

December 8, 2015

2015 Ohio Medicaid Assessment Survey

Adult and Child CATI Instrument Specifications

Prepared for

Ohio Colleges of Medicine Government Resource Center
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Prepared by

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Post-Processing References (held over from 2012)

- (Convert monthly to yearly income in H85. Autocode H86 based on response to H84 and H85)
- (Autocode H87 as appropriate based on response in H86. If H86 = “98” or “99” then H87 = “99”)
- (D30A and D30B are to be calculated in post-processing.)

Global References

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

NOTES

- In the CATI program, respondents who fulfill $B18days \geq 360$ or $B18 = 12$ months are getting into B21 and B22, although the logic in the questionnaire was designed to exclude this subset of respondents from B21 and B22. The responses to B21 and B22 for this extra set of respondents should remain in the dataset since they add extra valuable information.
- 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 1-888-643-7787.

- 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

This version matches the programming specifications as of 5/12/15.

This version includes the client recommendations as of 12/08/15.

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, my name is _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of State of Ohio. We are conducting a survey on health and health care issues. Your participation would help the State of Ohio make better health care policy decisions for its residents. Please call us at 1-866-245-8078 at your convenience.

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

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:
ENETER: 1-866-245-8078

- 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, my name is _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of State of Ohio. We are conducting a survey on health insurance coverage and access to health care. Have I reached you at <\$N>?

(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, satisfaction with health care and problems getting health care. The survey sponsor is the State of Ohio.)

- 01 CORRECT NUMBER (GO TO CF1A)
- 02 NOT CORRECT (GO TO INT10)
- 04 BUSINESS NUMBER (GO TO BUSINESS_NUM)
- 05 WOULD LIKE TO BE CALLED ON A NEW NUMBER (GO TO TEL06)

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 INCENTIVE=1 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 help you and your family. 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 1-888-643-7787.)

- 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)
- 09 OTHER CODES (GO TO OTHER_CODES)

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, ELSE GO TO CELL_PICK)

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.)

00 NONE (GO TO S10C)

01 1 ADULT (GO TO PRESCR_NAME)

02 2 ADULTS (GO TO S1)

03 3 ADULTS (GO TO S1)

04 4 ADULTS (GO TO S1)

05 5 ADULTS (GO TO S1)

06 6 ADULTS (GO TO S1)

07 7 ADULTS (GO TO S1)

08 8 ADULTS (GO TO S1)

09 9 OR MORE ADULTS (GO TO S1)

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 State of Ohio. We are conducting a survey on health insurance coverage and access to health care. 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, satisfaction with health care and problems getting health care. The survey's sponsor is the State of Ohio.)

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)

Before we continue, are you driving or doing anything that requires your full attention right 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 _____ (INTERVIEWER: SAY FIRST AND LAST NAME), and I am calling on behalf of the State of Ohio. We are conducting a survey on health insurance coverage and access to health care. 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, satisfaction with health care and problems getting health care. The survey's sponsor is the State of Ohio.)

- 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 insurance coverage, use of medical services, satisfaction with health care and problems getting health care. 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 State of Ohio 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
96	NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
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, more than a month but less than 12 months, or more than a year?

(INTERVIEWER: IF RESPONSE IS "ALL MY LIFE", SELECT RESPONSE OPTION 04 "MORE THAN ONE YEAR".)

01	LESS THAN 1 MONTH (GO TO INT18)
02	MORE THAN 1 MONTH BUT LESS THAN 12 MONTHS
03	1 YEAR
04	MORE THAN 1 YEAR
98	DK (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		

996 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
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 reach the respondent. By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

01 1 ADULT

02 2 ADULTS

03 3 ADULTS

04 4 ADULTS

05 5 ADULTS

- 06 6 ADULTS
- 07 7 ADULTS
- 08 8 ADULTS
- 09 9 ADULTS
- 10 10 ADULTS
- 11 11 ADULTS
- 12 12 OR MORE ADULTS

- 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 reach the respondent. 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 this household, whether they are family members or not?

(IF NECESSARY:

- o 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.

- o By family, I mean two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardian.)

- 00 NO CHILDREN (GO TO S14)
- 01 1 CHILD
- 02 2 CHILDREN

- 03 3 CHILDREN
- 04 4 CHILDREN
- 05 5 CHILDREN
- 06 6 CHILDREN
- 07 7 CHILDREN
- 08 8 CHILDREN
- 09 9 CHILDREN
- 10 10 CHILDREN
- 11 11 CHILDREN
- 12 12 OR MORE CHILDREN

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

S13b

Of the <S12> living in <YOUR_NAME> household, how many are family members?

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

- 00 NONE
- 01 1 CHILD
- 02 2 CHILDREN
- 03 3 CHILDREN
- 04 4 CHILDREN
- 05 5 CHILDREN
- 06 6 CHILDREN
- 07 7 CHILDREN
- 08 8 CHILDREN
- 09 9 CHILDREN
- 10 10 CHILDREN
- 11 11 CHILDREN
- 12 12 OR MORE CHILDREN

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

NOCHILD_CK

(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:

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

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

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, and the Indian Health Service.

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:

- Either through (FILL: IF INT1=03 SCR_NAME's/ ELSE your) own or someone else's employment.
- Include retiree coverage and COBRA.
- 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 THROUGH CURRENT/FORMER EMPLOYER OR UNION (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:

- A spouse is a dependent.
- This includes current or past work.
- 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 B4AA1)
- 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'

- o ""<AREYOU_ISNAM> enrolled in the program now?'
- o OR "<DODOESC> <YOU_NAME> get health care from one of these plans?")

- 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 assistance program that includes Medicaid for the Aged, Blind, and Disabled and Medicaid waiver programs?", condition= "(b4b=01)")_\$recall(recall="<AREYOU_ISNAM> covered by Medicaid, the State of Ohio government health care assistance program?",condition="not(b4b=01)")

(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, 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.)

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.)

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

- “<areisC> <you_name> enrolled in the program now?”
- or “<dodoesC> <you_name> get health care from one of these plans?”)

01 YES

02 NO

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 B4CA.

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:

- o 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.
- o 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 = 01,02,03,04,05,06)), ELSE GO TO B4CA

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

01 YES (GO TO B4CA)
02 NO

B4BCAGE

(ASK IF: B4B_CON2=02, ELSE GO TO B4CA)

On <your_name> last birthday would you say that <you_name> <werewas>. . .

(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.)

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
- 99 REFUSED

B4Ca

(ASK: IF B4C=1 OR B4C_CK=1), ELSE GO TO B4B_R

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 or MBI WD,
- 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, or SLMB
- 09 Aetna Better Health Care
- 11 Buckeye Community Health Plan
- 12 CareSource
- 13 Molina Healthcare
- 14 Paramount Advantage
- 15 United Health Care Community Plan
- 17 Employee/Personal/Non-Medicaid

- 97 OTHER
- 98 DK
- 99 REFUSED

B4C2_VALUE

How long <HAVE_HAS> <YOU_NAME> been covered by <FL_B4CA>?

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

998 DK (GO TO B4C2DAYS)
999 REFUSED (GO TO B4C2DAYS)

B4C2_UNIT (ASK IF B4C2_VALUE=998,999, ELSE GO TO B4C2DAYS)

(How long <HAVE_HAS> <YOU_NAME> been covered by <FL_B4CA>?)
(IF NECESSARY: Your best guess is fine.)

(ENTER UNIT)

01 DAYS
02 WEEKS
03 MONTHS
04 YEARS

98 DK
99 REFUSED

B4C2DAYS

IF ((B4C2_UNIT = 01), B4C2_VALUE,IF((B4C2_UNIT = 02), B4C2_VALUE*7,IF((B4C2_UNIT = 03),
B4C2_VALUE*30,IF((B4C2_UNIT = 04), B4C2_VALUE*365,B4C2_VALUE))))

998 DK
999 REFUSED

B4C2CON

(ASK IF B4C2_UNIT = YEARS AND (if (B4C2_VALUE)>S14) OR (if (S14a=01 AND
(B4C2_VALUE >24)) OR if (S14a=02 AND (B4C2_VALUE >34)) OR if (S14a=03 AND
(B4C2_VALUE >44)) OR if (S14a=04 AND B4C2_VALUE >54)) OR if (S14a=05 AND
(B4C2_VALUE >64))), ELSE GO TO B4B_R)

Let me see if I have this right, earlier you said that <your_name> age is _\$Recall
(RECALL="<S14>", CONDITION="(NOT (S14=998)) OR (NOT (S14=999)))")_\$Recall
(RECALL="<S14A>", CONDITION="(S14=998) OR (S14=999)") but <you_name>
<have_has> been covered by your current primary insurance plan for <b4c2_value> years.
Which of these is correct?

01 AGE IS CORRECT
02 LENGTH OF TIME COVERED BY CURRENT INSURANCE PLAN IS CORRECT (GO TO B4B_R)
03 NO CHANGES (GO TO B4B_R)

99 REFUSED (GO TO B4B_R)

B4C2AGE

Please tell me how old <YOU_NAME> <WEREWAS> on <YOURHISHER> 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.)

RECORD AGE (RANGE 019-125)

998 DK
999 REFUSE

B4B_R

(ASK IF: IF ((B4B_CON1= 02,03), 01,IF((B4B_CON1 = 01,04),02,IF ((B4B_CON1= 98),98,IF ((B4B_CON1=99), 99, B4B))))))

01 YES
02 NO

98 DK
99 REFUSED

4C_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 B4C_R=B4C_CK)

01 YES
02 NO

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") 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

(ASK IF: B4A=01 OR B4C=01 OR S14>=65 OR S14A>05, ELSE GO TO B4GA)

<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 FL_B4GA)

- 98 DK (GO TO FL_B4GA)
- 99 REFUSED (GO TO FL_B4GA)

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 (GO TO B4I_4)

- 98 DK (GO TO B4I_4)
- 99 REFUSED (GO TO B4I_4)

B4I_3

Is the cost of the premium subsidized based on <YOUR_NAME> monthly income?

(IF NECESSARY: A subsidy is used to help pay for the cost of your insurance premium, resulting in a lower cost to you.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B4I_4

Did <you_name> have health care insurance when <youheshe> enrolled in the Ohio Health Care Exchange or healthcare.gov insurance plan?

- 01 YES
- 02 NO (GO TO FL_B4GA)

- 98 DK (GO TO FL_B4GA)
- 99 REFUSED (GO TO FL_B4GA)

B4I_5

What kind of health care insurance <you_name> have just prior to being enrolled in the Ohio Health Care Exchange plan? Was it...

(ALLOW UP TO FOUR CHOICES)

- 01 Insurance offer by an employer
- 02 Private insurance from an insurance company or broker
- 03 Ohio Medicaid (GO TO B4I_7)

- 97 Or some other type of insurance?
- 98 DK
- 99 REFUSED

B4I_6

What was the main reason (FILL: IF INT1=03 SCR_NAME's/ ELSE your) previous health insurance ended?

- 01 LOST JOB, RETIRED, OR CHANGED EMPLOYERS (GO TO FL_B4GA)
- 02 GOT DIVORCED/ SEPARATED/DEATH OF SPOUSE (GO TO FL_B4GA)
- 03 EMPLOYER STOPPED OFFERING INSURANCE (GO TO FL_B4GA)
- 04 EMPLOYER DID NOT OFFER HEALTH INSURANCE/NOT ELIGIBLE FOR COVERAGE THROUGH EMPLOYER (GO TO FL_B4GA)
- 05 INSURANCE TOO EXPENSIVE/ CAN NOT AFFORD THE PREMIUM (GO TO FL_B4GA)
- 06 EMPLOYER CHANGED PLANS (GO TO FL_B4GA)

- 07 ENROLLED THROUGH THE OHIO HEALTH CARE EXCHANGE PLAN OR A HEALTHCARE.GOV PLAN (GO TO FL_B4GA)
- 08 ENROLLED THROUGH MEDICAID (GO TO FL_B4GA)
- 97 OTHER (GO TO FL_B4GA)
- 98 DK (GO TO FL_B4GA)
- 99 REFUSED (GO TO FL_B4GA)

B4I_7

Why <DO_DOES> <YOU_NAME> no longer have Medicaid coverage?

(INTERVIEWER:

- o IF RESPONDENT SAYS "NO LONGER QUALIFY" OR "DO NOT NEED ANYMORE", ASK "Why do you no longer (qualify/need) this coverage".
- o IF RESPONSE IS TOO GENERAL, ASK: "Can you please tell me why that means you no longer have coverage?"
- o WHEN R FINISHES, ASK "Are there any other reasons?" CONTINUE PROBING UNTIL RESPONDENT SAYS "NO" OR "DK".)

- 01 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY)
- 02 OBTAINED OTHER COVERAGE (SUCH AS NEW/BETTER JOB WITH BENEFITS, COMPANY CHANGED TO NEW PLAN ETC,)
- 03 NO LONGER DISABLED OR DO NOT QUALIFY AS DISABLED
- 04 DO NOT RECEIVE WELFARE/CASH ASSISTANCE/ADC/TANF
- 05 OTHER REASON (EXPIRATION OF BENEFITS, CHANGE IN AGE, CHANGE IN MARITAL STATUS, PREGANCY STATUS, CUSTODY, LIVING ARRANGMENTS)
- 06 NOT SURE WHY
- 07 DO NOT NEED ANYMORE- IN GOOD HEALTH
- 08 DO NOT NEED ANYMORE
- 09 PAPERWORK DELAY OR PROBLEMS
- 10 WAITING TO BECOME ELIGIBLE FOR COVERAGE
- 11 DO NOT WANT TO GO THROUGH APPLICATION PROCESS AGAIN
- 97 OTHER
- 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=01 MEDICARE (65+ & DISABILITIES)
- FILL: IF B4C=01 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)
- FILL: IF B4D=01 MILITARY/VETERANS COVERAGE (E.G. TRICARE)
- 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 B4CHKA)

- 98 DK (GO TO B4CHKA)
- 99 REFUSED (GO TO B4CHKA)

B4H

Who pays for most of this health insurance plan - is it <YOU_NAME> or <YOURHISHER> family, an employer or union, a state or local government or community program, or someone else?

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

- 98 DK
- 99 REFUSED

B4CHK

(ASK IF: (B4a=01 + B4b=01 + B4c=01 + B4d=01 + B4e=01 + B4g=01 > 1) AND (B4B_CON1=MISSING)), ELSE GO TO B7)

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, the Federal health insurance plan for people 65 years and older or persons with certain disabilities
- FILL: IF B4C_R=01 Medicaid, the State of Ohio health care assistance program or managed health care plan
- FILL: IF B4D=01 Military or Veterans coverage such as TRICARE or CHAMP-VA

- FILL: IF B4E=01 health insurance purchased directly, that is, a private plan not related to current or past employment
- 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 B7)
- 02 NO

- 98 DK
- 99 REFUSED

Family/Spouse/Single Insurance Coverage

B7

(ASK: IF (B4A=01 OR B4E=01 OR B4G=01 OR B4I=1) AND (B4B_R = 02, 98, 99), ELSE GO TO B10)

Is <YOUR_NAME> primary health insurance plan family coverage, single coverage, coverage for <YOU_NAME> and <YOURHISHER> spouse only, or some other type?

(IF RESPONDENT HAS DIFFICULTY ANSWERING BECAUSE COVERED BY MORE THAN ONE INSURANCE PLAN, READ: Tell me about <YOUR_NAME> primary plan, the plan that pays the medical bills first or pays most of the medical bills. Is that plan family coverage, single coverage, coverage for <YOU_NAME> and <YOURHISHER> spouse only, or some other type?

(IF NECESSARY: Family coverage would cover both <YOU_NAME> and other family members, while single coverage would cover only <YOU_NAME>.)

- 01 FAMILY COVERAGE (GO TO B10)
- 02 (FILL: IF INT1=03 SCR_NAME/ ELSE yourself) AND SPOUSE ONLY, EXCLUDES CHILDREN (GO TO B10)
- 03 SINGLE COVERAGE (GO TO B10)
- 04 SINGLE PLUS ONE (GO TO B10)

- 97 SOME OTHER TYPE OF ARRANGEMENT
- 98 DK (GO TO B10)
- 99 REFUSED (GO TO B10)

PB7a

(ASK IF: B7=97, ELSE GO TO B10)

How would you describe <YOUR_NAME> primary health insurance plan?

Insurance Covered Health Services

B10

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

(RANDOMIZE ORDER OF QUESTIONS B10B, B10D)

B10B

Dental care except emergency care?

(INTERVIEWER NOTE:

- THIS INCLUDES ANY COVERAGE FOR THESE SERVICES EVEN IF IT IS FROM A SEPARATE HEALTH PLAN
- FOR THIS QUESTION, ACCEPT "DON'T KNOW" RESPONSE WITHOUT PROBES.)

01 YES

02 NO

98 DON'T KNOW IF PLAN COVERS THIS

99 REFUSED

B10D

Prescription medications?

(INTERVIEWER NOTE:

- THIS INCLUDES ANY COVERAGE FOR THESE SERVICES EVEN IF IT IS FROM A SEPARATE HEALTH PLAN
- FOR THIS QUESTION, ACCEPT "DON'T KNOW" RESPONSE WITHOUT PROBES.)

01 YES

02 NO

98 DON'T KNOW IF PLAN COVERS THIS

99 REFUSED

B18

(ASK IF: (B4A=02) AND (B4B_R=02) AND (B4C=01 OR B4C_CK=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?

(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?)

ENTER NUMBER (RANGE 1-365)

998 DK
999 REFUSED

B18UNIT

(How long <HAVE_HAS> <YOU_NAME> been covered by <YOURHISHER> current primary health insurance plan?)

(IF NECESSARY: Your best guess is fine.)(IF NECESSARY: 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?)

(UNITS)

01 DAYS
02 WEEKS
03 MONTHS
04 YEARS

B18DAYS

IF B18_UNIT = DAYS, THEN B18DAYS = B18_VALUE
IF B18_UNIT = WEEKS, THEN B18DAYS = (B18_VALUE * 7)
IF B18_UNIT = MONTHS, THEN B18DAYS = (B18_VALUE * 30)
IF B18_UNIT = YEARS, THEN B18DAYS = (B18_VALUE * 365)
IF B18 = 998, THEN B18DAYS = 998
IF B18 = 999, THEN B18DAYS = 999

B1804CON

Let me see if I have this right, earlier you said that <YOUR_NAME> age is <S14FILL> but <YOU_NAME> have been covered by your current primary insurance plan for <B18> years. Which of these is correct?

01 AGE IS CORRECT
02 LENGTH OF TIME COVERED BY CURRENT INSURANCE PLAN IS CORRECT
03 NO CHANGES

99 REFUSED

Previous Coverage

B19

(ASK IF: (NOT B4I=01 AND (((B18DAYS>0) AND (B18DAYS<360)) OR (((B4C2DAYS>0) AND (B4C2DAYS<360)) AND (B4C=01 OR B4C_CHK=01))))), ELSE GO TO B29B)

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), ELSE GO TO B20A)

Just prior to <YOUR_NAME> current health insurance coverage <WEREWAS> <YOU_NAME> covered by **Medicaid**, which includes Healthy Families, Healthy Start; or Medicaid waiver programs?

(IF NECESSARY, READ: 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, Choices or Home Choices, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, Transitions.)

- 01 YES
- 02 NO (GO TO B21)

- 98 DK (GO TO B21)
- 99 REFUSED (GO TO B21)

Reasons for Lack of Coverage

B20a

(ASK IF B20=01, ELSE GO TO B21)

Why <DO_DOES> <YOU_NAME> no longer have this coverage?

(INTERVIEWER:

- IF RESPONDENT SAYS "NO LONGER QUALIFY" OR "DO NOT NEED ANYMORE", ASK "Why do you no longer (qualify/need) this coverage".)

(ALLOW CODE UP # RESPONSES)

- 01 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY) (GO TO B21)
- 02 OBTAINED OTHER COVERAGE (SUCH AS NEW/BETTER JOB WITH BENEFITS, COMPANY CHANGED TO NEW PLAN ETC,) (GO TO B21)
- 03 NO LONGER DISABLED OR DO NOT QUALIFY AS DISABLED (GO TO B21)
- 04 DO NOT RECEIVE WELFARE/CASH ASSISTANCE/ADC/TANF (GO TO B21)
- 05 OTHER REASON (EXPIRATION OF BENEFITS, CHANGE IN AGE, CHANGE IN MARITAL STATUS, PREGANCY STATUS, CUSTODY, LIVING ARRANGMENTS) (GO TO B21)
- 06 NOT SURE WHY (GO TO B21)
- 07 DO NOT NEED ANYMORE- IN GOOD HEALTH (GO TO B21)
- 08 DO NOT NEED ANYMORE (GO TO B21)
- 09 PAPERWORK DELAY OR PROBLEMS (GO TO B21)
- 10 WAITING TO BECOME ELIGIBLE FOR COVERAGE (GO TO B21)
- 11 DO NOT WANT TO GO THROUGH APPLICATION PROCESS AGAIN (GO TO B21)

- 97 OTHER
- 98 DK (GO TO B21)
- 99 REFUSED (GO TO B21)

B21

(ASK: IF B20=2, 98, 99 or B19=1), ELSE GO TO B21A

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)

B21a

(ASK IF B21 = 01, ELSE GO TO B22)

What was the main reason <YOUR_NAME> previous health insurance ended?

(IF NECESSARY:

- CODE “LEFT JOB”, “COVERAGE RAN OUT” AS 01 LOST JOB, RETIRED, OR CHANGED EMPLOYERS.
- CODE RESPONSES THAT REFER TO THE “PLAN CHANGING AND SPECIFIC MENTION AND THE PLAN YEAR. THIS INCLUDES ‘NEW YEAR NEW PLAN’ AND ‘END OF PLANNED YEAR’ AS 06 EMPLOYER CHANGED PLANS”.
- CODE EXAMPLES OF CHANGING “INSURANCE COMPANIES” CODE AS 06 EMPLOYER CHANGED PLANS.
- CODE EXAMPLES OF “TURNING 65”, OR “BECOMING ELIGIBLE FOR MEDICARE” AS 07 AGED OUT BECAME MEDICARE ELIGIBLE.
- CODE RESPONSES THAT INDICATE THE EMPLOYEE MADE THE DECISION TO CHANGE SUCH AS “SWITCHED OPTIONS” AS 08 EMPLOYEE DECIDED TO CHANGE PLANS.
- CODE EXAMPLES OF “PRIMARY BECAME SECONDARY” AS 09 BECAME A SECONDARY PLAN.)

- 01 LOST JOB, RETIRED, OR CHANGED EMPLOYERS (GO TO B22)
- 02 GOT DIVORCED/ SEPARATED/DEATH OF SPOUSE (GO TO B22)
- 03 EMPLOYER STOPPED OFFERING INSURANCE (GO TO B22)
- 04 EMPLOYER DID NOT OFFER HEALTH INSURANCE/NOT ELIGIBLE FOR COVERAGE THROUGH EMPLOYER (GO TO B22)
- 05 INSURANCE TOO EXPENSIVE/ CAN NOT AFFORD THE PREMIUM (GO TO B22)
- 06 EMPLOYER CHANGED PLANS (GO TO B22)
- 07 AGED OUT / BECAME MEDICARE ELIGIBLE (GO TO B22)
- 08 EMPLOYEE DECIDED TO CHANGE PLANS (GO TO B22)
- 09 BECAME A SECONDARY PLAN (GO TO B22)
- 10 ENROLLED THROUGH THE OHIO HEALTH CARE EXCHANGE PLAN OR A HEALTHCARE.GOV PLAN (GO TO B22)
- 11 ENROLLED THROUGH MEDICAID (GO TO B22)

- 97 OTHER (PLEASE SPECIFY)
- 98 DK (GO TO B22)
- 99 REFUSED (GO TO B22)

B22

(ASK IF: B19=01 AND ((NOT (B20=01)) AND (NOT (B21=01)))

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) AND (NOT B4I=01), 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
- 98 DK
- 99 REFUSED

Coverage Past 12 Months

B25

(ASK IF: ((B18DAYS==998 OR B18DAYS==999) OR (B4C2DAYS=998 OR B4C2DAYS==999) OR ((B19=01 OR B4I_4=01) AND ((B18DAYS>0) AND (B18DAYS<360)) OR ((B4C2DAYS>0) AND (B4C2DAYS<360))))), ELSE GO TO B29B)

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

- 01 YES
- 02 NO (GO TO B29b)
- 98 DK (GO TO B29b)
- 99 REFUSED (GO TO B29b)

B27

(ASK IF: (B25=01) OR (B19=02,98,99) OR ((B4I_4=02) AND ((0<B18DAYS<360) OR (0<B4C2DAYS<360))))), ELSE GO TO B29B)

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

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

- 998 DK
- 999 REFUSED

B27UNIT

(During the past 12 months, how long <werewas> <you_name> without health insurance coverage?)

(IF NECESSARY: Your best guess is fine.)

(UNITS)

01	DAYS
02	WEEKS
03	MONTHS
04	YEARS
98	DK
99	REFUSED

B27DAYS

IF B27_UNIT = DAYS, THEN B27DAYS = B27_VALUE
IF B27_UNIT = WEEKS, THEN B27DAYS = (B27_VALUE * 7)
IF B27_UNIT = MONTHS, THEN B27DAYS = (B27_VALUE * 30)
IF B27 = 998, THEN B27DAYS = 998
IF B27 = 999, THEN B27DAYS = 999

B29a

(ASK: IF B25=01) OR (B19=02,98,99) OR ((B4I_4=02,98,99) AND ((0<B18DAYS<360) OR (0<B4C2DAYS<360))), ELSE GO TO B29CODE)

During the past 12 months, did any of the following things happen to <YOU_NAME> while <YOUHESHE> <WEREWAS> uninsured?

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

(RANDOMIZE ORDER OF QUESTIONS B29aA, B29aB, AND B29aC)

B29aA

Did <YOU_NAME> have any major medical costs while <YOUWERE_NAME> uninsured?

(IF NECESSARY: Including co-pays)

(IF R ASKS WHAT IS MEANT BY "MAJOR", SAY: Whatever it means to you.)

01	YES
02	NO

98 DK
99 REFUSED

B29aB

Did <YOU_NAME> delay or avoid getting care because <YOUWERE_NAME> uninsured?

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

01 YES
02 NO

98 DK
99 REFUSED

B29aC

Did <YOU_NAME> have any problems getting the care <YOU_NAME> needed while <YOUWERE_NAME> uninsured?

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

01 YES
02 NO

98 DK
99 REFUSED

B29b

(ASK IF: (B18DAYS>=360) OR (B4C2DAYS>360) OR (B25=02,98,99), ELSE GO TO SK_END8)

During the past 12 months, did any of the following things happen to <YOU_NAME>?

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

(RANDOMIZE ORDER OF QUESTIONS B29BA, B29BB, AND B29BC)

B29bA

Did <YOU_NAME> have any major medical costs?

(IF NECESSARY: Including co-pays)

(IF R ASKS WHAT IS MEANT BY "MAJOR", SAY: Whatever it means to you.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

B29bB

Did <YOU_NAME> delay or avoid getting care that <YOU_NAME> felt <YOU_NAME> needed but could **not** afford?

(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

B29bC

Did <YOU_NAME> have any problems getting the care <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

(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

During the past 12 months, at any time <WEREWAS> <you_name> covered by any type of health insurance plan?

- 01 YES
- 02 NO (GO TO C28)

- 98 DK (GO TO C28)
- 99 REFUSED (GO TO C28)

C2_VAL

When was the last time <YOU_NAME> had health insurance coverage?

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

- 998 DK
- 999 REFUSED

C2_UNIT

(ASK IF C2_VAL=998, 999), ELSE GO TO C2DAYS

(When was the last time <YOU_NAME> had health insurance coverage?)(IF NECESSARY: Your best guess is fine.)

(ENTER UNITS)

- 01 DAYS
- 02 WEEKS
- 03 MONTHS
- 04 YEARS

- 98 DK
- 99 REFUSED

C2DAYS

(ASK IF: ((C2_UNIT = 01), C2_VAL, IF((C2_UNIT = 02), C2_VAL*7, IF((C2_UNIT = 03), C2_VAL*30, IF((C2_UNIT = 04), C2_VAL*365, IF((C2_VAL = 998, 999), C2_VAL, C2_UNIT))))))

998 DK
999 REFUSED

C3

The last time <YOU_NAME> had health insurance <werewas> <YOUHESHE> covered by the State of Ohio **Medicaid**, which includes Healthy Families, Healthy Start; or Medicaid waiver programs?

(IF NECESSARY, READ: 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, Choices or Home Choice, Level One, Individual Options or IO Waiver, Ohio Home Care Waiver, and Transitions.)

01 YES (GO TO C6_VAL)
02 NO (GO TO C4)

98 DK (GO TO C4)
99 REFUSED (GO TO C4)

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 (GO TO C6_VAL)
02 NO

98 DK
99 REFUSED

C4_EXCH

The last time <YOU_NAME> had health insurance, <WEREWAS> <YOU_NAME> covered by the Ohio Health Exchange or healthcare.gov?

- 01 YES (GO TO C6_VAL)
- 02 NO

- 98 DK
- 99 REFUSED

C5

<WEREWASC> <you_name> covered by any other insurance that <YOU_NAME> or <YOURHISHER> family paid for completely?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

C6_VAL

During the past 12 months, how long <WEREWAS> <you_name> without health insurance coverage?

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

- 998 DK (GO TO C6DAYS)
- 999 REFUSED (GO TO C6DAYS)

C6_UNIT

(During the past 12 months, how long <WEREWAS> <you_name> without health insurance coverage?)(IF NECESSARY: Your best guess is fine.)

(ENTER UNITS)

- 01 DAYS
- 02 WEEKS
- 03 MONTHS
- 04 YEARS

- 98 DK
- 99 REFUSED

C6DAYS

(ASK IF: ((C6_UNIT = 01), C6_VAL,IF((C6_UNIT = 02), C6_VAL*7,IF((C6_UNIT = 03), C6_VAL*30,IF((C6_UNIT = 04), C6_VAL*365, IF((C6_VAL =998, 999), C6_VAL,C6_UNIT))))))

- 98 DK
- 99 REFUSED

C26CON

(ASK: IF C2_UNIT = YEARS AND (if (C2_VALUE)>S14) OR (if (S14a=01 AND (C2_VALUE >24)) OR if (S14a=02 AND (C2_VALUE >34)) OR if (S14a=03 AND (C2_VALUE >44)) OR if (S14a=04 AND C2_VALUE >54)) OR if (S14a=05 AND (C2_VALUE >64)), ELSE GO TO C28)

Let me see if I have this right, earlier you said that <YOUR_NAME> age is <S14FILL> but <YOU_NAME> last had health insurance coverage <C2_VAL> <C2_UNIT> ago. Which of these is correct?

- 01 AGE IS CORRECT
- 02 LENGTH OF TIME LAST HAD HEALTH INSURANCE COVERAGE IS CORRECT (GO TO C28)
- 03 NO CHANGES (GO TO C28)

- 99 REFUSED (GO TO END)

C28 (ASK IFA1A=02,98,99, ELSE GO TO SK_ENDC)

During the past 12 months, did any of the following things happen to <YOU_NAME> while <YOU_NAME> <WEREWAS> uninsured?

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

- 01 CONTINUE

(RANDOMIZE ORDER OF QUESTIONS C28A, C28B, AND C28C.)

C28A

(During the past 12 months, did any of the following things happen to <YOU_NAME> while <YOUWERE_NAME> uninsured?)

Did <YOU_NAME> have any major medical costs while <YOUWERE_NAME> uninsured?

(IF R ASKS WHAT IS MEANT BY "MAJOR", SAY: Whatever it means to you.)

- 01 YES
- 02 NO

- 98 DK

99 REFUSED

C28B

(During the past 12 months, did any of the following things happen to <YOU_NAME> while <YOUWERE_NAME> uninsured?)

Did <YOU_NAME> delay or avoid getting care because <YOUWERE_NAME> uninsured?

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

01 YES
02 NO

98 DK
99 REFUSED

C28C

(During the past 12 months, did any of the following things happen to <YOU_NAME> while <YOUWERE_NAME> uninsured?)

Did <YOU_NAME> have any problems getting the care <YOU_NAME> needed when <YOUWERE_NAME> uninsured?

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

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

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

(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

D34

(ASK: IF NOT (D32A==01 OR D32B==01 OR D32D==01 OR D32E==01), ELSE GO TO D41)

On average, how many hours of assistance per week <DO_DOES> <YOU_NAME> currently receive for the types of assistance that were just mentioned?

(IF NECESSARY:

- o Your best guess is fine.

- o I am referring to:
 - o FILL: IF D32A=01 Assistance with personal care, such as bathing, dressing, toileting, or feeding
 - o FILL: IF D32B=01 Domestic assistance, such as shopping, laundry, housekeeping, cooking, or transportation
 - o FILL: IF D32D=01 Social or emotional support, such as companionship, recreation, and socialization
 - o FILL: IF D32E=01 Coordinating health care, such as making appointments for doctor's visits or therapies.)

(RECORD 168 HOURS IF THE RESPONDENT SAYS THEY RECEIVE HELP 24 HOURS A DAY.)

RECORD HOURS PER WEEK (RANGE=0-168)

- 997 OTHER
- 998 DK
- 999 REFUSED

Hypertension

D41

The next questions are about <YOUR_NAME> health status.

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

For each, tell me Yes, No, or you're not sure. 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-na)?

(ARTERY: ARTUREE)
(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

<havehasC> <YOU_NAME> ever been told by a doctor or any other health professional that <youheshe> had diabetes or sugar diabetes?

- 01 YES
- 02 NO (GO TO D47)
- 03 (VOLUNTEERED) BORDERLINE

- 98 DK (GO TO D47)
- 99 REFUSED (GO TO D47)

D43b

(ASK: IF S15≠01, ELSE GO TO D47)

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

- 01 YES ONLY WHEN PREGNANT
- 02 NO

- 98 DK
- 99 REFUSED

Cancer

D47

<havehasC> <YOU_NAME> ever been told by a doctor that <youheshe> had **cancer** of any type?

- 01 YES
- 02 NO

- 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

D33

(ASK IF: ((S14>54) AND (S14<126)) OR (S14A=05,06) OR (ADULT_DD=01), ELSE GO TO D45)

Within the past 12 months, (<have_has> <you_name> been injured due to a fall?

- 01 YES
- 02 NO (GO TO D45)

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

D33b

Did this injury due to a fall result in a visit to a doctor, nurse, other health professional, a clinic, or hospital?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Use

D45

(ASK IF: PROXY_FLAG≠1, ELSE GO TO D30A_VALUE)

<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

D45c

(ASK IF D45A=3, ELSE GO TO D46)

In the **past 12 months**, has a medical doctor, dentist, or other health professional **advised** you to quit smoking, or quit using other kinds of tobacco?

- 01 YES
- 02 NO
- 03 HAVE NOT SEEN A HEALTH PROFESSIONAL IN THE PAST YEAR

- 98 DK
- 99 REFUSED

Secondhand Use

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, ELSE GO TO D30_VALUE)

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

Weight and Height

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.) ENTER WEIGHT (RANGE 1-700)

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.) ENTER WEIGHT (RANGE 1-700)

(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.)

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

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

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.)

(0-8 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 CENTIMETERS.)

(00-12 INCHES)

Status

E65

(ASK: IF (S15=01) OR (S14 >44) OR S14A = 04,05,06), ELSE GO TO SK_ENDD)

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

- 01 YES
- 02 NO (GO TO SK_ENDD)

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

E65a

<AREYOU_ISNAM> currently pregnant?

- 01 YES
- 02 NO (GO TO SK_ENDD)

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

BF_INTRO

(If PROXY_FLAG=01, SKIP TO SK_ENDD)

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 OR REFUSES (GO TO SK_ENDD)
- 99 REFUSES (SK_ENDD)

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 breast milk through a bottle.)

- 01 Breastfeed only (infant will not be given formula),
- 02 Formula feed only (no breast milk), or (GO TO SK_ENDD)
- 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 SK_ENDD)
- 99 REFUSED (GO TO SK_ENDD)

BF_32

(ASK: IF BF_31= 98, 99, ELSE GO TO SK_ENDD)

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

**(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 OFF 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_VAL

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?

(IF NECESSARY: Your best guess is fine. How long ago was <YOUR_NAME> last visit to a doctor or health professional?)

(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.)

ENTER A NUMBER OF DAYS 1-90

ENTER A NUMBER OF WEEKS 1-51

ENTER A NUMBER OF MONTHS 1-35

ENTER A NUMBER OF YEARS 1-125

000 NEVER (GO TO E59DAYS)
998 DK
999 REFUSED

E59_UNIT

(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?)

(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.)

ENTER A NUMBER OF DAYS 1-90

ENTER A NUMBER OF WEEKS 1-51
ENTER A NUMBER OF MONTHS 1-35
ENTER A NUMBER OF YEARS 1-125
(ENTER UNITS)

01	DAYS
02	WEEKS
03	MONTHS
04	YEARS

E59DAYS

(ASK IF: ((E59_UNIT=01),E59_VAL, IF((E59_UNIT=02),E59_VAL*7, IF((E59_UNIT=03),
E59_VAL*30, IF((E59_UNIT=04), E59_VAL*365, IF((E59_VAL=000,998,999),
E59_VAL,S14*365))))))

000	NEVER
998	DK
999	REFUSED

E59CONA

(ASK IF: E59_UNIT = 04 AND E59_VAL <= S14) OR (S14A = 01 AND E59_VAL < 24) OR (S14A = 02
AND E59_VAL < 34) OR (S14A = 03 AND E59_VAL < 44) OR (S14A = 04 AND E59_VAL < 54) OR
(S14A = 05 AND E59_VAL < 64)) OR (S14A = 04 AND E59_VAL < 54) OR (S14A = 05 AND E59_VAL
< 64), ELSE GO TO E59A_VAL)

Let me see if I have this right, earlier you said that <YOUR_NAME> age was <S14> but
<YOU_NAME> last saw a doctor or other health care professional about <YOURHISHER> own
health <e59_val> <E59_UNIT> ago. Which of these is correct?

01	AGE IS CORRECT
02	LAST VISIT IS CORRECT
03	NO CHANGES
98	DK
99	REFUSED

E59_1

(ASK: IF NOT (E59_UNIT==000), ELSE GO TO E59A_VAL)

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_VAL)

- 98 DK
- 99 REFUSED

E59A_VAL

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 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.

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

- 000 NEVER (GO TO E59ADAYS)
- 998 DK (GO TO E59ADAYS)
- 999 REFUSED (GO TO E59ADAYS)

E59A_UNIT

(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 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.)

(IF NECESSARY: Your best guess is fine.)

(ENTER UNITS)

- 01 DAYS
- 02 WEEKS
- 03 MONTHS
- 04 YEARS

E59ADAYS

(ASK IF: E59A_UNIT=01),E59A_VAL, IF((E59A_UNIT=02),E59A_VAL*7, IF((E59A_UNIT=03), E59A_VAL*30, IF((E59A_UNIT=04), E59A_VAL*365, IF((E59A_VAL=000,998,999), E59A_VAL,S14*365))))))

- 000 NEVER
- 998 DK

999 REFUSED

E59_CON

(ASK: IF E59ADAYS < E59DAYS)
AND ((NOT (E59A_VAL=000,998,999)) AND (NOT (E59_VAL=000,998,999)))
, ELSE GO TO E60)

Let me see if I have this right, earlier you said that, excluding overnight hospital stays, visits to hospital emergency rooms, home visits, or telephone calls, the last time <YOU_NAME> saw a doctor or other health care professional about <YOURHISHER> own health was <e59days> days ago. However, the last time <YOU_NAME> had <YOURHISHER> routine healthcare check up was <e59adays> days ago. Which of these is correct?

- 01 LAST TIME YOU SAW A DOCTOR OR OTHER HEALTH CARE PROFESSIONAL (GO TO E59A_VAL)
- 02 LAST TIME YOU SAW A DOCTOR FOR A ROUTINE CHECKUP) (GO TO E59ACONA)
- 03 NO CHANGES (GO TO E59ACONA)

- 98 DK
- 99 REFUSED

E59ACONA

(ASK: IF (E59A_UNIT = 04 AND ((E59A_VAL > S14 AND (NOT S14=998,999)) OR ((S14=998,999) AND (S14A = 01 AND E59A_VAL > 24) OR (S14A = 02 AND E59A_VAL > 34) OR (S14A = 03 AND E59A_VAL > 44) OR (S14A = 04 AND E59A_VAL > 54) OR (S14A = 04 AND E59A_VAL > 64))))

Let me see if I have this right, earlier you said that <YOUR_NAME> age was <S14> but <YOU_NAME> last visited a doctor for a routine check-up <E59A_val> <E59A_UNIT> ago. Which of these is correct?

- 01 AGE IS CORRECT
- 02 LAST VISIT IS CORRECT
- 03 NO CHANGES

- 98 DK
- 99 REFUSED

Hospital Stays

E60 **During the past 12 months**, how many times <werewas> <YOU_NAME> admitted to a hospital for a stay that was **overnight** or longer?

(IF NECESSARY:

- I am asking you about the number of stays that were overnight or longer, not the number of nights you stayed in the hospital. For example, if you have only been admitted to the hospital once for a 5 night long stay, the correct response would be “1 time”.
- Your best guess is fine.)

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

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_VAL

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.

(IF NECESSARY: Your best guess is fine.)

ENTER A NUMBER OF DAYS 1-90

ENTER A NUMBER OF WEEKS 1-51

ENTER A NUMBER OF MONTHS 1-35

ENTER A NUMBER OF YEARS 1-125

ENTER NUMBER (RANGE 1-365)

000 NEVER (GO TO E63DAYS)

998 DK

999 REFUSED

E63_UNIT

(About how long has it been since <YOU_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.)

(IF NECESSARY: Your best guess is fine.)

(ENTER UNITS)

01 DAYS

02 WEEKS

03 MONTHS

04 YEARS

E63DAYS

(ASK IF: ((E63__UNIT=01),E63_VAL,IF((E63_UNIT=02),E63_VAL*7,IF((E63_UNIT=03),
E63_VAL*30,IF ((E63_UNIT=04),E63_VAL*365,IF ((E63_VAL=998,999), E63_VAL,S14*365))))))

998 DK

999 REFUSED

000 NEVER

(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)

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

(SECTIONTIME_SECF_TIMESTART = ADMIN VARIABLE WITH SECTION F START TIME)

F67D

During the **past 12 months**, did <YOU_NAME> **need** to see a medical specialist?

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

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

- 01 YES
- 02 NO (GO TO F67)

- 98 DK (GO TO F67)
- 99 REFUSED (GO TO F67)

F67e

How much of a problem, if any, was it for <YOU_NAME> to see a specialist? Was it a big problem, small problem, or no problem?

(INTERVIEWER NOTE: THE QUESTION ASKS HOW MUCH OF A PROBLEM IT WAS TO SEE A SPECIALIST, NOT WHY THEY SAW A SPECIALIST.)

- 01 BIG PROBLEM
- 02 SMALL PROBLEM (GO TO F67D_1)
- 03 NO PROBLEM (GO TO F67D_1)

- 98 DK (GO TO F67D_1)
- 99 REFUSED (GO TO F67D_1)

F67D_1

During the past 12 months, how many times did <you_name> actually see a medical specialist?

(IF NECESSARY: This includes care from specialists such as surgeons, allergists, obstetricians, gynecologists, orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.)(OBSTETRICIANS: OB-STA-TRISH-ENS)(GYNECOLOGISTS: GUY-NA-COL-A-JISTS)(ORTHOPEDISTS: ORTHO-PEED-ISTS)(CARDIOLOGISTS: CAR-DEE-ALL-A-JISTS)(DERMATOLOGISTS: DERM-A-TOL-A-JISTS)

(RECORD NUMBER OF TIMES)

98 DK
99 REFUSED

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.)

(IF NECESSARY: THIS CAN INCLUDE AN ER.)

(IF NECESSARY: We are interested in whether <YOUHESHE> have one place <YOUHESHE> usually go to seek medical care, not whether <YOU_NAME> have been there recently.

01 YES (GO TO F67_2)
02 NO (GO TO F67_1)
03 YES, VOLUNTEERED THAT THERE IS MORE THAN ONE PLACE (GO TO F67_2)

98 DK
99 REFUSED

F67_1

(ASK IF: F67=01 OR F67=03, ELSE GO TO TXT_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> <GOGOES> to more than one place?

01 NO PLACE AT ALL (GO TO NF67C)
02 MORE THAN ONE PLACE (GO TO TXT_F67_2)

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

NF67C

(ASK IF: F67_1=02, 98, 99, ELSE GO TO TXT_F67_2)

What is the **main** reason <YOU_NAME> <DO_DOES> **not** have a place where <youheshe> usually <gogoes> for care?

(INTERVIEWER:

- CODE DOES NOT NEED ONE OR DON'T THINK I NEED TO GO AS 01 SELDOM OR NEVER GETS SICK.
- CODE NOT ACCEPTING NEW PATIENTS, RECENTLY MOVED, OR EVERYONE'S BUSY AS 02 DON'T KNOW WHERE TO GO FOR CARE.
- CODE RESPONDENT RECENTLY MOVED AS 03 PREVIOUS DOCTOR/SOURCE NO LONGER AVAILABLE.
- CODE DON'T TRUST DOCTORS OR TAKE CARE OF SELF AS 06 DON'T USE OR LIKE DOCTORS/TREAT MYSELF.
- CODE DOCTOR COMES TO HOME, HAS HOME NURSE AS 10 DOCTOR'S COME TO PATIENT.
- CODE HOMEBOUND AS 11 LACK OF TRANSPORTATION / WAY TO GET TO THE DOCTOR.
- CODE FRIEND IS A NURSE OR ASKED DAD WHO IS A DOCTOR AS 12 RELIES ON FAMILY OR FRIENDS.)

- 01 SELDOM OR NEVER GET SICK (GO TO F68)
- 02 DON'T KNOW WHERE TO GO FOR CARE (GO TO F68)
- 03 PREVIOUS DOCTOR/SOURCE NO LONGER AVAILABLE (GO TO F68)
- 04 LIKE TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS (GO TO F68)
- 05 JUST CHANGED INSURANCE PLANS (GO TO F68)
- 06 DON'T USE OR LIKE DOCTORS/TREAT MYSELF (GO TO F68)
- 07 COST/TOO EXPENSIVE (GO TO F68)
- 08 NO INSURANCE (GO TO F68)
- 09 USE BOOKS/INTERNET/HOTLINE (GO TO F68)
- 10 DOCTOR COMES TO PATIENT (GO TO F68)
- 11 LACK OF TRANSPORTATION / WAY TO GET TO THE DOCTOR (GO TO F68)
- 12 RELIES ON FAMILY OR FRIENDS (GO TO F68)

- 97 OTHER (GO TO F68)

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

F67_2

(ASK IF (F67 = 01, 03 OR F67_1=02), ELSE GO TO F67A1

<txt_f67_2> What kind of place is it? Is it a clinic or health center, a doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place?

(INTERVIEWER:

- IF R SAYS: HEALTH DEPT/FACILITY, MEDICAL FOUNDATION, UNCLINIC CARE, CENTER, URGENT CARE, CODE AS 01 CLINIC OR HEALTH CENTER.
- ANY REFERENCE TO CLINIC (REGARDLESS OF WHETHER ACTUAL CLINIC NAME IS PROVIDED EXCEPT FOR CLEVELAND CLINIC), VA CLINIC AND VA OUTPATIENT CLINIC, "COMPANY PROVIDED" OR "GO TO NURSES, CODE AS 01 CLINIC OR HEALTH CENTER.
- CODE REFERENCES TO "DENTIST OFFICE," OR "INTERNAL MEDICINE", OR "LPN OFFICE", OR "SPECIALIST OFFICE" AS 02 DOCTOR'S OFFICE OR HMO.
- CODE ANY REFERENCE TO OUTPATIENT CARE INCLUDING VA HOSPITAL OUTPATIENT OR HOSPITAL OUTPATIENT AS 04 HOSPITAL OUTPATIENT DEPT.
- CODE REFERENCE TO PHARMACY OR PHARMACIST AS 07 PHARMACY.
- CODE ANY MENTION OF GOING TO FAMILY MEMBER OR FRIEND (WHO IS A DOCTOR OR NURSE), OR MEDICAL PERSONNEL AT THEIR WORK AS 08 FRIEND/FAMILY MEMBER / COLLEAGUE.
- CODE ANY MENTION OF USING AN ONLINE HEALTH SERVICE SUCH AS NURSE OR WEBMD AS 09 INTERNET.
- CODE ANY MENTION OF HERBALIST, CHIROPRACTOR, OR HOMEOPATH AS 10 ALTERNATIVE CARE.
- CODE "SOMEONE COMES TO HOME" AS 11 PERSONAL NURSE / CAREGIVER.)

- 01 CLINIC OR HEALTH CENTER (GO TO F67a1)
- 02 DOCTOR'S OFFICE OR HMO (GO TO F67a1)
- 03 HOSPITAL EMERGENCY ROOM (GO TO F68)
- 04 HOSPITAL OUTPATIENT DEPARTMENT (GO TO F67a1)
- 06 DOES NOT GO TO ONE PLACE MOST OFTEN (GO TO F68)
- 07 PHARMACY (GO TO F67a1)
- 08 FRIEND / FAMILY MEMBER / COLLEAGUE (GO TO F67a1)
- 09 INTERNET (GO TO F68)
- 10 ALTERNATIVE CARE (GO TO F68)
- 11 PERSONAL NURSE / CAREGIVER (GO TO F68)

- 97 SOME OTHER PLACE - What kind of place <DO_DOES> <YOU_NAME> go to most often?
- 98 DK (GO TO F68)
- 99 REFUSED (GO TO F68)

F67A1

(ASK IF: F67=01 OR (F67_2=01,02,04)), ELSE GO TO FH11)

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

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

FH11

(ASK IF: F67A1=03,98,99 OR PROXY_FLAG = 1), 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 00 ZERO DAYS WHEN THE RESPONDENT NEEDED TO SEE A DOCTOR, BUT COULDN'T GET INTO THEM, SO WENT TO ER.)

- 00 ZERO DAYS
- 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

- 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

My next questions are about times when (FILL: IF INT1=03 SCR_NAME/ ELSE you) may have needed healthcare but could not get it.

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

- 01 YES
- 02 NO (GO TO F68B)

- 98 DK (GO TO F68B)
- 99 REFUSED (GO TO F68B)

F68B

During the past 12 months, <HAVE_HAS> <YOU_NAME> not filled a prescription because of the cost? This includes refills.

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

F68B

During the past 12 months, <HAVE_HAS> <YOU_NAME> **not** filled a prescription because of the cost? This includes refills.

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

D46C

(ASK IF: PROXY_FLAG=1, ELSE GO TO F68B_2)

Have you ever, even once, used any prescription **pain** reliever in any way a doctor did not direct you to use them? This includes using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it or using it in any other way a doctor did not direct you to use it

- 01 YES
- 02 NO (GO TO F68b_2)

- 98 DK (GO TO F68b_2)
- 99 REFUSED (GO TO F68b_2)

D46C_2

How long has it been since you last used any prescription **pain** reliever in any way a doctor did not direct you to use them? Would you say...

- 01 Within the past 30 days – that is, since <FL_D46C_2MON> <FL_D46C_2DAY>
- 02 More than 30 days ago, but within the past 12 months, or
- 03 More than 12 months ago

- 98 DK
- 99 REFUSED

F68B_2

During the past 12 months, was there a time when <YOU_NAME> needed vision care or eye glasses but could **not** get it at that time?

- 01 YES
- 02 NO (GO TO F68b_3)

- 98 DK (GO TO F68b_3)
- 99 REFUSED (GO TO F68b_3)

F68B_3

During the past 12 months, was there a time when <YOU_NAME> needed mental health care or counseling services but could not get it at that time?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

F68C

During the past 12 months, was there any time when <you_name> needed any other health care, such as a medical exam, or medical supplies, but could not get it at that time?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

F69

Compared with **three years ago**, is getting the medical care <YOU_NAME> <NEEDNEEDS> becoming easier, harder, or has it stayed the same?

- 01 EASIER
- 02 HARDER
- 03 STAYED THE SAME

- 98 DK
- 99 REFUSED

Financial Stress & Medical Bills

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

**(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

(ASK IF: (B4AA=01,03) AND (B4AB=01), ELSE GO TO G71A)

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 it is for people without jobs or for people in certain kinds of jobs to get health insurance.)

01 YES

02 NO (GO TO SK_ENDG)

98 DK (GO TO SK_ENDG)

99 REFUSED (GO TO SK_ENDG)

G71A

<DODOESc> <YOU_NAME> work for the government, private industry, or <AREIS> <YOUHESHE> self-employed?

(INTERVIEWER:

- PROBE IF RESPONDENT IS UNSURE. "Is the employer the city, county, state, or federal government, or a private organization?"
- IF R SAYS TEACHER, ASK: "Do you teach at a public or private school?" CODE PUBLIC SCHOOL AS GOVERNMENT.
- CODE PUBLIC SECTOR, WORKS FOR THE COUNTY, OR SCHOOL DSTRIC AS 01 GOVERNMENT.
- CODE HOSPITAL, LAUNDRY ATTENDANT, CASHIER, GROCERY STORE, OR FAMILY BUSINESS AS 02 PRIVATE INDUSTRY (INCLUDE NON-PROFIT).

- CODE WORKS FOR HIM/HER SELF, OWNS THEIR OWN BUSINESS, BABYSITTER AS 03 SELF-EMPLOYED.)
- CODE NON-PROFITS, PUBLICLY TRADED COMPANIES AS "PRIVATE." USE "OTHER" ONLY WHEN THE RESPONDENTS GIVES AN ANSWER NOT LISTED.)
- IF RESPONDENT HAS MORE THAN ONE JOB, ASK RESPONDENT TO REFUSEDER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

- 01 GOVERNMENT
- 02 PRIVATE INDUSTRY
- 03 SELF-EMPLOYED
- 97 OTHER - How would you describe where <YOU_NAME> work(s)?

- 98 DK
- 99 REFUSED

G72

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

(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 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≠03), ELSE GO TO G73A)

(IF (B4AA=01 AND B4AB=01 AND B7= 01, THEN AUTOCODE G72A=02 AND SKIP TO G72B)

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 REFUSEDER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.
- THIS QUESTION REFUSEDERS TO INSURANCE OFFERED BY THE EMPLOYER, NOT NECESSARILY INSURANCE THE RESPONDENT HAS.
- CODE FULL TIME EMPLOYEES AND EMPLOYEES AS 01 EMPLOYEES ONLY.
- CODE EVERYONE AS 02 EMPLOYEES AND THEIR FAMILIES.)
- INCLUDE REFERENCE THAT IMPLY COVERAGE BUT UNABLE TO DETERMINE THE TYPE SUCH AS SIGNIFICANT OTHER OR SOME PEOPLE.)

- 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≠03)

(IF B4Aa=01 OR 03 AND B4Ab=01 THEN AUTOCODE G72b=01 AND GO TO G73.)

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 (GO TO G73A)

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

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.

(CODE UP TO 8 RESPONSES)

(IF OTHER REASON AND IF NECESSARY, PROBE FOR REASON AND CODE.)
CODE ONE RESPONSE. IF MORE THAN ONE RESPONSE GIVEN, PROBE FOR MAIN REASON)

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

(INTERVIEWER:

- CODE COVERED UNDER HIS MOTHER, MY WIFE HAS BETTER INSURANCE, BOTH WORK FOR SAME EMPLOYER AS 02 HAVE OTHER INSURANCE.
- CODE JOB DOESN'T COVER PRE-EXISTING CONDITIONS AS 05 DID NOT LIKE PLAN / BENEFIT PACKAGE.
- CODE RESPONSES SUCH AS ONE MONTH WAITING PERIOD, PROBATIONARY PERIOD, AND NOT FULLTIME AS 08 NOT WORKED THERE LONG ENOUGH / DON'T QUALIFY FOR EMPLOYER'S PLAN.
- EXAMPLES OF 97 OTHER INCLUDE: MISSED ENROLLMENT PERIOD, SOME OTHER REASON.)

- 01 Costs too much
- 02 Have other insurance
- 03 Hope to get other insurance
- 04 Do not need or want insurance
- 05 Did not like plan/benefit package
- 06 Did not like choice of doctors or hospitals
- 07 No reason / Just haven't gotten around to it
- 08 NOT WORKED THERE LONG ENOUGH / DON'T QUALIFY FOR EMPLOYER'S PLAN
- 24 I AM PARTICIPATING

- 97 OTHER - Why <AREYOU_IS_L> not participating in <YOURHISHER> employer or union health insurance plan?
- 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 REFUSEDER TO THE JOB WHERE (HE/SHE) WORKS THE MOST HOURS.)

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

- 98 DK
- 99 REFUSED

G73D

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

Counting all locations where <YOUR_NAME> <BUS_EMPL> operates or operated in the past 12 months, is the total number of persons who work for <YOUR_NAME> <BUS_EMPL> more or less than 50 people?

(IF NECESSARY: Your best guess is fine.)

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

- 01 MORE THAN 50 PEOPLE
- 02 LESS THAN 50 PEOPLE
- 03 ABOUT 50 PEOPLE

- 98 DK
- 99 REFUSED (GO TO PREH76)

**(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)

Adult Demographics

H76

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

- | | |
|----|----------------------------------|
| 01 | married |
| 02 | divorced (GO TO H77) |
| 03 | widowed (GO TO H77) |
| 04 | separated |
| 05 | never married, or (GO TO H77) |
| 06 | a member of an unmarried couple? |
| 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 INT1=03 AND S15=02, OR S15=02 or Women's Forces Branch).

- 01 YES
- 02 NO (GO TO S16)

- 98 DK (GO TO S16)
- 99 REFUSED (GO TO S16)

H78A

<areisc> <you_name> currently serving in the United States Armed Forces?

- 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

- 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
- 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 Q153A)

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

- 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
- 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_A1

Now please think about <your_name> family, whether they live in <YOUR_NAME> household or not. **Including** <YOURSELF_NAM>, how many family members are supported by the family's total income?

(INTERVIEWER NOTE: IF RESPONDENT SAYS 0, ASK "So you are the only person supported by the family's total income?" IF RESPONDENT SAYS YES, CODE AS 01.)

- 01-14 (CODE NUMBER)
- 15 15 OR MORE

- 98 DK
- 99 REFUSED

H84_A2

(ASK IF H84_A1 ≠01)

What is your best estimate of _\$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?

- RECORD INCOME (RANGE 1-9,999,996)

- 9999997 DID NOT HAVE INCOME (GO TO H84_A3)
- 9999998 DK
- 9999999 REFUSED

H84_A2CATS

(ASK IF: H84_A1=98, 99 AND H84_A2=9999998,9999999, 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>?

- 01 BELOW (GO TO H84_A2L)
- 02 EXACTLY NUMBER FILLED (GO TO H84_A3)
- 03 ABOVE (GO TO H84_A2H)

- 98 DK (GO TO H84_A3)
- 99 REFUSED (GO TO F_H84_A3cats)

H84_A2L

(ASK IF: H84_A2CATS=03, ELSE GO TO H84_A2H)

Which category best represents _\$Recall (RECALL="<YOUR_NAME>", CONDITION="H84_A1==01")_\$Recall (RECALL="<YOUR_NAME> and <YOUR_NAME> family members", CONDITION="H84_A1>1") gross income before taxes and other deductions last month?

- (IF H84_A1=1 DISPLAY CATEGORIES 01-05)
- (IF H84_A1=2 DISPLAY CATEGORIES 06-10)
- (IF H84_A1=3 DISPLAY CATEGORIES 11-15)
- (IF H84_A1=4 DISPLAY CATEGORIES 16-20)
- (IF H84_A1=5 DISPLAY CATEGORIES 21-25)
- (IF H84_A1=6 DISPLAY CATEGORIES 26-30)
- (IF H84_A1=7 DISPLAY CATEGORIES 31-35)
- (IF H84_A1=8 DISPLAY CATEGORIES 36-40)
- (IF H84_A1=9 DISPLAY CATEGORIES 41-45)
- (IF H84_A1=10 DISPLAY CATEGORIES 46-50)
- (IF H84_A1=11 DISPLAY CATEGORIES 51-55)
- (IF H84_A1=12 DISPLAY CATEGORIES 56-60)
- (IF H84_A1=13 DISPLAY CATEGORIES 61-65)
- (IF H84_A1=14 DISPLAY CATEGORIES 66-70)
- (IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01	\$400 or less
----	---------------

02	Over	\$400	to	\$600
03	Over	\$600	to	\$900
04	Over	\$900	to	\$1,000
05		\$1,000	to	\$1,300
06		\$600	or less	
07	Over	\$600	to	\$900
08	Over	\$900	to	\$1,200
09	Over	\$1,200	to	\$1,300
10		\$1,300	to	\$1,800
11		\$700	or less	
12	Over	\$700	to	\$1,100
13	Over	\$1,100	to	\$1,500
14	Over	\$1,500	to	\$1,600
15		\$1,600	to	\$2,300
16		\$900	or less	
17	Over	\$900	to	\$1,300
18	Over	\$1,300	to	\$1,800
19	Over	\$1,800	to	\$2,000
20		\$2,000	to	\$2,700
21		\$1,000	or less	
22	Over	\$1,000	to	\$1,500
23	Over	\$1,500	to	\$2,100
24	Over	\$2,100	to	\$2,300
25		\$2,300	to	\$3,200
26		\$1,200	or less	
27	Over	\$1,200	to	\$1,800
28	Over	\$1,800	to	\$2,400
29	Over	\$2,400	to	\$2,700
30		\$2,700	to	\$3,700
31		\$1,300	or less	
32	Over	\$1,300	to	\$2,000
33	Over	\$2,000	to	\$2,700
34	Over	\$2,700	to	\$3,000
35		\$3,000	to	\$4,100
36		\$1,500	or less	
37	Over	\$1,500	to	\$2,200
38	Over	\$2,200	to	\$3,000
39	Over	\$3,000	to	\$3,300
40		\$3,300	to	\$4,600
41		\$1,600	or less	
42	Over	\$1,600	to	\$2,400
43	Over	\$2,400	to	\$3,300
44	Over	\$3,300	to	\$3,700
45		\$3,700	to	\$5,100

46		\$1,800	or less
47	Over	\$1,800	to \$2,700
48	Over	\$2,700	to \$3,600
49	Over	\$3,600	to \$4,000
50		\$4,000	to \$5,500
51		\$1,900	or less
52	Over	\$1,900	to \$2,900
53	Over	\$2,900	to \$3,900
54	Over	\$3,900	to \$4,400
55		\$4,400	to \$6,000
56		\$2,100	or less
57	Over	\$2,100	to \$3,100
58	Over	\$3,100	to \$4,200
59	Over	\$4,200	to \$4,700
60		\$4,700	to \$6,500
61		\$2,200	or less
62	Over	\$2,200	to \$3,300
63	Over	\$3,300	to \$4,500
64	Over	\$4,500	to \$5,000
65		\$5,000	to \$6,900
66		\$2,400	or less
67	Over	\$2,400	to \$3,500
68	Over	\$3,500	to \$4,800
69	Over	\$4,800	to \$5,400
70		\$5,400	to \$7,400
71		\$2,500	or less
72	Over	\$2,500	to \$3,800
73	Over	\$3,800	to \$5,100
74	Over	\$5,100	to \$5,700
75		\$5,700	to \$7,900

- 98 DK
- 99 REFUSED

(ALL FROM H84_A2L GO TO H84_A3)

H84_A2H

Which category best represents $_ \$Recall$ (RECALL="<YOUR_NAME>", CONDITION="H84_A1==01") $_ \$Recall$ (RECALL="<YOUR_NAME> and <YOUR_NAME> family members", CONDITION="H84_A1>1") gross income before taxes and other deductions last month?

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)

(IF H84_A1=2 DISPLAY CATEGORIES 06-10)
 (IF H84_A1=3 DISPLAY CATEGORIES 11-15)
 (IF H84_A1=4 DISPLAY CATEGORIES 16-20)
 (IF H84_A1=5 DISPLAY CATEGORIES 21-25)
 (IF H84_A1=6 DISPLAY CATEGORIES 26-30)
 (IF H84_A1=7 DISPLAY CATEGORIES 31-35)
 (IF H84_A1=8 DISPLAY CATEGORIES 36-40)
 (IF H84_A1=9 DISPLAY CATEGORIES 41-45)
 (IF H84_A1=10 DISPLAY CATEGORIES 46-50)
 (IF H84_A1=11 DISPLAY CATEGORIES 51-55)
 (IF H84_A1=12 DISPLAY CATEGORIES 56-60)
 (IF H84_A1=13 DISPLAY CATEGORIES 61-65)
 (IF H84_A1=14 DISPLAY CATEGORIES 66-70)
 (IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$1,300	to	\$1,500
02	Over	\$1,500	to	\$2,000
03	Over	\$2,000	to	\$2,900
04	Over	\$2,900	to	\$3,900
05		\$3,900	or more	
06		\$1,800	to	\$2,000
07	Over	\$2,000	to	\$2,700
08	Over	\$2,700	to	\$3,900
09	Over	\$3,900	to	\$5,200
10		\$5,200	or more	
11		\$2,300	to	\$2,600
12	Over	\$2,600	to	\$3,400
13	Over	\$3,400	to	\$4,900
14	Over	\$4,900	to	\$6,600
15		\$6,600	or more	
16		\$2,700	to	\$3,100
17	Over	\$3,100	to	\$4,100
18	Over	\$4,100	to	\$6,000
19	Over	\$6,000	to	\$8,000
20		\$8,000	or more	
21		\$3,200	to	\$3,600
22	Over	\$3,600	to	\$4,800
23	Over	\$4,800	to	\$7,000
24	Over	\$7,000	to	\$9,300
25		\$9,300	or more	
26		\$3,700	to	\$4,200
27	Over	\$4,200	to	\$5,500
28	Over	\$5,500	to	\$8,000
29	Over	\$8,000	to	\$10,700
30		\$10,700	or more	

31		\$4,100	to	\$4,700
32	Over	\$4,700	to	\$6,200
33	Over	\$6,200	to	\$9,000
34	Over	\$9,000	to	\$12,000
35		\$12,000	or more	
36		\$4,600	to	\$5,200
37	Over	\$5,200	to	\$6,900
38	Over	\$6,900	to	\$10,000
39	Over	\$10,000	to	\$13,400
40		\$13,400	or more	
41		\$5,100	to	\$5,700
42	Over	\$5,700	to	\$7,600
43	Over	\$7,600	to	\$11,000
44	Over	\$11,000	to	\$14,700
45		\$14,700	or more	
46		\$5,500	to	\$6,300
47	Over	\$6,300	to	\$8,300
48	Over	\$8,300	to	\$12,000
49	Over	\$12,000	to	\$16,000
50		\$16,000	or more	
51		\$6,000	to	\$6,800
52	Over	\$6,800	to	\$9,000
53	Over	\$9,000	to	\$13,000
54	Over	\$13,000	to	\$17,400
55		\$17,400	or more	
56		\$6,500	to	\$7,300
57	Over	\$7,300	to	\$9,700
58	Over	\$9,700	to	\$14,000
59	Over	\$14,000	to	\$18,800
60		\$18,800	or more	
61		\$6,900	to	\$7,900
62	Over	\$7,900	to	\$10,400
63	Over	\$10,400	to	\$15,100
64	Over	\$15,100	to	\$20,100
65		\$20,100	or more	
66		\$7,400	to	\$8,400
67	Over	\$8,400	to	\$11,100
68	Over	\$11,100	to	\$16,100
69	Over	\$16,100	to	\$21,500
70		\$21,500	or more	
71		\$7,900	to	\$8,900
72	Over	\$8,900	to	\$11,800
73	Over	\$11,800	to	\$17,100
74	Over	\$17,100	to	\$22,800

75 \$22,800 or more

- 98 DK
- 99 REFUSED

H84_A3

(ASK IF H84_A1 ≠01)

What is your best estimate of your family members' **total 2014 annual income** before taxes and other deductions?

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

(IF NECESSARY: This includes family members living inside and outside the household support by you.)

RECORD INCOME (RANGE 1-9,999,996)

9999997 DID NOT HAVE INCOME

9999998 DK

9999999 REFUSED

H84_A3CATS

(FILL: IF H84_A3=9999998 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=9999999 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 members' total 2014 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)

- 01 BELOW
- 02 EXACTLY NUMBER FILLED
- 03 ABOVE

- 98 DK
- 99 REFUSED

(ALL FROM H84_A3L GO TO Q155)

H84_A3L

Which category best represents (IF INT1=03 SCR_NAME's/ ELSE your) family members' total 2014 annual income before taxes and other deductions?

- (IF H84_A1=1 DISPLAY CATEGORIES 01-05)
- (IF H84_A1=2 DISPLAY CATEGORIES 06-10)
- (IF H84_A1=3 DISPLAY CATEGORIES 11-15)
- (IF H84_A1=4 DISPLAY CATEGORIES 16-20)
- (IF H84_A1=5 DISPLAY CATEGORIES 21-25)
- (IF H84_A1=6 DISPLAY CATEGORIES 26-30)
- (IF H84_A1=7 DISPLAY CATEGORIES 31-35)
- (IF H84_A1=8 DISPLAY CATEGORIES 36-40)
- (IF H84_A1=9 DISPLAY CATEGORIES 41-45)
- (IF H84_A1=10 DISPLAY CATEGORIES 46-50)
- (IF H84_A1=11 DISPLAY CATEGORIES 51-55)
- (IF H84_A1=12 DISPLAY CATEGORIES 56-60)
- (IF H84_A1=13 DISPLAY CATEGORIES 61-65)
- (IF H84_A1=14 DISPLAY CATEGORIES 66-70)

(IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$5	thousand or less		
02	Over	\$5	thousand to	\$8	thousand
03	Over	\$8	thousand to	\$11	thousand
04	Over	\$11	thousand to	\$12	thousand
05		\$12	thousand to	\$16	
06		\$7	thousand or less		
07	Over	\$7	thousand to	\$10	thousand
08	Over	\$10	thousand to	\$14	thousand
09	Over	\$14	thousand to	\$16	thousand
10		\$16	thousand to	\$22	
11		\$9	thousand or less		
12	Over	\$9	thousand to	\$13	thousand
13	Over	\$13	thousand to	\$18	thousand
14	Over	\$18	thousand to	\$20	thousand
15		\$20	thousand to	\$27	
16		\$10	thousand or less		
17	Over	\$10	thousand to	\$16	thousand
18	Over	\$16	thousand to	\$21	thousand
19	Over	\$21	thousand to	\$24	thousand
20		\$24	thousand to	\$33	
21		\$12	thousand or less		
22	Over	\$12	thousand to	\$18	thousand
23	Over	\$18	thousand to	\$25	thousand
24	Over	\$25	thousand to	\$28	thousand
25		\$28	thousand to	\$39	
26		\$14	thousand or less		
27	Over	\$14	thousand to	\$21	thousand
28	Over	\$21	thousand to	\$29	thousand
29	Over	\$29	thousand to	\$32	thousand
30		\$32	thousand to	\$44	
31		\$16	thousand or less		
32	Over	\$16	thousand to	\$24	thousand
33	Over	\$24	thousand to	\$32	thousand
34	Over	\$32	thousand to	\$36	thousand
35		\$36	thousand to	\$50	
36		\$18	thousand or less		
37	Over	\$18	thousand to	\$26	thousand
38	Over	\$26	thousand to	\$36	thousand
39	Over	\$36	thousand to	\$40	thousand
40		\$40	thousand to	\$55	
41		\$19	thousand or less		
42	Over	\$19	thousand to	\$29	thousand

43	Over	\$29	thousand to	\$40	thousand
44	Over	\$40	thousand to	\$44	thousand
45		\$44	thousand to	\$61	
46		\$21	thousand or less		
47	Over	\$21	thousand to	\$32	thousand
48	Over	\$32	thousand to	\$44	thousand
49	Over	\$44	thousand to	\$48	thousand
50		\$48	thousand to	\$67	
51		\$23	thousand or less		
52	Over	\$23	thousand to	\$34	thousand
53	Over	\$34	thousand to	\$47	thousand
54	Over	\$47	thousand to	\$52	thousand
55		\$52	thousand to	\$72	
56		\$25	thousand or less		
57	Over	\$25	thousand to	\$37	thousand
58	Over	\$37	thousand to	\$51	thousand
59	Over	\$51	thousand to	\$56	thousand
60		\$56	thousand to	\$78	
61		\$27	thousand or less		
62	Over	\$27	thousand to	\$40	thousand
63	Over	\$40	thousand to	\$54	thousand
64	Over	\$54	thousand to	\$60	thousand
65		\$60	thousand to	\$83	
66		\$28	thousand or less		
67	Over	\$28	thousand to	\$43	thousand
68	Over	\$43	thousand to	\$58	thousand
69	Over	\$58	thousand to	\$64	thousand
70		\$64	thousand to	\$89	
71		\$30	thousand or less		
72	Over	\$30	thousand to	\$45	thousand
73	Over	\$45	thousand to	\$62	thousand
74	Over	\$62	thousand to	\$69	thousand
75		\$69	thousand to	\$95	

- 98 DK
- 99 REFUSED

H84_A3H

Which category best represents (IF INT1=03 SCR_NAME's/ ELSE your) family members' total 2014 annual income before taxes and other deductions?

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)

(IF H84_A1=2 DISPLAY CATEGORIES 06-10)
 (IF H84_A1=3 DISPLAY CATEGORIES 11-15)
 (IF H84_A1=4 DISPLAY CATEGORIES 16-20)
 (IF H84_A1=5 DISPLAY CATEGORIES 21-25)
 (IF H84_A1=6 DISPLAY CATEGORIES 26-30)
 (IF H84_A1=7 DISPLAY CATEGORIES 31-35)
 (IF H84_A1=8 DISPLAY CATEGORIES 36-40)
 (IF H84_A1=9 DISPLAY CATEGORIES 41-45)
 (IF H84_A1=10 DISPLAY CATEGORIES 46-50)
 (IF H84_A1=11 DISPLAY CATEGORIES 51-55)
 (IF H84_A1=12 DISPLAY CATEGORIES 56-60)
 (IF H84_A1=13 DISPLAY CATEGORIES 61-65)
 (IF H84_A1=14 DISPLAY CATEGORIES 66-70)
 (IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

01		\$16 thousand to	\$18 thousand
02	Over	\$18 thousand to	\$24 thousand
03	Over	\$24 thousand to	\$35 thousand
04	Over	\$35 thousand to	\$47 thousand
05		\$47 thousand or more	
06		\$22 thousand to	\$25 thousand
07	Over	\$25 thousand to	\$32 thousand
08	Over	\$32 thousand to	\$47 thousand
09	Over	\$47 thousand to	\$63 thousand
10		\$63 thousand or more	
11		\$27 thousand to	\$31 thousand
12	Over	\$31 thousand to	\$41 thousand
13	Over	\$41 thousand to	\$59 thousand
14	Over	\$59 thousand to	\$79 thousand
15		\$79 thousand or more	
16		\$33 thousand to	\$37 thousand
17	Over	\$37 thousand to	\$49 thousand
18	Over	\$49 thousand to	\$72 thousand
19	Over	\$72 thousand to	\$95 thousand
20		\$95 thousand or more	
21		\$39 thousand to	\$44 thousand
22	Over	\$44 thousand to	\$57 thousand
23	Over	\$57 thousand to	\$84 thousand
24	Over	\$84 thousand to	\$112 thousand
25		\$112 thousand or more	
26		\$44 thousand to	\$50 thousand
27	Over	\$50 thousand to	\$66 thousand
28	Over	\$66 thousand to	\$96 thousand
29	Over	\$96 thousand to	\$128 thousand

30		\$128 thousand or more		
31		\$50 thousand to	\$56 thousand	
32	Over	\$56 thousand to	\$74 thousand	
33	Over	\$74 thousand to	\$108 thousand	
34	Over	\$108 thousand to	\$144 thousand	
35		\$144 thousand or more		
36		\$55 thousand to	\$63 thousand	
37	Over	\$63 thousand to	\$83 thousand	
38	Over	\$83 thousand to	\$120 thousand	
39	Over	\$120 thousand to	\$160 thousand	
40		\$160 thousand or more		
41		\$61 thousand to	\$69 thousand	
42	Over	\$69 thousand to	\$91 thousand	
43	Over	\$91 thousand to	\$132 thousand	
44	Over	\$132 thousand to	\$177 thousand	
45		\$177 thousand or more		
46		\$67 thousand to	\$75 thousand	
47	Over	\$75 thousand to	\$99 thousand	
48	Over	\$99 thousand to	\$145 thousand	
49	Over	\$145 thousand to	\$193 thousand	
50		\$193 thousand or more		
51		\$72 thousand to	\$82 thousand	
52	Over	\$82 thousand to	\$108 thousand	
53	Over	\$108 thousand to	\$157 thousand	
54	Over	\$157 thousand to	\$209 thousand	
55		\$209 thousand or more		
56		\$78 thousand to	\$88 thousand	
57	Over	\$88 thousand to	\$116 thousand	
58	Over	\$116 thousand to	\$169 thousand	
59	Over	\$169 thousand to	\$225 thousand	
60		\$225 thousand or more		
61		\$83 thousand to	\$94 thousand	
62	Over	\$94 thousand to	\$124 thousand	
63	Over	\$124 thousand to	\$181 thousand	
64	Over	\$181 thousand to	\$242 thousand	
65		\$242 thousand or more		
66		\$89 thousand to	\$101 thousand	
67	Over	\$101 thousand to	\$133 thousand	
68	Over	\$133 thousand to	\$193 thousand	
69	Over	\$193 thousand to	\$258 thousand	
70		\$258 thousand or more		
71		\$95 thousand to	\$107 thousand	
72	Over	\$107 thousand to	\$141 thousand	
73	Over	\$141 thousand to	\$206 thousand	

74	Over \$206 thousand to \$274 thousand
75	\$274 thousand or more

- 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=02, 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 TRACFONE1)
- 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 (GO TO TRACFONE1)

- 98 DK (GO TO TRACFONE1)
- 99 REFUSED (GO TO TRACFONE1)

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)

TRACFONE2

Do you expect to pay a higher bill this month as a result of doing this survey?

(INTERVIEWER: IF ANSWER IS 'DEPENDS' COLLECT VERBATIUM RESPONSE: Please tell me what would cause you to have to pay a higher bill this month as a result of doing this survey.)

- 01 DEFINITELY WILL
- 02 PROBABLY WILL
- 03 PROBABLY NOT
- 04 DEFINITELY NOT
- 05 DEPENDS - "Please tell me what would cause you to have to pay a higher bill this month as a result of doing this survey"

- 98 DK
- 99 REFUSED

**(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 OFF 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?

(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.)

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 help you and your family.

(IF NECESSARY: You may call the State of Ohio at 1-888-643-7787, or RTI at 1-855-500-1438 if you have questions or concerns about the survey.)

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

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.)

- 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.
- EXAMPLES OF 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO INCLUDE GOOD, SON/DAUGHTER.)

- 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 insurance coverage and access to health care. 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, satisfaction with health care and problems getting health care. The survey's sponsors are the State of Ohio.)

- 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 6 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

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 J100A)
- 98 DK (GO TO J100A)
- 99 REFUSED (GO TO J100A)

PREJ100A

(ASK IF: J96=2, 98, 99 OR J96A=02,98,99 OR ((I95=01 OR I95A=01) AND J96=WR), ELSE GO TO J100A)

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

(ASK IF: PI90 = 1, 98, 99 AND NOT I95A=02,98,99 AND NOT J96A=01), ELSE GO TO J100C_CK)

Is <CH_NAME> covered by **Medicaid**, the **State** of Ohio government health care assistance 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 J100C_CK)

- 02 NO (GO TO J100C_CHK)
- 98 DK (GO TO J100C_CHK)
- 99 REFUSED (GO TO J100C_CHK)
- 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_CHK

(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:

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

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

- o "Is <CH_NAME> enrolled in the program now?"
- o 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)

J100CA

(ASK IF: (J100C=1 or J100C_CK=01) 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
- 03 MEDICAID FOR THE AGED, BLIND AND DISABLED or MBI WD
- 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, OR SLMB
- 09 AETNA BETTER HEALTH CARE
- 10 BUCKEYE COMMUNITY HEALTH PLAN
- 11 CARESOURCE
- 12 MOLINA HEALTHCARE
- 13 PARAMOUNT ADVANTAGE
- 14 UNITED HEALTH CARE COMMUNITY PLAN

- 97 OTHER

- 98 DK
- 99 REFUSED

Coverage

J100B

(ASK IF J96a<>01, ELSE GO TO J113_VALUE)

Is <CH_NAME> _\$recall(recall="also", condition="(J100A=01 or J100C=01 or J100C_CK=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

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 J100F)

- 98 DK (GO TO J100F)
- 99 REFUSED (GO TO J100F)

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) (GO TO J100F)
- 02 MEDICAID (INCLUDES CARE SOURCE, HEALTHY START, & HEALTHY FAMILY, JOB &
FAMILY SERVICES) (GO TO J100F)

- 98 DK (GO TO J100F)
- 99 REFUSED (GO TO J100F)
- 95 HELP SCREEN

J100HHELP

HELP SCREEN

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

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

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

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

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

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

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

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

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

Health Care Exchange

J10011

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 FL_J100I)

- 98 DK (GO TO FL_J100I)
- 99 REFUSED (GO TO FL_J100I)

J 10012

What is the name of the Ohio Health Care Exchange or healthcare.gov insurance plan < CH_NAME> is currently enrolled in?

(INTERVIEWER: IF RESPONDENT CANNOT RECALL PLAN, READ THE FOLLOWING LIST)

- 01 AETNA
- 02 AULTCARE
- 03 BUCKEYE COMMUNITY HEALTH PLAN
- 04 CARESOURCE
- 05 COVENTRY
- 06 HEALTHSPAN
- 07 HUMANA HEALTH PLAN OF OHIO
- 08 KAISER
- 09 MEDICAL HEALTH INSURING CORPERATION OF OHIO
- 10 MOLINA HEALTH PLAN
- 11 PARAMOUNT HEALTH PLAN

- 12 SUMMACARE
- 13 UNITED HEALTHCARE COMMUNITY PLAN

- 97 OTHER
- 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 J100=1 HEALTH PLAN THROUGH EMPLOYER

(FILL: IF J100=1 MEDICARE (65+ & DISABILITIES)

(FILL: IF J100=1 MEDICAID (GOVERNMENT ASSISTANCE PROGRAM)

(FILL: IF J100=1 MILITARY/VETERANS COVERAGE (E.G. TRICARE)

(FILL: IF J100=1 DIRECT PURCHASE INSURANCE PLAN)

(FILL: IF J100=1 STATE-SPONSORED

(FILL: IF J100=1 OHIO HEALTH CARE EXCHANGE OR HEALTHCARE.GOV)

- 01 YES
- 02 NO (GO TO PREJ100CHK)

- 98 DK (GO TO PREJ100CHK)
- 99 REFUSED (GO TO PREJ100CHK)

J100G1

What type of coverage is that?

(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.)

(ALLOW UP TO 3 RESPONSES)

- 01 MEDICAL, HMO, or PPO
- 02 SUPPLEMENTAL
- 03 DENTAL
- 04 VISION
- 05 MENTAL HEALTH
- 06 CANCER INSURANCE
- 07 HEARING
- 08 ACCIDENT, DISABILITY, LIFE, OR ANY INSURANCE THAT PAYS CASH BENEFIT AND NOT MEDICAL EXPENSES
- 09 COBRA

- 10 COVERED THROUGH WORK (INCLUDES SOMEONE ELSE'S WORK)
- 12 SPECIFIC PLAN NAME GIVEN
- 13 INSURED THROUGH A FAMILY MEMBER NOT THROUGH WORK
- 14 STUDENT INSURANCE / THROUGH COLLEGE OR UNIVERSITY
- 15 MEDICAID

- 97 OTHER - What type of coverage is that?
- 98 DK
- 99 REFUSED

J100GHELP

HELP SCREEN

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

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

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

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

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

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

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

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

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

- 01 ENTER TO RETURN TO QUESTION

J100H

Who pays for most of this health insurance plan – is it <YOU_NAME> or <YOUR_NAME> family, an employer or union, a state or local government or community program, or someone else?

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

- 98 DK
- 99 REFUSED

J100CHK

(ASK IF: V01 (SUM ([FL_J100CHKA-FL_J100CHKG3])>1), ELSE GO TO J105

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=01 Medicare,
IF J100c=01 a Medicaid program,
IF J100d=01 Military or Veterans coverage such as TRICARE,
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 (J100g1).)

Is that correct?

01 YES (GO TO J105)
02 NO

98 DK
99 REFUSED

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

Insurance Covered Health Services

J105

(ASK IF (J96 = 01 & J96A = 01), ELSE GO TO J113_VALUE)

Do any of (FILL: CH_NAME's) current insurance plans cover:

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

J105A

(RANDOMLY ROTATE ORDER BETWEEN DENTAL AND VISION)

Dental care other than emergency care? (Do any of <CH_NAME>'s 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

J105B

Vision care? (Do any of <CH_NAME>'s current insurance plans cover...)

(INTERVIEWER NOTE: This includes any coverage for these services even if it is from a separate health plan)

01 YES
02 NO

98 DK
99 REFUSED

J113_VALUE

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

(IF NECESSARY: Your best guess is fine.)

(VALUE)

(INTERVIEWER: ENTER NUMBER OF DAYS, WEEKS, MONTHS OR YEARS)

998 DK
999 REFUSED

J113_UNIT

(How long has <CH_NAME> been covered by <FL_HISHER> current primary health insurance plan?)

(UNITS)

05 DAYS
06 WEEKS
07 MONTHS
08 YEARS

98 DK
99 REFUSED

J113DAYS

(ASK IF: ((J113_UNIT = 01), J113_VALUE, IF((J113_UNIT = 02), J113_VALUE*7, IF((J113_UNIT = 03), J113_VALUE*30, IF((J113_UNIT = 04), J113_VALUE*365, J113_VALUE))))

IF J113_UNIT = DAYS, THEN J113DAYS = J113_VALUE IF J113_UNIT = WEEKS, THEN J113DAYS = (J113_VALUE * 7) IF J113_UNIT = MONTHS, THEN J113DAYS = (J113_VALUE * 30) IF J113_UNIT = YEARS, THEN J113DAYS = (J113_VALUE * 365) IF J113_VALUE = 998, THEN J113DAYS = 998 IF J113_VALUE = 999, THEN J113DAYS = 999

998 DK
999 REF

Previous Coverage

PREJ116b

Next I'm going to ask more specific questions about (FILL: CH_NAME's) prior insurance coverage.

J116b

(ASK IF: (J113DAYS >=1) OR (J113DAYS == 998 OR 999), ELSE GO TO J117)

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 SK_J120)

98 DK (GO TO SK_J120)
99 REFUSED (GO TO SK_J120)

J117

(ASK IF: (J116b = 01) AND (J100C_CK=02,98,99) OR (J96A=01 AND B4C_R=02,98,99) AND (1<=J113DAYS<360) OR (J113DAYS==998 OR 999), 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 by **the State of Ohio program** Medicaid, which includes Healthy Families, Healthy Start; or Medicaid waiver programs?

(IF NECESSARY: Medicaid also includes 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 NJ117A)
- 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.

Reasons for Lack of Coverage

NJ117A

Why does <CH_NAME> no longer have this coverage?

(INTERVIEWER:

- IF RESPONSE IS "No longer qualify", "Do not need anymore", ASK "Why do you no longer (qualify/need) this coverage".
- IF RESPONSE IS TOO GENERAL, ASK: "Can you please tell me why that means the child no longer has coverage?"
- WHEN R FINISHES, ASK "Are there any other reasons?" ASK UNTIL RESPONDENT SAYS "No" or "DK".)

(ALLOW UP TO 12 RESPONSES)

- 01 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY) (GO TO PREJ120)
- 02 OBTAINED OTHER COVERAGE (SUCH AS NEW/BETTER JOB WITH BENEFITS, COMPANY CHANGED TO NEW PLAN ETC,) (GO TO PREJ120)
- 03 NO LONGER DISABLED OR DO NOT QUALIFY AS DISABLED. (GO TO PREJ120)
- 04 DO NOT RECEIVE WELFARE/CASH ASSISTANCE/ADC/TANF (GO TO PREJ120)
- 05 OTHER REASON (EXPIRATION OF BENEFITS, CHANGE IN AGE, CHANGE IN MARITAL STATUS, PREGANCY STATUS, CUSTODY, LIVING ARRANGMENTS) (GO TO PREJ120)
- 06 NOT SURE WHY (GO TO PREJ120)
- 07 DO NOT NEED ANYMORE- IN GOOD HEALTH (GO TO PREJ120)
- 08 DO NOT NEED ANYMORE (GO TO PREJ120)
- 09 PAPERWORK DELAY OR PROBLEMS (GO TO PREJ120)

- 10 WAITING TO BECOME ELIGIBLE FOR COVERAGE (GO TO PREJ120)
- 11 DO NOT WANT TO GO THROUGH APPLICATION PROCESS AGAIN (GO TO PREJ120)
- 12 NOW ENROLLED IN THE OHIO HEALTH INSURANCE EXCHANGE OR THROUGH HEALTHCARE.GOV (GO TO PREJ120)

- 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO (GO TO PREJ120)
- 98 DK (GO TO PREJ120)
- 99 REFUSED (GO TO PREJ120)

J117B

(ASK IF: (J117 = 02, 98 OR 99) OR (J100c = 01 OR J100C_CK=01) OR (J96A=01 AND B4C_R=01) AND ((1<=J113DAYS<360) OR (J113_VALUE=998,999)), ELSE GO TO J117B1)

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 (GO TOJ117C)

- 98 DK (GO TOJ117C)
- 99 REFUSED (GO TOJ117C)

J117B1

What was the main reason <CH_NAME>'s previous health insurance ended?

(INTERVIEWER:

- CODE EMPLOYER SWITCHED PROGRAMS, CHANGED TO BETTER, COMPANY CHANGED AS 07 SWITCHED TO ANOTHER PLAN.

- 01 PARENT LOST JOB OR CHANGED EMPLOYERS
- 02 PARENT GOT DIVORCED/ SEPARATED/DEATH OF SPOUSE
- 03 EMPLOYER STOPPED OFFERING INSURANCE
- 04 EMPLOYER DID NOT OFFER HEALTH INSURANCE/NOT ELIGIBLE FOR COVERAGE THROUGH EMPLOYER
- 05 INSURANCE TOO EXPENSIVE/ CAN NOT AFFORD THE PREMIUM
- 06 TOO MUCH PAPERWORK/HASSLE
- 07 SWITCHED TO ANOTHER PLAN
- 08 NOW ENROLLED IN THE OHIO HEALTH INSURANCE EXCHANGE OR THROUGH HEALTHCARE.GOV

- 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO

- 98 DK
- 99 REFUSED

J117C

(ASK IF: J117B=02,98,99), ELSE GO TO J120)

Was <CH_NAME> covered by any other insurance that you or your family paid for completely?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

Coverage Over Past 12 Months

J120

(ASK: IF J116B =01, ELSE GO TO J122_VALUE)

//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 (GO TO J124B)

- 98 DK (GO TO J124B)
- 99 REFUSED (GO TO J124B)

J122_VALUE

(ASK IF: (J116b = 02, 98 or 99) OR (J120=01)), ELSE GO TO J124A)

<FL_SINCEDURC>, without health insurance coverage?

(READ IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

- 000 NEVER
- 998 DK
- 999 REFUSED

J122_UNIT

(ASK IF: (J12_VALUE=000), ELSE GO TO J122DAYS)

(<FL_SINCEDURA>, WITHOUT HEALTH INSURANCE COVERAGE?)
(UNITS)

00	NEVER
01	DAYS
02	WEEKS
03	MONTHS
04	YEARS
98	DK
99	REFUSED

J122DAYS

IF J122_UNIT = DAYS, THEN J122DAYS = J122_VALUEIF J122_UNIT = WEEKS, THEN J122DAYS = (J122_VALUE * 7)IF J122_UNIT = MONTHS, THEN J122DAYS = (J122_VALUE * 30)IF J122_UNIT = YEARS, THEN J122DAYS = (J122_VALUE * 365)IF J122 = 998, THEN J122DAYS = 998IF J122 = 999, THEN J122DAYS = 999IF J122 = 000, THEN RECODE J120 = 02. GO TO J124b

998	DK
999	REFUSED

J124A

(ASK IF: ((J120=02,98,99) OR (J122CHECK=02)), ELSE GO TO J124B)

<FL_BIRTHDURC> any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured?

(RANDOMLY ROTATE A, B, & C)

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

J124AA

Did <CH_NAME> have any major medical costs while <FL_HESHE> was uninsured?

(INTERVIEWER: RESPONDENT SHOULD DEFINE WHAT THEY CONSIDER A "MAJOR MEDICAL COST")(<FL_BIRTHDURC> any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured?)

01	YES
02	NO
98	DK
99	REFUSED

J124AB

Did you or your family delay or avoid getting care for <CH_NAME> because <FL_HESHE> was uninsured?

(IF NECESSARY: ``Care'' means any health care, including prescription drugs.)(<FL_BIRTHDURC> any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured?)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J124AC

Did you or your family have any problems getting the care <CH_NAME> needed while <FL_HESHE> was uninsured?

(IF NECESSARY: "Care" means any health care, including prescription drugs.)(<FL_BIRTHDURC> any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured?)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J124B (ASK IF: ((J113DAYS >= 360) OR (J120 = 02, 98, 99) OR (POSTJ113 = 01)), ELSE GO TO SK_ENDJ)

<FL_BIRTHDURC> any of the following things happen to <CH_NAME>?

(RANDOMLY ROTATE A, B, & C)

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

J124BA

Did <CH_NAME> have any major medical costs?

(IF NECESSARY: including co pays)

(INTERVIEWER: RESPONDENT SHOULD DEFINE WHAT THEY CONSIDER A ``MAJOR MEDICAL COST``)(<FL_BIRTHDURC> of the following things happen to <CH_NAME>?)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J124BB

Did you or your family delay or avoid getting care for <CH_NAME> that you felt <FL_HESHE> needed but could not afford?

(IF NECESSARY: include delays because of health plan approval)(IF NECESSARY: ``Care`` means any health care, including prescription drugs.)

(<FL_BIRTHDURC> of the following things happen to <CH_NAME>?)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

J124BC

Did you or your family have any problems getting needed care for <CH_NAME>?

(IF NECESSARY: include delays because of health plan approval)(IF NECESSARY: ``Care`` means any health care, including prescription drugs.)

(<FL_BIRTHDURC> of the following things happen to <CH_NAME>?)

- 01 YES
- 02 NO

- 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 K96)

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

K96

At any time <FL_SINCEDUR>, covered by any type of health insurance plan?

- 01 YES
- 02 NO (GO TO K103_VALUE)

- 98 DK (GO TO K103_VALUE)
- 99 REFUSED (GO TO K103_VALUE)

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

K97_VALUE

When was the last time <CH_NAME> had health insurance?

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

- 000 NEVER
- 998 DK
- 999 REFUSED

K97_UNIT

- 00 NEVER
- 01 DAYS
- 02 WEEKS
- 03 MONTHS
- 04 YEARS

98 DK
99 REFUSED

K97DAYS

IF K97_UNIT = DAYS, THEN K97DAYS = K97_VALUE IF K97_UNIT = WEEKS, THEN K97DAYS = (K97_VALUE * 7) IF K97_UNIT = MONTHS, THEN K97DAYS = (K97_VALUE * 30) IF K97_VALUE = 998, THEN K97DAYS = 998 IF K97_VALUE = 999, THEN K97DAYS = 999 IF K97_VALUE = 000, THEN K97DAYS = (i90a * 365)

K98

(ASK IF: ((C1 = 01) AND (I91a = 02)), ELSE GO TO K99)

Was <CH_NAME>'s most recent health insurance coverage the same as <YOURS_NAME>, that is did <FL_HESHE> have the same insurance coverage that you told me about earlier?

01 YES
02 NO (GO TO K99)

98 DK (GO TO K99)
99 REFUSED (GO TO K99)

K98A

(ASK IF: ((C3 = 01) OR (C4 = 01) OR (C5 = 01)), ELSE GO TO K99)

So, the health insurance coverage that <CH_NAME> had was:

(FILL:

- IF C3=01 Medicaid which includes Healthy Families, Healthy Start, or Medicaid waiver programs
- IF C4=01 A plan obtained through an employer or union
- IF C5=01 Insurance that (you/PERSON FROM S1) or (your/his/her) family paid for completely
- IF C3=01 IF NECESSARY: Medicaid also includes 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 NK99a)
02 NO

98 DK
99 REFUSED

K99

The last time <CH_NAME> had insurance, was <FL_HESHE> covered by Medicaid, which includes Healthy Families, Healthy Start; or Medicaid waiver programs?

(IF NECESSARY: Medicaid also includes 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 (GO TO K99b)

- 98 DK (GO TO K99b)
- 99 REFUSED (GO TO K99b)

Reasons for Lack of Coverage

NK99A

(ASK IF: (K99= 01) OR (K98a = 01 and C3 = 01), ELSE GO TO K99B)

Why does <CH_NAME> no longer have this coverage?

(INTERVIEWER:

- IF RESPONSE IS "No longer qualify", "Do not need anymore", ASK "Why do you no longer (qualify/need) this coverage".
- IF RESPONSE IS TOO GENERAL, ASK: "Can you please tell me why that means the child no longer have coverage?"
- WHEN R FINISHES, ASK "Are there any other reasons?" ASK UNTIL RESPONDENT SAYS "No" or "DK".
- CODE DOES NOT QUALIFY OR DENIED COVERAGE AS 12 NO LONGER QUALIFIED, GENERAL.

- 01 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY)
- 02 OBTAINED OTHER COVERAGE (SUCH AS NEW/BETTER JOB WITH BENEFITS, COMPANY CHANGED TO NEW PLAN ETC,)
- 03 DO NOT RECEIVE WELFARE/CASH ASSISTANCE/ADC/TANF
- 04 NO LONGER DISABLED OR DO NOT QUALIFY AS DISABLED
- 05 NOT SURE WHY
- 06 DO NOT NEED ANYMORE
- 07 DO NOT WANT TO GO THROUGH APPLICATION PROCESS AGAIN

- 08 DO NOT NEED ANYMORE - IN GOOD HEALTH
- 09 WAITING TO BECOME ELIGIBLE FOR COVERAGE
- 11 PAPERWORK DELAY OR PROBLEMS
- 12 NOT LONGER QUALIFIED, GENERAL
- 13 NOW ENROLLED IN THE OHIO HEALTH INSURANCE EXCHANGE OR THROUGH HEALTHCARE.GOV

- 98 DK
- 99 REFUSED

K99b

(ASK IF: (K99B=02,98,99) OR (K98=01 AND C3=02,98,99)) AND (((H84_A1==01 AND H84_A2<2431) OR (H84_A1==02 AND H84_A2<3277) OR (H84_A1==03 AND H84_A2<4123) OR (H84_A1==04 AND H84_A2<4969) OR (H84_A1==05 AND H84_A2<5815) OR (H84_A1==06 AND H84_A2<6660) OR (H84_A1==07 AND H84_A2<7506) OR (H84_A1==08 AND H84_A2<8352) OR (H84_A1==09 AND H84_A2<9198) OR (H84_A1==10 AND H84_A2<10044) OR (H84_A1==11 AND H84_A2<10890) OR (H84_A1==12 AND H84_A2<11725) OR (H84_A1==13 AND H84_A2<12581) OR (H84_A1==14 AND H84_A2<13427) OR (H84_A1==15 AND H84_A2<14273) OR H84_A2=9999998,9999999) OR ((H84_A1==01 AND H84_A3<29175) OR (H84_A1==02 AND H84_A3<39325) OR (H84_A1==03 AND H84_A3<49475) OR (H84_A1==04 AND H84_A3<59625) OR (H84_A1==05 AND H84_A3<59775) OR (H84_A1==06 AND H84_A3<79925) OR (H84_A1==07 AND H84_A3<90075) OR (H84_A1==08 AND H84_A3<100225) OR (H84_A1==09 AND H84_A3<110375) OR (H84_A1==10 AND H84_A3<120525) OR (H84_A1==11 AND H84_A3<120525) OR (H84_A1==12 AND H84_A3<140825) OR (H84_A1==13 AND H84_A3<150975) OR (H84_A1==14 AND H84_A3<161125) OR (H84_A1==15 AND H84_A3<171275) OR H84_A3=9999998,9999999)), ELSE GO TO K100)

Did anyone try to get Medicaid, Healthy Families, or Healthy Start for <CH_NAME> <FL_K99B>.

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.

- 01 YES
- 02 NO (GO TO NK99D)

- 98 DK (GO TO K100)
- 99 REFUSED (GO TO K100)

K99B1

How difficult was it to complete the Medicaid, Healthy Families, or Healthy Start application?
Would you say...

- 01 Very difficult
- 02 Somewhat difficult, or
- 03 Not at all difficult

- 98 DK
- 99 REFUSED

K99B2

Overall, how would you rate your experience applying for Medicaid, Healthy Families, or Healthy Start? Would you say...

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair, or
- 05 Poor

- 98 DK
- 99 REFUSED

NK99C

Why was < CH_NAME > unable to get Medicaid, Healthy Families, or Healthy Start?

(INTERVIEWER:

- IF RESPONSE IS TOO GENERAL, THEN ASK: "Can you please tell me why that means the child was unable to get Medicaid, Healthy Families, or Healthy Start?"
- When respondent finishes, probe with "Are there any other reasons?" Keep probing until respondent says "No" or "DK".)

- 01 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY) (GO TO K100)
- 02 ALREADY HAVE INSURANCE (GO TO K100)
- 03 PARENT WORKING (GO TO K100)
- 04 APPLICATION IN PROCESS/WAITING FOR APPLICATION (GO TO K100)
- 05 APPLICATION DENIED/REFUSED/DIDN'T QUALIFY (GO TO K100)

- 97 OTHER: SPECIFY (GO TO K100)
- 98 DK (GO TO K100)
- 99 REFUSED (GO TO K100)

NK99D

(ASK IF: (K99b=02), ELSE GO TO K100)

Why didn't anyone try to get Medicaid, Healthy Families, or Healthy Start coverage for <CH_NAME>?

(INTERVIEWER:

- When respondent finishes, probe with "Are there any other reasons?" Keep probing until respondent says "No" or "DK".
- IF RESPONSE IS TOO GENERAL, THEN ASK: "Can you please tell me why that means no one tried to get Medicaid, Healthy Families, or Healthy Start for the child?"
- IF R SAYS DOES NOT BELIEVE IN TAKING FREE HANDOUTS CODE AS 10 DO NOT LIKE OR WANT GOVERNMENT ASSISTANCE.

- 01 CHILD ALREADY HAS INSURANCE
- 02 CHILD DOES NOT NEED THE COVERAGE
- 03 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY)
- 04 DIDN'T THINK CHILD WAS ELIGIBLE OR QUALIFIED
- 05 DIDN'T KNOW ABOUT IT/NEVER HEARD OF IT
- 06 APPLICATION PROCESS TOO INVOLVED/HASSLE/TOO INTRUSIVE
- 07 CHILD WAS PREVIOUSLY TURNED DOWN
- 08 ANTICIPATE OBTAINING ADDITIONAL COVERAGE / FINDING ANOTHER JOB
- 09 APPLICATION IN PROCESS
- 10 DO NOT LIKE OR WANT GOVERNMENT ASSISTANCE

- 97 OTHER:SPECIFY
- 98 DK
- 99 REFUSED

K100

(ASK IF: (K99=01, 98, 99 OR K99=01), ELSE GO TO K101)

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 (GO TO K124)
- 02 NO

- 98 DK
- 99 REFUSED

K101 (ASK: IF (K99=02,98,99) AND (K100=02,98,99), ELSE GO TO K103_VALUE)

Was <CH_NAME> covered by any other insurance that <YOU_NAME> or <YOUR_NAME> family paid for completely?

01 YES
02 NO

98 DK
99 REFUSED

K103_VALUE

(ASK IF: (K96=02,98,99), ELSE GO TO K104)

When was the last time <CH_NAME> had health care coverage?

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

000 NEVER
998 DK
999 REFUSED

K103_UNIT

(ASK IF: (K103_VALUE=000),00,01), ELSE GO TO K104)

(WHEN WAS THE LAST TIME <CH_NAME> HAD HEALTH CARE COVERAGE?)

(UNITS)

00 NEVER
01 DAYS
02 WEEKS
03 MONTHS
04 YEARS

98 DK
99 REFUSED

K103DAYS

(ASK IF K103_UNIT = 01), K97_VALUE,IF((K103_UNIT = 02), K103_VALUE*7,IF((K103_UNIT = 03), K103_VALUE*30,IF((K103_UNIT = 04), K103_VALUE*365,IF((K103_VALUE = 000), I90A*365,K103_VALUE))))))

IF K103_UNIT = DAYS, THEN K103DAYS = K103_VALUE
IF K103_UNIT = WEEKS, THEN K103DAYS = (K103_VALUE * 7)
IF K103_UNIT = MONTHS, THEN K103DAYS = (K103_VALUE * 30)
IF K103_VALUE= 998, THEN K103DAYS = 998
IF K103_VALUE= 999, THEN K103DAYS = 999
IF K103_VALUE= 000, THEN K103DAYS = (i90a *365)

(PROGRAMMER: ONLY ASK K104-NK106 IF INCOME WAS LE 250% FPL OR UNKNOWN/REFUSED (AS WE ARE DOING WITH WIC QUESTION BELOW)).

K104

(ASK IF: (((H84_A1==01 AND H84_A2<2431) OR (H84_A1==02 AND H84_A2<3277) OR (H84_A1==03 AND H84_A2<4123) OR (H84_A1==04 AND H84_A2<4969) OR (H84_A1==05 AND H84_A2<5815) OR (H84_A1==06 AND H84_A2<6660) OR (H84_A1==07 AND H84_A2<7506) OR (H84_A1==08 AND H84_A2<8352) OR (H84_A1==09 AND H84_A2<9198) OR (H84_A1==10 AND H84_A2<10044) OR (H84_A1==11 AND H84_A2<10890) OR (H84_A1==12 AND H84_A2<11725) OR (H84_A1==13 AND H84_A2<12581) OR (H84_A1==14 AND H84_A2<13427) OR (H84_A1==15 AND H84_A2<14273) OR H84_A2=9999998,9999999) OR ((H84_A1==01 AND H84_A3<29175) OR (H84_A1==02 AND H84_A3<39325) OR (H84_A1==03 AND H84_A3<49475) OR (H84_A1==04 AND H84_A3<59625) OR (H84_A1==05 AND H84_A3<59775) OR (H84_A1==06 AND H84_A3<79925) OR (H84_A1==07 AND H84_A3<90075) OR (H84_A1==08 AND H84_A3<100225) OR (H84_A1==09 AND H84_A3<110375) OR (H84_A1==10 AND H84_A3<120525) OR (H84_A1==11 AND H84_A3<120525) OR (H84_A1==12 AND H84_A3<140825) OR (H84_A1==13 AND H84_A3<150975) OR (H84_A1==14 AND H84_A3<161125) OR (H84_A1==15 AND H84_A3<171275) OR H84_A3=9999998,9999999))), ELSE GO TO K124)

Did anyone try to get Medicaid, Healthy Families, or Healthy Start for <CH_NAME> <FL_K99B>.

01 YES
02 NO (GO TO NK106)

98 DK (GO TO NK106)
99 REFUSED (GO TO NK106)

K104A

How difficult was it to complete Medicaid, Healthy Families, or Healthy Start application? Would you say...

01 Very difficult
02 Somewhat difficult, or
03 Not at all difficult

98 DK
99 REFUSED

K104B

Overall, how would you rate your experience applying for Medicaid, Healthy Families, or Healthy Start? Would you say...

- 01 Excellent
- 02 Very good
- 03 Good
- 04 Fair, or
- 05 Poor

- 98 DK99 REFUSED

NK105

Why was <CH_NAME> unable to get Medicaid, Healthy Families, or Healthy Start?

(INTERVIEWER:

- WHEN RESPONDENT FINISHES, PROBE WITH "Are there any other reasons?" Keep probing until respondent says "No" or "DK".
- IF RESPONSE IS TOO GENERAL, THEN ASK: "Can you please tell me why that means the child was unable to get Medicaid, Healthy Families, or Healthy Start?"

- 01 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY) (GO TO NK124)
- 02 ALREADY HAVE INSURANCE (GO TO NK124)
- 03 PARENT WORKING (GO TO NK124)
- 04 APPLICATION IN PROCESS/WAITING FOR APPLICATION (GO TO NK124)
- 05 APPLICATION DENIED/REFUSED/DIDN'T QUALIFY (GO TO NK124)

- 98 DK (GO TO NK124)
- 99 REFUSED (GO TO NK124)

NK106

(ASK IF: (K104=02, 98, 99), ELSE GO TO K124)

Why didn't anyone try to get Medicaid, Healthy Families, or Healthy Start coverage for <CH_NAME>?

(INTERVIEWER:

- WHEN RESPONDENT FINISHES, PROBE WITH "Are there any other reasons?" Keep probing until respondent says "No" or "DK".
- IF RESPONSE IS TOO GENERAL, THEN ASK: "Can you please tell me why that means no one tried to get Medicaid, Healthy Families, or Healthy Start for the child?"

- 01 CHILD ALREADY HAS INSURANCE
- 02 CHILD DOES NOT NEED THE COVERAGE
- 03 EARN TOO MUCH MONEY (SUCH AS NEW JOB THAT PAYS MORE MONEY)
- 04 DIDN'T THINK CHILD WAS ELIGIBLE OR QUALIFIED
- 05 DIDN'T KNOW ABOUT IT/NEVER HEARD OF IT
- 06 APPLICATION PROCESS TOO INVOLVED/HASSLE/TOO INTRUSIVE
- 07 CHILD WAS PREVIOUSLY TURNED DOWN
- 08 ANTICIPATE OBTAINING ADDITIONAL COVERAGE / FINDING ANOTHER JOB
- 09 APPLICATION IN PROCESS
- 10 DO NOT LIKE OR WANT GOVERNMENT ASSISTANCE

- 97 OTHER: SPECIFY
- 98 DK
- 99 REFUSED

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

K124

Did any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured <FL_K99B>?

(RANDOMLY ROTATE A, B, & C)

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

K124A

Did <CH_NAME> have any major medical costs while <FL_HESHE> was uninsured? (Did any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured <FL_K99B>?)

(INTERVIEWER: RESPONDENT SHOULD DEFINE WHAT THEY CONSIDER A "MAJOR MEDICAL COST")

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

K124B

Did you or your family delay or avoid getting care for <CH_NAME> because <FL_HESHE> was uninsured? (Did any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured <FL_K99B>?)

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

K124C

Did you or your family have any problems getting the care <CH_NAME> needed while <FL_HESHE> was uninsured?(Did any of the following things happen to <CH_NAME> while <FL_HESHE> was uninsured <FL_K99B>?)

(IF NECESSARY: "Care" means any health care, including prescription drugs.)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

**(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

Women, Infants and Children Program

WIC_1

(ASK IF: (i90a = 0, 1, 2, 3, 4) AND (((H84_A1==01 AND H84_A2<2431) OR (H84_A1==02 AND H84_A2<3277) OR (H84_A1==03 AND H84_A2<4123) OR (H84_A1==04 AND H84_A2<4969) OR (H84_A1==05 AND H84_A2<5815) OR (H84_A1==06 AND H84_A2<6660) OR (H84_A1==07 AND H84_A2<7506) OR (H84_A1==08 AND H84_A2<8352) OR (H84_A1==09 AND H84_A2<9198) OR (H84_A1==10 AND H84_A2<10044) OR (H84_A1==11 AND H84_A2<10890) OR (H84_A1==12 AND H84_A2<11725) OR (H84_A1==13 AND H84_A2<12581) OR (H84_A1==14 AND H84_A2<13427) OR (H84_A1==15 AND H84_A2<14273) OR H84_A2=9999998,9999999) OR ((H84_A1==01 AND H84_A3<29175) OR (H84_A1==02 AND H84_A3<39325) OR (H84_A1==03 AND H84_A3<49475) OR (H84_A1==04 AND H84_A3<59625) OR (H84_A1==05 AND H84_A3<59775) OR (H84_A1==06 AND H84_A3<79925) OR (H84_A1==07 AND H84_A3<90075) OR (H84_A1==08 AND H84_A3<100225) OR (H84_A1==09 AND H84_A3<110375) OR (H84_A1==10 AND H84_A3<120525) OR (H84_A1==11 AND H84_A3<120525) OR (H84_A1==12 AND H84_A3<140825) OR (H84_A1==13 AND H84_A3<150975) OR (H84_A1==14 AND H84_A3<161125) OR (H84_A1==15 AND H84_A3<171275) OR H84_A3=9999998,9999999)), ELSE GO TO SUGAR_1)

In the **last 12 months**, did <CH_NAME> receive benefits from the WIC program, that is, the Women, Infants and Children program?

(IF NECESSARY: WIC is short for the Special Supplemental Food Program for Women, Infants and Children. This program provides food assistance and nutritional screening to low-income

pregnant and postpartum women and their infants, as well as to low-income children up to age 5.)

01 YES

02 NO

98 DK99 REFUSED

Sugary Beverage Intake

SUGAR_1

(ASK IF: (i90a < 06), 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?

(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 “DOES NOT DRINK FRUIT JUICE” as 00)

00 NONE

01-97 CODE ACTUAL NUMBER OF GLASSES

98 DK 99 REFUSED

SUGAR_2

(ASK IF: (i90<6), ELSE GO TO PL125A1)

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

(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 "DOES NOT DRINK FRUIT JUICE" as 00)

01-97 RECORD ACTUAL NUMBER OF GLASSES, CANS, or BOTTLES

00 None

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?)
(0-8 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

Does <CH_NAME> currently need or use **medicine prescribed by a doctor or other health care professional** (other than vitamins)?

- 01 YES
- 02 NO (GO TO L126D)

- 98 DK (GO TO L126D)
- 99 REFUSED (GO TO L126D)

L126B

Is this because of **any** medical, behavioral or other health condition?

- 01 YES
- 02 NO (GO TO L126d)

- 98 DK (GO TO L126d)
- 99 REFUSED (GO TO L126d)

L126C

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

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

L126D

Does <CH_NAME's> need or use more **medical care, mental health or educational services** than is usual for most children of the same age?

- 01 YES
- 02 NO(GO TO L126G)

- 98 DK (GO TO L126G)
- 99 REFUSED (GO TO L126G)

L126E

Is this because of **any** medical, behavioral or other health condition?

- 01 Yes
- 02 No (GO TO L126G)

- 98 DK (GO TO L126G)
- 99 REFUSED (GO TO L126G)

L126F

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

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

L126G

Is <CH_NAME> **limited or prevented** in any way in <FL_HISHER> ability to do the things most children of the same age can do?

- 01 Yes
- 02 No (GO TO L126j)

- 98 DK (GO TO L126j)
- 99 REFUSED (GO TO L126j)

L126H

Is this because of **any** medical, behavioral or other health condition?

- 01 YES
- 02 NO (GO TO L126j)

- 98 DK (GO TO L126j)
- 99 REFUSED (GO TO L126j)

L126I

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

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

L126J

Does <CH_NAME's> need or get **special therapy**, such as physical, occupational or speech therapy?

- 01 YES
- 02 NO (GO TO L126M)

- 98 DK (GO TO L126M)
- 99 REFUSED (GO TO L126M)

L126K

Is this because of **any** medical, behavioral or other health condition?

- 01 YES
- 02 NO (GO TO L126M)

- 98 DK (GO TO L126M)
- 99 REFUSED (GO TO L126M)

L126L

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

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

L126M

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 PRE126J)

- 98 DK (GO TO PRE126J)
- 99 REFUSED (GO TO PRE126J)

L126N

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

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

PRE_LAS10

(ASK IF: (V01 (I90A<19))

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?

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?

PRE_LAS11

(ASK IF: (V01(I90A<19), ELSE GO TO

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

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

PRE_LAS12

(ASK IF: (V01(I90A<19), ELSE GO TO

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

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

LAS10

(ASK IF: ((I90>03 AND ((L126C = 01) OR (L126F = 01) OR (L126I = 01) OR (L126L = 01) OR (L126N = 01)), ELSE GO TO LAS5)

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

LAS11

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

LAS12

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

LAS5

Does <CH_NAME> currently have diabetes or sugar diabetes?

(IF NECESSARY: Diabetes is a disease in which the body does not properly make or use insulin.)

- 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.

Visits to Medical Doctor and Health Professional

M131_VALUE

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?

(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?)

(VALUE)

ENTER NUMBER (RANGE 1-365)

000 NEVER
998 DK
999 REFUSED

M131_UNIT

(UNITS)

00 NEVER
01 DAYS
02 WEEKS
03 MONTHS
04 YEARS

98 DK
99 REFUSED

M131DAYS

IF M131_UNIT = DAYS, THEN M131DAYS = M131_VALUE
IF M131_UNIT = WEEKS, THEN
M131DAYS = (M131_VALUE * 7)
IF M131_UNIT = MONTHS, THEN M131DAYS = (M131_VALUE *
30)
IF M131_UNIT = YEARS, THEN M131DAYS = (M131_VALUE * 365)
IF M131= 998, THEN

M131DAYS = 998IF M131= 999, THEN M131DAYS = 999IF M131= 000, THEN M131DAYS = (i90a *365)

M131A

(ASK IF: (M141_value=000), 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_VALUE)

- 98 DK
- 99 REFUSED

Well-baby Checkup

FL_M130

(ASK IF: (V01 (i90a==00), ELSE GO TO M132)

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?

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

Hospital Stays

M132

<FL_M132_1>, how many times <FL_M132_2> admitted to a hospital for a stay that was overnight or longer? (RANGE 00-13)

(IF NECESSARY:

- I am asking you about the number of stays that were overnight or longer, **not** the number of nights <CH_NAME> stayed in the hospital. For example, if the child has only been admitted to the hospital **once** for a 5 night long stay, the correct response would be “1 time”.
- Your best guess is fine.)

00 NONE
01-12 (CODE ACTUAL VALUE)
13 MORE THAN 12

98 DK
99 REFUSED

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_VALUE

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).

(IF NECESSARY: Your best guess is fine.)

ENTER NUMBER (RANGE 1-365)

000 NEVER
998 DK
999 REFUSED

M135_UNIT
(UNITS)

00 NEVER
01 DAYS
02 WEEKS
03 MONTHS
04 YEARS

98 DK
99 REFUSED

M135DAYS

IF M135_UNIT = DAYS, THEN M135DAYS = M135_VALUE
IF M135_UNIT = WEEKS, THEN M135DAYS = (M135_VALUE * 7)
IF M135_UNIT = MONTHS, THEN M135DAYS = (M135_VALUE * 30)
IF M135_UNIT = YEARS, THEN M135DAYS = (M135_VALUE * 365)
IF M135 = 998, THEN M135DAYS = 998
IF M135 = 999, THEN M135DAYS = 999
IF M135 = 000, THEN M135DAYS = (i90a * 365)

**(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 N137A2)

- 98 DK (GO TO N137A2)
- 99 REFUSED (GO TO N137A2)

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
- 02 MORE THAN ONE PLACE (GO TO N137a2)

- 98 DK
- 99 REFUSED

N137F

(ASK IF: ((N136 = 002 AND N136check=01)), ELSE GO TO N136A)

What is the main reason < CH_NAME> does not have a usual source of care?

(INTERVIEWER:

- IF RESPONDENT PROVIDES MORE THAN ONE REASON, ASK FOR MAIN REASON.
- IF RESPONSE IS TOO GENERAL, THEN ASK: "Can you please tell me why that means (FILL: CH_NAME) does not have a usual source of care?"
- CODE HAVEN'T FOUND A GOOD FIT AS 02 DON'T KNOW WHERE TO GO FOR CARE.
- CODE HAS TO FIND A NEW PLACE OR OVERFULL AS 03 PREVIOUS DOCTOR/SOURCENO LONGER AVAILABLE.
- CODE SHE'S TAKING CARE OF HI AS 12 RELIES ON FAMILY OR FRIENDS.

- 01 SELDOM OR NEVER GET SICK (GO TO FL_K4Q)
- 02 DON'T KNOW WHERE TO GO FOR CARE (GO TO FL_K4Q)
- 03 PREVIOUS DOCTOR/SOURCE NO LONGER AVAILABLE (GO TO FL_K4Q)

- 04 LIKE TO GO TO DIFFERENT PLACES FOR DIFFERENT HEALTH NEEDS (GO TO FL_K4Q)
- 05 JUST CHANGED INSURANCE PLANS (GO TO FL_K4Q)
- 06 DON'T USE OR LIKE DOCTORS/TREAT MYSELF (GO TO FL_K4Q)
- 07 COST/TOO EXPENSIVE (GO TO FL_K4Q)
- 08 NO INSURANCE (GO TO FL_K4Q)
- 09 BOOKS/INTERNET/HOTLINE (GET NEEDED INFO FROM) (GO TO FL_K4Q)
- 12 RELIES ON FAMILY OR FRIENDS (GO TO FL_K4Q)

- 97 OTHER: SPECIFY (GO TO FL_K4Q)
- 98 DK (GO TO FL_K4Q)
- 99 REFUSED (GO TO FL_K4Q)

N136A

(ASK IF: (N136=01), ELSE GO TO N137A2)

What kind of place is it? A clinic or health center, a doctor's office or HMO, a hospital emergency room, a hospital outpatient department, or some other place?

- 01 CLINIC OR HEALTH CENTER
- 02 DOCTOR'S OFFICE OR HMO
- 03 HOSPITAL EMERGENCY ROOM
- 04 HOSPITAL OUTPATIENT DEPARTMENT
- 06 PHARMACY
- 07 FRIEND / FAMILY MEMBER / COLLEAGUE
- 08 INTERNET
- 08 ALTERNATIVE CARE
- 10 PERSONAL NURSE / CAREGIVER

- 97 SOME OTHER PLACE - What kind of place <DO_DOES> <YOU_NAME> go to most often?
- 98 DK
- 99 REFUSED

N137A2

(ASK IF: (N136 = 03, 98, 99 OR N136CHECK = 02,98,99), ELSE GO TO N137B)

What kind of place does <CH_NAME> go to **most** often? Is it a clinic or health center, a doctor's office, a hospital emergency room, a hospital outpatient department, or some other place?

(IF NECESSARY: **Hospital Outpatient**: a patient that does not stay overnight in the hospital where they are being treated.)

(INTERVIEWER:

- CODE VISITS TO CHIROPRACTOR, GASTROENTEROLOGIST, PHYSICIAN, CARDIOLOGIST, DO, FAMILY PRACTICE, PPD DOCTOR'S GROUP, PSYCHIATRIST, CLINIC OR HEALTH CENTER AS 01 DOCTOR'S OFFICE.
- CODE AFTER CARE AS 03 HOSPITAL OUTPATIENT DEPT.

- CODE COMMUNITY OR MEDICAL CENTERS, MEDICAL GROUP, OR MENTAL HEALTH OFFICE AS 04 CLINIC OR HEALTH CENTER.
- CODE DAYCARE CHECKUP AS 05 SCHOOL.)

- 01 CLINIC OR HEALTH CENTER (GO TO N137B)
- 02 DOCTOR'S OFFICE OR HMO (GO TO N137B)
- 03 HOSPITAL EMERGENCY ROOM
- 04 HOSPITAL OUTPATIENT DEPARTMENT (GO TO N137B)
- 05 SCHOOL (NURSE'S OFFICE, ATHLETIC TRAINER'S OFFICE, ETC) (GO TO N137B)
- 07 FRIEND/ RELATIVE (GO TO FL_K4Q)
- 11 URGENT CARE CENTER (GO TO FL_K4Q)
- 12 DOES NOT GO TO ONE PLACE MOST OFTEN (GO TO FL_K4Q)

- 96 SOME OTHER PLACE (GO TO FL_K4Q)
- 98 DK (GO TO FL_K4Q)
- 99 REFUSED (GO TO FL_K4Q)

N137B

(ASK IF: (N136A=01, 02, 0 4 or N137A2=01, 03, 04), ELSE GO TO PCMH_6)

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
- 02 YES, MORE THAN ONE PERSON
- 03 NO (GO TO FL_K4Q)

- 98 DK (GO TO FL_K4Q)
- 99 REFUSED (GO TO FL_K4Q)

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 J108)

- 98 DK (GO TO J108)

99 REFUSED (GO TO J108)

PCMH_7

(ASK IF: (PCMH_6=01), ELSE GO TO PCMH_X)

<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

(ASK IF: PCMH_6=01, ELSE GO TO PCMH_3)

_\$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

(ASK IF PCMH_6=01), ELSE GO TO PCMH_8

_\$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

(ASK IF: (PCMH_6=01), ELSE GO TO J108)

<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=01,02) AND (L126C = 01 or L126F =01 or L126I =01 or L126L =01 or L126N =
01), ELSE GO TO J108)

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 FL_K4Q)

- 98 DK (GO TO FL_K4Q)
- 99 REFUSED (GO TO FL_K4Q)

J108b

(ASK IF: (J108=01), ELSE GO TO K4Q24)

<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

Access to Specialist

K4Q24

<FL_K4Q>, did <CH_NAME> see a specialist? Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.

(INTERVIEWER NOTE: A PEDIATRICIAN IS NOT A SPECIALIST.)(IF NECESSARY: Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who specialize in one area of health care.)

- 01 YES (GO TO K4Q26)
- 02 NO

- 98 DK
- 99 REFUSED

K4Q25

<FL_K4Q>, did you or a doctor think that <CH_NAME> needed to see a specialist?

- 01 YES
- 02 NO (GO TO SK_ENDN)

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

K4Q26

<FL_K4Q>, how much of a problem, if any, was it for <CH_NAME> to see a specialist? Was it a big problem, small problem, or no problem?

- 01 BIG PROBLEM
- 02 SMALL PROBLEM (GO TO SK_ENDN)
- 03 NOT A PROBLEM (GO TO SK_ENDN)

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

**(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 questions are about times when <CH_NAME> may have needed healthcare but was unable to get it.

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 (GO TO O139B)

- 98 DK (GO TO O139B)
- 99 REFUSED (GO TO O139B)

Vision Care

O139B

(ASK IF: (I90a > 0), ELSE GO TO O140)

During the past 12 months, was there a time when <CH_NAME> needed
vision or eye care but could **not** get it at that time?

- 01 YES
- 02 NO (GO TO O140)

- 98 DK (GO TO O140)
- 99 REFUSED (GO TO O140)

Fill Prescription

O140

\$Recall (RECALL="Since birth", CONDITION="I90A=00")\$Recall (RECALL="In the **past 12 months**", CONDITION="I90A>00"), has <CH_NAME> **not** had a prescription filled because of the cost? This includes refills.

- 01 YES

- 02 NO
- 03 VOLUNTEERED: NO, NEVER HAD A PRESCRIPTION

- 98 DK
- 99 REFUSED

Other Health Care Services

O141

\$Recall (RECALL="**Since birth**", CONDITION="I90A=00")\$Recall (RECALL="**During the past 12 months**", CONDITION="I90A>00"), was there any time when <CH_NAME> did **not** get any **other** health care that <FL_HESHE> needed, such as a medical exam, medical supplies, mental health care, or eyeglasses?

- 01 YES
- 02 NO

- 98 DK
- 99 REFUSED

O144

(ASK IF: (I90a > 02), ELSE GO TO SK_ENDO)

Compared with three years ago, is getting the medical care <CH_NAME> needs becoming easier, harder, or has it stayed the same?

(IF NECESSARY: In general, do the guardians of <CH_NAME> find getting medical care for <FL_HIMHER> is easier, harder, or about the same compared to three years ago?)

- 01 EASIER
- 02 HARDER
- 03 STAYED THE SAME

- 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 (FILL: 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 (GO TO P150a)
- 02 BLACK OR AFRICAN AMERICAN (GO TO P150a)
- 03 ASIAN (GO TO P150a)
- 04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKA NATIVE (GO TO P150a)
- 05 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (GO TO P150a)

- 06 HISPANIC, LATINO, SPANISH (GO TO P150a)
- 97 OTHER

- 98 DK(GO TO P150a)
- 99 REFUSED (GO TO P150a)

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

- 96 NOT ANSWERING THE QUESTION / NOT ENOUGH INFO
- 98 DK
- 99 REFUSES TO DISCRIMINATE

P151

(ASK IF: ((I90b=03-07, 09, 97, 98, 99) OR (G71=02,98,99) or (H76 >01 or H76a>01)) and P190 = 1,98,99), ELSE GO TO Q160)

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 1-888-643-7787 or if you have questions about your rights as a study participant, you can call RTI at 1-866-245-8078)

INCENT

(ASK IF: (INCENTIVE=01 AND S8=02,03,04), 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 (GO TO ADDRESS)

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