

Appendix B: MaineCare Child Health Survey Instrument 2006

Q1 DISENROLLEES ONLY Option

The Department of Health and Human Services records indicate that \0 is NO LONGER ENROLLED in MaineCare. Is this correct?

IF "NO" OR "UNSURE", PROBE: MaineCare is a health insurance sponsored by the state. If \0 were enrolled, you would have a plastic ID card for \G2 MaineCare health insurance.

Q1	1 YES, \0 IS NO LONGER ENROLLED	Q5
Q1	2 YES, AFTER PROBE	Q5
Q1	3 NO, STILL ENROLLED/RE-ENROLLED	NEXT
Q1	8 DK/UNSURE	END
Q1	9 NA	END

Q2 DISENROLLEES ONLY Option

Was there a period in the past year when \0 was NOT enrolled in MaineCare?

(IWER NOTE: COUNT ANY PERIOD OF DISENROLLMENT AS A BREAK IN ENROLLMENT, EVEN IF IT IS LESS THAN ONE MONTH)

Q2	1 YES, \0 HAD A BREAK IN \G2 MAINECARE ENROLLMENT	NEXT
Q2	2 NO, \0 HAS BEEN CONTINUOUSLY ENROLLED IN MAINECARE	END
Q2	8 DK/UNSURE	END
Q2	9 NA	END

Q3 DISENROLLEES ONLY Multiple Check

Why was \0 disenrolled from MaineCare for a time?

Q3	5 DHHS PAPERWORK PROCESSING DELAY	NEXT
Q3	1 CHILD WAS NOT ELIGIBLE DUE TO FAMILY INCOME LEVEL	END
Q3	2 CHILD WAS ENROLLED IN another HEALTH INSURANCE PLAN	END
Q3	3 I DID NOT SUBMIT A RENEWAL APPLICATION	END
Q3	6 OTHER (SPECIFY)	END
Q3	7 Other	END
Q3	9 NA	END
Q3	8 DK	END
Q3	4 THE RENEWAL APPLICATION WAS DENIED	END

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Q4 **NEW & CURRENT ENROLLEES**

Option

The Department of Health and Human Services records indicate that \0 IS ENROLLED in MaineCare. Is this correct? IF "NO" OR "UNSURE", PROBE: MaineCare is health insurance provided by DHHS. They give you a plastic ID card if you are eligible.

Q4	1 YES	Q10
Q4	2 YES, AFTER PROBE	Q10
Q4	3 NO	NEXT
Q4	8 DK/UNSURE	END
Q4	9 NA	END

Q5

Option

Why is \0 NO LONGER on MaineCare?

Q5	1 \0 WAS NO LONGER ELIGIBLE DUE TO AGE	Q9
Q5	2 \0 WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL	Q9
Q5	3 \0 WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN	Q9
Q5	4 I DID NOT SUBMIT RENEWAL APPLICATION	Q7
Q5	5 OTHER	NEXT
Q5	8 DK	Q9
Q5	9 NA	Q9

Q6

Text Entry

What is that other reason?

Q6	0 REASON (98=DK, 99=NA)	Q9
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Q7

Option

What is the main reason you did not send in the renewal application?
(DO NOT READ; SELECT FIRST REASON R MENTIONS.)

- | | | |
|----|--|------|
| Q7 | 1 DID NOT RECEIVE APPLICATION | Q9 |
| Q7 | 2 APPLICATION TOO DIFFICULT TO FILL OUT | Q9 |
| Q7 | 3 PREMIUMS TOO HIGH | Q9 |
| Q7 | 4 HEALTH CARE AVAILABLE FOR FREE AT SCHOOL | Q9 |
| Q7 | 5 MAINECARE WAS TOO MUCH OF A HASSLE | Q9 |
| Q7 | 6 DISSATISFIED WITH THE PROGRAM | Q9 |
| Q7 | 7 DIDN'T KNOW I NEEDED TO REAPPLY | Q9 |
| Q7 | 8 DIDN'T THINK CHILD WOULD QUALIFY | Q9 |
| Q7 | 9 GOT OTHER INSURANCE | Q9 |
| Q7 | 11 OTHER | NEXT |
| Q7 | 98 DK | Q9 |
| Q7 | 99 NA | Q9 |
| Q7 | 10 JUST DIDN'T GET AROUND TO IT | Q9 |

Q8

Text Entry

What is that other reason?

- | | | |
|----|-------------------------|------|
| Q8 | 0 REASON (98=DK, 99=NA) | NEXT |
|----|-------------------------|------|

Q9

Multiple Check

What kind of health insurance, if any, does \0 have now?

- | | | |
|----|---|-----|
| Q9 | 1 PRIVATE INS. FROM AN EMPLOYER | Q80 |
| Q9 | 2 DIRIGO CHOICE (THEY GIVE YOU A PLASTIC ID-SAYS DIRIGO/ANTHEM) | Q80 |
| Q9 | 3 PRIVATE INS. YOU BUY DIRECTLY FROM INSUR. CO | Q80 |
| Q9 | 4 OTHER PUBLIC HEALTH INSUR. (SUCH AS SSI/MEDICARE)-SPECIFY | Q80 |
| Q9 | 8 DK | Q80 |
| Q9 | 9 NA | Q80 |
| Q9 | 6 NONE | Q80 |
| Q9 | 5 Other Public Health Insurance | Q80 |

Q10 Option

Is this the only health insurance \0 has?

- Q10 1 YES Q12
- Q10 2 NO NEXT
- Q10 8 DK Q12
- Q10 9 NA Q12

Q11 Multiple Check

What other type of health insurance does \0 have?

(IWER NOTE: IF R MENTIONS A PRIVATE INSURANCE COMPANY, PROBE TO SEE IF IT IS FROM AN EMPLOYER OR IF THEY BOUGHT IT DIRECTLY FROM THE INSURANCE COMPANY.)

- Q11 1 PRIVATE INSURANCE FROM AN EMPLOYER NEXT
- Q11 2 DIRIGO CHOICE (PROBE: THEY GIVE YOU A PLASTIC ID CARD THAT SAYS DIRIGO/ANTHEM) NEXT
- Q11 3 PRIVATE INSURANCE YOU BUY DIRECTLY FROM INSUR CO NEXT
- Q11 4 OTHER PUBLIC HEALTH INSURANCE (SUCH AS SSI OR MEDICARE)-SPECIFY NEXT
- Q11 5 Other Public Health Insurance NEXT
- Q11 8 DK NEXT
- Q11 9 NA NEXT

Q12 Option

NEW ENROLLEES ONLY:

During the year before \0 enrolled in MaineCare, was \G0 covered by any other health care plan?

- Q12 1 YES NEXT
- Q12 2 NO Q14
- Q12 8 DK Q14
- Q12 9 NA Q14

Q13 **NEW ENROLLEES ONLY:** Multiple Check

What plan was that?

- Q13 1 PRIVATE INSURANCE FROM AN EMPLOYER NEXT
- Q13 2 DIRIGO CHOICE (PROBE: THEY GIVE YOU A PLASTIC CARD THAT SAYS DIRIGO/ANTHEM) NEXT
- Q13 3 PRIVATE INSURANCE YOU BUY DIRECTLY FROM THE INSUR CO. NEXT
- Q13 4 OTHER PUBLIC HEALTH INSURANCE (SUCH AS SSI OR MEDICARE)-SPECIFY NEXT
- Q13 5 Other Public Health Insurance NEXT
- Q13 8 DK NEXT
- Q13 9 NA NEXT

Q14 Option
 Now I'm going to ask some questions about the health care \0 receives through MaineCare.
 Does \0 have a regular place to go to get health care?
 Q14 1 YES NEXT
 Q14 2 NO Q17
 Q14 8 DK Q17
 Q14 9 NA Q17

Q15 Option
 How long has \0 gone to the same place for regular health care?
 (PROBE: The same clinic or doctor's office or health center?)
 Q15 1 LESS THAN 6 MONTHS NEXT
 Q15 2 6 MONTHS TO 1 YEAR Q19
 Q15 3 1-3 YEARS Q19
 Q15 4 3-5 YEARS Q19
 Q15 5 OVER 5 YEARS Q19
 Q15 6 DOESN'T GO TO THE SAME PLACE Q17
 Q15 8 DK Q19
 Q15 9 NA Q19

Q16 Option
 Where did \0 go before that?
 Q16 1 EMERGENCY ROOM AT HOSPITAL Q19
 Q16 2 URGENT CARE CENTER AT HOSPITAL Q19
 Q16 3 A DIFFERENT HEALTH CENTER OR DOCTOR'S OFFICE Q19
 Q16 4 SCHOOL Q19
 Q16 5 DIDN'T GET HEALTH CARE Q19
 Q16 8 DK Q19
 Q16 9 NA Q19
 Q16 6 NEWBORN/ WASN'T BORN YET Q19

Q17

Option

What is the main reason that \0 does not have a regular place to go to get health care?
(DO NOT READ)

- | | | |
|-----|---|------|
| Q17 | 1 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW PATIENTS | Q41 |
| Q17 | 2 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE MAINECARE PATIENTS | Q41 |
| Q17 | 3 DON'T GO TO THE HEALTH CARE PROVIDER UNLESS SICK OR HAVE AN ACCIDENT | Q41 |
| Q17 | 4 PREFER TO GO TO THE EMERGENCY ROOM | Q41 |
| Q17 | 5 CHILD IS BASICALLY HEALTHY/DOESN'T NEED A REGULAR HEALTH CARE PROVIDER | Q41 |
| Q17 | 6 TRANSPORTATION | Q41 |
| Q17 | 7 OTHER | NEXT |
| Q17 | 8 DK | Q41 |
| Q17 | 9 NA | Q41 |

Q18

Text Entry

What is the other reason?

- | | | |
|-----|-------------------------|-----|
| Q18 | 0 REASON (98=DK, 99=NA) | Q41 |
|-----|-------------------------|-----|

Q19

Option

What kind of provider does \0 see at the place \G0 regularly goes for well-child visits or annual exams?
(PROBE: Not for sick or urgent care.)

- | | | |
|-----|--|------|
| Q19 | 1 PCP (PRIMARY CARE PROVIDER/REGULAR DOCTOR) | Q21 |
| Q19 | 2 NURSE PRACTITIONER | Q21 |
| Q19 | 3 SPECIALIST | Q21 |
| Q19 | 5 OTHER | NEXT |
| Q19 | 8 DK | Q21 |
| Q19 | 9 NA | Q21 |
| Q19 | 4 PHYSICIAN'S ASSISTANT (PA) | Q21 |

Q20

Text Entry

OTHER PROVIDER:

- | | | |
|-----|---------------------------|------|
| Q20 | 0 PROVIDER (98=DK, 99=NA) | NEXT |
|-----|---------------------------|------|

Q21 Option
 How often does \0's provider talk about any of the following to you or your child?
 Nutrition and diet- would you say . . .

Q21	1 always	NEXT
Q21	2 usually	NEXT
Q21	8 DK	NEXT
Q21	9 NA	NEXT
Q21	3 sometimes	NEXT
Q21	4 rarely, or	NEXT
Q21	5 never	NEXT

Q22 **AGE 3 +** Option
 (How often does \0's provider talk about . . .)
 Exercise- would you say . . .

Q22	1 always	NEXT
Q22	2 usually	NEXT
Q22	8 DK	NEXT
Q22	9 NA	NEXT
Q22	3 sometimes	NEXT
Q22	4 rarely, or	NEXT
Q22	5 never	NEXT

Q23 **AGE 8 +** Option
 (How often does \0's provider talk about . . .)
 Drug or alcohol use- would you say . . .

Q23	1 always	NEXT
Q23	2 usually	NEXT
Q23	8 DK	NEXT
Q23	9 NA	NEXT
Q23	3 sometimes	NEXT
Q23	4 rarely, or	NEXT
Q23	5 never	NEXT

Q24 Option
 (How often does \0's provider talk about . . .)
 Weight - would you say . . .

Q24	1 always	NEXT
Q24	2 usually	NEXT
Q24	8 DK	NEXT
Q24	9 NA	NEXT
Q24	3 sometimes	NEXT
Q24	4 rarely, or	NEXT
Q24	5 never	NEXT

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Q25 **AGE 8 +** Option
 (How often does \0's provider talk about . . .)
 Use of tobacco products- would you say . . .

Q25	1 always	NEXT
Q25	2 usually	NEXT
Q25	8 DK	NEXT
Q25	9 NA	NEXT
Q25	3 sometimes	NEXT
Q25	4 rarely, or	NEXT
Q25	5 never	NEXT

Q26 Option
 (How often does \0's provider talk about . . .)
 Risks of second hand smoke- would you say . . .

Q26	1 always	NEXT
Q26	2 usually	NEXT
Q26	3 sometimes	NEXT
Q26	4 rarely, or	NEXT
Q26	5 never	NEXT
Q26	8 DK	NEXT
Q26	9 NA	NEXT

Q27 Option
 (How often does \0's provider talk about . . .)
 Dental health- would you say . . .

Q27	1 always	NEXT
Q27	2 usually	NEXT
Q27	8 DK	NEXT
Q27	9 NA	NEXT
Q27	3 sometimes	NEXT
Q27	4 rarely, or	NEXT
Q27	5 never	NEXT

Q28 Option
 (How often does \0's provider talk about . . .)
 Social and emotional development- would you say . . .

Q28	1 always	NEXT
Q28	2 usually	NEXT
Q28	8 DK	NEXT
Q28	9 NA	NEXT
Q28	3 sometimes	NEXT
Q28	4 rarely, or	NEXT
Q28	5 never	NEXT

Q29 Option
 (How often does \0's provider talk about . . .)
 Mental health- would you say . . .

Q29	1 always	NEXT
Q29	2 usually	NEXT
Q29	3 sometimes	NEXT
Q29	4 rarely, or	NEXT
Q29	5 never	NEXT
Q29	8 DK	NEXT
Q29	9 NA	NEXT

Q30 **AGE 8 +** Option
 (How often does \0's provider talk about . . .)
 Reproductive health- would you say . . .

Q30	1 always	NEXT
Q30	2 usually	NEXT
Q30	8 DK	NEXT
Q30	9 NA	NEXT
Q30	3 sometimes	NEXT
Q30	4 rarely, or	NEXT
Q30	5 never	NEXT

Q31 Option
 Would it be helpful if \0's provider gave you more information about nutrition and diet for \0?

Q31	1 YES	NEXT
Q31	2 NO	NEXT
Q31	8 DK	NEXT
Q31	9 NA	NEXT

Q32 **AGE 3 +** Option
 (Would it be helpful if \0's provider gave you more information about . . .)
 exercise for \0 . . .

Q32	1 YES	NEXT
Q32	2 NO	NEXT
Q32	8 DK	NEXT
Q32	9 NA	NEXT

Q33 **AGE 8 +** Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 drug or alcohol use . . .

Q33	1 YES	NEXT
Q33	2 NO	NEXT
Q33	8 DK	NEXT
Q33	9 NA	NEXT

Q34 Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 weight . . .

Q34	1 YES	NEXT
Q34	2 NO	NEXT
Q34	8 DK	NEXT
Q34	9 NA	NEXT

Q35 **AGE 8 +** Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 use of tobacco products . . .

Q35	1 YES	NEXT
Q35	2 NO	NEXT
Q35	8 DK	NEXT
Q35	9 NA	NEXT

Q36 Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 risks of second hand smoke . . .

Q36	1 YES	NEXT
Q36	2 NO	NEXT
Q36	8 DK	NEXT
Q36	9 NA	NEXT

Q37 Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 dental health . . .

Q37	1 YES	NEXT
Q37	2 NO	NEXT
Q37	8 DK	NEXT
Q37	9 NA	NEXT

Q38 Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 social and emotional development . . .

Q38	1 YES	NEXT
Q38	2 NO	NEXT
Q38	8 DK	NEXT
Q38	9 NA	NEXT

Q39 Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 mental health . . .

Q39	1 YES	NEXT
Q39	2 NO	NEXT
Q39	8 DK	NEXT
Q39	9 NA	NEXT

Q40 **AGE 8 +** Option
 (Would it be helpful if \0's provider gave you more information about. . .)
 reproductive health . . .

Q40	1 YES	NEXT
Q40	2 NO	NEXT
Q40	8 DK	NEXT
Q40	9 NA	NEXT

Q41 Multiple Check

Where do you usually get information about health issues?
 (CHECK ALL THAT APPLY)

Q41	1 HEALTHCARE PROVIDER	NEXT
Q41	2 MAGAZINES/NEWSPAPERS	NEXT
Q41	3 TV	NEXT
Q41	5 FAMILY MEMBER	NEXT
Q41	6 FRIENDS	NEXT
Q41	7 SCHOOL	NEXT
Q41	9 OTHER (SPECIFY)	NEXT
Q41	10 Other	NEXT
Q41	98 DK	NEXT
Q41	99 NA	NEXT
Q41	4 INTERNET	NEXT
Q41	8 WIC PROGRAM (WOMEN/INFANTS/CHILDREN)	NEXT

Q42 Option

Do you have internet access either at home or at work?

Q42	1 YES	NEXT
Q42	2 NO	NEXT
Q42	8 DK	NEXT
Q42	9 NA	NEXT

Q43 Option

How often do you use the internet? Would you say . . .

Q43	1 every day	NEXT
Q43	2 1-3 times a week	NEXT
Q43	3 1-3 times a month	NEXT
Q43	4 less than once a month, or	NEXT
Q43	5 never	NEXT
Q43	8 DK	NEXT
Q43	9 NA	NEXT

Q44 Option

In the last 6 months, was there a time \0 needed health care but did NOT get it?

Q44	1 YES	Q46
Q44	2 NO	NEXT
Q44	8 DK	Q49
Q44	9 NA	Q49

Q45 Option

Do you mean \G0 didn't need any care (CHECK 1), or \G0 needed care and got it? (CHECK 2)

Q45	1 DID NOT NEED CARE	Q49
Q45	2 NEEDED CARE AND GOT IT	Q49
Q45	8 DK	Q49
Q45	9 NA	Q49

Q46

Multiple Check

What type of care did \0 need but did not receive? Please tell me all the types of care you can think of. (DO NOT READ; CHECK ALL THAT APPLY)

- Q46 1 ROUTINE DENTAL CARE NEXT
- Q46 4 MENTAL HEALTH SERVICES OR COUNSELING NEXT
- Q46 5 EYE CARE/GLASSES NEXT
- Q46 7 SICK CHILD/ URGENT CARE (NON-LIFE THREATNG-EVEN IF SEEN IN E.R.) NEXT
- Q46 8 WELL CHILD/ REGULAR CHECK UP NEXT
- Q46 6 SPEECH THERAPY NEXT
- Q46 3 PRESCRIPTION MEDICINE NEXT
- Q46 9 SPECIALIST CARE NEXT
- Q46 2 BRACES OR SPECIAL DENTAL SERVICES NEXT
- Q46 10 OTHER TYPE NEXT
- Q46 11 Other NEXT
- Q46 98 DK NEXT
- Q46 99 NA NEXT

Q47

Option

Please tell me the main reason you could not get the care for \0 that \G0 needed. Was it because . . . (READ OPTIONS, CHOOSE ONLY ONE)

- Q47 2 you couldn't find a provider Q49
- Q47 3 you couldn't find a provider who would take MaineCare Q49
- Q47 4 you couldn't find a provider who would make an appointment soon enough Q49
- Q47 6 some other reason NEXT
- Q47 8 DK Q49
- Q47 9 NA Q49
- Q47 5 you thought \G0 would get better anyway, or Q49
- Q47 1 \0 was not covered by MaineCare at that time Q49

Q48

Text Entry

What was that other reason?

- Q48 0 REASON (98=DK, 99=NA) NEXT

Q49

SKIP IF Q14 >1- NO REGULAR PROVIDER

Text Entry

We want to know your rating of \0's usual health care provider. On a scale of 0 to 10 where 0 is the worst provider possible and 10 is the best provider possible, how would you rate your child's provider?

- Q49 0 RATING (98=DK, 99=NA) NEXT

Q50 **SKIP IF Q14 >1- NO REGULAR PROVIDER** Text Entry

We also want to know your rating of the office staff at \0's usual health care provider's office. On a scale of 0 to 10 where 0 is rude and unhelpful and 10 is professional and efficient, how would you rate your child's provider's office

Q50 0 RATING (98=DK, 99=NA) NEXT

Q51 Multiple Check

Now I have a few questions about MaineCare.

Overall, what are the two most important reasons for having \0 enrolled in MaineCare?
(DO NOT READ; ONLY RECORD FIRST 2 RESPONSES)

Q51	1 PEACE OF MIND/SECURITY/NO WORRY	NEXT
Q51	5 COVERS SPECIALISTS	NEXT
Q51	2 NOT HAVING TO GO TO EMERGENCY ROOM FOR ROUTINE CARE	NEXT
Q51	3 COULDN'T AFFORD/WOULDN'T HAVE HEALTH CARE W/O IT	NEXT
Q51	7 PRESCRIPTIONS PROVIDED	NEXT
Q51	6 DENTAL COVERAGE	NEXT
Q51	4 COVERS PREVENTIVE CARE (CHECKUPS & ROUTINE CARE FROM PCP)	NEXT
Q51	8 COVERS other SERVICES WE NEED	NEXT
Q51	9 OTHER REASON	NEXT
Q51	98 DK/NA	NEXT
Q51	10 Other	NEXT

Q52 Option

In general, how satisfied are you with MaineCare as a health insurance plan? Are you . . .

Q52	1 very satisfied	NEXT
Q52	2 somewhat satisfied	NEXT
Q52	3 somewhat dissatisfied, or	Q54
Q52	4 very dissatisfied	Q54
Q52	8 DK	Q55
Q52	9 NA	Q55

Q53

Multiple Check

Could you tell me why you're satisfied?
(DO NOT READ; CHECK ALL THAT R MENTIONS)

- | | | |
|-----|----------------------------|-----|
| Q53 | 1 AFFORDABILITY/COST/PRICE | Q55 |
| Q53 | 2 COVERAGE/BENEFITS | Q55 |
| Q53 | 3 EFFICIENT | Q55 |
| Q53 | 4 OTHER REASON | Q55 |
| Q53 | 5 Other | Q55 |
| Q53 | 8 DK | Q55 |
| Q53 | 9 NA | Q55 |
| Q53 | 6 NO PROBLEMS, NO HASSLES | Q55 |

Q54

Multiple Check

Could you tell me why you're dissatisfied?
(DO NOT READ; CHECK ALL THAT R MENTIONS)

- | | | |
|-----|---|------|
| Q54 | 4 PRIOR AUTHORIZATION REQUIRED FOR EVERYTHING | NEXT |
| Q54 | 3 GENERAL HASSLE | NEXT |
| Q54 | 8 THE WAY WE'RE TREATED BY PROVIDERS OFFICES | NEXT |
| Q54 | 6 THE WAY WE'RE TREATED BY MAINECARE | NEXT |
| Q54 | 2 COVERAGE LIMITATION | NEXT |
| Q54 | 7 LIMITED PCPs AVAILABLE (MAINECARE NETWORK PCP ONLY) | NEXT |
| Q54 | 9 DISTANCE TO MAINECARE PCP | NEXT |
| Q54 | 5 CAN'T FIND PROVIDER WHO WILL TAKE MAINECARE | NEXT |
| Q54 | 10 OTHER REASON | NEXT |
| Q54 | 11 Other | NEXT |
| Q54 | 98 DK | NEXT |
| Q54 | 99 NA | NEXT |
| Q54 | 1 LACK OF DENTAL PROVIDERS/NONE TAKE MAINECARE PATIENTS | NEXT |

Q55

Option

Now I'm going to ask you about your child's health.

In general, how would you rate \0's overall health now? This would be \G2 overall, general health; not if \G0 currently has a cold or other short term problem. Would you say it is . . .

- | | | |
|-----|-------------|------|
| Q55 | 1 excellent | NEXT |
| Q55 | 2 very good | NEXT |
| Q55 | 3 good | NEXT |
| Q55 | 4 fair, or | NEXT |
| Q55 | 5 poor | NEXT |
| Q55 | 8 DK | NEXT |
| Q55 | 9 NA | NEXT |

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Q56

Option

Does \0 have any kind of condition that limits \G2 ability to do what other kids \G2 age can do? This condition might be emotional, developmental, physical or behavioral.

- Q56 1 YES NEXT
- Q56 2 NO Q59
- Q56 8 DK Q59
- Q56 9 NA Q59

Q57

Multiple Check

What is the condition?
(DO NOT READ LIST, CHECK ALL THAT APPLY)

- Q57 1 LEARNING DISORDER LIKE ADD OR ADHD NEXT
- Q57 2 ASTHMA NEXT
- Q57 3 DEVELOPMNTL DELAY (INCL. SPEECH/MOTOR IMPAIRMNT) NEXT
- Q57 4 MENTAL/ BEHAVIORAL COND LIKE DEPRESSION/ANXIETY/BIPOLAR DIS. NEXT
- Q57 5 VISION /HEARING COND THAT CAN'T BE CORRECTED W/GLASSES/HEARING AID NEXT
- Q57 6 AUTISM OR ASPERGER SYNDROME NEXT
- Q57 7 DIABETES NEXT
- Q57 9 SOME OTHER CONDITION (SPECIFY) NEXT
- Q57 10 Other condition NEXT
- Q57 98 DK/NA NEXT
- Q57 8 MEDICAL COND LIKE A HEART/LUNG/KIDNEY PROBLEM NEXT

Q58

Option

Does \0 get the care and services \G0 needs for this condition? Would you say \G0 . . .
(READ OPTIONS)

- Q58 1 always gets the care and services \G0 needs NEXT
- Q58 2 usually NEXT
- Q58 3 sometimes NEXT
- Q58 4 rarely, or NEXT
- Q58 5 never gets the care and services \G0 needs NEXT
- Q58 8 DK NEXT
- Q58 9 NA NEXT

Q59

Text Entry

What is your child's height?
(PROBE: Your best guess is fine.)
FEET:

- Q59 0 HEIGHT/FEET (98=DK, 99=NA) NEXT

Q60 Text Entry

INCHES:

Q60 0 INCHES (98=DK, 99=NA) NEXT

Q61 Text Entry

What is your child's weight?
(IF ASKED; WEIGHT WITHOUT CLOTHES) (PROBE: Your best guess is fine.)
LBS:

Q61 0 WEIGHT (98=DK, 99=NA) NEXT

Q62 Option

How would you describe \0's weight . . . Would you say that \G0 is:
(READ OPTIONS, CHECK ONLY ONE)

Q62 1 underweight NEXT

Q62 2 slightly underweight NEXT

Q62 3 about the right weight NEXT

Q62 4 slightly overweight, or NEXT

Q62 5 overweight NEXT

Q62 8 DK NEXT

Q62 9 NA NEXT

Q63 Option

Does \0 need help with diet or exercise?
(IWER NOTE: THIS MEANS ANY KIND OF HELP AT ALL)

Q63 1 YES NEXT

Q63 2 NO NEXT

Q63 8 DK NEXT

Q63 9 NA NEXT

Q63 3 NOT SURE NEXT

Q64 Option

To the best of your knowledge, does \0 currently have diabetes?

Q64 1 YES NEXT

Q64 2 NO Q66

Q64 8 DK Q66

Q64 9 NA Q66

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Q65

Option

Does \0 use insulin?

Q65	1 YES	NEXT
Q65	2 NO	NEXT
Q65	8 DK	NEXT
Q65	9 NA	NEXT

Q66 **AGE 3+**

Option

To the best of your knowledge, does \0 currently have depression or anxiety problems?

Q66	1 YES	NEXT
Q66	2 NO	NEXT
Q66	8 DK	NEXT
Q66	9 NA	NEXT

Q67

Option

(To the best of your knowledge . . .)

Does \0 currently have a heart problem, including congenital heart disease?

Q67	1 YES	NEXT
Q67	2 NO	NEXT
Q67	8 DK	NEXT
Q67	9 NA	NEXT

Q68

Option

(To the best of your knowledge . . .)

Does \0 currently have asthma?

Q68	1 YES	NEXT
Q68	2 NO	NEXT
Q68	8 DK	NEXT
Q68	9 NA	NEXT

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Q69

Option

{\5<4}{During the past month, how often did \0 exercise? Was it . . .
 (IWER NOTE: ANY KIND OF EXERCISE COUNTS, FOR EX. ACTIVE PLAY, WALKING TO SCHOOL, AFTER SCHOOL SPORTS, GOING OUT TO PLAY, RUNNING AROUND, ETC.)}{During the past month, other than in gym class at school, how often did \0 exercise? Was it . . . (IWER NOTE: ANY KIND OF EXERCISE COUNTS, FOR EX. ACTIVE PLAY, WALKING TO SCHOOL, AFTER SCHOOL SPORTS, GOING OUT TO PLAY, RUNNING AROUND, ETC.)}

- Q69 1 everyday NEXT
- Q69 2 2-3 times a week NEXT
- Q69 3 once a week NEXT
- Q69 4 once a month, or NEXT
- Q69 5 never Q73
- Q69 8 DK Q73
- Q69 9 NA Q73

Q70

Option

How much exercise does \G0 do each time (usually)? Is it . . .

- Q70 1 15 minutes NEXT
- Q70 2 30 minutes NEXT
- Q70 3 45 minutes, or NEXT
- Q70 4 1 hour or more NEXT
- Q70 8 DK NEXT
- Q70 9 NA NEXT

Q71

Option

What kind of exercise was it?
 (DO NOT READ: IF MORE THAN ONE, CHOOSE THE ONE THAT \G0 DOES MOST OFTEN)

- Q71 2 WALK Q73
- Q71 5 RUN Q73
- Q71 6 SWIM Q73
- Q71 4 BICYCLE Q73
- Q71 7 EXERCISE/ DANCE/ MARTIAL ARTS CLASS Q73
- Q71 9 HORSEBACK RIDING Q73
- Q71 3 TEAM SPORTS (SOCCER, BASEBALL, HOCKEY, ETC.) Q73
- Q71 10 PASSIVE EXERCISE (SNOWMOBILING, FISHING, HUNTING, ATV), ETC. Q73
- Q71 11 OTHER TYPE NEXT
- Q71 98 DK Q73
- Q71 99 NA Q73
- Q71 1 ACTIVE PLAY Q73
- Q71 8 WORK RELATED Q73

Q72 Text Entry

OTHER TYPE OF EXERCISE:

Q72 0 EXERCISE (98=DK, 99=NA) NEXT

Q73 AGE 4+ Option

Does \0's school offer physical education classes?

Q73 3 DOESN'T GO TO SCHOOL Q76
Q73 1 YES NEXT
Q73 2 NO Q76
Q73 8 DK Q76
Q73 9 NA Q76

Q74 AGE 4+ Option

Are the physical education classes given throughout the school year, or just part of the year?

Q74 1 ALL SCHOOL YEAR NEXT
Q74 2 PART OF YEAR NEXT
Q74 8 DK NEXT
Q74 9 NA NEXT

Q75 AGE 4+ Option

How many times a week does \0 have physical education at school?

Q75 1 ONCE A WEEK NEXT
Q75 2 2 TIMES PER WEEK NEXT
Q75 3 3 OR MORE TIMES PER WEEK NEXT
Q75 8 DK NEXT
Q75 9 NA NEXT
Q75 4 CHILD DOESN'T TAKE IT NEXT

Q76

Option

How often does \0 drink a can or a glass of soda?

(IWER: IF \G0 DRINKS ONE CAN OF SODA 2-3 TIMES PER WEEK, THEN THE ANSWER WOULD BE 2-6 CANS PER WEEK.)

Q76	1 NEVER	NEXT
Q76	2 1-3 CANS PER MONTH	NEXT
Q76	3 1 CAN PER WEEK	NEXT
Q76	4 2-6 CANS PER WEEK	NEXT
Q76	5 1 CAN A DAY	NEXT
Q76	6 2 OR MORE CANS A DAY	NEXT
Q76	8 DK	NEXT
Q76	9 NA	NEXT

Q77

Option

How often does \0 eat vegetables?

(PROBE: "Vegetables are all cooked and uncooked vegetables; salads; and boiled baked and mashed potatoes. Do not count french fries or chips.")

Q77	1 NEVER	NEXT
Q77	2 1-3 TIMES A MONTH	NEXT
Q77	3 ONCE A WEEK	NEXT
Q77	4 2-6 TIMES A WEEK	NEXT
Q77	5 ONCE A DAY	NEXT
Q77	6 2 OR MORE TIMES A DAY	NEXT
Q77	8 DK	NEXT
Q77	9 NA	NEXT

Q78 **AGE 8+**

Option

Does \0 smoke or use tobacco products?

Q78	1 YES	NEXT
Q78	2 NO	NEXT
Q78	8 DK, NOT SURE	NEXT
Q78	9 NA	NEXT

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Q79

Option

How many people in your household smoke or use tobacco products?
(PROBE: "Even if they go outside to smoke, please count them.")

Q79	1 1	NEXT
Q79	2 2	NEXT
Q79	3 3 OR MORE	NEXT
Q79	4 NONE	NEXT
Q79	5 SOMEBODY SMOKES, UNKNOWN #	NEXT
Q79	8 DK	NEXT
Q79	9 NA	NEXT

Q80 **SKIP IF NOT CUB CARE**

Option

The last few questions are about you.

{Q1=1 OR Q1=2}{MaineCare requires a premium to be paid every month. When \0 was enrolled, how easy or hard was it to afford to pay the premium? Was it . . .}{MaineCare requires a premium to be paid every month. How easy or hard has it been to afford to pay the premium? Is it . . .}

Q80	1 very easy	NEXT
Q80	2 somewhat easy	NEXT
Q80	3 neither easy nor hard	NEXT
Q80	4 somewhat hard, or	NEXT
Q80	8 DK	NEXT
Q80	9 NA	NEXT
Q80	5 very hard	NEXT

Q81

Option

{Q80>0}{What is the highest grade or level of school that you have completed so far?}{The last few questions are about you. What is the highest grade or level of school that you have completed so far?}

Q81	1 8TH GRADE OR LESS	NEXT
Q81	2 SOME HIGH SCHOOL, BUT DID NOT GRADUATE	NEXT
Q81	3 HIGH SCHOOL GRADUATE OR GED	NEXT
Q81	4 SOME COLLEGE OR 2 YEAR DEGREE	NEXT
Q81	5 4 YEAR COLLEGE DEGREE	NEXT
Q81	6 MORE THAN 4 YEAR COLLEGE DEGREE	NEXT
Q81	8 DK	NEXT
Q81	9 NA	NEXT

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Q82

Option

How are you related to V0?

Q82	1 PARENT/STEP PARENT	Q84
Q82	2 GRANDPARENT	Q84
Q82	3 LEGAL GUARDIAN	Q84
Q82	4 OTHER RELATIVE	NEXT
Q82	8 DK	Q84
Q82	9 NA	Q84
Q82	5 FOSTER PARENT	Q84
Q82	6 PARTNER/BOYFRIEND/GIRLFRIEND OF PARENT	Q84

Q83

Text Entry

How are you related?

Q83	0 RELATED (98=DK, 99=NA)	NEXT
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Q84

Option

The last few questions are about the main wage earner in your household.

Who is the main wage earner?

(IWER NOTE: IF NECESSARY, EXPLAIN "The main wage earner is the adult living in your home who works and earns the most each week, or if no one is working, the adult who owns or rents your home.")

(PROBE IF NECESSARY: "How are you related to that person? So he/she's your . . .")

Q84	1 I AM/ SELF (THE RESPONDENT)	Q86
Q84	2 MY SPOUSE	Q86
Q84	4 MY CHILD (R IS MWE'S PARENT)	Q86
Q84	5 MY PARENT (R IS MWE'S CHILD)	Q86
Q84	6 MY OTHER RELATIVE	Q86
Q84	7 MY ROOMMATE	Q86
Q84	8 OTHER	NEXT
Q84	99 NA	Q86
Q84	98 DK	Q86
Q84	3 MY UNMARRIED PARTNER (BOYFRIEND/GIRLFRIEND)	Q86

Q85

Text Entry

R'S RELATIONSHIP TO MAIN WAGE EARNER:

(PROBE IF NECESSARY: "So he/she's your.. .")

Q85	0 MAIN WAGE EARNER (98=DK, 99=NA)	NEXT
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Q86

Option

{Q84=1}{Which of the following best describes your current work status?}{Which of the following best describes the work status of the main wage earner in your household?}

- Q86 1 works full-time NEXT
- Q86 2 works 1 part-time job NEXT
- Q86 3 works more than 1 part-time job NEXT
- Q86 4 works seasonally NEXT
- Q86 5 self-employed NEXT
- Q86 6 disabled, not working NEXT
- Q86 7 retired, not working NEXT
- Q86 8 unemployed, looking for work, or NEXT
- Q86 9 not working NEXT
- Q86 98 DK NEXT
- Q86 99 NA NEXT

Q87 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

{Q84=1}{Approximately how many employees are in the company or organization where you work?}{Approximately how many employees are in the company or organization where he/she works?}

- Q87 1 LESS THAN 25 NEXT
- Q87 2 25 TO 50 EMPLOYEES NEXT
- Q87 3 MORE THAN 50 EMPLOYEES NEXT
- Q87 8 DK NEXT
- Q87 9 NA NEXT

Q88 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

Does the company or organization currently offer health insurance to any of its employees?

- Q88 1 YES NEXT
- Q88 2 NO Q95
- Q88 8 DK Q95
- Q88 9 NA Q95

Q89 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

{Q84=1}{Are you eligible to receive that health insurance?}{Is he/she eligible to receive that health insurance?}

- Q89 1 YES NEXT
- Q89 2 NO Q95
- Q89 8 DK Q95
- Q89 9 NA Q95
- Q89 3 NOT YET Q95

Q90 SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED Option

{Q84=1}{Are you enrolled in the employer's health insurance program?}{Is he/she enrolled in the employer's health insurance program?}

Q90	1 YES	Q92
Q90	2 NO	NEXT
Q90	8 DK	Q92
Q90	9 NA	Q92

Q91 SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED Option

{Q84=1}{Now I'll read a list of possible reasons why you may not be enrolled in the insurance offered by that employer. Is it because . . .}{Now I'll read a list of possible reasons why he/she may not be enrolled in the insurance offered by that employer. Is it because . . .}

Q91	1 it is too expensive	NEXT
Q91	2 the coverage is too limited	NEXT
Q91	3 MaineCare offers better coverage	NEXT
Q91	4 MaineCare is less expensive, or	NEXT
Q91	5 SOME OTHER REASON	NEXT
Q91	6 Other	NEXT
Q91	8 DK	NEXT
Q91	9 NA	NEXT

Q92 SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED Option

Can that insurance cover \0?

Q92	1 YES	NEXT
Q92	2 NO	Q95
Q92	8 DK	Q95
Q92	9 NA	Q95

Q93 SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED Option

Is \0 enrolled in that insurance?

Q93	1 YES	Q95
Q93	2 NO	NEXT
Q93	8 DK	Q95
Q93	9 NA	Q95

Q94 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Multiple Check

Now I'll read a list of possible reasons why \0 may not be enrolled in the insurance offered by that employer. Is it because . . .

Q94	1 it is too expensive	NEXT
Q94	2 the coverage is too limited	NEXT
Q94	3 MaineCare offers better coverage	NEXT
Q94	4 MaineCare is less expensive, or	NEXT
Q94	5 SOME OTHER REASON	NEXT
Q94	6 Other	NEXT
Q94	8 DK	NEXT
Q94	9 NA	NEXT

Q95 Multiple Check

{Q84=1}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, you have:}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, the main wage

Q95	2 Medicare	NEXT
Q95	7 Health insurance through the military (TriCare, CHAMPUS, Veteran's Services)	NEXT
Q95	4 Dirigo Choice (CARD FROM ANTHEM)	NEXT
Q95	5 Health insurance through someone else's work or union	NEXT
Q95	6 Health insurance bought directly from an insurance company	NEXT
Q95	1 MaineCare	NEXT
Q95	3 Health insurance through main wage earner's work or union	NEXT
Q95	8 Some OTHER health insurance, or	NEXT
Q95	98 DK	NEXT
Q95	99 NA	NEXT
Q95	9 No health insurance?	NEXT
Q95	10 Other	NEXT

Q96 Option

Those are all the questions I have for you today. Thank you very much for your time.
(IWER: ALWAYS CHECK 1 HERE)

Q96	1 END	END
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