) **(Skip to “Read before #1”)**
03 (Refused) **(Skip to “Read before #1”)**
04 HOLD
05 HOLD

06 White **(Skip to “Read before #1”)**
07 Black or African American **(Skip to “Read before #1”)**
08 Asian or Pacific Islander **(Skip to “Read before #1”)**
09 Native American or
 American Indian **(Skip to “Read before #1”)**
10 Eskimo or Aleut **(Skip to “Read before #1”)**

11 (Hispanic) **(DO NOT READ)** - **(Continue)**

QNS17
(5/40) (5/41)

S18. **(If code "11" in S17, ask:)** Do you consider [yourself/**(Person in S1)**] to be white Hispanic, or black Hispanic? [Source: The Gallup Organization]

- | | |
|----|---|
| 01 | Other (list) |
| 02 | (DK) (Probe) |
| 03 | (Refused) (Probe) |
| 04 | HOLD |
| 05 | HOLD |
| 06 | White-Hispanic |
| 07 | Black-Hispanic |
| 08 | (Hispanic/Respondent refuses to discriminate) |

QNS18
(5/42) (5/43)

(READ:) These next few questions are about [your/**(Person in S1's)**] CURRENT health insurance coverage, that is, the health coverage [you/**(Response in S1)**] had LAST WEEK.

1. [Are you/Is **(Person in S1)** covered by health insurance or some other type of health insurance plan? **(If "No", "Don't Know" or "Refused", read:)** This includes health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Start, CHAMPUS, Champ-VA, and the Indian Health Service. [Source: National Health Interview Survey, Family Core]]

- | | |
|---|--|
| 1 | Yes - (Continue) |
| 2 | No - (Skip to Section C) |
| 3 | (DK) (Thank and Terminate) |
| 4 | (Refused) (Thank and Terminate) |

_____ (5/44)

SECTION B: CURRENTLY INSURED

(There are no questions B2 or B3)

- B4. **(If code "1" in #1, ask:)** What type of health insurance plan [are you/is **(Person in S1)**] covered by? [Are you/Is **(Person in S1)**] covered by **(read A)**? **(Probe:)** [Are you/Is **(Person in S1)**] covered by any other health insurance coverage, such as **(read B-F)**? [Source: Modification of item in National Health Interview Survey, Family Core]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. An insurance plan through an employer or union _____(5/45)

- a. **(If code "1" in #B4-A, ask:)** Is that insurance through [your/(Person in S1's)] work or [are you/is **(Person in S1)**] receiving insurance as a dependent through someone else's work? **(If necessary, read:)** Is that through current work or past work? **(INTERVIEWER NOTE: If respondent indicates they have coverage both through a CURRENT employer and a PAST employer, use the “current” code)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Through [your/(Person in S1's)] **CURRENT** work
- 07 Covered as a dependent through someone else's **CURRENT** work
- 08 Both through [your/(Person in S1's)] **CURRENT** work **AND** covered as a dependent through someone else's **CURRENT** work
- 09 Through [your/(Person in S1's)] **PAST** work
- 10 Covered as a dependent through someone else's **PAST** work
- 11 Both through [your/(Person in S1's)] **PAST** work **AND** covered as a dependent through someone else's **PAST** work

QNB4AA _____
(5/46) (5/47)

B4. (Continued:)

- b. **(If code "08" or "11" in #B4-Aa, ask:)** Whose insurance policy covered [you/(**Person in S1**)] as a dependent? **(Probe for relationship)**
(Open ended and code)

- 01 Other relationship (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Current spouse
- 07 Ex-spouse
- 08 Mother
- 09 Father

QNB4AB _____
(5/48)(5/49)

B. Medicare _____(5/50)

- a. **(If code "1" in #B4-B, ask:)** [Do you/Does (**Person in S1**) have coverage for physician services often called Part B, or any other insurance coverage which pays for your medications, or co-pays, or your out-of-pocket costs, sometimes called Medi-Gap? **(NOTE: If respondent says "Yes" ask:)** Was it (read 1-3)?]

- 1 Coverage for physician services, Part B ONLY
- 2 Coverage for physician services (Part B) and Medi-Gap
- 3 Medi-Gap ONLY
- 4 No

- 8 (DK)
- 9 (Refused)

_____ (5/51)

C. Does the state of Ohio or your County Department of Human Services provide you with a medical card? This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile, or Disability Assistance.

D. Military or Veterans coverage _____(5/53)

E. Other insurance that [you/(**Person in S1**)] or (your/his/her) family pay(s) for completely _____(5/54)

B4. (Continued:)

F. [Do you/Does **(Person in S1)**] have any other healthcare coverage? (**If “Yes”, ask:**) Which type? (Open ended) (**Allow three responses**)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/None
- 05 HOLD

1st
Resp:

QNB4F1
(5/55)(5/56)

(Response in 19/20.20)

2nd
Resp:

QNB4F2
(5/57)(5/58)

3rd
Resp:

QNB4F3
(5/59)(5/60)

(If code “2-4” in #B4 A-E AND
code “02-04” in #B4-F, Skip to #B25;
If code “065-125” in S14 AND code “1” in #B4B,
Skip to “Read” before #B5;
Otherwise, Continue)

(NOTE: If code "06", "08", "09" or "11" in #B4Aa, Autocode #B4a as "10")

B4a. **(If code "1" in #B4 A or E OR if code "01" in F, ask:)** Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. For the insurance plan [you currently have/(Person in S1) currently has], what is the policyholder's relationship to [you/(Person in S1)]. **(If the selected adult has more than one insurance plan, say:)** Your primary insurance plan is the insurance plan which pays the medical bills first or pays most of the medical bills. **(Probe for relationship)** (Open ended and code) **(SURVENT NOTE: Do not allow a code 10 or 07 in B4Aa with a code 10 in B4a)** [Source: Modification of item in National Health Interview Survey, Adult Core]

- 01 Other relationship (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Current spouse **(SURVENT NOTE: Refer to as
"spouse" in upcoming questions)**

07 Ex-spouse
08 Mother
09 Father
10 [Self/(Person in S1)]
11 There is no policyholder

QNB4A2
(5/61)(5/62)

**(If B4a was NOT asked OR if B4a was autocoded, Continue;
Otherwise, Skip Directly to B5)**

(READ:) Your primary insurance plan is the insurance plan which pays the medical bills first or pays most of the medical bills.

B5. **(If code "1" to ANY in #B4 A-E OR if code "01" in #B4-F, read:)** Is [your/(Person in S1's)] PRIMARY insurance plan some type of managed care plan, like an HMO or PPO? [Source: Modification of item in National Health Interview Survey, Family Core]

- 1 Yes
2 No
8 (DK)
9 (Refused)

_____(5/63)

- B6. **(If code "1" in #B4-C, ask:)** You indicated that [you have/(Person in S1) has] a medical card. When did [your/(Person in S1's)] most recent period of coverage begin? Please tell me the month and year. (Open ended and code month and year)

MONTH:

01	January
02	February
03	March
04	April
05	May
06	June
07	July
08	August
09	September
10	October
11	November
12	December
00	(DK)
99	(Refused)

(5/64)(5/65)

YEAR:

00	(DK)
99	(Refused)

(5/66)(5/67)

(If code "1" in B4A or E or code "01" in B4F,
Continue;
Otherwise, Skip to #B9)

- B7. **(If code "1" in #1 AND code "1" in B4A or E or code "01" in B4F, ask:)** Is [your/(Person in S1's) primary coverage, family coverage, single coverage or some other type? **If necessary, read definitions from glossary** [Source: Ohio Department of Health]

01	Other (list)
02	(DK)
03	(Refused)
04	HOLD
05	HOLD
06	Family coverage
07	Single coverage
08	Self and spouse coverage only, excludes children

QNB7
(5/68)(5/69)

- B8. (If code “1” in #1 AND code “1” in B4A or E or code “01” in B4F, ask:) How much [do you/does (Person in S1)] or [your/(Person in S1’s)] policyholder pay monthly for that coverage? (Open ended and code actual number of dollars per month) [Source: Ohio Department of Health]

0000 None/(Employer pays all)

0001-
9997 \$9,997+

9998 (DK)
9999 (Refused)

(5/70-5/73)

- B9. **If code “1” in #1, ask:** Thinking about [your/**(Person in S1’s)**] current health insurance coverage, please rate this coverage, using a scale of one-to-five, where “1” is poor and “5” is excellent. How would you rate **(read and rotate A-D)?** [Source: Ohio Department of Health]

5 Excellent

4

3

2

1 Poor

6 (DK)

7 (Refused)

- A. [Your/**Person in S1's**] ability to choose a doctor _____(5/74)
 - B. The benefits covered _____(5/75)
 - C. [Your/**Person in S1's**] ability to get emergency medical care _____(5/76)
 - D. How much [you have/**Person in S1**] has] to pay personally for medical services _____(5/77)

B10. **(If code "2-4" in #B4-C, ask)** Do any of [your/**Person in S1's**] current health insurance plans cover **(read and rotate A-E)**? [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. Mental health services _____(6/12)
- B. Dental care _____(6/13)
- C. Vision services _____(6/14)
- D. Hearing services _____(6/15)
- E. Prescription medications _____(6/16)

**(If code “02”, “03”, “11” or BLANK in #B4a, Skip to #B18;
Otherwise, Continue)**

(SURVENT NOTE FOR “READ” AND B11:

- [If code “97” in S1a AND code “2” in S3 AND code “10” in B4a, read:
“(Person in S1)”]**
- [If code “97” in S1a AND code “2” in S3 AND code “01” or “06-09” in
B4a, read: “(Person in S1’s Response in B4a)”]**
- [If code “97” in S1a AND code “10” in B4a, read: “your”]**
- [If code “97” in S1a AND code “01 or “06-09” in B4a, read: “your
(response in B4a)”]**
- [If code “01-02” in S1a AND code “10” in B4a, read: “(Person in S1)”]**
- [If code “01-02” in S1a AND code “01” or “06-09” in B4a, read:
“(Person in S1’s Response in B4a)”]**

(If code “065-125” in S14 AND code “1” in #B4B,
Skip to #B18;
Otherwise, Continue)

(READ:) Now, I am going to ask you some questions about [your/your (response in B4a’s)/(Person in S1’s)/(Person in S1’s response in B4a’s)] employment.

(If code “1” in #B4E or code “01” in #B4F, Continue;
Otherwise, Skip to “Note” at #B12)

B11. (If code “1” in #B4E or if code “01” in #B4F, ask:) LAST WEEK did [your/your (response in B4a)/(Person in S1)/(Person in S1’s response in B4a)] have a job either full or part-time? Include any job from which [you were/your (response in B4a) was/(Person in S1) was/(Person in S1’s response in B4a) was] temporarily absent. [Source: Ohio Department of Health]

1 Yes - **(Continue)**

2 No **(Skip to #B18)**
3 (DK) **(Skip to #B18)**
4 (Refused) **(Skip to #B18)**

_____ (6/17)

B12. (If code “1” in #B11 or code “1” in #B4A, ask:)

(If code “10” in #B4a AND if code “01-03”, “06” or “08” in B4Aa, read:) I would like to know about [your/Person in S1's] job, that is the job that provides [you/Person in S1] with primary health insurance. How many hours per week [do you/does Person in S1] usually work at that job?

(If code “01” or “06-09” in #B4a AND if code “07” in #B4Aa, read:) I would like to know about the job that provides [you/Person in S1] with health insurance. How many hours per week does [your/Person in S1's] (Relationship in #B4a) usually work at that job?

(If code “10” in #B4a AND code “2-4” in B4A AND if code “1” in #B4 E or code “01” in #B4 F, read:) How many hours per week [do you/does Person in S1] usually work at (your/his/her) current primary job?

(If code “01” or “06-09” in #B4a AND code “2-4” in B4A AND if code “1” in #B4E or code “01” in #B4F, read:) How many hours per week does [Person in S1/Person in S1's response in B4a]/your (Response in B4a) usually work at (his/her) current primary job?

(If code “10” in #B4a AND if code “09” or “11” in B4Aa, read:) I would like to know about [your/Person in S1's] job, that is the job that provides [you/Person in S1] with health insurance. How many hours per week did [you/Person in S1] usually work at that job?

(If code “01-03” or “06-09” in #B4a AND if code “10” in #B4Aa, read:) I would like to know about the job that provides [you/Person in S1] with health insurance. How many hours per week did [your/Person in S1's] (Relationship in #B4a) usually work at that job? (Open ended and code actual number) [Source: Ohio Department of Health]

97 97+

98 (DK)

99 (Refused)

(6/18)(6/19)

B13. **(If code “1” in #B11 OR if code “1” in #B4A, ask:)** Was that job for the government, private industry, or are (you/they) self-employed? [Source: Ohio Department of Health]

- | | | |
|---|------------------|-------------|
| 1 | Government | |
| 2 | Private industry | |
| 3 | Self-employed | |
| 4 | (DK) | |
| 5 | (Refused) | _____(6/20) |

(There is no #B14) HOLD 0 (6/21-
6/22)

B15. **(If code “1” in #B11 OR if code “1” in #B4A, ask:)** In what industry was that job? (Open ended and code) **(If necessary, read 06-22)** [Source: Current Population Survey]

- | | |
|----|---|
| 01 | Other (list) |
| 02 | (DK) |
| 03 | (Refused) |
| 04 | HOLD |
| 05 | HOLD |
| 06 | Agriculture, forestry, and fisheries |
| 07 | Mining |
| 08 | Construction |
| 09 | Manufacturing, non-durable goods such as food, apparel, and textile, paper, chemical, petroleum, and leather products |
| 10 | Manufacturing, durable goods such as concrete or metal products, machinery, computing, or transportation equipment |
| 11 | Transportation |
| 12 | Communications and other public utilities |
| 13 | Wholesale trade |
| 14 | Finance, insurance, and real estate |
| 15 | Business and repair services |
| 16 | Personal services |
| 17 | Entertainment and recreation services |
| 18 | Health services |
| 19 | Educational services |
| 20 | Other professional and related services |
| 21 | Public administration |
| 22 | Retail |

QNB15
(6/23)(6/24)

B16. **(If code “1” in #B11 OR if code “1” in #B4A, ask)** Counting all locations where that employer operates or operated IN THE PAST 12 MONTHS, what is the total number of people who work for that employer? (Open ended and code) [Source: **Modification of item in National Health Interview Survey, Adult Core**]

- 01 1 employee
- 02 2 - 9 employees
- 03 10 - 24 employees
- 04 25 - 49 employees
- 05 50 - 99 employees
- 06 100 - 249 employees
- 07 250 - 499 employees
- 08 500 - 999 employees
- 09 1,000 employees or more
- 98 (DK)
- 99 (Refused)

(6/25)(6/26)

B17. **(If code “1” in #B11 OR if code “1” in #B4A, ask)** In what county was that job located?
(NOTE: If more than one, ask for the county of the “Home” office) (Open ended and code)
 [Source: Ohio Department of Health]

000 Works(ed) Outside Ohio

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miami	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Works in several counties)
998	(DK)				
999	((Refused))				

_____(6/27)(6/28)(6/29)_____

B18. How long [have you/has **(Person in S1)**] been covered by (your/his/her) current primary health insurance plan? (Open ended and code) **[Source: Modification of item in Federal Employees Health Benefit Survey, 1996]**

- 1 Greater than or equal
 to 12 months - (**Skip to “Note” before #B30**)

2 Less than 12 months - (**Continue**)

3 (DK) (**Continue**)

4 (Refused) (**Continue**) _____(6/30)

(There is no #B19-#B20a) HOLD 0(6/31-
6/33)

B21. **If code “2”, “3” or “4” in #B18, ask:** Prior to (your/his/her) current primary plan, [were you/was **(Person in S1)**] covered by any other health insurance plan in the past 12 months? **[Source: Ohio Department of Health]**

- 1 Yes - **(Continue)**
2 No **(Skip to #B25)**
3 (DK) **(Skip to #B25)**
4 (Refused) **(Skip to #B25)** _____(6/34)

B22. **(If code “1” in #B21, ask:)** What type of health insurance plan covered [you/**Person in S1**] just prior to (your/his/her) current coverage? Did [you/**Person in S1**] have **(read A-F)**?
[Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

A. An insurance plan through an employer or union _____(6/35)

B. Medicare _____(6/36)

a. **(If code “1” in #B22-B, ask:)** Did [you/**Person in S1**] have coverage for physician services, often called Part B or any other insurance coverage which pays for your medications, or co-pays, or your out-of-pocket costs, sometimes called Medi-Gap? **(NOTE: If respondent says “Yes”, ask:)** Was it **(read 1-3)**?

- 1 Coverage for physician services, Part B ONLY
- 2 Coverage for physician services (Part B) AND Medi-Gap
- 3 Medi-Gap ONLY
- 4 No
- 8 (DK)
- 9 (Refused)

_____ (6/77)

C. Did the State of Ohio or your County Department of Human Services provide you with a medical card? This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile or Disability Assistance _____(6/37)

D. Military or Veterans coverage _____(6/38)

E. Other insurance that [you/**Person in S1**] or (your/his/her) family paid for completely _____(6/39)

B22. (Continued:)

F. Did [you/**(Person in S1)**] have any other coverage?

(If "Yes", ask:) Which type? (Open ended)

(Allow three responses)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st _____
Resp: _____ (6/40)(6/41)
2nd _____
Resp: _____ (6/42)(6/43)
3rd _____
Resp: _____ (6/44)(6/45)

B23. **(If code "1" in #B21, ask:)** How would you compare [your/**(Person in S1's)**] current health insurance plan with [your/**(Person in S1's)**] previous plan? Is it better, worse or about the same as the previous coverage? **[Source: Ohio Department of Health]**

- 1 Better **(Continue)**
- 2 Worse **(Continue)**

- 3 About the same **(Skip to "Note" at #B25)**
- 4 (DK) **(Skip to "Note" at #B25)**
- 5 (Refused) **(Skip to "Note" at #B25)** _____(6/46)

B24. **(If code "1" or "2" in #B23, ask:)** In what ways is [your/**(Person in S1's)**] current plan **(response in #B23)? Please list them in order of importance.** (Open ended) **(Allow three responses IN ORDER OF IMPORTANCE)** **[Source: Ohio Department of Health]**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st _____
Resp: _____ (6/47)(6/48)
2nd _____
Resp: _____ (6/49)(6/50)
3rd _____
Resp: _____ (6/51)(6/52)

B25. **[(If code “2-4” in #B18) or (If code “2-4” in #B4 A-E and code “02-04” in #B4F), ask:]** Was there any time IN THE PAST 12 MONTHS that [you/(Person in S1)] did not have health insurance? **[Source: Modification of item in National Health Interview Survey, Family Core]**

- 1 Yes - **(Continue)**
- 2 No **(Skip to “Note” before #B30)**
- 3 (DK) **(Skip to “Note” before #B30)**
- 4 (Refused) **(Skip to “Note” before #B30)** _____(6/53)

(There is no question #B26)

B27. How many weeks DURING THE PAST 12 MONTHS [were you/was (Person in S1)] without health insurance coverage? (Open ended and code actual number) **[Source: Ohio Department of Health]**

- 01-
52

98 (DK)
99 (Refused)

- _____ (6/54)(6/55)

B28. What are the reasons [you were/(Person in S1) was] uninsured DURING THE PAST 12 MONTHS? (Open ended) **(Allow three responses IN ORDER OF IMPORTANCE)** **[Source: Ohio Department of Health]**

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

- 1st _____
Resp: _____ (6/56)(6/57)
2nd _____
Resp: _____ (6/58)(6/59)
3rd _____
Resp: _____ (6/60)(6/61)
- QNB28A** _____
QNB28B _____
QNB28C _____

B29. Did any of the following things happen to [you/(**Person in S1**)] while [you were/(**Person in S1**) was] uninsured DURING THE PAST 12 MONTHS? **(Read A-C)** [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. Did [you/(**Person in S1**)] have any major medical costs while [you were/(he/she) was] uninsured _____(6/62)
- B. Did [you/(**Person in S1**)] delay or avoid getting care because [you were/(he/she) was] uninsured _____(6/63)
- C. Did [you/(**Person in S1**)] have any problems getting the care [you/(**Person in S1**)] needed while [you were/(he/she) was] uninsured _____(6/64)

(If code “065-125” in S14 AND
code “1” in #B4B, Skip to “Read” before #35;
If code “10” in #B4a AND
code “01-03”, “06” or “08” in B4Aa, Skip to #B33;
Otherwise, Continue)

B30. LAST WEEK did [you/(**Person in S1**)] have a job either full or part-time? Include any job from which [you were/(**Person in S1**)] was temporarily absent. [Source: Ohio Department of Health]

- 1 Yes - (**Skip to #B33**)
- 2 No - (**Continue**)
- 3 (DK) (**Skip to “Read” before #35**)
- 4 (Refused) (**Skip to “Read” before #35**) _____(6/65)

B31. (If code “2” in #B30, ask:) Did [you/(**Person in S1**)] have a job either full or part time during THE PAST 12 MONTHS? [Source: Ohio Department of Health]

- 1 Yes - (**Continue**)
- 2 No (**Skip to “Read” before #35**)
- 3 (DK) (**Skip to “Read” before #35**)
- 4 (Refused) (**Skip to “Read” before #35**) _____(6/66)

B31a. **(If code “09” or “11” in #B4Aa, ask:)** Is that the same job you told me about earlier? [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____(14/24)

(There is no question #B32)

B33. **(If code “1” in #B30, read:)** Does [your/**(Person in S1’s)**] employer offer health insurance coverage? **(If “Yes”, ask:)** Is that to full-time employees only or to all employees?

(If code “1” in #B31, read:) The last time [you/**(Person in S1)**] had a job, did [your/**(Person in S1’s)**] employer offer health insurance coverage? **(If “Yes”, ask:)** Was that to full-time employees only or to all employees?

(If code “10” in #B4a, read:) Does [your/**(Person in S1’s)**] employer offer health insurance to full time and part time employees or only to full time employees? [Source: Ohio Department of Health]

(INTERVIEWER NOTE: If respondent indicates they are self employed owner of the business ask them to refer to the following questions as an EMPLOYEE)

- 01 Yes, to full-time employees only
- 02 Yes, to all employees -- part-time and full-time
- 03 Yes, employer offers insurance, but respondent does not know if it is offered to full or part-time employees
- 04 No (Skip to “Note” before #B34a)
- 05 (DK) (Skip to “Note” before #B34a)
- 06 (Refused) (Skip to “Note” before #B34a)
- 99 Other (list)

QNB33 _____
(6/78)(6/79)

B34. (If codes "01-03" or "99" in #B33, ask:)

(If code "1" in #B30 or code "10" in #B4a, ask:) Does [your/(Person in S1's)] employer offer family coverage, single coverage only, both single and family coverage, or some other type?

(If code "1" in #B31, ask:) The last time [you/(Person in S1)] had a job, did [your/(Person in S1's)] employer offer family coverage, single coverage only, both single and family coverage, or some other type? **[Source: Ohio Department of Health]**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Family coverage only
- 07 Single coverage only
- 08 Single and spouse coverage
- 09 Both single and family coverage

QNB34
(6/68)(6/69)

(If code "10" in #B4a, Skip to "Read" before #35:
Otherwise, Continue)

B34a. (If code "1" in #B30, read:) You told me [you are/(Person in S1) is] currently working. How many hours per week [do you/does (Person in S1)] usually work at (your/his/her) CURRENT PRIMARY job?

(If code "1" in #B31, read:) You told me that [you/(Person in S1)] had a job in the past 12 months. The last time [you/(Person in S1)] had a job about how many hours per week [were you/was (Person in S1)] usually working at (your/his/her) primary job?

(Open ended and code actual number) **[Source: Ohio Department of Health]**

- 97 97+
- 98 (DK)
- 99 (Refused)

(6/70)(6/71)

- B34b. **(If code "1" in #B30, read:)** [Do you/Does **(Person in S1)** work for the government, private industry, or (are you/is he/she) self-employed?

(If code "1" in #B31, read:) The last time [you/(Person in S1)] had a job, [were you/was (Person in S1) working for the government, private industry, or (were you/was he/she) self-employed? [Source: Ohio Department of Health]

- 1 Government
 - 2 Private industry
 - 3 Self-employed
 - 8 (DK)
 - 9 (Refused)

(6/72)

(There is no #B34c)

HOLD

0(6/73-
6/74)

- B34d. **If code "1" in #B30, read:** In what industry [do you/does **(Person in S1)**] **NOW** work in (your/his/her) primary job? (Open ended and code) **If necessary, read 06-22**

(If code “1” in #B31, read:) The last time [you/**Person in S1**] had a job, in what industry was (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)** [Source: **Modification of item in Current Population Survey**]

- | | |
|----|---|
| 01 | Other (list) |
| 02 | (DK) |
| 03 | (Refused) |
| 04 | HOLD |
| 05 | HOLD |
| 06 | Agriculture, forestry, and fisheries |
| 07 | Mining |
| 08 | Construction |
| 09 | Manufacturing, non-durable goods |
| 10 | Manufacturing, durable goods |
| 11 | Transportation |
| 12 | Communications and other public utilities |
| 13 | Wholesale trade |
| 14 | Finance, insurance, and real estate |
| 15 | Business and repair services |
| 16 | Personal services |
| 17 | Entertainment and recreation services |
| 18 | Health services |
| 19 | Educational services |
| 20 | Other professional and related services |
| 21 | Public administration |
| 22 | Retail |

QNB34D _____
(6/75)(6/76)

B34e. **(If code “1” in #B30, read:)** Counting all locations where [your/**(Person in S1’s)**] employer operates or operated **IN THE PAST 12 MONTHS**, what is the total number of persons who work for that employer? (Open ended and code)

(If code “1” in #B31, read:) The last time [you/**(Person in S1)**] had a job, and counting all locations where (your/their) employer operated, what was the total number of persons who worked for that employer? (Open ended and code) **[Source: Current Population Survey]**

- 01 1 employee
- 02 2 - 9 employees
- 03 10 - 24 employees
- 04 25 - 49 employees
- 05 50 - 99 employees
- 06 100 - 249 employees
- 07 250 - 499 employees
- 08 500 - 999 employees
- 09 1,000 employees or more
- 98 (DK)
- 99 (Refused)

(7/12)(7/13)

(If code “1” in #B30, Continue;
Otherwise, Skip to “Read” before #35)

B34f. **(If code “1” in #B30, ask:)** In what county is that job located? **(NOTE: If more than one, ask for the county of the “Home” office)** (Open ended and code) [Source: Ohio Department of Health]

000	Works(ed) Outside Ohio				
001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miami	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Works in several counties)
998	(DK)				
999	((Refused))				

(14/25 - 14/27)

(All in #B34f, Skip to “Read” before #35)

SECTION C: CURRENTLY UNINSURED

(There is no question C1)

C2. **(If code "2" in #1, ask:)** DURING THE PAST 12 MONTHS, when was the last time [you/Person in S1] had health insurance? Please tell me the month. (Open ended and code) [Source: Ohio Department of Health]

- 00 No time; respondent was not covered by health insurance at all in the past 12 months - (Skip to #C26)
- 01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
- 13 Yes, but do not know the month
- 98 (DK) (Thank and Terminate)
99 (Refused) (Thank and Terminate)

(7/14)(7/15)

C3. **(If code "01-12" in #C2, read:)** In (response in #C2), what type of health insurance plan [were you/was Person in S1] covered by? [Were you/Was Person in S1] covered by (read A)? **(Probe:)** Did [you/Person in S1] have any other health insurance coverage, such as (read B-F)?

(If code "13" in #C2, read:) The last time [you/Person in S1] had insurance, what type of health insurance plan [were you/was Person in S1] covered by? [Were you/Was Person in S1] covered by (read A)? **(Probe:)** Did [you/Person in S1] have any other health insurance coverage, such as (read B-F)? [Source: Ohio Department of Health]

- 1 Yes
2 No
3 (DK)
4 (Refused)

A. An insurance plan through an employer or union _____(7/16)

C3. (Continued:)

- a. (**If code "1" in #C3-A, ask:**) Was that insurance through [your/(Person in S1's)] work at that time or past work or [were you/was **(Person in S1)**] receiving insurance as a dependent through someone else's work at that time or their past work? **(INTERVIEWER NOTE: If respondent indicates that they had coverage both through work at the time and past work, use the "work at that time" code)**
- | | |
|----|---|
| 01 | Other (list) |
| 02 | (DK) |
| 03 | (Refused) |
| 04 | HOLD |
| 05 | HOLD |
| 06 | Through [your/(Person in S1's)] work at that time |
| 07 | Covered as a dependent through someone else's work at that time |
| 08 | Both through [your/(Person in S1's)] work at that time <u>AND</u> covered as a dependent through someone else's work at that time |
| 09 | Through [your/(Person in S1's)] past work |
| 10 | Covered as a dependent through someone else's past work |
| 11 | Both through [your/(Person in S1's)] past work and covered as a dependent through someone else's past work |

QNC3AA _____
(7/17)(7/18)

C3. (Continued:)

- b. **(If code "08" in #C3-Aa, ask:)** Whose insurance policy covered [you/(**Person in S1**)] as a dependent? **(Probe for relationship)**
(Open ended and code)

- 01 Other relationship (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Current spouse
- 07 Ex-spouse
- 08 Mother
- 09 Father

QNC3AB _____
(7/19)(7/20)

B. Medicare _____(7/21)

- a. **(If code "1" in #C3-B, ask:)** Did [you/(**Person in S1**)] have coverage for physician services often called Part B, or any other insurance coverage which pays for your medications, or co-pays, or your out-of-pocket costs, sometimes called Medi-Gap? **(NOTE: If respondent says "Yes" ask: Was it read 1-3)?**

- 1 Coverage for physician services, Part B ONLY
- 2 Coverage for physician services (Part B) and Medi-Gap
- 3 Medi-Gap ONLY
- 4 No

- 8 (DK)
- 9 (Refused)

_____ (7/22)

C. Did the state of Ohio or your County Department of Human Services provide you with a medical card? This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile, or Disability Assistance.

D. Military or Veterans coverage _____(7/24)

E. Other insurance that [you/(**Person in S1**)] or (your/his/her) family paid for completely _____(7/25)

C3. (Continued:)

F. Did [you/Person in S1] have any other coverage?

(If "Yes", ask:) Which type? (Open ended)

(Allow three responses)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/None
- 05 HOLD

1st
Resp:
2nd
Resp:
3rd
Resp:

QNC3F1
(7/26)(7/27)
QNC3F2
(7/28)(7/29)
QNC3F3
(7/30)(7/31)

(If code "1" to ONLY #C3 B, C or D, Skip to #C5;

If code "2-4" in #C3 A-E AND

code "02-04" in #C3-F, Skip to #C27;

Otherwise, Continue)

(NOTE: If code “06” or “08” in C3Aa, Autocode C3a as “10”)

C3a. **(If code "1" in #C3 A, E OR if code "01" in F, ask:)** Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. For the insurance plan [you/**Person in S1**] had, what was the policyholder's relationship to [you/**Person in S1**]. **(If the selected adult had more than one insurance plan, say:)** The primary insurance plan is the insurance plan which pays the medical bills first or pays most of the medical bills. **(Probe for relationship)** (Open ended and code) [Source: **Ohio Department of Health**]

- 01 Other relationship (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Current spouse **(SURVENT NOTE: Refer to as
“spouse” in upcoming questions)**

- 07 Ex-spouse
- 08 Mother
- 09 Father
- 10 [Self/**Person in S1**]
- 11 There is no policyholder

QNC3A2
(7/32)(7/33)

(All in C3a, Skip to “Note” before #C5)

(There is no question C4)

**(If C3a was NOT asked OR if C3a was autocoded, Continue;
Otherwise, Skip Directly to C5)**

(READ:) Your primary insurance plan is the insurance plan which pays the medical bills first or pays most of the medical bills.

C5. **(If code "1" to ANY in #C3 A-E OR if code "01" in #C3-F, read:)** Was [your/**Person in S1's**] **PRIMARY** insurance plan some type of managed care plan, like an HMO or a PPO? **[Source: Ohio Department of Health]**

- 1 Yes
2 No
8 (DK)
9 (Refused)

_____(7/34)

C6. **(If code "1" in #C3-C, ask:)** You indicated that [you/**Person in S1**] had a medical card. When did [your/**Person in S1's**] most recent period of coverage begin? Please tell me the month and year. **(Open ended and code month and year)** **[Source: Ohio Department of Health]**

MONTH:

- 01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

00 (DK)
99 (Refused)

_____(7/35)_____(7/36)

YEAR:

- 00 (DK)
99 (Refused)

_____(7/37)_____(7/38)

(If code "1" in C3 A or E or code "01" in C3 F,
Continue;
Otherwise, Skip to #C9)

C7. **(If code “01-13” in #C2 AND code “1” in C3 A or E or code “01” in C3 F, ask:)** Was [your/Person in S1] primary coverage, family coverage, single coverage or some other type? [Source: Ohio Department of Health]

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Family coverage
07 Single coverage
08 Self and spouse coverage only,
excludes children

QNC7
(7/39)(7/40)

C8. **(If code “01-13” in #C2 AND code “1” in C3 A or E or code “01” in C3 F, ask:)** How much did [you/Person in S1] or [your/Person in S1’s] policyholder pay monthly for that coverage? (Open ended and code actual number of dollars per month) [Source: Ohio Department of Health]

- 0000 None/(Employer pays all)

0001-
9997 \$9,997+

9998 (DK)
9999 (Refused)
-

(7/41- 7/44)

C9. **If code “01-13” in #C2, ask:** Thinking about [your/**Person in S1’s**] most recent health insurance coverage, please rate this coverage, using a scale of one-to-five, where “1” is poor and “5” is excellent. How would you rate **(read and rotate A-D)**? **[Source: Ohio Department of Health]**

- | | |
|---|-----------|
| 5 | Excellent |
| 4 | |
| 3 | |
| 2 | |
| 1 | Poor |
| 6 | (DK) |
| 7 | (Refused) |

- A. [Your/**(Person in S1's)**] ability to choose a doctor _____(7/45)
 - B. The benefits covered _____(7/46)
 - C. [Your/**(Person in S1's)**] ability to get emergency medical care _____(7/47)
 - D. How much [you/**(Person in S1)**] had to pay personally for medical services _____(7/48)

C10. If code "01-13" in #C2 AND code "2-4" in #C3-C, ask The last time (you/she/he) had health insurance, did any of [your/Person in S1's] insurance plans cover (read and rotate A-E)?
[Source: Ohio Department of Health]

- 1 Yes
2 No
3 (DK)
4 (Refused)

A. Mental health services

B. Dental care

C. Vision services

D. Hearing services

E. Prescription medications

(If code “02”, “03”, “11” or BLANK in #C3a,
Skip to “Note” before #C26;
Otherwise, Continue)

(SURVENT NOTE FOR “READ” AND C11:

[If code “97” in S1a AND code “2” in S3 AND code “10” in C3a, read:
“(Person in S1)”]
[If code “97” in S1a AND code “2” in S3 AND code “01” or “06-09” in
C3a, read: “(Person in S1’s Response in C3a)”]
[If code “97” in S1a AND code “10” in C3a, read: “your”]
[If code “97” in S1a AND code “01 or “06-09” in C3a, read: “your
(response in C3a)”]
[If code “01-02” in S1a AND code “10” in C3a, read: “(Person in S1)”]
[If code “01-02” in S1a AND code “01” or “06-09” in C3a, read:
“(Person in S1’s Response in C3a)”]

(If code “065-125” in S14 AND code “1” in #C3B,
Skip to “Note” before #C26;
Otherwise, Continue)

(READ: Now, I am going to ask you some questions about [your/your (response in C3a’s)/(Person in S1’s)/(Person in S1’s response in C3a’s)] employment.

(If code “1” in #C3 E or code “01” in #C3 F, Continue;
Otherwise, Skip to “Note” at #C12)

C11. (If code “1” in #C3 E or if code “01” in #C3 F, ask:) The last time [you/(Person in S1)] had insurance coverage, did [your/your (response in C3a)/(Person in S1)/(Person in S1’s response in C3a)] have a job either full or part-time?. [Source: Ohio Department of Health]

- | | | |
|---|-------------------------|-------------------------------------|
| 1 | Yes - (Continue) | |
| 2 | No | (Skip to “Note” before #C26) |
| 3 | (DK) | (Skip to “Note” before #C26) |
| 4 | (Refused) | (Skip to “Note” before #C26) |
- _____(7/54)

C12. **(If code “1” in #C11 or code “1” in #C3A, ask:)**

(If code “10” in #C3a AND if code “1” in #C3 A, ask:) I would like to know about [your/(Person in S1's)] job, that is the job that provided [you/Person in S1] with health insurance. About how many hours per week [were you/was (Person in S1)] usually working at that job that provided the insurance?

(If code “01-03” or “06-09” in #C3a AND code “1” in #C3A, read:) I would like to know about the job that provided [you/Response in S1] with health insurance. About how many hours per week was [your/Person in S1's] (Relationship in #C3a) usually working at that job that provided the insurance?

(If code “10” in #C3a AND code “2-4” in C3A AND code “1” in #C3 E or code “01” in #C3 F, read:) The last time [you/(Person in S1)] had insurance coverage, about how many hours per week [were you/was (Person in S1)] usually working at (your/his/her) primary job that provided the insurance?

(If code “01-03” or “06-09” in #C3a AND code “2-4” in C3A AND if code “1” in #C3 E or code “01” in #C3 F, read:) The last time [you/(Person in S1)] had insurance coverage, about how many hours per week was [your (Response in C3a)/(Person in S1's) (Response in C3a)] usually working at (his/her) primary job that provided the insurance? (Open ended and code actual number) **[Source: Ohio Department of Health]**

- | | |
|----|-----------|
| 97 | 97+ |
| 98 | (DK) |
| 99 | (Refused) |

(7/55)(7/56)

C13. **(If code “1” in #C11 OR if code “1” in #C3 A, ask:)** Was that job for the government, private industry, or (were you/was he/was she) self-employed? **[Source: Ohio Department of Health]**

- | | |
|---|------------------|
| 1 | Government |
| 2 | Private industry |
| 3 | Self-employed |
| 4 | (DK) |
| 5 | (Refused) |

_____ (7/57)

(There is no #C14)

HOLD

0 (7/58-
7/59)

C15. **(If code “1” in #C11 OR if code “1” in #C3A, ask:)** The last time [you/**Person in S1**] had insurance coverage, in what industry was that job? (Open ended and code) **(If, necessary, read 06-22)** [Source: Ohio Department of Health]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Agriculture, forestry, and fisheries
- 07 Mining
- 08 Construction
- 09 Manufacturing, non-durable goods such as food, apparel, and textile, paper, chemical, petroleum, and leather products
- 10 Manufacturing, durable goods such as concrete or metal products, machinery, computing, or transportation equipment
- 11 Transportation
- 12 Communications and other public utilities
- 13 Wholesale trade
- 14 Finance, insurance, and real estate
- 15 Business and repair services
- 16 Personal services
- 17 Entertainment and recreation services
- 18 Health services
- 19 Educational services
- 20 Other professional and related services
- 21 Public administration
- 22 Retail

QNC15
(7/60)(7/61)

C16. **(If code “1” in #C11 OR if code “1” in #C3 A, ask)** For that job and counting all locations, what is the total number of people who worked for that employer? (Open ended and code)
[Source: Modification of item in Current Population Survey]

- 01 1 employee
 - 02 2 - 9 employees
 - 03 10 - 24 employees
 - 04 25 - 49 employees
 - 05 50 - 99 employees
 - 06 100 - 249 employees
 - 07 250 - 499 employees
 - 08 500 - 999 employees
 - 09 1,000 employees or more
 - 98 (DK)
 - 99 (Refused)
-

(7/62)(7/63)

C17. **(If code “1” in #C11 OR if code “1” in #C3 A, ask)** In what county was that job? (Open ended and code) **(NOTE: If more than one, ask for the county of the “Home” office)**
[Source: Ohio Department of Health]

000 Worked Outside Ohio

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miami	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Works in several counties)
998	(DK)				
999	(Refused)				

(7/64)(7/65)(7/66)

(If code “00” in #C2, Continue;
If code “2” in #1 AND code “01-13” in #C2,
Skip to #C27;
Otherwise, Continue)

(There are no questions #C18-#C25)

C26. **(If code “2” in #1 AND code “00” in #C2, ask:)** When was the last time [you/**(Person in S1)**] had health insurance coverage? (Open ended and code) [Source: Modification of item in National Health Interview Survey, Family Core]

- 0 Never had health insurance
1 More than 1 year ago but less than 2 years ago
2 More than 2 years ago but less than 3 years ago
3 3 or more years ago

5 (DK)
6 (Refused)

_____(7/67)

(All in #C26, Skip to #C28)

C27. How many weeks DURING THE PAST 12 MONTHS [were you/was **(Person in S1)**] without health insurance coverage? (Open ended and code actual number) [Source: Ohio Department of Health]

- 01-
52

98 (DK)
99 (Refused)

_____(7/68)(7/69)

C28. What are the reasons [you were/**(Person in S1)** was] uninsured DURING THE PAST 12 MONTHS? (Open ended) (Allow three responses IN ORDER OF IMPORTANCE) [Source: Ohio Department of Health]

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

1st	QNC28A
Resp:	(7/70)(7/71)
2nd	(7/72)(7/73)
3rd	(7/74)(7/75)

C29. Did any of the following things happen to [you/(Person in S1)] while [you were/(Person in S1) was] uninsured DURING THE PAST 12 MONTHS? **(Read A-C)** [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

A. Did [you/(Person in S1)] have any major medical costs while [you were/(he was/she was] uninsured _____(8/12)

B. Did [you/(Person in S1)] delay or avoid getting care because [you were/(he was/she was] uninsured _____(8/13)

C. Did [you/(Person in S1)] have any problems getting the care [you/(Person in S1)] needed while [you were/(he was/she was] uninsured _____(8/14)

C30. **LAST WEEK** did [you/(Person in S1)] have a job either full or part-time? Include any job from which [you were/(Person in S1)] was temporarily absent. [Source: Ohio Department of Health]

1 Yes - **(Skip to “Note” at #C32)**

2 No - **(Continue)**

3 (DK) **(Skip to “Read” before #35)**
4 (Refused) **(Skip to “Read” before #35)** _____(8/15)

C31. **(If code “2” in #C30, ask:)** Did [you/(Person in S1)] have a job either full or part time during THE PAST 12 MONTHS? [Source: Ohio Department of Health]

1 Yes - **(Continue)**

2 No **(Skip to “Read” before #35)**
3 (DK) **(Skip to “Read” before #35)**
4 (Refused) **(Skip to “Read” before #35)** _____(8/16)

C32. **(If code “1” in #C11 AND code “10” in #C3a AND code “1” in #C30) OR (If code “1” in #C11 AND code “10” in #C3a AND code “1” in #C31), ask:)** Was that the SAME job you told me about earlier? [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ (8/17)

C33. **(If code “1” in #C30, read:)** Does [your/**(Person in S1’s)**] employer offer health insurance coverage? **(If “Yes”, ask:)** Is that to full-time employees only or to all employees?

(If code “1” in #C31 AND code “2-4” in #C32, read:) The last time [you/**(Person in S1)**] had a job, did [your/**(Person in S1’s)**] employer offer health insurance coverage? **(If “Yes”, ask:)** Is that to full-time employees only or to all employees?

(If code “10” in #C3a AND code “1” in #C32, read:) The last time [you/**(Person in S1)**] had health insurance, did [your/**(Person in S1’s)**] employer offer health insurance to full time and part time employees or only to full time employees? **[Source: Ohio Department of Health]**

- | | | |
|---|--|--------------------------------------|
| 1 | Yes, to full-time employees only | |
| 2 | Yes, to all employees -- part-time
and full-time | |
| 3 | Yes, employer offers insurance, but
respondent does not know if it is
offered to full or part-time employees | |
| 4 | No | (Skip to “Note” before #C34a) |
| 5 | (DK) | (Skip to “Note” before #C34a) |
| 6 | ((Refused)) | (Skip to “Note” before #C34a) |
- _____(8/18)

C34. (If codes "1-3" in #C33, ask)

(If code “1” in #C30, ask:) Does [your/**(Person in S1’s)**] employer offer family coverage, single coverage only, both single and family coverage, or some other type?

(If code “1” in #C31, ask:) The last time [you/**(Person in S1)**] had a job, did [your/**(Person in S1’s)**] employer offer family coverage, single coverage only, both single and family coverage, or some other type? **[Source: Ohio Department of Health]**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Family coverage only
- 07 Single coverage only
- 08 Single and spouse coverage
- 09 Both single and family coverage

QNC34

(8/19)(8/20)

**(If code “1” in #C32, Skip to “Read” before #35;
Otherwise, Continue)**

C34a. (If code “1” in #C30 OR if code “1” in #C31, ask:)

(If code “1” in #C30, read:) You told me [you are/**(Person in S1)** is] currently working. How many hours per week [do you/does **(Person in S1)**] usually work at (your/his/her) **CURRENT PRIMARY** job?

(If code “1” in #C31, read:) You told me that [you/**(Person in S1)**] had a job in the past 12 months. The last time [you/**(Person in S1)**] had a job about how many hours per week [were you/was **(Person in S1)**] usually working at (your/his/her) primary job?

(Open ended and code actual number) **[Source: Ohio Department of Health]**

- 97 97+
- 98 (DK)
- 99 (Refused)

(8/21)(8/22)

C34b. **(If code “1” in #C30, read:)** [Do you/Does **(Person in S1)** work for the government, private industry, or (are you/is he/is she) self-employed?

(If code “1” in #C31, read:) The last time [you/**(Person in S1)**] had a job, [were you/was **(Person in S1)** working for the government, private industry, or (were you/was he/was she) self-employed? **[Source: Ohio Department of Health]**

- 1 Government
- 2 Private industry
- 3 Self-employed
- 8 (DK)
- 9 (Refused)

_____(8/23)

(There is no #C34c)

HOLD

0 (8/24-
8/25)

C34d. **(If code “1” in #C30) OR (if code “1” in #C31, ask:**

(If code “1” in #C30, read:) In what industry [do you/does **(Person in S1)**] **NOW** work in (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)**

(If code “1” in #C31, read:) The last time [you/**(Person in S1)**] had a job, in what industry was (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)** [Source: **Modification of item in Current Population Survey**]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Agriculture, forestry, and fisheries
- 07 Mining
- 08 Construction
- 09 Manufacturing, non-durable goods
- 10 Manufacturing, durable goods
- 11 Transportation
- 12 Communications and other public utilities
- 13 Wholesale trade
- 14 Finance, insurance, and real estate
- 15 Business and repair services
- 16 Personal services
- 17 Entertainment and recreation services
- 18 Health services
- 19 Educational services
- 20 Other professional and related services
- 21 Public administration
- 22 Retail

QNC34D _____
(8/26)(8/27)

C34e. **(If code “1” in #C30) OR (if code “1” in #C31, ask:)**

(If code “1” in #C30, read:) Counting all locations where [your/**Person in S1's**] employer operates or operated IN THE PAST 12 MONTHS, what is the total number of persons who work for that employer? (Open ended and code)

(If code “1” in #C31, read:) The last time [you/**Person in S1**] had a job, and counting all locations where (your/their) employer operated, what was the total number of persons who worked for that employer? (Open ended and code) **[Source: Modification of item in Current Population Survey]**

- 01 1 employee
 - 02 2 - 9 employees
 - 03 10 - 24 employees
 - 04 25 - 49 employees
 - 05 50 - 99 employees
 - 06 100 - 249 employees
 - 07 250 - 499 employees
 - 08 500 - 999 employees
 - 09 1,000 employees or more
 - 98 (DK)
 - 99 ((Refused))
-

(8/28)(8/29)

SECTION D: HEALTH STATUS OF ADULT

(READ:) Now I would like to ask you about [your/**(Person in S1's)**] health and [your/**(Person in S1's)**] current daily activities.

35. In general, would you say [your/**(Person in S1's)**] health is **(read 5-1)**? [Source: **Sf-12 and BRFSS**]

- | | |
|---|-----------|
| 5 | Excellent |
| 4 | Very good |
| 3 | Good |
| 2 | Fair |
| 1 | Poor |
| 6 | (DK) |
| 7 | (Refused) |

_____(8/30)

(READ:) Now I'm going to read a list of activities that [you/**(Person in S1)**] might do during a typical day.

36. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does [your/**(Person in S1's)**] health now limit (you/him/her) a lot, limit [you/**(Person in S1)**] a little, or not limit (you/them) at all? [Source: **SF-12**]

- | | | |
|---|--|----------------------|
| 1 | Yes, limited a lot | (Skip to #38) |
| 2 | Yes, limited a little | (Skip to #38) |
| 3 | No, not limited at all | (Skip to #38) |
| 4 | (Respondent does not
do these activities) | (Continue) |
| 5 | (DK) | (Skip to #38) |
| 6 | (Refused) | (Skip to #38) |

_____(8/31)

37. **(If code "4" in #36, ask:)** And, is that because of [your/**(Person in S1's)**] health? [Source: **SF-12**]

- | | |
|---|-------------------------|
| 1 | Yes, (limited a lot) |
| 2 | Yes, (limited a little) |
| 3 | No (not limited at all) |
| 4 | (DK) |
| 5 | (Refused) |

_____(8/32)

38. Climbing several flights of stairs. Does [your/(**Person in S1's**)] health now limit (you/him/her) a lot, limit [you/(**Person in S1**)] a little, or not limit (you/him/her) at all? [Source: SF-12]

- | | | |
|---|---|-----------------------------|
| 1 | Yes, limited a lot | (Skip to "Read" before #40) |
| 2 | Yes, limited a little | (Skip to "Read" before #40) |
| 3 | No, not limited at all | (Skip to "Read" before #40) |
| 4 | (Respondent does not do these activities) | (Continue) |
| 5 | (DK) | (Skip to "Read" before #40) |
| 6 | (Refused) | (Skip to "Read" before #40) |
- _____(8/33)

39. (**If code "4" in #38, ask:**) Is that because of [your/(**Person in S1's**)] health? [Source: SF-12]

- | | |
|---|-------------------------|
| 1 | Yes, (limited a lot) |
| 2 | Yes, (limited a little) |
| 3 | No (not limited at all) |
| 4 | (DK) |
| 5 | (Refused) |
- _____(8/34)

(READ:) The following two questions ask about [your/(**Person in S1's**)] physical health and daily activities.

40. **DURING THE PAST 4 WEEKS**, [have you/has (**Person in S1**)] accomplished less than (you/he/she) would like as a result of (your/his/her) physical health? [Source: SF-12]

- | | |
|---|-----------|
| 1 | Yes |
| 2 | No |
| 3 | (DK) |
| 4 | (Refused) |
- _____(8/35)

41. **DURING THE PAST 4 WEEKS**, [were you/was (**Person in S1**)] limited in the kind of work or other regular daily activities [you do/he does/she does] as a result of (your/his/her) physical health? [Source: SF-12]

- | | |
|---|-----------|
| 1 | Yes |
| 2 | No |
| 3 | (DK) |
| 4 | (Refused) |
- _____(8/36)

(READ:) The following two questions ask about [your/**(Person in S1's)**] emotions and (your/his/her) daily activities.

42. **DURING THE PAST 4 WEEKS**, [have you/has **(Person in S1)**] accomplished less than (you/he/she) would like as a result of any emotional problems, such as feeling depressed or anxious? **[Source: SF-12]**

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____(8/37)

43. **DURING THE PAST 4 WEEKS**, did [you/**(Person in S1)**] not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? **[Source: SF-12]**

- 1 Yes, not as carefully as usual
- 2 No, as careful as usual
- 3 (DK)
- 4 (Refused)

_____(8/38)

44. **DURING THE PAST 4 WEEKS**, how much did pain interfere with [your/**(Person in S1's)**] normal work, including both work outside the home and housework? Did it interfere **(read 1-5)**? **[Source: SF-12]**

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

- 6 (DK)
- 7 (Refused)

_____(8/39)

45. DURING THE PAST 4 WEEKS, how much of the time has [your/(**Person in S1's**)] physical health or emotional problems interfered with (your/his/her) social activities like visiting with friends or relatives? Has it interfered (read 1-5)? [**Source: SF-12**]

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

- 6 (DK)
- 7 (Refused)

_____(8/40)

(READ:) The next questions are about how [you feel/(**Person in S1**) feels] and how things have been with (you/him/her) DURING THE PAST 4 WEEKS. As I read each statement, please give me the one answer that comes closest to the way [you have/(**Person in S1**) has] been feeling.

46. How much of the time DURING THE PAST 4 WEEKS [have you/has (**Person in S1**)] felt calm and peaceful? (Read 1-6) [**Source: SF-12**]

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

- 7 (DK)
- 8 (Refused)

_____(8/41)

47. How much of the time DURING THE PAST 4 WEEKS did [you/(**Person in S1**)] have a lot of energy? (If necessary, read 1-6) [**Source: SF-12**]

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

- 7 (DK)
- 8 (Refused)

_____(8/42)

48. How much of the time DURING THE PAST 4 WEEKS [have you/has (**Person in S1**)] felt downhearted and blue? (If necessary, read 1-6) [**Source: SF-12**]

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time

4 Some of the time
 5 A little of the time
 6 None of the time

7 (DK)
8 (Refused)

____(8/43)

49. [Do you /Does **(Person in S1)**] have a health condition that has been diagnosed by a doctor or some other health care professional that has lasted or is expected to last 12 MONTHS OR MORE? This includes both physical and mental health conditions. **[Source: Ohio Department of Health]**

1 Yes - (Continue)

2 No **(If code “065-125” in S14,
Skip to “Read” before #51)**

3 (DK) If code "018-064" in S14,
4 (Refused) Skip to "Read" before #54)

_____ (8/44)

50. **(If code "1" in #49, ask:)** What type of health conditions [do you/does he/does she] have?
(Open ended and code) **(Allow three responses, LISTED IN ORDER OF IMPORTANCE)**
(NOTE: DO NOT READ 06-14) [Source: Ohio Department of Health]

01	Other (list)		
02	(DK)		
03	(Refused)		
04	HOLD		
05	HOLD		
06	Asthma		
07	Heart disease (including coronary heart disease, Angina, heart attack or myocardial infarction)		
08	Arthritis (includes Lupus, Rheumatoid)		
09	Diabetes		
10	High blood pressure (Hypertension)		
11	A stroke		
12	Emphysema (pronounced “em-fah-zee-ma”)		
13	Depression		
14	Cancer		
		1st	<u>QN50A</u> _____
		Resp:	(8/45)(8/46)
		2nd	<u>QN50B</u> _____
		Resp:	(8/47)(8/48)
		3rd	<u>QN50C</u> _____
		Resp:	(8/49)(8/50)

- (If code “065-125” in S14, read:)** The next few questions are about some activities of daily living and limitations that [you/(Person in S1)] might have because of (your/his/her) physical or mental health.

51. **(If code “065-125” in S14, ask:)** Does someone usually help [you/(Person in S1)] get in or out of the tub or shower or stay in the room in case [you need/he needs/she needs] help? [Source: National Health Interview Survey, Phase II, Supplement on Aging]

1	Yes	
2	No	
3	(DK)	
4	(Refused)	_____ (8/51)

52. **(If code “065-125” in S14, ask:)** Do you feel [you need/(**Person in S1**) needs] help or more help than [you already get/he already gets/she already gets] with grocery shopping? **[Source: National Health Interview Survey, Phase II, Supplement on Aging]**

- 1 Yes, need help/more help
2 No, don't need help
3 (DK)
4 (Refused)

_____(8/52)

53. **(If code “065-125” in S14, ask:)** Do you feel that [you need/(**Person in S1**) needs] help or more help than [you already get/he already gets/she already gets] with meal preparation? **[Source: National Health Interview Survey, Phase II, Supplement on Aging]**

- 1 Yes, need help
2 No, don't need help
3 (DK)
4 (Refused)

_____(8/53)

(READ:) I would now like to ask some questions about cigarette smoking.

54. [Have you/Has (**Person in S1**) smoked at least 100 cigarettes in (your/his/her) entire life? **[Source: National Health Interview Survey, Adult Core, and BRFSS]**

- 1 Yes - **(Continue)**
2 No **(Skip to “Read” before #56)**
3 (DK) **(Skip to “Read” before #56)**
4 (Refused) **(Skip to “Read” before #56)**

_____(8/54)

55. **(If code “1” in #54, ask:)** [Do you/Does (**Person in S1**) smoke now? **[Source: BRFSS]**

- 1 Yes
2 No
3 (DK)
4 (Refused)

_____(8/55)

(READ:) The next question is about exercise, recreation, or physical activities other than [your/**(Person in S1's)**] regular job duties.

56. **DURING THE PAST MONTH**, did [you/**(Person in S1)**] participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? **[Source: BRFSS]**

1 Yes
2 No
3 (DK)
4 (Refused)

_____(8/56)

57. About how tall [are you/is **(Person in S1)**] without shoes? (Open ended **and code actual number of feet and inches**) **[Source: National Health Interview Survey, Phase II, Supplement on Aging]**

00 (Response not given in feet/inches)
98 (DK)
99 (Refused)

FEET:

(8/57)(8/58)

INCHES:

(8/59)(8/60)

58. About how much [do you/does **(Person in S1)**] weigh without shoes? (Open ended **and code actual number of pounds**) **[Source: National Health Interview Survey, Phase II, Supplement on Aging]**

001-
997 997+
998 (DK)
999 (Refused)

(8/61-8/63)

SECTION E: UTILIZATION OF HEALTH CARE SERVICES BY ADULT

(READ:) The next few questions are about [your/(**Person in S1's**)] use of health care services.

59. **DURING THE PAST 12 MONTHS**, how many times [have you/has (**Person in S1**)] seen a doctor or other health care professional about (your/his/her) own health either at a doctor's office, a clinic, or some other place? Do not include times [you were/(**Person in S1**) was] hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls. (Open ended and code actual number) [Source: National Health Interview Survey, Adult Core]

000 None
997 997+
998 (DK)
999 (Refused)

(8/64-8/66)

60. **DURING THE PAST 12 MONTHS**, how many times [were you/was (**Person in S1**)] admitted as a patient to a hospital which included an overnight stay? Do not include overnight stays in the emergency room. (Open ended and code actual number) [Source: Modification of item in National Health Interview Survey, Family Core]

000 None
997 997+
998 (DK)
999 (Refused)

(8/67-8/69)

61. How many times did [you/(**Person in S1**)] have outpatient surgery **IN THE PAST 12 MONTHS**? (Open ended and code actual number) [Source: Modification of item in National Health Interview Survey, Adult Core]

000 None
997 997+
998 (DK)
999 (Refused)

(8/70-8/72)

62. DURING THE PAST 12 MONTHS, how many times [were you/was (**Person in S1**) a patient in a hospital emergency room? Include emergency room visits where you were/(**Person in S1**) was] admitted to the hospital. (Open ended and code actual number) [Source: Modification of item in National Health Interview Survey, Adult Core]

000 None
997 997+
998 (DK)
999 (Refused)

(8/73-8/75)

63. How many times did [you/(**Person in S1**)] go to the dentist IN THE PAST 12 MONTHS? (Open ended and code actual number) [Source: Ohio Department of Health]

000 None
997 997+
998 (DK)
999 (Refused)

(9/12-9/14)

(If code “001-997” to ANY in #59-#63, Continue;
If code “2” in S15, Skip to #65;
If code “1” in S15, Skip to #67)

64. **(If codes "001-997" to ANY in #59-#63, ask:)** Thinking about the medical services [you/(**Person in S1**)] received and [your/(**Person in S1's**)] access to services DURING THE PAST 12 MONTHS, please rate the following. Using a scale of one-to-five, where "1" is poor and "5" is excellent, how would you rate (read A-G, as appropriate)? (Repeat scale as necessary) [Source: Federal Employees Health Benefits Survey]

5 Excellent

4

3

2

1 Poor

6 (DK)

7 (Refused)

- A. **(If code "001-997" to ANY in #59-#63, ask:)** The overall quality of the health care [you/
(Person in S1)] received _____(9/15)

B. **(If code "001-997" in #60, ask:)** The overall
quality of the hospital care [you/(**Person in S1**)
received during the overnight stay _____(9/16)

C. **(If code "001-997" in #60, ask:)** The number of
days spent in the hospital while [you were/(**Person**
in S1) was] there for an overnight stay _____(9/17)

D. **(If code "001-997" in #61, ask:)** The overall
quality of the outpatient surgery [you/
(Person in S1)] received _____(9/18)

E. **(If code "001-997" in #62, ask:)** The overall
quality of the emergency room services [you/
(Person in S1)] received _____(9/19)

(There is no F) HOLD _____(9/20)

G. **(If code "001-997" in #63, ask)** The overall
quality of the dental services [you/
(Person in S1)] received _____(9/21)

65. **(If code "2" in S15 AND code "001-999" in #59, ask:)** DURING THE LAST 12 MONTHS, [have you/has (Person in S1)] received any of the following health tests, exams, or services? **(Read and rotate A-B, as appropriate)** [Source: Modification of item in National Health Interview Survey, Adult Core]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

A. A PAP test or PAP smear (A PAP test or smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present) _____(9/22)

B. **(If code "040-125" in S14, ask:)** A mammogram (A mammogram is an x-ray of the breast and involves pressing the breast between two plastic plates.) _____(9/23)

(There is no C) HOLD _____(9/24)

(There is no D) HOLD _____(9/25)

**(If code "2" in S15 and
code "000" in #59, #60, #61 AND #62, Skip to #67;
Otherwise, Continue)**

66. **(If code "2" in S15 AND code "018-050" in S14, ask:)** [Were you/Was (Person in S1)] pregnant at any time DURING THE PAST 12 MONTHS? [Source: National Technical Center, Harvard School of Medicine, Adult Household Survey Core]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ (9/26)

SECTION F: UNMET HEALTH CARE NEEDS OF ADULT

67. DURING THE PAST 12 MONTHS, did [you/**(Person in S1)**] have a problem getting any health care such as medical, mental, or dental care that [you/he/she] needed? Include medications, equipment, and supplies. **[Source: Ohio Department of Health]**

1 Yes - **(Continue)**

- 2 No **(Skip to “Read” before #70)**
3 (DK) **(Skip to “Read” before #70)**
4 (Refused) **(Skip to “Read” before #70)**

_____(9/27)

68. **(If code "1" in #67, ask:)** What was the healthcare that [you/**(Person in S1)**] needed? (Open ended) **(Allow three responses LISTED IN ORDER OF IMPORTANCE)** **[Source: Ohio Department of Health]**

01 Other (list)

- 02 (DK) **(Skip to “Read” before #70)**
03 (Refused) **(Skip to “Read” before #70)**
04 HOLD
05 HOLD

1st **QN68A** _____
Resp: (9/28)(9/29)
2nd **QN68B** _____
Resp: (9/30)(9/31)
3rd **QN68C** _____
Resp: (9/32)(9/33)

69. **(For each specific response in #68, ask:)** Why did [you/(Person in S1)] have a problem getting (read A-C, as appropriate)? (Open ended) **Allow three responses** [Source: Ohio Department of Health]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

A. **(1st specific response in #68)**

1st **QN69A1**
Resp: (9/34)(9/35)
2nd **QN69A2**
Resp: (9/36)(9/37)
3rd **QN69A3**
Resp: (9/38)(9/39)

B. **(2nd specific response in #68)**

1st **QN69B1**
Resp: (9/40)(9/41)
2nd **QN69B2**
Resp: (9/42)(9/43)
3rd **QN69B3**
Resp: (9/44)(9/45)

C. **(3rd specific response in #68)**

1st **QN69C1**
Resp: (9/46)(9/47)
2nd **QN69C2**
Resp: (9/48)(9/49)
3rd **QN69C3**
Resp: (9/50)(9/51)

SECTION G: ACCESS TO CARE BY ADULT

(READ:)

The next questions are about [your/**Person in S1's**] sources of medical care.

70. Is there a place that [you USUALLY go /**Person in S1** USUALLY goes] to when [you are/**Person in S1** is] sick or when needing advice about (your/his/her) health? **If necessary, probe to clarify between code "2" and "3"** [Source: National Health Interview Survey, Adult Core]

- 1 Yes, one place - **(Continue)**
- 2 No, there is no place - **(Skip to #73)**
- 3 No, there is more than one place - **(Skip to #72)**
- 4 (DK) **(Skip to #73)**
- 5 (Refused) **(Skip to #73)**

_____ (9/52)

71. **(If code "1" in #70, ask:)** What kind of place is it; a clinic or health center, a doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place? [Source: National Health Interview Survey, Adult Core]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Clinic or health center
- 07 Doctor's office or HMO
- 08 Hospital emergency room
- 09 Hospital outpatient department

QN71 _____
(9/53)(9/54)

(All in #71, Skip to #73)

72. **(If code "3" in #70, ask:)** Please tell me about the PRIMARY PLACE that [you USUALLY go/Person in S1 USUALLY goes] to when [you are/Person in S1 is] sick or when needing advice about (your/his/her) health. Is it a clinic or health center, a doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place? [Source: **Modification of item in National Health Interview Survey, Adult Core**]

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Clinic or health center
07 Doctor's office or HMO
08 Hospital emergency room
09 Hospital outpatient department
-

QN72 _____
(9/55)(9/56)

73. Using a scale of one-to-five, where "1" is poor and "5" is excellent, how would you rate [your/Person in S1's] ability to see a specialist IN THE LAST 12 MONTHS, or was a specialist not needed? [Source: **Ohio Department of Health**]

- 5 Excellent
4
3
2
1 Poor

6 Did not need to see a specialist
7 (DK)
8 (Refused)

_____ (9/57)

SECTION H: DEMOGRAPHICS OF ADULT

(If code “013” in S9, Skip to #76;
Otherwise, Continue)

74. What is [your/**Person in S1's**] zip code? (Open ended **and code all five digits**) [Source: The Gallup Organization]

99998 (DK)
99999 (Refused)

(9/58-9/62)

(There is no #75)

HOLD

0 (9/63)

76. [Are you/Is **Person in S1**] **(read 1-6)**? [Source: The Gallup Organization]

1 Married
2 Divorced
3 Widowed
4 Separated
5 Never been married, OR
6 A member of an unmarried couple

7 (DK)
8 (Refused)

_____ (9/64)

- 76a. **(If code “18-64” in S14 AND code “1” or “6” in #76, ask:)** You may have already mentioned this but just for clarification, is [your/**Person in S1's**] spouse or partner currently employed? [Source: Ohio Department of Health]

1 Yes
2 No
3 (DK)
4 (Refused) _____ (/)

77. What is the highest level of school [you have/**(Person in S1)** has] completed or the highest degree received? (Open ended and code) **[Source: The Gallup Organization]**

- 01 Less than first grade
- 02 First through 8th grade
- 03 Some high school, but no diploma
- 04 High school graduate or equivalent
(GED/Vocational/Trade School graduate)
- 05 Some college, but no degree
- 06 Associate degree (1-2 year
occupational, technical or academic program)
- 07 Four year college graduate
- 08 Advanced degree (including master's,
professional degree, or doctorate)
- 98 (DK)
- 99 (Refused)

(9/65)(9/66)

(There are no questions #78-#82)

If code “00” in S10 AND code “00” in S12, Continue;
Otherwise, Skip to “Read #2”

(READ #1:) The next two questions ask about [your/**(Person in S1's)**] income and expenses so that the State Department of Health can find out how many people are having problems with their medical care costs.

(All in “Read #1”, Skip to #83)

(READ #2:) The next two questions ask about [your/**(Person in S1's)**] family income and expenses so that the State Department of Health can find out how many families are having problems with their medical care costs.

83. **(If respondent heard “Read #1”, read:) DURING THE PAST 12 MONTHS**, how much money [were you/was **(Person in S1)**] responsible for paying for medical costs, including medications, equipment, doctors’ costs, and hospital costs, but do not include the cost of any health insurance premiums, or costs that any insurance paid, or over the counter remedies. This is often called out-of-pocket costs.

(If respondent heard “Read #2”, read:) DURING THE PAST 12 MONTHS, how much money was [your/**(Person in S1’s)**] family responsible for paying for family medical costs, including medications, equipment, doctors’ costs, and hospital costs, but do not include the cost of any health insurance premiums, or costs that any insurance paid, or over the counter remedies. This is often called out-of-pocket costs. **[Source: Ohio Department of Health]**

(Open ended **and code actual number of dollars**)

99997 \$99,997+

99998 (DK)

99999 (Refused)

(9/67-9/71)

84. NUMBER IN FAMILY UNIT: **(Code only)**
(SURVENT: Add response in S11+1 and response in S13)

99 Missing data

(9/72)(9/73)

85. **(If code “00” or BLANK in S11 AND code “00” or BLANK in S13, read:)** Please tell me [your/**Person in S1’s**] total income during the calendar year 1997. This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received.

(Otherwise, read:) Please tell me [your/**Person in S1’s**] total **FAMILY** income during the calendar year 1997. Family income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this **FAMILY** who are 15 years of age and older. (Open ended **and** **code actual amount**) [Source: Ohio Department of Health]

999997 \$999,997+ - (**Autocode response into #86,**
based on response in #84 AND #85)

999998 (DK) **(Continue)**
999999 (Refused) **(Continue)**

(10/12-10/17)

(If code “99” in #84, Skip to #152;
Otherwise, Continue)

86. **(Autocode response in #85 based on response in #84 OR If code "999998" or "999999" in #85, ask:)** Which category represents the total combined income of all members of this **FAMILY** during the calendar year 1997? Is it **(read 01-56, as appropriate)**? [Source: Ohio Department of Health]

<u>(If code “1” in #84, read:)</u>	<u>(If code “5” in #84, read:)</u>
01 \$0 to \$5,000	29 \$0 to \$11,800
02 \$5,001 to \$7,900	30 \$11,801 to \$18,800
03 \$7,901 to \$10,500	31 \$18,801 to \$25,000
04 \$10,501 to \$11,800	32 \$25,001 to \$28,200
05 \$11,801 to \$15,800	33 \$28,201 to \$37,500
06 \$15,801 to \$23,700	34 \$37,501 to \$56,300
07 \$23,701 or more	35 \$56,301 or more

86. (Continued:)

<u>(If code “2” in #84, read:)</u>		<u>(If code “6” in #84, read:)</u>	
08	\$0 to \$6,700	36	\$0 to \$13,500
09	\$6,701 to \$10,600	37	\$13,501 to \$21,500
10	\$10,601 to \$14,100	38	\$21,501 to \$28,600
11	\$14,101 to \$15,900	39	\$28,601 to \$32,200
12	\$15,901 to \$21,200	40	\$32,201 to \$43,000
13	\$21,201 to \$31,800	41	\$43,001 to \$64,500
14	\$31,801 or more	42	\$64,501 or more
<u>(If code “3” in #84, read:)</u>		<u>(If code “7” in #84, read:)</u>	
15	\$0 to \$8,400	43	\$0 to \$15,300
16	\$8,401 to \$13,300	44	\$15,301 to \$24,200
17	\$13,301 to \$17,700	45	\$24,201 to \$32,200
18	\$17,701 to \$20,000	46	\$32,201 to \$36,300
19	\$20,001 to \$26,700	47	\$36,301 to \$48,400
20	\$26,701 to \$40,000	48	\$48,401 to \$72,600
21	\$40,001 or more	49	\$72,601 or more
<u>(If code “4” in #84, read:)</u>		<u>(If code “8” or more in #84, read:)</u>	
22	\$0 to \$10,100	50	\$0 to \$17,000
23	\$10,101 to \$16,100	51	\$17,001 to \$26,900
24	\$16,101 to \$21,300	52	\$26,901 to \$35,800
25	\$21,301 to \$24,100	53	\$35,801 to \$40,400
26	\$24,101 to \$32,100	54	\$40,401 to \$53,900
27	\$32,101 to \$48,200	55	\$53,901 to \$80,800
28	\$48,201 or more	56	\$80,801 or more
98	(DK)	(Autocode #87 as “8”)	
99	(Refused)	(Autocode #87 as “8”)	

(10/19)(10/20)

87. (Autocode as appropriate based on response in #86)

1	<u>(If code “01”, “08”, “15”, “22”, “29”, “36”, “43” or “50” in #86, code as:)</u> Less than 63%
2	<u>(If code “02”, “09”, “16”, “23”, “30”, “37”, “44” or “51” in #86, code as:)</u> 64% - 100%
3	<u>(If code “03”, “10”, “17”, “24”, “31”, “38”, “45” or “52” in #86, code as:)</u> 101% - 133%
4	<u>(If code “04”, “11”, “18”, “25”, “32”, “39”, “46” or “53” in #86, code as:)</u> 134% - 150%
5	<u>(If code “05”, “12”, “19”, “26”, “33”, “40”, “47” or “54” in #86, code as:)</u> 151% - 200%
6	<u>(If code “06”, “13”, “20”, “27”, “34”, “41”, “48” or “55” in #86, code as:)</u> 201% - 300%
7	<u>(If code “07”, “014”, “21”, “28”, “35”, “42”, “49” or “56” in #86, code as:)</u> 301% or more

8 Missing information - (Skip to “Note” after #89)

(10/21)

88. **(If code "2-4" in #C3-C or #B4-C or #B22C AND code "1-5" in #87, ask:)** Did [you/**(Person in S1)**] try to get healthcare insurance coverage from the State or County Department Of Human Services **DURING THE PAST 12 MONTHS?** This health insurance is often called Medicaid or Healthy Start. **[Source: Ohio Department of Health]**

- 1 Yes - **(Continue)**
- 2 No - **(Skip to #89)**
- 3 (DK) **(Skip to "Note" after #89)**
- 4 (Refused) **(Skip to "Note" after #89)** _____(10/22)

88a. **(If code "1" in #88, ask:)** Why [were you/was **(Person in S1)**] unable to get a medical card or insurance coverage through the State or County Department of Human Services? (Open ended) **(Allow three responses)** **[Source: Ohio Department of Health]**

01	Other (list)	1st	<u>QN88AA</u>
02	(DK)	Resp:	(12/73)(12/74)
03	(Refused)	2nd	<u>QN88AB</u>
04	HOLD	Resp:	(12/75)(12/76)
05	HOLD	3rd	<u>QN88AC</u>
		Resp:	(12/77)(12/78)

(All in #88a, Skip to "Note" after #89)

89. **(If code "2" in #88, ask:)** Why didn't [you/(**Person in S1**)] try to get health insurance from the State or County Department of Human Services IN THE PAST 12 MONTHS? (Open ended)
[Source: Ohio Department of Health]

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD
-

QN89 _____
(10/23-10/24)

(If response in S13 is code “01-97”, Continue;
Otherwise, Skip to #152)

- (READ:)** We have now completed the portion of the survey about [you/(**Person in S1**)]. Now I would like to ask some questions about a child in [your/(**Person in S1's**)] family. [Source: Ohio Department of Health]

(THIS IS THE END OF THE ADULT SECTION)

(THIS IS THE BEGINNING OF THE CHILD SECTION)

SECTION I: SCREENING QUESTIONS FOR ELIGIBLE CHILD

90. **(If code “01” in S13, ask:)** Earlier you said there was one child in your family, who is that child?

(If code “02-97” in S13, ask:) We would now like to identify the child in your FAMILY, age 17 or younger, who had the most recent birthday. Who would that be? (Open ended) **(ENTER NAME)** [Source: The Gallup Organization]

01 Other (list)

98 (DK)
99 (Refused)

(Try to force a response and if unsuccessful, suspend interview and call back later)

QN90 _____
(10/25)(10/26)

90a. Please tell me how old **(response in #90)** was on (his/her) last birthday. (Open ended **and code actual age**) [Source: The Gallup Organization]

000-
017

001 1 year or less
998 (DK/Not sure)
999 (Refused)

_____ (10/27-10/29)

91. I need to talk to the person **IN THIS HOUSEHOLD** who is well informed about **(response in #90)**'s health insurance coverage. Who would that be? (Open ended) **(ENTER SPECIFIC NAME)** [Source: Ohio Department of Health]

01 Other (list) - **(When person comes to the phone, Continue)**

02 Person on phone is the one who is most knowledgeable about the child's insurance coverage - **(Skip to #93)**

98 (DK)
99 (Refused)

(Try to force a response and if unsuccessful, suspend interview and call back later for someone who is knowledgeable)

QN91 _____
(10/30)(10/31)

92. **(When respondent comes to phone, read:)** Hello, my name is _____, and I am calling from The Gallup Organization. We are conducting an important survey for the Ohio Health Department on health insurance and medical services. The survey is designed to provide a greater understanding of the health insurance coverage, satisfaction with health care and health insurance, how much people have to pay for health care and if Ohioans are having any problem getting health care. Its purpose is to gather information for the state that can be used to make health care policy decisions that will affect you and your family. We have identified **(response in #90)** as the eligible child in your family and would like to ask you some questions about (his/her) health insurance coverage. Your telephone number was chosen randomly. All information will be kept strictly confidential. This survey should take about 8 to 10 minutes to complete.

1 Available - **(Continue)**

2 Not available **(Suspend, Set time to call back)**
3 (DK) **(Suspend, Set time to call back)**
4 (Refused) **(Suspend, Set time to call back)** ____(10/32)

93. What is your relationship to **(response in #90)?** (Open ended and code) [Source: Ohio Department of Health]

- 01 Other (list)
 - 02 Mother
 - 03 Father
 - 04 Grandparent
 - 05 Aunt/Uncle
 - 06 Brother/Sister
 - 07 Other relative
 - 08 Legal guardian
 - 09 Foster parent
 - 10 Other non-relative
 - 11 Step-Mother
 - 12 Step-Father
 - 98 (DK)
 - 99 (Refused)
-

QN93 _____
(10/33)(10/34)

94. **(If code “01-99” in S6 AND code “01” in #91, ask:)** What is **(Person in S1’s)** relationship to **(response in #90)?** (Open ended and code) [Source: Ohio Department of Health]

- 01 Other (list)
- 02 Mother
- 03 Father
- 04 Grandparent
- 05 Aunt/Uncle
- 06 Brother/Sister
- 07 Other relative
- 08 Legal guardian
- 09 Foster parent
- 10 Other non-relative
- 11 Step-Mother
- 12 Step-Father
- 98 (DK)
- 99 (Refused)

QN94 _____
(10/35)(10/36)

(READ:) These next few questions ask about some general information related to **(response in #90)**’s health insurance coverage.

95. Last week was **(response in #90)** covered by health insurance or some other type of health insurance plan? **(If “No”, “Don’t Know” or “Refused”, read:)** This includes health insurance obtained through employment or purchased directly as well as Government and military programs such as Medicare, Medicaid, Healthy Start, Champus, Champ-VA and the Indian Health Service. [Source: Modification of Item in National Health Interview Survey, Family Core]

- 1 Yes - **(Continue)**
- 2 No - **(Skip to #K97)**
- 3 (DK) **(Skip to #125)**
- 4 (Refused) **(Skip to #125)**

_____ (10/37)

**(If code “2” in #1 AND code “1” in #95, Skip to #J100;
If code “1” in #1 AND code “1” in #95
AND code “01” in #91, Skip to #J100;
Otherwise, Continue)**

SECTION J: CHILD'S INSURANCE COVERAGE

J96. (If code “1” in #1 And code “1” in #95 AND code “02” in #91, ask:) Last week, was (response in #90)'s health insurance coverage the same as [your/Person in S1's], insurance coverage that you told me about earlier? [Source: Ohio Department of Health]

1 Yes - (**Skip to #J101**) (Confirm by saying:) So, the health insurance coverage that (response in #90) has is ("Yes" responses in #B4 A-E or code "01" in #B4 F) and it has the same benefits and covers the same services, and (response in #90) does not have any other health insurance coverage?

2 No - (**Skip to #J100**)

3 (DK) (**Skip to #125**)
4 (Refused) (**Skip to #125**)

_____(10/38)

(There are no questions #J97-#J99)

J100. Does (response in #90) have any of the following types of health insurance or coverage? How about (read A-F)? [Modification of Item in National Health Interview Survey, Family Core]

1 Yes
2 No
3 (DK)
4 (Refused)

A. An insurance plan through an employer or union _____(10/39)

B. Medicare _____(10/77)

J100. (Continued:)

- a. **(If code “1” in #J100-B, ask:)** Does **(response in #90)** have coverage for physician services often called Part B, or any other insurance coverage which pays for your medications, or co-pays, or your out-of-pocket costs, sometimes called Medi-Gap? **(If “Yes”, ask:)** Was it **(read 1-3)?**

- 1 Coverage for physicians services, Part B ONLY
- 2 Coverage for physician services (Part B) AND Medi-Gap
- 3 Medi-Gap ONLY
- 4 No

- 8 (DK)
- 9 (Refused)

_____(10/78)

- C. Does the State of Ohio or your County Department of Human Services provide **(Response in #90)** with a medical card. This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile or Disability Assistance

_____(10/42)

- D. Military or Veterans coverage

_____(10/43)

- E. Other insurance that the family pays for completely

_____(10/44)

- F. Does **(response in #90)** have any other coverage, like BCMH? **(If yes, ask)**
Which type? (Open ended) **(Allow three responses)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/None
- 05 HOLD

1st	<u>QNJ100F1</u> _____
Resp:	(10/45)(10/46)
2nd	<u>QNJ100F2</u> _____
Resp:	(10/47)(10/48)
3rd	<u>QNJ100F3</u> _____
Resp:	(10/49)(10/50)

**(If code “2”, “3” or “4” to ALL in #J100 A-E AND
code “02-04” in #J100 F, Skip to #J120;
Otherwise, Continue)**

J101. Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder.

[If code "1" in #J96 AND code "1" in #B4 A or E or code "01" in #B4 F and NOT code "1" in #B4a) OR (If code "1" in #95 AND code "1" in #J100 A or E or code "01" in #J100 F) ask:] Whose insurance plan covers (response in #90) as a dependent? **(Probe for relationship to (response in #90)? (Open ended and code) [Modification of Item in National Health Interview Survey, Adult Core]**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Mother
- 07 Father
- 08 Grandmother
- 09 Grandfather
- 10 Sibling
- 11 Legal guardian
- 12 Step-Mother
- 13 Step-Father
- 14 There is no policy holder

QNJ101
(10/51)(10/52)

J102. **(If code "1" to ANY in #J100 A-E OR if code "01" in #J100-F, ask:) Is (response in #90's) PRIMARY insurance plan some type of managed care plan, like an HMO or PPO? [Source: Modification of item in National Health Interview Survey, Family Core]**

- 1 Yes
- 2 No
- 8 (DK)
- 9 (Refused)

_____(10/53)

J103. **(If code "1" in #J100-C OR code "1" in #J96 and code "1" in #B4-C, ask:)** You indicated that (response in #90) has a medical card. When did (response in #90's) most recent period of coverage begin? Please tell me the month and year. (Open ended and code month and year)
[Source: Ohio Department of Health]

MONTH:

- | | |
|----|-----------|
| 01 | January |
| 02 | February |
| 03 | March |
| 04 | April |
| 05 | May |
| 06 | June |
| 07 | July |
| 08 | August |
| 09 | September |
| 10 | October |
| 11 | November |
| 12 | December |
| 00 | (DK) |
| 99 | (Refused) |

(10/54)(10/55)

YEAR:

- | | |
|----|-----------|
| 00 | (DK) |
| 99 | (Refused) |

(10/56)(10/57)

J104. **(If code “1” in #95, ask:)** Thinking about (response in #90’s) current health insurance coverage, please rate this coverage for (response in #90). Use a scale of one-to-five, where “1” is poor and “5” is excellent. How would you rate (read and rotate A-D)? [Source: Ohio Department of Health]

5 Excellent

4

3

2

1 Poor

6 (DK)

7 (Refused)

A. Ability to choose (response in 90’s) doctor _____(10/58)

B. The benefits covered _____(10/59)

C. (Response in #90’s) ability to get emergency medical care _____(10/60)

D. How much (response in #90’s) FAMILY has to pay personally for (response in #90’s) medical services _____(10/61)

J105. **(If code “2-4” in #J100 C OR if code “1” in #J96 AND code “2-4” in #B4 C, ask:)** Do any of (response in #90’s) current insurance plans cover (read and rotate A-E)? [Source: Ohio Department of Health]

1 Yes

2 No

3 (DK)

4 (Refused)

A. Dental care _____(10/62)

B. Vision care _____(10/63)

C. Mental health care _____(10/64)

D. Hearing care _____(10/65)

E. Prescription medications _____(10/66)

(If code “02”, “03”, “14” or BLANK in #J101,
Skip to #J113;

(If #J100 is BLANK, Skip to #J113;
Otherwise, Continue)

J106. (If code “1” in #J100 E or if code “01” in #J100 F, ask:) LAST WEEK did (response in #90’s) (response in #J101) have a job either full or part-time? Include any job from which (response in #90’s) (response in #J101) was temporarily absent. [Source: Ohio Department of Health]

- | | |
|---|---------------------------|
| 1 | Yes - (Continue) |
| 2 | No (Skip to #J113) |
| 3 | (DK) (Skip to #J113) |
| 4 | (Refused) (Skip to #J113) |

_____(10/67)

J107. (If code “1” in #J106 or code “1” in #J100 A, ask:)

(If code “1” in #J100A, ask:) How many hours per week does (response in #90’s) (response in #J101) usually work at the job that provides (response in #90’s) health insurance coverage?

(If code “1” in #J100 E or code “01” in #J100 F, read:) How many hours per week does (response in #90’s) (response in #J101) usually work at (his/her) primary job? (Open ended and code actual number) [Source: Ohio Department of Health]

- | | |
|----|-----------|
| 97 | 97+ |
| 98 | (DK) |
| 99 | (Refused) |

_____(10/68)(10/69)

J108. (If code “1” in #J106 OR if code “1” in #J100 A, ask:)

(If code “1” in #J100 A or E or if code “01” in #J100 F, read:) Was that job for the government, private industry, or is (he/she) self-employed? [Source: Ohio Department of Health]

- | | |
|---|------------------|
| 1 | Government |
| 2 | Private industry |
| 3 | Self-employed |
| 4 | (DK) |
| 5 | (Refused) |

_____(10/70)

(There is no question #J109)

HOLD

0 (10/71-
10/72)

J110. If code "1" in #J106 OR if code "1" in #J100 A, ask:

If code "1" in #J100 A or E or if code "01" in #J100 F, read: In what industry was that job? (Open ended and code) If necessary, read 06-22 [Source: Current Population Survey]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Agriculture, forestry, and fisheries
- 07 Mining
- 08 Construction
- 09 Manufacturing, non-durable goods such as food, apparel, and textile, paper, chemical, petroleum, and leather products
- 10 Manufacturing, durable goods such as concrete or metal products, machinery, computing, or transportation equipment
- 11 Transportation
- 12 Communications and other public utilities
- 13 Wholesale trade
- 14 Finance, insurance, and real estate
- 15 Business and repair services
- 16 Personal services
- 17 Entertainment and recreation services
- 18 Health services
- 19 Educational services
- 20 Other professional and related services
- 21 Public administration
- 22 Retail

QNJ110
(10/73)(10/74)

J111. **(If code “1” in #J106 OR if code “1” in #J100 A, ask)**

(If code “1” in #J100 A or E or if code “01” in #J100 F, read:) Counting all locations where **(response in #90's) (response in #J101's)** employer operates or operated **IN THE PAST 12 MONTHS**, what is the total number of people who work for that employer? (Open ended and code) [Source: Modification of item in National Health Interview Survey, Adult Core]

- 01 1 employee
 - 02 2 - 9 employees
 - 03 10 - 24 employees
 - 04 25 - 49 employees
 - 05 50 - 99 employees
 - 06 100 - 249 employees
 - 07 250 - 499 employees
 - 08 500 - 999 employees
 - 09 1,000 employees or more
 - 98 (DK)
 - 99 (Refused)
-

(10/75)(10/76)

J112. (If code "1" in #J106 OR if code "1" in #J100 A, ask)

(If code "1" in #J100 A or E or if code "01" in #J100 F, read:) In what county was that job located? (Open ended and code) (NOTE: If more than one, ask for the county of the "Home" office) [Source: Ohio Department of Health]

000 He/She Works Outside Ohio

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshcocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miamia	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Works in several counties)
998	(DK)				
999	((Refused))				

_____(11/12)_____(11/13)_____(11/14)

J113. **(If code “1” in #95, ask:)** How long has **(Person in #90)** been covered by (his/her) current primary health insurance plan? (Open ended and code) [Source: Modification of item in Federal Employees Health Benefit Survey, 1996]

1 Greater than or equal
 to 12 months - **(Skip to #125)**

2 Less than 12 months - **(Continue)**

3 (DK) **(Skip to #J120)**
4 (Refused) **(Skip to #J120)**

_____ (11/15)

(There are no questions #J114-#J115a)

HOLD

0 (11/16-
11/18)

J116. **(If code “2” in #J113, ask:)** Prior to **(response in #90’s)** current plan, was **(response in #90)** covered by any other health insurance plan in the past 12 months? [Source: Ohio Department of Health]

1 Yes - **(Continue)**

2 No **(Skip to #J120)**

3 (DK) **(Skip to #J120)**

4 (Refused) **(Skip to #J120)**

_____ (11/19)

J117. **(If code “1” in #J116, ask:)** What type of health insurance plan covered **(response in #90)** just prior to (his/her) current coverage? Did **(response in #90)** have **(read A-F)**? [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

A. An insurance plan through an employer or union _____(11/20)

B. Medicare _____(11/21)

a. **(If code “1” in #J117-B, ask:)** Does **(response in #90)** have coverage for physician services often called, Part B or any other insurance coverage which pays for your medications, or co-pays, or your out-of-pocket costs, sometimes called Medi-Gap. **(NOTE: If respondent says “Yes”, ask:)** Was it **(read 1-3)**?

- 1 Coverage for physician services,
Part B ONLY
- 2 Coverage for physician services
(Part B) AND Medi-Gap
- 3 Medi-Gap ONLY
- 4 No
- 8 (DK)
- 9 (Refused)

_____ (11/76)

C. Does the state of Ohio or your County Department of Human Services provide **(response in #90)** with a medical card. This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile or Disability Assistance _____(11/22)

D. Military or Veterans coverage _____(11/23)

E. Other insurance that **(response in #90)** or (his/her) family paid for completely _____(11/24)

J117. (Continued:)

F. Did (response in #90) have any other coverage?

(If "Yes", ask:) Which type? (Open ended)

(Allow three responses)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/None
- 05 HOLD

1st	<u>QNA</u> _____
Resp:	(11/25)(11/26)
2nd	<u>QNB</u> _____
Resp:	(11/27)(11/28)
3rd	<u>QNC</u> _____
Resp:	(11/29)(11/30)

J118. (If code "1" in #J116, ask:) How would you compare (response in #90's) current health insurance plan with (response in #90's) previous plan? Is it better, worse or about the same as (response in #90's) previous coverage? [Source: Ohio Department of Health]

- 1 Better **(Continue)**
- 2 Worse **(Continue)**

- 3 About the same **(Skip to "Note" at #J120)**
- 4 (DK) **(Skip to "Note" at #J120)**
- 5 (Refused) **(Skip to "Note" at #J120)**

_____ (11/31)

J119. (If code "1" or "2" in #J118, ask:) In what ways is (response in #90's) current plan (response in #J118)? Please list them in order of importance. (Open ended) (Allow three responses IN ORDER OF IMPORTANCE) [Source: Ohio Department of Health]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st	<u>QNJ119A</u> _____
Resp:	(11/32)(11/33)
2nd	<u>QNJ119B</u> _____
Resp:	(11/34)(11/35)
3rd	<u>QNJ119C</u> _____
Resp:	(11/36)(11/37)

J120. **(If code "2-4" in #J113 OR if code "2", "3" or "4" to ALL in #J100 A-E and code "02-04" in #J100F, ask:)** Was there any time IN THE PAST 12 MONTHS that (response in #90) did not have health insurance? [Source: Modification of item in National Health Interview Survey, Family Core]

- 1 Yes - **(Continue)**
- 2 No **(Skip to #125)**
- 3 (DK) **(Skip to #125)**
- 4 (Refused) **(Skip to #125)**

_____(11/38)

(There is no #J121)

J122. **(If code "1" in #J120, ask:)** For HOW MANY WEEKS DURING THE PAST 12 MONTHS was (response in #90) without health insurance coverage? (Open ended and code actual number) [Source: Ohio Department of Health]

- 01-
- 52
- 98 (DK)
- 99 (Refused)

_____(11/39) (11/40)

J123. **(If code "1" in #J120, ask:)** What are the reasons (response in #90) was uninsured DURING THE PAST 12 MONTHS? (Open ended) (Allow three responses) [Source: Ohio Department of Health]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st **QNJ123A**
Resp: (11/41)(11/42)
2nd **QNJ123B**
Resp: (11/43)(11/44)
3rd **QNJ123C**
Resp: (11/45)(11/46)

J124. **(If code "1" in #J120, ask:)** Did any of the following things happen to **(response in #90)** while (he/she) was uninsured **DURING THE PAST 12 MONTHS?** **(Read A-C)** [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. Did **(response in #90)** have any major medical costs while (he/she) was uninsured? _____(11/47)
- B. Did **(response in #90)** delay or avoid getting care because (he/she) was uninsured? _____(11/48)
- C. Did **(response in #90)** have any problems getting the care needed while uninsured? _____(11/49)

(All in #J124, Skip to #125)

SECTION K: CHILD CURRENTLY UNINSURED

(There is no K96)

K97. **(If code "2" in #95, ask:)** DURING THE PAST 12 MONTHS, when was the last time **(response in #90)** had health insurance? Please tell me the month. (Open ended and code)
[Source: Ohio Department of Health]

- 00 No time; respondent was not
covered by health insurance
at all in the past 12 months - **(Skip to #K121)**
- 01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December
- 13 Yes, but do not know the month
- 98 (DK) **(Skip to #125)**
99 (Refused) **(Skip to #125)**

(11/50)(11/51)

K98. **(If code “01-13” in #C2 AND code “02” in #91, ask:)** Was (response in #90)’s health insurance coverage the same as [yours/(Person in S1’s)], that is did (response in #90) have the same insurance coverage that you told me about earlier? [Source: Ohio Department of Health]

1 Yes - **(Skip to #K101) (Confirm by saying:)** So, the health insurance coverage that (response in #90) had was (“Yes” responses in #C3 A-E or code “01” in #C3 F) and it had the same benefits and covered the same services, and (response in #90) did not have any other health insurance coverage?

- 2 No **(Continue)**
3 (DK) **(Continue)**
4 (Refused) **(Continue)**

_____(11/52)

K99. **(If code “01-12” in #K97) OR (If code “2-4” in #K98, ask:)** In (response in #K97), what type of health insurance plan was (response in #90) covered by? Was (response in #90) covered by (read A)? **(Probe:)** Did (response in #90) have any other health insurance coverage such as (read B-F)?

(If code “13” in #K97) OR (If code “2-4” in #K98, ask:) The last time (response in #90) had insurance, what type of health insurance plan was (response in #90) covered by? Was (response in #90) covered by (read A)? **(Probe:)** Did (response in #90) have any other health insurance coverage such as (read B-F)? [Source: Ohio Department of Health]

- 1 Yes
2 No
3 (DK)
4 (Refused)

A. An insurance plan through an employer or union _____(11/53)

B. Medicare _____(11/54)

K99. (Continued:)

(There is in #K99Ba)	HOLD	<u>0</u> (11/55)
C. Did the state of Ohio or your County Department of Human Services provide <u>response in #90</u> with a medical card. This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile or Disability Assistance		_____(11/56)
D. Military or Veterans coverage		_____(11/57)
E. Other insurance that the family paid for completely		_____(11/58)
F. Did <u>response in #90</u> have any other coverage, like BCMH? <u>If yes, ask</u> Which type? (Open ended) <u>Allow three responses</u>		
01 Other (list) 02 (DK) 03 (Refused) 04 No/None 05 HOLD	_____	1st <u>QNK99F1</u> _____ Resp: (11/59)(11/60) 2nd <u>QNK99F2</u> _____ Resp: (11/61)(11/62) 3rd <u>QNK99F3</u> _____ Resp: (11/63)(11/64)

(If code “2”, “3” or “4” to ALL in #K99 A-E AND code “02-04” in #K99 F, Skip to “Note” at #K122; Otherwise, Continue)

K101. Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder.

[If code "1" in #K98 AND code "1" in #C3 A or E or code "01" in #C3 F and NOT code "11" in #C3a or (if code "01-13" in #K97 AND code "1" in #K99 A or E or code "01" in #K99 F) ask:] Whose insurance plan previously covered (response in #90) as a dependent? **[Probe for relationship to (response in #90)? (Open ended and code) [Source: Ohio Department of Health]**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Mother
- 07 Father
- 08 Grandmother
- 09 Grandfather
- 10 Sibling
- 11 Legal guardian
- 12 Step-Mother
- 13 Step-Father
- 14 There is no policy holder

QNK101 _____
(11/65)(11/66)

(READ:) **(If code "00" in #C2:)** A primary insurance plan is the plan which pays the medical bills first or pays most of the medical bills.

K102. **(If code "2" in #K98 AND if code "1" to ANY in #K99 A-E OR if code "01" in #K99 F, ask:)** Was (response in #90's) PRIMARY insurance plan some type of managed care plan, like an HMO or PPO? **[Source: Ohio Department of Health]**

- 1 Yes
- 2 NO
- 8 (DK)
- 9 (Refused)

_____ (11/67)

K103. **(If code "1" in #K99-C OR code "1" in #K98 and code "1" in #C3-C, ask:)** You indicated that (response in #90) had a medical card. When did (response in #90's) most recent period of coverage begin? Please tell me the month and year. (Open ended and code month and year)
[Source: Ohio Department of Health]

MONTH:

- | | |
|----|-----------|
| 01 | January |
| 02 | February |
| 03 | March |
| 04 | April |
| 05 | May |
| 06 | June |
| 07 | July |
| 08 | August |
| 09 | September |
| 10 | October |
| 11 | November |
| 12 | December |
| 00 | (DK) |
| 99 | (Refused) |

(11/68)(11/69)

YEAR:

- | | |
|----|-----------|
| 00 | (DK) |
| 99 | (Refused) |

(11/70)(11/71)

K104. **(If code “01-13” in #K97, ask:)** Thinking about **(response in #90’s)** most recent health insurance coverage, please rate this coverage for **(response in #90)**. Use a scale of one-to-five, where “1” is poor and “5” is excellent. How would you rate **(read and rotate A-D)?** [Source: Ohio Department of Health]

5 Excellent

4

3

2

1 Poor

6 (DK)

7 (Refused)

A. Ability to choose **(response in 90’s)** doctor _____(11/72)

B. The benefits covered _____(11/73)

C. **(Response in #90’s)** ability to get emergency medical care _____(11/74)

D. How much **(response in #90’s)** FAMILY has to pay personally for **(response in #90’s)** medical services _____(11/75)

K105. **(If code “01-13” in #K97 AND code “2-4” in #K99 C OR if code “1” in #K98 AND code “2-4” in #C3 C, ask:)** The last time **(response in #90)** had health insurance coverage. Did any of **(response in #90’s)** health insurance plans cover **(read and rotate A-E)?** [Source: Ohio Department of Health]

1 Yes

2 No

3 (DK)

4 (Refused)

A. Dental care _____(12/12)

B. Vision care _____(12/13)

C. Mental health care _____(12/14)

D. Hearing care _____(12/15)

E. Prescription medications _____(12/16)

**(If code “02”, “03”, “14” or BLANK in #K101,
Skip to #K121;
Otherwise, Continue)**

- K106. **(If code “1” in #K99 E or if code “01” in #K99 F, ask:)** The last time (response in #90) had insurance coverage, did (response in #90’s) (response in #K101) have a job either full or part-time? [Source: Ohio Department of Health]

- | | | |
|---|------------------|-----------------|
| 1 | Yes - (Continue) | |
| 2 | No | (Skip to #K121) |
| 3 | (DK) | (Skip to #K121) |
| 4 | (Refused) | (Skip to #K121) |
- _____(12/17)

- K107. **(If code “1” in #K106 or code “1” in #K99 A, ask:)**

(If code “1” in #K99 A, ask:) How many hours per week did (response in #90’s) (response in #K101) usually work at the job that provided (response in #90’s) health insurance coverage?

(If code “1” in #K99 E or code “01” in #K99 F, read:) The last time (response in #90) had insurance coverage, about how many hours per week was (response in #90’s) (response in #K101) usually working at that job? (Open ended and code actual number) [Source: Ohio Department of Health]

- | | |
|----|-----------|
| 97 | 97+ |
| 98 | (DK) |
| 99 | (Refused) |

(12/18)(12/19)

K108. (If code “1” in #K106 OR if code “1” in #K99 A, ask:)

(If code “1” in #K99 A or E or if code “01” in #K99 F, read:) Was that job for the government, private industry, or was (he/she) self-employed? [Source: Ohio Department of Health]

- | | | |
|---|------------------|--------------|
| 1 | Government | |
| 2 | Private industry | |
| 3 | Self-employed | |
| 4 | (DK) | |
| 5 | (Refused) | _____(12/20) |

(There is no question #K109)

HOLD

0 (12/21-
12/22)

K110. (If code “1” in #K106 OR if code “1” in #K99 A, ask:)

(If code “1” in #K99 A or E or if code “01” in #K99 F, read:) In what industry was that job?
(Open ended and code) (If necessary, read 06-22) [Source: Ohio Department of Health]

- | | |
|----|---|
| 01 | Other (list) |
| 02 | (DK) |
| 03 | (Refused) |
| 04 | HOLD |
| 05 | HOLD |
| 06 | Agriculture, forestry, and fisheries |
| 07 | Mining |
| 08 | Construction |
| 09 | Manufacturing, non-durable goods such as food, apparel, and textile, paper, chemical, petroleum, and leather products |
| 10 | Manufacturing, durable goods such as concrete or metal products, machinery, computing, or transportation equipment |
| 11 | Transportation |
| 12 | Communications and other public utilities |
| 13 | Wholesale trade |
| 14 | Finance, insurance, and real estate |
| 15 | Business and repair services |
| 16 | Personal services |
| 17 | Entertainment and recreation services |
| 18 | Health services |
| 19 | Educational services |
| 20 | Other professional and related services |
| 21 | Public administration |
| 22 | Retail |

QNK110 _____
(12/23)(12/24)

K111. (If code “1” in #K106 OR if code “1” in #K99 A, ask)

(If code “1” in #K99 A or E or if code “01” in #K99 F, read:) Counting all locations where
(response in #90's) (response in #K101's) employer operated, what is the total number of
people who worked for that employer? (Open ended and code) [Source: Modification of item
in Current Population Survey]

- 01 1 employee
- 02 2 - 9 employees
- 03 10 - 24 employees
- 04 25 - 49 employees
- 05 50 - 99 employees
- 06 100 - 249 employees
- 07 250 - 499 employees
- 08 500 - 999 employees
- 09 1,000 employees or more
- 98 (DK)
- 99 (Refused)

(12/25)(12/26)

K112. (If code “1” in #K106 OR if code “1” in #K99 A, ask)

(If code “1” in #K99 A or E or if code “01” in #K99 F, read:) The last time (response in #90) had insurance coverage, in what county did (response in #90’s) (response in #K101) work?
 (Open ended and code) **(NOTE: If more than one, ask for the county of the “Home” office)**
[Source: Ohio Department of Health]

000 He/She Worked Outside Ohio

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Kackson	139	Richland
021	Champaign	081	Kefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miamia	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Works in several counties)
998	(DK)				
999	((Refused))				

 (12/27)(12/28)(12/29)

(There are no questions #K113-#K120)

K121. **(If code “00” in #K97, ask:)** When was the last time **(response in #90)** had health care coverage? (Open ended and code) [Source: Modification of item in National Health Interview Survey, Family Core]

- 0 Never had health insurance coverage
- 1 More than 1 year ago but less than 2 years ago
- 2 More than 2 years ago but less than 3 years ago
- 3 3 or more years ago
- 4 (DK)
- 5 (Refused)

_____(12/30)

(All in #K121, Skip to #K123)

K122. For HOW MANY WEEKS DURING THE PAST 12 MONTHS was **(response in #90)** without health insurance coverage? (Open ended and code actual number) [Source: Ohio Department of Health]

- 01-
- 52
- 98 (DK)
- 99 (Refused)

_____(12/31)(12/32)

K123. What are the reasons **(response in #90)** was uninsured DURING THE PAST 12 MONTHS? (Open ended) **(Allow three responses)** [Source: Ohio Department of Health]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

1st	QNK123A _____
Resp:	(12/33)(12/34)
2nd	QNK123B _____
Resp:	(12/35)(12/36)
3rd	QNK123C _____
Resp:	(12/37)(12/38)

K124. Did any of the following things happen to (response in #90) while (he/she) was uninsured
DURING THE PAST 12 MONTHS? (Read A-C) [Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. Did (response in #90) have any major medical costs while (he/she) was uninsured? _____(12/39)
- B. Did (response in #90) delay or avoid getting care because (he/she) was uninsured? _____(12/40)
- C. Did (response in #90) have any problems getting the care needed while uninsured? _____(12/41)

SECTION L: HEALTH STATUS OF CHILD

125. In general, would you say (response in #90)'s health is (read 5-1)? [Source: SF-12 and BRFSS]

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

- 6 (DK)
- 7 (Refused)

_____(12/42)

126. Does (response in #90) have a health condition that was diagnosed by a doctor or a health care professional that has lasted or is expected to last 12 MONTHS OR MORE? This includes both physical and mental health conditions. [Source: Ohio Department of Health]

- 1 Yes - **(Continue)**

- 2 No **(Skip to #128)**
- 3 (DK) **(Skip to #128)**
- 4 (Refused) **(Skip to #128)**

_____(12/43)

127. **(If code "1" in #126, ask:)** What is/are the health conditions? (Open ended and code listing in order of importance) **(DO NOT READ 06-16) (Allow three responses)** [Source: Ohio Department of Health]

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Asthma
07 Heart disease
08 Arthritis (Includes Lupus, Rheumatoid)
09 Anemia
10 Migraine headaches
11 Visual impairment
12 Speech impairment
13 Epilepsy
14 Deformity or orthopedic impairment
15 Attention deficit or hyperactive disorder
16 Chronic Bronchitis

1st _____ **QN127A** _____
Resp: (12/44)(12/45)
2nd _____ **QN127B** _____
Resp: (12/46)(12/47)
3rd _____ **QN127C** _____
Resp: (12/48)(12/49)

128. About how tall is **(response in #90)** without shoes? (Open ended and code actual number of feet and inches) [Source: National Health Interview Survey, Phase II, Supplement on Aging]

- 00 (Response not given in feet/inches)
98 (DK)
99 (Refused)

FEET:

_____ (12/50)(12/51)

INCHES: (SURVENT NOTE: Allow less than 12 inches)

_____ (12/52)(12/53)

129. About how much does **(response in #90)** weigh without shoes? (Open ended and code actual number of pounds) [Source: National Health Interview Survey, Phase II, Supplement on Aging]

- 001-
997 997+
998 (DK)
999 (Refused)

(12/54-12/56)

SECTION M: UTILIZATION OF HEALTH CARE SERVICES BY CHILD

130. DURING THE PAST 12 MONTHS, did (response in #90) receive a physical examination or well baby/child check-up? [Source: Ohio Department of Health]

1 Yes
2 No
3 (DK)
4 (Refused)

_____(12/57)

131. DURING THE PAST 12 MONTHS, how many times has (response in #90) seen a doctor or other health care professional about his/her health at a doctor's office, a clinic, or some other place? (Do not include times child was hospitalized overnight, visits to hospital emergency rooms, home visits, or telephone calls) (Open ended and code actual number) [Source: National Health Interview Survey, Adult Core]

000 None
001-
997 997+
998 (DK)
999 (Refused)

_____(12/58-12/60)

132. DURING THE PAST 12 MONTHS, how many times was (response in #90) admitted as a patient to a hospital which included an overnight stay? Do not include overnight stays in the emergency room. (Open ended and code actual number) [Source: Modification of item in National Health Interview Survey, Family Core]

000 None
001-
997 997+
998 (DK)
999 (Refused)

_____(12/61-12/63)

133. How many times did (response in #90) have outpatient surgery IN THE PAST 12 MONTHS? (Open ended and code actual number) [Source: Modification of item in National Health Interview Survey, Adult Core]

000 None
001-
997 997+
998 (DK)
999 (Refused)

_____(12/64-12/66)

134. DURING THE PAST 12 MONTHS, how many times was (response in #90) a patient in a hospital emergency room, include emergency room visits where (he/she) was admitted to the hospital? (Open ended and code actual number) [Source: **Modification of item in National Health Interview Survey, Adult Core**]

- | | |
|------|-----------|
| 000 | None |
| 001- | |
| 997 | 997+ |
| 998 | (DK) |
| 999 | (Refused) |

(12/67-12/69)

135. (If one or more in #90a, ask:) How many times did (response in #90) visit a dentist IN THE PAST 12 MONTHS? (Open ended and code actual number) [Source: **Ohio Department of Health**]

- | | |
|------|-----------------------------------|
| 000 | None/(Not old enough for dentist) |
| 001- | |
| 997 | 997+ |
| 998 | (DK) |
| 999 | (Refused) |

(12/70-12/72)

**(If code “1” in #130 OR
if code “001-997” to ANY in #131-#135, Continue;
Otherwise, Skip to #137)**

136. Thinking about the medical services (response in #90) received and (response in #91's) access to services DURING THE PAST 12 MONTHS, please rate the following. Using a scale of one to five, where "1" is poor and "5" is excellent, how would you rate (read A-G, as appropriate?)
(Repeat scale as necessary) [Source: Ohio Department of Health]

5 Excellent

4

3

2

1 Poor

6 (DK)

7 (Refused)

- A. **(If code "1" in #130 OR if code "001-997" to ANY in #131-#135, ask:)** The overall quality of the health care (**response in #90**) received _____(13/12)

B. **(If code "001-997" in #132, ask:)** The overall quality of the hospital care (**response in #90**) received during (his/her) overnight admission _____(13/13)

C. **(If code "001-997" in #132, ask:)** The number of days spent in the hospital while (**response in #90**) was there for an overnight admission _____(13/14)

D. **(If code "001-997" in #133, ask:)** The overall quality of the outpatient surgery (**response in #90**) received _____(13/15)

E. **(If code "001-997" in #134, ask:)** The overall quality of the emergency room services (**response in #90**) received _____(13/16)

(There is no F) HOLD 0 (13/17)

G. **(If code "001-997" in #135, ask:)** The overall quality of the dental services (**response in #90**) received _____(13/18)

SECTION N: UNMET HEALTH CARE NEEDS OF CHILD

137. **DURING THE PAST 12 MONTHS**, did **(response in #90)** have a problem getting any health care such as medical, mental, or dental care that **(response in #90)** needed? Include medications, equipment, and supplies. [Source: Ohio Department of Health]

- 1 Yes - **(Continue)**
- 2 No **(Skip to "Note" at #141)**
- 3 (DK) **(Skip to "Note" at #141)**
- 4 (Refused) **(Skip to "Note" at #141)** _____(13/19)

138. **(If code "1" in #137, ask:)** What was the healthcare that **(response in #90)** needed? (Open ended and list in order of importance) **(Allow three responses)** [Source: Ohio Department of Health]

- 01 Other (list)
02 (DK) **(Skip to "Note" at #141)**
03 (Refused) **(Skip to "Note" at #141)**
04 HOLD
05 HOLD
- _____
- _____
- _____
- 1st **QN138A** _____
Resp: (13/20)(13/21)
2nd **QN138B** _____
Resp: (13/22)(13/23)
3rd **QN138C** _____
Resp: (13/24)(13/25)

139. **(For each specific response in #138, ask:)** Why did **(response in #90)** have a problem getting **(read A-C, as appropriate)**? (Open ended) **(Allow three responses)** [Source: Ohio Department of Health]

- 01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD
- A. **(1st specific response in #138)**
- _____
- _____
- _____
- 1st **QN139A1** _____
Resp: (13/26)(13/27)
2nd **QN139A2** _____
Resp: (13/28)(13/29)
3rd **QN139A3** _____
Resp: (13/30)(13/31)

139. (Continued:)

B. (2nd specific response in #138)

1st _____
Resp: QN139B1 _____
(13/32)(13/33)
2nd _____
Resp: QN139B2 _____
(13/34)(13/35)
3rd _____
Resp: QN139B3 _____
(13/36)(13/37)

C. (3rd specific response in #138)

1st _____
Resp: QN139C1 _____
(13/38)(13/39)
2nd _____
Resp: QN139C2 _____
(13/40)(13/41)
3rd _____
Resp: QN139C3 _____
(13/42)(13/43)

If code “1-5” in #87 AND code “2-4” in #K99C,
Continue;
If code “1-5” in #87 AND code “2-4” in #J100C,
Continue;
If code “1-5” in #87 AND code “1” in #J96
AND code “2-4” in #B4C, Continue;
If code “1-5” in #87 AND code “1” in #K98 AND
code “2-4” in #C3C, Continue;
If code “1-5” in #87 AND code “00” in #K97,
Continue;
Otherwise, Skip to #143

141. Did anyone try to get health care insurance coverage for (response in #90) from the State or County Department of Human Services DURING THE PAST 12 MONTHS? This health insurance is often called Medicaid or Healthy Start. [Source: Ohio Department of Health]

1 Yes - **(Continue)**

2 No - **(Skip to #142)**

3 (DK) **(Skip to #143)**
4 (Refused) **(Skip to #143)**

_____ (13/44)

- 141a. **(If code "1" in #141, ask:)** Why was **(response in #90)** unable to get a medical card or insurance coverage through the State or County Department of Human Services? (Open ended) **(Allow three responses)** [Source: Ohio Department of Health]

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

1st **QN141AA** _____
Resp: (14/16)(14/17)
2nd **QN141AB** _____
Resp: (14/18)(14/19)
3rd **QN141AC** _____
Resp: (14/20)(14/21)

(All in #141a, Skip to #143)

142. **(If code "2" in #141, ask:)** Why didn't you try to get health insurance from the State or County Department of Human Services for **(response in #90) IN THE PAST 12 MONTHS?** (Open ended) [Source: Ohio Department of Health]

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

QN142 _____
(13/45)(13/46)

SECTION O: ACCESS TO CARE FOR CHILD

143. Is there a place that (response in #90) is taken when (he/she) is sick or needs advice about (his/her) health? (Probe to distinguish between code “2” and “3”) [Source: National Health Interview Survey, Adult Core]

- 1 Yes, one place - (**Continue**)
- 2 No, there is no place - (**Skip to #146**)
- 3 No, there is more than one place - (**Skip to #145**)
- 4 (DK) (**Skip to #146**)
- 5 (Refused) (**Skip to #146**)

_____ (13/47)

144. (If code "1" in #143, ask:) What kind of place does (response in #90) go to most often -- a clinic or health center, doctor's office or HMO, hospital emergency room, hospital outpatient department, or some other place? [Source: National Health Interview, Adult Core]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Clinic or health center
- 07 Doctor's office or HMO
- 08 Hospital emergency room
- 09 Hospital outpatient department

QN144 _____
(13/48)(13/49)

(All in #144, Skip to #146)

145. **(If code "3" in #143, ask:)** Please tell me about the PRIMARY PLACE that (response in #90) USUALLY goes to when sick or when needing advice about (his/her) health. Is it a clinic or health center, a doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place? [Source: Modification of item in National Health Interview Survey, Adult Core]

- 01 Other (list)
 - 02 (DK)
 - 03 (Refused)
 - 04 HOLD
 - 05 HOLD

 - 06 Clinic or health center
 - 07 Doctor's office or HMO
 - 08 Hospital emergency room
 - 09 Hospital outpatient department
-

QN145 _____
(13/50)(13/51)

146. Using a scale of one-to-five where "1" is poor and "5" is excellent, how would you rate (response in #90's) ability to see a specialist in the past 12 months or was a specialist not needed? [Source: Ohio Department of Health]

- 5 Excellent
- 4
- 3
- 2
- 1 Poor

- 6 Did not need to see a specialist
- 7 (DK)
- 8 (Refused)

_____ (13/52)

SECTION P: CHILD'S DEMOGRAPHICS

(There is no question #147)

(READ:) And finally a few questions for classification purposes...

148. **(If obvious, code only)** **(If not obvious, ask:)** What is **response in #90**'s gender? [Source: Ohio Department of Health]

1 Male _____ (13/53)
2 Female _____

149. Is (response in #90) of Hispanic, Latino or Spanish origin? [Source: The Gallup Organization]

1 Yes _____
2 No _____
3 (DK) _____
4 (Refused) _____ (13/54)

150. What race do you consider (response in #90) to be? The U. S. Census categories are (read 06-10)? [Source: The Gallup Organization]

06 White (Skip to "NOTE" before #151a)

07 Black or African

08 Asian

Island

09 Native American

or Amer

Indian

10 Eskimo or Aleut

14 Hwang et al.

11 (Hispani

QN150 _____
(13/55)(13/56)

151. **(If code "11" in #150, ask:)** Do you consider **(response in #90)** to be white-Hispanic, or black Hispanic? [Source: The Gallup Organization]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 White-Hispanic
- 07 Black-Hispanic
- 08 (Hispanic/Respondent refuses to discriminate)

QN151 _____
(13/57)(13/58)

(If code “02” or “03” in #94 AND code “10” in #B4a AND code “01-97” in #B12, Skip to #152;
(If code “02” or “03” in #94 AND code “1” in #B30,
Skip to #152;
(If code “02” or “03” in #94 AND code “1” in #C30,
Skip to #152;
Otherwise, Continue)

151a. You may have mentioned this already, but are either of **(Response in #90's)** parents employed?
[Source: Ohio Department of Health]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ (14/22)

152. May I please verify that your phone number is **(read phone number)**? [Source: The Gallup Organization]

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

_____ (13/59)

153. Including this phone number, how many telephone numbers are there in your house that are primarily for non-business use? (Open ended and code actual number [Source: The Gallup Organization]

01 One - (Skip to #155)

02-
97 97+
98 (DK)
99 (Refused)

(13/60)(13/61)

154. (**If code “02-99” in #153, ask:**) Is this telephone line the main line into your home? [Source: The Gallup Organization]

1 Yes
2 No
3 (DK)
4 (Refused)

_____(13/62)

155. At any time, DURING THE PAST 12 MONTHS, had your household been without telephone service for 24 hours or more? [Source: The Gallup Organization]

1 Yes - (Continue)

2 No (Skip to “Read” before #158)
3 (DK) (Skip to “Read” before #158)
4 (Refused) (Skip to “Read” before #158)

_____(13/63)

156. **(If code “1” in #155, ask:)** For how long did you not have telephone service DURING THE PAST 12 MONTHS? (Open ended and code) [Source: The Gallup Organization]

- 01 1 day
- 02 2 days
- 03 3 days
- 04 4 days
- 05 5 days
- 06 6 days
- 07 1 week to less than 2 weeks
- 08 2 weeks to less than 3 weeks
- 09 3 weeks to less than 1 month
- 10 1 month
- 11 2 months
- 12 3 months
- 13 4 months
- 14 5 months
- 15 6 months
- 16 7 months
- 17 8 months
- 18 9 months
- 19 10 months
- 20 11 months
- 21 12 months

- 98 (DK)
- 99 (Refused)

(13/64)(13/65)

157. What is the MAIN reason that you did not have telephone service at your household DURING THE PAST 12 MONTHS? (Open ended and code) [Source: The Gallup Organization]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD
- 06 Phone was disconnected because of nonpayment of phone bill/
Couldn't afford one
- 07 Moved into a residence and had to wait for telephone service to be established
- 08 Cut off phone service in main residence because we have it in our vacation home
- 09 Did not have phone service in residence
- 10 Homeless or living in a temporary residence (shelter)
- 11 In a confined environment (Jail, hospital, etc.)
- 12 Temporary outage due to weather
- 13 Temporary outage due to knocking down or damaging lines
- 14 Out of the country

QN157 _____
(13/66)(13/67)

SECTION Q: CLOSING SECTION

(READ:) This concludes our interview. Once again, this was _____ of The Gallup Organization. Your answers, along with those of many others, will help the Department of Health to make better health care policy decisions for the residents of your state. We want to reassure you that your responses will be kept strictly confidential. Thank you so much.

158. INTERVIEW FINISH TIME: **(Use 24 hour clock)**

(2/28 - 2/31)

**(VALIDATE PHONE NUMBER AND THANK RESPONDENT;
THEN CODE #159-162)**

159. HOW WOULD YOU (THE INTERVIEWER) RATE THE QUALITY OF THE INFORMATION OBTAINED IN THIS INTERVIEW? [Source: The Gallup Organization]

- | | | |
|---|---|-------------------|
| 1 | Poor (Extreme number of problems) | (Continue) |
| 2 | Fair (many problems, overall quality open to question) | (Continue) |
| 3 | Good (a few problems but overall quality was good) | (Continue) |
| 4 | Excellent (no problems at all) -
(Validate and Thank) | _____(13/68) |

160. **(If code "1-3" in #159, ask:)** What were the reasons that the quality of information was less than excellent? (Open ended and code) **ENTER ALL RESPONSES** [Source: The Gallup Organization]

		*
01	Other (list)	1 <u>QN160(13/69)</u>
02	(DK)	2
03	(Refused)	3
04	HOLD	4
05	HOLD	5
06	Interview not in respondent's native language	6
07	Hearing (hearing loss or background noise)	7
08	Interruptions or distractions	8
09	Poor phone connection	9
10	Lack of mental or physical competency to respond	0
11	Infirm or ill	1 _____(13/70)
12	Intoxication	2
13	Respondent was rushed	3
14	Respondent did not take interview seriously	4
15	Respondent did not understand the meaning of some of the questions	5
16	Respondent may not have been truthful because someone else was listening in	6
17	Respondent was offended by interview	7
	HOLD	<u>0</u> (13/71- 13/78)

161. **(If code "06" mentioned in #160, ask:)** What was respondent's native language? (Open ended)
[Source: The Gallup Organization]

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 English
- 07 Spanish
- 08 Korean
- 09 Chinese
- 10 Vietnamese
- 11 French
- 12 German
- 13 Italian
- 14 Japanese
- 15 Native American
- 16 Filipino
- 17 Asian Indian

QN161 _____
(14/12)(14/13)

162. LANGUAGE INTERVIEW CONDUCTED IN: **(Code only)** [Source: The Gallup Organization]

- 01 Other (list)
- 02 HOLD
- 03 HOLD
- 04 HOLD
- 05 HOLD

- 06 English
- 07 Spanish

QN162 _____
(14/14)(14/15)

INTERVIEWER I. D. # _____
(241) (242) (243) (244)

REVISIONS

(Revised "if" condition on #B4-b and #K99; Revised skips on #B31a, #B33 and #C33;
Added code "22" to #B15, #B34d, #C15, #C34d, #J110 and #K110; Deleted #K99Ba on
5/26/98)

(Added "Note" after S9, Added S9a and S9b, Added "Note" before #74 on 6/15/98)

Appendix B: Ohio Family Health Short Survey

CRT

HARD COPY REQUIRED

FINANCE, OHIO 41299

FIELD FINAL - JULY 6, 1998
(Columns are card/column)

AC5368
Project Registration #116218
OHIO DEPARTMENT OF HEALTH
Columbus, Ohio
Ohio Family Health Survey - Short
Revision #4
Kroliczak/McLain
Mark Rupprecht, Specwriter
July, 1998

The Gallup Organization, Inc.

APPROVED BY CLIENT

APPROVED BY PROJECT MANAGER

n≡

I.D.#: (1- 6)

**AREA CODE AND TELEPHONE NUMBER:()_____

**INTERVIEW TIME: ----- (2/49 - 2/54)

(Ask to speak to [(Response in S1)'s (response in S6)/(Response in S1)])

INTRODUCTION:

(When correct respondent comes to phone, read:) Hello, my name is _____, and I am calling from The Gallup Organization. On (Date original interview completed), we conducted a survey for the state of Ohio on health issues and [(**Response in S1**) was/you were] the adult from your household about whom we gathered health insurance information. At that time we forgot to ask a few very important questions, and we would like to ask these questions of you now so we can complete our data. This should only take a few minutes.

S1. (**Confirm county in which respondent's household is located by saying:**) I need to confirm that as of (**Date original interview completed**), [**(Person in S1**] was/you were living in **(response in S9** county. Is that correct? (**If "Yes", enter that code; if "No", ask:**) What county [were you/was **(Person in S1)**] living in at that time? (Open ended and code)

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miami	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	200	(More than one county)

998 (DK) (Code response from S9)
999 (Refused) (Code response from S9)

(/)(/)(/)

(If code “1” in #B31a in Main Questionnaire, Continue;
If code “4-6” in #B33 in Main Questionnaire,
Skip to #B34a;
Otherwise, Skip to “Note” before #C34a)

(READ:) On (Date original interview completed), you told us [If code “1” in #B30, read:] [you/(Person in S1)] had a job at that time/If code “1” in #B31, read:] [you/(Person in S1)] had a job during the past 12 months.

B33. **(If code “1” in #B31, read:)** The last time [you/(Person in S1)] had a job prior to (Date original interview completed), did [your/(Person in S1’s)] employer offer health insurance coverage? **(If “Yes”, ask:)** Was that to full-time employees only or to all employees?

(INTERVIEWER NOTE: If respondent indicates they are self employed owner of the business ask them to refer to the following questions as an EMPLOYEE)

- | | | |
|----|--|-------------------------------|
| 01 | Yes, to full-time employees only | |
| 02 | Yes, to all employees -- part-time
and full-time | |
| 03 | Yes, employer offers insurance, but
respondent does not know if it is
offered to full or part-time employees | |
| 04 | No | <u>(Skip to #B34a)</u> |
| 05 | (DK) | <u>(Skip to #B34a)</u> |
| 06 | (Refused) | <u>(Skip to #B34a)</u> |
| 99 | Other (list) | |

QNB33 _____
(6/78)(6/79)

B34. **(If codes "01-03" or "99" in #B33, ask:)**

(If code "1" in #B30 or code "10" in #B4a, ask:) As of **(Date original interview completed)** did [your/**(Person in S1's)**] employer offer family coverage, single coverage only, both single and family coverage, or some other type?

(If code "1" in #B31, ask:) The last time [you/**(Person in S1)**] had a job prior to **(Date original interview completed)**, did [your/**(Person in S1's)**] employer offer family coverage only, single coverage only, both single and family coverage, or some other type?

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Family coverage only
- 07 Single coverage only
- 08 Single and spouse coverage
- 09 Both single and family coverage

QNB34 _____
(6/68)(6/69)

B34a. **(If code "1" in #B30, read:)** You told us [you were/ **(Person in S1)** was] working as of **(Date original interview completed)**. How many hours per week [were you/was **(Person in S1)**] usually working at (your/his/her) **PRIMARY** job?

(If code "1" in #B31, read:) You told us that [you/**(Person in S1)**] had a job in the 12 months prior to **(Date original interview completed)**. About how many hours per week [were you/was **(Person in S1)**] usually working at that primary job?
(Open ended **and code actual number**)

- 97 97+
- 98 (DK)
- 99 (Refused)

(6/70)(6/71)

B34b. **(If code “1” in #B30, read:)** As of **(Date original interview completed)**, [were you/was **(Person in S1)**] working for the government, private industry, or (were you/[was he/she]) self-employed?

(If code “1” in #B31, read:) The last time [you/**(Person in S1)**] had a job, prior to **(Date original interview completed)**, [were you/was **(Person in S1)**] working for the government, private industry, or (were you/[was he/she]) self-employed?

- 1 Government
- 2 Private industry
- 3 Self-employed
- 8 (DK)
- 9 (Refused)

_____ (6/72)

(There is no #B34c)

B34d. **(If code “1” in #B30, read:)** As of **(Date original interview completed)**, in what industry [were you/was **(Person in S1)**] working in (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)**

(If code “1” in #B31, read:) The last time [you/**(Person in S1)**] had a job, prior to **(Date original interview completed)**, in what industry was (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Agriculture, forestry, and fisheries
- 07 Mining
- 08 Construction
- 09 Manufacturing, non-durable goods
- 10 Manufacturing, durable goods
- 11 Transportation
- 12 Communications and other public utilities
- 13 Wholesale trade
- 14 Finance, insurance, and real estate
- 15 Business and repair services
- 16 Personal services
- 17 Entertainment and recreation services
- 18 Health services
- 19 Educational services
- 20 Other professional and related services
- 21 Public administration
- 22 Retail

QNB34D _____
(6/75)(6/76)

B34e. **(If code “1” in #B30, read:)** Counting all locations where [your/**Person in S1’s**] employer operated IN THE 12 MONTHS prior to (Date original interview completed), what was the total number of persons who worked for that employer at that time? (Open ended and code)

(If code “1” in #B31, read:) The last time [you/**Person in S1**] had a job, prior to (Date original interview completed), and counting all locations where (your/their) employer operated, what was the total number of persons who worked for that employer at that time? (Open ended and code)

- 01 1 employee
- 02 2 - 9 employees
- 03 10 - 24 employees
- 04 25 - 49 employees
- 05 50 - 99 employees
- 06 100 - 249 employees
- 07 250 - 499 employees
- 08 500 - 999 employees
- 09 1,000 employees or more
- 98 (DK)
- 99 (Refused)

(7/12)(7/13)

(If code “1” in #B30, Continue;
Otherwise, Skip to “Note” before #K99)

B34f. **(If code “1” in #B30, ask:)** In what county was that job located? **(NOTE: If more than one, ask for the county of the “Home” office)** (Open ended and code)

000	Worked Outside Ohio				
001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Jackson	139	Richland
021	Champaign	081	Jefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miami	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Worked in several counties)
998	(DK)				
999	(Refused)				

(14/25 - 14/27)

**(If code “4-6” in #C33 in Main Questionnaire,
Continue;
Otherwise, Skip to “Note” before #K99)**

C34a. **(If code “1” in #C30, read:)** As of **(Date original interview completed)**, how many hours per week [were you/was **(Person in S1)**] usually working at (your/his/her) **PRIMARY** job?

(If code “1” in #C31, read:) You told us that [you/**(Person in S1)**] had a job in the 12 months prior to **(Date original interview completed)**. About how many hours per week [were you/was **(Person in S1)**] usually working at that primary job?
(Open ended and code actual number)

97 97+
98 (DK)
99 (Refused)

(8/21)(8/22)

C34b. **(If code “1” in #C30, read:)** As of **(Date original interview completed)**, [were you/was **(Person in S1)**] working for the government, private industry, or (were you/[was he/she]) self-employed?

(If code “1” in #C31, read:) The last time [you/**(Person in S1)**] had a job, prior to **(Date original interview completed)**, [were you/was **(Person in S1)**] working for the government, private industry, or (were you/[was he/she]) self-employed?

1 Government
2 Private industry
3 Self-employed
8 (DK)
9 (Refused)

_____ (8/23)

(There is no C34c)

C34d. **(If code “1” in #C30, read:)** As of **(Date original interview completed)**, in what industry [were you/was **(Person in S1)**] working in (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)**

(If code “1” in #C31, read:) The last time [you/**(Person in S1)**] had a job, prior to **(Date original interview completed)**, in what industry was (your/his/her) primary job? (Open ended and code) **(If necessary, read 06-22)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Agriculture, forestry, and fisheries
- 07 Mining
- 08 Construction
- 09 Manufacturing, non-durable goods
- 10 Manufacturing, durable goods
- 11 Transportation
- 12 Communications and other public utilities
- 13 Wholesale trade
- 14 Finance, insurance, and real estate
- 15 Business and repair services
- 16 Personal services
- 17 Entertainment and recreation services
- 18 Health services
- 19 Educational services
- 20 Other professional and related services
- 21 Public administration
- 22 Retail

QNC34D _____
(8/26)(8/27)

C34e. **(If code “1” in #C30, read:)** Counting all locations where [your/**Person in S1’s**] employer operated **IN THE 12 MONTHS** prior to **(Date original interview completed)**, what was the total number of persons working for that employer at that time? (Open ended and code)

(If code “1” in #C31, read:) The last time [you/**Person in S1**] had a job, prior to **(Date original interview completed)**, and counting all locations where (your/their) employer operated, what was the total number of persons who worked for that employer at that time? (Open ended and code)

- 01 1 employee
- 02 2 - 9 employees
- 03 10 - 24 employees
- 04 25 - 49 employees
- 05 50 - 99 employees
- 06 100 - 249 employees
- 07 250 - 499 employees
- 08 500 - 999 employees
- 09 1,000 employees or more
- 98 (DK)
- 99 ((Refused))

(8/28)(8/29)

**[If code “1” in #1 AND code “02” in #91
AND code “01-13” in #K97), Continue;**
OR
**(If code “00” in C2 AND code “02” in #91
AND code “01-13” in #K97), Continue;**
Otherwise, Skip to Closing]

K99. **[(If code “01-12” in #K97, ask:]** I need to ask a few questions about **(response in #K90)**’s insurance. You told us that prior to **(Date original interview completed)**, the last time **(response in #K90)** had health insurance was **(response in K97)**. At that time, what type of health insurance plan was **(response in #90)** covered by? Was **(response in #90)** covered by **(read A)?** **(Probe:]** Did **(response in #90)** have any other health insurance coverage such as **(read B-F)?**

[(If code “13” in #K97, ask:] The last time **(response in #90)** had insurance, prior to **(Date original interview completed)**, what type of health insurance plan was **(response in #90)** covered by? Was **(response in #90)** covered by **(read A)?** **(Probe:]** Did **(response in #90)** have any other health insurance coverage such as **(read B-F)?**

- 1 Yes
- 2 No
- 3 (DK)
- 4 (Refused)

- A. An insurance plan through an employer or union _____(11/53)
- B. Medicare _____(11/54)
- C. Did the state of Ohio or your County Department of Human Services provide **(response in #90)** with a medical card. This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile or Disability Assistance _____(11/56)
- D. Military or Veterans coverage _____(11/57)
- E. Other insurance that the family paid for completely _____(11/58)

K99. (Continued:)

F. Did **(response in #90)** have any other coverage, like BCMH? **(If yes, ask)**
Which type? (Open ended) **(Allow three responses)**

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 No/None
- 05 HOLD

1st **QNK99F1** _____
 Resp: (11/59)(11/60)
2nd **QNK99F2** _____
 Resp: (11/61)(11/62)
3rd **QNK99F3** _____
 Resp: (11/63)(11/64)

**(If code “2”, “3” or “4” to ALL in #K99 A-E AND
code “02-04” in #K99 F, Skip to “Note” before #141;
Otherwise, Continue)**

K101. Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder.

[If code "01-12" in #K97 AND code "1" in #K99 A or E OR code "01" in #K99-F ask:]
In (response in #K97), whose insurance plan covered (response in #90) as a dependent? **(Probe for relationship to (response in #90))?**

[If code "13" in #K97 AND code "1" in #K99 A or E OR code "01" in #K99-F ask:]
Whose insurance plan previously covered (response in #90) as a dependent? **(Probe for relationship to (response in #90))?**
(Open ended and code)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Mother
- 07 Father
- 08 Grandmother
- 09 Grandfather
- 10 Sibling
- 11 Legal guardian
- 12 Step-Mother
- 13 Step-Father
- 14 There is no policy holder

QNK101 _____
(11/65)(11/66)

K102. **(If code "1" to ANY in #K99 A-E OR if code "01" in #K99-F, ask:)** At that time, was (response in #90's) PRIMARY insurance plan some type of managed care plan, like an HMO or PPO?

- 1 Yes
- 2 NO
- 8 (DK)
- 9 (Refused)

_____ (11/67)

K103. **(If code "1" in #K99-C, ask:)** You indicated that (response in #90) had a medical card at that time. When did that period of coverage begin? Please tell me the month and year. (Open ended and code month and year)

MONTH:

- | | |
|----|-----------|
| 01 | January |
| 02 | February |
| 03 | March |
| 04 | April |
| 05 | May |
| 06 | June |
| 07 | July |
| 08 | August |
| 09 | September |
| 10 | October |
| 11 | November |
| 12 | December |
| 00 | (DK) |
| 99 | (Refused) |

(11/68)(11/69)

YEAR:

- | | |
|----|-----------|
| 00 | (DK) |
| 99 | (Refused) |

(11/70)(11/71)

K105. **(If code “01-13” in #K97 AND code “2-4” in #K99-C, ask:)** The last time (response in #90) had health insurance coverage prior to (Date original interview completed). Did any of (response in #90’s) health insurance plans cover (read and rotate A-E)?

- | | |
|---|-----------|
| 1 | Yes |
| 2 | No |
| 3 | (DK) |
| 4 | (Refused) |

- | | | | |
|----|--------------------------|-------|---------|
| A. | Dental care | _____ | (12/12) |
| B. | Vision care | _____ | (12/13) |
| C. | Mental health care | _____ | (12/14) |
| D. | Hearing care | _____ | (12/15) |
| E. | Prescription medications | _____ | (12/16) |

(If code “02”, “03” or “14” in #K101,
Skip to “Note” before #141;
Otherwise, Continue)

- K106. (If code “1” in #K99-E or if code “01” in #K99-F, ask:) The last time (response in #90) had insurance coverage prior to (Date original interview completed), did (response in #90’s) (response in #K101) have a job either full or part-time?

- 1 Yes - **(Continue)**
- 2 No **(Skip to “Note” before #141)**
- 3 (DK) **(Skip to “Note” before #141)**
- 4 (Refused) **(Skip to “Note” before #141)** _____(12/17)

- K107. (If code “1” in #K106 or code “1” in #K99-A, ask:)

(If code “1” in #K99-A, ask:) How many hours per week did (response in #90’s) (response in #K101) usually work at the job that provided (response in #90’s) health insurance coverage?

(If code “1” in #K99-E or code “01” in #K99-F, read:) The last time (response in #90) had insurance coverage prior to (Date original interview completed), about how many hours per week was (response in #90’s) (response in #K101) usually working at that job? (Open ended and code actual number)

- 97 97+
98 (DK)
99 (Refused)

_____ (12/18)(12/19)

- K108. (If code “1” in #K106 OR if code “1” in #K99-A, ask:) Was that job for the government, private industry, or was (he/she) self-employed?

- 1 Government
2 Private industry
3 Self-employed
4 (DK)
5 (Refused) _____(12/20)

(There is no question #K109)

HOLD

0 (12/21-
12/22)

K110. If code “1” in #K106 OR if code “1” in #K99-A, ask: In what industry was that job? (Open ended and code) If necessary, read 06-22

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

- 06 Agriculture, forestry, and fisheries
- 07 Mining
- 08 Construction
- 09 Manufacturing, non-durable goods such as food, apparel, and textile, paper, chemical, petroleum, and leather products
- 10 Manufacturing, durable goods such as concrete or metal products, machinery, computing, or transportation equipment
- 11 Transportation
- 12 Communications and other public utilities
- 13 Wholesale trade
- 14 Finance, insurance, and real estate
- 15 Business and repair services
- 16 Personal services
- 17 Entertainment and recreation services
- 18 Health services
- 19 Educational services
- 20 Other professional and related services
- 21 Public administration
- 22 Retail

QNK110 _____
(12/23)(12/24)

K111. **(If code “1” in #K106 OR if code “1” in #K99-A, ask:)** Counting all locations where **(response in #90's) (response in #K101's)** employer operated, what was the total number of people who worked for that employer? (Open ended and code)

- 01 1 employee
- 02 2 - 9 employees
- 03 10 - 24 employees
- 04 25 - 49 employees
- 05 50 - 99 employees
- 06 100 - 249 employees
- 07 250 - 499 employees
- 08 500 - 999 employees
- 09 1,000 employees or more
- 98 (DK)
- 99 (Refused)

(12/25)(12/26)

K112. **(If code “1” in #K106 OR if code “1” in #K99-A, ask:)** The last time (response in #90) had insurance coverage prior to (Date original interview completed), in what county did (response in #90’s response in #K101) work? (Open ended and code) **(NOTE: If more than one, ask for the county of the “Home” office)**

000 He/She Worked Outside Ohio

001	Adams	061	Hamilton	121	Noble
003	Allen	063	Hancock	123	Ottawa
005	Ashland	065	Hardin	125	Paulding
007	Ashtabula	067	Harrison	127	Perry
009	Athens	069	Henry	129	Pickaway
011	Auglaize	071	Highland	131	Pike
013	Belmont	073	Hocking	133	Portage
015	Brown	075	Holmes	135	Preble
017	Butler	077	Huron	137	Putnam
019	Carroll	079	Kackson	139	Richland
021	Champaign	081	Kefferson	141	Ross
023	Clark	083	Knox	143	Sandusky
025	Clermont	085	Lake	145	Scioto
027	Clinton	087	Lawrence	147	Seneca
029	Columbiana	089	Licking	149	Shelby
031	Coshocton	091	Logan	151	Stark
033	Crawford	093	Lorain	153	Summit
035	Cuyahoga	095	Lucas	155	Trumbull
037	Darke	097	Madison	157	Tuscarawas
039	Defiance	099	Mahoning	159	Union
041	Delaware	101	Marion	161	Van Wert
043	Erie	103	Medina	163	Vinton
045	Fairfield	105	Meigs	165	Warren
047	Fayette	107	Mercer	167	Washington
049	Franklin	109	Miamia	169	Wayne
051	Fulton	111	Monroe	171	Williams
053	Gallia	113	Montgomery	173	Wood
055	Geauga	115	Morgan	175	Wyandot
057	Greene	117	Morrow		
059	Guernsey	119	Muskingum	997	(Worked in several counties)
998	(DK)				
999	(Refused)				

 (12/27)(12/28)(12/29)

(If code “1-5” in #87 AND code “2-4” in #K99-C,
Continue;
If code “1-5” in #87 AND code “1” in #K98 AND
code “2-4” in #C3-C, Continue;
Otherwise, Skip to Closing)

141. Did anyone try to get health care insurance coverage for (response in #90) from the State or County Department of Human Services DURING THE 12 MONTHS prior to (Date original interview completed)? This health insurance is often called Medicaid or Healthy Start.

1 Yes - (**Continue**)

2 No - (**Skip to #142**)

3 (DK) (**Skip to Closing**)

4 (Refused) (**Skip to Closing**)

_____(13/44)

141a. (**If code “1” in #141, ask:**) Why was (response in #90) unable to get a medical card or insurance coverage through the State or County Department of Human Services? (Open ended) (Allow three responses)

01 Other (list)

02 (DK)

03 (Refused)

04 HOLD

05 HOLD

1st	<u>QN141AA</u> _____
Resp:	(14/16)(14/17)
2nd	<u>QN141AB</u> _____
Resp:	(14/18)(14/19)
3rd	<u>QN141AC</u> _____
Resp:	(14/20)(14/21)

(All in #141a, Skip to Closing)

142. **(If code "2" in #141, ask:)** Why didn't you try to get health insurance from the State or County Department of Human Services for **(response in #90) IN THE 12 MONTHS** prior to **(Date original interview completed)**? (Open ended)

- 01 Other (list)
- 02 (DK)
- 03 (Refused)
- 04 HOLD
- 05 HOLD

QN142
(13/45)(13/46)

(CLOSING:) This concludes our interview. Once again, this was _____ of The Gallup Organization. Your answers, along with those of many others, will help the Department of Health to make better health care policy decisions for the residents of your state. We want to reassure you that your responses will be kept strictly confidential. Thank you so much.

158. INTERVIEW FINISH TIME: **(Use 24 hour clock)**

(2/28 - 2/31)

(VALIDATE PHONE NUMBER AND THANK RESPONDENT)

INTERVIEWER I. D. # _____
(241) (242) (243) (244)

Appendix C: Changes Made to Initial Survey Instrument to Generate Final Survey Instrument

OHIO FAMILY HEALTH SURVEY

The nature of the changes made to the Ohio Family Health Survey instrument after the pilot study took a few different forms. The Ohio Department of Health requested changes after the pilot study involving deletion of questions, addition of questions, wording changes, skip pattern changes, and changes to interviewer instructions.

Specific Questions for Deletion

Question B14: Please tell me your current occupation.

Question B19: During the past 12 months, did the Benefits of your primary Health Insurance plan increase, decrease, or stay about the same?

Question B20: During the past 12 months, did the cost of your primary health insurance plan increase, decrease, or stay about the same?

Question B20a: Was this because people were added/dropped from the plan?

Question B34C: Please tell me your current occupation.

Question C14: The last time [you/person in S1] had insurance coverage, what was [your/person in S1].....

Question C34c: Please tell me your current occupation

Question 65C: Breast exam by a doctor or nurse (A clinical breast exam is an exam of the breasts where the breast is felt for lumps by a doctor, nurse, or other medical professional).

Question 64F: The overall quality of the doctors' services you received.

Question 65D: Family Planning Services

Question 75: Are you a citizen of the United States?

Question J109: Please tell me (response in #90's) (response in J101's) current occupation.

Question K109: The last time [response in 90] had insurance coverage, what was (response in 90's) (response in K101's) occupation.

Question J114: During the past 12 months did the benefits of (response in #90's) primary health insurance plan increase, decrease, or stay about the same?

Question J115: During the past 12 months, did the cost of (response in #90's) primary health insurance plan increase, decrease, or stay about the same?

Question J115a: Was that because people were added/dropped from the plan?

Question 136F: The overall quality of the doctor's services received.

Wording Changes for Questions and Responses

Question B4Aa: Add the following responses to this question:

Through [your/Person in S1's] past work

Covered as a dependent through someone else's past work

Both through [your/(Person in S1's)] past work and covered as a dependent through someone else's past work

[Question B4Aa before revision reads:

B4Aa. Is that insurance through ANSWERFROM(PERSON7) current work or ANSWERFROM(PERSON4) receiving insurance as a dependent through someone else's current work?

Other (list)

Through ANSWERFROM(PERSON7) current work

Covered as a dependent through someone else's current work]

Question B4Ba: Change the wording and responses to these:

[Do you/Does (Person in S1)] have coverage for physician services often called Part B, or any other insurance coverage which pays for your medications, or copays, or your out of pocket costs, sometimes called Medi-Gap.

Coverage for physician services Part B only

Coverage for physician services (Part B) and Medi-Gap

Medi-Gap only

No

Don't know

Refused

[Question B4Ba before revision reads:

B4Ba. ANSWERFROM(PERSON1) have Medicare Part B Coverage or any other supplemental health insurance policy? (NOTE: If respondent says "Yes" ask:) Was it (read 1-3)?

Part B ONLY

Part B and supplemental

Supplemental ONLY]

Question B4C: Does the state of Ohio or your County Department of Human Services provide you with a Medical Card. This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically Fragile, or Disability Assistance.

[Question B4C before revision reads:

B4C. Medicaid or Healthy Start

Yes

No]

Question B5: Is [your/person in S1's] primary insurance plan some type of managed care plan, like an HMO or PPO?

Yes

No

Don't know

Refused

[Question B5 before revision reads:

B5. Is ANSWERFROM(PERSON7) PRIMARY insurance plan an HMO, PPO or some other type of managed care plan?

HMO

PPO

Some other type of managed care plan]

Question B6: You indicated that [you have/Person in S1 has] a medical card. When did [your/Person in S1] most recent period of coverage begin? Please tell me the month and year.

[Question B6 did not exist and was added.]

Question C3Aa: Add three responses:

Through [your/Person in S1's] past work, but not your work at that time [you/S1] had coverage

Covered as a dependent through someone else's past work, not their work at the time
Both through [your/Person in S1's] past work and covered as a dependent through someone else's past work.

[Question C3Aa before revision reads:

C3Aa. Was that insurance through ANSWERFROM(PERSON7) work at that time or ANSWERFROM(PERSON18) receiving insurance as a dependent through someone else's work at that time?]

Question C3Ba: Change the wording and responses to these:

Did [you/ (Person in S1)] have coverage for physician services often called Part B, or any other insurance coverage which pays for your medications, or copays, or your out of pocket costs, sometimes called Medi-Gap.

Coverage for physician services Part B only

Coverage for physician services (Part B) and Medi-Gap

Medi-Gap only

No

Don't know

Refused

[Question C3Ba before revision reads:

C3Ba. Did ANSWERFROM(PERSON5) have Medicare Part B Coverage or any other supplemental health insurance policy?]

Question C3C: Did the state of Ohio or your County Department of Human Services provide you with a Medical Card? This is sometimes called Medicaid, Health Start, ADC, TANF, ABD, Medically fragile, or Disability Assistance.

[Question C3C before revision reads:

C3C. Medicaid or Healthy Start]

Question C5: Was [your/person in S1's] primary insurance plan some type of managed care plan, like an HMO or PPO?

- Yes
- No
- Don't know
- Refused

[Question C5 before revision reads:

C5. Was ANSWERFROM(PERSON7) PRIMARY insurance plan an HMO, PPO or some other type of managed care plan?]

Question C6: You indicated that [you had/Person in S1 had] a medical card. When did [your/Person in S1] most recent period of coverage begin? Please tell me the month and year.

[Question C6 did not exist and was added later.]

Question 83: Add at the end of both of the two versions: This is often called out of pocket costs.

[Question 83 before revision reads:

83. **(If respondent heard “Read #1”, read:) DURING THE PAST 12 MONTHS,**
how much money [were you/was **(Person in S1)**] responsible for paying for medical costs, including medications, equipment, doctors' costs, and hospital costs, but do not include the cost of any health insurance premiums, or costs that any insurance paid, or over the counter remedies.

(If respondent heard “Read #2”, read:) DURING THE PAST 12 MONTHS,
how much money was [your/**(Person in S1's)**] family responsible for paying for family medical costs, including medications, equipment, doctors' costs, and hospital costs, but do not include the cost of any health insurance premiums, or costs that any insurance paid, or over the counter remedies.

Question 85: Please tell me [your/person in S1's] total Family income during the calendar year 1997.

[Question 85 before revision reads:

85. Please tell me your total FAMILY income during the calendar year 1996. By FAMILY I mean two or more persons residing together who are related by birth, marriage, or adoption. Family income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years of age and older.]

Question 86: The poverty ranges will need recalculation so that they are for the 1997 poverty levels since in the full survey, we will be collecting 1997 income.

Question 88: Did [you/person in S1] try to get health care insurance coverage from the state or County Department of Human Services during the past 12 months. This health insurance is often called Medicaid or Healthy Start.

[Question 88 before revision reads:

88. Did ANSWERFROM(PERSON5) try to get Medicaid or Healthy Start coverage IN THE PAST 12 MONTHS?]

Question 89: Why didn't [you/person in S1] try to get health insurance from the state or County Department of Human Services in the past 12 months?

[Question 89 before revision reads:

89. Why didn't ANSWERFROM(PERSON5) try to get Medicaid or Healthy Start coverage IN THE PAST 12 MONTHS?]

Question J100A: An insurance plan through an employer or union.

[Question J100A before revision reads:

A. An insurance plan through a current employer or union]

Question J100C: Does the state of Ohio or your County Department of Human Services provide [response in #90] with a Medical Card? This is sometimes called Medicaid, Healthy Start, ADC, TANF, ABD, Medically fragile, or Disability Assistance.

[Question J100C before revision reads:

J100C. Medicaid or Healthy Start]

Question J102: Is [response in #90's] primary insurance plan some type of managed care plan, like an HMO or PPO?

- Yes
- No
- Don't know
- Refused

[Question J102 before revision reads:

J102. Is ANSWERFROM(QN90_T)'s PRIMARY insurance plan an HMO, PPO or some other type of managed care plan?]

Appendix D: CASRO Response Rate Definition

Telephone Number Final Status Definition of Terms	
Used - The number of telephone numbers that were used in the sample design	
Completes - Completed interviews	
Break - Off Screening Complete - Any suspended interview with a soft, hard, or second refusal and when it was suspended the respondent had answered all the screening questions. An exception is if a soft refusal in this category is resolved with a sample type quota fill, it will be put in the quota fill category. (The logic here is that the respondent is qualified, but a call back on the soft refusal is prevented because of the quota fill.)	
Break-Off Screening Incomplete - Any suspended interview with a soft, hard, or second refusal and when it was suspended the respondent had started the survey but had not answered all the screening questions.	
Quota Filled - These are mostly respondent determined quota-fills. In other words the respondent answers one or more questions that determine which group, market, quota, etc. they belong to and that quota is filled. This is in contrast to sample or fonefile quota-fills which is not dependent upon respondent responses. The only fonefile determined quota-fills in this group are soft refusal breakoff screeners complete and callback screeners complete that are prevented from another attempt because of a fonefile quota fill.	
Failed Screener - Any respondent who fails the screener questions and is not qualified to continue the survey. This category does not include any respondents who fail to qualify by answering a screener question Don't Know or refusing to answer a screener question. These respondents are put in the unknown qualifying status category.	
Callback Screener Complete - Any respondent status that ends up as a callback but has answered the screener questions. The exception is if this callback was prevented from continuing because of a fonefile quota-fill. Those respondents would fall into the quota-fill category.	
Callback Screener Incomplete - Any respondent status that ends up as a callback but has not answered all the screener questions.	
Other - Any terminate due to respondent illness, respondent dead or death in family, no eligible respondent available during the term of this study, corporate referral (executive only), or other types of terminates (for unusual circumstances such as respondents that, sadly, do not have the intelligence to complete the survey in a useful manner).	
Refused - Any non-suspended soft, hard, or second refusal plus any corporate refusal (executive only). The refused category is comprised of respondents that have refused at the beginning of the study. We call back soft refusals after an appropriate amount of time. However, when the study is over any records remaining in the soft refusal status must fall in this category.	

<p style="text-align: center;">Telephone Number Final Status Definition of Terms (continued)</p>
<p>Deafness/Language Problem - Any Terminate because of a language or hearing barrier plus any Non-English Interviewer Requested.</p>
<p>Non-Residential - Any respondent or phone record that does not qualify because we are targeting the residential group.</p>
<p>Busy - Any record showing no human contact and the last status was a busy.</p>
<p>Answering Machine - Any record showing no human contact and the last was an answering machine.</p>
<p>No Answer - Any record showing no human contact and the last status was a no answer.</p>
<p>Non-Working/Disconnect - Any non-working phone number.</p>
<p>Unknown Qualifying Status - Any respondent who is disqualified for the study because they responded to screener questions with Don't Know or Refused. The key is that we do not know whether they qualify or not. Therefore, they are not in the failed screener category.</p>

Telephone Number Final Status
Definition of Terms (continued)

Deafness/Language Problem - Any Terminate because of a language or hearing barrier plus any Non-English Interviewer Requested.

Non-Residential - Any respondent or phone record that does not qualify because we are targeting the residential group.

Busy - Any record showing no human contact and the last status was a busy.

Answering Machine - Any record showing no human contact and the last was an answering machine.

No Answer - Any record showing no human contact and the last status was a no answer.

Non-Working/Disconnect - Any non-working phone number.

Unknown Qualifying Status - Any respondent who is disqualified for the study because they responded to screener questions with Don't Know or Refused. The key is that we do not know whether they qualify or not. Therefore, they are not in the failed screener category.

CASRO Response Rate Definition
CASRO Response Rate = Completed/(Eligible + Presumed Eligible)
Working = Used - (Non-Residential/Non-Business + Non-Working/Disconnect). The working rate which is the ratio between the number of used pieces of sample and the number of working pieces of sample. Busies and no answers are removed from the numerator and denominator of the formula because we do not know whether they are working or not. The working rate is related to how many disconnects and business numbers are in the sample.
Contacted = Working - (Busy + Answering Machine + No Answer)
Cooperated = Contacted - Sum (Break off Screening Incomplete, Callback Screener Incomplete, Refused, Unknown Qualifying Status)
Attempted = Cooperated - Quota Filled
Screened = Attempted - Other - Deafness or Language Problem
Eligible = Screened - Failed Screener
CASRO Eligible = Eligible + Quota Filled
Presumed Working = (Busy + No Answers) * Working Rate
Working Rate = (Working - Busy - No Answers)/ (Used - Busy - No Answers)
Qualification Rate = CASRO Eligible/ (CASRO Eligible + Failed Screener)
Presumed Eligible = Presumed Working + Break off Screening Incomplete + Callback Screening Incomplete + Other + Refused + Deafness or Language Problem + Answering Machine + Unknown Qualifying Status) * Qualification Rate
Gallup Completion Rate = (Completes/Eligible)