

Final Questionnaire

2003-04 Ohio Family Health Survey

Ohio Department of Health

Ohio Department of Job and Family Services

November 7, 2003

SURVEY INSTRUMENT
2003-04 Ohio Family Health Survey

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SECTION A. INTRODUCTION AND SCREENER QUESTIONS

INTRODUCTION1:

Hello, my name is _____, and I am calling for the Ohio Department of Job and Family Services and the Ohio Department of Health. We are conducting an important survey on health insurance coverage, use of medical services, satisfaction with health care, and problems getting health care.

Have I reached you at //insert telephone number//?

- 01 Correct Number (Proceed to next question)
- 02 No answer
- 03 Normal busy
- 04 Answering machine
- 06 Number is not the same
- 07 Termination screen
- 08 Hang up - Before/During INTRO
- 12 Refused to transfer to selected 1x
- 13 Refused to transfer to selected 2x
- 14 CONTINUE IN SPANISH

INTRODUCTION2:

Your telephone number was chosen randomly and all information will be kept strictly confidential. This call may be monitored for quality assurance.//

[IF NECESSARY, SAY: we are also interested in experiences of persons who do not have health insurance.]

[IF NECESSARY, SAY: The sponsors need your household's input to make health care policy decisions that may help you and your family.]

[IF NECESSARY, SAY: This survey should take 15-20 minutes to complete.]

[IF NECESSARY, SAY: I work for ORC Macro, a survey research company contracted by the Ohio Department of Job and Family Services.]

[IF NECESSARY, SAY: You may call the Department of Health at 1-800-282-0546 if you have any other questions or concerns about the survey.]

- | | | |
|----|--------------------|---|
| 01 | (Skip to S.) | AVAILABLE |
| 02 | (Skip to INTROa) | PERSON PHYSICALLY-MENTALLY IMPAIRED/CHILD |
| 96 | (Skip to CALLBACK) | NOT AVAILABLE |
| 99 | (Skip to REFUSAL) | REFUSED |

INTROa.

May I speak with an adult / another adult?

- | | | |
|----|----------------------|---------------------------|
| 01 | (Reset INTRODUCTION) | ADULT COMING TO TELEPHONE |
| 02 | (Skip to CALLBACK) | NOT AVAILABLE |
| 99 | (Skip to CALLBACK) | REFUSED |

SCREENER QUESTIONS FOR ADULT INTERVIEW

S. First, have I reached you at a residential household, such as an apartment, a house, or a mobile home?

[INTERVIEWER NOTE: This telephone number does not ring into a dormitory, hospital room, nursing home, group home or barracks.]

- 01 YES, RESIDENTIAL HOUSEHOLD
- 02 (Skip to THANKYOU1) NO, NON-RESIDENCE
- 98 (Skip to THANKYOU1) DK
- 99 (Skip to THANKYOU1) REFUSED

S10. I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, **INCLUDING** yourself, are 18 years of age or older?

[INTERVIEWER NOTE: For purposes of this survey, "household" refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent.]

- 00 (Skip toS10c) NONE
- 01-08 (Code Actual Number)
- 09 9 OR MORE
- 98 (Thank and Terminate) DK
- 99 (Thank and Terminate) REFUSED

S10a. /If S10 = '01'/
Are you the adult?

- 01 (Skip to S10b) YES
- 02 (Skip to S4a, and replace //person S4// with "them") NO
- 98 (Thank and Terminate) DK
- 99 (Thank and Terminate) REFUSED

S10b. /If S10A = '01'/
Then you are the person I need to speak with

//continue to PRE S8//

S10c. /If S10 = 00/
Just to confirm, you said that there are no adults, 18 years of age or older in your household?

- 01 (Thank and Terminate) YES
- 02 (Restore S10) NO
- 98 (Thank and Terminate) DK
- 99 (Thank and Terminate) REFUSED

S1. Now, I would like to identify the adult currently living in your household, 18 or older, who had the most recent birthday. WHO WOULD THAT BE?

[INTERVIEWER NOTE: Household refers to all the people who are living in this house, apartment, or mobile home where I have reached you. Members of a household do not have to be related; this includes roommates.]

[BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP]

[INTERVIEWER: SELECT THE PERSON WHO HAD THE LAST BIRTHDAY, NOT WHO WILL HAVE THE NEXT BIRTHDAY.]

[IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.]

01		SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY
02		NOT SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY
03	(Skip to S1a)	INDIVIDUAL ON PHONE DOES NOT KNOW HOUSEHOLD MEMBERS BIRTHDAYS
96	(Skip to THANKYOU2)	THERE ARE NO ADULTS 18 OR OVER IN HOUSEHOLD //Assign unique disposition to allow for tallying//
98	(Skip to CALLBACK)	DK
99	(Skip to REFUSAL)	REFUSED

S1i. /TEXT RANGE=25/ Could I have your/his/her first name or initials?

[IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.] : _____

If S1=01, skip to S3. If S1=02, skip to S2.

S1a. May I speak to someone who knows about the household member's birthdays?

01	(Reset S1)	RESPONDENT COMING TO THE TELEPHONE
99	(skip to REFUSAL)	REFUSED

S2. /If S1 = "02", ask/ I would like to ask some questions about //Person in S1's// health insurance coverage. Does //Person in S1// know about his/her health insurance?

01		YES, OR PERSON IN S1 DOESN'T HAVE HEALTH INSURANCE
02	(Skip to S2b)	NO
98	(Skip to S2b)	DK
99	(Skip to S2b)	REFUSED

S2a /If S2 = '01', ask/
Is //person in S1// available now?

01		AVAILABLE
02	(Skip to S2b)	NOT AVAILABLE
98	(Skip to S2b)	DK
99	(Skip to S2b)	REFUSED

S2a.1 Could you please ask //person S1// to come to the telephone and answer some questions?

01	(SKIP TO S5)	YES
02	(SKIP TO CALLBACK)	NO
98	(SKIP TO CALLBACK)	DK
99	(SKIP TO CALLBACK)	REFUSED

S2b /If S2 = '02', '98', or '99' ask/
Do you know about //Person in S1's// health insurance?

01		YES
02	(Skip to S4)	NO
98	(Skip to S4)	DK
99	(Skip to S4)	REFUSED

S2bb /TEXT RANGE=25/ Could I have your first name or initials?

[IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also work.] : _____

S2c What is your relationship to //Person in S1//?

[INTERVIEWER NOTE: READ LIST ONLY IF NECESSARY]

01	spouse/partner
02	mother
03	father
04	daughter/son
05	grandparent
06	aunt/uncle
07	brother/sister
08	other relative
09	legal guardian
10	foster parent
11	other non-relative
98	DK
99	REFUSED

//GOTO NOTE BEFORE PRESS//

S3. /If S1 = '01', read/
The questions that I have for you today are mostly about your health insurance --- what kinds of benefits it provides you and your family, what kind of insurance you have, and how satisfied you are with it. Would you be able to answer these kinds of questions about your health insurance coverage or should I speak to someone else?

[IF NECESSARY, SAY: We are also interested in experiences of persons who do not have health insurance.]

01	(Skip to -PRES8)	PERSON ON PHONE KNOWS ABOUT INSURANCE AND WHETHER OR NOT THEY HAVE INSURANCE
02	(Skip to S4)	PERSON ON PHONE DOES NOT KNOW ABOUT INSURANCE
98	(Skip to THANKYOU2)	DK
99	(Skip to REFUSAL)	REFUSED

S4. /if S2b = "02-99" AND S10 = 2, go to CALLBACK/
/If S3 = "02" or [S2b = '02-99' AND S10 >2] ask/
Who could I speak to that knows about //your/Person in S1's// insurance?

[INTERVIEWER NOTE: Attempt to get a knowledgeable person on the line. If successful, code in '01' below. If unsuccessful, attempt to get the name of a knowledgeable person to call back later and code in '02'. If respondent says nobody in the household is knowledgeable, ask who is most knowledgeable]

01		OTHER AVAILABLE
02	(Skip to CALLBACK)	NOT AVAILABLE
98	(Skip to THANKYOU2)	DK
99	(Skip to REFUSAL)	REFUSED

S4int Could I have a first name or initials of this person?

[BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP]

[IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also be fine.]

01 /Text range =70/ _____

S4a. Could you please ask //person S4// to come to the telephone and answer some questions?

01	(SKIP TO S5)	YES
02	(GOTO CALLBACK)	NO
98	(GOTO CALLBACK)	DK
99	(GOTO CALLBACK)	REFUSED

S5. Hello, my name is _____, and I am calling for the Ohio Department of Job and Family Services and the Ohio Department of Health. We are conducting an important survey on health insurance coverage, use of medical services, satisfaction with health care, and problems getting health care. Your telephone number was chosen randomly and all information will be kept strictly confidential. This call may be monitored for quality assurance.

[IF NECESSARY, SAY: we are also interested in experiences of persons who do not have health insurance.]

[IF NECESSARY, SAY: The sponsors need your household's input to make health care policy decisions that may help you and your family.]

[IF NECESSARY, SAY: I work for ORC Macro, a survey research company contracted by the Ohio Department of Job and Family Services.]

[IF NECESSARY, SAY: This survey should take 15 to 20 minutes to complete.]

[IF NECESSARY, SAY: You may call the Department of Health at 1-800-282-0546 if you have any other questions or concerns about the survey.]

01 AVAILABLE
02 (SKIP TO CALLBACK) NOT ABLE TO PARTICIPATE AT THIS TIME

98 (SKIP TO REFUSAL) DK
99(SKIP TO REFUSAL) REFUSED

PRE S8: Now, I would like to ask a few general questions about /yourself//person in S1// and /your//his or her// family. These questions are simply for survey classification purposes to ensure that our results will represent everyone in the state of Ohio.

S8 How long //have you/has Person in S1// lived in Ohio? Has it been less than a month, more than a month but less than 12, a year, more than a year but less than 5, or five or more years?

01 (SKIP TO THANKYOU) LESS THAN 1 MONTH
02 MORE THAN 1 MONTH BUT LESS THAN 12 MONTHS
03 1 YEAR
04 MORE THAN 1 YEAR BUT LESS THAN 5 YEARS
05 5 OR MORE YEARS

98 (GO TO THANK YOU) DK
99 (GO TO THANK YOU) REFUSED

S9. In what county in the State of Ohio //do you/does Person in S1// live?

[READ IF NECESSARY: Which county //do you/does Person in S1// live in MOST OF THE TIME?]

[INTERVIEWER NOTE: DO NOT READ LIST, FIND THE COUNTY RESPONDENTS NAME IN THE LIST AND CODE ACCORDINGLY. IF RESPONDENT SAYS MORE THAN ONE COUNTY NAME, CODE ONLY THE FIRST MENTIONED.]

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	OTHER				
998	DK				
999	REFUSED				

//If S9 = '001' - '175', GOTO S9b, otherwise continue//

S9.1 /If S9=997/ INTERVIEWER: RECORD THE COUNTY NAME HERE --- ASK FOR SPELLING IF NECESSARY.

01 /TEXT RANGE=70/ _____

02 (SKIP TO THANKYOU) RESPONDENT VOLUNTEERS COUNTY NOT IN OHIO

98 DK

99 REFUSED

S9a. /If S9.1='98' or '99' OR S9 = '998' or '999' ask:
In what city or town //do you/does person in S1//live?

01 (Code Verbatim): _____

98 DK

99 REFUSED

S.9b What is //your/Person in S1's//zip code?

/RANGE=43000 - 45999/ (Code actual zip code FIVE DIGITS)

99998 DK

99999 REFUSED

//if s10 is code '01', autocode S11 as '01' and skip to note before S11b.//

S11. **INCLUDING** //yourself/Person in S1//, how many adult members of your/his/her FAMILY, age 18 and over, live in this household? Here, by FAMILY I mean two or more persons residing together who are related by birth, marriage, or adoption.

[INTERVIEWER NOTE: For purposes of this survey, "household" refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent.

01-08 (Code actual number and continue to note before S11b)

09 (Continue to note before S11b) 9 OR MORE

98 (Skip to S12)

DK

99 (Skip to S12)

REFUSED

//If S11 is less than or equal to S10 OR code '98' or '99' in S11, skip to S12. Otherwise continue//

S11b Let me see if I have this right, earlier I thought you said that there were //RECALL ANSWER FROM S10// adults living in //your/Person in S1's// household, but now I thought you just said that there were //RECALL ANSWER S11// adults in //your//Person in S1's// family? Is this correct, or did I make a mistake?

[INTERVIEWER NOTE: For purposes of this survey, "household" refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent. "Family" refers to two or more persons residing together who are related by birth, marriage, or adoption.]

//If respondent changes answer to S10 or S11, recode as directed//.

01	CHANGE NUMBER OF ADULTS IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE S10
02	CHANGE NUMBER OF ADULTS IN FAMILY, ENTER NEW NUMBER AND RECODE S11
03	NO CHANGES
99	REFUSED

S12. How many children, persons 17 years of age or younger, live in this household whether they are family members or not?

[INTERVIEWER NOTE: For purposes of this survey, "household" refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent. "Family" refers to two or more persons residing together who are related by birth, marriage, or adoption.]

00	(Skip to S14)	NONE
01-11		(Code Actual Number)
12		12 OR MORE
98		DK
99		REFUSED

//If S12 is code '00', autocode S13 as '00' and skip to note before s13a//

S13. How many children, persons 17 years of age or younger, in //your/Person in S1's// FAMILY live in this household?

[INTERVIEWER NOTE: IF NECESSARY, REMIND THE RESPONDENT, Here, by family I mean two or more persons residing together who are related by birth, marriage, or adoption.]

00	(Skip to S14)	NONE
01-11		(Code actual number)
12		12 OR MORE
98	(Skip to S14)	DK
99	(Skip to S14)	REFUSED

//If S13 is less than or equal to S12 OR code '98' or code '99' in S13, skip to S14, otherwise continue//

S13a: /If S13 is greater than S12, ask/:

Let me see if I have this right. I thought you just told me that there were //response in S12// total children in the household and //response in S13// children in the household who are family members. Is this correct, or did I make a mistake?

[INTERVIEWER NOTE: For purposes of this survey, "household" refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent. "Family" refers to two or more persons residing together who are related by birth, marriage, or adoption.]

01 CHANGE NUMBER OF CHILDREN IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE S12

02 CHANGE NUMBER OF CHILDREN IN FAMILY, ENTER NEW NUMBER AND RECODE S13

03 NO CHANGES

99 REFUSED

S14. Please tell me how old //you were/Person in S1 was// on //your/his/her// last birthday.

[READ IF NECESSARY: This question concerns just basic demographics. These questions are just to help ensure that this study's results represent everyone in the state of Ohio.]

[READ IF NECESSARY: Your best guess is fine.]

018-125 (Skip to S15) RECORD AGE

998 (Skip to S14a) DK

999 (Skip to S14a) REFUSED

S14a /IF S14="998" or "999" ASK/

On //your/Person in S1's// last birthday would you say that //you were/person in S1 was//.....

[READ IF NECESSARY: This question concerns just basic demographics. These questions are just to help ensure that this study's results represent everyone in the state of Ohio.]

[READ IF NECESSARY: Your best guess is fine.]

[INTERVIEWER READ LIST]

01 18-24

02 25-34

03 35-44

04 45-54

05 55-64

06 65 or older

98 (Skip to THANKYOU2) DK

99 (Skip to THANKYOU2) REFUSED

S15. I'm required to ask //your/Person in S1's// gender. Are you/Is Person in S1// male or female?

[INTERVIEWER NOTE: Enter '99' Refused if the respondent fails to respond and you are unable to guess.]

- 01 MALE
- 02 FEMALE

- 99 REFUSED

S16. //Are you/Is Person in S1// of Hispanic or Latino origin?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

S17. /MUL=7/ Which one or more of the following would you say is //your/person in S1's// race?//Are you/Is Person in S1// White, Black or African American, Asian, or Native American, American Indian, Alaskan Native, Native Hawaiian, Pacific Islander, or some other race I have not mentioned ?

[INTERVIEWER NOTE: This question concerns just basic demographics. These questions are just to help ensure that this study's results represent everyone in the state of Ohio.]

[INTERVIEWER NOTE: CODE ALL THAT APPLY]

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native American, American Indian, or Alaskan Native
- 05 Native Hawaiian or Other Pacific Islander

- 06 HISPANIC, LATINO, SPANISH
- 97 OTHER
- 98 DK
- 99 REFUSED

S.17a / If S17=97 ask /
How would you describe //your/Person in S1's// race?

- 01 /TEXT RANGE=70/ _____

- 98 DK
- 99 REFUSED

S17b: /If respondent gives more than one answer in S17, ask:
“Which of these groups, that is //RECALL S17 ANSWERS// would you say best represents //your/ person in S1’s// race?
//Please limit response choices to those selected in S17//

- 01 (Skip to PREA1) White
- 02 (Skip to PREA1) Black or African American
- 03 (Skip to PREA1) Asian
- 04 (Skip to PREA1) Native American, American Indian, or Alaskan Native
- 05 (Skip to PREA1) Native Hawaiian or Other Pacific Islander

- 97 OTHER
- 98 DK
- 99 REFUSED

//If code '06' in S17 and S17b is NOT between '01' and '05', continue. Otherwise skip to PREA1//

S18. /If code "06" in S17 and S17b is NOT '01-05', ask:/
Do you consider //yourself/Person in S1// to be White Hispanic, Black Hispanic, Asian Hispanic, Native American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

[READ IF NECESSARY: This question concerns just basic demographics. These questions are just to help ensure that this study's results represent everyone in the state of Ohio.]

[INTERVIEWER NOTE: Do not easily accept "Hispanic", DK, or Refused, repeat question if necessary.]

- 01 White Hispanic
- 02 Black or African American Hispanic
- 03 Asian Hispanic
- 04 Native American, American Indian, or Alaskan Native Hispanic
- 05 Native Hawaiian or Pacific Islander Hispanic

- 97 Other race Hispanic
- 98 DON'T KNOW
- 99 REFUSES TO DISCRIMINATE

S.18a / If S18=97 ask, else continue//
How would you describe //your/Person in S1// race?

[INTERVIEWER NOTE: Do not accept "Hispanic, Latino or Spanish" here. If respondent answers "Hispanic, Latino, or Spanish," back up and choose "99"]

- 01 /TEXT RANGE=70/ _____

- 98 DK
- 99 REFUSED

PRE A1:These next few questions are about //your/Person in S1’s// CURRENT health insurance coverage, that is, the health coverage //you/Response in S// had LAST WEEK.

A1. //Are you/Is Person in S1// covered by health insurance or some other type of health care plan?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

A1a. /IF A1=02,98,99 then ask, else continue to PREB.4A/

Health insurance or some other type of health care plan may include health insurance obtained through employment or purchased directly as well as government and military programs such as Medicare, Medicaid, Healthy Families, CHAMPUS, Champ-VA, and the Indian Health Service.

[IF NECESSARY: Keeping this in mind, //are you/is person in S1// covered by health insurance or some other type of health care plan?]

- 01 YES, INSURED
- 02 NO, NOT INSURED

- 98 DK
- 99 REFUSED

HELP SCREEN

MEDICARE: health coverage for those 65 and older or with certain disabilities

MEDICAID: health coverage for low-income persons.

HEALTHY FAMILIES: OH Medicaid's health coverage for low-income children & parents

CHAMPUS ("CHAMPUS" not "C-H-A-M-P-U-S"): health coverage to inactive military personnel and their family

CHAMP – VA ("CHAMP – V-A" not "CHAMPVA": fee-for-service health coverage for families of disabled or deceased veterans

INDIAN HEALTH SERVICE: health coverage to Indian tribes & their families

//If A1.A = 2 (not insured), please skip to Section C, Question C1//

//If A1.A = 98, 99 (DK/Ref), please skip to ThankYou2//

SECTION B: CURRENTLY INSURED ADULT

(There are no questions B1, B2 or B3)

PREB4A: I would like to now ask you some more specific questions about //your/Person in S1's// health insurance coverage

B4A. //Are you/Is Person in S1// covered by a health insurance plan through a current or former employer or union?

[IF NECESSARY: Either through //your/person in S1's// own or someone else's employment.]

[IF NECESSARY: Include COBRA]

[IF NECESSARY: Do not include Medicare or Medicaid coverage.]

- 01 YES, covered by a health insurance plan through current/former employer or union
- 02 (Skip to B4B) NO, not covered through current/former employer or union

- 98 (Skip to B4B) DK
- 99 (Skip to B4B) REFUSED

B4Aa. /If B4A = "01", 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?

[INTERVIEWER NOTE: This includes current or past work.]

[INTERVIEWER NOTE: The health insurance can come through a PAST EMPLOYER, but the coverage MUST be CURRENT]

- 01 //OWN/PERSON IN S1's// WORK
- 02 SOMEONE ELSE'S WORK
- 03 BOTH THROUGH //OWN/PERSON IN S1's//WORK AND SOMEONE ELSE'S WORK

- 98 (Skip to B4B) DK
- 99 (Skip to B4B) REFUSED

B4Aa1 //If B4Aa = '03' ask B4Aa1//

Just to confirm, you said that //your/person in S1's// insurance is through //your OWN/PERSON IN S1's//work and someone else's work?

- 01 YES, INSURANCE BOTH THROUGH ////OWN/PERSON IN S1// and SOMEONE ELSE'S WORK
- 02 NO, INSURANCE THROUGH //OWN/PERSON IN S1'S// WORK ONLY
- 03 NO, INSURANCE THROUGH SOMEONE ELSE'S WORK

- 98 (Skip to B4B) DK
- 99 (Skip to B4B) REFUSED

B4Ab //If B4Aa = '01' or '03', read//:
Is that through //your/person in S1// current work or past work?

//If B4Aa = '02', read//:
//Are you/Is Person in S1// covered through that person's current work or past work?

- 01 CURRENT WORK
- 02 PAST WORK

- 98 DK
- 99 REFUSED

B4B. Are you/Is person in S1// covered by MEDICARE, the health insurance plan for people 65 years and older or persons with certain disabilities?

[IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED': "//Are you/Is Person in S1// enrolled in the program now?" Or "//Are you/Is Person in S1// eligible to receive benefits now?"]

- 01 YES
- 02 (Skip to note before B4Bc) NO

- 98 (Skip to note before B4Bc) DK
- 99 (Skip to note before B4Bc) REFUSED

HELP SCREEN: Medicare: health coverage for those 65 and older or with certain disabilities

B4Ba. //if B4A = '01' AND B4b = '01' autocode B4Ba to '01//
//if B4a ≠ '01' AND B4B = "01", ask://
Are //you/person in S1// covered by Medicare supplemental or Medigap policies? These policies are designed to cover the costs of health care that are NOT covered by Medicare.

[READ IF NECESSARY: Part A and Part B are part of Medicare. I would like to know if //you have/ person in S1 has// any additional insurance that covers the costs of health care NOT covered by Part A or Part B]

- 01 YES
- 02 (Skip to note before B4Bc) NO

- 98 (Skip to note before B4Bc) DK
- 99 (Skip to note before B4Bc) REFUSED

[INTERVIEWER HELP SCREEN – DEFINITION OF MEDICARE SUPPLEMENTAL INSURANCE:
Medicare supplemental insurance is a Medigap policy. It is sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. There are 10 standardized policies labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.]

[=HELP SCREEN – DEFINITION OF MEDIGAP PLAN: A Medicare supplemental insurance policy sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage.]

HELP SCREEN: Medicare: health coverage for those 65 and older or with certain disabilities

B4Bb //If B4Ba = 01 ask//:
//If B4A = '01' AND B4b = '01' replace "this supplemental or Medigap plan" with "the supplemental plan obtained through work"//
How much //do you/does Person in S1// or //your/Person in S1// family spend for health insurance premiums for this supplemental or Medigap plan? Please include any payroll deductions for premiums.

[IF NECESSARY: ONLY include premiums, not additional expenses.]

[INTERVIEWER: enter the dollar amount here and how often each payment is made on next screen]:

[INTERVIEWER: IF NECESSARY, repeat that this is for a supplemental or Medigap plan.]

[READ IF NECESSARY: Your best guess is fine.]

B4Bb1 (Number):

00000	NONE EMPLOYER PAYS ALL
00001-99997	(ENTER DOLLAR AMOUNT)
99998	DK
99999	REFUSED

B4Bb1a //If B4Bb1=99998 or 99999 ask, else continue/
//If B4A = '01' AND B4b = '01' replace "this supplemental plan or Medigap plan" with "the supplemental plan obtained through work"//

I am going to read you a list of possible ranges for how much [you/Person in S1's] family spends on health insurance premiums for this supplemental or Medigap plan. Please tell me which one you think best applies....

[IF NECESSARY: ONLY include premiums, not additional expenses.]

[INTERVIEWER PLEASE READ LIST]

01	(skip to note before B4Bc)	less than \$100 per month
02	(skip to note before B4Bc)	\$100 to \$200 per month,
03	(skip to note before B4Bc)	\$201 to \$300 per month, or
04	(skip to note before B4Bc)	over \$300 per month?
98	(skip to note before B4Bc)	DK
99	(skip to note before B4Bc)	REFUSED

[INTERVIEWER HELP SCREEN – DEFINITION OF MEDICARE SUPPLEMENTAL INSURANCE:
Medicare supplement insurance is a Medigap policy. It is sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. There are 10 standardized policies labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.]

[INTERVIEWER HELP SCREEN – DEFINITION OF MEDIGAP PLAN: A Medicare supplement insurance policy sold by private insurance companies to fill "gaps" in Original Medicare Plan coverage. There are 10 standardized plans labeled Plan A through Plan J. Medigap policies only work with the Original Medicare Plan.]

B4b2 How often is each payment of \$//response in B4Bb1// made?

[INTERVIEWER NOTE: READ ONLY IF NECESSARY.]

- 01 Weekly
- 02 Every Two Weeks
- 03 Monthly
- 04 Twice Each Month
- 05 Every Two Months
- 06 Every Quarter/Every Three Months
- 07 Twice a Year
- 08 Once a Year

- 97 OTHER (code verbatim_____)
- 98 DK
- 99 REFUSED

B4Bc. //If B4B = '02' , and (S14 = '065-125' OR S14a = '06'), ask//
I noted that //you are /person in S1 is// //response in S14 or S14a//, but NOT covered by Medicare. Is that correct or did I make a mistake?

- 01 BOTH RESPONSES ARE CORRECT
- 02 (record age and change S14 in data processing) AGE WAS WRONG
- 04 (record coverage and change B4B
in data processing, SKIP TO B4Ba) COVERAGE WAS WRONG

- 98 DK
- 99 REFUSED

B4C. //Are you/is person in S1// covered by MEDICAID, the government assistance program that includes Healthy Families, Healthy Start; Disability Assistance; or Medicaid waiver programs?

[IF NECESSARY, READ: Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and Spenddown Medicaid. Medicaid waiver programs include Passport, Choices Waiver, Residential Facility Waiver or RFW, Individual Options or IO, Ohio Home Care Waiver, and Transition Waiver.]

[IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED': “//Are you/Is Person in S1// enrolled in the program now?” Or “//Are you/Is Person in S1// eligible to receive benefits now?”]

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

HELP SCREEN

MEDICAID: health coverage for low-income persons.

HEALTHY FAMILIES: OH Medicaid's health coverage for low-income children & parents

HEALTHY START: Medicaid expansion program to provide free and low cost health coverage to pregnant women and children

DISABILITY ASSISTANCE: insurance or cash benefits against loss through disability because of an accident or illness.

MEDICAID WAVIER PROGRAMS: provide community services to those who would otherwise be institutionalized, such as in a nursing home.

B4D. //Do you/Does person in S1// have Military or Veterans coverage?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B4E. //Are you/Is person in S1// covered by health insurance purchased directly, that is, a private plan not related to current or past employment?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B4F //If B4C = '02, 98, 99', ask//:

//Are you/Is person in S1// covered by a state-sponsored or public health insurance program that I have NOT mentioned?

[PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT: That sounds like a plan I asked you about before. //Do you/Does person in s1// have any OTHER state sponsored or public health insurance programs that I did NOT mention earlier?]

- 01 YES
- 02 (Skip to B4G) NO

- 98 (Skip to B4G) DK
- 99 (Skip to B4G) REFUSED

B4F1 What is the name of that program?

[INTERVIEWER NOTE: do not read list]

- 01 MEDICAID
- 02 HEALTHY FAMILIES
- 03 HEALTHY START
- 04 OHIO WORKS FIRST CASH ASSISTANCE
- 05 AGED, BLIND AND DISABLED
- 06 DISABILITY ASSISTANCE
- 07 MEDICAID WAIVER PROGRAMS
- 08 PASSPORT
- 09 CHOICES WAIVER
- 10 RESIDENTIAL FACILITY WAIVER OR RFW
- 11 INDIVIDUAL OPTIONS OR IO
- 12 OHIO HOME CARE WAIVER
- 13 TRANSITION WAIVER

- 97 OTHER
- 98 DK (PROBE FOR ANY INFORMATION THAT MIGHT IDENTIFY THE PROGRAM AND IF SUCCESSFUL CODE VERBATIM IN CODE '97' ABOVE)
- 99 REFUSED

B4F1a /IF B4F1=97 ASK, else continue/
RECORD NON-LISTED RESPONSE:

01 /TEXT RANGE=250/ 01 RESPONSE

- 98 DK
- 99 REFUSED

B4G. //Do you/Does Person in S1// have any OTHER health care coverage that I have NOT mentioned?

[PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT: That sounds like a plan I asked you about before //Do you/Does person in s1// have any OTHER health care coverage that I did NOT mention earlier?]

- 01 YES
- 02 (Skip to B4CHK) NO

- 98 (Skip to B4CHK) DK
- 99 (Skip to B4CHK) REFUSED

B4G1 /If B4G = "01" ask/
What type of coverage is that?

[INTERVIEWER NOTE: UNAIDED RESPONSE. DO NOT READ LIST.]

[NOTE: IF RESPONDENT STATES NAME OF A SPECIFIC HEALTH PLAN PROBE "that sounds like the name of an insurance company. Can you tell me whether that insurance company provides //you/person in s1// with medical, dental, vision or some other type of insurance?"]

/MUL=3/

- 01 MEDICAL, HMO, or PPO
- 02 SUPPEMENTAL
- 03 DENTAL
- 04 VISION
- 05 CANCER INSURANCE
- 06 LONG TERM CARE OR NURSING HOME INSURANCE
- 07 ACCIDENT, DISABILITY, LIFE, OR ANY INSURANCE THAT PAYS CASH BENEFITS AND NOT MEDICAL EXPENSES. (IF ONLY RESPONSE, RESET B4G TO 2 and Skip to B4CHK)
- 08 COBRA (RESET B4a TO 1) (IF ONLY RESPONSE, RESET B4G TO 2 AND Skip to B4CHK)

- 97 OTHER (SPECIFY)
- 98 DK
- 99 REFUSED

HELP SCREEN

Medical, HMO, or PPO: any type of insurance plan that covers expenses for a range of different health needs or problems that require the attention of a doctor or other professional staff.

Supplemental: a health care plan purchased in addition to another health plan to improve benefits they already receive or aren't covered.

Dental: an insurance benefit specifically for the health of the teeth (surgery, dental exams..)

Vision: an insurance benefit specifically for the health of the eyes (glasses, eye exams, surgery.)

Cancer Insurance: a benefit in the event they are diagnosed with cancer, typically covering hospital expenses or cash benefits

Long term care: a range of services provided by a medical staff, such as personal care and skilled nursing, for people with chronic diseases or with a long-term disability

Nursing home insurance: financial support in the event they need to go to a nursing home.

Accidental, disability, or life insurance: insurance or cash benefits against loss through accidental bodily injury, disability through an accident or illness, or upon death of the insured.

COBRA: opportunity from an employer to temporarily continue their health care coverage if it would otherwise end because of termination, divorce, or no longer a dependent of the person insured

B4G1a /IF B4G1=97 ASK, else continue/
RECORD NON-LISTED RESPONSE:

- 01 /TEXT RANGE=250/ 01 RESPONSE

- 98 DK
- 99 REFUSED

B4G2: /If B4G1 = '02' ask/
Is this a Medicare supplement?

- 01 YES (If necessary, recode B4Ba to "01")
- 02 NO

- 98 DK
- 99 REFUSED

B4H: /If B4G = '01' ask/ Who pays for most of this health insurance plan – is it //you/person in S1// or //your/his/her// family, an employer or union, a state or local government or community program, or someone else?

- 01 (Skip to B4CHK) /YOU OR YOUR FAMILY/PERSON IN S1// OR FAMILY
- 02 (Skip to B4CHK) EMPLOYER OR UNION
- 03 STATE, LOCAL, OR COMMUNITY PROGRAM
- 04 (Skip to B4CHK) SOMEONE ELSE

- 98 (Skip to B4CHK) DK
- 99 (Skip to B4CHK) REFUSED

B4H1: /If code "03" in B4H ask/
Was this coverage obtained through //your/person in s1's// local or state Department of Job and Family Services or Department of Human Services?

- 01 YES (If necessary, RESET B4C to "01")
- 02 NO

- 98 DK
- 99 REFUSED

B4CHK: /If 01 to more than one in B4A-G/
To confirm, you said //you are/person in S1 is// covered by //insert '01' responses in B4A-G//. Is that correct?

- 01 YES
- 02 (reset B4A) NO

- 98 (reset B4A) DK
- 99 (reset B4A) REFUSED

(Question B6 was deleted)

//If code "01" in B4A, B4E, or B4G and (code "02, 98, 99" in B4B), continue; Otherwise, Skip to B9//

B7. /If (code "01" in B4A, B4E, OR B4G) AND Code " 02, 98, 99" in B4B, ask:
Is //your/Person in S1's// primary health insurance plan family coverage, single coverage, coverage for //you/person in S1// and //you/his/her// spouse only, or some other type?

[IF RESPONDENT HAS DIFFICULTY ANSWERING BECAUSE COVERED BY MORE THAN ONE INSURANCE PLAN, READ: Tell me about //your/person in S1's// primary plan, the plan that pays the medical bills first or pays most of the medical bills. Is that plan family coverage, single coverage, coverage for //you/person in S1// and //you/his/her// spouse only, or some other type?

[IF NECESSARY, READ: Family coverage would cover both //you/person in S1// and other family members, while single coverage would cover only //you/person in S1//.]

- 01 FAMILY COVERAGE
- 02 //SELF/person in s1// AND SPOUSE ONLY, EXCLUDES CHILDREN
- 03 SINGLE COVERAGE

- 97 SOME OTHER TYPE OF ARRANGEMENT
- 98 DK
- 99 REFUSED

B.7a /IF B7=97 ASK/
How would you describe //your/ Person in S1's// primary health insurance plan?

- 01 /TEXT RESPONSE=70/ _____

- 98 DK
- 99 REFUSED

B8. How much //do you/does Person in S1// or //your/Person in S1's// family spend for health insurance premiums for this primary health insurance plan? Please include payroll deductions for premiums.

[READ IF NECESSARY: Do NOT include deductibles or copayments for services.]
[READ IF NECESSARY: Your best guess is fine.]

- | | | |
|------|-------------|-------------------------|
| B8a. | AMOUNT | |
| | 00000 | NONE/EMPLOYER PAYS ALL |
| | 00001-99997 | ENTER NUMBER IN DOLLARS |
| | 99998 | DK |
| | 99999 | REFUSED |

B8aa. //If B8a=00000//
To verify, you said that you do not pay premiums for your insurance plan, not even through payroll deductions?

- 01 Yes, do not pay premiums
- 02 //reset B8a// No, do pay premiums

B8b. /Ask if B8a is in the 00001 to 99997 range/
How often is each payment of (response in B8a) made?

[INTERVIEWER NOTE: READ ONLY IF NECESSARY.]

- 01 Weekly
- 02 Every Two Weeks
- 03 Monthly
- 04 Twice Each Month
- 05 Every Two Months
- 06 Every Quarter/Every Three Months
- 07 Twice a Year
- 08 Once a Year

- 97 OTHER (code verbatim _____)
- 98 DK
- 99 REFUSED

B8b1. /If B8b=97 ask/
How often is each payment made?

01 /TEXT RANGE=70/ _____

B9 Thinking about //your/Person in S1's//current health insurance coverage, how would you rate... {Display responses A-D randomly} : ...using any number from 0 to 10 where 0 is the worst insurance possible, and 10 is the best insurance possible:

- 00 WORST
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 BEST

- 98 DK
- 99 REFUSED

- A. //Your/Person in S1's//choice of doctors [IF NECESSARY: Please rate your choice of doctors, NOT your doctors]
- B. The benefits covered
- C. //Your/Person in S1's// ability to get emergency medical care
- D. How much //you have/Person in S1 has// to pay personally for medical services [IF NECESSARY: "Include deductibles, copays, and medical services not covered by the health insurance plan" "Do NOT include health insurance premiums."]

B9a During the PAST 12 MONTHS, did //you/person in S1// personally **NEED** to see a specialist to get special care?

[IF NECESSARY: Specialists include such doctors as surgeons, allergists, obstetricians, gynecologists, orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.]

- 01 YES
- 02 (Skip to B10) NO
- 98 (Skip to B10) DK
- 99 (Skip to B10) REFUSED

B9b /If code "01" in B9a/
How much of a problem, if any, was it for //you/person In S1// to see a specialist? Was it a big problem, small problem, or not a problem?

- 01 BIG PROBLEM
- 02 SMALL PROBLEM
- 03 NOT A PROBLEM
- 98 DK
- 99 REFUSED

B9c / IF B9b=01,02 then ask, else continue/
We are also interested in knowing why it was a problem for //you/person in S1// to see a specialist. Was it because there were no specialists near where //you live/person In S1 lives//, was it because to see a specialist was too expensive, was it because //your/person In S1's//insurance plan places restrictions on //your/person In S1's//ability to see one, or some other reason that you could tell me about?

[INTERVIEWER NOTE: If the respondent gives more than one reason, ask " If you had to choose one, which would be the main reason //you/person In S1//had a problem seeing the specialist."]

- 01 NO SPECIALIST NEARBY
- 02 TOO EXPENSIVE
- 03 INSURANCE PLAN RESTRICTIONS/RULES
- 97 OTHER REASON
- 98 DK
- 99 REFUSED

B9d /IF B9c=97 ask, else continue/
Why was it a problem for //you/Person in S1// to see a specialist?

01 /TEXT RANGE=270/ _____

- 98 DK
- 99 REFUSED

B10. Do any of //your/Person in S1's// current insurance plans cover /read and rotate A-D one at a time and code response for each/?

[INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED]

01 YES
02 NO

98 DK
99 REFUSED

- A. Mental health services [INTERVIEWER NOTE: This includes any coverage for these services even if it is from a separate health plan]
- B. Dental care except emergency care [INTERVIEWER NOTE: This includes any coverage for these services even if it is from a separate health plan]
- C. Vision services except emergency care [IF NECESSARY: Include eyeglasses][INTERVIEWER NOTE: IF RESPONDENT UNSURE OF MEANING ASK: "Do you//person in S1// have coverage for routine vision exams or eyeglasses?"] [INTERVIEWER NOTE: This includes any coverage for these services even if it is from a separate health plan]
- D. Prescription medications [INTERVIEWER NOTE: This includes any coverage for these services even if it is from a separate health plan]

HELP SCREEN: Non-emergency vision services include routine vision exams (to get glasses, for example).

Emergency vision services include services for sudden, unplanned visits to evaluate problems such as an eye injury or the onset of sudden, serious vision or eye problems.

B18. How long //have you/has Person in S1// been covered by //your/his/her// current primary health insurance plan?

[IF NECESSARY: Your best guess is fine. Is it]

01 3 Months or Less
02 4 to 6 months
03 7 to 11 months
04 (Skip to B29b) One Year or More

98 DK
99 REFUSED

B19. /If code '01-03, 98, 99' in B18, ask:/

Before //you/person in S1// became covered by //your/his/her// current primary plan, //were you/was Person in S1//covered by any other health insurance plan in the PAST 12 MONTHS?

01 YES
02 (Autocode "01" in B25) NO

98 (Skip to B25) DK
99 (Skip to B25) REFUSED

B20. /If code "01" in B19 AND B4C = '02', '98', OR '99', ask/
Just prior to //your/Person in S1's// current health insurance coverage //were you/ was Person in S1// covered by Medicaid, which includes Healthy Families, Healthy Start; Disability Assistance; or Medicaid waiver programs?

[IF NECESSARY, READ: Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and Spenddown Medicaid. Medicaid waiver programs include Passport, Choices Waiver, Residential Facility Waiver or RFW, Individual Options or IO, Ohio Home Care Waiver, and Transition Waiver.]

- | | | |
|----|---------------|---------|
| 01 | | YES |
| 02 | (Skip to B21) | NO |
| 98 | (Skip to B21) | DK |
| 99 | (Skip to B21) | REFUSED |

HELP SCREEN

Medicaid: health coverage for low-income persons.

Healthy Families: OH Medicaid's health coverage for low-income children & parents

Healthy Start: Medicaid expansion program to provide free and low cost health coverage to pregnant women and children

Disability Assistance: insurance or cash benefits against loss through disability because of an accident or illness.

Medicaid Wavier Programs: provide community services to those who would otherwise be institutionalized, such as in a nursing home.

B20a Why //do you/does person in S1// no longer have this coverage?

[INTERVIEWER NOTE: When respondent finishes, probe with "Are there any other reasons?" Keep probing until respondent says "No" or "DK".]

- | | |
|----|------------------------|
| 01 | /TEXT RANGE=270/ _____ |
| 98 | DK |
| 99 | REFUSED |

//All in B20a, skip to B25//

B21. /If code '01' in B4C OR '02, 98, 99' in B20 ask/
Just prior to //your/Person in S1's// current health insurance coverage, //were you/was Person in S1// covered by a health insurance plan obtained through an employer or union?

- | | | |
|----|---------------|---------|
| 01 | (Skip to B25) | YES |
| 02 | | NO |
| 98 | | DK |
| 99 | | REFUSED |

B22 //Were you/was Person in S1// covered by any other insurance that //you/Person in S1// or //your/his/her// family paid for completely?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B25. /If code '02' in B19, autocode '01' below. Otherwise if code 01-03, 98, 99 in B18 ask/:
Was there any time IN THE PAST 12 MONTHS that //you/Person in S1// did NOT have health insurance?

- 01 YES
- 02 (Skip to B29b) NO

- 98 (Skip to B29b) DK
- 99 (Skip to B29b) REFUSED

(There is no question B26)

//If code "01" in B25, continue. Otherwise skip to B29b//

B27. /If code "01" in B25 ask/
How many months DURING THE PAST 12 MONTHS //were you/was Person in S1// without health insurance coverage? Was it one to three months, four to six months, or more than six months?

[IF NECESSARY: Your best guess is fine.]

- 01 ONE TO THREE MONTHS
- 02 FOUR TO SIX MONTHS
- 03 MORE THAN SIX MONTHS
- 04 NO MONTHS/WAS INSURED ALL YEAR //RECODE B25 TO "02" AND SKIP TO B29B//

- 98 DK
- 99 REFUSED

B28. /If code '01', '02', '03', '98', or '99' in B27 ask:
What are the reasons //you were/Person in S1 was// uninsured DURING THE PAST 12 MONTHS?

[INTERVIEWER NOTE: IF RESPONSE IS ONLY "NOT ELIGIBLE" OR "NOT QUALIFIED", "CUT OFF", OR "LOST COVERAGE" PROBE: "//Were you/Was Person in S1// NOT eligible for an employer or union plan, or //Were you/Was Person in S1// turned down by an insurance company for health reasons, or //Were you/Was Person in S1// NOT eligible for Medicaid, Healthy Families, or another government program?" RECORD ANSWER IN DETAIL]

[INTERVIEWER NOTE: WHEN RESPONDENT FINISHES, PROBE WITH " ARE THERE ANY OTHER REASONS?" KEEP PROBING UNTIL RESPONDENT SAYS "NO" OR "DK".]

[INTERVIEWER NOTE: IF RESPONSE IS TOO GENERAL, ASK: "Can you please tell me why (response) means you do not have health insurance?"]

01 /TEXT RANGE=270/ _____

98 DK
99 REFUSED

B29a. //if code '01' in B25//
/B29a Randomly Rotate Text A-C/
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? (Restore Text: A-C)

[INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED]

01 YES
02 NO

98 DK
99 REFUSED

- A. Did //you/Person in S1// have any major medical costs while //you were/(he/she) was// uninsured? [INTERVIEWER: RESPONDENT SHOULD DEFINE WHAT THEY CONSIDER A "MAJOR MEDICAL COST"]
- B. Did //you/Person in S1// delay or avoid getting care because //you were/(he/she) was// uninsured? [IF NECESSARY: "Care" means any health care, including prescription drugs.]
- C. Did //you/Person in S1// have any problems getting the care //you/Person in S1// needed while //you were/(he/she) was// uninsured? [IF NECESSARY: "Care" means any health care, including prescription drugs.]

//All in B29a, skip to PRED30//

B29b. /If code '04' in B18 OR code '02, 98, 99' in B25 ask:
/B29b Randomly Rotate A-C/
Did any of the following things happen to //you/Person in S1// DURING THE PAST 12 MONTHS? (Restore
Text: A-C)

[INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED]

01 YES

02 NO

98 DK

99 REFUSED

- A. Did //you/Person in S1// have any major medical costs? [IF NECESSARY: Including co-pays] [INTERVIEWER: RESPONDENT SHOULD DEFINE WHAT THEY CONSIDER A "MAJOR MEDICAL COST"]
- B. Did //you/Person in S1// delay or avoid getting care that //you/person in s1// felt //you/person in s1// needed but could NOT afford? [IF NECESSARY: include delays because of health plan approval] [IF NECESSARY: "Care" means any health care, including prescription drugs.]
- C. Did //you/Person in S1// have any problems getting the care //you/Person in S1// needed? [IF NECESSARY: include delays because of health plan approval] [IF NECESSARY: "Care" means any health care, including prescription drugs.]

[Note: Questions B30-B34, a series of employment related questions were deleted and moved to a later section of the survey.]

//If code 02 in A1A, continue, otherwise skip to PRED30.//

SECTION C: CURRENTLY UNINSURED ADULT

C1: //If code "02" in A1A ask/:

At any time DURING THE PAST 12 MONTHS, //Were you/Was Person in S1// covered by any type of health insurance plan?

- 01 YES
- 02 (skip to C26) NO
- 98 (skip to C26) DK
- 99 (skip to C26) REFUSED

C2. //If code "01" in C1, ask:/ When was the last time //you/Person in S1// had health insurance coverage – one to three months ago, four to six months ago, or more than six months ago?

[IF NECESSARY, READ: Your best guess is fine.]

- 01 ONE TO THREE MONTHS AGO
- 02 FOUR TO SIX MONTHS AGO
- 03 MORE THAN SIX MONTHS AGO
- 98 DK
- 99 REFUSED

C3. The last time //you/person in S1// had health insurance //were you/was Person in S1// covered by Medicaid, which includes Healthy Families, Healthy Start; Disability Assistance; or Medicaid waiver programs?

[IF NECESSARY, READ: Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and Spenddown Medicaid. Medicaid waiver programs include Passport, Choices Waiver, Residential Facility Waiver or RFW, Individual Options or IO, Ohio Home Care Waiver, and Transition Waiver.]

- 01 YES
- 02 (Skip to C4) NO
- 98 (Skip to C4) DK
- 99 (Skip to C4) REFUSED

HELP SCREEN

Medicaid: health coverage for low-income persons.
Healthy Families: OH Medicaid's health coverage for low-income children & parents
Healthy Start: Medicaid expansion program to provide free and low cost health coverage to pregnant women and children
Disability Assistance: insurance or cash benefits against loss through disability because of an accident or illness.
Medicaid Wavier Programs: provide community services to those who would otherwise be institutionalized, such as in a nursing home.

C3a Why //do you/does person in S1// no longer have this coverage?

[INTERVIEWER NOTE: When respondent finishes, probe with "Are there any other reasons?" Keep probing until respondent says "No" or "DK".]

01 /TEXT RANGE=270/ _____
98 DK
99 REFUSED

//All in C3a, Skip to C6//

C4 /if code " 02, 98, 99" in C3, ask/
The last time //you/person in s1// had health insurance, //were you/was Person in S1//covered by a plan obtained through an employer or union?

01 (Skip to C6) YES
02 NO
98 DK
99 REFUSED

C5 //Were you/was Person in S1// covered by any other insurance that //you/Person in S1// or //your/his/her// family paid for completely?

01 YES
02 NO
98 DK
99 REFUSED

C6. How many months DURING THE PAST 12 MONTHS //were you/was Person in S1// without health insurance coverage? Was it one to three months, four to six months, or more than six months?

[IF NECESSARY: Your best guess is fine.]

01 ONE TO THREE MONTHS
02 FOUR TO SIX MONTHS
03 MORE THAN SIX MONTHS
98 DK
99 REFUSED

(There are no questions #C7--#C25 Several items asking more detailed questions about past coverage were deleted)

C26. /If code “ 02, 98, 99” in C1, ask:
When was the last time //you/Person in S1// had health insurance coverage?

[IF NECESSARY: Your best guess is fine. The choices are (READ CODES ‘00 – 04’)

- 00 Never had health insurance
- 01 Less than a year ago/within the past year
- 02 More than 1 year ago but less than 2 years ago
- 03 More than 2 years ago but less than 3 years ago
- 04 3 or more years ago

- 98 DK
- 99 REFUSED

(C27 was moved to C6 and revised)

C28. What are the reasons //you were/Person in S1 was// uninsured DURING THE PAST 12 MONTHS?

[INTERVIEWER NOTE: IF RESPONSE IS ONLY “NOT ELIGIBLE” OR “NOT QUALIFIED”, “CUT OFF”, OR “LOST COVERAGE” PROBE): “//Were you/Was Person in S1// NOT eligible for an employer or union plan, or //Were you/Was Person in S1// turned down by an insurance company for health reasons, or //Were you/Was Person in S1// NOT eligible for Medicaid, Healthy Families, or another government program/” RECORD IN DETAIL.]

[INTERVIEWER NOTE: When respondent finishes, probe with "Are there any other reasons?" Keep probing until respondent says "No" or "DK".]

[INTERVIEWER NOTE: IF RESPONSE IS TOO GENERAL, ASK: “Can you please tell me why (response) means you do not have health insurance?”]

- 01 /TEXT RANGE=270/ _____
- 98 DK
- 99 REFUSED

C29. /C29 Randomly Rotate A-C/
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? (Restore Text: A-C)

[INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED]

01 YES
02 NO

98 DK
99 REFUSED

- A. Did //you/Person in S1//have any major medical costs while //you were/(he was/she was// uninsured? [INTERVIEWER: RESPONDENT SHOULD DEFINE WHAT THEY CONSIDER A “MAJOR MEDICAL COST”]
- B. Did //you/Person in S1//delay or avoid getting care because //you were/(he was/she was// uninsured? [IF NECESSARY: “Care” means any health care, including prescription drugs.]
- 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? [IF NECESSARY: “Care” means any health care, including prescription drugs.]

(Note: Original Questions C30-C34, a series of employment questions, were moved to a later section)

SECTION D: ADULT HEALTH STATUS, TOBACCO USE, & CARE GIVING

PRED30 Now I would like to ask about //your//person in s1’s// health.

D30. In general, would you say //your/Person in S1’s// health is (READ 01-05)?

01 excellent
02 very good
03 good
04 fair
05 poor

98 DK
99 REFUSED

[The previous set of disability and SF-12 health status questions have been replaced by the following questions]

D31a. If (S14 < 55 or S14a=01-04) and S15= ‘02’ ask://Do you/Does Person in S1// currently need or take prescription medicine other than vitamins or birth control pills?
If s15 =’01’ or (S15=’02’ and (S14 >=55 or S14a=05 or 06)) ask: //Do you/Does Person in S1// currently need or take prescription medicine other than vitamins?

01 YES
02 (Skip to D31d) NO
98 (Skip to D31d) DK
99 (Skip to D31d) REFUSED

D31b. Is this because of ANY medical, mental health or other health condition?

- 01 YES
- 02 (Skip to D31d) NO

- 98 (Skip to D31d) DK
- 99 (Skip to D31d) REFUSED

D31c. Is this a condition that has lasted or is expected to last for *at least* 12 months

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31d. //Do you/does Person in S1// need or use medical care, mental health or other health services on a regular basis?

- 01 YES
- 02 (Skip to D31g) NO

- 98 (Skip to D31g) DK
- 99 (Skip to D31g) REFUSED

D31e. Is this because of ANY medical, mental health or other health condition?

- 01 YES
- 02 (Skip to D31g) NO

- 98 (Skip to D31g) DK
- 99 (Skip to D31g) REFUSED

D31f. Is this a condition that has lasted or is expected to last for *at least* 12 months?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31g. //Do you/does Person in S1//have difficulty doing or need assistance to do day-to-day activities?

[IF NECESSARY: For example: work, go to school, do housework, socialize, cook, do paperwork]

- 01 YES
- 02 (Skip to D31j) NO

- 98 (Skip to D31j) DK
- 99 (Skip to D31j) REFUSED

D31h Is this because of ANY medical, mental health or other health condition?

- 01 YES
- 02 (Skip to D31j) NO

- 98 (Skip to D31j) DK
- 99 (Skip to D31j) REFUSED

D31i Is this a condition that has lasted or is expected to last for *at least* 12 months?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31j //Do you/does Person in S1// need or get special therapy?

[IF NECESSARY: For example: physical, occupational, speech or respiratory therapy.]

- 01 YES
- 02 (Skip to D31m) NO

- 98 (Skip to D31m) DK
- 99 (Skip to D31m) REFUSED

D31k Is this because of ANY medical, mental health or other health condition?

- 01 YES
- 02 (Skip to D31m) NO

- 98 (Skip to D31m) DK
- 99 (Skip to D31m) REFUSED

D31l Is this a condition that has lasted or is expected to last for *at least* 12 months?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31m. //Do you/does Person in S1// need or get treatment or counseling for any kind of mental health, substance abuse or emotional problem?

- 01 YES
- 02 (Skip to D37) NO
- 98 (Skip to D37) DK
- 99 (Skip to D37) REFUSED

D31n Has this problem lasted or is it expected to last for *at least* 12 months?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

//If code '01' in D31 c, f, i, l, or n continue: Otherwise, skip to D39/

D37. //Do you /Does Person in S1// currently need any of the following types of assistance BECAUSE OF THAT/THOSE HEALTH PROBLEM(S) you just told me about?

(RANDOMLY ROTATE A-F.)

[INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED]

- A Assistance with personal care, such as bathing, dressing, toileting, or feeding?
- B Domestic assistance, such as shopping, laundry, housekeeping, cooking, or transportation?
- C Help with household maintenance, such as painting or yard work?
- D Social or emotional support, such as companionship, recreation, and socialization?
- E Coordinating health care, such as making appointments for doctor's visits or therapies?
- F Assistance managing financial affairs, such as managing //your/person in S1's// checkbook or legal affairs?
- G. Other kinds of assistance that I have NOT mentioned?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

D37 G1 //If D37G=01 ask, else continue//

What other kind of assistance //do you/does person in S1// currently need, BECAUSE OF THE HEALTH PROBLEM(S) that you told me about?

[INTERVIEWER NOTE: IF UNCLEAR OF HOW SPECIFIED ASSISTANCE RELATES TO HEALTH PROBLEM, PROBE THE RESPONDENT.]

- 01 /TEXT RANGE=270/ _____
- 98 DK
- 99 REFUSED

//If code '01' in D37 a-g , continue, otherwise skip to D39//

D38. How many hours of assistance //do you/does person in S1// currently require on average for the types of assistance that were just mentioned?

[IF NECESSARY: Your best guess is fine.]

[IF NECESSARY: I am referring to //insert text from D37A-G for each one coded as 01./]

D38a NUMBER OF HOURS

_____ (code number)

HOURS PER DAY	[RANGE 1001-1024]
HOURS PER WEEK	[RANGE 2001-2168]
HOURS PER MONTH	[RANGE 3001-3720]
OTHER	9997
DK	9998
REFUSED	9999

D38c / If D38a=9997 display, else continue/

INTERVIEWER RECORD THE TIME PERIOD RESPONDENT NEEDS THESE HOURS OF ASSISTANCE

01 /TEXT RANGE=70/ _____

98 DK
99 REFUSED

We are asking the following items to learn about what types of assistance people give to another family member BECAUSE OF A HEALTH PROBLEM.

D39. //Do you/does person in S1// provide some type of regular assistance to another family member who has a physical, emotional, or developmental problem?

//if code "01" in D37A through D37G, display: [IF NECESSARY READ: By "regular assistance", I mean any of the kinds of assistance that I asked you about earlier.]

//if D37A through D37G is NOT code "01", display [IF NECESSARY READ//: By "regular assistance", I mean help with personal care, domestic assistance, household maintenance, social or emotional support, coordinating health care, or assisting with financial affairs.]

[INTERVIEWER NOTE: IF RESPONDENT SAYS THAT //THEY/PERSON IN S1// IS CARING FOR MORE THAN 1 PERSON, SAY, " Can you answer in terms of the person who needs the most care." IF BOTH NEED EQUAL CARE, "Can you choose one to talk about?"]

01		YES
02	(Skip to D49)	NO
98	(Skip to D49)	DK
99	(Skip to D49)	REFUSED

D40. /If code '01' in D39 ask:
Does the family member //you are/person in S1 is// assisting live in a nursing home, assisted living facility, or other institutional setting?

[IF RESPONDENT IS UNSURE, ASK: Does (she/he) live in //your /person in s1's// own or someone else's private house or apartment, or is it a hospital, home for the mentally retarded, or other kind of place that cares for people with health problems? //If own home or someone else's home, code '02'; if hospital, home for mentally retarded, or similar code '01'.)

[INTERVIEWER NOTE: IF RESPONDENT SAYS THAT //THEY ARE /PERSON IN S1 IS// CARING FOR MORE THAN 1 PERSON, SAY, "Can you answer in terms of the person who needs the most care." IF BOTH NEED EQUAL CARE, "Can you choose one to talk about?"]

01 (Skip to D49) YES
02 NO

98 (Skip to D49) DK
99 (Skip to D49) REFUSED

(Question #41 was deleted)

D42. What is (his/her) age?

[INTERVIEWER NOTE: IF RESPONDENT SAYS THAT //THEY ARE /PERSON IN S1 IS// CARING FOR MORE THAN 1 PERSON, SAY, " Can you answer in terms of the person who needs the most care." IF BOTH NEED EQUAL CARE, "Can you choose one to talk about?"]

000 Less than one year old
001-125 (Code actual age)

998 DK
999 REFUSED

(Question #43 was deleted)

D44. How many hours of assistance or care //do you/does person in S1// provide on average to this person?

[INTERVIEWER NOTE: IF RESPONDENT SAYS THAT //THEY ARE /PERSON IN S1 IS// CARING FOR MORE THAN 1 PERSON, SAY, " Can you answer in terms of the person who needs the most care." IF BOTH NEED EQUAL CARE, "Can you choose one to talk about?"]

[IF NECESSARY SAY: Your best guess is fine.]

_____ (code number)

HOURS PER DAY	[RANGE 1001-1024]
HOURS PER WEEK	[RANGE 2001-2168]
HOURS PER MONTH	[RANGE 3001-3720]
OTHER	9997
DK	9998
REFUSED	9999

D44c / If D44=9997 display, else continue/
INTERVIEWER RECORD THE TIME PERIOD RESPONDENT PROVIDES THESE HOURS OF ASSISTANCE

01 /TEXT RANGE=70/ _____

D45. //Do you/does person in S1// receive any payment for providing this assistance or care to this person?

[INTERVIEWER NOTE: IF RESPONDENT SAYS THAT //THEY ARE/PERSON IN S1 IS// CARING FOR MORE THAN 1 PERSON, SAY, " Can you answer in terms of the person who needs the most care."]

01 YES
02 NO

98 DK
99 REFUSED

(Questions D 46a and D46b were deleted. There are no questions D47 or D48. Questions D49-D53 from the original 1998 survey were deleted and replaced with the following questions regarding chronic conditions and disability)

D49. //Have you/Has person in S1// ever been told by a doctor or any other health professional that //you/he/she// had high blood pressure or hypertension?

[INTERVIEWER NOTE: IF RESPONDENT SAYS 'BORDERLINE' CODE AS '02']

01 YES
02 NO

98 DK
99 REFUSED

D50. //Have you/Has person in S1// ever been told by a doctor or any other health professional that //you/he/she// had coronary ARTERY disease, congestive heart disease, angina (an-jy-na), a stroke, a heart attack, or any other kind of heart condition or circulatory problems other than the ones I just mentioned?

[ARTERY: ARTUREE / CIRCULATORY: SUR-KYU-LU-TOWREE / CONGESTIVE: KUN-JES- TIV / CORONARY: KAWR-E-NEREE]

01 YES
02 NO

98 DK
99 REFUSED

D51. /If S15=01, 99 ask:
//Have you/Has person in S1// ever been told by a doctor or any other health professional that //you/he// had diabetes or sugar diabetes?

/If S15=02 ask/: Other than during pregnancy, //have you/has person in S1// ever been told by a doctor or any other health professional that //you /she// had diabetes or sugar diabetes?

- 01 YES
- 02 NO
- 03 BORDERLINE

- 98 DK
- 99 REFUSED

D52 WAS DELETED AS PER ODJFS 5/15/03

//If code "01, 99 in S15 or (code '045-125' in S14 OR code '04, 05, 06' in S14a), Skip toD54; Otherwise, Continue//

D53. /If code "02" in S15 AND code (["018-044" in S14] OR ["01, 02, 03, 98, 99" in S14a]) ask:/
//Were you/Was Person in S1// pregnant at any time DURING THE PAST 12 MONTHS?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D54. //Do you/Does Person in S1// smoke cigarettes every day, some days, or not at all?

- 01 EVERY DAY
- 02 SOME DAYS
- 03 (SKIP TO D57) NOT AT ALL

- 98 DK/NOT SURE
- 99 (skip to D57) REFUSED

[If D54 = '03' '99', skip to D57, , otherwise continue]:

D55. /If D54 in '01', '02', or '98' ask/:
During the past 12 months //have you/has person in S1 // stopped smoking for one day or longer because //you were/person in S1 was// trying to quit smoking?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D56. How old //were you/was person in S1// the first time //you/she/he// smoked a cigarette, even one or two puffs?

record age _ _ _

998 DK/not sure

999 REFUSED

D56ver /if D56 < 12 ask/:

INTERVIEWER: YOU ENTERED THE AGE {restore D56}. IS THIS RESPONSE CORRECT?

01 YES

02 NO

D57. //Do you/Does Person in S1//now smoke cigars or a pipe every day, some days, or not at all?

01 EVERY DAY

02 SOME DAYS

03 NOT AT ALL

98 DK/Not sure

99 REFUSED

D58. //Do you/Does Person in S1// currently use any smokeless tobacco products such as chewing tobacco or snuff every day, some days, or not at all?

[IF NECESSARY: Using chewing tobacco includes chewing the tobacco or just placing it in the mouth]

[IF NECESSARY: Using snuff includes sniffing snuff or placing it in the mouth]

[IF NECESSARY: Some persons call snuff "snoose"]

01 EVERY DAY

02 SOME DAYS

03 NOT AT ALL

98 DK/Not sure

99 REFUSED

SECTION E: UTILIZATION AND QUALITY OF ADULT HEALTH CARE SERVICES

PREE59: I would now like to ask about //your/Person in S1's// use of health care services.

E59. NOT including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since //you/person in S1// last saw a doctor or other health care professional about //your/his or her// own health?

[READ IF NECESSARY: Your best guess is fine. How long ago was //your/person in S1's// last visit to a doctor or health professional. Was it (read 01-06?)]

- 01 6 months or less
- 02 More than 6 months, but NOT more than 1 year ago
- 03 More than 1 year, but NOT more than 2 years ago
- 04 More than 2 years, but NOT more than 5 years ago
- 05 More than 5 years ago
- 06 (SKIP to E59.1) Never

- 98 DK
- 99 REFUSED

E59.1 //If E59=06 ask//

I want to make sure I have this right, //you have/person in S1has// never visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?

- 01 (SKIP to E60) NEVER BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL IN THEIR OFFICES
- 02 (SKIP to E60) BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL BUT NOT IN AN OFFICE

- 98 (SKIP to E60) DK
- 99 (SKIP to E60) REFUSED

E59A. About how long has it been since you/person in S1// last visited a doctor for a routine check-up?

[READ IF NECESSARY: Your best guess is fine. Was //your/person in S1's// last routine check-up (read 01-05)?

- 01 Within the past year (1 to 12 months)
- 02 More than 1 year, but NOT more than 2 years ago
- 03 More than 2 years, but NOT more than 5 years ago
- 04 More than 5 years ago
- 05 Never

- 98 DK
- 99 REFUSED

E60. DURING THE PAST 12 MONTHS, how many times //were you/was Person in S1// a patient in a hospital OVERNIGHT? Do NOT include overnight stays in the emergency room.

[IF NECESSARY: Your best guess is fine.]

- 00 (Skip to E62) None
- 01-12 (Code actual value)
- 13 More than 12

- 98 (Skip to E62) DK
- 99 (Skip to E62) REFUSED

E60A (If code "01-13" in E60, ask):
How would you rate the overall quality of the hospital care that //you/person in S1// received during the overnight stay/stays, using any number from 0 to 10 where 0 is the worst hospital care possible, and 10 is the best hospital care possible?

- 00 WORST HOSPITAL CARE POSSIBLE
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10 BEST HOSPITAL CARE POSSIBLE

- 98 DK
- 99 REFUSED

(Question E61 was deleted)

E62. 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.

[IF NECESSARY: Your best guess is fine.]

- 00 (Skip to E63) None
- 01-20 (Code actual value)
- 21 More than 20

- 98 (Skip to E63) DK
- 99 (Skip to E63) REFUSED

E62A /If code “01-21” in E62, ask/
How would you rate the overall quality of the emergency room services that //you/person in S1// received, using any number from 0 to 10 where 0 is the worst emergency room care possible, and 10 is the best emergency room care possible:

[INTERVIEWER NOTE: use average if visited more than 1 emergency room]

00 WORST EMERGENCY ROOM CARE POSSIBLE
01
02
03
04
05 (Skip to E63)
06 (Skip to E63)
07 (Skip to E63)
08 (Skip to E63)
09 (Skip to E63)
10 (Skip to E63) BEST EMERGENCY ROOM CARE POSSIBLE

98 (Skip to E63) DK
99 (Skip to E63) REFUSED

E62B /If Code “00” through “04” in E62A ask/
What is the main reason you did not rate that care higher?

01 /TEXT RANGE=270/ _____

98 DK
99 REFUSED

E63. About how long has it been since //you/person in S1// last visited a dentist? Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

[IF NECESSARY: Your best guess is fine. How long ago was //your/person in S1's// last dental visit. Was it (READ 01- 05?)

01 6 months or less
02 More than 6 months, but NOT more than 1 year ago
03 (Skip to note before E64) More than 1 year, but NOT more than 3 years ago
04 (Skip to note before E64) More than 3 years ago
05 (Skip to note before E64) Never

98 (Skip to note before E64) DK
99 (Skip to note before E64) REFUSED

E63A How would you rate the overall quality of the dental services that //you/person in S1// received DURING THE PAST 12 MONTHS, using any number from 0 to 10 where 0 is the worst dental care possible, and 10 is the best dental care possible:

- 00 WORST DENTAL CARE POSSIBLE
- 01
- 02
- 03
- 04
- 05 (Skip to note before E64)
- 06 (Skip to note before E64)
- 07 (Skip to note before E64)
- 08 (Skip to note before E64)
- 09 (Skip to note before E64)
- 10 (Skip to note before E64) BEST DENTAL CARE POSSIBLE

- 98 (Skip to note before E64) DK
- 99 (Skip to note before E64) REFUSED

E63B What is the main reason you did not rate that care higher?

- 01 /TEXT RANGE=270/_____

- 98 DK
- 99 REFUSED

*//If code "01-02" in E59, code "01-13" in E60, code '01-21' in E62, Continue;
Otherwise skip to note before F67//*

E64. /If code "01-02" in E59, code "01-13" in E60 OR code '01-21' in E62 /:
How would you rate the overall quality of ALL of the HEALTH care that //you/person in S1// received DURING THE PAST 12 MONTHS, using any number from 0 to 10 where 0 is the worst HEALTH care possible, and 10 is the best HEALTH care possible:

[IF NECESSARY: dental care is included]

- 00 WORST HEALTH CARE POSSIBLE
- 01
- 02
- 03
- 04
- 05 (Skip to F67)
- 06 (Skip to F67)
- 07 (Skip to F67)
- 08 (Skip to F67)
- 09 (Skip to F67)
- 10 (Skip to F67) BEST HEALTH CARE POSSIBLE

- 98 (Skip to F67) DK
- 99 (Skip to F67) REFUSED

E64A What is the main reason you did not rate that care higher?

01 /TEXT RANGE=270/_____

98 DK
99 REFUSED

[Pregnancy question was moved to the health status section]

SECTION F: ACCESS TO CARE AND UNMET NEEDS OF ADULT

(NOTE: QUESTIONS ABOUT UNMET NEEDS FOR ADULTS WERE REVISED AND MOVED)

F67. Is there one 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?
[INTERVIEWER NOTE: This question asks IF the respondent has a usual provider, NOT if they have seen the provider recently (this includes those who have never seen their usual provider)]

01 (Skip to F67A) YES
02 NO
03 (Skip to F67A) THERE IS MORE THAN ONE PLACE

98 (Skip to note before F67d) DK
99 (Skip to note before F67d) REFUSED

F67.1 Just to be sure, is it that there is NO PLACE at all that //you USUALLY go/ Person in S1 USUALLY goes// to when sick or needing advice about health, OR is it that //you go/ Person in S1 goes//to more than ONE place?

01 (skip to F67c) NO PLACE AT ALL
02 MORE THAN ONE PLACE

98 (Skip to note before F67d) DK
99 (Skip to note before F67d) REFUSED

F67A. /If code "01" in F67, 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?

/If code "03" in F67, or "02" in F67.1 ask:/ What kind of place //do you/does person in S1// go to most often?
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?

01 (CONTINUE TO F67A1) CLINIC OR HEALTH CENTER
02 (CONTINUE TO F67A1) DOCTOR'S OFFICE OR HMO
03 (SKIP TO F67B) HOSPITAL EMERGENCY ROOM
04 (CONTINUE TO F67A1) HOSPITAL OUTPATIENT DEPARTMENT

97 OTHER
98 (skip to note before F67D) DK
99 (skip to note before F67D) REFUSED

F67A.0 /If F67A=97 ask/
What kind of place //do you/does person in S1/ go to most often?

- 01 /TEXT RANGE=270/ _____
- 98 DK
99 REFUSED

//F67A.0 all goto note before F67D//

F67A1 /If Code '01', '02', or -'04' in F67A ask:
//Do you/Does person in S1// usually see the same doctor, nurse, or other health provider each time //you go/he goes/she goes// there?

- 01 YES
02 NO
- 98 DK
99 REFUSED

/Ask F67A2 if code '01' in D31 c, f, i, l, or n: Otherwise, skip to note before F67D/

F67A2 During the past 12 months, was there any time //you/person in s1// needed professional help coordinating care or coordinating referrals among different health care providers and services that //you/person in s1//uses?

[IF NECESSARY: A professional who assists in coordinating care is a person who makes sure that //you get /person in S1 gets// all the services that are needed and makes sure that these services fit together in a way that works for //you/person in S1//].

[COORDINATING REFERRALS MEANS MAKING SURE THAT //YOU GET/PERSON IN S1 GETS// ALL THE SERVICES THAT ARE NEEDED FROM DIFFERENT PROVIDERS]

[Referrals for specialist care should be included.]

- 01 YES
02 (skip to note before F67D) NO
- 98 (skip to note before F67D) DK
99 (skip to note before F67D) REFUSED

F67A3 /If F67A1='01' and F67A2='01' ask/:

During the past 12 months, how often did the person //you usually go/person in S1 usually goes// to for health care help coordinate //your/person in S1's// care or coordinate referrals among //your/his/her// different providers and services. Would you say never, sometimes, usually, or always?

/If F67A1 in ('02', '98', or '99') and F67A2='01' ask/:

During the past 12 months, how often does anyone at the place //you usually go /person in S1 usually goes// to for health care help coordinate //your/person in S1's// care or coordinate referrals among //your/his/her// different providers and services. Would you say never, sometimes, usually, or always?

- | | | |
|----|----------------------------|-----------|
| 01 | (Skip to note before F67d) | NEVER |
| 02 | (Skip to note before F67d) | SOMETIMES |
| 03 | (Skip to note before F67d) | USUALLY |
| 04 | (Skip to note before F67d) | ALWAYS |
| 98 | (Skip to note before F67d) | DK |
| 99 | (Skip to note before F67d) | REFUSED |

(All in F67A3, Skip to note before F67D)

F67B: /If code "03" in F67A ask/:

What is the main reason //you/person in S1// usually//go/goes// to the emergency room instead of a doctor's office or clinic?

- | | |
|----|------------------------|
| 01 | /TEXT RANGE=270/ _____ |
| 98 | DK |
| 99 | REFUSED |

(All in F67B, skip to note before F67d)

F67C: /If code "01" in F67.1 ask/:

What is the main reason //you do/person in S1 does//NOT have a usual source of care?

- | | |
|----|------------------------|
| 01 | /TEXT RANGE=270/ _____ |
| 98 | DK |
| 99 | REFUSED |

//If code "01" in A1 OR A1A, skip to note before F68, otherwise continue//

F67d /If code '02' in A1A /:
During the PAST 12 MONTHS, did //you/person in S1// NEED to see a specialist to get special care?

[IF NECESSARY: Special care includes care from specialists such as surgeons, allergists, obstetricians, gynecologists, orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.]

[OBSTETRICIANS: OB-STA-TRISH-ENS / GYNECOLOGISTS: GUY-NA-COL-A-JISTS /
ORTHOPEDISTS: ORTHO-PEED-ISTS / CARDIOLOGISTS: CAR-DEE-ALL-A-JISTS /
DERMATOLOGISTS: DERM-A-TOL-A-JISTS]

- 01 YES
- 02 (Skip to note before F68) NO
- 98 (Skip to note before F68) DK
- 99 (Skip to note before F68) REFUSED

F67e /If code "01" in F67d ask/
How much of a problem, if any, was it for //you/person in S1// to see a specialist? Was it a big problem, small problem, or not a problem?

- 01 BIG PROBLEM
- 02 SMALL PROBLEM
- 03 NOT A PROBLEM
- 98 DK
- 99 REFUSED

F67f / IF F67e=01,02 then ask, else continue/
We are interested in knowing why was it a problem for //you/person in S1// to see a specialist? Was it because there were no specialists near where //you live/person in S1lives//, was it because to see a specialist was too expensive, was it because //your/person in S1's//insurance plan places restrictions on //your/person in S1's//ability to see one, or some other reason that you could tell me about?

[INTERVIEWER NOTE: If the respondent gives more than one reason, ask " If you had to choose one, which would be the main reason //you/person in S1//had a problem seeing the specialist."]

- 01 NO SPECIALIST NEARBY
- 02 TOO EXPENSIVE
- 03 INSURANCE PLAN RESTRICTIONS/RULES
- 97 OTHER REASONS
- 98 DK
- 99 REFUSED

F67g //IF F67f=97 ask, else continue/
Why was it a problem for //you/Person in S1// to see a specialist?

01/TEXT RANGE=270/ _____

98 DK
99 REFUSED

UNMET NEEDS OF ADULT

//If code '01 – 12' in S13, skip to note before G71, otherwise continue)

F68. //If code “00”, “98”, or “99” in S13 ask://

DURING THE PAST 12 MONTHS, was there a time when //you/person in S1// needed dental care but could NOT get it at that time?

01 YES
02 (Skip to F68b) NO

98 (Skip to F68b) DK
99 (Skip to F68b) REFUSED

F68a: What was the main reason //you/person in S1// could not get dental care

[INTERVIEWER NOTE: If response is vague, such as “They said care wasn’t needed”, probe to find out whether the main barrier was related to cost, insurance coverage , about the dentist, etc.]

01/TEXT RANGE=270/ _____

98 DK
99 REFUSED

F68b: IN THE PAST 12 MONTHS, //have you/has person in S1// NOT filled a prescription because of the cost?

[IF NECESSARY, ADD: This includes refills.]

01 YES
02 NO

98 DK
99 REFUSED

F68c DURING THE PAST 12 MONTHS, was there any time when //you/person in S1// did NOT get any other health care that //you/she/he// needed, such as a medical exam, medical supplies, mental health care, or eyeglasses?

01 YES
02 (Skip to F69) NO

98 (Skip to F69) DK
99 (Skip to F69) REFUSED

F68d: What was the health care that //you/person in S1// needed but did NOT get? /MUL=3/

[INTERVIEWER NOTE: If respondent mentions only insurance or lack of insurance, ask what care insurance did NOT pay for, and record that. If respondent mentions a symptom or condition rather than needed health care (e.g., "back problem"), ask what care //they/person in s1// wanted but did NOT get for that symptom/condition and code. Keep probing until the respondent says "DK" or "Nothing else."]

- 01 /TEXT RANGE=70/ _____
- 02 /TEXT RANGE=70/ _____
- 03 /TEXT RANGE=70/ _____

- 98 DK
- 99 REFUSED

F68e /Repeat for each response in F68d:
What was the main reason //you/person in S1// did not get//response in F68d//?

[INTERVIEWER NOTE: but if response is vague (e.g. "They said care wasn't needed"), probe to find out whether the main barrier was related to cost ,insurance coverage or doctor .]

- 01 /TEXT RANGE=270/ _____

- 98 DK
- 99 REFUSED

F69: Compared with three years ago, is getting the medical care //you need/person in S1 needs//becoming easier, harder, or has it stayed the same

- 01 EASIER
- 02 HARDER
- 03 STAYED THE SAME

- 98 DK
- REFUSED

SECTION G: EMPLOYMENT

//If code "065-125" in S14 OR "06" in S14a, Skip to PREH76, otherwise Continue; //

G71. *//If code "01" or "03" in B4Aa AND code '01' in B4Ab, autocode "01" in G71 and skip to G71a, otherwise ask/: 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.*

[IF NECESSARY: The sponsors want to know how much more difficult it is for people without jobs or for people in certain kinds of jobs to get health insurance.]

01		YES
02	(Skip to PREH76)	NO
98	(Skip to PREH76)	DK
99	(Skip to PREH76)	REFUSED

G71a. *//Do you/Does Person in S1// work for the government, private industry, or //are you/is he/is she// self-employed?*

[INTERVIEWER NOTE: PROBE IF RESPONDENT IS UNSURE. . "Is the employer the city, county, state, or federal government, or a private organization?"]

[INTERVIEWER NOTE: Code non-profits, Publicly traded companies as "private." Use "other" only when the respondents gives an answer not listed and is unwilling to state whether the employer is government, private industry, or self-employed.]

01	GOVERNMENT
02	PRIVATE INDUSTRY
03 (skip to G73)	SELF-EMPLOYED
97	OTHEREmployer the city, county, state, or federal government, or a private organization?"]
98	DK
99	REFUSED

G71b *//If G71a=97 ask/
How would you describe where //you work/person in S1 works//?*

[INTERVIEWER NOTE: PROBE IF RESPONDENT IS UNSURE. . "Is the employer the city, county, state, or federal government, or a private organization?"]

01	<i>//TEXT RANGE=70/ _____</i>
98	DK
99	REFUSED

//If code "03" in G71a, skip to G73. Otherwise if code "01" or "03" in B4Aa AND code '01' in B4Ab, autocode "01" in G72 and skip to note before G72A. Otherwise continue//

G72. /If code '01', '02', '97', '98' or '99' in G71a ask:
Does //your/person in S1's// employer or union offer a health insurance plan to any of its employees?

01 YES
02 (Skip to G73) NO

98 (Skip to G73) DK
99 (Skip to G73) REFUSED

*//If code "01" in B4Aa AND code "01" in B4Ab AND code "01" in
B7, autocode "02" in G72a,
and skip to note before G72b. Otherwise continue//*

G72a /If code "01" in G72 ask:
Does //your/Person in S1's// employer or union offer coverage to employees only, or to both employees and their families?

01 EMPLOYEES ONLY
02 EMPLOYEES AND THEIR FAMILIES
03 EMPLOYEES AND SPOUSE ONLY (NOT CHILDREN)

97 OTHER
98 DK
99 REFUSED

G72a.1 /If G72a=97 ask/
Who does the employer or union offer coverage to?

01 /TEXT RANGE=70/ _____

98 DK
99 REFUSED

*//If code "01" or "03" in B4Aa AND code "01" in B4Ab,
autocode "01" in G72b and skip to G73. Otherwise continue//*

G72b You may have already told me this, but //are you/is person in S1// currently eligible to participate in //your/his/her// employer or union health plan?

- 01 YES
- 02 (Skip to G72d) NO
- 98 (Skip to G73) DK
- 99 (Skip to G73) REFUSED

G72c //Are you/Is person in S1// NOT participating in //your/his/her// employer or union health insurance plan because the plan costs too much, because //you have/she has/he has// other insurance, because //you do/he does/she does//NOT need or want insurance, or for some other reason?

[IF OTHER REASON AND IF NECESSARY, PROBE FOR REASON AND CODE. CODE ONLY ONE RESPONSE. IF MORE THAN ONE RESPONSE GIVEN, PROBE FOR MAIN REASON]

[DO NOT READ LIST]

- 01 COSTS TOO MUCH
- 02 HAVE OTHER INSURANCE
- 03 HOPE TO GET OTHER INSURANCE
- 04 DO NOT NEED OR WANT INSURANCE
- 05 DID NOT LIKE PLAN/BENEFIT PACKAGE
- 06 DID NOT LIKE CHOICE OF DOCTORS OR HOSPITALS
- 07 NO REASON/JUST HAVEN'T GOTTEN AROUND TO IT
- 97 Other (code verbatim _____)
- 98 DK
- 99 REFUSED

G72c.1 / If G72=97 ask/

Why //are you/is person in S1// not participating in //your/his/her// employer or union health insurance plan?

- 01 /TEXT RANGE=70/ _____
- 98 DK
- 99 REFUSED

(All in G72c, skip to G73)

G72d /If code "02" in G72b, ask:
//Are you/ Is person in S1// ineligible because //you have/she has/he has// NOT worked long enough, because //you do NOT/person in S1 does NOT//work enough hours, because //you are/he is/she is// on call, because of medical problems, or for some other reason .

[IF OTHER REASON AND IF NECESSARY, PROBE FOR REASON]

01 NOT WORKED THERE LONG ENOUGH
02 NOT WORKING ENOUGH HOURS
03 ON CALL
04 MEDICAL PROBLEMS
05 INSURANCE ONLY OFFERED TO MANAGERS/UNION/PROFESSIONALS

97 Other (code verbatim _____)
98 DK
99 REFUSED

G72d.1 / If G72d=97 ask/
Why //are you/is person in S1// not eligible?

01 /TEXT RANGE=70/ _____

98 DK
99 REFUSED

G73. How many hours PER WEEK //do you/does Person in S1// usually work at //your/his/her// current primary job?

[IF NECESSARY: Your best guess is fine.]

01-84 (Code actual number of hours and skip to G73b)
85 (skip to G73b) 85 or more hours

98 DK
99 REFUSED

G73a: /If code '98' or '99' in G73 ask/
//Do you/does person in S1// USUALLY work less than 35 hours per week or 35 or more hours per week at //your/his/her// primary job?

01 LESS THAN 35 HOURS/WEEK
02 35 HOURS/WEEK OR MORE

98 DK
99 REFUSED

*[CATI Programming Note: For questions G73b-G73d,
if code '03' in G71a, replace "(your/person in S1)'s employer or union)" with "(you/person in S1)"
and "Does (your/person in S1)'s employer or union" with "(Do you/does person in S1)"]*

G73b_1 What kind of business or industry //do you/does person in S1// primarily work in?

[INTERVIEWER NOTE: Probe until the respondent has provided a description that captures the nature of the business or industry. Ask "What do they make or do where //you work/person in S1 works//?"]

[If **SALES** ask: "Retail or wholesale?"]

[If **CLERK** ask: "Is this for a store (then ask 'retail' or 'wholesale') or ask "What do they make or do where //you work/person in S1 works//?"]

[If **OFFICE** ask: "What do they make or do where //you work/person in S1 works//?"]

[If **SERVICE** ask: "What type of services does//your/person in S1's//employer provide?"]

[If **NAME A PRODUCT** ask: "Does (your/person in S1's) employer mainly make, sell or repair this product?"
If response is "sell" then ask if necessary "Retail or Wholesale?"].

[Retail is selling directly to the general public. Wholesale is selling to other businesses for resale.]

01 /TEXT RANGE=70/ _____

98 DK
99 REFUSED

G73c. 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 //your/person in S1's// employer?

[INTERVIEWER NOTE: Your best guess is fine.]

01 (skip to PREH76)0 or 1 employee
02 (skip to PREH76)2 - 9 employees
03 (skip to PREH76)10 - 24 employees
04 (skip to PREH76)25 - 49 employees
05 (skip to PREH76)50 - 99 employees
06 (skip to PREH76)100 - 249 employees
07 (skip to PREH76)250 - 499 employees
08 (skip to PREH76)500 - 999 employees
09 (skip to PREH76)1,000 employees or more

98 DK
99 REFUSED

G73d /If code "98" or code "99" in G73c ask:
Do you think it is more or less than 50 people?

[INTERVIEWER NOTE: Your best guess is fine.]

- 01 50 or more people
- 02 less than 50 people
- 03 About 50 people

- 98 DK
- 99 REFUSED

SECTION H: ADULT DEMOGRAPHICS AND FAMILY INCOME

(There is no H75)

PREH76: The next few questions are for general classification purposes:

H76. //Are you/Is Person in S1// (read 01-06)?

- 01 Married
- 02 (Skip to H77) Divorced
- 03 (Skip to H77) Widowed
- 04 (Skip to H77) Separated
- 05 (Skip to H77) Never married, OR
- 06 A member of an unmarried couple

- 98 (Skip to H77) DK
- 99 (Skip to H77) REFUSED

H76a. /If (code "18-64" in S14 OR code "01, 02, 03,04, 05" in S14a) AND code "01" or "06" in H76, ask:/
Is //your/Person in S1's// spouse or partner currently employed?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

H77. What is the highest level of school //you have/Person in S1 has// completed or the highest degree received?

[INTERVIEWER NOTE: READ ONLY IF ABSOLUTELY NECESSARY.]

- 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

(There are no questions #H78-#H82)

FAMILY INCOME

*//If code "01" in S10 AND code "00" or BLANK in S13, Continue//
//Otherwise, Skip to "Read #2"//*

READ #1: The next question asks about //your/Person in S1's// income so that the survey sponsors can find out how income relates to health insurance coverage and problems with medical care.

(All in "Read #1", Skip to H85)

READ #2: The next question asks about //your/Person in S1's// family income so that the survey sponsors can find out how income relates to health insurance coverage and problems with medical care.

H84. /Autocode the total number of persons in the family by adding the response in S11 plus the response in S13//

01-22 (S11+S13)

99 (Missing data)

H85. /If code "01" in S11 AND code "00" or BLANK in S13, read/

Please tell me //your/Person in S1's// total income during the calendar year 2002. 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 2002. 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.

01 ENTER YEARLY INCOME
02 (SKIP TO H85M) ENTER MONTHLY INCOME
98 (SKIP TO NOTE BEFORE H86) DK
99 (SKIP TO NOTE BEFORE H86) REFUSED

H85y. 000000-999000 (SKIP TO NOTE BEFORE H86) (Code actual response in dollars up to \$999,000)
999997 (SKIP TO NOTE BEFORE H86) (1 million or more)

999998 (SKIP TO NOTE BEFORE H86) DK
999999 (SKIP TO NOTE BEFORE H86) REFUSED

H85m. 000000-999000 (Code actual response in dollars up to \$999,000)
999997 (1 million or more)

999998 DK
999999 REFUSED

//convert monthly income to yearly income for following autcodes//

//Autocode response into H86, based on response in H84 AND H85//

//If code "99" in H84, Skip to Q152; Otherwise, Continue//

H86. /Autocode response in H85, rounded to the nearest thousand dollars if necessary, based on response in H84 OR If code "999998" or "999999" in H85, ask:/

If H84='01':

Which category represents (your/person in S1's) total income during the calendar year 2002? Is it (read 01-07, as appropriate)?

If H84='02-22':

Which category represents the total combined income of all members of this FAMILY during the calendar year 2002? Is it (read 08-56, as appropriate)?

[IF NECESSARY: Your best guess is fine.]

//If code "01" in H84, read://

01 Less than \$6,000
 02 \$6,000 to \$8,000
 03 \$9,000 to \$13,000
 04 \$14,000 to \$17,000
 05 \$18,000 to \$22,000
 06 \$23,000 to \$26,000
 07 More than 26,000

//If code "02" in H84, read://

08 Less than \$8,000
 09 \$8,000 to \$11,000
 10 \$12,000 to \$17,000
 11 \$18,000 to \$23,000
 12 \$24,000 to \$29,000
 13 \$30,000 to \$35,000
 14 More than \$35,000

//If code "03" in H84, read://

15 Less than \$10,000
 16 \$10,000 to \$15,000
 17 \$16,000 to \$22,000
 18 \$23,000 to \$30,000
 19 \$31,000 to \$37,000
 20 \$38,000 to \$45,000
 21 More than \$45,000

//If code "04" in H84, read://

22 Less than \$11,000
 23 \$11,000 to \$18,000
 24 \$19,000 to \$27,000
 25 \$28,000 to \$36,000
 26 \$37,000 to \$45,000
 27 \$45,000 to \$54,000
 28 More than \$54,000

//If code "05" in H84, read://

29 Less than \$13,000
 30 \$13,000 to \$21,000
 31 \$22,000 to \$31,000
 32 \$32,000 to \$42,000
 33 \$43,000 to \$53,000
 34 \$54,000 to \$63,000
 35 More than \$63,000

//If code "06" in H84, read://

36 Less than \$15,000
 37 \$15,000 to \$24,000
 38 \$25,000 to \$36,000
 39 \$37,000 to \$48,000
 40 \$49,000 to \$60,000
 41 \$61,000 to \$72,000
 42 More than \$72,000

//If code "07" in H84, read://

43 Less than \$17,000
 44 \$17,000 to \$27,000
 45 \$28,000 to \$41,000
 46 \$42,000 to \$54,000
 47 \$55,000 to \$68,000
 48 \$69,000 to \$82,000
 49 More than \$82,000

//If code "08" – "22" in H84, read://

50 Less than \$19,000
 51 \$19,000 to \$30,000
 52 \$31,000 to \$45,000
 53 \$46,000 to \$60,000
 54 \$61,000 to \$76,000
 55 \$77,000 to \$91,000
 56 More than \$91,000

98 (Autocode H87 as "8")

99 (Autocode H87 as "8")

DK

REFUSED

/If '99', attempt to convert refusal and ask/:

Your response would really help the survey sponsors understand how lower and higher income groups differ in health insurance coverage and problems getting health care. Your response would be kept completely confidential and only used for statistical analysis of large income groups such as persons at or near poverty level. Will you tell me about how much income //your/person in s1's// family received last year?

[If necessary, repeat choices in H86].

- H87. //Autocode as appropriate based on response in H86//
- 1 //If code "01", "08", "15", "22", "29", "36",
"43" or "50" in H86, code as:// Less than 63%
 - 2 //If code "02", "09", "16", "23", "30", "37",
"44" or "51" in H86, code as:// 63% - 100%
 - 3 //If code "03", "10", "17", "24", "31", "38",
"45" or "52" in H86, code as:// 101% - 150%
 - 4 //If code "04", "11", "18", "25", "32", "39",
"46" or "53" in H86, code as:// 151% - 200%
 - 5 //If code "05", "12", "19", "26", "33", "40",
"47" or "54" in H86, code as:// 201% - 250%
 - 6 //If code "06", "13", "20", "27", "34", "41",
"48" or "55" in H86, code as:// 251% - 300%
 - 7 //If code "07", "014", "21", "28", "35", "42",
"49" or "56" in H86, code as:// 301% or more
 - 8 Missing information -

(Questions 88-89 were deleted)

Q153. INCLUDING THIS PHONE NUMBER, how many telephone numbers are there in //your/person in S1's// house that are primarily for non-business use? Do not include cell phones or numbers that are only used by a computer or fax machine.

- | | | |
|-------|----------------|----------------------|
| 01 | (Skip to Q155) | ONE |
| 02-10 | | (Code actual number) |
| 11 | | MORE THAN 10 |
| 98 | | DK |
| 99 | | REFUSED |

Q154. //If code "02-99" in Q153, ask//:
Is this telephone line the main line into //your/person in S1's// home?

- | | |
|----|---------|
| 01 | YES |
| 02 | NO |
| 98 | DK |
| 99 | REFUSED |

Q155. At any time, DURING THE PAST 12 MONTHS, had //your/person in S1's// household been without telephone service for 24 hours or more?

- 01 YES
- 02 (Skip to note before i90) NO
- 98 (Skip to note before i90) DK
- 99 (Skip to note before i90) REFUSED

Q156. For how long did //you/person in S1// NOT have telephone service DURING THE PAST 12 MONTHS?
(Open ended and code)

- 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

Q156a. What is the MAIN reason that //you/person in S1// did NOT have telephone service at //your/person in s1's// household DURING THE PAST 12 MONTHS?

- 01 /TEXT RANGE=70/ _____
- 98 DK
- 99 REFUSED

*//If response in S13 is code "01-12", Continue;
Otherwise, Skip to Q157//*

(THIS IS THE END OF THE ADULT SECTION)