

2000 Vermont Family Health Insurance Survey Instrument

For additional information contact:

Vermont Division of Health Care Administration

89 Main Street, Drawer 20, Montpelier, VT 05620-3601 *** (802) 828-2900

C: Beginning of Lead in section and sample protocols

Q:LEAD

T:

Hello, my name is _____ and I am calling on behalf of the State of Vermont. This is not a sales call. We are conducting a study to find out how many people in Vermont have health insurance. Your participation counts for a lot because you represent many others in your community. Your information is strictly confidential and will be kept private. To begin, I would like to ask you a few questions about your household ?

- 11 YES (ASK MORE QUESTIONS TO DETERMINE THEY ARE 18 YEARS OF AGE OR OLDER AND IS THE PERSON WE NEED TO TALK TO WHO HAS THE MOST KNOWLEDGE ABOUT HEALTH INSURANCE FOR THE HOUSEHOLD)
- 13 NO (GO TO PERSUASION STATEMENTS)
- 15 NOT NOW, CALL BACK [Wait - Schedule Time]
- 17 OTHER (THANK AND TERMINATE INTERVIEW)
- 19 CONTACT ONLY (THANK AND TERMINATE INTERVIEW)
- 21 BUSINESS (THANK AND TERMINATE INTERVIEW)
- 23 LANGUAGE (THANK AND TERMINATE INTERVIEW)
- 25 INFIRM (THANK AND TERMINATE INTERVIEW)
- 27 GROUP QUARTERS, INSTITUTION (DORMS) (THANK AND TERMINATE INTERVIEW)
- 29 WRONG NUMBER(THANK AND TERMINATE INTERVIEW)
- 31 HANG UP (TERMINATE INTERVIEW)
- 33 RESPONDENT NOT AVAILABLE DURING DATA COLLECTION PERIOD (THANK AND TERMINATE INTERVIEW)
- 88 HOUSEHOLD REFUSAL (GO TO PERSUASION QUESTIONS)
- 89 WANT MORE INFORMATION ABOUT STUDY (GO TO MORE INFORMATION QUESTION)

Q:INTRO6

T:

INFORMATION:

GENERAL RELUCTANCE

Your participation in this study is very important. Health care and health insurance are changing quickly. We want to know how individuals and families are being affected. Will you help us by doing this study?

STUDY LENGTH

The study will take between 10 and 20 minutes, depending on the size of your family. Will you help us by doing this study?

HOW WAS I SELECTED

Your telephone number was selected at random. For our results to be accurate, it is very important that we interview all the people selected at random. Your participation will make this study more accurate. Will you help us?

For specific information about this study, please ask for Dian Kahn at the Vermont Division of Health Care Administration's toll-free number 1-800-631-7788.

[PRESS 1 TO CONTINUE]

I:

KEY 1

IF PERSON QUALIFIES - THIS IS THE QUESTION THAT STARTS THE ACTUAL STUDY

C: Study Introduction (goto first study question)

Q:INTO

T:

Thank you. I want to assure you that this study is confidential and the results of this study will be reported in combined form only.

If at any time, you want to break off the interview or wish to continue it at a more convenient time, just let me know.

My supervisor may listen in on calls to evaluate my performance if that is all right with you.

- 1 PROCEED WITH STUDY (GO TO Q02 - HOUSEHOLD COMPOSITION SECTION)
- 5 NOT A GOOD TIME, CALL BACK (SCHEDULE CALL BACK)
- 9 REFUSED (GO TO PERSUASION SECTION)

Eligibility Screener

Q:RES1

T:

Is this a:

- 1 Permanent residence where you live at least 6 months of the year?
- 2 Vacation residence or vacation rental? (Ineligible)
- 3 An institutional residence? (Ineligible)
- 4 A group home? (Ineligible)
- 8 DK (CALLBACK)
- 9 Refused (CALLBACK)

Q:REAGE

T:

Does anyone age 18 or older live in this household now?

INTS: WE CONSIDER HOUSEHOLD MEMBERS TO BE PEOPLE WHO THINK OF THE HOUSEHOLD AS THEIR PRIMARY RESIDENCE, THAT IS, WHERE THEY KEEP THEIR BELONGINGS OR RECEIVE THEIR CALLS.

- 1 YES
- 3 NO (INELIGIBLE)
- 8 DK (CALLBACK)
- 9 REF (CALLBACK)

Respondent Identification

Q:SEL1

T:

I'd like to speak with an adult who is familiar with the health insurance of the people who live in your household. Would you be that person?

- 1 YES, SPEAKING
- 3 NO, SOMEONE ELSE
- 5 WANT MORE INFORMATION ABOUT STUDY
- 8 DK
- 9 REF

C: HOUSEHOLD LEVEL QUESTIONS, ASK ONLY ONCE DURING INTERVIEW

Q:Q00

T:

First we need to know a little about your household and family. We need this information in order to assure that we represent all Vermont residents. Thank you for your patience.

ENTER <1> TO CONTINUE

Q:Q02

T:

In which Vermont county is this household located?

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

Q:Q03

T:

In what Vermont town or city is your household located?

[ASK FOR NEAREST TOWN FOR RURAL RESIDENTS].

1 SPECIFY

8 DK

9 REF

Q:Q04

T:

What is your zip code? 0____?

INTS: ENTER LAST 4 DIGITS ONLY

0001-9997 ENTER NUMBER

9998 DK

9999 REF

Q:Q05

T:

How long have you lived in Vermont?

0 LESS THAN 1 YEAR

1 TO 97 ENTER NUMBER OF YEARS

98 DON'T KNOW

99 REF

Q:Q06

T:

How long have you lived at your current residence?

0 LESS THAN 1 YEAR

1 TO 97 ENTER NUMBER OF YEARS

98 DON'T KNOW

99 REF

Multiple Phones and Service Interruption (for Data Weighting)

Q:Q7

T:

How many residential phone numbers do you have?

IF MORE THAN ONE THEN SAY:

Do NOT count numbers used only for business, computers, faxes or cell phones.

Is it still ____? (VERIFY NUMBER)

1 TO 7	ENTER NUMBER OF LINES
8	8 OR MORE LINES
98	DON'T KNOW
99	REF

Q:Q8

T:

Was there anytime in the last 12 months that you did not have a working telephone for two weeks or more?

INTS IF THEY SAY YES: ASK FOR HOW MANY MONTHS OF THE PAST 12 MONTHS DID YOU NOT HAVE A WORKING TELEPHONE FOR TWO WEEKS OR MORE?

1	YES (SPECIFY NUMBER OF MONTHS)
2	NO
8	DON'T KNOW
9	REF

Household Size and Identification of Household Members

Q:HHCOMP
T:

Now I need to find out how many persons live or stay in your household. This includes family, lodgers, boarders, roommates and anyone who is away for part of the year. Including yourself, how many people are in your household?

[INTS: IF 9 OR MORE ASK, IS THIS A DORM, HOSTEL OR SOME OTHER TYPE OF GROUP QUARTERS WHERE PEOPLE ARE NOT RELATED? CODE AS 11 IF YES]

- 0 NO ONE
- 1 - 7 ENTER NUMBER
- 8 8 OR MORE
- 9 DK (THANK AND TERMINATE INTERVIEW)
- 10 REF (THANK AND TERMINATE INTERVIEW)
- 11 GROUP QUARTERS, INSTITUTE (THANK AND TERMINATE INTERVIEW)

Q:Q09
T:

Please give me just the FIRST NAMES of the people who are living or staying in your household. BEGIN WITH the person who owns or rents the house or apartment. Then name the other people in the household. Include yourself.

INTS: IF THEY ARE UNCOMFORTABLE ABOUT GIVING NAMES:
IF YOU WOULD PREFER JUST GIVE ME A LABEL THAT WILL ALLOW
YOU TO IDENTIFY EACH PERSON WHEN I ASK QUESTIONS

[PRESS 1 TO CONTINUE]

CNAME TO HHNAME - ASK OF EACH HOUSEHOLD MEMBER BEFORE GOING ON TO Q091A
Q:CNAME
T:

IF THE VERY FIRST PERSON ASK: Please tell me the first name of one of the people who owns or rents this house. Let me know if this is you.

INTS: IF THE RESPONDENT IS NOT THE HOUSEHOLDER THEN ALWAYS PUT THEM AS THE SECOND PERSON!! FOR THE RESPONDENT ENTER THE NAME AS YOU!!

[IF THIS IS NOT THE FIRST PERSON ASK: Please tell me (your name)/the name of the next member of the household.

- 1 YES, THERE IS ANOTHER PERSON
- 2 NO MORE PEOPLE

Q:HHNAME
T:

WHAT IS THE NAME OF THE NEXT PERSON?

INTS IF THIS IS THE RESPONDENT ENTER "YOU"

IF RELUCTANT: IF YOU'D RATHER NOT GIVE NAMES, JUST PROVIDE SOME WAY THAT YOU CAN TELL HOUSEHOLD MEMBER APART

ENTER NAME AND PRESS ENTER:

Q:Q09A1 - VERIFIES THE MEMBERS OF THE HOUSEHOLDS
T:

(SHOW THE NAMES OF ALL HOUSEHOLD MEMBERS ON EACH LINE BELOW)

Have I missed anyone who usually lives here?
Here's who I have on the list.

[INTERVIEWER: READ NAMES BELOW BACK TO RESPONDENT. START WITH
THE FIRST NAME ON LIST AND SAY I HAVE (NAME1) AS THE HEAD OF
THE HOUSEHOLD, AND THEN READ REMAINDER OF NAMES ON LIST.]
IF INCORRECT GO BACK TO HHCOMP AND CHANGE # OF PEOPLE!

IF CORRECT PRESS 1 TO CONTINUE

- 1 DO NOT READ (Householder)
- 2 DO NOT READ
- 3 DO NOT READ
- 4 DO NOT READ
- 5 DO NOT READ
- 6 DO NOT READ
- 7 DO NOT READ
- 8 DO NOT READ

Person Level Demographics

Q:q09a2 - INTRODUCTION TO NEXT SECTION

T:

Next, I am going to ask a few questions about each member in the household.

Q:CITZ

T:

Is anyone in the household NOT a U.S. citizen?

IF YES ASK WHICH HOUSEHOLD MEMBERS?

[PROBE FOR REFUSALS: I UNDERSTAND THAT THESE QUESTIONS MAY BE SENSITIVE. THIS INFORMATION HELPS US TO UNDERSTAND MORE ABOUT DIFFERENCES IN HEALTH CARE COVERAGE AMONG PEOPLE.]

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18 NO MORE

19 ALL HH MEMBERS US CITIZENS

98 DK

99 REF

Q:ARMSER
T:

Did anyone in the household ever serve in the armed forces of the United States?

IF YES ASK WHICH HOUSEHOLD MEMBERS?

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18 NO MORE
19 NO HH MEMBERS SERVE(D) IN ARMED FORCES
98 DK
99 REF

Q:HISP
T:

Is anyone in the household of Spanish, Hispanic, Mexican or Cuban descent?

IF YES ASK WHICH HOUSEHOLD MEMBERS?

[PROBE FOR REFUSALS: I UNDERSTAND THAT THESE QUESTIONS MAY BE SENSITIVE. THIS INFORMATION HELPS US TO UNDERSTAND MORE ABOUT DIFFERENCES IN HEALTH CARE COVERAGE AMONG PEOPLE.]

10
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13
14
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16
17
18 NO MORE
19 NO HH MEMBERS OF HISPANIC ORIGIN
98 DK
99 REF

Q:q09a2
T:

Next, I am going to ask a few questions about each member in the household.

[PRESS 1 TO CONTINUE]

GEND TO ETHN - ASK OF ALL MEMBERS OF THE HOUSEHOLD BEFORE GOING ON Q11

Q:GEND - SHOW NAME OF THE PERSON BEING ASKED ABOUT IN THE QUESTION
T:

Now, I am going to ask about _____, what is
their/your gender?

[INTERVIEWER: CODE WITHOUT ASKING IF DISCERNABLE
BY NAME OR VOICE FOR RESPONDENT.]

- 1 Male
- 2 Female
- 8 DK
- 9 REF

Q:AGE1
T:

And their/your age on their/your last birthday?

[INTERVIEWER: ENTER AS WHOLE NUMBER. IF PARTIAL YEAR
IS GIVEN, SUCH AS WITH A CHILD, ROUND TO LAST BIRTHDAY]

- 0 IF UNDER ONE YEAR OLD (GO TO Q11)
- 1 TO 97 ENTER NUMBER (IF 18 AND OLDER - GO TO EDU.
IF YOUNGER THAN 18, GO TO ETHN)
- 98 DK (ASK AGE2)
- 99 REF (ASK AGE2)

Q:AGE2
T:

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

[INTERVIEWER: READ LIST]

- 10 0 - 5 years old (GO TO ETHN)
- 11 6 - 13 years old (GO TO ETHN)
- 12 14 - 17 years old (GO TO ETHN)
- 13 18 - 23 years old (GO TO EDU)
- 14 24 - 29 years old (GO TO EDU)
- 15 30 - 44 years old (GO TO EDU)
- 16 45 - 64 years old (GO TO EDU)
- 17 65 or older (GO TO EDU)
- 98 DK (GO TO EDU)
- 99 REF (GO TO EDU)

Asked of Household Members 18 and Older

Q:EDU

T:

What is the highest grade or year of school
[INSERT NAME] has (have) completed?

[INTERVIEWER: READ LIST IF NECESSARY]

[PROBE FOR REFUSALS: I UNDERSTAND THAT THESE QUESTIONS MAY BE
SENSITIVE. THIS INFORMATION HELPS US TO UNDERSTAND MORE ABOUT
DIFFERENCES IN HEALTH CARE COVERAGE AMONG PEOPLE.]

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

Q:Q10A - (*ASK THOSE WHO GAVE A NUMBER FOR THEIR AGE 18 TO 23*)

T:

{Is/Are} a full-time high school
or college student?

[INTERVIEWER: THE DEFINITION OF A FULL-TIME SHOULD BE AS
DEFINED BY THIS PERSON'S SCHOOL.]

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Q:Q10B - (*ASK THOSE WHO GAVE A RANGE AGE BETWEEN 18 AND 23*)

T:

{Is/Are} a full-time high school
or college student?

[INTERVIEWER: THE DEFINITION OF A FULL-TIME SHOULD BE AS
DEFINED BY THIS PERSON'S SCHOOL.]

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Q:ETHN
T:

What is _____'s racial background?

[INTERVIEWER: READ LIST]

[PROBE FOR REFUSALS: I UNDERSTAND THAT THESE QUESTIONS MAY BE SENSITIVE. THIS INFORMATION HELPS US TO UNDERSTAND MORE ABOUT DIFFERENCES IN HEALTH CARE COVERAGE AMONG PEOPLE.]

- 1 AFRICAN-AMERICAN OR BLACK
- 2 ASIAN OR PACIFIC ISLANDER
- 3 CAUCASIAN
- 4 NATIVE AMERICAN OR ALASKA NATIVE
- 5 ANY COMBINATION OF THE ABOVE
- 6 OTHER (SPECIFY)
- 8 DK
- 9 REF

Family/Insurance Unit Formation

Q:SETUNIT - INTERVIEWER DOES NOT READ THIS QUESTION
T:

INTS THIS VARIABLE INITIALIZES THE
FAMILY UNITS. IF THERE ARE PROBLEMS
IN ASSIGNMENT AT THE END, YOU'LL
COME BACK HERE AND GO THROUGH THE
SECTION AGAIN

ENTER 1 TO CONTINUE

Q11 TO Q14A0 - ASK OF EVERY HOUSEHOLD MEMBER BEFORE GOING ON TO Q15A0

Q:Q11
T:

What is {Person#'sName} 's relationship to {HOUSEHOLDER} ?
AGE OF PERSON: INTS IF 17 AND UNDER ASK APPROPRIATE
FOLLOWUP QUESTIONS AND CODE INTO CORRECT CATEGORIES!

Husband
Wife
Domestic partner/Civil union partner
Own/adopted Child
Stepchild
Foster Child
Householder or spouse serves as guardian of person
Grandchild (ASK: Does HH serves as guardian)
Grandchild (HH does not serve as guardian)
Parent
Mother-in-law/Father-in-law
Grandparent
Brother/Sister
Son-in-law/Daughter-in-law
Other Relative (ASK: Does HH serve as guardian for this person?)
Non Relative/Cohabitee (ASK: foster child of HH or is HH guardian?)
DK OR REF

Q:Q12a0 - INTERVIEWER DOES NOT READ THIS QUESTION
T:

SETTING INITIAL FAMILY UNIT
ENTER <1> TO CONTINUE

Q:Q12A - ONLY ASK THOSE 18 YEARS AND OLDER, SHOW NAME OF THE PERSON BEING ASK ABOUT IN THE QUESTION. DISPLAY OTHER HOUSEHOLD MEMBERS' NAMES IN THE LINES BELOW . ASK OF THOSE WHO ARE A CHILD 18 AND OLDER OR NOT A CHILD OF OR SPOUSE/DOMESTIC PARTNER/CIVIL UNION PARTNER TO HOUSEHOLDER - THIS HELPS US ESTABLISH THE FAMILY UNITS

T:

Is {Insert } married to or a domestic or civil union partner to anyone who currently lives here?
IF YES ASK: WHICH MEMBER OF THE HOUSEHOLD ARE THEY MARRIED TO OR IN A DOMESTIC OR CIVIL UNION PARTNERSHIP WITH?

	PERSON	AGE
10	DO NOT USE	
11		
12		
13		
14		
15		
16		
17		
18	PERSON IS NOT MARRIED TO ANYONE IN HH	
98	DK	
99	REF	

Q:Q14A - (ONLY ASK OF THOSE YOUNGER THAN 18) AND (THOSE WHO ARE 18 TO 23 AND ARE FULL TIME STUDENTS AND ARE NOT MARRIED) - DISPLAY NAMES AND AGES OF HOUSEHOLD MEMBERS ON LINES BELOW

T:

Is anyone living here the parent or guardian of {Insert person } ?

INTS: SOMEONE UNDER 18 CANNOT BE THE PARENT OR GUARDIAN!!

IF YES WHICH MEMBER OF THE HOUSEHOLD?

	PERSON	AGE
10		
11		
12		
13		
14		
15		
16		
17		
18	NO ONE IN HH IS THE PARENT/GUARDIAN	
98	DK	
99	REF	

Q:Q14a0 - INTERVIEWER DOES NOT READ THIS QUESTION
DISPLAY NAMES OF HOUSEHOLD MEMBERS, DISPLAY THE HOUSEHOLD UNIT THEY
BELONG TO, THEIR AGES, THEIR RELATIONSHIPS TO THE RESPONDENT, WHETHER
THEY ARE MARRIED OR NOT AND WHETHER THEY ARE SOMEONE'S CHILD OR NOT

T:

COMPILING FAMILY UNIT
ENTER <1> TO CONTINUE

Q:Q15a0

T:

FAMILY UNIT VERIFICATION

PERSON	UNIT	REL	AGE	MARRIED	CHILD
--------	------	-----	-----	---------	-------

IS THIS CORRECT?

- 1 YES (CONTINUE TO NEXT QUESTION)
- 2 No (MAKE CHANGES)
- 3 NEED TO CHANGE UNITS

(Option 3 allows interviewers to change unit numbering)

THIS BEGINS THE HOUSEHOLD UNIT QUESTIONS

Q:Q16 - DISPLAY NAMES OF MEMBERS OF FAMILY UNIT

T:

In this section of the study, I will be asking about...
(READ LIST BELOW)

10 (Householder)

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17

[PRESS 1 TO CONTINUE]

Private Insurance Coverage

Q:Q22a - INTRODUCTION TO NEXT SECTION

T:

The next questions will be about PRIVATE health insurance. This includes insurance that you buy directly or obtain through employers, groups or colleges. It does NOT include government programs, Medigap or plans with limited coverage.

IF THEY SAY ANYTHING ABOUT THROUGH THE GOVERNMENT OR SCHOOL:

If you ARE an employ of the federal, state, or local government or a school or college and receive insurance because you are an employee. Please include this as private health insurance.

NOTE: THIS DOES INCLUDE GOVERNMENT EMPLOYEES WORKING FOR THE FEDERAL GOVERNMENT, STATE GOVERNMENT, COUNTY, AND LOCAL GOVERNMENT OR WORKING FOR SCHOOLS, COLLEGES, UNIVERSITIES - IF THEY WORK FOR A GOVERNMENT AGENCY THEY ARE CONSIDERED PRIVATELY INSURED

[PROMPT: GOVERNMENT PROGRAMS?- MEDICARE, MEDICAID, VHAP, PC PLUS OR DR. DYNASAUR. LIMITED COVERAGE?- ONLY DENTAL, VISION, CANCER]

[PRESS 1 TO CONTINUE]

Q:Q23 - DISPLAY NAMES OF FAMILY UNIT MEMBERS

T:

Please identify all persons in the family who are covered by PRIVATE HEALTH INSURANCE.

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18 NO MORE

19 NO ONE IS COVERED BY ANY PRIVATE HEALTH INSURANCE (GO TO Q29A - GOVERNMENT PROGRAM SECTION)

98 DK

99 REF

Q:POL1
T:

INTS THIS VARIABLE INITIALIZES THE
POLICY HOLDER. IF THERE ARE PROBLEMS
IN ASSIGNMENT AT THE END, YOU'LL
COME BACK HERE AND GO THROUGH THE
SECTION AGAIN
ENTER 1 TO CONTINUE

Q24 - ASK ABOUT ALL FAMILY UNITS WHO QUALIFY BEFORE GOING ON TO Q24B (*If there are person1, person2 and person3 are insured in a family unit, we would ask this question of person1 first then person2 and then person3 before person1 gets ask q24b*)

Q:Q24 -DISPLAYS NAMES OF ALL HOUSEHOLD MEMBERS IN THE LINES BELOW
T:
Under which person's PRIVATE HEALTH INSURANCE policy is/are covered?
[INTERVIEWER: THERE COULD BE MORE THAN ONE PERSON]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 SOMEONE NOT IN THE HOUSEHOLD
- 19 NO MORE
- 98 DK
- 99 REF

Q:Q24B
T:

You indicated that PRIVATE health insurance coverage for
[INSERT NAMES] is obtained through
[INTERVIEWER: READ LIST BELOW]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18

Is this correct?
1 YES
2 NO

Q:Q25 - ASK OF ALL POLICY HOLDERS INCLUDING THOSE OUTSIDE THE HOUSEHOLD (*Those in the household but may be in separate units*).

T:

How did _____ obtain the private policy?

[INTERVIEWER: READ LIST]

- 1 Current employer (*will be coded in final data to appropriate answer in question 77 and 78b*)
- 2 Trade association or union
- 3 Retirement plan
- 4 COBRA or VIPER OR former employer
- 5 Purchased directly/Full premium paid out-of-pocket
- 8 DK
- 9 REF

Q26 - ASK OF ALL POLICY HOLDERS INCLUDING THOSE OUTSIDE THE HOUSEHOLD

Q:Q26

T:

Does _____ 's policy cover prescription drugs?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Q:Q26a - ONLY ASKED OF POLICY HOLDER'S IN THE HOUSEHOLD UNIT NOT THOSE OUTSIDE THE HOUSEHOLD

T:

How much of a burden does the cost of _____ 's health insurance put on the family budget?

[INTERVIEWER: READ LIST]

- 1 Very heavy
- 2 Heavy
- 3 Moderate
- 4 Light
- 5 No burden at all
- 8 DK
- 9 REF

Q:Q27 - ask of all policy holders including those outside the household
T:

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

- 1 YES (ASK Q28)
- 2 NO (GO TO Q29A - GOVERNMENT PROGRAMS)
- 8 DK (GO TO Q29A - GOVERNMENT PROGRAMS)
- 9 REF (GO TO Q29A - GOVERNMENT PROGRAMS)

Q:Q28 - ONLY ASK OF POLICY HOLDERS WHO ARE CONCERN ABOUT LOSING COVERAGE
T:

Identify all the reasons that _____ is at
risk for losing health insurance coverage within the next 12 months.

[INTERVIEWER: ACCEPT ALL RESPONSES. READ RESPONSES IF NECESSARY]

- 10 May not be able to afford it
- 11 Job change- layoff/loss/unemployment/reduction to part time
- 12 Employer may stop/reduce health benefits
- 13 Future/new employer may not offer health benefits
- 14 Benefits from former employer will run out
- 15 Will lose benefits due to age/leaving school
- 16 Will lose spouse due to divorce/death
- 17 Other(PLEASE SPECIFY)
- 18 NOT AT RISK FOR LOSING HEALTH INSURANCE COVERAGE
- 19 NO MORE
- 98 DK
- 99 REF

MEDICARE SECTION

Q:Q29a - INTRODUCTION TO THE SECTION, LIST NAMES OF MEMBERS OF HOUSEHOLD UNIT
T:

Next I would like to ask you about GOVERNMENT health insurance programs

All questions will refer to...
[INTERVIEWER: READ LIST BELOW]

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[PRESS 1 TO CONTINUE]

Q:Q29B -INTRODUCTION TO SECTION
T:

Medicare is a national health insurance program for people 65 years and older, those who have permanent kidney damage, and for certain people with disabilities.

[PRESS 1 TO CONTINUE]

Q:Q29C - DISPLAY NAMES OF MEMBERS OF THE FAMILY UNIT
T:

Is there anyone currently covered by Medicare?

[IF YES: WHO IS COVERED BY MEDICARE? IS THERE ANYONE ELSE?]

[INTERVIEWER: USE THIS PROMPT AS NECESSARY: IF YOU ARE UNSURE OF YOUR HEALTH INSURANCE PROGRAM, COULD YOU PLEASE GET YOUR INSURANCE CARD AND ANY OTHER DOCUMENT DESCRIBING THE PROGRAM?]

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18 NO MORE
19 NO ONE IS COVERED BY MEDICARE
98 DK
99 REF

Q:Q30A - DISPLAY NAMES OF ALL FAMILY UNIT MEMBERS WITH AGES AND WHETHER THEY ARE COVERED OR NOT

T:

I have recorded that the following persons are covered by Medicare. Is this correct?

INTERVIEWER: REVIEW LIST. IF FAMILY MEMBER IS AGE 65+ AND WAS NOT INDICATED TO BE COVERED BY MEDICARE. PLEASE PROBE: "I NOTICED THAT _____ IS AGES 65 AND OLDER. YOU HAVE NOT INDICATED HIM/HER TO BE COVERED BY MEDICARE. IS THIS CORRECT?" PLEASE SELECT ALL PERSONS WHO ARE COVERED BY MEDICARE. IF NO ONE IS COVERED BY MEDICARE SELECT "NO ONE IS COVERED BY MEDICARE" TO CONTINUE TO NEXT QUESTION.

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18 RESPONSE NOT LISTED AS FAMILY MEMBER

20 NO MORE

21 NO ONE IS COVERED BY MEDICARE

98 DK

99 REF

IF NO ONE IS COVERED BY MEDICARE - GO TO Q36A - OTHER STATE GOVERNMENT PROGRAMS)

C:Medicare Probe- Private Supplemental Coverage and Prescription Drugs
Q:Q32A - ONLY ASK IF PERSONS ARE COVERED BY MEDICARE
T:

Now I am going to ask you a few questions about those in the family with Medicare coverage.

[PRESS 1 TO CONTINUE]

Q:Q321
T:

Medicare does not cover all medical expenses. Some people have additional coverage called Medicare supplement or Medigap insurance to cover expenses not paid by Medicare.

[PRESS 1 TO CONTINUE]

Q32 TO Q35 - ASK OF ALL FAMILY UNIT MEMBERS WHO QUALIFY BEFORE GOING ON TO Q36A
Q:Q32
T:

Do/Does _____ have PRIVATE Medicare supplement or Medigap, to help cover expenses not paid by Medicare?

[PROMPT: PRIVATE SUPPLEMENTAL COVERAGE MAY BE OBTAINED THROUGH CURRENT EMPLOYER OR UNION, RETIREMENT PLAN OR PURCHASED DIRECTLY FROM BROKERS OR INSURANCE COMPANIES.]

- 1 YES (CONTINUE TO NEXT QUESTION)
- 2 NO (GO TO Q35A)
- 8 DK (GO TO Q35A)
- 9 REF (GO TO Q35A)

Q:Q33

T:

How was the PRIVATE supplemental policy obtained by { } ?

[INTERVIEWER: READ LIST]

PROMPT: PRIVATE SUPPLEMENTAL POLICIES MAY BE OBTAINED THROUGH A CURRENT EMPLOYER OR UNION, RETIREMENT PLAN, OR PURCHASED DIRECTLY (FROM A BROKER OR INSURANCE COMPANY).

- 1 Current employer or union
- 2 Retirement plan
- 3 Purchased directly/full premium paid out-of-pocket
- 4 OTHER (SPECIFY)
- 5 DOES NOT HAVE PRIVATE INSURANCE TO COVER UNPAID MEDICARE EXPENSES (GO TO Q35A)
- 8 DK
- 9 REF

Q:Q34

T:

Does the private supplemental coverage for include a benefit that helps pay for prescription drugs?

This does NOT include any state programs like VScript or VHAP Pharmacy

- 1 YES
- 2 NO (GO TO Q35A)
- 3 DOES NOT HAVE PRIVATE SUPPLEMENTAL INSURANCE (GO TO Q35A)
- 8 DK (GO TO Q35A)
- 9 REF (GO TO Q35A)

Q:Q35

T:

Approximately how much of 's prescription drug expenses are covered by the supplemental policy?

[INTERVIEWER: READ LIST]

- 1 Most of the expenses
- 2 About half of the expenses
- 3 A small fraction of the expenses
- 4 None
- 8 DK
- 9 REF

C:State Health Insurance Programs

Q:Q36a

T:

Now I need to ask you about health insurance programs available through the State of Vermont for persons with lower incomes or certain disabilities.

[PRESS 1 TO CONTINUE]

Q:Q36b

T:

Is anyone in the family covered by a state health insurance programs such as Dr. Dynasaur, VHAP, PC Plus, and Medicaid? VHAP - PRONOUNCE VEE-HAP

[PROMPT IF NECESSARY: IF YOU ARE UNSURE, COULD YOU PLEASE GET YOUR INSURANCE CARD, GRANT LETTER OR ANY OTHER DOCUMENT FROM THE STATE OF VERMONT DESCRIBING THE PROGRAM?]

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Q:Q36cB

T:

Dr. Dynasaur is a state program that pays for medical care for children under 18. Enrollees have a green insurance card. Are any of the children enrolled in Dr. Dynasuar?

[IF YES: ASK: WHO IN YOUR FAMILY IS COVERED BY DR. DYNASUAR? SELECT ALL RESPONSES - IF NO NAMES ARE LISTED - SELECT "19")

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 RESPONSE NOT LISTED AS FAMILY MEMBER
- 19 NO ONE IS ENROLLED IN DR. DYNASUAR
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q36cC

T:

VHAP (vee-hap) or The Vermont Health Access Plan pays for medical care for adults with incomes below a certain level. Enrollees have a green AIM card. Is any adult in the family enrolled in VHAP?

[IF YES: ASK: WHO IN YOUR FAMILY IS ENROLLED IN VHAP?
SELECT ALL RESPONSES]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 RESPONSE NOT LISTED AS FAMILY MEMBER
- 19 NO ONE IS ENROLLED IN VHAP
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q36cD

T:

PC Plus or the Primary Care Plus Program pays for medical care for adults with incomes below a certain level. Enrollees have a gold card with green writing. Is any adult in the family enrolled in PC Plus?

[IF YES: ASK: WHO IN YOUR FAMILY IS ENROLLED IN PC PLUS?
SELECT ALL RESPONSES]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 RESPONSE NOT LISTED AS FAMILY MEMBER
- 19 NO ONE IS ENROLLED IN PC PLUS
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q36cA

T:

Medicaid pays for medical care for adults with lower incomes. It is different from Medicare. Enrollees have a green AIM card. Is anyone in the family enrolled in Medicaid?

[IF YES: ASK: WHO IN YOUR FAMILY IS COVERED BY MEDICAID?

SELECT ALL RESPONSES]

10

11

12

13

14

15

16

17

18 RESPONSE NOT LISTED AS FAMILY MEMBER

19 NO ONE IS COVERED BY MEDICAID

20 NO MORE

98 DK

99 REF

SELECT ALL RESPONSES]

10

11

12

13

14

15

16

17

18 RESPONSE NOT LISTED AS FAMILY MEMBER

19 NO ONE IS ENROLLED IN PC PLUS

20 NO MORE

98 DK

99 REF

Q:Q38 - display names in the family unit
T:

Is anyone in your family also covered by the national Medicare program?

[IF YES: ASK: WHO IS ALSO COVERED BY THE NATIONAL MEDICARE PROGRAM?]
SELECT ALL RESPONSES]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 RESPONSE NOT LISTED AS FAMILY MEMBER
- 19 NO ONE IS COVERED BY THE NATIONAL MEDICARE PROGRAM
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q39 - display names in the family unit
T:

Is anyone in your family also receiving benefits from SSI, a program for the blind and disabled?

[IF YES: ASK: WHO IS ALSO RECEIVING BENEFITS FROM SSI?
SELECT ALL RESPONSES]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 RESPONSE NOT LISTED AS FAMILY MEMBER
- 19 NO ONE IS RECEIVING BENEFITS FROM SSI
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q36d1 - ASK OF ALL

T:

Is anyone in the family covered by the state prescription drug programs VHAP Pharmacy and VSCRIPT.

[PROMPT IF NECESSARY: IF YOU ARE UNSURE, COULD YOU PLEASE GET YOUR INSURANCE CARD, GRANT LETTER OR ANY OTHER DOCUMENT FROM THE STATE OF VERMONT DESCRIBING THE PROGRAM?]

- 1 YES
- 2 NO - go to q41 - Dr. Dynasaur and answer question if qualify
- 8 DK -go to q41 - Dr. Dynasaur and answer question if qualify
- 9 REF -go to q41 - Dr. Dynasaur and answer question if qualify

Q:Q36dA

T:

The VHAP Pharmacy program pays \$1-\$2 for each covered prescription. Enrollees have a green AIM card. Is anyone in the family enrolled in VHAP Pharmacy?

[IF YES: ASK: WHO IN YOUR FAMILY IS ENROLLED IN VHAP PHARMACY?
SELECT ALL RESPONSES]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 RESPONSE NOT LISTED AS FAMILY MEMBER
- 19 NO ONE IS ENROLLED IN VHAP PHARMACY
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q36dB

T:

The VSCRIPT program pays either \$1-\$2 for each covered prescription or half the cost of each prescription. Enrollees have a green AIM card. Is anyone in the family enrolled in VSCRIPT?

[IF YES: ASK: WHO IN YOUR FAMILY IS ENROLLED IN VSCRIPT?

SELECT ALL RESPONSES]

10

11

12

13

14

15

16

17

18 RESPONSE NOT LISTED AS FAMILY MEMBER

19 NO ONE IS ENROLLED IN VSCRIPT

20 NO MORE

98 DK

99 REF

C:Dr. Dynasaur SECTION - only ask members of the family unit who are younger than 18

Q:Q41

T:

Please identify all the reasons that enrolled in the Dr. Dynasaur program.

[INTERVIEWER: READ LIST AND ACCEPT ALL RESPONSES.]

- 10 Could not afford private coverage
- 11 Better benefits than we could get under private plan
- 12 Employer plan does not cover children
- 13 Employer suggested it
- 14 Health care provider suggested it
- 15 OTHER (SPECIFY)
- 16 NOT COVERED BY DR. DYNASAUR
- 17 NO REASON
- 18 NO MORE
- 98 DK
- 99 REF

Q:Q42

T:

If the Dr. Dynasaur program was no longer available for would you be able to buy private health insurance to cover all medical needs?

- 1 Definitely Yes
- 2 Maybe
- 3 Probably not
- 4 Definitely not
- 8 DK
- 9 REF

Q:Q43

T:

How did the family find out about the Dr. Dynasaur Program?

[INTERVIEWER: READ LIST IF NECESSARY AND ACCEPT ALL RESPONSES]

- 10 Other people with children in the program
- 11 School
- 12 TV advertisement
- 13 Newspaper
- 14 Brochure
- 15 Doctor, hospital, health care provider
- 16 Employer
- 17 OTHER (SPECIFY)
- 18 No more
- 19 None
- 98 DK

99 REF

Military programs SECTION

Q:Q47 - DISPLAY NAMES OF FAMILY UNIT MEMBERS ON THE LINES
T:

Is anyone currently covered by the VA or Veterans
Administration or any other military health care plans?

[IF YES ASK: WHO IS COVERED BY A MILITARY HEALTH PLANS?
ARE THERE ANY OTHERS?]

[INTERVIEWER PROBES: CHAMPUS IS A HEALTH CARE PROGRAM FOR ACTIVE OR
RETIRED MILITARY PERSONNEL AND THEIR DEPENDENTS OR SURVIVORS.
CHAMP-VA PROVIDES MEDICAL CARE FOR VETERANS AND THE DEPENDENTS OR
SURVIVORS OF VETERANS WHO HAD A SERVICE-CONNECTED DISABILITY.]

10

11

12

13

14

15

16

17

18 NO MORE

19 NO ONE IS COVERED BY ANY MILITARY HEALTH CARE PLANS

98 DK

99 REF

Final Verification of Uninsured Family Members

THE CONVERSIONS ARE CODED AS INSURED

Q49B - ASK OF FAMILY UNIT MEMBERS WHO QUALIFY BEFORE GOING ON TO Q50

Q:Q49b - ONLY ASK THOSE WHO HAVE NO COVERAGE

T:

According to the information you provided, _____ does/do
not have health insurance coverage. Does anyone else pay for your/their
bills when you (they) go to a doctor or hospital?

IF YES ASK WHO PAYS THEIR MEDICAL EXPENSES?

IF NO ASK: DO YOU OR OTHER FAMILY MEMBERS PAY OUT OF POCKET?

- 10 Medicare
- 11 VA service for disability, military, Indian H. Service, CHAMPUS
- 12 Medicaid
- 13 Dr. Dynasaur
- 14 VHAP
- 15 PC Plus
- 16 Health insurance through your (her/his) work or union
- 17 Health insurance through someone else's work or union
- 18 Health insurance bought directly by you (her/him)
- 19 Health insurance bought directly by someone else
- 20 Workers compensation for specific injury/illness
- 21 Employer pays for bills, but not an insurance policy
- 22 Family member pays out of pocket for any bills
- 23 NO MORE
- 24 NONE NO MEDICAL BILLS
- 98 DK
- 99 REF

NOTE: OPTIONS 10 THROUGH 19 REPRESENT INSURANCE PLANS AND WILL BE ASKED SOME FOLLOWUP QUESTIONS - THESE INDIVIDUALS WILL THEN BE CODED AS INSURED

**MEDICARE CONVERSIONS (q32a1 to q35aa1 - ask only if respondent indicated
MEDICARE for q49b**

Q:Q32A1

T:

Does/do _____ who is covered by Medicare have PRIVATE insurance, including Medicare supplement or Medigap, to help cover expenses not paid by Medicare?

[PROMPT: PRIVATE COVERAGE TO SUPPLEMENT MEDICARE MAY BE OBTAINED THROUGH CURRENT EMPLOYER OR UNION, RETIREMENT PLAN OR PURCHASED DIRECTLY FROM BROKERS OR INSURANCE COMPANIES.]

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Q:Q33A1

T:

How was the PRIVATE supplemental policy obtained by { _____ } _____ ?

[INTERVIEWER: READ LIST]

PROMPT: PRIVATE SUPPLEMENTAL POLICIES MAY BE OBTAINED THROUGH A CURRENT EMPLOYER OR UNION, RETIREMENT PLAN, OR PURCHASED DIRECTLY (FROM A BROKER OR INSURANCE COMPANY).

- 1 Current employer or union
- 2 Retirement plan
- 3 Purchased directly/full premium paid out-of-pocket
- 4 OTHER (SPECIFY)
- 5 DOES NOT HAVE PRIVATE INSURANCE TO COVER UNPAID MEDICARE EXPENSES
- 8 DK
- 9 REF

Q:Q34A1

T:

Does the private supplemental coverage for
include a benefit that helps pay for prescription drugs?

This does NOT include any state programs like VScript or VHAP Pharmacy

- 1 YES
- 2 NO
- 3 DOES NOT HAVE PRIVATE SUPPLEMENTAL INSURANCE
- 8 DK
- 9 REF

Q:Q35A1

T:

Approximately how much of _____ 's
prescription drug expenses are covered by the supplemental policy?

[INTERVIEWER: READ LIST]

- 1 Most of the expenses
- 2 About half of the expenses
- 3 A small fraction of the expenses
- 4 None
- 8 DK
- 9 REF

MEDICAID CONVERSION (Q38A1 TO Q43A1) - ONLY ASK THOSE WHO INDICATE MEDICAID, VHAP, PC PLUS OR DR. DYNASUAR

Q:Q38A1

T:

Is/Are _____ also covered by the national Medicare program?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Q:Q39A1

T:

Is/Are _____ also receiving benefits from SSI, a program for the blind and disabled?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

(Q41A1 TO Q43A1 - ONLY ASK THOSE WHO ARE YOUNGER THAN 18 - WHO INDICATED DR. DYNASUAR ON Q49B)

Q:Q41A1

T:

Please identify all the reasons that enrolled in the Dr. Dynasaur program.

[INTERVIEWER: READ LIST AND ACCEPT ALL RESPONSES.]

- 10 Could not afford private coverage
- 11 Better benefits than we could get under private plan
- 12 Employer plan does not cover children
- 13 Employer suggested it
- 14 Health care provider suggested it
- 15 OTHER (SPECIFY)
- 16 NOT COVERED BY DR. DYNASUAR
- 17 NO REASON
- 18 NO MORE
- 98 DK
- 99 REF

Q:Q42A1

T:

If the Dr. Dynasaur program was no longer available for would you be able to buy private health insurance to cover all medical needs?

- 1 Definitely Yes
- 2 Maybe
- 3 Probably not
- 4 Definitely not
- 8 DK
- 9 REF

Q:Q43A1

T:

How did the family find out about the Dr. Dynasaur Program?

[INTERVIEWER: READ LIST IF NECESSARY AND ACCEPT ALL RESPONSES]

- 10 Other people with children in the program
- 11 School
- 12 TV advertisement
- 13 Newspaper
- 14 Brochure
- 15 Doctor, hospital, health care provider
- 16 Employer
- 17 OTHER (SPECIFY)
- 18 No more
- 19 None
- 98 DK
- 99 REF

PRIVATE INSURANCE CONVERSION (ONLY ASK MEMBERS WHO INDICATED:

(16) Health insurance through your (her/his) work or union, (17) Health insurance through someone else's work or union, (18) Health insurance bought directly by you (her/him), (19) Health insurance bought directly by someone else

Q:Q26A1

T:

Does _____ 's policy cover
prescription drugs?

- 1 YES
- 2 NO
- 8 DK
- 9 REF

Uninsured Family Members

Q50 TO Q54 - ASK OF FAMILY UNIT MEMBERS WHO QUALIFY BEFORE GOING Q55

C: Examination of no-insurance status/Duration

Q:Q50 - ONLY ASK THOSE WHO HAVE NO INSURANCE COVERAGE

T:

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

[INTERVIEWER: READ LIST]

- 1 Absolutely the only reason
- 2 One of the main reasons
- 3 One reason among several
- 4 Not much of a factor
- 8 DK
- 9 REF

Q:Q51

T:

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

[INTERVIEWER: DO NOT READ LIST. MARK AS MANY REASONS AS OFFERED BY RESPONDENT]

- 10 CANNOT AFFORD TO PAY THE PREMIUM
- 11 DON'T NEED HEALTH INSURANCE
- 12 CANNOT FIND A BENEFIT PLAN TO MEET MY NEEDS
- 13 INSURANCE COMPANY REFUSED COVERAGE
- 14 JOB LOSS
- 15 CUT BACK TO PART TIME/TEMPORARY STATUS
- 16 CURRENT EMPLOYER DOES NOT OFFER COVERAGE
- 17 CHANGED JOBS AND LOST COVERAGE
- 18 WAITING PERIOD FOR COVERAGE
- 19 EMPLOYER STOPPED OFFERING COVERAGE
- 20 BENEFITS FROM FORMER EMPLOYER RAN OUT
- 21 COBRA/VIPER RAN OUT
- 22 DIVORCE, SEPARATED, DEATH OF SPOUSE OR PARENT
- 23 BECAME INELIGIBLE BECAUSE OF AGE/LEFT SCHOOL
- 24 DO NOT QUALIFY FOR MEDICAID/MEDICARE/DR. DYNASAUR/VHAP/PC PLUS
- 25 AM NOT INTERESTED IN GOVERNMENT PROGRAMS
- 26 OTHER (SPECIFY)
- 27 NO MORE
- 98 DK/REF

Q:Q52

T:

At any time during the past 12 months was/were
EVER covered by any type of health insurance plan?

- 1 Yes
- 2 No (GO TO Q58)
- 8 DK (GO TO Q58)
- 9 REF (GO TO Q58)

Q:Q53

T:

What type of health insurance coverage did _____ have?

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

- 10 Medicare
- 11 Medicaid
- 12 Dr Dynasaur
- 13 VHAP
- 14 PC Plus
- 15 Private insurance from employer/trade assoc, bought directly
- 16 CHAMPUS, CHAMP-VA, or other military coverage

- 18 Other Government Insurance Program
- 19 NOT COVERED IN PAST 12 MONTHS
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q54

T:

Approximately how many of the past 12 months was
WITHOUT health insurance coverage? This can be from 1-11 months.

1 TO 11 ENTER NUMBER

- 98 DK
- 99 REF

**Change of Insurance Policy
(Insured Family Members)**

Q55 TO Q57B - ASK OF ALL FAMILY UNIT MEMBERS WHO QUALIFY BEFORE GOING ON TO Q58

Q:Q55 - ONLY ASK THOSE WHO ARE INSURED -

T:

Some people change health insurance policies and programs as their lives change.

INTS: READ ABOVE FIRST TIME ONLY AND THEN USE AS PROMPT
AS NEEDED

During the past 12 months, did
change health insurance plans or programs?

- 1 YES
- 2 NO (GO TO Q57)
- 8 DK (GO TO Q57)
- 9 REF (GO TO Q57)

Q:Q56 - ONLY ASK THOSE WHO ARE INSURED

T:

What other type of health insurance coverage did
have?

[INTERVIEWER: ACCEPT ALL RESPONSES. READ IF NECESSARY.]

- 10 Medicare
- 11 Medicaid
- 12 Dr Dynasaur
- 13 VHAP
- 14 PC Plus
- 15 Private insurance from employer/trade assoc, bought directly
- 16 CHAMPUS, CHAMP-VA, or other military coverage

- 18 Other Government Insurance Program
- 19 NOT COVERED IN PAST 12 MONTHS
- 20 NO MORE
- 98 DK
- 99 REF

Q:Q57

T:

During the past 12 months were/was
ever without health insurance for any period of time?

- 1 YES
- 2 NO (GO TO Q58)
- 8 DK (GO TO Q58)
- 9 REF (GO TO Q58)

Q:Q57B

T:

Approximately how many of the past 12 months was
WITHOUT health insurance coverage? This can be from 1-11 months.

- 1 TO 11 ENTER NUMBER
- 12 DK
- 13 REF

General Access and Cost SECTION

Q:Q58 - ASK OF ALL FAMIY UNITS INSURED AND UNINSURED
T:

How important do you think health insurance is for you and your family?

[INTERVIEWER: READ RESPONSES]

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

Q:Q59 - DISPLAY NAMES OF FAMILY UNIT MEMBERS ON LINES BELOW
T:

During the past 12 months, did anyone in your family NOT get or postpone getting medical care or surgery because of cost?

[INTERVIEWER: IF YES, ASK: WHO IN YOUR FAMILY DID NOT GET OR POSTPONE GETTING MEDICAL CARE OR SURGERY WHEN IT WAS NEEDED BECAUSE OF COST? ARE THERE ANY OTHERS?]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 NO, NO ONE
- 19 NO MORE
- 98 DK
- 99 REF

Q:Q59b - DISPLAY NAMES OF FAMILY UNIT MEMBERS ON LINES BELOW
T:

During the past 12 months, did anyone in your family NOT
get or postpone getting dental care because of cost?

[INTERVIEWER: IF YES, ASK: WHO IN YOUR FAMILY DID NOT GET OR
POSTPONE GETTING DENTAL CARE WHEN IT WAS NEEDED
BECAUSE OF COST? ARE THERE ANY OTHERS?]

10
11
12
13
14
15
16
17
18 NO, NO ONE
19 NO MORE
98 DK
99 REF

Q:Q60 - DISPLAY NAMES OF FAMILY UNIT MEMBERS ON LINES BELOW
T:

During the past 12 months, did anyone in your family
NOT fill a prescription because of cost?

[INTERVIEWER: IF YES, ASK: WHO IN YOUR FAMILY
NOT FILL A PRESCRIPTION BECAUSE OF COST? ARE THERE ANY OTHERS]

10
11
12
13
14
15
16
17
18 NO, NO ONE
19 NO MORE
98 DK
99 REF

Q:Q61 - DISPLAY NAMES OF FAMILY UNIT MEMBERS ON LINES BELOW
T:

During the past 12 months, was the family contacted by a collection agency about unpaid medical bills?

[INTERVIEWER: IF YES, ASK: WHO WAS THE UNPAID MEDICAL BILLS FOR? ARE THERE ANY OTHERS?]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 NO, NO ONE
- 19 NO MORE
- 98 DK
- 99 REF

Q:Q62 - DISPLAY NAMES OF FAMILY UNIT MEMBERS ON LINES BELOW
T:

During the past 12 months, did anyone in the family receive a hospital bill for more than \$500 that had to be paid out-of-pocket?

[INTERVIEWER: IF YES, ASK: WHO RECEIVED A HOSPITAL BILL FOR MORE THAN \$500 THAT HAD TO BE PAID OUT-OF-POCKET? ARE THERE ANY OTHERS]

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18 NO, NO ONE
- 19 NO MORE
- 98 DK
- 99 REF

Prescription Medications

Q63 TO Q65 - ASK OF ALL FAMILY UNITS WHO QUALIFY BEFORE GOING ON TO Q66A

C: Prescription Drugs/65 and older plus any other individual covered by Medicare

Q:Q63

T:

On average, how much does _____ spend on prescription drugs per month? An estimate is fine.

10 IF RESPONDENT GIVES AN ACTUAL AMOUNT

11 \$0

12 More than \$0, but less than \$25

13 \$25-\$50

14 \$50-\$100

15 \$100-\$200

16 \$200-\$300

17 \$300-\$400

18 \$400-\$500

19 Over \$500

98 DK

99 REF

Q:Q631

T:

ENTER ACTUAL NUMBER ROUNDED TO THE NEAREST DOLLAR GIVEN BY RESPONDENT

\$0 to \$500 ENTER DOLLAR AMOUNT

501 OVER \$500

998 DON'T KNOW

999 REFUSED

Q:Q35A

T:

How much of a burden does _____'s spending for prescription drugs put on the family budget?

[INTERVIEWER: READ LIST]

1 Very heavy burden

2 Heavy burden

3 Moderate burden

4 Light burden

5 No burden at all

8 DK

9 REF

Q:Q64

T:

To what extent is/are _____ {or caretaker} concerned about being able to afford prescription medicines?

[INTERVIEWER: READ LIST]

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

Q:Q65

T:

How often does/do _____ take smaller amounts of prescription medicines to make the medicines last longer?

[INTERVIEWER: READ LIST]

- 1 All the time
- 2 Most of the time
- 3 Some of the time
- 4 Rarely or never
- 8 DK
- 9 REF

General Health Status

Q:Q66A - SECTION INTRODUCTION

T:

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

PRESS 1 TO CONTINUE

Q:Q67 - ASK OF ALL FAMILY UNIT MEMBERS

T:

In general, _____ 's health is

[INTERVIEWER: READ LIST]

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 8 DK
- 9 REF

Employment SECTION

Q:Q69 - INTRODUCTION TO SECTION

T:

This next series of questions is about jobs and employment.

[PROMPT: ANSWERS TO THESE QUESTIONS ARE IMPORTANT BECAUSE THEY HELP EXPLAIN MORE ABOUT THE DIFFERENT WAYS PEOPLE GET HEALTH INSURANCE. ALSO, I WANT TO EMPHASIZE THAT THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED IN COMBINED FORM ONLY.]

[PRESS 1 TO CONTINUE]

Q70 TO Q83 - ASK OF THOSE FAMILY UNIT MEMBERS WHO QUALIFY BEFORE GOING ON TO Q83A

Q:Q70 - ONLY ASK THOSE WHO ARE 18 YEARS OR OLDER

T:

Thinking back over the last two weeks, what was
's main activity?

[INTERVIEWER: READ LIST FOR EACH PERSON:]

[INTERVIEWER: "WITH A JOB BUT NOT AT WORK" SHOULD BE USED IF THE PERSON HAS A DEFINITE JOB TO WHICH HE/SHE CAN RETURN AFTER A TEMPORARY ABSENCE DUE TO ILLNESS, VACATION, LABOR DISPUTE, ETC.]

- 10 Working (GO TO Q71A)
- 11 With a job but not at work (GO TO Q71A)
- 12 Looking for work
- 13 Homemaker
- 14 Going to school
- 15 Unable to work
- 16 Retired
- 17 Other (SPECIFY)
- 98 DK
- 99 REF

NOTE: THOSE WHO ARE RETIRED AND HOMEMAKERS WILL NOT BE ASKED FOLLOWUP QUESTION ON WORK FOR PAY

Q:Q71

T:

Did _____ do any work for pay over the last two weeks,
not counting work around the house?

- 1 YES
- 2 NO (IF NO, DO NOT ASK ANY MORE EMPLOYMENT QUESTIONS FOR THIS PERSON)
- 8 DK
- 9 REF

Q:Q71a

T:

Does/do _____ have more than one paying job?

- 1 YES (GO TO Q72A)
- 2 NO
- 8 DK
- 9 REF

Q:Q72

T:

What is the total number of hours usually worked per week?

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

I:

numeric 1 99 2 0 12 9

SKIP TO Q73 AFTER THIS QUESTION HAS BEEN ANSWERED

Q:Q72a

T:

For the job _____ work at the most hours,
what is the total number of hours usually worked per week?

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

Q:Q73

T:

Is this a permanent, temporary, or seasonal job?

- 1 Permanent
- 2 Temporary
- 3 Seasonal
- 8 DON'T KNOW
- 9 REFUSED

Q:Q75

T:

On this job, are/is _____ employed by a private company, a federal, state, or local government employee, in active military duty, self-employed, or working in a family business or farm?

[INTERVIEWER: CODE NOT-FOR-PROFIT /FOUNDATION AS PRIVATE COMPANY.]

- 1 Private company
- 2 Federal Government
- 3 State government
- 4 Local government
- 5 Military Duty
- 6 Self-employed (GO TO Q76B)
- 7 Family-business or farm (not self-employed) (GO TO Q76B)

IF DK OR REF STILL ASK FOLLOWING QUESTIONS:

Q:Q76

T:

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

[INTERVIEWER: READ IF NECESSARY]

- 10 4 or fewer
- 11 5-9
- 12 10-24
- 13 25-49
- 14 50-99
- 15 100-199
- 16 200-499
- 17 500-999
- 18 1,000 & over
- 98 DK
- 99 REF

Q:Q77

T: - ASK ONLY IF Q25 IS NOT CURRENT EMPLOYER , IF Q25 IS CURRENT EMPLOYER SKIP TO AND ONLY HAS 1 JOB Q80B, IF HAS 2 JOBS, THIS QUESTION WILL BE ASK EVEN IF WE ALREADY KNOW THAT THEY HAVE A POLICY THROUGH THEIR CURRENT EMPLOYER.

Does _____ 's employer or union offer any health insurance to any of its employees?

- 1 Yes
- 2 No (GO TO Q80B)
- 8 DK (GO TO Q80B)
- 9 REF (GO TO Q80B)

Q:Q78b

T:

Are you/is _____ covered by any health insurance offered by this union or employer?

- 1 Yes (GO TO Q80B)
- 2 No
- 8 DK (GO TO Q80B)
- 9 REF (GO TO Q80B)

Q:Q79

T:

Why are/is _____ not covered by this employer's or union's health insurance?

[INTERVIEWER: ACCEPT ALL RESPONSES]

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE- OR ENOUGH HOURS PER WEEK
- 12 INELIGIBLE-MEDICAL PROBLEMS
- 13 HAVE HEALTH INSURANCE THROUGH SPOUSE'S OR DOMESTIC PARTNER'S EMPLOYER
- 14 HAVE OTHER HEALTH INSURANCE
- 15 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 DON'T NEED HEALTH INSURANCE
- 17 HAVE INSURANCE THROUGH OTHER EMPLOYER
- 18 OTHER (SPECIFY)
- 19 NO REASON
- 20 NO MORE
- 98 DK
- 99 REF

SKIP TO Q80B AFTER ANSWERING THIS QUESTION

Q:Q76B - ONLY ASKED OF THOSE WHO OWN THEIR OWN BUSINESS OR FARM
T:

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

- 10 4 or fewer
- 11 5-9
- 12 10-24
- 13 25-49
- 14 50-99
- 15 100-199
- 16 200-499
- 17 500-999
- 18 1,000 & over
- 19 ONLY THIS PERSON WORKS AT BUSINESS
- 98 DK
- 99 Refused

Q:Q77B - ONLY ASKED OF THOSE WHO OWN THEIR OWN BUSINESS OR FARM
T:

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

- 1 Yes
- 2 No (GO TO Q80B)
- 8 DK (GO TO Q80B)
- 9 REF (GO TO Q80B)

Q:Q78bb - ONLY ASKED OF THOSE WHO OWN THEIR OWN BUSINESS OR FARM
T:

Are you/she/he covered by any health
insurance plans offered by your business or farm?

- 1 Yes
- 2 No
- 8 DK (GO TO Q80B)
- 9 REF (GO TO Q80B)

Q:Q80b - ASK ONLY OF THOSE WITH A SECOND JOB
T:

How many hours per week do you/does
USUALLY work at this second job?

[PROBE: IF _____ WORKED REGULAR
OVERTIME HOURS INCLUDE THOSE HOURS.]

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

Q:Q82 TO Q79SEC - ASK ONLY OF THOSE WITH A SECOND JOB

T:

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

[READ LIST IF NECESSARY]

- 10 4 or fewer
- 11 5-9
- 12 10-24
- 13 25-49
- 14 50-99
- 15 100-199
- 16 200-499
- 17 500-999
- 18 1,000 & over
- 98 DK
- 99 Refused

Q:Q77SEC

T:

Does _____'s employer or union offer any health insurance plans to any of its employees?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

Q:Q78SEC

T:

Are you/is _____ covered by any health insurance plans offered by this union or employer?

- 1 Yes
- 2 No
- 8 DK
- 9 REF

Q:Q79SEC

T:

Why are/is not covered by this plan?

[INTERVIEWER: ACCEPT ALL RESPONSES]

- 10 INELIGIBLE - HASN'T WORKED LONG ENOUGH
- 11 INELIGIBLE- OR ENOUGH HOURS PER WEEK
- 12 INELIGIBLE-MEDICAL PROBLEMS
- 13 HAVE HEALTH INSURANCE THROUGH SPOUSE'S OR DOMESTIC PARTNER'S EMPLOYER
- 14 HAVE OTHER HEALTH INSURANCE
- 15 WOULD HAVE TO PAY TOO MUCH OR COSTS TOO MUCH
- 16 DON'T NEED HEALTH INSURANCE
- 17 HAVE INSURANCE THROUGH OTHER EMPLOYER
- 18 OTHER (SPECIFY)
- 19 NO REASON
- 20 NO MORE
- 98 DK
- 99 REF

Family Income SECTION

Q:Q83a - INTRODUCTION TO SECTION

T:

The next questions are about income that your FAMILY received during 1999. This includes money from all sources including wages, cash from government programs, alimony and child support. This is before taxes and other deductions.

This information helps explain whether people can afford the health care they need. Your information is strictly confidential and will be kept private.

[PRESS 1 TO CONTINUE]

Q:Q83B

T:

During the entire year of 1999, what was your family's total income from ALL sources, before taxes and other deductions?

[PROBE FOR MILD RESISTANCE: ANSWERS TO QUESTIONS ON EARNINGS ARE IMPORTANT BECAUSE THEY HELP EXPLAIN WHETHER PEOPLE CAN AFFORD THE HEALTH CARE THEY NEED. ALSO, THE INFORMATION YOU PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED IN SUMMARY REPORTS. PROBE FOR DK OR HESITATION: IF YOU DO NOT KNOW EXACTLY, YOUR BEST ESTIMATE WOULD BE FINE. VERIFY IF <\$5,000 OR >\$500,000. CODE 999999 IF RESPONSE IS \$1 MILLION OR MORE.]

0	NONE (GO TO Q88)
1 TO \$999998	ENTER DOLLAR AMOUNT (GO TO Q88)
\$999999	\$1 MILLION OR MORE (GO TO Q88)
9999998	DK
9999999	REF

Q:Q84 - ONLY ASK THOSE WHO DON'T KNOW OR REFUSED THE PREVIOUS QUESTION
T:

Which of the following income ranges is closest to your family's 1999 total income from all sources?

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

- 10 Under \$5,000
- 11 \$5,000 to less than \$10,000
- 12 \$10,000 to less than \$20,000
- 13 \$20,000 to less than \$25,000
- 14 \$25,000 to less than \$30,000
- 15 \$30,000 to less than \$35,000
- 16 \$35,000 to less than \$40,000
- 17 \$40,000 to less than \$50,000
- 18 \$50,000 to less than \$60,000
- 19 \$60,000 to less than \$80,000
- 20 Over \$80,000
- 98 DK
- 99 REF

Q:Q88
T:

During 1999, did any one in the family receive any of the following:

[INTERVIEWER: READ LIST AND SELECT ALL RESPONSES]

- 1 Head Start
- 2 School lunch program
- 3 Help with paying heating bill or LIHEAP
- 4 SSI
- 5 Food stamps
- 6 NO MORE
- 7 NONE
- 8 DK
- 9 REF

Q:Q89
T:

That is the conclusion of this interview for your family

If you have any questions about HEALTH INSURANCE or HMOs you can call the state at 1-800-631-7788 for assistance. (Allow interviewee to get a pen or pencil, then repeat the number.) That number is 1-800-631-7788.

If you or anyone else is interested in finding out about state health insurance programs for people WITHOUT insurance, call the Office of Vermont Health Access at a toll-free number 1 (800) 250 - 8427.

[PRESS 1 TO CONTINUE]

(Thanks again and good-bye.) for one unit HH.

**IF THERE IS ONLY ONE UNIT IN THE HOUSEHOLD -
THANK AND END THIS IS COUNTED AS A COMPLETED
SURVEY FOR 1 UNIT HH**

ASK NEXT SETS OF QUESTIONS IF THERE ARE 2 OR MORE UNITS

Q:Q90

T:

Earlier you indicated that there are other persons in your household.
We classify them as another family for health insurance purposes.
We would also like to interview that family also.

Would you be the best person for us to
speak with concerning their health insurance situation
or should we speak with another household member?

- 1 SPEAK WITH RESPONDENT
- 2 SPEAK WITH SOMEONE ELSE (GO TO Q92)

- 8 DK (GO TO Q92)
- 9 REF (GO TO Q92)

Q:Q91

T:

Could you answer a few more questions about this family?

PROMPT: IF HESITANT - THIS SHOULD ONLY TAKE
A FEW MORE MINUTES AND IT IS IMPORTANT THAT
WE GATHER INFORMATION ABOUT ALL HOUSEHOLD
MEMBER

- 1 YES (ASK QUESTION STARTING AT THE INSURANCE QUESTION Q16)
- 2 CALLBACK LATER - CODE AS A PARTIAL COMPLETE TO SAVE DATA - DIS CODE 13!
- 3 NO - USE PERSUADERS TO CONVINCING (IF NOT CONVINCED, THANK AND TERMINATE)
- 8 DK - USE PERSUADERS TO CONVINCING (IF NOT CONVINCED, THANK AND TERMINATE)
- 9 REF - USE PERSUADERS TO CONVINCING (IF NOT CONVINCED, THANK AND TERMINATE)

Q:Q91a - INTERVIEWER DOES NOT READ THIS

T:

INTS THIS IS WHERE YOU CODE IT AS A PARTIAL FOR THE
RESPONDENT - GET THERE NAME AND ADD TO THE
MESSAGE FIELD SO THIS PERSON CAN BE ASKED FOR BY
NAME DURING THE CALLBACK

THEN HIT CTRL END AND SELECT DISPOSITION 13
TO CODE AS CALLBACK FOR UNIT 2

THE STUDY SHOULD RETURN HERE WHEN IT COMES UP

FOR THE CALLBACK PRESS 1 TO BEGIN

Q:Q92

T:

Is this person available now?

IF YES: MAY I PLEASE SPEAK WITH THEM

IF NO/DK: SCHEDULE CALLBACK AND CODE AS PARTIAL

1 YES (GO TO Q93)

2 NO (SCHEDULE CALLBACK) - SAVE AS A PARTIAL DIS CODE 13 AND GET NAME

8 DK - SAVE AS A PARTIAL DIS CODE 13

9 REF - SAVE AS A PARTIAL DIS CODE 13

I:

Q:Q92a - INTERVIEWER DOES NOT READ THIS

T:

INTS THIS IS WHERE YOU CODE IT AS A PARTIAL FOR THE
SOME ONE BESIDES THE RESPONDENT OR IF THEY
DON'T WANT TO GIVE YOU INFO

GET A CONTACT NAME IF POSSIBLE AND ADD TO THE
MESSAGE FIELD SO THIS PERSON CAN BE ASKED FOR BY
NAME DURING THE CALLBACK

THEN HIT CTRL END AND SELECT DISPOSITION 13
TO CODE AS CALLBACK FOR UNIT 2

THE STUDY SHOULD RETURN HERE WHEN IT COMES UP

FOR THE CALLBACK PRESS 1 TO BEGIN

Q:Q93

T:

Hello, my name is _____ and I am calling on behalf of the
State of Vermont. This is not a sales call. We are conducting a
study to find out how many people in Vermont have health insurance.
Your participation counts for a lot because you represent many others in your
community. Your information is strictly confidential and will be kept
private.

Could I just ask a few questions about your family's insurance coverage?

1 YES (START INTERVIEWER WITH Q16 - INSURANCE SECTION)

2 CALLBACK LATER

3 NO, SOFT REFUSAL (USE PERSUADERS BEFORE CODING) (IF NOT CONVINCED, THANK AND
TERMINATE)

4 NO, HARD REFUSAL (USE PERSUADERS BEFORE CODING) (IF NOT CONVINCED, THANK AND
TERMINATE)

Q:Q93a - INTERVIEWER DOES NOT READ THIS
T:

INTS THIS IS WHERE YOU CODE IT AS A PARTIAL FOR THE
SOME ONE BESIDES THE RESPONDENT OR IF THEY
DON'T WANT TO GIVE YOU INFO FOR SOFT REFUSALS

GET A CONTACT NAME IF POSSIBLE AND ADD TO THE
MESSAGE FIELD SO THIS PERSON CAN BE ASKED FOR BY
NAME DURING THE CALLBACK

THEN HIT CTRL END AND SELECT DISPOSITION 13
TO CODE AS CALLBACK FOR UNIT 2

THE STUDY SHOULD RETURN HERE WHEN IT COMES UP
FOR THE CALLBACK PRESS 1 TO BEGIN

INTERVIEWER WILL REPEAT QUESTIONS ON INSURANCE AND HEALTH FOR THE SECOND UNIT

***UPON COMPLETION OF ALL QUESTIONS FOR THE SECOND
UNIT - THIS IS COUNTED AS A COMPLETED SURVEY FOR
2 UNIT HH.***

Employment and Income for Other Units

Q:Q90oth

T:

We recorded that there are other persons in your household.
They are (READ LIST)

We classify them as another family for health insurance purposes.
We would like to ask a few questions about their employment status
and income ONLY. For these household members, I will not
ask about their insurance.

[PRESS 1 TO CONTINUE]

Q:Q69oth

T:

Theses next questions are about jobs and employment.

[PROMPT: ANSWERS TO THESE QUESTIONS ARE IMPORTANT BECAUSE THEY
HELP EXPLAIN MORE ABOUT THE DIFFERENT WAYS PEOPLE GET HEALTH
INSURANCE. ALSO, I WANT TO EMPHASIZE THAT THE INFORMATION YOU
PROVIDE WILL BE KEPT CONFIDENTIAL AND WILL ONLY BE USED
IN COMBINED FORM ONLY.]

[PRESS 1 TO CONTINUE]

Q:Q70oth

T:

Thinking back over the last two weeks, what was
's main activity?

[INTERVIEWER: READ LIST FOR FIRST PERSON: FOR THE NEXT PERSON
ASK : HOW ABOUT _____?]

[INTERVIEWER: "WITH A JOB BUT NOT AT WORK" SHOULD
BE USED IF THE PERSON HAS A DEFINITE JOB TO WHICH HE/SHE
CAN RETURN AFTER A TEMPORARY ABSENCE DUE TO ILLNESS,
VACATION, LABOR DISPUTE, ETC.]

- 10 Working
- 11 With a job but not at work
- 12 Looking for work
- 13 Homemaker
- 14 Going to school
- 15 Unable to work
- 16 Retired
- 17 Other (SPECIFY)
- 98 DK
- 99 REF

Q:Q72oth

T:

What is the total number of hours usually worked per week?

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

Q:Q83Both3

T:

During the entire year of 1999, what was

total family income from ALL sources, before taxes
and other deductions?

[PROBE FOR MILD RESISTANCE: ANSWERS TO QUESTIONS ON EARNINGS
ARE IMPORTANT BECAUSE THEY HELP EXPLAIN WHETHER PEOPLE CAN AFFORD
THE HEALTH CARE THEY NEED. ALSO, THE INFORMATION YOU PROVIDE WILL
BE KEPT CONFIDENTIAL AND WILL ONLY BE USED IN SUMMARY REPORTS.
PROBE FOR DK OR HESITATION: IF YOU DO NOT KNOW EXACTLY, YOUR BEST
ESTIMATE WOULD BE FINE. VERIFY IF <\$5,000 OR >\$500,000. CODE 999999
IF RESPONSE IS \$1 MILLION OR MORE.]

0	NONE
1 TO \$999998	ENTER DOLLAR AMOUNT
\$999999	\$1 MILLION OR MORE
9999998	DK
9999999	REF

Q:Q84oth3

T:

Which of the following income ranges is closest to their
family's 1999 total income from all sources?

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

10	Under \$5,000
11	\$5,000 to less than \$10,000
12	\$10,000 to less than \$20,000
13	\$20,000 to less than \$25,000
14	\$25,000 to less than \$30,000
15	\$30,000 to less than \$35,000
16	\$35,000 to less than \$40,000
17	\$40,000 to less than \$50,000
18	\$50,000 to less than \$60,000
19	\$60,000 to less than \$80,000
20	Over \$80,000
98	DK
99	REF

**UPON COMPLETION OF ALL QUESTIONS ON EMPLOYMENT
AND INCOME FOR ALL REMAINING UNITS- THIS IS
COUNTED AS A COMPLETED SURVEY.**