August 31, 2021

2021 Ohio Medicaid Assessment Survey

Adult and Child CAWI (Web) English Instrument Specifications

FINAL FOR FIELDING (rev.)

OHIO COLLEGES OF MEDICINE
GOVERNMENT RESOURCE CENTER

RTI
INTERNATIONAL

Table of Contents

INTRODUCTION AND SCREENER

INTRO

This study is sponsored by The Ohio State University and will take approximately 20 minutes. Your participation is voluntary. You do not have to answer any question you do not want to, and your responses to questions will be kept confidential.

([DISPLAY IF HH = 01] To ensure the representativeness of the survey, please have the adult age 19 or older in the household with the most recent birthday complete the survey.)

Click 'Next' to continue.

01 Next

AGE_Consent

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

Are you 19 years old or older?

01   Yes
02   No

INT09

(ASK IF AGE_Consent = 02, MISSING)

Thank you for your willingness to participate. However, we need to have an adult, 19 years old or older, complete the survey. Please have an adult in your household who is 19 years old or older complete the survey.

(ALLOW RESPONDENT TO BACKUP TO PREVIOUS QUESTION. IF RESPONDENT SELECTS 'NEXT' ON THIS SCREEN, END SURVEY AND CODE AS INELIGIBLE.)

NUM_ADULTS

(NOTE: RANGE IS DIFFERENT HERE THAN ON NUM_ADULTS ON CATI BECAUSE AGE_Consent HAS ALREADY ESTABLISHED THERE IS AT LEAST 1 HH MEMBER OVER THE AGE OF 18)

How many members of your household, <u>including yourself</u>, are 19 years of age or older?

ENTER NUMBER OF ADULTS RANGE 1-20 Adults

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")

NUM_ADULTSREF_1

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)
(ASK IF NUM_ADULTS = MISSING)
(THIS VARIABLE RECODES NUM_ADULTS AND USES SAME RANGE)

For the purposes of this survey, we will need to know the total number of adults, ages 19 years and older, who are members of your household. Please know that your responses will be kept strictly confidential. How many members of your household, including yourself, are 19 years of age or older?

ENTER NUMBER OF ADULTS RANGE 1-20 Adults

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")
(RECODE NUM_ADULTS TO THIS NEW NUMBER AND GO TO RES_NAME)
(IF MISSING, GO TO RES_NAME)

RES_NAME

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

What is <u>your</u> first name or initials?

RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

(**IF NUM_ADULTS = 1, GO TO S8)**
(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

PROXY1

Are you completing this survey for yourself or for someone else in your household?

01   For myself
02   For someone else on their behalf

SCR_NAME

(ASK IF PROXY1 = 2)

What is the first name or initials of the person you are completing this survey for?

RECORD NAME OR INITIALS   (TEXT RANGE=25 CHARACTERS)

S2c

(ASK IF PROXY1 = 2)

What is your relationship to <SCR_NAME>?

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

PROXYREMIND
(ASK IF PROXY1 = 2)

As we continue the survey, please remember to answer all remaining questions on behalf of <SCR_NAME>.

01   I understand—Continue the survey

(DISPLAY PROXY BANNER THROUGHOUT THE REST OF THE SURVEY FOR ALL QUESTIONS)

S8

How long have you lived in Ohio?

01   Less than one month
02   One month or more

INT18
(ASK IF S8 = 01, MISSING)

Thank you for your willingness to participate. However, we can only interview individuals who have lived in Ohio for one month or more.

(ALLOW RESPONDENT TO BACKUP TO PREVIOUS QUESTION. IF RESPONDENT SELECTS 'NEXT' ON THIS SCREEN, END SURVEY AND CODE AS INELIGIBLE.)

S15

What is your gender?

01   Male
02   Female
97   Other

S15_1

(ASK IF S15 = 97)

TEXT SPECIFY
     ENTER ALPHANUMERIC TEXT 100 CHARACTER MAX

S9

In what county in Ohio do you currently live?

001	ADAMS	061	HAMILTON	121	NOBLE
003	ALLEN	063	HANCOCK	123	OTTAWA
005	ASHLAND	065	HARDIN	125	PAULDING
007	ASHTABULA	067	HARRISON	127	PERRY
009	ATHENS	069	HENRY	129	PICKAWAY
011	AUGLAIZE	071	HIGHLAND	131	PIKE
013	BELMONT	073	HOCKING	133	PORTAGE
015	BROWN	075	HOLMES	135	PREBLE
017	BUTLER	077	HURON	137	PUTNAM
019	CARROLL	079	JACKSON	139	RICHLAND
021	CHAMPAIGN	081	JEFFERSON	141	ROSS
023	CLARK	083	KNOX	143	SANDUSKY
025	CLERMONT	085	LAKE	145	SCIOTO
027	CLINTON	087	LAWRENCE	147	SENECA
029	COLUMBIANA	089	LICKING	149	SHELBY
031	COSHOCTON	091	LOGAN	151	STARK
033	CRAWFORD	093	LORAIN	153	SUMMIT
035	CUYAHOGA	095	LUCAS	155	TRUMBULL
037	DARKE	097	MADISON	157	TUSCARAWAS
039	DEFIANCE	099	MAHONING	159	UNION
041	DELAWARE	101	MARION	161	VAN WERT
043	ERIE	103	MEDINA	163	VINTON
045	FAIRFIELD	105	MEIGS	165	WARREN
047	FAYETTE	107	MERCER	167	WASHINGTON
049	FRANKLIN	109	MIAMI	169	WAYNE
051	FULTON	111	MONROE	171	WILLIAMS

053	GALLIA	113	MONTGOMERY	173	WOOD
055	GEAUGA	115	MORGAN	175	WYANDOT
057	GREENE	117	MORROW		
059	GUERNSEY	119	MUSKINGUM		

997   I do not live in Ohio (GO TO XXXXX AND DISPLAY THE MESSAGE OF "Thank you for your interest but this survey is only open to Ohio residents"

S9a

(ASK IF: S9=MISSING, ELSE GO TO S9B)

In what city or town do you live?

RECORD RESPONSE   (TEXT RANGE=70 CHARACTERS)

S9b

(ASK ALL)

What is your ZIP code?

RECORD 5 DIGIT ZIP CODE

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter your five-digit zip code.")

S11

(ASK IF NUM_ADULTS = 2-20; ELSE GO TO S12)

(IF NUM_ADULTS = 1, SET S11 = 1, DO NOT DISPLAY TO RESPONDENT, AND GO TO S12)

<u>Including</u> yourself, how many adult members of your <u>family</u>, age 19 and over, live in this household?

Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

Answer layout – boxes for 1-digit number (valid responses: 1-20) Adults

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")

S11b_1

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

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

The number of adult family members living in your household is greater than the total number of adults living in your household. You said there were:
<NUM_ADULTS> adults living in your household, but
<S11> adult family members living in your household?

Which of these would you like to update?

01   Update the total number of adults in my household
        //CREATE TEXT BOX ON SAME SCREEN//
        //RECODE NUM_ADULTS//
02   Update the number of adult family members living in my household
        ///CREATE TEXT BOX ON SAME SCREEN//
        //RECODE S11//
03   I do not want to make any updates (GO TO S12)

        (IF MISSING GO TO S12)

S12

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

Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

ENTER NUMBER 0-20 Children

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")

S13b_1

(NOTE: NEW VARIABLE FOR 2021 THAT IS FOUND ON BOTH CAWI AND CATI)

(ASK IF S12 = 01)

Is the child living in your household a family member?

<u>Please only count individuals 18 years of age or younger.</u> Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

01   Yes
02   No

S13b

(IF S12 = 00, RECODE S13b = 00 AND DO NOT SHOW QUESTION TO RESPONDENT)

(IF S13b_1 = 01, RECODE S13b = 01 AND DO NOT SHOW QUESTION TO RESPONDENT)

(IF S13b_1 = 02, RECODE S13b = 00 AND DO NOT SHOW QUESTION TO RESPONDENT)

(IF S13b_1 = MISSING, RECODE S13b = MISSING AND DO NOT SHOW QUESTION TO RESPONDENT)

(ASK IF S12 = 02 to 20)

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

Please only count individuals 18 years of age or younger. Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.

ENTER NUMBER 0-20 Children

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")

NOCHILD_CK_1:

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)
(ASK IF: S13B>S12, ELSE GO TO S13A)

The number of child family members living in your household is greater than the total number of children living in your household. You said there were:
      <S12> total children in the household, but
      <S13B> children in the household who are family members.
Which of these would you like to update?

01   Update the total number of children in my household
       (CREATE TEXT BOX ON SAME SCREEN)
       (RECODE S12)
02   Update the number of children in the household who are family members
       9CREATE TEXT BOX ON SAME SCREEN)
       (RECODE S13B)
03   I do not want to make any updates (GO TO S13a)

(IF MISSING GO TO S13a)

S13a

(ASK IF S13B=1 TO 20)

(ASK IF S13b=01)

Are you a parent of the one child living in your household, even if they are temporarily away? Parents include stepparents, foster parents, and legal guardians.

(ASK IF S13b=02 TO 20)

Are you a parent of any of the < S12> children living in your household, including children temporarily away from the home? Parents include stepparents, foster parents, and legal guardians.

01   Yes
02   No

S14

Please tell me how old you were on your last birthday?

RECORD AGE Years   (RANGE 019-125)

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 19 and 125."

S14a

(ASK IF S14 = MISSING)

On your last birthday would you say that you were…

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 - 74 years old
07   75 years old or older

SECTION A: ADULT CURRENT INSURANCE STATUS

A1

Now we would like to know what kind of health insurance coverage you had last week.

Are you covered by health insurance or some other type of health care plan?

01   Yes (GO TO END OF SECTION A)
02   No

A1A

(DISPLAY IF A1=02, MISSING)

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

Keeping this in mind, are you covered by health insurance or some other type of health care plan?

01   Yes, insured
02   No, not insured (GO TO C1_NEW)

(IF MISSING, GO TO D30)

SECTION B: ADULT CURRENTLY INSURED

Employer-based Coverage

B4A

Are you covered by a health insurance plan through a current or former employer or labor union?

01 Yes
02 No (GO TO B4B)

(IF MISSING GO TO B4B)

B4AA

Is your insurance through <u>your work</u> or are you receiving insurance as a dependent through someone else's work? This includes current or past work.

01 Through my own work (GO TO B4AB)
02 Through someone else's work (GO TO B4AB)
03 Both through your own work and someone else's work

(IF MISSING, GO TO B4B)

B4AA1

Just to confirm, you said that your insurance is through your own work <u>and</u> someone else's work?

01 Yes, I have insurance through my own work and someone else's work
02 No, insurance is only through my own work (RECODE B4Aa=01)
03 No, insurance is only through someone else's work (RECODE B4Aa=02)

(IF MISSING GO TO B4B)

B4AB

(IF B4AA =01 OR 03)

Is that through your current work or past work?

(IF B4AA = 02)

Are you covered through that person's current work or past work?

01 Current work
02 Past work

B4AC

(DISPLAY IF B4A=01)

Approximately how long have you been covered by your current health insurance plan from your or someone else's work?

01   Less than 3 months
02   3 months to less than 1 year
03   1 to 2 years
04   More than 2 years

Medicare Coverage

B4B

Are you _$recall (recall= "also", condition="B4A=01") covered by or enrolled in <u>Medicare</u>, the <u>Federal</u> government-funded health insurance plan for people 65 years and older or with certain disabilities?

01   Yes
02   No

B4B_1

(DISPLAY IF B4B = 01)

How long have you been covered by Medicare?

01   Less than 3 months
02   3 months to less than 1 year
03   1 to 2 years
04   More than 2 years

Medicaid Coverage

B4C

Ohio Medicaid is the state program that pays for medical insurance for people with low incomes. Medicaid may use managed care plans like CareSource, Buckeye, Molina, Paramount, and United Healthcare to provide services.

_$recall(recall="Are you <u>also currently </u>covered by or enrolled in <u>Medicaid</u>?", condition= "(B4A=01 OR B4B=01)")
_$recall(recall="Are you currently covered by or enrolled in <u>Medicaid</u>? ", condition="not(B4A=01 OR B4B=01)")

01   Yes

02   No

(IF MISSING GO TO B4B_R)

B4B_CON1

(ASK IF [(B4B = 01 AND (S14>=19 AND S14<65)] OR [(B4B = 01 AND S14A>=01 AND S14A <06)] OR [(B4B=02 AND (S14>=65 AND S14<=125)] OR [B4B=02 AND (S14A=06, 07) OR (B4B=MISSING), ELSE GO TO B4B_R)

Just to verify, are you covered by the state <u>Medicaid</u> program for people with low incomes, or are you covered through the federal <u>Medicare</u> program for people 65 years or older or with disabilities, or by both <u>Medicaid</u> and <u>Medicare</u>?

01   Only Medicaid the state program
02   Only Medicare the federal program
03   Both Medicaid and Medicare
04   I am not covered by either of these

B4B_R

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

01   YES
02   NO
98   DK
99   REFUSED

B4C_R

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

01   YES
02   NO
98   DK
99   REFUSED

B4CA

(ASK: IF B4C_R=01), ELSE GO TO B4I

Which Medicaid program are you covered by?

01   Healthy Families or Healthy Start
02   Medicaid for the Aged, Blind and Disabled, or Waiver Programs
03   Medicare Premium Assistance Program, QMB, or SLMB

97 Some other Medicaid program

98 I'm not sure

B4C2

(ASK IF B4CA=01,02,03, MISSING)

How long have you been covered by Medicaid?

01 Less than 3 months

02 3 months to less than 1 year

03 1 to 2 years

04 More than 2 years

Health Insurance Exchange

B4I

Are you (recall= "also", condition="B4A=01, or B4B_R=01, or B4C_R=01") covered through the Ohio Health Care Exchange, also known as Obama Care, or a healthcare.gov insurance plan?

01 Yes

02 No (GO TO B4E)

(IF MISSING GO TO B4E)

B4I_2

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

01 Yes

02 No

Private Coverage

B4E

Are you _$Recall (recall= "also", condition="B4A=01, or B4B_R=01, or B4C_R=01, or B4I=01") covered by health insurance purchased directly, that is, a plan not related to current or past employment or not purchased through healthcare.gov?

01 Yes

02 No

B4G

Do you (recall= "<u>also</u>", condition="B4A=01, or B4B_R=01, or B4C_R=01, or B4I=01, or B4E=01") have any <u>other</u> health care coverage not otherwise mentioned so far?

01   Yes
02   No

B4CHK

(ASK IF: (B4A=01 OR B4B_R=01 OR B4C_R=01 OR B4E=01 OR B4G=01 OR B4I=01)), ELSE GO B4_Dental)
To confirm, you said you are covered by:
(FILL:
   o   FILL: IF B4A=01 A health insurance plan through a current or former employer or labor union
   o   FILL: IF B4B_R=01 Medicare
   o   FILL: IF B4C_R=01 Medicaid
   o   FILL: IF B4I =01 Healthcare Exchange
   o   FILL: IF B4E=01 Direct Purchase Insurance Plan
   o   FILL: IF B4G=01 Some other health coverage)

Is that correct?

01   Yes (GO TO B4_DENTAL)
02   No

(IF MISSING GO TO B4_DENTAL)

B4U

(DISPLAY ALL OF THE B4U SUBVARIABLES ON THE SAME SCREEN)
(NOTE: NEW VARIABLE FOR 2021)

Let's update this information. Below is a list of different types of health insurance or health care plans you may have. Please select "yes" if you are covered by this type of insurance, or "no" if you are not.

B4U_1

A health insurance plan through a current or former employer or labor union?

01   Yes   02   No

(IF 01 (YES), SET B4A = 01 (YES))

B4U_2

Medicare, a program for people 65 years or older or with disabilities?

| | 01 | Yes | 02 | No |

(IF 01 (YES), SET B4B_R = 01 (YES))

B4U_3

Medicaid, a program for people with low incomes?

| | 01 | Yes | 02 | No |

(IF 01 (YES), SET B4C_R = 01 (YES))

B4U_4

A plan purchased on the Ohio Healthcare Exchange or healthcare.gov?

| | 01 | Yes | 02 | No |

(IF 01 (YES), SET B4I = 01 (YES))

B4U_5

A plan you directly purchased from a health insurance company?

| | 01 | Yes | 02 | No |

(IF 01 (YES), SET B4E = 01 (YES))

B4U_6

Some other type of health plan not previously mentioned?

| | 01 | Yes | 02 | No |

(IF 01 (YES), SET B4G = 01 (YES))

Insurance Covered Health Services

B4_Dental

Do you have any insurance that covers dental bills?

01   Yes
02   No

B18

(ASK IF: If (B4E=01) OR (B4I = 01) OR (B4G = 01))

These next questions are about your primary health insurance.

How long have you been covered by your current primary health insurance?

01	Less than 3 months
02	3 months to 1 year
03	1 to 2 years (GO TO START OF SECTION D)
04	More than 2 years (GO TO START OF SECTION D)

(IF MISSING, GO TO START OF SECTION D)

Previous Coverage

B19

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

Before you became covered with your current health insurance plans, were you covered by another plan within the past 12 months?

01	Yes
02	No

B20

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

Just prior to your current health insurance coverage, were you covered by Medicaid, the State of Ohio government health care program?

01	Yes (GO TO B27)
02	No

B21

(ASK IF (B20=02, AND B19=01) OR (B4C_R=01 AND B19=01))

Just prior to your current health insurance coverage, were you covered by a health insurance plan obtained through an employer or labor union?

01	Yes (GO TO B27)
02	No

B22

(ASK IF (B19 = 01 AND B21=2,MISSING))

Just prior to your current health insurance coverage, were you covered by any other insurance that you or your family paid for completely?

01	Yes

02   No

B23

(ASK IF (B19 = 01 AND B22=2,MISSING))

Just prior to your current health insurance coverage, were you covered by any <u>other</u> health care coverage not otherwise mentioned so far?

01   Yes
02   No

Coverage Past 12 Months

B27

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

<u>During the past 12 months</u>, how long were you <u>without</u> health insurance coverage?

01   Less than 2 months
02   2 to 6 months
03   More than 6 months to 12 months
04   I have had health insurance for the past 12 months

B27A

(ASK IF: (B27 = 01, 02, 03)

There are a lot of reasons why people may have been without health insurance coverage during the past year. Was your gap in health insurance coverage due to the COVID-19 pandemic?

01   Yes
02   No

B27B

(ASK IF: (B27=01, 02, 03))

Was your gap in health insurance coverage due to a job loss or layoff that you or a family member experienced?

01   Yes
02   No

SECTION C: ADULT CURRENTLY UNINSURED

C1_NEW

(ASK IF: (A1A = 02)

When were you last covered by <u>any</u> type of health insurance plan?

01   Less than 3 months ago
02   3 months to less than 1 year ago
03   1 to less than 2 years ago
04   2 to 3 years ago (GO TO START OF SECTION D)
05   More than 3 years ago (GO TO START OF SECTION D)
06   *I never had health insurance coverage* (GO TO START OF SECTION D)

(IF MISSING GO TO START OF SECTION D)

C2A

Did you lose your insurance because of the COVID-19 pandemic?

01   Yes
02   No

C2B

Did you lose your insurance because of a job loss or layoff that you or a family member experienced?

01   Yes
02   No

C3

The last time you had health insurance, were you covered by <u>Medicaid</u>, the <u>State of Ohio</u> government health care program?

01   Yes (GO TO D30)
02   No

(IF MISSING, GO TO D30)

C4

The last time you had health insurance, were you covered by a plan obtained through a current or former employer or labor union?

01   Yes
02   No

SECTION D: ADULT HEALTH STATUS & CARE GIVING

General Health

D30

These next questions ask about your health.

In general, would you say your health is excellent, very good, good, fair, or poor?

01   Excellent
02   Very good
03   Good
04   Fair
05   Poor

D30I

Thinking about your 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 from doing your work or other usual activities?

ENTER NUMBER OF DAYS Days (RANGE 0-30)

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 30.")

D30_d

Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?

01   Excellent
02   Very good
03   Good
04   Fair
05   Poor

CDC_1

Next, we would like to know about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.

Are you deaf, or do you have serious difficulty hearing?

01   Yes
02   No

CDC_2

Are you blind, or do you have serious difficulty seeing, even when wearing glasses?

01   Yes
02   No

CDC_3

Do you have serious difficulty walking or climbing stairs?

01   Yes
02   No

CDC_4

Do you have difficulty dressing or bathing?

01   Yes
02   No

CDC_5

Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

01   Yes
02   No

CDC_6

Because of a physical, mental or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

01   Yes
02   No

ADULT_DD

Do you have a developmental disability?

01   Yes
02   No

D41

These next questions are about medical conditions you may have.

Has a doctor, nurse or other health professional ever told you that you had <u>high blood pressure</u> or hypertension?

01   Yes
02   No

Diabetes

D43

Has a doctor, nurse or other health professional ever told you that you had <u>diabetes</u> or sugar diabetes?

01   Yes
02   No (GO TO E65)
03   Borderline

D43B

(ASK: IF D43 = 01,03 AND S15=02 AND (S14 < 45 OR (S14A = 01, 02, 03))), ELSE GO TO E65

Was your diabetes only during a time associated with a pregnancy?

01   Yes, only when pregnant
02   No

Pregnancy Status

E65

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

During the past 12 months were you pregnant at any time?

01   Yes
02   No

E65A

(ASK IF E65 = 01)

Are you currently pregnant?

01   Yes
02   No

D30A_VALUE

(IF E65A=01: Just before your current pregnancy, about how much did you weigh without shoes?)

(IF E65A NE 01: About how much do you weigh without shoes?)

[Answer layout – boxes for 3-digit number] Pounds

(Use range of 1-700 pounds (per the 2021 OMAS CATI))

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 700.")

D30B_F / D30B_I

About how tall are you without shoes?

____Feet   ____Inches

[Answer layout – 1-digit box Feet and 2-digit box Inches]

(Use range of 1-8 feet and 0-12 inches, per the 2021 OMAS CATI)

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 8." And "Please enter a number between 0 and 12.")

Loneliness/Isolation

IS_UCLA1

The next questions are about how you feel about different aspects of your life. You do not have to answer any questions that make you uncomfortable.

How often do you feel that you lack companionship?

01   Hardly ever
02   Some of the time
03   Often

IS_UCLA2

How often do you feel left out?

01   Hardly ever
02   Some of the time
03   Often

IS_UCLA3

How often do you feel isolated from others?

01 Hardly ever
02 Some of the time
03 Often

Substance use

D45

The next few questions are about your experiences with tobacco, alcohol, and other substances.

Have you smoked at least 100 cigarettes in your entire life?

01 Yes
02 No

D45a

(ASK IF D45 = 01)

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

01 Every day
02 Some days
03 Not at all

D45e

Have you ever used an electronic cigarette or vaping product, even one time?

01 Yes
02 No

D45F

(ASK IF D45E=01)

Do you now use e-cigarettes or vaping products every day, some days, rarely, or not at all?

01 Every day
02 Some days
03 Rarely
04 Not at all

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?

Answer layout – boxes for 2-digit number (valid answers: 0-30) Days

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 30. If you did not have any drinks over the past 30 days, enter 0.")

D46A

(ASK IF D46 = 1 TO 30)

During the past 30 days, considering all types of alcoholic beverages, on how many days, if any, did you have [CAWI FILL: IF MALE: 5; ELSE 4] or more drinks on an occasion?

RECORD NUMBER OF DRINKING DAYS   (RANGE 0 – 30) Days

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 30.")

D46B

During the past 30 days, on how many days did you use marijuana or cannabis?

Answer layout – boxes for 2-digit number (0-30) Days

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 30. If you did not use cannabis over the past 30 days, enter 0.")

SECTION E: ADULT UTILIZATION OF ADULT HEALTH CARE SERVICES

Visits to Medical Doctor and Health Professional

E59

This next section asks about your 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 last saw a doctor or other health care professional about your own health?

01   Within the last 12 months
02   More than 12 months ago
03   I have never seen a doctor about my health

E59A

(ASK IF E59=01, 02, MISSING)

About how long has it been since you 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 you are unsure, please make your best estimate.

01   Within the last 12 months
02   More than 12 months ago
03   I have never seen a doctor for a routine checkup

Emergency Room Visits

E62

During the past 12 months, how many times were you a patient in a hospital emergency room?

ENTER VALUE, RANGE 0-365 Times

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 365. If you were not a patient in a hospital ER over the past 12 months, enter 0.")

SECTION F: ADULT SOURCES OF CARE AND DETERMINANTS

F67

When you are sick or need advice about your health, do you usually receive care at one place, more than one place, or no place at all?

01   One place
02   More than one place
03   No place at all

F67_2

(ASK IF F67 = 01, 02)

Is the place where you usually receive care or advice about your health… (Choose one)

01   A doctor's office or health center, including by phone or video call
02   A hospital emergency room
03   An urgent care center, including by phone or video call
04   A clinic in a pharmacy or grocery store
05   Some other place

Unmet Needs of Adult

F68_1

These next questions ask about different types of care you may have needed and whether or not you were able to get this needed care.

During the past 12 months, was there a time when you needed dental care?

01   Yes, I needed dental care
02   No, I did not need dental care

F68_2

(ASK IF F68_1 = 01)

Were you able to get the dental care that you needed?

01   Yes, I got the dental care I needed
02   No, I did not get the dental care I needed

F68B_2_1

During the past 12 months, was there a time when you needed vision care or eyeglasses?

01   Yes, I needed vision care or eyeglasses
02   No, I did not need vision care or eyeglasses

F68B_2_2

(ASK IF F68B_2_1 = 01)

Were you able to <u>get</u> the vision care or eyeglasses that you needed?

01   Yes, I got the vision care or eyeglasses I needed
02   No, I <u>did not get</u> the vision care or eyeglasses I needed

F68B_3_1

<u>During the past 12 months</u>, was there a time when you <u>needed</u> mental or emotional health care or counseling services?

01   Yes, I needed mental health care or counseling
02   No, I did not need mental health care or counseling

F68B_3_2

(ASK IF F68B_3_1 = 01)

Were you able to <u>get</u> the mental or emotional health care or counseling services that you needed?

01   Yes, I got the mental health care or counseling I needed
02   No, I <u>did not get</u> the mental health care or counseling I needed

F68B_4_1

<u>During the past 12 months</u>, was there a time when you <u>needed</u> alcohol or other drug treatment, not counting cigarettes?

01   Yes, I needed alcohol or other drug treatment
02   No, I did not need alcohol or other drug treatment

F68B_4_2

(ASK IF F68B_4_1 = 01)

Were you able to <u>get</u> the alcohol or other drug treatment that you needed?

01   Yes, I got the alcohol or other drug treatment I needed
02   No, I <u>did not get</u> the alcohol or other drug treatment I needed

F68C_NEW_1

During the past 12 months, was there a time when you needed any other health care, such as a medical exam or medical supplies?

01   Yes, I needed other health care
02   No, I did not need other health care

F68C_NEW_2

(ASK IF F68C_NEW_1 = 01)

Were you able to get the other health care that you needed?

01   Yes, I got the other health care I needed
02   No, I did not get the other health care I needed

avoid_care

We just considered the types of health care you may have needed. These next questions examine reasons you may have delayed or avoided care.

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

01   Yes
02   No

why_avoid_a

(ASK IF AVOID_CARE=01; ELSE GO TO F70)

(RANDOMIZE WHY_AVOID_A THROUGH _E)

Did you delay or avoid getting care over the past 12 months because you thought it would cost too much?

01   Yes
02   No

why_avoid_b

Did you delay or avoid getting care over the past 12 months because you did not have transportation to or from appointments?

01   Yes
02   No

why_avoid_c

Did you delay or avoid getting care over the past 12 months because the provider was not available when you needed to go?

01   Yes
02   No

why_avoid_d

Did you delay or avoid getting care over the past 12 months because you could not find a provider?

01   Yes
02   No

why_avoid_e

Did you delay or avoid getting care over the past 12 months because you did not want to visit a provider's office because of COVID-19?

01   Yes
02   No

Financial Stress & Medical Bills

F70

These next questions are about your financial and food situations.

During the past 12 months, were there times when you had problems paying or you were unable to pay for medical bills for yourself or anyone else in the family or household?

01   Yes
02   No

Rent_12mo

In the past 12 months, has it gotten easier, harder, or stayed the same to pay rent or mortgage?

01   Easier
02   Harder
03   Stayed the same
04   I do not have rent or a mortgage

SECTION G: ADULT EMPLOYMENT STATUS

G70

These next questions are about your current employment status

<u>Since March of 2020</u>, have you lost a job?

01 Yes
02 No

G70a

<u>Since March of 2020</u>, has a family member you live with lost a job?

01 Yes
02 No
03 I do not live with a family member

G71

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

<u>Last week</u> did you have a job?

01 Yes
02 No (GO TO G76)

(IF MISSING GO TO G76)

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 168. If you did not work any hours last week, enter 0.")

G71A

Thinking about just last week, how many hours did you work?
If you are unsure, please make your best guess.

ENTER NUMBER 0-168 Hours

G71F

How long have you had your current job?
If you are unsure, please make your best guess.

01 Less than 3 months

02	3 months to 6 months
03	More than 6 months to 1 year
04	More than 1 year

G71A_NEW

Are you self-employed at all? This may be in addition to your main job.

| 01 | Yes |
| 02 | No |

G72

(ASK: if G71 = 01 AND NOT (B4AA=01,03) OR (NOT B4AB=01), ELSE GO TO G76)

These next few questions ask about employment and health insurance.

Next I'm going to ask you a few questions about employment and health insurance. Does your employer or labor union offer health insurance to <u>any</u> of its employees? If you are only self-employed, please answer "Does not apply."

01	Yes
02	No (GO TO H76)
03	Does not apply (GO TO H76)

(IF MISSING, GO TO H76)

ESI_CHLD

To the best of your knowledge, does your employer or labor union offer coverage to the children of employees?

01	Yes
02	No
04	Unsure

ESI_SPS

To the best of your knowledge, does your employer or labor union offer coverage to the spouses of employees?

01	Yes
02	No
03	Unsure

G72B

(ASK: IF (G72=01)

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

Are you currently eligible to participate in your employer or union health plan?

01   Yes
02   No

G72c

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

Please tell us whether each of the following was a reason you are <u>not participating</u> in your employer or labor union health insurance plan.

G72c_1

It costs too much.

01   Yes
02   No

G72c_2

I have other insurance.

01   Yes
02   No

G72c_3

I do not need it.

01   Yes
02   No

<u>Not Working</u>

G76

(ASK G76 IF G71=02, ELSE GO TO H76)

In the last month have you looked for work?

01   Yes
02   No

G77

People are not working for various reasons. This next section presents several reasons why you may be not working. For each, please select yes or no.

RANDOMIZE ITEMS EXCEPT G77RET, WHICH SHOULD ALWAYS BE ASKED FIRST, AND G77A, WHICH SHOULD ALWAYS BE ASKED LAST.

G77RET

(ASK G77RET IF S14=55-120 OR S14A = 05,06,07)

(PROGRAMMER NOTE, WHEN G77RET IS DISPLAYED, IT SHOULD ALWAYS COMES FIRST IN SET)

Are you not working because you are retired?
01   Yes
02   No

G77B

Are you not working because you are caring for a family member?
01   Yes
02   No

G77C

Are you not working because you have at least one physical or mental health limitation?
01   Yes
02   No

G77E

Are you not working because you are in a job training program or in school?
01   Yes
02   No

G77A

(NOTE G77A ALWAYS COMES LAST EVEN THOUGH ABOVE ITEMS ALWAYS RANDOMIZED)

Are you not working because you could not find work?
01   Yes
02   No

SECTION H: ADULT DEMOGRAPHICS AND FAMILY INCOME

H76

The next few questions are for general classification purposes.

Are you currently...

01   Married
02   Not married, but living together with a partner
03   Widowed
04   Divorced or annulled
05   Separated, or
06   Never been married?

H77

What is the highest level of school you have completed or the highest degree received?

02   Less than 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)

H78

Have you ever served in the United States Armed Forces?

01   Yes
02   No

S16

Are you of Hispanic, Latino, or Spanish origin?

01   Yes
02   No

S17

Which one or more of the following would you say is your race? *Please select all that apply.*

01   White
02   Black or African American

03   Asian
04   Native American, American Indian, or Alaskan Native
05   Native Hawaiian or Pacific Islander
06   Hispanic, Latino, Spanish
97   Other

(IF S17 SELECTED MORE THAN ONE, GO TO S17B. ELSE GO TO Q153A)

S17B

Which one of these groups would you say best represents your race?

(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 Pacific Islander
06   Hispanic, Latino, Spanish
97   Other

Q153A_1
(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

Does your household have any 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.

01   Yes
02   No

Q153_1
(ASK IF Q153A_1 = 1)

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

How many landline telephone numbers are there in your house that are primarily for non-business use?

ENTER NUMBER 0-10 Landline Numbers

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 10. If you have more than 10 landline phones, enter 10.")

Q153A_2

(ASK IF HH = 01)

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

Does your household have any <u>active</u> cell phone numbers primarily for non-business use?

01   Yes
02   No

Q153_2

(ASK IF Q153A_2 = 1 OR HH = 00)

(NOTE: NEW VARIABLE FOR 2021 THAT IS UNIQUE TO CAWI AND NOT FOUND IN CATI)

How many <u>active</u> cell phone numbers are there in your house that are primarily for non-business use?

ENTER NUMBER 0-10 Active Cell Phones

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 10. If you have more than 10 cell phones, enter 10.")

<u>Family Income</u>

H84_NEW

(ASK IF: SUMS11S113B=98,99), ELSE GO TO H84_A1_INTRO))

Family means two or more persons living together who are related by birth, marriage, partnership, adoption or legal guardianship.

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

ENTER NUMBER OF FAMILY MEMBERS, RANGE 1-20 Family Members

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")

(IF MISSING GO TO SK_ENDH)

H84_A1_INTRO

The next few questions ask about your income so that the survey sponsors can find out how income relates to health insurance coverage and problems receiving medical care.

01   Next

H84_A1

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

Total income includes money from jobs, business, farm, pensions, investments, social security payments and other money income received before taxes or other deductions.
Earlier you said there were <sum of # of adults and children in family in household> family members, including yourself, living in your household. How many of these family members are supported by the family's total income?

ENTER NUMBER 1-20 Family Members

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. Enter 20 if the number is greater than 20.")

H84_A1_extra

Are there any other family members <u>who do not live in your home</u> who are also supported by the family's total income?

01   Yes
02   No

H84_A1_NUM

(ASK IF H84_A1_extra=01)

How many <u>other</u> family members are also supported by the family's total income?

(ENTER NUMBER) RANGE 0-20 Other Family Members

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 1 and 20. Enter 20 if the number is greater than 20.")

H84_A2

What is your best estimate of _$Recall (RECALL="your", CONDITION="H84_A1==01")_$Recall (RECALL="you and your <u>family members'</u>", CONDITION="H84_A1>1") income <u>last month</u> before taxes and other deductions?

RECORD INCOME Dollars   (RANGE 0-15,000)

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 15,000. If you did not have any income last month, enter 0.")

H84_A2CATS

(ASK IF (H84_A2=MISSING)

(IF H84_A1=MISSING, USE CAT 15)

We want to reassure you that your best guess is fine and that responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and in problems getting health care.

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

01   Less than <<FILL AMOUNT>> (GO TO H84_A2L)
02   Exactly <<FILL AMOUNT>> (GO TO H84_A3)
03   More than <<FILL AMOUNT>> (GO TO H84_A2H)

(IF MISSING GO TO Q155)

Num in HH	138% Rounded
1	1,500
2	2,000
3	2,500
4	3,000
5	3,600
6	4,000
7	4,600
8	5,100
9	5,700
10	6,200
11	6,700
12	7,200
13	7,700
14	8,200
15+	8,800

H84_A2L

(ASK IF: H84_A2CATS=01)

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

(IF SUM OF H84_A1 AND H84_A1_NUM=1 DISPLAY CATEGORIES 01-05)
(IF SUM OF H84_A1 AND H84_A1_NUM =2 DISPLAY CATEGORIES 06-10)
(IF SUM OF H84_A1 AND H84_A1_NUM =3 DISPLAY CATEGORIES 11-15)
(IF SUM OF H84_A1 AND H84_A1_NUM =4 DISPLAY CATEGORIES 16-20)
(IF SUM OF H84_A1 AND H84_A1_NUM =5 DISPLAY CATEGORIES 21-25)
(IF SUM OF H84_A1 AND H84_A1_NUM =6 DISPLAY CATEGORIES 26-30)
(IF SUM OF H84_A1 AND H84_A1_NUM =7 DISPLAY CATEGORIES 31-35)
(IF SUM OF H84_A1 AND H84_A1_NUM =8 DISPLAY CATEGORIES 36-40)
(IF SUM OF H84_A1 AND H84_A1_NUM =9 DISPLAY CATEGORIES 41-45)
(IF SUM OF H84_A1 AND H84_A1_NUM =10 DISPLAY CATEGORIES 46-50)
(IF SUM OF H84_A1 AND H84_A1_NUM =11 DISPLAY CATEGORIES 51-55)
(IF SUM OF H84_A1 AND H84_A1_NUM =12 DISPLAY CATEGORIES 56-60)
(IF SUM OF H84_A1 AND H84_A1_NUM =13 DISPLAY CATEGORIES 61-65)
(IF SUM OF H84_A1 AND H84_A1_NUM =14 DISPLAY CATEGORIES 66-70)
(IF SUM OF H84_A1 AND H84_A1_NUM >=15 DISPLAY CATEGORIES 71-75)

1		$300	or less	
2	Over	$300	to	$500
3	Over	$500	to	$750
4	Over	$750	to	$1,000
5		$1,000	to	$1,500
6		$400	or less	
7	Over	$400	to	$700
8	Over	$700	to	$1,000
9	Over	$1,000	to	$1,400
10		$1,400	to	$2,000
11		$500	or less	
12	Over	$500	to	$1,000
13	Over	$1,000	to	$1,500
14	Over	$1,500	to	$1,800
15		$1,800	to	$2,500
16		$700	or less	
17	Over	$700	to	$1,200
18	Over	$1,200	to	$1,700
19	Over	$1,700	to	$2,200
20		$2,200	to	$3,000
21		$900	or less	
22	Over	$900	to	$1,500
23	Over	$1,500	to	$2,100
24	Over	$2,100	to	$2,600
25		$2,600	to	$3,600
26		$1,000	or less	
27	Over	$1,000	to	$1,600

28	Over	$1,600	to	$2,200
29	Over	$2,200	to	$3,000
30		$3,000	to	$4,000
31		$1,200	or less	
32	Over	$1,200	to	$2,000
33	Over	$2,000	to	$2,700
34	Over	$2,700	to	$3,300
35		$3,300	to	$4,600
36		$1,400	or less	
37	Over	$1,400	to	$2,200
38	Over	$2,200	to	$3,000
39	Over	$3,000	to	$3,700
40		$3,700	to	$5,100
41		$1,500	or less	
42	Over	$1,500	to	$2,400
43	Over	$2,400	to	$3,300
44	Over	$3,300	to	$4,100
45		$4,100	to	$5,700
46		$1,700	or less	
47	Over	$1,700	to	$2,700
48	Over	$2,700	to	$3,600
49	Over	$3,600	to	$4,500
50		$4,500	to	$6,200
51		$1,900	or less	
52	Over	$1,900	to	$2,900
53	Over	$2,900	to	$3,900
54	Over	$3,900	to	$4,900
55		$4,900	to	$6,700
56		$2,000	or less	
57	Over	$2,000	to	$3,100
58	Over	$3,100	to	$4,200
59	Over	$4,200	to	$5,200
60		$5,200	to	$7,200
61		$2,200	or less	
62	Over	$2,200	to	$3,400
63	Over	$3,400	to	$4,400
64	Over	$4,400	to	$5,600
65		$5,600	to	$7,700
66		$2,500	or less	
67	Over	$2,500	to	$3,700
68	Over	$3,700	to	$5,000
69	Over	$5,000	to	$6,000
70		$6,000	to	$8,200

71		$3,000	or less		
72	Over	$3,000	to	$4,000	
73	Over	$4,000	to	$5,200	
74	Over	$5,200	to	$6,400	
75		$6,400	to	$8,800	

(ALL FROM H84_A2L GO TO H84_A3)

H84_A2H

(ASK IF: H84_A2CATS=03)

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

(IF SUM OF H84_A1 AND H84_A1_NUM =1 DISPLAY CATEGORIES 01-05)
(IF SUM OF H84_A1 AND H84_A1_NUM =2 DISPLAY CATEGORIES 06-10)
(IF SUM OF H84_A1 AND H84_A1_NUM =3 DISPLAY CATEGORIES 11-15)
(IF SUM OF H84_A1 AND H84_A1_NUM =4 DISPLAY CATEGORIES 16-20)
(IF SUM OF H84_A1 AND H84_A1_NUM =5 DISPLAY CATEGORIES 21-25)
(IF SUM OF H84_A1 AND H84_A1_NUM =6 DISPLAY CATEGORIES 26-30)
(IF SUM OF H84_A1 AND H84_A1_NUM =7 DISPLAY CATEGORIES 31-35)
(IF SUM OF H84_A1 AND H84_A1_NUM =8 DISPLAY CATEGORIES 36-40)
(IF SUM OF H84_A1 AND H84_A1_NUM =9 DISPLAY CATEGORIES 41-45)
(IF SUM OF H84_A1 AND H84_A1_NUM =10 DISPLAY CATEGORIES 46-50)
(IF SUM OF H84_A1 AND H84_A1_NUM =11 DISPLAY CATEGORIES 51-55)
(IF SUM OF H84_A1 AND H84_A1_NUM =12 DISPLAY CATEGORIES 56-60)
(IF SUM OF H84_A1 AND H84_A1_NUM =13 DISPLAY CATEGORIES 61-65)
(IF SUM OF H84_A1 AND H84_A1_NUM =14 DISPLAY CATEGORIES 66-70)
(IF SUM OF H84_A1 AND H84_A1_NUM >=15 DISPLAY CATEGORIES 71-75)

1		$1,500	to	$2,200
2	Over	$2,200	to	$2,700
3	Over	$2,700	to	$4,300
4	Over	$4,300	to	$5,200
5		$5,200	or more	
6		$2,000	to	$3,000
7	Over	$3,000	to	$3,600
8	Over	$3,600	to	$5,800
9	Over	$5,800	to	$7,000
10		$7,000	or more	
11		$2,500	to	$3,800
12	Over	$3,800	to	$4,600
13	Over	$4,600	to	$7,300
14	Over	$7,300	to	$8,500

15		$8,500	or more	
16		$3,000	to	$4,500
17	Over	$4,500	to	$5,500
18	Over	$5,500	to	$8,800
19	Over	$8,800	to	$10,000
20		$10,000	or more	
21		$3,600	to	$5,300
22	Over	$5,300	to	$6,500
23	Over	$6,500	to	$10,300
24	Over	$10,300	to	$12,000
25		$12,000	or more	
26		$4,000	to	$6,100
27	Over	$6,100	to	$7,400
28	Over	$7,400	to	$11,900
29	Over	$11,900	to	$13,000
30		$13,000	or more	
31		$4,600	to	$6,900
32	Over	$6,900	to	$8,400
33	Over	$8,400	to	$13,400
34	Over	$13,400	to	$14,500
35		$14,500	or more	
36		$5,100	to	$7,700
37	Over	$7,700	to	$8,300
38	Over	$8,300	to	$14,900
39	Over	$14,900	to	$16,000
40		$16,000	or more	
41		$5,700	to	$8,500
42	Over	$8,500	to	$10,300
43	Over	$10,300	to	$16,400
44	Over	$16,400	to	$17,400
45		$17,400	or more	
46		$6,200	to	$9,200
47	Over	$9,200	to	$11,200
48	Over	$11,200	to	$18,000
49	Over	$18,000	to	$19,000
50		$19,000	or more	
51		$6,700	to	$10,000
52	Over	$10,000	to	$12,100
53	Over	$12,100	to	$19,400
54	Over	$19,400	to	$20,500
55		$20,500	or more	
56		$7,200	to	$10,800
57	Over	$10,800	to	$13,000

58	Over	$13,000	to	$21,000
59	Over	$21,000	to	$22,000
60		$22,000	or more	
61		$7,700	to	$11,500
62	Over	$11,500	to	$14,000
63	Over	$14,000	to	$22,400
64	Over	$22,400	to	$24,000
65		$24,000	or more	
66		$8,200	to	$12,300
67	Over	$12,300	to	$15,000
68	Over	$15,000	to	$24,000
69	Over	$24,000	to	$26,000
70		$26,000	or more	
71		$8,800	to	$13,000
72	Over	$13,000	to	$16,000
73	Over	$16,000	to	$25,500
74	Over	$25,500	to	$27,000
75		$27,000	or more	

H84_A3

What is your best estimate of $Recall (RECALL="your", CONDITION="H84_A1==01")_$Recall (RECALL="you and your family members'", CONDITION="H84_A1>1") total 2020 annual income before taxes and other deductions? This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.

Please do not include any economic stimulus payments in your annual income.

RECORD INCOME Dollars   (RANGE 0-999,996)

(IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF: "Please enter a number between 0 and 999,996. If you did not have any income last year, enter 0.")

H84_A3CATS

(ASK IF H84_A3=MISSING; ELSE SKIP TO SK_ENDH)

(IF H84_A1=MISSING, USE CAT 15)

We want to reassure you that your best guess is fine and that your responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and in problems getting health care.

Was _$Recall (RECALL="your", CONDITION="H84_A1=01")_$Recall (RECALL="you and your family members'", CONDITION="H84_A1>1") total 2020 annual income before taxes and other deductions more or less than <FILL AMOUNT>?

Please do not include any economic stimulus payments in your annual income.

01   Less than <<FILL AMOUNT>>
02   Exactly <<FILL AMOUNT>>
03   More than <<FILL AMOUNT>>

Num in HH	138% Rounded
1	18,000
2	24,000
3	30,000
4	36,000
5	42,000
6	49,000
7	55,000
8	61,000
9	67,000
10	73,000
11	80,000
12	85,000
13	92,000
14	98,000
15+	104,000

H84_A3L
(ASK IF: H84_A3CATS=01)
(IF H84_A1>=15 DISPLAY CATEGORIES 71-75)

Which category best represents your family members' total 2020 annual income before taxes and other deductions?

Please do not include any economic stimulus payments in your annual income.

1		$5 thousand or less		
2	Over	$5 thousand to	$8	thousand
3	Over	$8 thousand to	$11	thousand
4	Over	$11 thousand to	$13	thousand
5		$12 thousand to	$18	
6		$7 thousand or less		

7	Over	$7	thousand to	$10	thousand
8	Over	$10	thousand to	$14	thousand
9	Over	$14	thousand to	$17	thousand
10		$17	thousand to	$24	
11		$9	thousand or less		
12	Over	$9	thousand to	$13	thousand
13	Over	$13	thousand to	$18	thousand
14	Over	$18	thousand to	$22	thousand
15		$22	thousand to	$30	
16		$10	thousand or less		
17	Over	$10	thousand to	$16	thousand
18	Over	$16	thousand to	$21	thousand
19	Over	$21	thousand to	$26	thousand
20		$26	thousand to	$36	
21		$12	thousand or less		
22	Over	$12	thousand to	$18	thousand
23	Over	$18	thousand to	$25	thousand
24	Over	$25	thousand to	$31	thousand
25		$31	thousand to	$42	
26		$14	thousand or less		
27	Over	$14	thousand to	$21	thousand
28	Over	$21	thousand to	$28	thousand
29	Over	$28	thousand to	$35	thousand
30		$35	thousand to	$49	
31		$16	thousand or less		
32	Over	$16	thousand to	$24	thousand
33	Over	$24	thousand to	$32	thousand
34	Over	$32	thousand to	$40	thousand
35		$40	thousand to	$55	
36		$18	thousand or less		
37	Over	$18	thousand to	$27	thousand
38	Over	$27	thousand to	$36	thousand
39	Over	$36	thousand to	$44	thousand
40		$44	thousand to	$61	
41		$19	thousand or less		
42	Over	$19	thousand to	$29	thousand
43	Over	$29	thousand to	$39	thousand
44	Over	$39	thousand to	$49	thousand
45		$49	thousand to	$67	
46		$21	thousand or less		
47	Over	$21	thousand to	$32	thousand
48	Over	$32	thousand to	$43	thousand
49	Over	$43	thousand to	$53	thousand

50		$53	thousand to	$73	
51		$23	thousand or less		
52	Over	$23	thousand to	$36	thousand
53	Over	$36	thousand to	$48	thousand
54	Over	$48	thousand to	$58	thousand
55		$58	thousand to	$80	
56		$25	thousand or less		
57	Over	$25	thousand to	$38	thousand
58	Over	$38	thousand to	$50	thousand
59	Over	$50	thousand to	$62	thousand
60		$62	thousand to	$85	
61		$27	thousand or less		
62	Over	$27	thousand to	$40	thousand
63	Over	$40	thousand to	$54	thousand
64	Over	$54	thousand to	$67	thousand
65		$67	thousand to	$92	
66		$28	thousand or less		
67	Over	$28	thousand to	$43	thousand
68	Over	$43	thousand to	$58	thousand
69	Over	$58	thousand to	$71	thousand
70		$71	thousand to	$98	
71		$30	thousand or less		
72	Over	$30	thousand to	$45	thousand
73	Over	$45	thousand to	$60	thousand
74	Over	$60	thousand to	$75	thousand
75		$75	thousand to	$104	

(ALL FROM H84_A3L GO TO Q155)

H84_A3H

(ASK IF: H84_A3CATS=03)

Which category best represents your family members' total 2020 annual income before taxes and other deductions?

Please do not include any economic stimulus payments in your annual income.

(IF H84_A1=1 DISPLAY CATEGORIES 01-05)

1		$18	thousand to	$26	thousand
2	Over	$26	thousand to	$32	thousand
3	Over	$32	thousand to	$51	thousand
4	Over	$51	thousand to	$60	thousand
5		$60	thousand or more		

6		$24	thousand to	$36	thousand
7	Over	$36	thousand to	$43	thousand
8	Over	$43	thousand to	$69	thousand
9	Over	$69	thousand to	$79	thousand
10		$79	thousand or more		
11		$30	thousand to	$45	thousand
12	Over	$45	thousand to	$54	thousand
13	Over	$54	thousand to	$87	thousand
14	Over	$87	thousand to	$98	thousand
15		$98	thousand or more		
16		$36	thousand to	$54	thousand
17	Over	$54	thousand to	$66	thousand
18	Over	$66	thousand to	$105	thousand
19	Over	$105	thousand to	$115	thousand
20		$115	thousand or more		
21		$42	thousand to	$63	thousand
22	Over	$63	thousand to	$77	thousand
23	Over	$77	thousand to	$123	thousand
24	Over	$123	thousand to	$130	thousand
25		$130	thousand or more		
26		$49	thousand to	$72	thousand
27	Over	$72	thousand to	$88	thousand
28	Over	$88	thousand to	$141	thousand
29	Over	$141	thousand to	$150	thousand
30		$150	thousand or more		
31		$55	thousand to	$82	thousand
32	Over	$82	thousand to	$99	thousand
33	Over	$99	thousand to	$159	thousand
34	Over	$159	thousand to	$170	thousand
35		$170	thousand or more		
36		$61	thousand to	$91	thousand
37	Over	$91	thousand to	$110	thousand
38	Over	$110	thousand to	$176	thousand
39	Over	$176	thousand to	$180	thousand
40		$180	thousand or more		
41		$67	thousand to	$100	thousand
42	Over	$100	thousand to	$122	thousand
43	Over	$122	thousand to	$194	thousand
44	Over	$194	thousand to	$205	thousand
45		$205	thousand or more		
46		$73	thousand to	$109	thousand
47	Over	$109	thousand to	$133	thousand
48	Over	$133	thousand to	$212	thousand

49	Over	$212	thousand to		$220	thousand
50		**$220**	thousand or more			
51		$80	thousand to		$119	thousand
52	Over	$119	thousand to		$144	thousand
53	Over	$144	thousand to		$230	thousand
54	Over	$230	thousand to		$240	thousand
55		**$240**	thousand or more			
56		$85	thousand to		$128	thousand
57	Over	$128	thousand to		$155	thousand
58	Over	$155	thousand to		$248	thousand
59	Over	$248	thousand to		$260	thousand
60		**$260**	thousand or more			
61		$92	thousand to		$137	thousand
62	Over	$137	thousand to		$166	thousand
63	Over	$166	thousand to		$266	thousand
64	Over	$266	thousand to		$280	thousand
65		**$280**	thousand or more			
66		$98	thousand to		$146	thousand
67	Over	$146	thousand to		$178	thousand
68	Over	$178	thousand to		$284	thousand
69	Over	$284	thousand to		$300	thousand
70		**$300**	thousand or more			
71		$104	thousand to		$155	thousand
72	Over	$155	thousand to		$189	thousand
73	Over	$189	thousand to		$302	thousand
74	Over	$302	thousand to		$315	thousand
75		**$315**	thousand or more			

SECTION Q: ADULT HOUSEHOLD QUESTIONS

Q155

(ASK: IF Q153A_1 = 1)

Excluding cell phones, at any time, during the past 12 months, had your household been without telephone service for 24 hours or more?

01   Yes
02   No

Q155C

(ASK: IF Q153A_2 = 1)

Excluding landline phones, at any time, during the past 12 months, have you been without telephone service for 24 hours or more?

01   Yes
02   No

Section I: CHILD SCREENING QUESTIONS

(IF S13B=00, MISSING OR S12=00, MISSING, GO TO CLOSING)

PREPI90

Thank you for answering these questions about your own health.

These next questions focus on the health insurance coverage and health status of one child in your home. You will receive an additional $5 for participating in this portion of the survey.

01   Continue the Survey

FL_PI90

((ASK IF S13b_1=01) OR (S13b=01)) Earlier you said there is one child in your family. What is that child's first name, nickname, or initials?

(ASK IF S13b=02-20) We would now like to identify the child in your family, age 18 or younger, who had the most recent birthday. What is that child's first name, nickname, or initials?

PI90

(FL_PI90> = 01 and COLLECT <CH_NAME)

FIRST NAME OR INITIALS OF CHILD, 30 CHARACTERS

(DISPLAY IF S13B=02-20)

77   I'm not sure which child was born last

(IF MISSING, CODE <CH_NAME> = "the child")

PI90S

(ASK IF (PI90 = 77) AND (S13B=02-20))

That's okay. The next questions will focus on the health insurance coverage and health status of the youngest child in your home.

FL_PI90B

What is the first name, nickname, or initials of the youngest child in your home?

PI90A

(FL_PI90A> = 01 and COLLECT <CH_NAME)

FIRST NAME OR INITIALS OF CHILD, 30 CHARACTERS
(IF MISSING, CODE <CH_NAME> = "the child")

CH_NAME
(HIDDEN FROM RESPONDENT)
(CREATE FILL FOR CHILD'S NAME)

0   the child
1   <PI90:0>
2   <PI90A:0>

CH_INFORM_1
(NEW_SCREEN)

All remaining questions will be about <CH_NAME>**.**

The next questions should be answered by the <u>adult in this household</u> who <u>knows about</u> <CH_NAME>'s health insurance coverage and health status.

This study is sponsored by Ohio State University and will take approximately 8 minutes. Your participation is voluntary, you do not have to answer any question you do not want to, and your responses to questions will be kept confidential.

01   Continue the survey
02   I do not know enough about <CH_NAME>'s health to continue (END INTERVIEW)

P148
What is <CH_NAME>'s gender?

01   Male
02   Female
03   Other

I90A
(MAKE QUESTION MANDATORY)

How old was <CH_NAME> on <FL_HISHERTHEIR> last birthday? If your child is less than 1 year old, enter '0'.

ENTER AGE, RANGE 0-25 Years

(IF AGE IS MORE THAN 18, then display message of "I´m sorry but the child interview is targeted at children 18 years old or younger. We are not able to do the child interview with you." And DO NOT PAY ADDITIONAL $5 INCENTIVE)

I90B

What is your relationship to <CH_NAME>?

01   <CH_NAME>'s parent
03   <CH_NAME>'s grandparent
04   <CH_NAME>'s aunt or uncle
05   <CH_NAME>'s brother or sister
06   <CH_NAME>'s other relative
07   <CH_NAME>'s legal guardian
08   <CH_NAME>'s foster parent
09   <CH_NAME>'s other non-relative
10   <CH_NAME>'s stepparent

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

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 programs such as Medicare, Medicaid, Healthy Start, or Healthy Families.

Keeping this in mind, last week was <CH_NAME> covered by health insurance or some other type of health care plan?

01   Yes, <CH_NAME> was insured
02   No, <CH_NAME> was <u>NOT insured</u>

SECTION J: CHILD INSURANCE COVERAGE

<u>Employer-based Coverage</u>

(IF I95A = 01, ASK SECTION J; IF I95A = 02, GO TO START OF SECTION K; IF I95A = MISSING, GO TO START OF SECTION L)

J96

(IF S13B=00, MISSING OR S12=00,MISSING, SKIP CHILD SECTION AND GO TO CLOSING)

(ASK IF: ((A1 = 01 OR A1A=01) AND (I95=01 OR I95A=01), ELSE GO TO J100A)

(IF MISSING, GO TO J100A)

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

01   Yes
02   No (GO TO J100A)

J96A

So, the health insurance coverage that <CH_NAME> has is _$Recall (RECALL="through a current or former employer or labor union,", CONDITION="B4A=01") _$Recall (RECALL="Medicare,", CONDITION="B4B_R=01") _$Recall (RECALL="Medicaid,", CONDITION="B4C_R=01") _$Recall (RECALL="purchased directly,", CONDITION="B4E=01") _$Recall (RECALL="other health care coverage,", CONDITION="B4G=01") and it has the same benefits and covers the same services as your insurance, and <CH_NAME> does not have any other health insurance coverage. Is this correct?

01   Yes
02   No

J100A

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

These next questions ask for additional details about <CH_NAME>'s health insurance coverage.

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

01   Yes
02   No

Medicaid Coverage

J100C

Ohio Medicaid is the state program that pays for medical insurance for people with low incomes. Medicaid may use managed care plans like CareSource, Buckeye, Molina, Paramount, and United Healthcare to provide services.

Is <CH_NAME> _$recall(recall= "also", condition="J100A=01") covered by <u>Medicaid</u>, the <u>State of Ohio</u> government health care program?

01   Yes
02   No

J100CA

(ASK IF: (J100C=1) OR (J96A=01 AND B4CA=03), ELSE GO TO J100B)

Which Medicaid program is <CH_NAME> covered by?

01   Healthy Families or Healthy Start
02   Medicaid For the Aged, Blind and Disabled or Waiver Programs
03   Medicaid Premium Assistance Program/ QMB / SLMB
97   Some other Medicaid program
98   I'm not sure

Coverage

J100B

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

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

01   Yes
02   No

J100B_R

(HIDDEN FROM RESPONDENT)

(PROGRAMMER - THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES)
(CALCULATE J100B_R=J100B)

01   YES
02   NO

J100C_R

(HIDDEN FROM RESPONDENT)
(PROGRAMMER – THIS VARIABLE SHOULD BE CALCULATED FROM PRIOR RESPONSES)
(CALCULATED FROM J100C: SET TO SAME VALUE AS J100C)

01   YES
02   NO

J1002J

Is <CH_NAME> _$recall(recall="<u>also</u>", condition="(J100A=01 or J100C_R=01 or J100B_R=01)")
covered through the Ohio Health Care Exchange, also known as Obama Care, or a
healthcare.gov insurance plan?

01   Yes
02   No

J100E

Is <CH_NAME> _$recall(recall="<u>also</u>", condition="(J100A=01 or J100C_R=01 or J100B_R=01 or
J1002J=01)") covered by any other health insurance purchased directly, that is, a plan not
related to someone's current or past employment and <u>not</u> purchased through healthcare.gov?

01   Yes
02   No

Other State-sponsored or Public Health Insurance

J100F

(THIS QUESTION INTENTIONALLY OMITS THE FULL LIST THAT IS DISPLAYED ON THE CATI)

Is <CH_NAME> _$recall(recall="<u>also</u>", condition="(J100A=01 or J100C_R=01 or J100B_R=01 or
J1002J=01 or J100E=01)") covered by the Bureau for Children with Medical Handicaps (BCMH) or
any <u>other</u> state-sponsored or public health insurance program that has <u>not</u> already been
covered?

01   Yes
02   No (GO TO J100G)

(IF MISSING GO TO J100G)

NJ100F1

What is the name of that program?

01   Bureau for Children with Medical Handicaps (BCMH)

02   Medicaid (i.e., CareSource, Healthy Start, Healthy Family, Job & Family Services)
03   Another program

<u>Other Health Insurance</u>

J100G

(THIS QUESTION INTENTIONALLY OMITS THE FULL LIST THAT IS DISPLAYED ON THE CATI)

Does <CH_NAME> _$recall(recall="<u>also</u>", condition="(J100A=01 or J100C_R=01 or J100B_R=01 or J1002J=01 or J100E=01 or J100F=01)") have any <u>other</u> health care coverage that has <u>not</u> already been mentioned?

01   Yes
02   No

J100CHK

(ASK IF: J100A= 01, J100B_R=01, J100C_R= 01, J100E=01, J100F=01, J100G=01, J1002J=01; ELSE GO TO J113)

To confirm, you said <CH_NAME> is covered by:

(FILL: IF J100A= 01 A health insurance plan through an employer or labor union
          IF J100B_R=01 Medicare
          IF J100C_R= 01 A Medicaid program
          IF J100E=01 A private health insurance plan purchased directly
          IF J100F=01 A state-sponsored or other public health insurance program
          IF J100G=01 Other health care coverage
          IF J1002J=01 The Ohio Health Care Exchange)

Is that correct?

01   Yes (GO TO J113)
02   No

J100U

(NOTE: NEW VARIABLE FOR 2021 TO BE ASKED IF RESPONDENT SAYS AT J100CHK THAT INSURANCE INFORMATION IS INCORRECT, TO AVOID HAVING TO 'LOOP' THE ENTIRE SECTION A SECOND TIME)

(DISPLAY ALL J100U SUBVARIABLES ON THE SAME SCREEN)

Okay, let us update this information. Below is a list of health insurance or health care plans. Please select "yes" if <CH_NAME> is covered by this type of insurance, or "no" if they are not.

J100U_1

A health insurance plan through a current or former employer or labor union?

01   Yes   02   No

(IF 01 (YES), SET J100A = 01 (YES))

J100U_2

Medicare, a program for people 65 years or older or with disabilities?

01   Yes   02   No

(IF 01 (YES), SET J100B_R = 01 (YES))

J100U_3

Medicaid, a program for people with low incomes?

01   Yes   02   No

(IF 01 (YES), SET J100C_R = 01 (YES))

J100U_4

A private insurance plan directly purchased from a health insurance company?

01   Yes   02   No

(IF 01 (YES), SET J100E = 01 (YES))

J100U_5

A plan purchased on the Ohio Healthcare Exchange or healthcare.gov?

01   Yes   02   No

(IF 01 (YES), SET J1002J = 01 (YES))

J100U_6

A plan through the Bureau for Children with Medical Handicaps (BCMH) or any other state-sponsored or public health insurance program?

01   Yes   02   No

(IF 01 (YES), SET J100F = 01 (YES))

J100U_7

Some other type of health plan not previously mentioned?

01   Yes   02   No

(IF 01 (YES), SET J100G = 01 (YES))

J113

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

01   Less than 3 months
02   3 months to less than 1 year

03   1-2 years
      (DISPLAY IF I90A > 1)

04   More than 2 years
      (DISPLAY IF I90A > 2)

Previous Coverage

J116b

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

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

01   Yes
02   No (GO TO SK_ENDJ)

(IF MISSING (GO TO SK_ENDJ))

J117

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

Just prior to <CH_NAME>'s current health insurance coverage <FL_WASWERE> <FL_HESHE> covered by Medicaid, the State of Ohio government health care program?

01   Yes (GO TO SK_ENDJ)
02   No

J117B

(ASK IF: (J117 = 02, MISSING) OR (J100C=01) OR (J96A=01 AND B4C_R=01), ELSE GO TO SK_ENDJ

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

01   Yes
02   No

SECTION K: CHILD CURRENTLY UNINSURED

Previous Coverage

K96_new

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

These questions ask for more specific details about <CH_NAME>'s prior insurance coverage.

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

01   Never
02   Less than 3 months
03   3 months to less than 1 year

04   1-2 years
        (DISPLAY IF I90A > 1)

05   More than 2 years
        (DISPLAY IF I90A > 2)

K99

(ASK IF: K96_NEW=02,03)

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

01   Yes
02   No

K100

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

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

01   Yes
02   No

SECTION L: CHILD HEALTH STATUS

General Health

L125

These next questions ask about <CH_NAME>'s health.

In general, how would you describe <CH_NAME>'s health?

01   Excellent
02   Very Good
03   Good
04   Fair
05   Poor

L125a

Thinking about <CH_NAME>'s teeth and gums, would you say <CH_NAME>'s dental health is
excellent, very good, good, fair, or poor?

01   Excellent
02   Very Good
03   Good
04   Fair
05   Poor

DEVICE_USE

(SKIP IF I90A <1)

The next question asks about screen time for things other than schoolwork. Screen time is the
time that <CH_NAME> spends with cell phones, tablets, television, computers, video games, and
other electronic devices.

On an average weekday, about how much screen time does <CH_NAME> usually have?

01   None
02   Less than 1 hour
03   1 to 2 hours
04   3 to 4 hours
05   5 to 6 hours
06   7 or more hours

Height and Weight

PL125A1

(ASK: (IF i90A>=6), ELSE GO TO L126H_2)

How tall is <CH_NAME> now?

PL125AP_F
ENTER FEET (RANGE 1-8) Feet

PL125AP_I
ENTER INCHES (RANGE 0-12) Inches

PL125A2P

How much does <CH_NAME> weigh now?

ENTER WEIGHT (RANGE 25-500) Pounds

Developmental Disability

L126H_2

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.

Does <CH_NAME> currently have a developmental disability?

01   Yes
02   No

Need/Use of Health Care Services

L126A_NEW
(ASK IF I90A > 1)

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

 01   Yes
 02   No

L126J_NEW
(SKIP IF I90A < 1)

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

01   Yes
02   No

L126M_NEW

(SKIP IF I90A < 1)

Because of a physical, mental, or emotional condition lasting 6 months or more, does <CH_NAME> have any kind of emotional, developmental or behavioral problem for which <FL_HESHE> <FL_L126M: needs or gets/need or get> <u>treatment or counseling</u>?

01   Yes
02   No

LAS12

(SKIP IF I90A < 1)

Compared to other <I90A>-year-old children, would you say <FL_HESHE> <FL_LAS12: experiences/experience> any difficulty speaking, communicating, or being understood?

01   Yes
02   No

LAS1a

Has a doctor or other health professional ever told you that <CH_NAME> has asthma?

01   Yes
02   No

ACES

The next questions are about events that may have happened during <CH_NAME>'s life. These things can happen in any family, but some people may feel uncomfortable with these questions. You may <u>skip any questions you do not want to answer</u>. Please remember this information will not be shared with anyone and you will not be identified.

ACE_3

To the best of your knowledge, has <CH_NAME> <u>ever</u> experienced parents or guardians going through a divorce or separation?

01   Yes
02   No

ACE_4

To the best of your knowledge, has <CH_NAME> <u>ever</u> experienced the death of a parent or guardian?

01   Yes
02   No

ACE_5

To the best of your knowledge, has <CH_NAME> <u>ever</u> experienced a parent or guardian serving time in jail <u>after</u> <CH_NAME> was born?

01   Yes
02   No

ACE_6

To the best of your knowledge, has <CH_NAME> <u>ever</u> seen or heard parents or adults slap, hit, kick, punch one another in the home?

01   Yes
02   No

ACE_7

To the best of your knowledge, has <CH_NAME> <u>ever</u> been the victim of violence or witnessed violence in their neighborhood?

01   Yes
02   No

ACE_8

To the best of your knowledge, has <CH_NAME> <u>ever</u> lived with anyone who was mentally ill, suicidal, or severely depressed?

01   Yes
02   No

ACE_9

To the best of your knowledge, has <CH_NAME> <u>ever</u> lived with anyone who had a problem with alcohol or drugs?

01   Yes
02   No

ACE_10

　　To the best of your knowledge, has <CH_NAME> <u>ever</u> been treated or judged unfairly because of their race or ethnic group?

　　01　　Yes
　　02　　No

<u>Child Functional Impairment for Children and Adolescence</u>

LAS12A

　　(ASK IF I90A>5 to I90A<12)

　　Now, thinking about <CH_NAME>'s mental health, which includes stress, depression, and problems with emotions, for how many days, <u>during the past 30 days</u> did a mental health condition or emotional problem keep <CH_NAME> from participating in school, social relationships with friends, or other usual activities?

　　ENTER NUMBER OF DAYS (RANGE 0-30)

LAS12B

　　(ASK IF I90A>11)

　　Now, thinking about <CH_NAME>'s mental health, which includes stress, depression, and problems with emotions or <u>substance use</u>, for how many days, <u>during the past 30 days</u> did a mental health condition or emotional problem keep <CH_NAME> from participating in school, social relationships with friends, or other usual activities?

　　ENTER NUMBER OF DAYS (RANGE 0-30)

SECTION M: CHILD UTILIZATION AND QUALITY OF CHILD HEALTH CARE SERVICES

M131

These next questions ask about <CH_NAME>'s 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 <CH_NAME> last saw a doctor or other health care professional about <FL_HISHER> health?

01   Within the last 12 months
02   More than 12 months ago
03   <CH_NAME> has never been to a doctor

M131C_Tele

Telehealth is defined as having a health care or counseling visit without going to a healthcare office using a phone, smartphone, or computer.

Considering the past 12 months, how often has <CH_NAME> had a telehealth visit with a doctor, nurse, or other health care provider?

01   Never
02   1 or 2 times
03   3 or 4 times
04   More than 4 times

Well-baby Checkup

M130

(ASK IF M131=01,MISSING)

(USE THIS VERSION IF I90A=00) Since <FL_HISHER> birth did <CH_NAME> receive a well-baby checkup, that is a general checkup when <FL_HESHE> <FL_WASWERE> not sick or injured?

(USE THIS VERSION IF I90A>=01) During the past 12 months did <CH_NAME> receive a well-child checkup, that is a general checkup when <FL_HESHE> <FL_WASWERE> not sick or injured?

01   Yes
02   No

Dental Care

M135

(ASK IF I90A > 1)
About how long has it been since <CH_NAME> last visited a dentist?

01   Within the last 12 months
02   More than 12 months ago
03   <CH_NAME> has never been to a dentist

N067

Does <CH_NAME> have any insurance that covers dental bills?

01   Yes
02   No

SECTION N: CHILD ACCESS TO CARE

N136

The next questions are about access to health care for <CH_NAME>.

When <CH_NAME> is sick or needs advice about <FL_HISHER>health, <DO_DOES> <FL_HESHE> usually receive care at one place, more than one place, or no place at all?

01   One place
02   More than one place
03   No place at all

(IF MISSING, GO TO END OF SECTION N)

N136A

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

Is the place where <CH_NAME> <u>usually</u> receives care or advice about <FL_HISHER> health... (choose one)

01   A doctor's office or health center, including by phone or video call
02   A hospital emergency room
03   An urgent care center, including by phone or video call
04   A clinic in a pharmacy or grocery store
05   Some other place

N137B

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

A personal doctor or nurse is a health professional who knows <CH_NAME> well and is familiar with <CH_NAME>'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?

01   Yes, one person or more than one person
02   No (GO TO THE END OF SECTION N)

(IF MISSING, GO TO END OF SECTION N)

Care Coordination

J108

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

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

01   Yes
02   No (GO TO END OF SECTION N)

(IF MISSING, GO TO END OF SECTION N)

J108B

(ASK IF: J108=01)

During the past 12 months, how often did you get as much help as you wanted with arranging or coordinating care for <CH_NAME>?

01   Always
02   Usually
03   Sometimes
04   Rarely
05   Never

SECTION O: CHILD UNMET HEALTH NEEDS

Dental Care

These next questions ask about healthcare needs <CH_NAME> may have had, and whether or not they were able to access these health care services.

O139_1

_$Recall (RECALL="Has there been", CONDITION="I90A=00")_$Recall (RECALL="During the past 12 months, was there", CONDITION="I90A>00") a time when <CH_NAME> needed dental care?

01   Yes, <CH_NAME> needed dental care
02   No, <CH_NAME> did not need dental care

O139_2

(ASK IF O139_1 = 01)

Was <CH_NAME> able to get the dental care that they needed?

01   Yes, <CH_NAME> got the dental care needed
02   No, <CH_NAME> did not get the dental care needed

O139_MH_1

(ASK ONLY IF I90A > 11)

During the past 12 months, was there a time when <CH_NAME> needed mental or emotional health care or counseling services?

01   Yes, <CH_NAME> needed mental health care or counseling
02   No, <CH_NAME> did not need mental health care or counseling

O139_MH_2

(ASK IF O139_MH_1 = 01)

 Was <CH_NAME> able to get the mental or emotional health care or counseling services that they needed?

01   Yes, <CH_NAME> got the mental health care or counseling needed
02   No, <CH_NAME> did not get the mental health care or counseling needed

AVOID_CARE_C

        <u>During the past 12 months</u>, did you delay or avoid getting care that you felt <CH_NAME> needed because of the cost?

        01   Yes
        02   No

SECTION P: CHILD DEMOGRAPHICS

P149

The next few questions are just for general classification purposes.

Is <CH_NAME> of Hispanic, Latino, or Spanish origin?

01   Yes
02   No

P150

Which one or more of the following would you say is <CH_NAME>'s race? *Please select all that apply.*

01   White
02   Black or African American
03   Asian
04   Native American, American Indian, or Alaskan Native
05   Native Hawaiian or Pacific Islander
06   Hispanic, Latino, Spanish
97   Some other race

P150A

(IF SELECTED MORE THAN ONE OPTION IN P150)

(PROGRAMMER: PLEASE LIMIT RESPONSE CHOICES TO THOSE SELECTED IN P150)

Which of these groups would you say best represents <CH_NAME>'s race?

01   White
02   Black or African American
03   Asian
04   Native American, American Indian, or Alaskan Native
05   Native Hawaiian or Pacific Islander
06   Hispanic, Latino, Spanish
97   Some other race

P151

Are either of <CH_NAME>'s parents employed?

01   Yes
02   No

CLOSING

INCENT

Thank you for completing the survey. To thank you for your participation, we would like to send you an electronic gift card for <VALUE>.

Would you provide your email address to receive your electronic gift card?

01   Will give email address
97   I would prefer to receive a check instead of an electronic gift card
99   I do NOT want to receive a gift card or a check

EMAIL1
(ASK IF INCENT = 01)

Please enter your email address:

01   ENTER EMAIL

EMAIL2
(ASK IF EMAIL = 01)

To be sure we are sending the electronic gift card to the right email address, please confirm your email address by entering it a second time:

01   ENTER EMAIL

(IF EMAIL AND EMAIL2 MATCH, GO TO EMAIL THANKS)
(IF EMAIL AND EMAIL2 DO NOT MATCH, GO TO EMAILCHECK)

EMAILCHECK
The emails you entered do not match. Please click "Next" to re-enter your email address.

01   Next (GO BACK TO EMAIL)

ADDRESS
(ASK IF INCENT = 02)

Please provide your contact information so we may send you your $10/15. This information will not be connected with your answers in the survey.

Full Name   [50 CHARACTER TEXT BOX]

Address	[50 CHARACTER TEXT BOX]
Apartment	[50 CHARACTER TEXT BOX]
City	[50 CHARACTER TEXT BOX]
State	[AUTOFILL WITH OHIO]
ZIP	[5 DIGIT TEXT BOX]

EMAILTHANKS

(IF INCENT = 01)

(NOTE: TITLE OF EMAIL HAS CHANGED. ALERT JERRY C. FOR PROGRAMMING)

Thank you for providing us with your e-mail address. You will receive an e-mail shortly that will inform you of the approximate delivery time of your electronic gift card. We appreciate your willingness to participate in our survey. You may need to check your junk mail folder for an email titled "Thank you for participating in the Ohio Medicaid Assessment Survey."

ADDRESSTHANKS

(IF INCENT = 02)

Thank you for providing us with your information. It can take up to 4 weeks to receive the check. We appreciate your willingness to participate in our survey.

01   Next

THANKS

We would like to thank you again for your participation. Is it ok if we contact you with follow-up questions?

01   Yes
02   No