

2017 Ohio Medicaid Assessment Survey

Adult and Child CATI Instrument Specifications

Final

Last updated 09-17-2018

Appendix E to the 2018 OMAS Methodological Report

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Global References

FIPS	County	Region	95	Lucas	North Central
33	Crawford	Southeast	107	Mercer	NorthWest
41	Delaware	South Central	123	Ottawa	North Central
45	Fairfield	South Central	125	Paulding	NorthWest
47	Fayette	South Central	137	Putnam	NorthWest
49	Franklin	South Central	143	Sandusky	North Central
73	Hocking	South Central	147	Seneca	North Central
83	Knox	SouthEast	161	Van Wert	NorthWest
89	Licking	SouthEast	171	Williams	NorthWest
91	Logan	South Central	173	Wood	North Central
97	Madison	South Central	175	Wyandot	NorthWest
101	Marion	South Central	9	Athens	SouthEast
117	Morrow	SouthEast	13	Belmont	SouthEast
127	Perry	SouthEast	31	Coshocton	SouthEast
129	Pickaway	South Central	53	Gallia	South Central
131	Pike	South Central	59	Guernsey	SouthEast
141	Ross	South Central	67	Harrison	SouthEast
145	Scioto	South Central	79	Jackson	South Central
159	Union	South Central	81	Jefferson	SouthEast
5	Ashland	NorthEast Central	87	Lawrence	South Central
19	Carroll	NorthEast Central	105	Meigs	South Central
75	Holmes	NorthEast Central	111	Monroe	SouthEast
133	Portage	NorthEast	115	Morgan	SouthEast
139	Richland	NorthEast Central	119	Muskingum	SouthEast
151	Stark	NorthEast Central	121	Noble	SouthEast
153	Summit	NorthEast	163	Vinton	South Central
157	Tuscarawas	NorthEast Central	167	Washington	SouthEast
169	Wayne	NorthEast	1	Adams	SouthWest
7	Ashtabula	NorthEast	15	Brown	SouthWest
35	Cuyahoga	NorthEast	17	Butler	SouthWest
43	Erie	NorthEast Central	25	Clermont	SouthWest
55	Geauga	NorthEast	27	Clinton	SouthWest
77	Huron	NorthEast Central	61	Hamilton	SouthWest
85	Lake	NorthEast	71	Highland	SouthWest
93	Lorain	NorthEast	165	Warren	SouthWest
103	Medina	NorthEast	21	Champaign	SouthWest
29	Columbiana	NorthEast	23	Clark	SouthWest
99	Mahoning	NorthEast	37	Darke	SouthWest
155	Trumbull	NorthEast	57	Greene	SouthWest
3	Allen	NorthWest	109	Miami	SouthWest
11	Auglaize	NorthWest	113	Montgomery	SouthWest
39	Defiance	NorthWest	135	Preble	SouthWest
51	Fulton	NorthWest	149	Shelby	NorthWest
63	Hancock	NorthWest			
65	Hardin	NorthWest			
69	Henry	NorthWest			

NOTES

- PROGRAMMER – We need a help screen available at all times that provides the following text:

If you have questions or concerns about the study, or if you feel that you have been harmed as a result of study participation, you may call the State of Ohio at 1-800-678-6437.

- The following are variables that will be loaded into the CATI from the sample file:
 - CALL TYPE. 1 = Landline, 2 = Cellphone
 - INCENTIVE. 1 = \$10 incentive, 2 = No incentive

FRONT END SCREENING

ANSPROMPT

(ASK IF: ANSW_CT==1 OR ANSW_CT==4 OR ANSW_CT==7 OR ANSW_CT==10, ELSE GO TO INT02.)

PLEASE LEAVE THE FOLLOWING MESSAGE ON THE ANSWERING MACHINE.

Hello, I'm calling on behalf of The Ohio State University regarding an important research study about the health and health care issues affecting state residents. Please call us at 1-855-322-2826 at your convenience. Your participation will help the State of Ohio make better health care policy decisions for residents, such as yourself. My name is ____ (First name) and we look forward to speaking with you. Thank you.

- 01 LEFT MESSAGE (GO TO INT02)
- 02 SOMEONE PICKED UP (GO TO ANSWRECORD)
- 03 UNABLE TO LEAVE MESSAGE (GO TO INT02)

INT04

(DISPLAY IF: DISP = PRIVACY MANAGER)

IF THE MESSAGE ASKS TO IDENTIFY WHO OR WHAT COMPANY IS CALLING:
"We are calling on behalf of the State of Ohio."

IF MESSAGE ASKS TO ENTER A PHONE NUMBER:
ENTER: 1-855-322-2826

- 01 PHONE ANSWERED (GO TO INT1A)
- 02 PHONE NOT ANSWERED (GO TO SCREEN)

INTRODUCTION AND SCREENER QUESTIONS FOR MAIN SAMPLE

(PROGRAMMER: EACH SECTION NEEDS A TIMER. PLEASE START TIMER FOR SECTION A. TO BE STORED FOR COMPLETE AND SCREENED INTERVIEWS)

(SECTIONTIME_SECS_TIMESTART = ADMIN VARIABLE WITH SECTION S START TIME)

LEAD_IN1

Hello, I'm calling on behalf of The Ohio State University regarding an important study about the health and health care issues affecting state residents. My name is ____ (First name) and I am part of the research team. This is not a scam or a sales call.

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey sponsor is the State of Ohio. We are not selling anything, and I will not ask you to share any personally identifiable information such as social security numbers or account numbers.)

- 01 CONTINUE (GO TO CF1A)
- 04 BUSINESS NUMBER (GO TO BUSINESS_NUM)
- 05 WOULD LIKE TO BE CALLED ON A NEW NUMBER (GO TO TEL06)

BUSINESS_NUM

We are conducting a study of households in Ohio. For survey purposes can you confirm if anyone lives at these premises?

- 01 YES (GO TO CF1A)
- 02 NO

CF1A

Your telephone number was chosen randomly and all information will be kept strictly confidential and only reported in group form. This call may be monitored or recorded for quality assurance. (FILL: IF CALLTYPE=02 The person selected to participate will receive a \$10 electronic gift card for completing the survey.)

(IF NECESSARY: We are also interested in experiences of persons who do not have health insurance. The sponsors need your household's input to make health care policy decisions that may be helpful to the State of Ohio. This survey should take 20 minutes to complete. I work for RTI, a survey research company contracted by the Ohio State University on behalf of the State of Ohio. If you have questions, concerns, or complaints about the study, you may call the State of Ohio at 1-800-678-6437.)

- 01 ADULT ON PHONE (GO TO STARTTIME_S)
- 02 ADULT AVAILABLE (GO BACK TO LEAD_IN1)
- 03 CHILD SPEAKING (GO TO ADULT)

- 05 LANGUAGE BARRIER (GO TO LANGBARRIER)
- 06 REFUSED (GO TO WHO_REF)

ADULT

May I speak with an adult?

- 01 ADULT AVAILABLE (GO BACK TO LEAD_IN1)
- 03 NOT AVAILABLE (GO TO THANKS1)

- 99 REFUSED (GO TO WHO_REF)

CELL_RESP

Is this a <CALLTYPE> phone?

(INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE
IF NECESSARY: By landline we mean any phone in your house that is not a cell phone.)

- 01 LANDLINE PHONE
- 02 CELL PHONE (GO TO CELL1)
- 08 SCHEDULE A CALLBACK (GO TO INT06)
- 09 OTHER CODES (GO TO ALTB)

PS

(ASK IF: CELL_RESP=01)

(PROGRAMMER: START TIMER FOR SCREENER. REQUIRED FOR BOTH COMPLETE AND SCREENED INTERVIEWS)

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

- 01 YES (GO TO NUM_ADULTS)
- 02 NO, NON-RESIDENCE (GO TO INT05)

- 98 DK (GO TO INT05)
- 99 REFUSED (GO TO INT05)

CELL1

(ASK IF: IF CELL_RESP=02)

Before we continue, are you driving or doing anything that requires your full attention right now?

- 01 YES (R IS DRIVING/DOING SOMETHING)
- 02 NO (GO TO CELL_PICK)
- 03 NOT A CELL PHONE (GO BACK TO CELL_RESP)

CELL2

When would be a better time to call you?

(IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: I'm sorry, but for your safety we're not able to do the interview while you're driving. When would be a better time to call you?)

- 01 SET CALL BACK (GO TO INT06)

CELL_PICK

This study hopes to gain information about health care. I need to speak with an adult 19 years or older. Are you an adult?

- 01 YES (ADULT ON PHONE) (GO TO PRESCR_NAME)
- 02 NO (CHILD ON PHONE)

CELL_CONFIRM

Does this phone belong to someone 19 years of age or older? (IF YES: May I speak to that adult?)

- 01 YES, ADULT COMES TO PHONE (GO TO CELL_INTRO)
- 02 YES, ADULT CANNOT COME TO PHONE (GO TO INT06)
- 03 NO, PHONE BELONGS TO SOMEONE 18 YRS OR YOUNGER (GO TO INT09)

NUM_ADULTS

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, **including** yourself, are 19 years of age or older?

(INTERVIEWER: 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.)

ENTER NUMBER OF ADULTS

- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)

NUM_ADULTREF

(ASK IF NUM_ADULTS = 98,99)

For the purposes of this survey, we will need to know the number of adults, aged 19 years or older, who are members of your household. How many members of your household, including yourself, are 19 years of age or older?

(INTERVIEWER NOTE: IF GIVES A NUMBER, SELECTING 01 WILL TAKE YOU BACK TO NUM_ADULT TO ENTER A RESPONSE. YOU DO NOT HAVE TO RE-READ THE QUESTION.)

- 01 GIVES ANSWER - TAKES YOU BACK TO NUM_ADULT TO ENTER RESPONSE

- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)

S10C

Just to confirm, you said that there are no adults, 19 years of age or older in your household?

- 01 YES, THERE ARE NO ADULTS (GO TO INT09)
- 02 NO, THERE ARE ADULTS (GO BACK TO NUM_ADULTS)

- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)

S1 The person in your household I need to interview is the adult aged 19 or older currently living in your household with the most recent birthday. Is that you or someone else?

(INTERVIEWER: SELECT THE PERSON WHO HAD THE LAST BIRTHDAY, NOT WHO WILL HAVE THE NEXT BIRTHDAY.)

(IF NECESSARY:

- o 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.
- o 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.)

(INTERVIEWER: IF RESPONDENT SAYS THAT TWINS, TRIPLETS, QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY ``Consider their order of birth, and tell me who was born last.'')

- 01 SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR_NAME)
- 02 NOT SPEAKING TO ADULT WITH MOST RECENT BIRTHDAY (GO TO PRESCR_NAME)
- 03 INDIVIDUAL ON PHONE DOES NOT KNOW HOUSEHOLD MEMBERS BIRTHDAYS

- 96 THERE ARE NO ADULTS 19 OR OVER IN HOUSEHOLD (GO TO INT09)
- 98 DK (GO TO INT11)
- 99 REFUSED (GO TO INT11)

S1a

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

- 01 PERSON COMING TO THE PHONE (GO BACK TO S1)
- 02 NO ONE AVAILABLE WHO KNOWS HHM BIRTHDAYS (GO TO INT06)

CELL_INTRO

Hello, my name is _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of The Ohio State University. We are conducting a survey on health and health care issues. This call may be monitored or recorded for quality assurance.

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything)

You are the person I need to interview.

- 01 CONTINUE

SCR_NAME

(FILL: IF CELL_PICK=01 Then you are the person I need to interview.)

Could I have <PRESCR_NAME> 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.)

(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP)

RECORD NAME OR INITIALS (TEXT RANGE=25 CHARACTERS)

SPEAK1

(ASK IF: S1=01 OR CELL_PICK= 01 OR NUM_ADULTS=01 GO TO PREINFORM, ELSE ASK SPEAK1)

May I speak to <PRESCR_NAME> now?

(INTERVIEWER:

- IF THE SELECTED RESPONDENT IS TEMPORARILY ILL AND WOULD BE ABLE TO DO THE INTERVIEW AT A LATER TIME, SELECT 02 NOT AVAILABLE.
- SELECT OPTION 03, ONLY IF THE SELECTED RESPONDENT CANNOT DO THE INTERVIEW DUE TO A LONG-TERM OR PERMANENT PHYSICAL OR MENTAL IMPAIRMENT.)

- 01 YES (GO TO S5)
- 02 NO (GO TO INT06)
- 03 SELECTED R IS PHYSICALLY OR MENTALLY IMPAIRED AND CANNOT DO INTERVIEW

- 98 DK (GO TO INT06)
- 99 REFUSED (GO TO INT06)

SS2b

I need to speak to the person who knows the most about (FILL: SCR_NAME'S) health insurance. Would that be you or someone else?

(INTERVIEWER: 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 in the household would be the most knowledgeable?)

- 01 YES (GO TO PROXY_NAME)
- 02 NO (GO TO SK_SS2B)

- 98 DK (GO TO SK_SS2B)
- 99 REFUSED (GO TO SK_SS2B)

PROXY_NAME

Could I have (FILL: IF SS2b=01 your / IF SS2b=02 his or 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 work.)

(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP.)

RECORD NAME OR INITIALS (TEXT RANGE=25 CHARACTERS)

S4a

(ASK IF: SS2b=02, ELSE GO TO S5)

May I speak to (FILL: PROXY_NAME) now please?

- 01 YES
- 02 NO (GO TO INT06)

- 98 DK (GO TO INT06)
- 99 REFUSED (GO TO INT06)

S5

(ASK IF S4A=01 OR SPEAK1=01)

Hello, my name is ____ and I am calling on behalf of The Ohio State University regarding an important study about the health and health care issues affecting state residents. This call may be monitored or recorded for quality assurance.

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything.)

- 01 AVAILABLE
- 02 NOT ABLE TO PARTICIPATE AT THIS TIME (GO TO INT06)

INFORM

(FILL: IF SPEAK1=03: We are conducting a survey on health and health care issues. Since <SCR_NAME> is unable to complete the interview, we would like you to respond on their behalf.)

Now, I would like to ask a few general questions about <YOURSELF_NAM> and <YOUR_HIS_HER> family.

Before we begin, The Ohio State University would like me to tell you that the interview will last approximately 20 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential. May we begin?

(INTERVIEWER:
IF THE R SAYS NO, CLICK BREAK TO SET AN APPOINTMENT OR CODE A REFUSAL)

- 01 YES
- 02 NO (GO TO INT06)

- 99 REF (GO TO WHO_REF)

S2c

(ASK IF: SS2b = 01 OR S4a=01, ELSE ASK S15)

What is your relationship to <SCR_NAME>?

(INTERVIEWER: READ LIST ONLY IF NECESSARY, and SAY: "You are < SCR_NAME>'s...)

- 01 YOU ARE (SCR_NAME)'S WIFE / FEMALE PARTNER
- 02 YOU ARE (SCR_NAME)'S HUSBAND / MALE PARTNER
- 03 YOU ARE (SCR_NAME)'S MOTHER
- 04 YOU ARE (SCR_NAME)'S FATHER
- 05 YOU ARE (SCR_NAME)'S DAUGHTER
- 06 YOU ARE (SCR_NAME)'S SON
- 07 YOU ARE (SCR_NAME)'S GRANDMOTHER
- 08 YOU ARE (SCR_NAME)'S GRANDFATHER
- 09 YOU ARE (SCR_NAME)'S AUNT
- 10 YOU ARE (SCR_NAME)'S UNCLE
- 11 YOU ARE (SCR_NAME)'S SISTER
- 12 YOU ARE (SCR_NAME)'S BROTHER
- 13 YOU ARE (SCR_NAME)'S OTHER FEMALE RELATIVE
- 14 YOU ARE (SCR_NAME)'S OTHER MALE RELATIVE
- 15 YOU ARE (SCR_NAME)'S FEMALE LEGAL GUARDIAN
- 16 YOU ARE (SCR_NAME)'S MALE LEGAL GUARDIAN
- 17 YOU ARE (SCR_NAME)'S FOSTER MOTHER
- 18 YOU ARE (SCR_NAME)'S FOSTER FATHER
- 19 YOU ARE (SCR_NAME)'S OTHER FEMALE NON-RELATIVE
- 20 YOU ARE (SCR_NAME)'S OTHER MALE NON-RELATIVE

- 98 DK
- 99 REFUSED

S15

What is <YOUR_NAME> gender?

(INTERVIEWER: READ ANSWER OPTIONS IF NECESSARY.)

- 01 MALE

02 FEMALE
 97 OTHER

 99 REFUSED

S8

How long <HAVE_HAS> <YOU_NAME> lived in Ohio? Has it been less than a month, or one month or more?

(INTERVIEWER: IF RESPONSE IS "ALL MY LIFE", SELECT RESPONSE OPTION 02 "ONE MONTH OR MORE".)

01 LESS THAN 1 MONTH (GO TO INT18)
 02 ONE MONTH OR MORE

 98 DK (GO TO INT18)
 99 REFUSED (GO TO INT18)

S9

In what county in the State of Ohio <DO_DOES> <YOU_NAME> live?

(IF NECESSARY: Which county <DO_DOES> <YOU_NAME> live in **most of the time**?)

(INTERVIEWER NOTE:

- FIND THE COUNTY RESPONDENTS NAME IN THE LIST AND CODE ACCORDINGLY.
- IF RESPONDENT SAYS MORE THAN ONE COUNTY NAME, CODE ONLY THE ONE RESPONDENT LIVES IN MOST OF THE TIME IS MOST SURE OF.

(ANTICIPATED CODE FROM SAMPLE IS (FILL: RESTORE COUNTY FIPS CODE)

001	ADAMS	061	HAMILTON	121	NOBLE
003	ALLEN	063	HANCOCK	123	OTTAWA
005	ASHLAND	065	HARDIN	125	PAULDING
007	ASHTABULA	067	HARRISON	127	PERRY
009	ATHENS	069	HENRY	129	PICKAWAY
011	AUGLAIZE	071	HIGHLAND	131	PIKE
013	BELMONT	073	HOCKING	133	PORTAGE
015	BROWN	075	HOLMES	135	PREBLE
017	BUTLER	077	HURON	137	PUTNAM
019	CARROLL	079	JACKSON	139	RICHLAND
021	CHAMPAIGN	081	JEFFERSON	141	ROSS
023	CLARK	083	KNOX	143	SANDUSKY
025	CLERMONT	085	LAKE	145	SCIOTO

027	CLINTON	087	LAWRENCE	147	SENECA
029	COLUMBIANA	089	LICKING	149	SHELBY
031	COSHOCTON	091	LOGAN	151	STARK
033	CRAWFORD	093	LORAIN	153	SUMMIT
035	CUYAHOGA	095	LUCAS	155	TRUMBULL
037	DARKE	097	MADISON	157	TUSCARAWAS
039	DEFIANCE	099	MAHONING	159	UNION
041	DELAWARE	101	MARION	161	VAN WERT
043	ERIE	103	MEDINA	163	VINTON
045	FAIRFIELD	105	MEIGS	165	WARREN
047	FAYETTE	107	MERCER	167	WASHINGTON
049	FRANKLIN	109	MIAMI	169	WAYNE
051	FULTON	111	MONROE	171	WILLIAMS
053	GALLIA	113	MONTGOMERY	173	WOOD
055	GEAUGA	115	MORGAN	175	WYANDOT
057	GREENE	117	MORROW		
059	GUERNSEY	119	MUSKINGUM		

998 DK
999 REFUSED

S9a

(ASK IF: S9=998 OR 999, ELSE GO TO S9B)

In what city or town <DO_DOES> <YOU_NAME> live?

(INTERVIEWER: PROBE FOR SPELLING NEEDED.)

RECORD RESPONSE (TEXT RANGE=70 CHARACTERS)

S9b

What is <YOUR_NAME> ZIP code?

RECORD 5 DIGIT ZIP CODE (RANGE 43000-45999)

DK 99998
RE 99999

S11

(ASK IF: NUM_ADULTS NOT EQUAL 1, ELSE GO TO S12)

(PROGRAMMER: S11 MAY BE UPDATED THROUGHOUT THE SCREENER. STORE ORIGINAL VALUE IN ZS11)

Including <YOURSELF_NAM>, how many **adult** members of <YOURHISHER> **family**, age 19 and over, live in this household? By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

(IF NECESSARY: For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reached you/proxy name. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

(IF RESPONDENT SAYS "0", ASK "Are you the only person age 19 or older in your family living in this household?" IF YES, CODE "01")

(IF RESPONDENT GIVES A NUMBER GREATER THAN 20, CODE RESPONSE AS 20.)

ENTER NUMBER

- 98 DK (GO TO S12)
- 99 REFUSED (GO TO S12)

S11b

(ASK IF: S11> NUM_ADULTS AND NUM_ADULTS > 00, ELSE GO TO S12)

Let me see if I have this right, earlier I had recorded that there were <NUM_ADULTS> living in <YOUR_NAME> **household**, but now I recorded that there were <S11> in <YOUR_NAME> **family**? Which of these is correct?

(IF NECESSARY: For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reached you. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

- 01 CHANGE NUMBER OF ADULTS IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE NUM_ADULTS
- 02 CHANGE NUMBER OF ADULTS IN FAMILY, ENTER NEW NUMBER AND RECODE S11
- 03 NO CHANGES (GO TO S12)

- 99 REFUSED (GO TO S12)

S12

How many children 18 years of age **or younger** live in your household, whether they are family members or not?

(IF NECESSARY:

- For purposes of this survey, "household" is defined differently from "family". Household refers to all of the people who are living in this house, apartment, or mobile home where we reach the respondent.
- By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

ENTER NUMBER OF CHILDREN

- 98 DK (GO TO S14)
- 99 REFUSED (GO TO S14)

S13b

(IF S12=01)

Is the child living in your household a family member?

(ASK IF S12>01)

How many of the <S12> living in your household are family members?

(IF NECESSARY: By family, I mean children who are related to you by birth, marriage, adoption or legal guardian.)

(NOTE: IF RESPONDENTS SAYS "NONE" CODE AS 0)

ENTER NUMBER OF CHILDREN

- 98 DK (GO TO S13A)
- 99 REFUSED (GO TO S13A)

NOCHILD_CHK

(ASK IF: S13B>S12, ELSE GO TO S13A)

Let me see if I have this right, there are <S12>, total in the household and <S13B> in the household who are family members. Which of these is correct?

- 1 CHANGE NUMBER OF CHILDREN IN HOUSEHOLD, ENTER NEW NUMBER AND RECODE S12 (GO TO S12)
- 2 CHANGE NUMBER OF CHILDREN IN FAMILY, ENTER NEW NUMBER AND RECODE S13 (GO TO S13B)
- 98 DK
- 99 REFUSED

S13a

<AREYOU_ISNAM> a parent of any of the < S12> living in your household, including children temporarily away from the home?

(IF NECESSARY: Parents include step parents, foster parents, and legal guardians.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

S14

Please tell me how old <YOUWERE_NAME> on <YOURHISHER> last birthday.

(IF NECESSARY:

- o These questions are just to help ensure that this study's results represent everyone in the state of Ohio.

- o Your best guess is fine.)

RECORD AGE (RANGE 019-125)

- 998 DK (GO TO S14A)
- 999 REFUSED (GO TO S14A)

S14a (ASK IF: S14=998,999, ELSE GO TO S14FILL)

On <YOUR_NAME> last birthday would you say that <YOUWERE_NAME>...

(IF NECESSARY:

- o These questions are just to help ensure that this study's results represent everyone in the State of Ohio.

- o Your best guess is fine.)

- 01 19-24 years old
- 02 25-34 years old
- 03 35-44 years old
- 04 45-54 years old
- 05 55-64 years old
- 06 65 years or older

- 98 DK (GO TO INT09)

99 REFUSED (GO TO INT09)

(SECTIONTIME_SECS_TIMEEND = ADMIN VARIABLE WITH SECTION S END TIME)

(SECTIONTIME_SECS_TIMETOTAL = ADMIN VARIABLE WITH SECTION S TOTAL TIME)

(SECTIONTIME_SECS_COMPLETION = ADMIN VARIABLE NOTING IF SECTION S COMPLETED)

SECTION A: CURRENT INSURANCE STATUS

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION A)
(SECTIONTIME_SECA_TIMESTART = ADMIN VARIABLE WITH SECTION A START TIME)**

PREA1

My next questions are about <YOUR_NAME> **current** health insurance coverage, that is, the health coverage <YOU_NAME> had **last week**, if any. Most of these questions require a “yes” or “no” answer.

01 CONTINUE

A1

<AREYOU_ISNAM> covered by health insurance or some other type of health care plan?

01 YES (GO TO END OF SECTION A)

02 NO

98 DK

99 REFUSED

A1a

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, TRICARE or Champ-VA.

Keeping this in mind, <AREYOU_IS_L> covered by health insurance or some other type of health care plan?

01 YES, INSURED

02 NO, NOT INSURED (GO TO C1)

98 DK (GO TO C1)

99 REFUSED (GO TO C1)

(SECTIONTIME_SECA_TIMEEND = ADMIN VARIABLE WITH SECTION A END TIME.)

(SECTIONTIME_SECA_TIMETOTAL = ADMIN VARIABLE WITH SECTION A TOTAL TIME.)

(SECTIONTIME_SECA_COMPLETION = ADMIN VARIABLE NOTING IF SECTION A COMPLETED)

SECTION B: CURRENTLY INSURED ADULT

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION B.)
(SECTIONTIME_SECB_TIMESTART = ADMIN VARIABLE WITH SECTION B START TIME)**

Employer-based Coverage

B4A

<AREYOU_ISNAM> covered by a health insurance plan through a current or former employer or union?

(IF NECESSARY:

- o Either through (FILL: IF INT1=03 SCR_NAME's/ ELSE your) own or someone else's employment.
- o Include retiree coverage and COBRA.
- o Do not include Medicare or Medicaid coverage.
- o Military status is considered employment.)

(IF NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREYOU_ISNAM> enrolled in the program now?")

- 01 YES
- 02 NO (GO TO B4B)

- 98 DK (GO TO B4B)
- 99 REFUSED (GO TO B4B)

B4Aa

(DP SKIPCHECK NOTE: B4aa1=02 WILL APPEAR HERE AS 01 AND B4aa1=03 WILL APPEAR AS 02)
(POST-PROCESSING NOTE)

Is that insurance through <YOUR_NAME> work or <AREYOU_IS_L> receiving insurance as a dependent through someone else's work?

(IF NECESSARY:

- o A spouse is a dependent.
- o This includes current or past work.
- o The health insurance can come through a **past employer**, but the coverage **must be current.**)

- 01 <YOUROWN_NAMC> WORK (GO TO B4AB)

- 02 SOMEONE ELSE'S WORK (GO TO B4AB)
- 03 BOTH THROUGH <YOUROWN_NAMC> WORK AND SOMEONE ELSE'S WORK

- 98 DK (GO TO B4B)
- 99 REFUSED (GO TO B4B)

B4Aa1

Just to confirm, you said that <YOUR_NAME> insurance is through <YOUROWN_NAME> work and someone else's work?

- 01 YES, INSURANCE BOTH THROUGH <OWN_NAME_C> and SOMEONE ELSE'S WORK
- 02 NO, INSURANCE THROUGH <OWN_NAME_C> WORK ONLY (RECODE B4Aa=01)
- 03 NO, INSURANCE THROUGH SOMEONE ELSE'S WORK (RECODE B4Aa=02)

- 98 DK (GO TO B4B)
- 99 REFUSED (GO TO B4B)

B4Ab

(IF B4AA =01 OR 03 FILL: Is that through <YOUR_NAME> current work or past work?)

(IF B4AA = 02 FILL: <AREYOU_ISNAM> covered through that person's current work or past work?)

- 01 CURRENT WORK
- 02 PAST WORK

- 98 DK
- 99 REFUSED

Medicare Coverage

B4B

<areisC> <you_name> _\$recall(recall= "**also**", condition="B4A=01 or B4Aa=01")covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or with certain disabilities?

(IF NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREYOU_ISNAM> enrolled in the program now?")

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Medicaid Coverage

B4C

_\$recall(recall="<AREYOU_ISNAM> also covered by **Medicaid**, the **State** of Ohio government health care program?", condition= "(b4a=01 OR b4b=01)")

_\$recall(recall="<AREYOU_ISNAM> covered by Medicaid, the State of Ohio government health care program? ", condition="not(b4a=01 OR b4b=01)")

(IF NECESSARY:

- Medicaid uses managed care organizations like CareSource, Buckeye, Molina, Paramount, and United.
- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
- Medicaid also includes Ohio Works First Cash Assistance, and Medicaid for the Aged, Blind and Disabled.
- Medicaid waiver programs include Passport, Assisted Living, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.
- SELF refers to the Self-Empowered Life Funding waiver.)

(IF NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREYOU_ISNAM> enrolled in the program now?")

01 YES (GO TO B4B_CON1)

02 NO

98 DK

99 REFUSED

B4C_CK

_\$recall(recall="<areisC> <you_name> covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, **United Healthcare Community Plan**, or Buckeye Community Health Plan?", condition="not(B4B=01)")

_\$recall(recall="<areisC> <you_name> also covered by MBI WD,<b4cfilla> Medicare Premium Assistance Programs, QMB, SLMB, Healthy Families or Healthy Start? ",condition= "B4B = 01")

_\$recall(recall="(IF NECESSARY: Code any references to United Healthcare plans other than **United Healthcare Community Plan** or Paramount plans other than Advantage as 02=No)",condition="not(B4B=01)")

(FILL:

- IF S9=Delaware, Franklin, Madison, Pickaway, Union: the MyCare Ohio program that includes **Aetna Better Health Care** and Molina Healthcare
- IF S9=Fulton, Lucas, Ottawa, Wood: the MyCare Ohio program that includes **Aetna Better Health Care** and Buckeye Community Health Plan
- IF S9= Butler, Clermont, Clinton, Hamilton, Warren: the MyCare Ohio program that includes **Aetna Better Health Care** and Molina Healthcare
- IF S9=Cuyahoga, Geauga, Lake, Lorain, Medina: the MyCare Ohio program that includes CareSource, **United HealthCare Community Plan**, and Buckeye Community Health Plan
- IF S9=Clark, Greene, Montgomery: the MyCare Ohio program that includes Buckeye Community Health Plan and Molina HealthCare
- IF S9=Portage, Stark, Summit, Wayne: the MyCare Ohio program that includes CareSource and **United HealthCare Community Plan**
- IF S9=Columbiana, Mahoning, Trumbull: the MyCare Ohio program that includes CareSource and **United HealthCare Community Plan**

(IF NECESSARY:

- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
- Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD.
- Medicaid waiver programs include Passport, Assisted Living, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.
- SELF refers to the Self-Empowered Life Funding waiver.
- QMB refers to Qualified Medicare Beneficiary and is a program that assists with Medicare premiums and cost sharing.
- SLMB refers to Specified Low-Income Medicare Beneficiary and is a program that assists with Medicare premiums.
- MBI WD refers to Medicaid Buy In for Working Disabled.)

(If NECESSARY: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED', THEN ASK, "<AREYOU_ISNAM> enrolled in the program now?")

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B4C_CK_payer
(ASK IF B4C_CK = 01)

Who provides this health insurance plan? Is it <YOURHISHER> employer or union, a state or local government or community program, <YOU_NAME> or <YOURHISHER> family, or someone else?

- 01 EMPLOYER OR UNION
- 02 STATE, LOCAL, GOVERNMENT, OR COMMUNITY PROGRAM
- 03 <YOU_NAME_C> OR FAMILY
- 04 SOMEONE ELSE

- 98 DK
- 99 REFUSED

B4B_CON1

(ASK IF (B4B = 01 AND ((S14>=19 AND S14<65) OR (S14A>=01 AND S14A <06))) OR (B4B=02 AND ((S14>=65 AND S14<=125) OR (S14A=06))) OR (B4C_CK=98, 99) OR (B4B=98, 99)), ELSE GO TO B4B_R.

Just to verify, <areis> <you_name> covered by the state **Medicaid** program, or <areis> <you_name> covered through the national **Medicare** program, or by both **Medicaid** and **Medicare**?

(IF NECESSARY:

- Medicare is different from Medicaid. Medicare is a **Federal** health insurance for people 65 years or older and people with disabilities and is run by the Social Security Administration.
- Medicaid is a **State of Ohio** program that pays for medical insurance for certain individuals and families with low incomes and resources.)

- 01 MEDICAID ONLY
- 02 MEDICARE ONLY
- 03 BOTH MEDICAID AND MEDICARE
- 04 NEITHER

98 DK
99 REFUSED

B4B_CON2

(ASK IF: B4B_CON1 = 01 AND (S14 >=65 OR S14A = 06)) OR (B4B_CON1=02 AND ((S14>18 AND S14 <65) OR S14A<06)), ELSE GO TO B4B_R

And <you_name> <werewas> years old. Is that correct?

01 YES (GO TO B4B_R)
02 NO

98 DK (GO TO B4B_R)
99 REFUSED (GO TO B4B_R)

B4BCAGE

(ASK IF: B4B_CON2=02, ELSE GO TO B4B_R)

How old were <you_name> on your last birthday?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio. Your best guess is fine.)

ENTER AGE IN YEARS

998 DK
999 REFUSED

B4B_R

IF ((B4B_CON1= 02,03) THEN B4B_R=01), IF((B4B_CON1 = 01,04) THEN B4B_R=02), IF ((B4B_CON1= 98) THEN B4B_R=98), IF ((B4B_CON1=99) THEN B4B_R= 99), ELSE B4B_R= B4B

01 YES
02 NO

98 DK
99 REFUSED

B4C_R

IF ((B4B_CON1=01 OR 03) THEN B4C_R=01); ELSE IF ((B4B_CON1=02 OR 04) THEN B4C_R=02); ELSE IF B4B_CON1=98 THEN B4C_R=98; ELSE IF B4B_CON1=99 THEN B4C_R =99; ELSE IF B4C=1 THEN B4C_R=1; ELSE IF ((B4C_CHK=1 AND B4C_CHK_payer=02) THEN B4C_R=1); ELSE IF (B4C_CHK=01 AND B4C_CHK_payer NE 02) THEN B4C_R=02; ELSE B4C_R=B4C_CHK)

01 YES
02 NO

- 98 DK
- 99 REFUSED

B4Ca

(ASK: IF B4C_R=01), ELSE GO TO B4E

Which Medicaid plan <AREYOU_IS_L> covered by?

(IF NECESSARY: Is it Healthy Families, Healthy Start, Medicaid for the Aged, Blind and Disabled, Individual Options, IO, Level One Waiver, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, Buckeye Community Health Plan, or something else?)

(INTERVIEWER:
CODE ANY REFERENCE TO NOT HAVING MEDICAID AS 17. ALSO CODE ANY REFERENCES TO UNITED HEALTHCARE PLANS OTHER THAN UNITED HEALTHCARE COMMUNITY PLAN OR PARAMOUNT PLANS OTHER THAN ADVANTAGE AS 17.)

- 01 HEALTHY FAMILIES
- 02 HEALTHY START
- 03 MEDICAID FOR THE AGED, BLIND AND DISABLED, MBI WD, BCCP, HOME CHOICE/MONEY FOLLOWS THE PERSON (MFP), SPECIALIZED RECOVERY SERVICES (SRS)
- 04 PASSPORT OR ASSISTED LIVING WAIVER,
- 05 OHIO HOME CARE WAIVER
- 06 INDIVIDUAL OPTIONS, IO, LEVEL ONE, TRANSITIONS, OR SELF WAIVER
- 07 MYCARE OHIO
- 08 MEDICARE PREMIUM ASSISTANCE PROGRAM (MPAP), QMB, SLMB, "HELP WITH MEDICARE"
- 09 AETNA BETTER HEALTH CARE, AETNA
- 11 BUCKEYE COMMUNITY HEALTH PLAN, BUCKEYE
- 12 CARESOURCE
- 13 MOLINA HEALTHCARE
- 14 PARAMOUNT ADVANTAGE, PARAMOUNT
- 15 UNITED HEALTH CARE COMMUNITY PLAN, UNITED
- 17 EMPLOYEE/PERSONAL/NON-MEDICAID

- 97 OTHER
- 98 DK
- 99 REFUSED

B4C2

How long <HAVE_HAS> <YOU_NAME> been covered by <FL_B4CA>? Would you say...

(IF NECESSARY: Your best guess is fine.)

- 01 Less than 3 months

02 3 months to 1 year, or
03 more than 1 year?

98 DK
99 REFUSED

Private Coverage

B4E

<AREYOU_ISNAM> covered by health insurance purchased directly, that is, a private plan not related to a current or past employment?

<AREYOU_ISNAM> _\$Recall (RECALL="also", CONDITION="B4A=01 OR B4AA=01 OR B4C=01 OR (B4C_CK=01 AND B4C_CK_payer=3)") 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

Health Insurance Exchange

B4I

(SKIP IF: B4A=01 OR B4C=01 OR S14>=65 OR S14A>05 – GO TO B4G)

<areisC> <you_name> covered by a plan <youheshe> <werewas> enrolled in through the Ohio Health Care Exchange or a healthcare.gov insurance plan, that is, the Health Insurance Exchange related to Federal health care reform?

01 YES
02 NO (GO TO B4G)

98 DK (GO TO B4G)
99 REFUSED (GO TO B4G)

B4I_2

Is there a monthly premium for this Ohio Health Care Exchange or healthcare.gov insurance plan?

(IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health care coverage. It does not include copays or other expenses such as prescription costs.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B4G

<DODOESC> <YOU_NAME> 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. <DODOESC> <YOU_NAME> have any **other** health care coverage that I did **not** mention earlier? GO BACK AND CHANGE ANSWERS AS NECESSARY.)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:

- FILL: IF B4A=01 HEALTH PLAN THROUGH EMPLOYER
- FILL: IF B4B_R=01 MEDICARE (65+ & DISABILITIES)
- FILL: IF B4C_R=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)
- FILL: IF B4E=01 DIRECT PURCHASE INSURANCE PLAN
- FILL: IF B4I=01 EXCHANGE PLAN
- FILL IF B4G=01 SOME OTHER HEALTH COVERAGE)

- 01 YES
- 02 NO (GO TO B4CHK)

- 98 DK (GO TO B4CHK)
- 99 REFUSED (GO TO B4CHK)

B4H

Who provides this health insurance plan? Is it <YOURHISHER> employer or union, a state or local government or community program, or is it <YOU_NAME> or <YOURHISHER> family, or someone else?

- 01 EMPLOYER OR UNION
- 02 STATE, LOCAL, GOVERNMENT, OR COMMUNITY PROGRAM
- 03 <YOU_NAME_C> OR FAMILY
- 04 SOMEONE ELSE

- 98 DK
- 99 REFUSED

B4CHK

(ASK IF: (B4A=01 + B4B_R=01 + B4C_R=01 + B4E=01 + B4I=01 + B4G=01 > 1) AND (B4B_CON1=MISSING)), ELSE GO TO B10)

To confirm, you said <YOU_NAME> <AREIS> covered by:

(FILL:

- FILL: IF B4A=01 a health insurance plan through a current or former employer or union
- FILL: IF B4B_R=01 Medicare
- FILL: IF B4C_R=01 Medicaid
- FILL: IF B4E=01 health insurance purchased directly
- FILL: IF B4I=01 Ohio Health Care Exchange or a healthcare.gov insurance plan,
- FILL: IF B4G=01 some other health coverage)

Is that correct?

01 YES (GO TO B10)

02 NO

98 DK

99 REFUSED

Insurance Covered Health Services

B10

Do any of <YOUR_NAME> current insurance plans cover...

(RANDOMIZE ORDER OF QUESTIONS B10B, B10C, B10D)

B10B

Dental care other than emergency care?

(Do any of <YOUR_NAME> current insurance plans cover...)

(IF NECESSARY:

- This includes any coverage for these services even if it is from a separate health plan)

01 YES

02 NO

98 DK

99 REFUSED

B10C

Vision care?

(Do any of <YOUR_NAME> current insurance plans cover...)

(IF NECESSARY:

- This includes eyeglasses.
- This includes any coverage for these services even if it is from a separate health plan.)

01 YES

02 NO

98 DON'T KNOW

99 REFUSED

B10D

Prescription medications?

(Do any of <YOUR_NAME> current insurance plans cover...)

(IF NECESSARY:

- This includes any coverage for these services even if it is from a separate health plan)

01 YES

02 NO

98 DON'T KNOW

99 REFUSED

B18

(GO TO B19 IF: (B4A=02) AND (B4B_R=02) AND (B4C_R=01) AND (B4E=02) AND (B4I=02 OR B4I=WR) AND (B4G=02))

How long <HAVE_HAS> <YOU_NAME> been covered by <YOURHISHER> current primary health insurance plan? Would you say...

(IF NECESSARY:

- Your best guess is fine.
- The primary plan is the plan that pays the medical bills first or pays most of the medical bills. How long <HAVE_HAS> <YOU_NAME> been covered by that plan?)

01 Less than 3 months

02 3 months to 1 year, or

03 more than 1 year? (GO TO END OF SECTION B)

98 DK

99 REFUSED

Previous Coverage

B19

(ASK IF: (B18=01, 02) OR (B4C2=01, 02))

Before <YOU_NAME> became covered with <YOURHISHER> current primary health insurance plan, <WEREWAS> <YOU_NAME> covered by another plan within the past year?

01 YES

02 NO

98 DK

99 REFUSED

B20

(ASK IF: (B19=01 AND B4C_R = 02,98,99))

Just prior to <YOUR_NAME> current health insurance coverage <WEREWAS> <YOU_NAME> covered by **Medicaid**, the State of Ohio government health care program?

(IF NECESSARY, READ: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choices, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

01 YES

02 NO (GO TO B21)

98 DK (GO TO B21)

99 REFUSED (GO TO B21)

B21

ASK IF (B20=2,98,99 AND B19=1) OR (B4C_R=1 AND B19=1)

Just prior to <YOUR_NAME> current health insurance coverage, <WEREWAS> <YOU_NAME> covered by a health insurance plan obtained through an employer or union?

(IF NECESSARY:

- o Either through <YOUR_NAME> own or someone else's employment.
- o Include retiree coverage and COBRA.
- o Do not include Medicare or Medicaid coverage.)

01 YES

02 NO (GO TO B22)

98 DK (GO TO B22)

99 REFUSED (GO TO B22)

B22

ASK IF (B21=2,98,99 AND)

Just prior to <YOUR_NAME> current health insurance coverage, <WEREWAS> <YOU_NAME> covered by any other insurance that <YOU_NAME> or <YOURHISHER> family paid for completely?

01 YES (GO TO B25)

02 NO

98 DK

99 REFUSED

B24

(ASK IF: B19=01 AND (B22=02,98,99), ELSE GO TO B25)

Just prior to <YOUR_NAME> current health insurance coverage, <WEREWAS> <YOU_NAME> covered by any health insurance plan?

01 YES

02 NO (END OF SECTION B)

98 DK

99 REFUSED

Coverage Past 12 Months

B25

(ASK IF: (B18=01, 02, 98, 99) OR (B4C2=01, 02, 98, 99))

During the past 12 months, was there any time that <YOU_NAME> did **not** have health insurance?

- 01 YES
- 02 NO (END OF SECTION B)

- 98 DK (END OF SECTION B)
- 99 REFUSED (END OF SECTION B)

B27

(ASK IF: B25=01

During the past 12 months, how long <werewas> <you_name> without health insurance coverage? Would you say...

(IF NECESSARY: Your best guess is fine.)

- 01 0 to 2 months
- 02 3 to 6 months, or
- 03 7 to 12 months

(SECTIONTIME_SECB_TIMEEND = ADMIN VARIABLE WITH SECTION B END TIME.)

(SECTIONTIME_SECB_TIMETOTAL = ADMIN VARIABLE WITH SECTION B TOTAL TIME.)

(SECTIONTIME_SECB_COMPLETION = ADMIN VARIABLE NOTING IF SECTION B COMPLETED.)

SECTION C: CURRENTLY UNINSURED ADULT

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION C.)

(SECTIONTIME_SECC_TIMESTART = ADMIN VARIABLE WITH SECTION C START TIME)

C1_new

When <WEREWAS> <you_name> last covered by any type of health insurance plan? Was it...

- 01 Less than 3 months ago,
- 02 3 months to less than 1 year ago,
- 03 1 to 3 years ago, or (GO TO END OF SECTION C)
- 04 More than 3 years ago? (GO TO END OF SECTION C)

98 DK (GO TO END OF SECTION C)

99 REFUSED (GO TO END OF SECTION C)

C3

The last time <YOU_NAME> had health insurance <werewas> <YOUHESHE> covered by Medicaid, the State of Ohio government health care program?

(IF NECESSARY, READ: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD. Medicaid waiver programs include Passport, Assisted Living, Choices or Home Choice, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

01 YES (GO TO END OF SECTION C)

02 NO

98 DK

99 REFUSED

C4

The last time <YOU_NAME> had health insurance, <WEREWAS> <you_name> covered by a plan obtained through a current or former employer or union?

(IF NECESSARY:

- o Either through <YOUR_NAME> own or someone else's employment.
- o Include retiree coverage and COBRA.
- o Do not include Medicare or Medicaid coverage.)

01 YES

02 NO

98 DK

99 REFUSED

**(SECTIONTIME_SECC_TIMEEND = ADMIN VARIABLE WITH SECTION C END TIME.
SECTIONTIME_SECC_TIMETOTAL = ADMIN VARIABLE WITH SECTION C TOTAL TIME
SECTIONTIME_SECC_COMPLETION = ADMIN VARIABLE NOTING IF SECTION C COMPLETED)**

SECTION D: ADULT HEALTH STATUS & CARE GIVING

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION D.)
(SECTIONTIME_SECD_TIMESTART = ADMIN VARIABLE WITH SECTION D START TIME)**

General Health

PRED30

Now I would like to ask about <your_name> health.

01 CONTINUE

D30

In general, would you say <YOUR_NAME> health is excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR

- 98 DK
- 99 REFUSED

D30I

Now, thinking about <YOUR_NAME> mental health, which includes stress, depression, and problems with emotions or substance abuse, for how many days, **during the past 30 days** did a mental health condition or emotional problem keep <YOU_NAME> from doing <YOURHISHER> work or other usual activities?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

- IF THE RESPONDENT SAYS "NONE," PROMPT ONCE WITH: "So no days at all?" AND ENTER 0 IF THE ANSWER IS YES.)

ENTER NUMBER OF DAYS (RANGE 0-31)

- 98 DK
- 99 REFUSED

ADULT_DD

<DODOESC> <YOU_NAME> have a developmental disability?

(IF NECESSARY: Developmental disabilities are a group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31F

Because of a physical, mental, or emotional condition **lasting 6 months or more**, <do_does> <you_name> have difficulty doing or need assistance doing day-to-day activities?

(IF NECESSARY: For example: work, go to school, do housework, socialize, cook, do paperwork)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31I

Because of a physical, mental, or emotional condition **lasting 6 months or more**, (FILL: IF INT1=03 does SCR_NAME/ ELSE do you) need or get special therapy?

(IF NECESSARY: Special therapy includes physical, occupational, or speech therapy. Special therapy does **not** include psychological therapy or medical therapies such as chemotherapy.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D31L

Because of a physical, mental, or emotional condition **lasting 6 months or more**, <do_does> <you_name> need or get treatment or counseling for any kind of mental health, substance abuse or emotional condition?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

(RANDOMLY ROTATE ORDER OF A-E – NOTE THERE IS NO C)

D32A (ASK IF D31F=01, D31I=01 or D31L=01, ELSE GO TO D41).

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)(Because of a physical, mental, or emotional condition lasting 6 months or more, <do_does> <you_name> currently need any of the following types of assistance?)

Assistance with personal care, such as bathing, dressing, toileting, or feeding?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D32B

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)(Because of a physical, mental, or emotional condition lasting 6 months or more, <do_does> <you_name> currently need any of the following types of assistance?)

Domestic assistance, such as shopping, laundry, housekeeping, cooking, or transportation?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D32D

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)(Because of a physical, mental, or emotional condition lasting 6 months or more, <do_does> <you_name> currently need any of the following types of assistance?)

Social or emotional support, such as companionship, recreation, and socialization?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D32E

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)(Because of a physical, mental, or emotional condition lasting 6 months or more, <do_does> <you_name> currently need any of the following types of assistance?)

Coordinating health care, such as making appointments for doctor's visits or therapies?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Chronic Conditions

D41

The next questions are about medical conditions <YOU_NAME> may have.

Has a doctor, nurse or other health professional ever told <YOU_NAME> that <youheshe> had any of the following? For each, tell me Yes or No.

High blood pressure or hypertension?

(INTERVIEWER NOTE: IF RESPONDENT SAYS 'BORDERLINE', "PRE-HYPERTENSION" OR "HIGH NORMAL" THEN CODE AS '02')

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Heart Disease

D41A

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told <YOU_NAME> that <youheshe> had any of the following?)

A heart attack, also called a myocardial infarction?

(MYOCARDIAL: mahy-uh-kahr-dee-uh-l)

(INFARCTION: in-fahrk-shuh n)

01 YES

02 NO

98 DK

99 REFUSED

D41b

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED) (Has a doctor, nurse or other health professional ever told <YOU_NAME> that <youheshe> had any of the following?)

Coronary heart disease, also known as coronary **artery** disease, congestive heart **disease** or angina (an-jy-nuh)?

(ARTERY: ARE-TUR-EE)

(CONGESTIVE: KUN-JES- TIV)

(CORONARY: KAWR-E-NEREE)

01 YES

02 NO

98 DK

99 REFUSED

D41d

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

Congestive heart **failure**?

(Has a doctor, nurse or other health professional ever told <YOU_NAME> that <youheshe> had any of the following?)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Diabetes

D43

(INTERVIEWER: READ INTRODUCTION FIRST TIME AND THEN AS NEEDED)

Diabetes or sugar diabetes?

(Has a doctor, nurse or other health professional ever told <YOU_NAME> that <youheshe> had any of the following?)

- 01 YES
- 02 NO (GO TO E65)
- 03 (VOLUNTEERED) BORDERLINE

- 98 DK (GO TO E65)
- 99 REFUSED (GO TO E65)

D43b

(ASK: IF S15≠01, ELSE GO TO E65)

Was <YOUR_NAME> **diabetes** only during a time associated with a pregnancy?

- 01 YES ONLY WHEN PREGNANT
- 02 NO

- 98 DK
- 99 REFUSED

Pregnancy Status

E65 (ASK: IF S15=02 AND (S14 <45 OR (S14A = 01, 02, 03))), ELSE GO TO D30A_VALUE

During the past 12 months, <WEREWAS> <YOU_NAME> pregnant at any time?

- 01 YES
- 02 NO (GO TO D30A_VALUE)

- 98 DK (GO TO D30A_VALUE)
- 99 REFUSED (GO TO D30A_VALUE)

E65a

<AREYOU_ISNAM> currently pregnant?

- 01 YES
- 02 NO (GO TO D30A_VALUE)

- 98 DK (GO TO D30A_VALUE)
- 99 REFUSED (GO TO D30A_VALUE)

BF_INTRO

(IF PROXY_FLAG=01, SKIP TO D30A_VALUE)

The next few questions ask about how you plan to feed your new baby. These questions may be sensitive.

(INTERVIEWER NOTE: IF RESPONDENT SAYS THAT THEY ARE NOT GOING TO KEEP THE BABY, DELIVER THE BABY, OR REFUSE TO ANSWER THESE QUESTIONS – **DO NOT** ATTEMPT TO CONVERT TO A RESPONSE.)

- 01 CONTINUE
- 02 NOT KEEPING/DELIVERING BABY (GO TO D30A_VALUE)
- 99 REFUSES (D30A_VALUE)

BF_28

Considering the feeding of your baby, which one of the following methods do you plan to use to feed your new baby in the first few weeks? Would you say...

(IF NECESSARY: Breastfeeding is feeding upon the breast and/or breast milk through a bottle.)

- 01 Breastfeed only (infant will not be given formula),
- 02 Formula feed only (no breast milk), or (GO TO D30A_VALUE)
- 03 Both breast and formula feed?

- 98 DK
- 99 REFUSED

BF_31

How many months old do you think your baby will be when you completely stop breastfeeding?

(IF NECESSARY: Breastfeeding is feeding upon the breast and breast milk through a bottle.)

RECORD MONTHS (RANGE 0-96)

98 DK (GO TO D30A_VALUE)
99 REFUSED (GO TO D30A_VALUE)

BF_32

On a scale of 1 to 5, with 1 being 'not at all confident' and 5 being 'very confident', how confident are you that you will be able to breastfeed until the baby is <bf_31> months old?

(IF NECESSARY: Breastfeeding is feeding upon the breast and breast milk through a bottle.)

01 NOT AT ALL CONFIDENT
02
03
04
05 VERY CONFIDENT

98 DK
99 REFUSED

Weight and Height

//Skip to D45 if E65a==1 or if PROXY//

D30a_VALUE

About how much <do_does> <you_name> weigh without shoes?

(INTERVIEWER: ROUND FRACTIONS UP-ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS. IF RESPONDENT PROVIDES A RESPONSE GREATER THAN 450 POUNDS RECORD 450 POUNDS. IF RESPONDENT PROVIDES A RESPONSE LESS THAN 50 POUNDS RECORD 50 POUNDS) ENTER WEIGHT (RANGE 1-450)

998 DK
999 REFUSED

D30a_UNIT

(About how much <do_does> <you_name> weigh without shoes?)

(INTERVIEWER: -ROUND FRACTIONS UP-ASSUME R IS PROVIDING WEIGHT IN POUNDS, UNLESS HE/SHE SPECIFICALLY SAYS KILOGRAMS. IF RESPONDENT PROVIDES A RESPONSE GREATER THAN

450 POUNDS RECORD 450 POUNDS. IF RESPONDENT PROVIDES A RESPONSE LESS THAN 50 POUNDS RECORD 50 POUNDS) ENTER WEIGHT (RANGE 1-450)

(ENTER UNITS)

- 01 POUNDS
- 02 KILOGRAMS

- 98 DK
- 99 REFUSED

D30b

About how tall <areis> <you_name> without shoes?

(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.

IF R GIVES HEIGHT IN HALF-INCH INCREMENT, ROUND UP TO NEAREST WHOLE NUMBER.)

- 01 ANSWERED IN FEET/INCHES (GO TO D30B_F)
- 02 CENTIMETERS (GO TO D30B_C)

- 98 DK (GO TO D45)
- 99 REFUSED (GO TO D45)

D30B_F

(About how tall <areis> <you_name> without shoes?)(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMETERS.

IF RESPONDENT PROVIDES A RESPONSE GREATER THAN 7 FEET 11 INCHES RECORD 7 FEET 11 INCHES. IF RESPONDENT PROVIDES A RESPONSE LESS THAN 3 FEET 0 INCHES RECORD 3 FEET 0 INCHES.)

(1-8 FEET)

D30B_I

(About how tall <areis> <you_name> without shoes?)(INTERVIEWER: ASSUME R IS PROVIDING HEIGHT IN FEET/INCHES, UNLESS HE/SHE SPECIFICALLY SAYS CENTIMENTERS.

IF RESPONDENT PROVIDES A RESPONSE GREATER THAN 7 FEET 11 INCHES RECORD 7 FEET 11 INCHES. IF RESPONDENT PROVIDES A RESPONSE LESS THAN 3 FEET 0 INCHES RECORD 3 FEET 0 INCHES.)

(00-12 INCHES)

Substance Use

These next few questions are about your experiences with tobacco and alcohol.

D45

(ASK IF: PROXY_FLAG NE 1, ELSE GO TO END OF SECTION D)

<havehasC> <you_name> smoked at least 100 cigarettes in <yourhisher> entire life?

(IF NECESSARY: 5 packs contain 100 cigarettes. This does not include smoking pipes, cigars, and electronic cigarettes or e-cigarettes.)

- 01 YES
- 02 NO (GO TO D46)

- 98 DK
- 99 REFUSED

D45a

Do you smoke cigarettes every day, some days, or not at all?

- 01 EVERY DAY
- 02 SOME DAYS
- 03 NOT AT ALL

- 98 DK
- 99 REFUSED

D46

During the past 30 days, on how many days did you have at least one drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.

- IF THE RESPONDENT SAYS “NONE,”PROMPT ONCE WITH: “So no days at all?” AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DRINKING DAYS (RANGE 0 – 30)

98 DK
99 REFUSED

D46A

(ASK IF D46>0)

During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have <d46fill> or more drinks on an occasion?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO", PROBE FOR THE EXACT NUMBER OF DAYS.
- IF THE RESPONDENT SAYS “NONE,”PROMPT ONCE WITH: “So no days at all?” AND ENTER 0 AS THE ANSWER IF YES.)

RECORD NUMBER OF DRINKING DAYS (RANGE 0 – 30)

98 DK
99 REFUSED

(SECTIONTIME_SECD_TIMEEND = ADMIN VARIABLE WITH SECTION D END TIME.
SECTIONTIME_SECD_TIMETOTAL = ADMIN VARIABLE WITH SECTION D TOTAL TIME
SECTIONTIME_SECD_COMPLETION = ADMIN VARIABLE NOTING IF SECTION D COMPLETED)

SECTION E: UTILIZATION AND QUALITY OF ADULT HEALTH CARE SERVICES

(PROGRAMMER: TURN OF PRIOR TIMERS. PLEASE START TIMER FOR SECTION E.)
(SECTIONTIME_SECE_TIMESTART = ADMIN VARIABLE WITH SECTION E START TIME)

Visits to Medical Doctor and Health Professional

E59

I would now like to ask about <YOUR_NAME> use of health care services. **Not** including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since <YOU_NAME> last saw a doctor or other health care professional about <YOURHISHER> own health? Was it...

(IF NECESSARY:

- o Your best guess is fine. How long ago was <YOUR_NAME> last visit to a doctor or health professional?
- o This would include a routine checkup, physical or for any reason.)

- 01 Within the last 12 months or
- 02 More than 12 months ago?
- 03 NEVER WENT TO A DOCTOR

- 98 DK
- 99 REFUSED

E59_1

(ASK: IF (E59==03), ELSE GO TO E59A)

I want to make sure I have this right, <YOU_NAME> <HAVE_HAS> **never** visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?

- 01 NEVER BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL IN THEIR OFFICES
- 02 BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL BUT NOT IN AN OFFICE
- 03 INCORRECT RESPONSE (GO BACK TO E59)

- 98 DK
- 99 REFUSED

E59A

(ASK IF E59=01, 98, 99)

About how long has it been since <YOU_NAME> last visited a doctor for a **routine check-up**? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. Was it...

(IF NECESSARY: Your best guess is fine.)

IF NECESSARY: Do NOT include overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls.)

- 01 Within the last 12 months or
- 02 More than 12 months ago?
- 03 NEVER WENT TO A DOCTOR FOR A ROUTINE CHECK-UP

- 98 DK
- 99 REFUSED

Emergency Room Visits

E62

During the past 12 months, how many times <WEREWAS> <YOU_NAME> a patient in a hospital **emergency** room?

(IF NECESSARY: Include **emergency** room visits where <YOU_NAME> <WEREWAS> admitted to the hospital.

(IF NECESSARY: Your best guess is fine.)

- 00 NONE
- 01-20 (CODE ACTUAL VALUE)
- 21 MORE THAN 20

- 98 DK
- 99 REFUSED

Dental Care

E63

About how long has it been since (FILL: IF INT1=03 SCR_NAME/ ELSE you) last visited a dentist? Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists. Was it...

(IF NECESSARY: Your best guess is fine.)

- 01 Within the last 12 months or
- 02 More than 12 months ago?
- 03 NEVER WENT TO A DENTIST

- 98 DK
- 99 REFUSED

Vision_care

About how long has it been since (FILL: IF INT1=03 SCR_NAME/ ELSE you) last had <YOURHISHER> eyes examined by any doctor or eye care provider? Was it...

(IF RESPONDENT SAYS "EXACTLY ONE YEAR AGO" CODE AS 01.)

- 01 Within the last 12 months,
- 02 1 to 2 years ago, or
- 03 more than 2 years ago?
- 04 NEVER HAD EYES EXAMINED
- 05 RESPONDENT VOLUNTEERED THEY ARE BLIND

- 98 DK
- 99 REFUSED

**(SECTIONTIME_SECE_TIMEEND = ADMIN VARIABLE WITH SECTION E END TIME.
SECTIONTIME_SECE_TIMETOTAL = ADMIN VARIABLE WITH SECTION E TOTAL TIME
SECTIONTIME_SECE_COMPLETION = ADMIN VARIABLE NOTING IF SECTION E COMPLETED)**

SECTION F

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION F)
(SECTIONTIME_SECF_TIMESTART = ADMIN VARIABLE WITH SECTION F START TIME)

F67

Is there one place that <YOU_NAME> usually <gogoes> to when <YOUARE_NAME> sick or <YOUHESHE> <NEEDNEEDS> advice about <YOURHISHER> health?

(IF NECESSARY: THIS CAN INCLUDE AN ER. We are interested in whether <YOUHESHE> have one place <YOUHESHE> usually go to seek medical care, not whether <YOUHESHE> have been there recently.)

- 01 YES (GO TO F67_2)
- 02 NO
- 03 YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO F67_2)

- 98 DK
- 99 REFUSED

F67_1

(ASK IF: F67=02, ELSE GO TO F67_2)

Just to be sure, is it that there is **no place** at all that <YOU_NAME> **usually** <gogoes> to when <youheshe> <areis> sick or <youheshe> <needneeds> advice about <YOURHISHER> health, **or** is it that <YOU_NAME> <GOGUES> to more than one place?

- 01 NO PLACE AT ALL (GO TO F68)
- 02 MORE THAN ONE PLACE

- 98 DK (GO TO F68)
- 99 REFUSED (GO TO F68)

F67_2

(ASK IF (F67 = 01, 03 OR F67_1=02), ELSE GO TO F68)

Is this place where you **usually** go for care...

- 01 a doctor's office or health center?
- 02 a hospital emergency room?
- 03 an urgent care center?
- 04 or some other place?
- 98. DK

99. REFUSED

F67A1

(ASK IF (F67=01, 03) OR (F67_1=02)), ELSE GO TO F68)

A personal doctor or nurse is a health professional who knows <YOU_NAME> well and is familiar with <YOURHISHER> health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician's assistant.<dodoesC> <YOU_NAME> have one or more persons <youheshe> <think_s> of as <YOURHISHER> personal doctor or nurse?

(INTERVIEWER: IF R IS NOT CLEAR WHETHER THEY SEE ONE PERSON OR MORE THAN ONE PERSON ASK: Do you have one person or more than one person <youheshe><think_s> of as <YOUR_NAME> personal doctor or nurse?)

- 01 YES, ONE PERSON OR MORE THAN ONE PERSON
- 02 NO (GO TO F68)

- 98 DK (GO TO F68)
- 99 REFUSED (GO TO F68)

FH11

(ASK IF: F67A1=01), ELSE GO TO F68

In the past 12 months, have you seen this health provider?

(IF NECESSARY: Provider refers to the personal doctor or nurse you just told me about.)

- 01 YES
- 02 NO (GO TO F68)

- 98 DK (GO TO F68)
- 99 REFUSED (GO TO F68)

FH12

In the past 12 months, how often did **your** health provider spend enough time with **you**? Would you say...

- 01 Never
- 02 Sometimes
- 03 Usually, or
- 04 Always

- 98 DK
- 99 REFUSED

FH03

In the past 12 months, did you need medical assistance for yourself during evenings, weekends, or holidays?

- 01 YES
- 02 NO (GO TO FH05)

- 98 DK (GO TO FH05)
- 99 REFUSED (GO TO FH05)

FH04

In the past 12 months, how often were you able to get the medical assistance you needed from **your provider's office** during evenings, weekends, or holidays? Would you say...

(INTERVIEWER: IF R SAYS THEIR PROVIDER'S OFFICE IS CLOSED DURING EVENINGS, WEEKENDS, OR HOLIDAYS, AND THEY NEEDED MEDICAL ASSISTANCE DURING THOSE TIMES, CODE AS 01.)

- 01 Never
- 02 Sometimes
- 03 Usually, or
- 04 Always
- 05 DID NOT TRY TO GET MEDICAL ASSISTANCE ON EVENINGS, WEEKENDS OR HOLIDAYS.

- 98 DK
- 99 REFUSED

FH05

In the past 12 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that you **needed care for right away**?

- 01 YES
- 02 NO (GO TO FH13)

- 98 DK (GO TO FH13)
- 99 REFUSED (GO TO FH13)

FH06

In the past 12 months, how many days did you usually have to wait for an appointment for an illness, injury, or condition that you **needed care for right away**? Would you say...the same day, 1 day, 2 to 3 days, 4 to 7 days, or more than 7 days?

(INTERVIEWER: ENTER 07 ZERO DAYS WHEN THE RESPONDENT NEEDED TO SEE A DOCTOR, BUT COULDN'T GET INTO THEM, SO WENT TO ER.)

- | | |
|----|---|
| 01 | SAME DAY |
| 02 | 1 DAY |
| 03 | 2 TO 3 DAYS |
| 04 | 4 TO 7 DAYS |
| 05 | MORE THAN 7 DAYS |
| 06 | DID NOT TRY TO MAKE AN APPOINTMENT |
| 07 | RESPONDENT SAID NEEDED TO SEE A DOCTOR, BUT COULDN'T, SO WENT TO ER |
| 98 | DK |
| 99 | REFUSED |

FH13

In the past 12 months, how often did your health provider explain things in a way that was easy to understand? Would you say...

- | | |
|----|-------------|
| 01 | Never |
| 02 | Sometimes |
| 03 | Usually, or |
| 04 | Always |
| 98 | DK |
| 99 | REFUSED |

Unmet Needs of Adult

F68_intro

My next questions are about the care (FILL: IF INT1=03 SCR_NAME/ ELSE you) have received. For each question, please say yes or no.

During the past 12 months, was there a time when (FILL: IF INT1=03 SCR_NAME/ ELSE you) you needed any of the following, but could **not** get it at that time:

F68

dental care?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

F68B_2

(IF NECESSARY: **During the past 12 months**, was there a time when (FILL: IF INT1=03 SCR_NAME/ ELSE you) needed any of the following, but could **not** get it at that time?)

vision care or eye glasses?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

F68B_3

(IF NECESSARY: **During the past 12 months**, was there a time when (FILL: IF INT1=03 SCR_NAME/ ELSE you) needed any of the following, but could **not** get it at that time?)

mental health care or counseling services?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

F68C

(IF NECESSARY: **During the past 12 months**, was there a time when (FILL: IF INT1=03 SCR_NAME/ ELSE you) needed any of the following, but could **not** get it at that time?)

any other health care, such as a medical exam, or medical supplies?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

avoid_care

During the past 12 months, did <YOU_NAME> delay or avoid getting care that <YOU_NAME> felt <YOU_NAME> needed?

(IF NECESSARY:

- Include delays because of health plan approval.
- "Care" means any health care, including prescription drugs.)

01 YES
02 NO

98 DK
99 REFUSED

why_avoid

(ASK IF AVOID_CARE=01)

Why did you delay or avoid getting care? For each statement I read, please tell me yes or no.

why_avoid_a. You thought it would cost too much.
why_avoid_b. You did not have transportation.
why_avoid_c. The provider was not available when you needed to go.
why_avoid_d. You could not find a provider.

RANDOMIZED a THROUGH d

01 YES
02 NO

98 DON'T KNOW
99 REFUSED

Financial Stress & Medical Bills

These next questions are about <YOUR> financial situation.

F70

During the past 12 months, were there times when <YOU_NAME> had problems paying or <YOU_NAME> <WEREWAS> unable to pay for medical bills for <Rhimherslf> or anyone else in the family or household?

01 YES
02 NO

98 DK
99 REFUSED

Intro_12mo

In the past 12 months, has it gotten easier, harder, or stayed the same to...

Food_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to...) Buy food for <YOUR> family or household?

Rent_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to...) Pay <YOUR> rent or mortgage?

Debt_12mo. (IF NECESSARY: In the past 12 months, has it gotten easier, harder, or stayed the same to...) Pay off any debt that <YOU> had?

RANDOMIZE THE 3 ITEMS

01 Easier
02 Harder
03 Stayed the same
04 RESPONDENT SAID THEY DID NOT HAVE THIS

98 DK
99 REFUSED

**(SECTIONTIME_SECF_TIMEEND = ADMIN VARIABLE WITH SECTION F END TIME.
SECTIONTIME_SECF_TIMETOTAL = ADMIN VARIABLE WITH SECTION F TOTAL TIME
SECTIONTIME_SECF_COMPLETION = ADMIN VARIABLE NOTING IF SECTION F COMPLETED)**

SECTION G: EMPLOYMENT

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION G.)
(SECTIONTIME_SECG_TIMESTART = ADMIN VARIABLE WITH SECTION G START TIME)**

PREG1

These next questions are about (FILL: IF INT1=03 SCR_NAME's/ ELSE your) current employment status.

01 CONTINUE

G71

(SKIP IF (B4AA=01,03) AND (B4AB=01) AND AUTOCODE G71 = 01)

Last week did <YOU_NAME> have a job either full or part-time?

(IF NECESSARY:

- Include any job from which <YOU_NAME> <werewas> temporarily absent.
- The sponsors want to know whether it is difficult for people without jobs or for people in certain kinds of jobs to get or maintain health insurance coverage.)

01 YES

02 NO (GO TO SK_ENDG)

98 DK (GO TO SK_ENDG)

99 REFUSED (GO TO SK_ENDG)

G71A_NEW

<AREIS> <YOUHESHE> self-employed?

(INTERVIEWER:

- CODE WORKS FOR HIM/HER SELF, OWNS THEIR OWN BUSINESS, BABYSITTER AS 01.)
- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

01 YES, SELF-EMPLOYED

02 NO

98 DK

99 REFUSED

G72

(ASK: IF NOT B4AA=01,03) OR (NOT B4AB=01), ELSE GO TO G72A)

Does <YOUR_NAME> employer or union offer a health insurance plan to any of its employees?

(INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

- 01 YES
- 02 NO (GO TO G73A)

- 98 DK (GO TO G73A)
- 99 REFUSED (GOTO G73A)

G72A

(ASK: IF (G72=01 AND G71A_NEW = 2), ELSE GO TO G73A)

(FILL: ONLY IF R REPORTED EMPLOYER SPONSORED INSURANCE: Next I'm going to ask you a few more questions about the employer offered insurance you have.)

Does <YOUR_NAME> employer or union offer coverage to employees only, or to both employees and their families or to both employees and their spouses only?

(INTERVIEWER:

- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.
- THIS QUESTION REFERS TO INSURANCE OFFERED BY THE EMPLOYER, NOT NECESSARILY INSURANCE THE RESPONDENT HAS.
- CODE "FULL TIME EMPLOYEES" AND "EMPLOYEES" AS 01 EMPLOYEES ONLY.
- CODE "EVERYONE" OR "ALL OF THE ABOVE" AS 02 EMPLOYEES AND THEIR FAMILIES.)

- 01 EMPLOYEES ONLY
- 02 EMPLOYEES AND THEIR FAMILIES
- 03 EMPLOYEES AND SPOUSE ONLY (NOT CHILDREN)
- 04 DOES NOT OFFER INSURANCE

- 97 OTHER - Who does the employer or union offer coverage to?

- 98 DK
- 99 REFUSED

G72B

(ASK: IF (G72=01 AND G71A_NEW =2)

(IF B4Aa=01 OR 03 AND B4Ab=01 THEN AUTOCODE G72b=01 AND GO TO G73A.)

You may have already told me this, but <AREIS> <YOU_NAME> currently eligible to participate in <YOURHISHER> employer or union health plan?

(INTERVIEWER:

- IF RESPONDENT STATES THAT THEY ARE IN A WAITING PERIOD, THEY ARE NOT CURRENTLY ELIGIBLE.
- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFUSEDER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

01 YES

02 NO

98 DK

99 REFUSED

G72c

(ASK: IF (G72B=01 AND (NOT (B4AA=01,03 AND B4AB=01)), ELSE G73A)

Please tell me whether each of the following was a reason <YOU_NAME> <AREIS> **not** participating in <YOURHISHER> employer or union health insurance plan.

G72c_1 Costs too much

G72c_2 Have other insurance

01 YES

02 NO

98 DK

99 REFUSED

G73A

(ASK IF G71=01, ELSE GO TO SK_ENDG)

<DODOESC> <YOU_NAME> **usually** work less than 30 hours per week or 30 or more hours per week at <YOURHISHER> primary job?

(INTERVIEWER NOTE: IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.

IF NECESSARY prompt: Your best guess is fine.)

- 01 LESS THAN 30 HOURS/WEEK
- 02 30 HOURS/WEEK OR MORE

- 98 DK
- 99 REFUSED

**(SECTIONTIME_SECFGTIMEEND = ADMIN VARIABLE WITH SECTION G END TIME.
SECTIONTIME_SECG_TIMETOTAL = ADMIN VARIABLE WITH SECTION G TOTAL TIME
SECTIONTIME_SECG_COMPLETION = ADMIN VARIABLE NOTING IF SECTION G COMPLETED)**

SECTION H: ADULT DEMOGRAPHICS AND FAMILY INCOME

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION H.)
(SECTIONTIME_SECH_TIMESTART = ADMIN VARIABLE WITH SECTION H START TIME)

H76

The next few questions are for general classification purposes:
<AREYOU_ISNAM> currently...

- 01 married
- 02 not married, but living together with a partner
- 03 widowed (GO TO H77)
- 04 divorced or annulled (GO TO H77)
- 05 separated, or
- 06 never been married? (GO TO H77)

- 98 DK (GO TO H77)
- 99 REFUSED (GO TO H77)

H76A

Is <YOUR_NAME> spouse or partner currently employed?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

H77

READ ANSWER OPTIONS ONLY IF ABSOLUTELY NECESSARY

What is the highest level of school (FILL: IF INT1=03 SCR_NAME has/ELSE you have) completed or the highest degree received?

(IF RESPONSE IS:

- "HIGH SCHOOL", ASK "Does this mean "some high school" or "high school graduate".
- IF RESPONSE IS "COLLEGE", ASK "Does this mean "some college" or "four year college graduate".
- IF RESPONSE IS DEGREE, ASK "What type of degree?")

- 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/BACHELOR'S DEGREE
- 08 ADVANCED DEGREE (INCLUDING MASTER'S, PROFESSIONAL DEGREE, OR DOCTORATE)

- 98 DK
- 99 REFUSED

H78

<havehasc> <you_name> ever served in the United States Armed Forces?

(IF NECESSARY: This includes the Army, Navy, Marines, Air Force, Coast Guard, Nursing Corps, National Guard, or Military Reserves, (FILL: IF S15=02 or Women's Forces Branch).

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

S16

<AREYOU_ISNAM> of Hispanic or Latino origin?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

S17

CODE ALL THAT APPLY

Which one or more of the following would you say is <YOUR_NAME> race? <AREYOU_ISNAM> White, Black or African American, Asian, Native American, American Indian, or Alaskan Native, Native Hawaiian or Pacific Islander, or some other race I have not mentioned?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

(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

S17B

(ASK IF: (MNB(S17,01)+MNB(S17,02)+MNB(S17,03)+MNB(S17,04)+MNB(S17,05))>1), ELSE GO TO S18)

Which of these groups, that is: uL_\$Recall (RECALL="LI<RACE_LBL:1>/LI", CONDITION="NBR(S17)==1 or NBR(S17)==2 or NBR(S17)==3 or NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_\$Recall (RECALL="LI<RACE_LBL:2>/LI", CONDITION="NBR(S17)==2 or NBR(S17)==3 or NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_\$Recall (RECALL="LI<RACE_LBL:3>/LI", CONDITION="NBR(S17)==3 or NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_\$Recall (RECALL="LI<RACE_LBL:4>/LI", CONDITION="NBR(S17)==4 or NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_\$Recall (RECALL="LI<RACE_LBL:5>/LI", CONDITION="NBR(S17)==5 or NBR(S17)==6 or NBR(S17)==7")_\$Recall (RECALL="LI<RACE_LBL:6>/LI", CONDITION="NBR(S17)==6 or NBR(S17)==7")_\$Recall (RECALL="LI<RACE_LBL:7>/LI", CONDITION="NBR(S17)==7")/uLwould you say best represents <YOUR_NAME> race?

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF NECESSARY.)

(PROGRAMMER: PLEASE LIMIT RESPONSE CHOICES TO THOSE SELECTED IN S17)

- 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

S18

(ASK: IF NBR(S17)==1 AND S17=06, ELSE GO TO Q153A)

Do you consider <YOURSELF_NAM> to be White Hispanic, Black Hispanic, Asian Hispanic, Native American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

(INTERVIEWER: 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 DK
- 99 REFUSED TO DISCRIMINATE

Q153A

_\$recall(RECALL="**Not including this phone number**, does <YOUR_NAME> household have any **other landline** telephone numbers primarily for non-business use? Do not include cell phones or numbers that are only used by a computer or fax machine.",CONDITION="CELL_RESP=01")

_\$recall(RECALL="**Not including this phone number**, <DO_DOES> <YOU_NAME> have any **other active cell** phone numbers primarily for non-business use? Do not include **landline** phone numbers. ",CONDITION="CELL_RESP=02")

- 01 YES
- 02 NO (GO TO U3)

- 98 DK (GO TO U3)
- 99 REFUSED (GO TO U3)

Q153

_\$recall(RECALL="**Not including this phone number**, how many **other** landline telephone numbers are there in <your_name> 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.",CONDITION="cell_resp =01")

_\$recall(RECALL="Not including this phone number, how many other active cell phone numbers <do_does> <you_name> have that are primarily for non-business use? Do not include landline phone numbers. ",CONDITION="cell_resp=02")

_\$recall(RECALL="(IF NECESSARY: Cable, VOIP (voice over) or satellite telephone numbers are considered landline.)",CONDITION="cell_resp=02")

(IF R SAYS 0, SAY: I want to be sure I recorded your response correctly. REREAD THE QUESTION AND IF THEY STILL SAY 0, GO BACK AND CHANGE ANSWER TO Q153a)

IF NECESSARY: By landline we mean any phone in your house that is not a cell phone.)

01-10 (Code actual number)
11 MORE THAN 10

98 DK
99 REFUSED

U3

_\$recall(recall="<dodoesC> <YOU_NAME> personally use a cell phone?",condition="CELL_RESP=01")

_\$recall(recall="Excluding cell phones, does <your_name> household have a landline telephone number primarily for non-business use? Do not include phones or numbers that are only used by a computer or fax machine.",condition="CELL_RESP=02")

_\$recall(recall="(IF NECESSARY: Cable, VOIP (voice over) or satellite telephone numbers are considered landline.)",condition="CELL_RESP=02")

01 YES
02 NO

98 DK
99 REFUSED

Family Income

H84_NEW

(ASK IF: SUMS11S113B=98,99), ELSE GO TO H84_A1))

How many family members, including yourself, live in your household?

ENTER NUMBER OF ADULTS

98 DK (SK_ENDH)
99 REFUSED (SK_ENDH)

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.

H84_A1

(AUTOCODE: IF SUMS11S113B=1, THEN AUTOCODE H84_A1=01 AND SKIP TO NEXT QUESTION)

Earlier you told me there were <sum of # of adults and children in family in household> family members, including yourself, living in your household. How many of these <sum of # of adults and children in family in household> family members are living off your family's total income?

(IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

ENTER NUMBER

98 DK (SK_ENDH)

99 REFUSED (SK_ENDH)

(ASK IF: H84_A1= 98 or 99 ELSE SK_ENDH)

H84_A1_extra

("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.")

Are there any other family members who do not live in your home who are also living off your family's total income?

(IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents.")

01 YES

02 NO

98 DK

99 REFUSED

H84_A1_number

(ASK IF H84_A1_extra=01)

How many other family members are also living off your family's total income?

(IF RESPONDENT ASKS WHETHER THEY SHOULD INCLUDE SOMEONE WHO DOES NOT LIVE WITH THEM, SAY "Only count other family members who you would include on your taxes as dependents.")

(ENTER NUMBER)

98 DK

99 REFUSED

H84_A2_OP1

Less than or equal to 75% FPL

```
=> *  
if SUMA1A1NUM
```

Less than or equal to \$800.....01
Less than or equal to \$1,000.....02
Less than or equal to \$1,300.....03
Less than or equal to \$1,500.....04
Less than or equal to \$1,800.....05
Less than or equal to \$2,100.....06
Less than or equal to \$2,300.....07
Less than or equal to \$2,600.....08
Less than or equal to \$2,800.....09
Less than or equal to \$3,100.....10
Less than or equal to \$3,400.....11
Less than or equal to \$3,600.....12
Less than or equal to \$3,900.....13
Less than or equal to \$4,200.....14
Less than or equal to \$4,400.....15
Less than or equal to \$4,700.....16
Less than or equal to \$4,900.....17
Less than or equal to \$5,200.....18
Less than or equal to \$5,500.....19
Less than or equal to \$5,700.....20
Less than or equal to \$6,000.....21
Less than or equal to \$6,200.....22
Less than or equal to \$6,500.....23
Less than or equal to \$6,800.....24
Less than or equal to \$7,000.....25
Less than or equal to \$7,300.....26
Less than or equal to \$7,500.....27
Less than or equal to \$7,800.....28
Less than or equal to \$8,100.....29
Less than or equal to \$8,300.....30
Less than or equal to \$8,600.....31
Less than or equal to \$8,900.....32
Less than or equal to \$9,100.....33
Less than or equal to \$9,400.....34
Less than or equal to \$9,600.....35
Less than or equal to \$9,900.....36
Less than or equal to \$10,200.....37
Less than or equal to \$10,400.....38
Less than or equal to \$10,700.....39
Less than or equal to \$10,900.....40
«H84_A2_OP1 »

H84_A2_OP2

76-100 % FPL

=> *

if SUMA1A1NUM

\$801 to \$1,000	01
\$1,001 to \$1,400	02
\$1,301 to \$1,700	03
\$1,501 to \$2,100	04
\$1,801 to \$2,400	05
\$2,101 to \$2,700	06
\$2,301 to \$3,100	07
\$2,601 to \$3,400	08
\$2,801 to \$3,800	09
\$3,101 to \$4,100	10
\$3,401 to \$4,500	11
\$3,601 to \$4,800	12
\$3,901 to \$5,200	13
\$4,201 to \$5,500	14
\$4,401 to \$5,900	15
\$4,701 to \$6,200	16
\$4,901 to \$6,600	17
\$5,201 to \$6,900	18
\$5,501 to \$7,300	19
\$5,701 to \$7,600	20
\$6,001 to \$8,000	21
\$6,201 to \$8,300	22
\$6,501 to \$8,700	23
\$6,801 to \$9,000	24
\$7,001 to \$9,400	25
\$7,301 to \$9,700	26
\$7,501 to \$10,100	27
\$7,801 to \$10,400	28
\$8,101 to \$10,800	29
\$8,301 to \$11,100	30
\$8,601 to \$11,500	31
\$8,901 to \$11,800	32
\$9,101 to \$12,200	33
\$9,401 to \$12,500	34
\$9,601 to \$12,800	35
\$9,901 to \$13,200	36
\$10,201 to \$13,500	37
\$10,401 to \$13,900	38
\$10,701 to \$14,200	39
\$10,901 to \$14,600	40
«H84_A2_OP2 »	

H84_A2_OP3

101-138% FPL

=> *

if SUMA1A1NUM

\$1,001 to \$1,400	01
\$1,401 to \$1,900	02
\$1,701 to \$2,300	03
\$2,101 to \$2,800	04
\$2,401 to \$3,300	05
\$2,701 to \$3,800	06
\$3,101 to \$4,300	07
\$3,401 to \$4,800	08
\$3,801 to \$5,200	09
\$4,101 to \$5,700	10
\$4,501 to \$6,200	11
\$4,801 to \$6,700	12
\$5,201 to \$7,200	13
\$5,501 to \$7,600	14
\$5,901 to \$8,100	15
\$6,201 to \$8,600	16
\$6,601 to \$9,100	17
\$6,901 to \$9,600	18
\$7,301 to \$10,000	19
\$7,601 to \$10,500	20
\$8,001 to \$11,000	21
\$8,301 to \$11,500	22
\$8,701 to \$12,000	23
\$9,001 to \$12,400	24
\$9,401 to \$12,900	25
\$9,701 to \$13,400	26
\$10,101 to \$13,900	27
\$10,401 to \$14,400	28
\$10,801 to \$14,800	29
\$11,101 to \$15,300	30
\$11,501 to \$15,800	31
\$11,801 to \$16,300	32
\$12,201 to \$16,800	33
\$12,501 to \$17,300	34
\$12,801 to \$17,700	35
\$13,201 to \$18,200	36
\$13,501 to \$18,700	37
\$13,901 to \$19,200	38
\$14,201 to \$19,700	39
\$14,601 to \$20,100	40
«H84_A2_OP3 »	

H84_A2_OP4

139-206% FPL

=> *

if SUMA1A1NUM

\$1,401 to \$2,100	01
\$1,901 to \$2,800	02
\$2,301 to \$3,500	03
\$2,801 to \$4,200	04
\$3,301 to \$4,900	05
\$3,801 to \$5,700	06
\$4,301 to \$6,400	07
\$4,801 to \$7,100	08
\$5,201 to \$7,800	09
\$5,701 to \$8,500	10
\$6,201 to \$9,200	11
\$6,701 to \$10,000	12
\$7,201 to \$10,700	13
\$7,601 to \$11,400	14
\$8,101 to \$12,100	15
\$8,601 to \$12,800	16
\$9,101 to \$13,600	17
\$9,601 to \$14,300	18
\$10,001 to \$15,000	19
\$10,501 to \$15,700	20
\$11,001 to \$16,400	21
\$11,501 to \$17,100	22
\$12,001 to \$17,900	23
\$12,401 to \$18,600	24
\$12,901 to \$19,300	25
\$13,401 to \$20,000	26
\$13,901 to \$20,700	27
\$14,401 to \$21,400	28
\$14,801 to \$22,200	29
\$15,301 to \$22,900	30
\$15,801 to \$23,600	31
\$16,301 to \$24,300	32
\$16,801 to \$25,000	33
\$17,301 to \$25,800	34
\$17,701 to \$26,500	35
\$18,201 to \$27,200	36
\$18,701 to \$27,900	37
\$19,201 to \$28,600	38
\$19,701 to \$29,300	39
\$20,101 to \$30,100	40
«H84_A2_OP4 »	

H84_A2_OP5

207-250% FPL

=> *

if SUMA1A1NUM

\$2,101 to \$2,500	01
\$2,801 to \$3,400	02
\$3,501 to \$4,300	03
\$4,201 to \$5,100	04
\$4,901 to \$6,000	05
\$5,701 to \$6,900	06
\$6,401 to \$7,700	07
\$7,101 to \$8,600	08
\$7,801 to \$9,500	09
\$8,501 to \$10,400	10
\$9,201 to \$11,200	11
\$10,001 to \$12,100	12
\$10,701 to \$13,000	13
\$11,401 to \$13,800	14
\$12,101 to \$14,700	15
\$12,801 to \$15,600	16
\$13,601 to \$16,400	17
\$14,301 to \$17,300	18
\$15,001 to \$18,200	19
\$15,701 to \$19,100	20
\$16,401 to \$19,900	21
\$17,101 to \$20,800	22
\$17,901 to \$21,700	23
\$18,601 to \$22,500	24
\$19,301 to \$23,400	25
\$20,001 to \$24,300	26
\$20,701 to \$25,200	27
\$21,401 to \$26,000	28
\$22,201 to \$26,900	29
\$22,901 to \$27,800	30
\$23,601 to \$28,600	31
\$24,301 to \$29,500	32
\$25,001 to \$30,400	33
\$25,801 to \$31,300	34
\$26,501 to \$32,100	35
\$27,201 to \$33,000	36
\$27,901 to \$33,900	37
\$28,601 to \$34,700	38
\$29,301 to \$35,600	39
\$30,101 to \$36,500	40
«H84_A2_OP5 »	

H84_A2_OP6

251-400% FPL

=> *

if SUMA1A1NUM

\$2,501 to \$4,000	01
\$3,401 to \$5,400	02
\$4,301 to \$6,800	03
\$5,101 to \$8,200	04
\$6,001 to \$9,600	05
\$6,901 to \$11,000	06
\$7,701 to \$12,400	07
\$8,601 to \$13,800	08
\$9,501 to \$15,200	09
\$10,401 to \$16,600	10
\$11,201 to \$18,000	11
\$12,101 to \$19,300	12
\$13,001 to \$20,700	13
\$13,801 to \$22,100	14
\$14,701 to \$23,500	15
\$15,601 to \$24,900	16
\$16,401 to \$26,300	17
\$17,301 to \$27,700	18
\$18,201 to \$29,100	19
\$19,101 to \$30,500	20
\$19,901 to \$31,900	21
\$20,801 to \$33,300	22
\$21,701 to \$34,700	23
\$22,501 to \$36,100	24
\$23,401 to \$37,500	25
\$24,301 to \$38,900	26
\$25,201 to \$40,200	27
\$26,001 to \$41,600	28
\$26,901 to \$43,000	29
\$27,801 to \$44,400	30
\$28,601 to \$45,800	31
\$29,501 to \$47,200	32
\$30,401 to \$48,600	33
\$31,301 to \$50,000	34
\$32,101 to \$51,400	35
\$33,001 to \$52,800	36
\$33,901 to \$54,200	37
\$34,701 to \$55,600	38
\$35,601 to \$57,000	39
\$36,501 to \$58,400	40
«H84_A2_OP6 »	

H84_A2_OP7

More than 400% FPL

```
=> *  
if SUMA1A1NUM
```

More than \$4,000 01
More than \$5,400 02
More than \$6,800 03
More than \$8,200 04
More than \$9,600 05
More than \$11,000 06
More than \$12,400 07
More than \$13,800 08
More than \$15,200 09
More than \$16,600 10
More than \$18,000 11
More than \$19,300 12
More than \$20,700 13
More than \$22,100 14
More than \$23,500 15
More than \$24,900 16
More than \$26,300 17
More than \$27,700 18
More than \$29,100 19
More than \$30,500 20
More than \$31,900 21
More than \$33,300 22
More than \$34,700 23
More than \$36,100 24
More than \$37,500 25
More than \$38,900 26
More than \$40,200 27
More than \$41,600 28
More than \$43,000 29
More than \$44,400 30
More than \$45,800 31
More than \$47,200 32
More than \$48,600 33
More than \$50,000 34
More than \$51,400 35
More than \$52,800 36
More than \$54,200 37
More than \$55,600 38
More than \$57,000 39
More than \$58,400 40
«H84_A2_OP7 »

H84_A3_OP1

Less than or equal to 75%

=> * if SUMA1A1NUM

Less than or equal to \$8,900.....	01
Less than or equal to \$12,000.....	02
Less than or equal to \$15,100.....	03
Less than or equal to \$18,200.....	04
Less than or equal to \$21,300.....	05
Less than or equal to \$24,400.....	06
Less than or equal to \$27,500.....	07
Less than or equal to \$30,700.....	08
Less than or equal to \$33,800.....	09
Less than or equal to \$36,900.....	10
Less than or equal to \$40,000.....	11
Less than or equal to \$43,100.....	12
Less than or equal to \$46,300.....	13
Less than or equal to \$49,400.....	14
Less than or equal to \$52,500.....	15
Less than or equal to \$55,600.....	16
Less than or equal to \$58,700.....	17
Less than or equal to \$61,900.....	18
Less than or equal to \$65,000.....	19
Less than or equal to \$68,100.....	20
Less than or equal to \$71,200.....	21
Less than or equal to \$74,300.....	22
Less than or equal to \$77,500.....	23
Less than or equal to \$80,600.....	24
Less than or equal to \$83,700.....	25
Less than or equal to \$86,800.....	26
Less than or equal to \$89,900.....	27
Less than or equal to \$93,100.....	28
Less than or equal to \$96,200.....	29
Less than or equal to \$99,300.....	30
Less than or equal to \$102,400.....	31
Less than or equal to \$105,500.....	32
Less than or equal to \$108,700.....	33
Less than or equal to \$111,800.....	34
Less than or equal to \$114,900.....	35
Less than or equal to \$118,000.....	36
Less than or equal to \$121,100.....	37
Less than or equal to \$124,300.....	38
Less than or equal to \$127,400.....	39
Less than or equal to \$130,500.....	40
«H84_A3_OP1 »	

417:H84_A3_OP2

76-100 % FPL

=> * if SUMA1A1NUM

\$8,901 to \$11,900	01
\$12,001 to \$16,000	02
\$15,101 to \$20,200	03
\$18,201 to \$24,300	04
\$21,301 to \$28,400	05
\$24,401 to \$32,600	06
\$27,501 to \$36,700	07
\$30,701 to \$40,900	08
\$33,801 to \$45,100	09
\$36,901 to \$49,200	10
\$40,001 to \$53,400	11
\$43,101 to \$57,500	12
\$46,301 to \$61,700	13
\$49,401 to \$65,900	14
\$52,501 to \$70,000	15
\$55,601 to \$74,200	16
\$58,701 to \$78,300	17
\$61,901 to \$82,500	18
\$65,001 to \$86,700	19
\$68,101 to \$90,800	20
\$71,201 to \$95,000	21
\$74,301 to \$99,100	22
\$77,501 to \$103,300	23
\$80,601 to \$107,500	24
\$83,701 to \$111,600	25
\$86,801 to \$115,800	26
\$89,901 to \$119,900	27
\$93,101 to \$124,100	28
\$96,201 to \$128,300	29
\$99,301 to \$132,400	30
\$102,401 to \$136,600	31
\$105,501 to \$140,700	32
\$108,701 to \$144,900	33
\$111,801 to \$149,100	34
\$114,901 to \$153,200	35
\$118,001 to \$157,400	36
\$121,101 to \$161,500	37
\$124,301 to \$165,700	38
\$127,401 to \$169,900	39
\$130,501 to \$174,000	40
«H84_A3_OP2 »	

H84_A3_OP3

101-138% FPL

=> *

if SUMA1A1NUM

\$11,901 to \$16,400	01
\$16,001 to \$22,100	02
\$20,201 to \$27,800	03
\$24,301 to \$33,500	04
\$28,401 to \$39,200	05
\$32,601 to \$45,000	06
\$36,701 to \$50,700	07
\$40,901 to \$56,400	08
\$45,101 to \$62,200	09
\$49,201 to \$67,900	10
\$53,401 to \$73,700	11
\$57,501 to \$79,400	12
\$61,701 to \$85,100	13
\$65,901 to \$90,900	14
\$70,001 to \$96,600	15
\$74,201 to \$102,400	16
\$78,301 to \$108,100	17
\$82,501 to \$113,800	18
\$86,701 to \$119,600	19
\$90,801 to \$125,300	20
\$95,001 to \$131,100	21
\$99,101 to \$136,800	22
\$103,301 to \$142,500	23
\$107,501 to \$148,300	24
\$111,601 to \$154,000	25
\$115,801 to \$159,800	26
\$119,901 to \$165,500	27
\$124,101 to \$171,200	28
\$128,301 to \$177,000	29
\$132,401 to \$182,700	30
\$136,601 to \$188,500	31
\$140,701 to \$194,200	32
\$144,901 to \$199,900	33
\$149,101 to \$205,700	34
\$153,201 to \$211,400	35
\$157,401 to \$217,200	36
\$161,501 to \$222,900	37
\$165,701 to \$228,700	38
\$169,901 to \$234,400	39
\$174,001 to \$240,100	40
«H84_A3_OP3 »	

H84_A3_OP4

139-206% FPL

=> *

if SUMA1A1NUM

\$16,401 to \$24,500	01
\$22,101 to \$33,000	02
\$27,801 to \$41,500	03
\$33,501 to \$50,100	04
\$39,201 to \$58,600	05
\$45,001 to \$67,100	06
\$50,701 to \$75,700	07
\$56,401 to \$84,200	08
\$62,201 to \$92,800	09
\$67,901 to \$101,400	10
\$73,701 to \$109,900	11
\$79,401 to \$118,500	12
\$85,101 to \$127,100	13
\$90,901 to \$135,700	14
\$96,601 to \$144,200	15
\$102,401 to \$152,800	16
\$108,101 to \$161,400	17
\$113,801 to \$169,900	18
\$119,601 to \$178,500	19
\$125,301 to \$187,100	20
\$131,101 to \$195,600	21
\$136,801 to \$204,200	22
\$142,501 to \$212,800	23
\$148,301 to \$221,300	24
\$154,001 to \$229,900	25
\$159,801 to \$238,500	26
\$165,501 to \$247,100	27
\$171,201 to \$255,600	28
\$177,001 to \$264,200	29
\$182,701 to \$272,800	30
\$188,501 to \$281,300	31
\$194,201 to \$289,900	32
\$199,901 to \$298,500	33
\$205,701 to \$307,000	34
\$211,401 to \$315,600	35
\$217,201 to \$324,200	36
\$222,901 to \$332,800	37
\$228,701 to \$341,300	38
\$234,401 to \$349,900	39
\$240,101 to \$358,500	40
«H84_A3_OP4 »	

H84_A3_OP5

207-250% FPL

=> * if SUMA1A1NUM

\$24,501 to \$29,700	01
\$33,001 to \$40,100	02
\$41,501 to \$50,400	03
\$50,101 to \$60,800	04
\$58,601 to \$71,100	05
\$67,101 to \$81,500	06
\$75,701 to \$91,800	07
\$84,201 to \$102,200	08
\$92,801 to \$112,600	09
\$101,401 to \$123,000	10
\$109,901 to \$133,400	11
\$118,501 to \$143,800	12
\$127,101 to \$154,200	13
\$135,701 to \$164,600	14
\$144,201 to \$175,000	15
\$152,801 to \$185,400	16
\$161,401 to \$195,800	17
\$169,901 to \$206,200	18
\$178,501 to \$216,600	19
\$187,101 to \$227,000	20
\$195,601 to \$237,400	21
\$204,201 to \$247,800	22
\$212,801 to \$258,200	23
\$221,301 to \$268,600	24
\$229,901 to \$279,000	25
\$238,501 to \$289,400	26
\$247,101 to \$299,800	27
\$255,601 to \$310,200	28
\$264,201 to \$320,600	29
\$272,801 to \$331,000	30
\$281,301 to \$341,400	31
\$289,901 to \$351,800	32
\$298,501 to \$362,200	33
\$307,001 to \$372,600	34
\$315,601 to \$383,000	35
\$324,201 to \$393,400	36
\$332,801 to \$403,800	37
\$341,301 to \$414,200	38
\$349,901 to \$424,600	39
\$358,501 to \$435,000	40
«H84_A3_OP5 »	

H84_A3_OP6

251-400% FPL

=> *

if SUMA1A1NUM

\$29,701 to \$47,500	01
\$40,101 to \$64,100	02
\$50,401 to \$80,600	03
\$60,801 to \$97,200	04
\$71,101 to \$113,800	05
\$81,501 to \$130,300	06
\$91,801 to \$146,900	07
\$102,201 to \$163,600	08
\$112,601 to \$180,200	09
\$123,001 to \$196,800	10
\$133,401 to \$213,500	11
\$143,801 to \$230,100	12
\$154,201 to \$246,800	13
\$164,601 to \$263,400	14
\$175,001 to \$280,000	15
\$185,401 to \$296,700	16
\$195,801 to \$313,300	17
\$206,201 to \$330,000	18
\$216,601 to \$346,600	19
\$227,001 to \$363,200	20
\$237,401 to \$379,900	21
\$247,801 to \$396,500	22
\$258,201 to \$413,200	23
\$268,601 to \$429,800	24
\$279,001 to \$446,400	25
\$289,401 to \$463,100	26
\$299,801 to \$479,700	27
\$310,201 to \$496,400	28
\$320,601 to \$513,000	29
\$331,001 to \$529,600	30
\$341,401 to \$546,300	31
\$351,801 to \$562,900	32
\$362,201 to \$579,600	33
\$372,601 to \$596,200	34
\$383,001 to \$612,800	35
\$393,401 to \$629,500	36
\$403,801 to \$646,100	37
\$414,201 to \$662,800	38
\$424,601 to \$679,400	39
\$435,001 to \$696,000	40
«H84_A3_OP6 »	

H84_A3_OP7

More than 400% FPL

=> *

if SUMA1A1NUM

More than \$47,500	01
More than \$64,100	02
More than \$80,600	03
More than \$97,200	04
More than \$113,800	05
More than \$130,300	06
More than \$146,900	07
More than \$163,600	08
More than \$180,200	09
More than \$196,800	10
More than \$213,500	11
More than \$230,100	12
More than \$246,800	13
More than \$263,400	14
More than \$280,000	15
More than \$296,700	16
More than \$313,300	17
More than \$330,000	18
More than \$346,600	19
More than \$363,200	20
More than \$379,900	21
More than \$396,500	22
More than \$413,200	23
More than \$429,800	24
More than \$446,400	25
More than \$463,100	26
More than \$479,700	27
More than \$496,400	28
More than \$513,000	29
More than \$529,600	30
More than \$546,300	31
More than \$562,900	32
More than \$579,600	33
More than \$596,200	34
More than \$612,800	35
More than \$629,500	36
More than \$646,100	37
More than \$662,800	38
More than \$679,400	39
More than \$696,000	40
«H84_A3_OP7 »	

H84_A2

(RECALL="**<YOUR_NAME> total gross income**", CONDITION="H84_A1==01")_\$_Recall
(RECALL="**<YOUR_NAME> total gross family income**", CONDITION="H84_A1>1")

I'm going to read a number of income categories. When I mention the category that describes your total gross family income **last month** before taxes and other deductions, please stop me.

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

(IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

- 01 Less than 75% FPL
- 02 (75% FPL+\$1) to 100 % FPL
- 03 (100% FPL+\$1) to 138% FPL
- 04 (138% FPL+\$1) to 206% FPL
- 05 (206% FPL+\$1) to 250% FPL
- 06 (250% FPL+\$1) to 400% FPL
- 07 More than 400% FPL

- 97 DID NOT HAVE INCOME (GO TO H84_A3)
- 98 DK
- 99 REFUSED

H84_A2CATS

(ASK IF: H84_A2=98,99, ELSE GO TO H84_A3)

\$_\$recall(RECALL="I just want to reassure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ in health insurance coverage and in problems getting health care.",CONDITION="H84_A2=9999999")

\$_\$recall(RECALL="I heard you say you don't know. I want to assure you that your best guess is fine.",CONDITION="H84_A2=9999998")

Was \$_\$Recall (RECALL="**<YOUR_NAME>**", CONDITION="H84_A1==01")_\$_Recall
(RECALL="**<YOUR_NAME> and <YOUR_NAME> family members**", CONDITION="H84_A1>1")
gross income last month before taxes and other deductions more or less than <F_H84_A2CAT>?

- 03 MORE
- 02 EXACTLY NUMBER FILLED
- 01 LESS

98 DK
99 REFUSED

F_H84_A2CAT

FILL THE BORDERLINE NUMBER TO COLLECT MONTHLY INCOME

=> *

if SUMA1A1NUM

1,387	01
1,868	02
2,348	03
2,829	04
3,310	05
3,790	06
4,271	07
4,752	08
5,233	09
5,713	10
6,194	11
6,675	12
7,155	13
7,636	14
8,117	15
8,597	16
9,078	17
9,559	18
10,040	19
10,520	20
11,001	21
11,482	22
11,962	23
12,443	24
12,924	25
13,404	26
13,885	27
14,366	28
14,847	29
15,327	30
15,808	31
16,289	32
16,769	33
17,250	34
17,731	35
18,211	36
18,692	37
19,173	38
19,654	39
20,134	40
«F_H84_A2CAT »	

H84_A3

(RECALL="**<YOUR_NAME>** total gross income", CONDITION="H84_A1==01")_\$_\$Recall
(RECALL="**<YOUR_NAME>** total gross family income", CONDITION="H84_A1>1")

This next question is about your family's total income **last year, 2016**. When I mention the category that describes your family's **total 2016 annual income** before taxes and other deductions, please stop me.

(IF NECESSARY: All of the information you provide will be kept strictly confidential and only reported in summary form.)

(IF NECESSARY: Total income includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received before taxes or other deductions.)

- 01 Less than 75% FPL
- 02 (75% FPL +\$1) to 100 % FPL
- 03 (100% FPL +\$1) to 138% FPL
- 04 (138% FPL +\$1) to 206% FPL
- 05 (206% FPL +\$1) to 250% FPL
- 06 (250% FPL +\$1) to 400% FPL
- 07 More than 400% FPL

- 97 NO INCOME LAST YEAR
- 98 DK
- 99 REF

H84_A3CATS

(ASK IF H84_A3=98, 99 AND (NOT H84_A2=99 AND H84_A2CATS=99))

(FILL: IF H84_A3=99 I just want to reassure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ in health insurance coverage and in problems getting health care.)

(FILL IF H84_A3=98 I heard you say you don't know. I want to assure you that your best guess is fine.)

Was (IF INT1=03 SCR_NAME's/ ELSE your) family's total 2016 annual income before taxes and other deductions more or less than..?

(FILL:	IF H84_A1=	1	\$16,000)
(FILL:	IF H84_A1=	2	\$22,000)
(FILL:	IF H84_A1=	3	\$27,000)
(FILL:	IF H84_A1=	4	\$33,000)
(FILL:	IF H84_A1=	5	\$39,000)
(FILL:	IF H84_A1=	6	\$44,000)
(FILL:	IF H84_A1=	7	\$50,000)
(FILL:	IF H84_A1=	8	\$55,000)
(FILL:	IF H84_A1=	9	\$61,000)
(FILL:	IF H84_A1=	10	\$67,000)
(FILL:	IF H84_A1=	11	\$72,000)
(FILL:	IF H84_A1=	12	\$78,000)
(FILL:	IF H84_A1=	13	\$83,000)
(FILL:	IF H84_A1=	14	\$89,000)
(FILL:	IF H84_A1>=	15	\$95,000)

03 MORE

02 EXACTLY NUMBER FILLED

01 LESS

98 DK

99 REFUSED

(POST-PROCESSING NOTE: WHEN CATEGORIZING RS BY INCOME % OF FPL, BE SURE TO INCLUDE CODING FOR PERCENTAGES THAT FALL BETWEEN WHOLE NUMBERS, AND ALWAYS ROUND UP. FOR EXAMPLE, 44.1% SHOULD BE CODED AS 45%.)

SECTION Q: HOUSEHOLD QUESTIONS

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION Q.)

(SECTIONTIME_SECQ_TIMESTART = ADMIN VARIABLE WITH SECTION Q START TIME)

Q155

(ASK: IF CELL_RESP=01, ELSE GO TO Q155C)

Now I have a few questions about your household. **Excluding cell phones**, at any time, during the past 12 months, had <YOUR_NAME> household been without telephone service for 24 hours or more?

- 01 YES (GO TO SK_ENDQ)
- 02 NO (GO TO SK_ENDQ)

- 98 DK (GO TO SK_ENDQ)
- 99 REFUSED (GO TO SK_ENDQ)

Q155C

Now I have a few questions about your household. **Excluding landline phones**, at any time, during the past 12 months, <HAVE_HAS> <YOU_NAME> been without telephone service for 24 hours or more?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

TRACFONE1

(ASK IF: CELL_RESP=01, ELSE GO TO SK_ENDQ)

Did we reach you on a cell phone that is prepaid or pay as you go?

- 01 YES
- 02 NO (GO TO SK_ENDQ)

- 98 DK (GO TO SK_ENDQ)
- 99 REFUSED (GO TO SK_ENDQ)

(IF NECESSARY: By prepaid or pay as you go we mean you have to buy minutes or credits to use your phone.)

(SECTIONTIME_SECQ_TIMEEND = ADMIN VARIABLE WITH SECTION Q END TIME.

SECTIONTIME_SECQ_TIMETOTAL = ADMIN VARIABLE WITH SECTION Q TOTAL TIME

SECTIONTIME_SECQ_COMPLETION = ADMIN VARIABLE NOTING IF SECTION Q COMPLETED)

CHILD QUESTIONNAIRE

SECTION I: SCREENING QUESTIONS FOR ELIGIBLE CHILD

**(PROGRAMMER: TURN OF PRIOR TIMERS. PLEASE START TIMER FOR SECTION I.)
(SECTIONTIME_SECS_TIMESTART = ADMIN VARIABLE WITH SECTION S START TIME)**

PREPI90

_\$Recall (RECALL="Thank you for answering these questions about your own health.",
CONDITION="PROXY_FLAG=0")

_\$Recall (RECALL="<SCR_NAME>", CONDITION="I91A=01") The next questions focus on the
health insurance coverage and health status of one child in your home.

01 CONTINUE

FL_PI90

(ASK IF S13b=01) Earlier you said there was one child in <YOUR_NAME> family. What is that
child's first name, nickname, or initials?

(ASK IF S13b=02-97) We would now like to identify the child in <YOUR_NAME> family, age 18 or
younger, who had the most recent birthday. What is that child's first name, nickname, or
initials?

PI90 <FL_PI90>

(ENTER 99-REFUSED IF RESPONDENT REFUSES CHILD'S NAME)

(INTERVIEWER HELP SCREEN: IF NECESSARY: I'm going to use this information to help make the
questions I ask you more friendly and conversational, and it won't be reported with any of the data or
results.)

(INTERVIEWER HELP SCREEN: INTERVIEWER NOTE: IF THE RESPONDENT SAYS THAT TWINS, TRIPLETS,
QUADRUPLETS ETC, HAD THE MOST RECENT BIRTHDAY, SAY "Consider their order of birth, and tell me
about the child who was born last.")

- 01 WILL GIVE NAME (CH_NAME)
- 66 TERMINATE INTERVIEW (GO TO REFUSAL)
- 98 DK (CH_NAME)
- 99 REFUSED TO GIVE NAME (CH_NAME)

REFUSAL

Your responses are very important. The sponsors need <HOUSEHOLD_1> household's input to make health care policy decisions that may be helpful to the State of Ohio.

(IF NECESSARY: You may call the State of Ohio at 1-800-678-6437, or RTI at 1-855-322-2826 if you have questions or concerns about the survey.)

- 01 CONTINUE (GO BACK TO PI90)
- 99 REFUSED (GO TO INT20)

CH_NAME

Creates fill for child's name

- 0 the child
- 1 <PI90:0>

P148

What is <CH_NAME>'s gender?

- 01 MALE
- 02 FEMALE

- 99 REFUSED

I90A

Please tell me how old <CH_NAME> was on <FL_HISHER> last birthday.

(INTERVIEWER: CODE AGE IN YEARS BETWEEN 00 AND 18. If there is more than 1 child in the household and the SM indicates the child with the most recent birthday is over 18 then ask "Please select the next child who is under the age of 19")

- 00 LESS THAN ONE YEAR
- 01-18 CODE AGE IN YEARS

- 97 CHILD IS OLDER THAN 18 (GO TO SK_STARTCL)
- 98 DK
- 99 REFUSED

I90B

What is <YOUR_NAME> relationship to <CH_NAME>?

(INTERVIEWER:

- CODE STEP AND GREAT GRANDPARENTS AS 03 GRANDPARENT.
- CODE STEP SIBLINGS AS 05 BROTHER/SISTER.

- 01 PERSON IS <CH_NAME>'s MOTHER
- 02 PERSON IS <CH_NAME>'s FATHER
- 03 PERSON IS <CH_NAME>'s GRANDPARENT
- 04 PERSON IS <CH_NAME>'s AUNT/UNCLE
- 05 PERSON IS <CH_NAME>'s BROTHER/SISTER
- 06 PERSON IS <CH_NAME>'s OTHER RELATIVE
- 07 PERSON IS <CH_NAME>'s LEGAL GUARDIAN
- 08 PERSON IS <CH_NAME>'s FOSTER PARENT
- 09 PERSON IS <CH_NAME>'s OTHER NON-RELATIVE
- 10 PERSON IS <CH_NAME>'s STEP-MOTHER
- 11 PERSON IS <CH_NAME>'s STEP-FATHER

- 98 DK
- 99 REFUSED

I91A

(ASK IF: (CELL_RESP=01) OR (NOT NUM_ADULTS=01 AND NOT NUM_ADULTS=WR), ELSE GO TO I95)

I would now like to speak to the **adult in this household** who **best knows** about <CH_NAME>'s health insurance coverage and health status. Is that you, or a different person?

(IF NECESSARY: We are also interested in experiences of children who do not have health insurance.)

(INTERVIEWER NOTE: IF RESPONDENT SAYS NOBODY IN THE HOUSEHOLD IS WELL INFORMED, ASK WHO IN THE HOUSEHOLD IS MOST KNOWLEDGEABLE.)

- 01 DIFFERENT PERSON
- 02 PERSON ON PHONE IS THE ONE WHO IS MOST KNOWLEDGEABLE ABOUT THE CHILD'S INSURANCE COVERAGE (GO TO I95)

- 98 DK (GO TO INT23)
- 99 REFUSED (GO TO INT23)

I91B

What is that person's first name?

(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 be fine.)

RECORD RESPONSE (TEXT RANGE=25 CHARACTERS)

98 DK (GO TO PAR3)
99 REFUSED (GO TO PAR3)

I91C

Is <I91B:O> available?

01 YES
02 NO (GO TO INT23)

66 CHILD PROXY NOT IN HH (GO TO PAR3)
98 DK (GO TO INT23)
99 REFUSED (GO TO INT23)

I91D

Thank you for your time and participation. The rest of the questions we have are about <CH_NAME>. May I speak to <I91B:O> now please?

01 YES (FL_I92)
02 NO (GO TO INT23)

98 DK (GO TO INT23)
99 REFUSED (GO TO INT23)

I92

Hello, my name is _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of the State of Ohio. We are conducting a survey on health and health care issues. This call may be monitored or recorded for quality assurance. <FL_I92>

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsors are the State of Ohio. We are not selling anything.)

01 CONTINUE
99 REFUSED (GO TO INT20)

CH_INFORM

Before we begin, the State of Ohio would like me to tell you that the interview will last approximately 8 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential.

01 CONTINUE

PAR3

(ASK IF i91b = 98, 99 or i91c = 66, ELSE GO TO I95)

Would you be able to answer just 1 to 3 of the most important questions before we end? These next few questions ask about some general information related to <CH_NAME>'s health insurance coverage.

(IF RESPONDENT HESITATES: There are just a few key questions that would help the State of Ohio assess how many children have health care coverage and how it affects their lives. Your responses to just these few questions are very important to the state.)

01 CONTINUE (GO TO I95)

99 REFUSED TO CONTINUE (GO TO INT20)

I95

These next few questions ask about some general information related to <CH_NAME>'s health insurance coverage. Last week was <CH_NAME> covered by health insurance or some other type of health care plan?

01 YES (GO TO SK_ENDI)

02 NO

98 DK

99 REFUSED

I95A

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 Start, Healthy Families, TRICARE or CHAMP-VA. Keeping this in mind, last week was <CH_NAME> covered by health insurance or some other type of health care plan?

(DEFINITIONS:

Healthy Families: OH Medicaid's health coverage for low-income children & parents.
Medicaid: State government health coverage for low-income persons.
Medicare: Federal government health coverage for those 65 and older or with certain disabilities)

- 01 YES
- 02 NO (GO TO SK_ENDI)

- 98 DK (GO TO SK_ENDI)
- 99 REFUSED (GO TO SK_ENDI)

(IF INTERVIEW TERMINATES ANYTIME AFTER i95a AND BEFORE J100c or K96)

SECTION J: CHILD'S INSURANCE COVERAGE

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION J.)
(SECTIONTIME_SECJ_TIMESTART = ADMIN VARIABLE WITH SECTION J START TIME)**

Employer-based Coverage

J96

(ASK IF: ((A1 = 01 OR A1A=01) AND (I95=01 OR I95A=01), ELSE GO TO PREJ100A)

Last week, was <CH_NAME>'s health insurance coverage the same as <FL_J96> health insurance coverage <FL_J96A>?

- 01 YES
- 02 NO (GO TO PREJ100a)

- 98 DK (GO TO PREJ100a)
- 99 REFUSED (GO TO PREJ100a)

J96A

So, the health insurance coverage that <CH_NAME> has is _\$Recall (RECALL="through a current or former employer or union,", CONDITION="B4A=01") _\$Recall (RECALL="Medicare,", CONDITION="B4B_R=01") _\$Recall (RECALL="Medicaid,", CONDITION="B4C_R=01") _\$Recall (RECALL="purchased directly,", CONDITION="B4E=01") _\$Recall (RECALL="through the Ohio Health Care Exchange or healthcare.gov,", CONDITION="B4I=01") _\$Recall (RECALL="other health care coverage,", CONDITION="B4G=01") and it has the same benefits and covers the same services as _\$Recall (RECALL="you", CONDITION="I91A=02 OR CELL_RESP=02 OR NUM_ADULTS=01") _\$Recall (RECALL="<SCR_NAME>", CONDITION="I91A=01"), and <CH_NAME> does not have any other health insurance coverage. Is this correct?

- 01 YES
- 02 NO (GO TO PREJ100A)

- 98 DK (GO TO PREJ100A)
- 99 REFUSED (GO TO PREJ100A)

PREJ100A

(ASK IF: J96=2, 98, 99 OR J96A=02,98,99 OR ((I95=01 OR I95A=01) AND J96=WR), ELSE GO TO J113)

I would like to now ask you some more specific questions about < CH_NAME>'s health insurance coverage.

- 01 CONTINUE

J100A

Is < CH_NAME> covered by a health insurance plan through someone's current or former employer or union?

(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 NO, NOT COVERED

- 98 DK
- 99 REFUSED

Medicaid Coverage

J100C

Is <CH_NAME> covered by **Medicaid**, the **State** of Ohio government health care program?

(IF NECESSARY: Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.)

(IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED': "<CH_NAME> enrolled in the program now?" Or "(Does FILL: CH_NAME) get health care from one of these plans?")

- 01 YES (GO TO J100CA)
- 02 NO (GO TO J100C_CK)

- 98 DK (GO TO J100C_CK)
- 99 REFUSED (GO TO J100C_CK)
- 97 HELP SCREEN (GO TO J100CHELP)

J100CHELP

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

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

Medicaid: Ohio government health coverage for low-income persons.

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

- 01 ENTER TO RETURN TO QUESTION (GO TO J100C)

J100C_CK

(ASK IF: (NOT I95A=02,98,99) AND (NOT J96A=01) AND (J100C=02,98,99), ELSE GO TO J100CA)

Is <CH_NAME> covered by Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, or Buckeye Community Health Plan?

(IF NECESSARY:

- Medicaid is a state program that pays for medical insurance for certain individuals and families with low incomes and resources.
- Medicaid also includes Ohio Works First Cash Assistance, Medicaid for the Aged, Blind and Disabled, and MBI WD.
- Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions, and SELF.
- SELF refers to the Self-Empowered Life Funding waiver.)

(INTERVIEWER: IF RESPONDENT IS UNSURE ABOUT THE MEANING OF 'COVERED':

- "Is <CH_NAME> enrolled in the program now?"
- OR "Does <CH_NAME> get health care from one of these plans?")

01 YES

02 NO (GO TO J100b)

98 DK (GO TO J100b)

99 REFUSED (GO TO J100b)

J100C_CaK_payer

(ASK IF J100C_CK=01)

Who provides this health insurance plan? Is it an employer or union, a state or local government or community program, or is it <YOU_NAME> or <YOUR_NAME> family, or someone else?

01 EMPLOYER OR UNION

02 STATE, LOCAL, OR COMMUNITY PROGRAM

03 <YOU_NAME_C> OR FAMILY

04 SOMEONE ELSE

98 DK

99 REFUSED

J100CA

(ASK IF: (J100C=1 or (J100C_CK=01 AND J100C_CK_payer=02) OR (J96A=01 AND B4CA=03,04,05,06,07,08,09), ELSE GO TO J100B)

Which Medicaid plan is < CH_NAME> covered by?

(IF NECESSARY: Is it Healthy Families, Healthy Start, CareSource, Molina Healthcare, Paramount Advantage, United Healthcare Community Plan, Buckeye Community Health Plan, Medicaid for the Aged, Blind and Disabled, or something else?)

- 01 HEALTHY FAMILIES
- 02 HEALTHY START, MAGI CHILDREN
- 03 MEDICAID FOR THE AGED, BLIND AND DISABLED, HOME CHOICE/MONEY FOLLOWS THE PERSON (MFP)
- 04 OHIO HOME CARE WAIVER
- 05 INDIVIDUAL OPTIONS, IO, LEVEL ONE, TRANSITIONS, OR SELF WAIVER
- 06 BUCKEYE COMMUNITY HEALTH PLAN, BUCKEYE
- 07 CARESOURCE
- 08 MOLINA HEALTHCARE
- 09 PARAMOUNT ADVANTAGE, PARAMOUNT
- 10 UNITED HEALTH CARE COMMUNITY PLAN, UNITED

- 11 HOME CHOICE, MONEY FOLLOWS THE PERSON (MFP)
- 12 ADOPTION OR FOSTER CARE MEDICAL ASSISTANCE
- 13 EMPLOYEE/PERSONAL/NON-MEDICAID

- 97 OTHER
- 98 DK
- 99 REFUSED

Coverage

J100B

(ASK IF J96a NE 01, ELSE GO TO J113)

Is <CH_NAME> _\$recall(recall="also", condition="(J100A=01 or J100C=01 or (J100C_CK=01 AND J100C_CK_payer=01))") covered by **Medicare**, the **Federal** government-funded health insurance plan for people 65 years and older or persons with certain disabilities?

(INTERVIEWER HELP SCREEN - Medicare: Federal government health coverage for those 65 and older or with certain disabilities.)

(IF RESPONDENT IS UNSURE ABOUT THE MEANING OF `COVERED`: "Is <CH_NAME> enrolled in the program now?" OR "Does <CH_NAME> get health care from one of these plans?")

- 01 YES
- 02 NO (GO TO J100B_R)

- 98 DK (GO TO J100B_R)
- 99 REFUSED (GO TO J100B_R)

J100BCON

Just to confirm, you said that < CH_NAME> is covered by Medicare, the Federal government-funded insurance plan for people 65 years and older or persons with certain disabilities. Is that correct or did I make a mistake?

- 01 CORRECT, CHILD IS COVERED BY MEDICARE
- 02 INCORRECT, CHILD IS NOT COVERED BY MEDICARE

- 98 DK
- 99 REFUSED

J100B_R

((PROGRAMMER - THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES))((CALCULATE J100B_R=J100B. IF J100BCON≠BLANK J100B_R≠J100BCON))

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J100E

Is < CH_NAME> covered by health insurance purchased directly, that is, a private plan not related to someone's current or past employment?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Other State-sponsored or Public Health Insurance

J100F

Is < CH_NAME> covered by the Bureau for Children with Medical Handicaps (BCMH) or any **other** state-sponsored or public health insurance program that I have **not** mentioned?

(IF NECESSARY: BCMH stands for: Bureau for Children with Medical Handicaps. The purpose of the program is to promote the early identification of children with medically handicapping

conditions. The mission of the program is to assure that children with special health care needs and their families obtain care that is family centered, comprehensive, culturally sensitive, and community based.)

(PROBE IF RESPONDENT MENTIONS A PROGRAM YOU ALREADY ASKED ABOUT: That sounds like a plan I asked you about before. <DODOESC> <YOU_NAME> have any other health care coverage that I did not mention earlier?)

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:)
UL_\$Recall
(RECALL="LI<FL_J100A>/LI",

CONDITION="FL_J100A=1")_\$Recall (RECALL="LI<FL_J100B>/LI",
CONDITION="FL_J100B=1")_\$Recall (RECALL="LI<FL_J100C>/LI",
CONDITION="FL_J100C=1")_\$Recall (RECALL="LI<FL_J100E>/LI",
CONDITION="FL_J100E=1")/UL(INTERVIEWER: IF R MENTONS OTHER INSURANCE, GO BACK TO
QUESTIONS ABOVE AND INPUT NEW INFORMATION)

- 01 YES
- 02 NO (GO TO J100I1)

- 98 DK (GO TO J100I1)
- 99 REFUSED (GO TO J100I1)

NJ100F1

What is the name of that program?

(INTERVIEWER NOTE: IF RESPONDENT SAYS CARE SOURCE, HEALTHY START, HEALTHY FAMILIES, JOB & FAMILY SERVICES, CODE J100f AS 02 MEDICAID.)

(INTERVIEWER NOTE: PROBE FOR ANYTHING THAT MIGHT IDENTIFY THE PROGRAM AND CODE VERBATIM)

- 01 BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS (BCMh)
- 02 MEDICAID (INCLUDES CARE SOURCE, HEALTHY START, & HEALTHY FAMILY, JOB & FAMILY SERVICES)

- 98 DK
- 99 REFUSED

Health Care Exchange

J100I1

Is <CH_NAME> covered by a plan through the Ohio Health Care Exchange or a healthcare.gov insurance plan, that is, the Health Insurance Exchange related to Federal health care reform?

- 01 YES
- 02 NO (GO TO J100G)

- 98 DK (GO TO J100G)
- 99 REFUSED (GO TO J100G)

J100I3

Is there a monthly premium for this Ohio Health Care Exchange or healthcare.gov insurance plan?

(IF NECESSARY: A monthly premium is a fixed amount of money people pay each month to have health care coverage. It does not include copays or other expenses such as prescription costs.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J100G

Does < CH_NAME > have any **other** health care coverage that I have **not** mentioned?

(INTERVIEWER: THE FOLLOWING PROGRAMS HAVE BEEN RECORDED:)
 (FILL: IF J100A=01 HEALTH PLAN THROUGH EMPLOYER
 (FILL: IF J100B_R=01 MEDICARE (65+ & DISABILITIES)
 (FILL: IF J100C_R=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)
 (FILL: IF J100E=01 DIRECT PURCHASE INSURANCE PLAN)
 (FILL: IF J100F=01 STATE-SPONSORED
 (FILL: IF J100=1 OHIO HEALTH CARE EXCHANGE OR HEALTHCARE.GOV)

- 01 YES
- 02 NO (GO TO J100CHK)

- 98 DK (GO TO J100CHK)
- 99 REFUSED (GO TO J100CHK)

J100H

Who provides this health insurance plan? Is it an employer or union, a state or local government or community program, or is it <YOU_NAME> or <YOUR_NAME> family, or someone else?

- 01 EMPLOYER OR UNION

- 02 STATE, LOCAL, OR COMMUNITY PROGRAM
- 03 <YOU_NAME_C> OR FAMILY
- 04 SOMEONE ELSE

- 98 DK
- 99 REFUSED

J100CHK

(ASK IF: V01 (SUM ([FL_J100CHKA-FL_J100CHKG3])>1), ELSE GO TO J113
To confirm, you said (FILL: CH_NAME) is covered by:

(FILL: IF J100A= 01 a health insurance plan through an employer or union,
IF J100B_R=01 Medicare,
IF J100C 01 a Medicaid program,
IF J100E=01 a private health insurance plan purchased directly,
IF J100F=01 (J100f), which is a public health insurance program,
IF J100I=01 Ohio Health Care Exchange or healthcare.gov insurance plan,
IF J100G=01 Other health care coverage.)

Is that correct?

- 01 YES (GO TO J113)
- 02 NO

- 98 DK
- 99 REFUSED

AFTER A SECOND TIME, PLEASE DO NOT REPEAT THE SERIES A 3RD TIME. CONTINUE ON TO NEXT QUESTION.

J113

How long has <CH_NAME> been covered by <FL_HISHER> current primary health insurance plan? Is it...

(IF NECESSARY: Your best guess is fine.)

- 01 Less than 3 months
- 02 3 months to 1 year, or
- 03 more than 1 year?

- 98 DK
- 99 REFUSED

Previous Coverage

J116b

(ASK IF: (J113=01, 02), ELSE GO TO END OF SECTION J)

Just prior to <CH_NAME>'s current health insurance coverage, was <FL_HESHE> covered by any health insurance plan?

- 01 YES
- 02 NO (GO TO J122)

- 98 DK (GO TO J122)
- 99 REFUSED (GO TO J122)

J117

(ASK IF: (J116b = 01) AND ((J100C_CK=02,98,99) OR (J96A=01 AND B4C_R=02,98,99)), ELSE GO TO J117B)

Just prior to (FILL: CH_NAME)'s current health insurance coverage was (FILL: IF P148=01 he / IF P148=02 she) covered **Medicaid**, the State of Ohio government health care program?

(IF NECESSARY: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance and Medicaid for the Aged, Blind and Disabled. Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

- 01 YES (GO TO J120)
- 02 NO (GO TO J117B)

- 98 DK (GO TO J117B)
- 99 REFUSED (GO TO J117B)
- 95 HELP SCREEN

J117HELP

HELP SCREEN

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

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

Medicaid: State of Ohio health coverage for low-income persons.

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

J117B

(ASK IF: (J117 = 02, 98, 99) OR (J100C=01) OR (J96A=01 AND B4C_R=01), ELSE GO TO J120)

Just prior to <CH_NAME>'s current health insurance coverage, was <FL_HESHE> covered by a health insurance plan obtained through someone's employment or union?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Coverage Over Past 12 Months

J120

(ASK: IF J116B =01, ELSE GO TO J122)

//PROGRAMMER – J116B=02 WILL BE AUTOCODED HERE AS A 01 AND SHOULD NOT BE ASKED THIS QUESTION.)

Was there any time <FL_BIRTH> that <CH_NAME> did **not** have health insurance?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J122

(ASK IF J120=01 OR J166b=02, 98, 99)

<FL_BIRTH> , how long was <CH_NAME> without health insurance? Was it...

- 01 0 to 2 months,
- 02 3 to 6 months, or
- 03 7 to 12 months

(ASK IF i90a=00)

- 04 R SAYS CHILD HAS BEEN COVERED BY SAME INSURANCE SINCE BIRTH

- 98 DK
- 99 Refused

**(SECTIONTIME_SECJ_TIMEEND = ADMIN VARIABLE WITH SECTION J END TIME.
SECTIONTIME_SECJ_TIMETOTAL = ADMIN VARIABLE WITH SECTION J TOTAL TIME
SECTIONTIME_SECJ_COMPLETION = ADMIN VARIABLE NOTING IF SECTION J COMPLETED)**

SECTION K: CHILD CURRENTLY UNINSURED

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION K.)
(SECTIONTIME_SECK_TIMESTART = ADMIN VARIABLE WITH SECTION K START TIME)

Previous Coverage

PREK96

(ASK IF: (I95a=02,98,99), ELSE GO TO L125)

Next I would like to ask more specific questions about <CH_NAME>'s prior insurance coverage.

(ASK K96, THEN IF PROTOCOL IS MET WITHOUT THE RECORD BECOMING A COMPLETE, CODE AS COMPLETE)

K96_new

When was <CH_NAME> last covered by any type of health insurance plan? Was it....

- 01 Never
- 02 Less than 3 months ago,
- 03 3 months to less than 1 year ago,
- 04 1 to 3 years ago, or
- 05 More than 3 years ago?
- 98 DK
- 99 REFUSED

K99

(ASK IF: K96_new=02,03)

The last time <CH_NAME> had insurance, was <FL_HESHE> covered by Medicaid, the State of Ohio government health care program?

(IF NECESSARY: Medicaid also includes Healthy Families, Healthy Start, Ohio Works First Cash Assistance and Medicaid for the Aged, Blind and Disabled. Medicaid waiver programs include, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.) **(Disability Assistance:** insurance or cash benefits against loss because of an accident or illness. **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. **Medicaid:** State of Ohio health coverage for low-income persons. **Medicaid Wavier Programs:** provide community services to those who would otherwise be institutionalized, such as in a nursing home.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

K100

(ASK IF: (K99=02, 98, 99), ELSE GO TO END OF SECTION K)

The last time <CH_NAME> had health insurance, was <FL_HESHE> covered by a health insurance plan obtained through someone's employment or union?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

(IF INTERVIEW TERMINATES AFTER THIS POINT AND PROTOCOL IS MET WITHOUT BECOMING A COMPLETE, CODE AS COMPLETE)

**(SECTIONTIME_SECK_TIMEEND = ADMIN VARIABLE WITH SECTION K END TIME.
SECTIONTIME_SECK_TIMETOTAL = ADMIN VARIABLE WITH SECTION K TOTAL TIME
SECTIONTIME_SECK_COMPLETION = ADMIN VARIABLE NOTING IF SECTION K COMPLETED)**

SECTION L: HEALTH STATUS OF CHILD

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION L.)
(SECTIONTIME_SECL_TIMESTART = ADMIN VARIABLE WITH SECTION L START TIME)

General Health

L125

Now I would like to ask about <CH_NAME>'s health. In general, how would you describe <CH_NAME>'s health? Would you say <FL_HISHER> health is excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR

- 98 DK
- 99 REFUSED

Sugary Beverage Intake

SUGAR_1

(ASK IF: (1 < i90a < 6), ELSE GO TO SUGAR_2)

Considering the food your child ate yesterday, including meals and snacks, how many glasses or boxes of 100% fruit juice, such as orange or apple juice, did <CH_NAME> drink? Was it...

(IF NECESSARY:

- "Only include 100% fruit juice."
- Part of a glass counts as 1 glass.
- ASK RESPONDENT TO ESTIMATE THE NUMBER OF GLASSES IF DRINKING FROM A BOTTLE, CAN, OR CARTON.)

(INTERVIEWER: CODE "NONE" OR "DOES NOT DRINK FRUIT JUICE" as 00)

- 00 Zero
- 01 One
- 02 Two, or
- 03 Three or more?

- 98 DK

99 REFUSED

SUGAR_2

(ASK IF: (1<i90a<6), ELSE GO TO PL125A1)

Yesterday, how many glasses or cans of soda or pop, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks, did <CH_NAME> drink? Do not count diet drinks. Was it....

(IF NECESSARY: This also includes any drinks with added sugar, such as Sunny Delight, Iced Tea Drinks, Tampico, Hawaiian Punch, Cranberry Cocktail, HI-C, Snapple, Sugar Cane Juice, Gatorade, Sweetened Water Drinks, and Energy Drinks)

(INTERVIEWER: CODE "NONE" OR "DOES NOT DRINK SODA" as 01)

- 01 Zero
- 02 One
- 03 Two, or
- 04 Three or more?

- 98 DK
- 99 REFUSED

PL125A1

(ASK: (IF i90A>=6), ELSE GO TO PRE_L126A)

Height and Weight

How tall is <CH_NAME> now?

- 01 ANSWERED IN FEET/INCHES (GO TO L125AP_F)
- 02 ANSWERED IN CENTIMETERS (GO TO L125AC)

- 98 DK (GO TO PL125a2)
- 99 REFUSED (GO TO PL125a2)

L125AP_F

(How tall is <CH_NAME> now?)
(1-8 FEET)

L125AP_I

(How tall is <CH_NAME> now?)
(00-12 INCHES)

L125AP

(ASK IF: (L125AP_F*100)+L125AP_I)

Feet/Inches in fii format

L125AC (ASK IF PL125A1=01)

Centimeters
RECORD NUMBER (RANGE=91-254 NUMERIC CHARACTERS)

PL125A2

How much does <CH_NAME> weigh now?

(IF NECESSARY: Your best guess is fine.)

(INTERVIEWER: ACCEPT DK/REF WITHOUT PROBING.)

- 01 ANSWERED IN POUNDS (GO TO L125A2P)
- 02 ANSWERED IN KILOGRAMS (GO TO L125A2K)
- 98 DK (GO TO Pre_L126A)
- 99 REFUSED (GO TO Pre_L126A)

L125A2P

(Pounds)

RECORD RESPONSE (RANGE=25-500 NUMERIC CHARACTERS)

L125A2K

(ASK IF: (PL125A2=01), ELSE GO TO L125LBS)
(Kilograms)

RECORD RESPONSE (RANGE=18-227 NUMERIC CHARACTERS)

Developmental Disability

Pre_L126A

The next questions are about any kind of health problems, concerns, or conditions that may affect <CH_NAME>'s behavior, learning, growth, or physical development.

L126H_2

Does <CH_NAME> currently have a developmental disability?

(IF NECESSARY: **Developmental disabilities** are a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Need/Use of Health Care Services

L126A_NEW

Because of a physical, mental, or emotional condition lasting 6 months or more, does <CH_NAME> currently need or use medicine prescribed by a doctor or other health care professional, other than vitamins?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

L126J_NEW

Because of a physical, mental, emotional condition lasting 6 months or more, does <CH_NAME's> need or get special therapy, such as physical, occupational or speech therapy?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

L126M_NEW

Because of a physical, mental, emotional condition lasting 6 months or more, does <CH_NAME> have any kind of emotional, developmental or behavioral problem for which <FL_HESHE> needs or gets treatment or counseling?

01 YES

02 NO (GO TO PRE_LAS10)

98 DK (GO TO PRE_LAS10)

99 REFUSED (GO TO PRE_LAS10)

LAS10

(USE THIS VERSION IF I90a>3)

Compared to other <I90A>-year-old children, would you say <FL_HESHE> experiences any difficulty taking care of <FL_HIMHERSEL>, for example, doing things like eating, dressing and bathing?

(USE THIS VERSION IF I90A=98, 99 OR MISSING)

Compared to other children <FL_HISHER> age, would you say <FL_HESHE> experiences any difficulty taking care of <FL_HIMHERSEL>, for example, doing things like eating, dressing and bathing?

01 YES

02 NO

98 DK

99 REFUSED

LAS11

Compared to other <I90A>-year-old children, would you say <FL_HESHE> experiences any difficulty learning, understanding, or paying attention?

(USE THIS VERSION IF I90A=98, 99 OR MISSING)

Compared to other children <FL_HISHER> age, would you say <FL_HESHE> experiences any difficulty learning, understanding, or paying attention?

01 YES

02 NO

98 DK

99 REFUSED

LAS12

Compared to other <I90A>-year-old children, would you say <FL_HESHE> experiences any difficulty speaking, communicating, or being understood?

(USE THIS VERSION IF I90A=98, 99 OR MISSING)

Compared to other children <FL_HISHER> age, would you say <FL_HESHE> experiences any difficulty speaking, communicating, or being understood?

01 YES

02 NO

98 DK

99 REFUSED

SECTION M: UTILIZATION AND QUALITY OF CHILD HEALTH CARE SERVICES

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION M.)
(SECTIONTIME_SECM_TIMESTART = ADMIN VARIABLE WITH SECTION M START TIME)**

PREM131

I am now going to ask some questions about <CH_NAME>'s use of health care services.

01 CONTINUE

Visits to Medical Doctor and Health Professional

M131

Not including overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, about how long has it been since <CH_NAME> last saw a doctor or other health care professional about <FL_HISHER> health? Was it...

(IF NECESSARY:

- Include either care for sickness or injury, or a general checkup.
- Do include visits to urgent care.
- Your best guess is fine. About how long ago was <CH_NAME>'s last visit to a doctor or health professional?)

01 Within the last 12 months or

02 More than 12 months ago?

03 NEVER WENT TO A DOCTOR

98 DK

99 REFUSED

M131A

(ASK IF: (M131=03), ELSE GO TO FL_M130)

I want to make sure I have this right, <CH_NAME> has **never** visited a doctor or any other health care professional in their offices for a routine check-up, physical, or for any reason?

(INTERVIEWER NOTE: IF R SAYS WRONG (03), CATI WILL TAKE YOU BACK TO M131 TO CORRECT DATA.)

01 RIGHT / CORRECT – NEVER BEEN TO A DOCTOR/ HEALTH CARE PROFESSIONAL. (GO TO FL_M132_1)

02 RIGHT / CORRECT – HAVE BEEN TO A DOCTOR/HEALTH CARE PROFESSIONAL, BUT NOT IN THEIR OFFICE. (GO TO FL_M132_1)

03 WRONG – HAVE VISITED A DOCTOR (GO TO M131)

- 98 DK
- 99 REFUSED

Well-baby Checkup

FL_M130

(ASK IF M131=01,98,99)

(USE THIS VERSION IF I90A=00)

Since <FL_HISHER> birth did <CH_NAME> receive a well-baby checkup, that is a general checkup when <FL_HESHE> was not sick or injured?

(USE THIS VERSION IF I90A>=01)

During the past 12 months did <CH_NAME> receive a well-child checkup, that is a general checkup when <FL_HESHE> was **not** sick or injured?

M130

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

M130_number

(ASK IF M130=01 and i90a<=2)

During the past 12 months, how many well-child check-ups did <CH_NAME> have?

ENTER NUMBER
98 DK
99 REFUSED

Hospital Stays

FL_M132_1

FILL FOR M132

- 01 **Since birth**
- 02 **During the past 12 months**

FL_M132_2

FILL FOR M132

- 01 has <CH_NAME> been
- 02 was <CH_NAME>

Emergency Room Visits

M134

<FL_M132_1>, how many times <FL_M132_2> a patient in a hospital emergency room?
(RANGE 00-21)

(IF NECESSARY: Include emergency room visits where <FL_HESHE> was admitted to the hospital?)

(IF NECESSARY: Your best guess is fine.)

- 00 NONE
- 01-20 (CODE ACTUAL VALUE)
- 21 MORE THAN 20

- 98 DK
- 99 REFUSED

Dental Care

M135

(ASK IF I90A > =1)

About how long has it been since <CH_NAME> last visited a dentist? Include all types of dentists such as orthodontists, oral surgeons, and all other dental specialists as well as dental hygienists (HY-JEN-IST). Was it...

(IF NECESSARY: Your best guess is fine.)

- 01 Within the last 12 months or
- 02 More than 12 months ago?
- 03 NEVER WENT TO A DENTIST
- 04 CHILD DOES NOT HAVE TEETH

- 98 DK
- 99 REFUSED

LAS14

(ASK IF I90a>4)

About how long has it been, if ever, since <CH_NAME> last had <FL_HISHER> eyes examined by any doctor or eye care provider? Was it...

(IF RESPONDENT SAYS "EXACTLY ONE YEAR AGO" CODE AS 01.)

- 01 Within the last 12 months,
- 02 1 to 2 years ago, or
- 03 more than 2 years ago?
- 04 NEVER HAD EYES EXAMINED
- 05 RESPONDENT VOLUNTEERED CHILD IS BLIND

- 98 DK
- 99 REFUSED

**(SECTIONTIME_SECM_TIMEEND = ADMIN VARIABLE WITH SECTION M END TIME.
SECTIONTIME_SECM_TIMETOTAL = ADMIN VARIABLE WITH SECTION M TOTAL TIME
SECTIONTIME_SECM_COMPLETION = ADMIN VARIABLE NOTING IF SECTION M COMPLETED)**

SECTION N: ACCESS TO CARE FOR CHILD

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION N.)
(SECTIONTIME_SECN_TIMESTART = ADMIN VARIABLE WITH SECTION N START TIME)

N136

The next questions are about access to health care for <CH_NAME>. Is there a place that <CH_NAME> **usually** goes when <FL_HESHE> is sick or you need advice about <FL_HISHER> health?

- 01 YES (GO TO N136a)
- 02 NO
- 03 YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO N136A)

- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

N136CHECK

Just to be sure, is it that there is **no place** at all that <CH_NAME> usually goes to when sick or needing advice about health, **or** is it that <FL_HESHE> goes to more than **one** place?

- 01 NO PLACE AT ALL (GO TO END OF SECTION N)
- 02 MORE THAN ONE PLACE (GO TO N136a)

- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

N136A

(ASK IF: (N136=01, 03 OR N136CHECK=02), ELSE GO TO END OF SECTION N)

Is this place where <CH_NAME> **usually** goes for care

- 01 a doctor's office or health center?
- 02 a hospital emergency room?
- 03 an urgent care center?
- 04 or some other place?

- 98 DK
- 99 REFUSED

N137B

(ASK IF: (N136=01, 03 OR N136CHECK=02), ELSE GO TO END OF SECTION N)

A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant.

Do you have one or more persons you think of as <CH_NAME>'s personal doctor or nurse?

(INTERVIEWER NOTE: IF RESPONDENT SEES A DOCTOR AND NURSE IN THE SAME VISIT, CODE AS 01)

- 01 YES, ONE PERSON OR MORE THAN ONE PERSON
- 02 NO (GO TO END OF SECTION N)

- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

PCMH_6

Has <CH_NAME> seen this health provider <FL_BIRTH>?

(IF NECESSARY: IF CHILD DID NOT NEED CARE, CODE AS 02)

- 01 YES
- 02 NO (GO TO END OF SECTION N)

- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

PCMH_7

<FL_BIRTHC>, how often did <CH_NAME>'s health provider spend enough time with <FL_HIMHER>? Would you say...never, sometimes, usually or always?

- 01 NEVER
- 02 SOMETIMES
- 03 USUALLY
- 04 ALWAYS

- 98 DK
- 99 REFUSED

Timely Appointment

PCMH_X

_\$Recall (RECALL="Since <FL_HISHER> birth", CONDITION="I90A=00")_\$Recall (RECALL="During the past 12 months", CONDITION="I90A>00"), how many days did you usually have to wait for an appointment from <CH_NAME>'s provider when <FL_HESHE> **needed care right away**? Would you say: the same day, 1 day, 2 to 3 days, 4 to 7 days, or more than 7 days?

(IF NECESSARY:

- PROVIDER IS CHILD'S PERSONAL DOCTOR OR NURSE.
- IF PERSON SAYS CHILD HAS MORE THAN ONE PROVIDER, RESPOND "either provider".)

- 01 SAME DAY
- 02 1 DAY
- 03 2 TO 3 DAYS
- 04 4 TO 7 DAYS
- 05 OR MORE THAN 7 DAYS
- 06 DID NOT NEED CARE RIGHT AWAY

- 98 DK
- 99 REFUSED

PCMH_3

_\$Recall (RECALL="Since <FL_HISHER> birth", CONDITION="I90A=00")_\$Recall (RECALL="During the past 12 months", CONDITION="I90A>00"), how often were you able to get the care <CH_NAME> needed from <FL_HISHER> provider's office during evenings, weekends, or holidays? Would you say: never, sometimes, usually or always?

(INTERVIEWER:

- IF NECESSARY: PLEASE PROMPT RESPONDENT TO CONSIDER NIGHTS, WEEKENDS, OR HOLIDAYS AS A GROUP.
- PLEASE CODE "DOES NOT HAVE NIGHT, WEEKENDS, OR HOLIDAY OFFICE HOURS" TO 01)

- 01 NEVER
- 02 SOMETIMES
- 03 USUALLY
- 04 ALWAYS
- 05 DID NOT NEED CARE DURING EVENINGS, WEEKENDS, OR HOLIDAYS

- 98 DK
- 99 REFUSED

Communication Problem with a Doctor

PCMH_8

<FL_BIRTHC>, how often did < CH_NAME>'s health provider explain things in a way that was easy to understand?

- 01 NEVER
- 02 SOMETIMES
- 03 USUALLY
- 04 ALWAYS

- 98 DK
- 99 REFUSED

Care Coordination

J108

(ASK IF: ((N137B=01 AND PCMH_6=01) AND L126a_new=01 or L126j_new=01 or L126m_new=01 or LAS10=01 or LAS11=01 or LAS12=01), ELSE GO TO END OF SECTION N)

During the past 12 months, was there any time <YOU_NAME> needed professional help coordinating care or coordinating referrals among different health care providers and services that <CH_NAME> uses?

- 01 YES
- 02 NO (GO TO END OF SECTION N)

- 98 DK (GO TO END OF SECTION N)
- 99 REFUSED (GO TO END OF SECTION N)

J108b

(ASK IF: J108=01)

<FL_BIRTHC>, how often did you get as much help as you wanted with arranging or coordinating care for <CH_NAME>? Would you say always, usually, sometimes, rarely or never?

- 01 ALWAYS
- 02 USUALLY
- 03 SOMETIMES
- 04 RARELY
- 05 NEVER

- 98 DK
- 99 REFUSED

**(SECTIONTIME_SECN_TIMEEND = ADMIN VARIABLE WITH SECTION N END TIME.
SECTIONTIME_SECN_TIMETOTAL = ADMIN VARIABLE WITH SECTION N TOTAL TIME
SECTIONTIME_SECN_COMPLETION = ADMIN VARIABLE NOTING IF SECTION N COMPLETED)**

SECTION O: UNMET HEALTH NEEDS

**(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION O.)
(SECTIONTIME_SECO_TIMESTART = ADMIN VARIABLE WITH SECTION O START TIME)**

PREO

My next question is about the care <CH_NAME> has received.

Dental Care

O139

\$Recall (RECALL="**Has there been**", CONDITION="I90A=00")\$Recall (RECALL="**During the past 12 months**, was there", CONDITION="I90A>00") a time when <CH_NAME> needed dental care but could **not** get it at that time?)

01 YES

02 NO

98 DK

99 REFUSED

**(SECTIONTIME_SECO_TIMEEND = ADMIN VARIABLE WITH SECTION O END TIME.
SECTIONTIME_SECO_TIMETOTAL = ADMIN VARIABLE WITH SECTION O TOTAL TIME
SECTIONTIME_SECO_COMPLETION = ADMIN VARIABLE NOTING IF SECTION O COMPLETED)**

SECTION P: CHILD'S DEMOGRAPHICS

**PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION P.
(SECTIONTIME_SECP_TIMESTART = ADMIN VARIABLE WITH SECTION P START TIME)**

PREP149

The next few questions are just for general classification purposes.

P149

Is <CH_NAME> of Hispanic or Latino origin?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

P150

Which one or more of the following would you say is <CH_NAME>'s race? Is <FL_HESHE> White, Black or African-American, Asian, Native American, Alaskan Native, Native Hawaiian, Pacific Islander, or some other race I have not mentioned?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

(CODE ALL THAT APPLY)

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKA NATIVE
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

- 06 HISPANIC, LATINO, SPANISH
- 97 OTHER

- 98 DK
- 99 REFUSED

P150A

(ASK IF: ((MNB (P150,01)+MNB(P150,02)+MNB(P150,03)+MNB(P150,04)+MNB(P150,05))>1),
ELSE GO TO P151)

Which of these groups, that is: uL_\$Recall (RECALL="LI<CH_LBL:1>/LI",
 CONDITION="NBR(P150)==1 or NBR(P150)==2 or NBR(P150)==3 or NBR(P150)==4 or
 NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")_\$Recall (RECALL="LI<CH_LBL:2>/LI",
 CONDITION="NBR(P150)==2 or NBR(P150)==3 or NBR(P150)==4 or NBR(P150)==5 or
 NBR(P150)==6 or NBR(P150)==7")_\$Recall (RECALL="LI<CH_LBL:3>/LI",
 CONDITION="NBR(P150)==3 or NBR(P150)==4 or NBR(P150)==5 or NBR(P150)==6 or
 NBR(P150)==7")_\$Recall (RECALL="LI<CH_LBL:4>/LI", CONDITION="NBR(P150)==4 or
 NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")_\$Recall (RECALL="LI<CH_LBL:5>/LI",
 CONDITION="NBR(P150)==5 or NBR(P150)==6 or NBR(P150)==7")_\$Recall
 (RECALL="LI<CH_LBL:6>/LI", CONDITION="NBR(P150)==6 or NBR(P150)==7")_\$Recall
 (RECALL="LI<CH_LBL:7>/LI", CONDITION="NBR(P150)==7")/uLwould you say best represents
 <CH_NAME>'s race?

(LIMIT RESPONSE CHOICES TO THOSE SELECTED IN P150)

- 01 WHITE
- 02 BLACK OR AFRICAN AMERICAN
- 03 ASIAN
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKA NATIVE
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 06 HISPANIC, LATINO, SPANISH

- 97 <P150:O>
- 98 DK
- 99 REFUSED

P150B

(ASK IF: (NBR (P150)=1 AND (P150A), ELSE GO TO P151)

Do you consider <CH_NAME> to be White Hispanic, Black Hispanic, Asian Hispanic, Native American Hispanic, Pacific Islander Hispanic, or some other race and Hispanic?

(IF NECESSARY: These questions are just to help ensure that this study's results represent everyone in the State of Ohio.)

(INTERVIEWER: DO NOT EASILY ACCEPT "HISPANIC", DK, OR REFUSED, REPEAT QUESTION IF NECESSARY.)

(INTERVIEWER: FOR MULTIRACIAL DO NOT INCLUDE COMBINATIONS THAT LIST HISPANIC OR LATINO. IF R SAYS WHITE AND HISPANIC, CODE AS WHITE. DO USE THIS CODE FOR EXAMPLES LIKE BLACK AND WHITE, ASIAN AND WHITE.)

- 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

- 98 DK
- 99 REFUSES TO DISCRIMINATE

P151

You may have mentioned this already, but are either of <CH_NAME>'s parents employed?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

**(SECTIONTIME_SECP_TIMEEND = ADMIN VARIABLE WITH SECTION P END TIME.
SECTIONTIME_SECP_TIMETOTAL = ADMIN VARIABLE WITH SECTION P TOTAL TIME
SECTIONTIME_SECP_COMPLETION = ADMIN VARIABLE NOTING IF SECTION P COMPLETED)**

CLOSING

(PROGRAMMER: TURN OFF PRIOR TIMERS. PLEASE START TIMER FOR SECTION CL.)
(SECTIONTIME_SECCL_TIMESTART = ADMIN VARIABLE WITH SECTION CL START TIME)

Q160 This concludes our interview. We want to reassure you that your responses will be kept strictly confidential.

Thank you so very much!

(IF NECESSARY, If you would like to speak to someone about the survey please call the State of Ohio at 1-800-678-6437 or if you have questions about your rights as a study participant, you can call RTI at 1-855-322-2826)

INCENT

(ASK IF: (CALLTYPE=02) OR (CELL_RESP=02)), ELSE GO TO SK_ENDCL)

To thank you for your participation, we would like to send you an electronic gift card for \$10. What is your email address?

(INTERVIEWER:

- YOU ARE REQUIRED TO READ BACK THE EMAIL ADDRESS CHARACTER BY CHARACTER
- IF R ASKS, THE ELECTRONIC GIFT CARD SHOULD BE DELIVERED WITHIN 1 BUSINESS DAY
- IF R DOESN'T HAVE AN EMAIL ADDRESS, ENTER 96 NO EMAIL ADDRESS
- IF R ASKS FOR A CHECK, ENTER 97 PREFERS CHECK)
- IF NECESSARY: The types of gift cards that are being offered include: Amazon, Barnes and Noble, CVS/Pharmacy, Domino's Pizza, Overstock.com, Panera, QVC, Staples, Target and Walmart.)

RECORD RESPONSE (TEXT RANGE = 40 CHARACTERS) (GO TO THANKS)

- 96 NO EMAIL ADDRESS (GO TO ADDRESS)
- 97 PREFERS CHECK (GO TO ADDRESS)
- 98 DK (GO TO ADDRESS)
- 99 REFUSED (THANKS)

ADDRESS

We can send you a check to thank you for your participation. In order to mail your check, I need to collect your full name and mailing address. This information will not be connected with your answers in the survey.

(INTERVIEWER: IF R ASKS, IT CAN TAKE UP TO 4 WEEKS TO RECEIVE THE CHECK.)

- 01 CONTINUE
- 02 DECLINES CHECK (GO TO THANKS)

NAME	RECORD NAME (TEXT RANGE = 40 CHARACTERS)
ADDR1	RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
ADDR2	RECORD ADDRESS, LINE 1 (TEXT RANGE = 40 CHARACTERS)
CITY	RECORD CITY (TEXT RANGE = 30 CHARACTERS)
STATE	RECORD STATE (TEXT RANGE = 2 CHARACTERS)
ZIP	RECORD ZIP CODE (RANGE = 5 DIGITS)

THANKS

I would like to thank you again for your participation. Have a nice (day/evening).

01 CONTINUE

**(SECTIONTIME_SECCL_TIMEEND = ADMIN VARIABLE WITH SECTION CL END TIME.
SECTIONTIME_SECCL_TIMETOTAL = ADMIN VARIABLE WITH SECTION CL TOTAL TIME
SECTIONTIME_SECCL_COMPLETION = ADMIN VARIABLE NOTING IF SECTION CL COMPLETED)**

(PROGRAMMER: INTERVIEW FINISH TIME. USE 24 HOUR CLOCK)

(PROGRAMMER: CLOSE ALL TIMERS)

LANG INTERVIEWER: LANGUAGE INTERVIEW CONDUCTED IN:

01	ENGLISH
02	SPANISH