

Alabama Health Care Insurance and Access Survey

GENERAL INTRODUCTION:

Hello, my name is *insert* from the *name of institution*. As you may know, *state name* is one of several states taking the lead in finding ways to make health care more affordable and easier to obtain. We are doing a survey of people at randomly selected phone numbers for the *sponsor of survey* to better understand how to improve access to affordable health insurance. I would appreciate a few moments of your time to ask you some questions about the health insurance coverage.

START OF SURVEY:

S1. Is this your year-round residence?

1 yes

2 no Thank you. We are only interviewing people at their main residence.

We would like to ask some questions about HEALTH INSURANCE for people in your household.

S2. Can you answer questions about HEALTH INSURANCE for people in this household?

1 yes **GOTO S4**

2 no

S3. Is another adult available who could answer questions about HEALTH INSURANCE?

1 yes **GET PERSON ON PHONE AND GOTO S4**

2 no **CALL BACK Who should I speak with? What is a good time to call back?**

GET FIRST NAME OF PERSON WHO CAN SPEAK ABOUT INSURANCE

S3A _____

S4. What county do you live in?

(Enter code) _ _ _

777 Don't know **GOTO S4A**

999 Outside of [STATE] **GOTO S4A**

S4A. Is your household located in [STATE]?

1 yes **GOTO S5**

2 no Thank you. We are only interviewing people who reside in [STATE].

7 don't know
reside in [STATE].

Thank you. We are only interviewing people who

9 refused
reside in [STATE].

Thank you. We are only interviewing people who

S5. What is your zip code? ____ ____ ____ ____ ____

We will gather information about the insurance status of one household member in detail, but will need some brief information on the other members as well. I just need a complete list of people in the house so that one person can be picked at random to talk about their access to health insurance.

S6. How many people currently live or stay in this house, apartment, or mobile home? (PROBE: Include in this number children, foster children, roomers, or housemates not related to you, college students living away while attending college. Do not include people who live or stay at another place most of the time, people in a correctional facility, nursing home, or residential facility, or people in the Armed Forces living somewhere else.) _____

County Codes (FILL WITH COUNTY NAME AND 3 DIGIT FIPS COUNTY CODE)

<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>	<u>County</u>	<u>FIP</u>
Appling	123	Cobb	134	Grady	145	McDuffie	156	Sumter	167

Now I have a form here that will help select one person. Please tell me the age and *sex* of each person in the household.

S7. Starting with yourself, what is your age as of your last birthday?
(Record gender) (THIS IS PERSON #1)

And the next person's age?
Is this (child/person) (a boy or a girl/male or female)?

NOTE: IF ONLY 1 PERSON IN HOUSEHOLD, FILL IN AGE AND GENDER UNDER S7 GOTO S8

The program has randomly selected the (age) year old (sex).

NAME. What is the first name or initials of the person I selected?

FIRST NAME OF TARGET: _____ (PERSON SELECTED IS "TARGET")

Now I need to know each person's relationship to the person selected. What is your (PERSON #1) relationship to the person selected?

FILL IN RELATIONSHIP COLUMN: (READ OFF LIST ONE AT A TIME. START WITH PERSON # 2.)

What is the (AGE) year old's relationship to (TARGET NAME)?

Household Member	Age	M=male F=female SEX	SELECT TARGET AT RANDOM	Relationship to TARGET	Relationship Codes (DO NOT READ)
Person #1	S7_1AGE	S7_1SEX	(S7_NUM)	S7_1REL	1=Self/target
Person #2	S7_2AGE	S7_2SEX	NUMBER____	S7_2REL	2=Mother/Stepmother
Person #3	S7_3AGE	S7_3SEX		S7_3REL	3=Father/Stepfather
Person #4	S7_4AGE	S7_4SEX	(S7_AGE)	S7_4REL	4=Spouse
Person #5	S7_5AGE	S7_5SEX	AGE____	S7_5REL	5=Partner
Person #6	S7_6AGE	S7_6SEX		S7_6REL	6=Son/Daughter
Person #7	S7_7AGE	S7_7SEX	(S7_SEX)	S7_7REL	7=Sibling/Sister/Brother
Person #8	S7_8AGE	S7_8SEX	SEX____	S7_8REL	8=Grandparent
Person #9	S7_9AGE	S7_9SEX		S7_9REL	9=Other relative
Person #10	S7_10AGE	S7_10SEX		S7_10REL	10=NON-RELATIVE
Person #11	S7_11AGE	S7_11SEX		S7_11REL	
Person #12	S7_12AGE	S7_12SEX		S7_12REL	

S8. INTERVIEWER: IS A PROXY SPEAKING FOR THE TARGET?

- 1 yes
- 2 no **GOTO S11**

S9. INTERVIEWER: REASON FOR PROXY (SELECT ONE):

- 1 minor
- 2 college student living away from home
- 3 temporarily living outside home (NOT at college)
- 4 cognitively impaired
- 5 hearing/speech
- 6 language barrier
- 7 too sick to come to phone or answer survey
- 8 TARGET is unavailable
- 9 proxy can provide information about health insurance
- 10 other _____

I need to indicate who is answering questions for TARGET.

S10. What is your relationship to TARGET? (DO NOT READ. MAP TO RESPONSE)

- 1 Mother/Stepmother
- 2 Father/Stepfather
- 3 Spouse
- 4 Partner
- 5 Son/Daughter
- 6 Sibling/Sister/Brother
- 7 Grandparent
- 8 Other relative
- 9 NON-RELATIVE
- 97 Other

S10B. INTERVIEWER: RECORD SEX OF PROXY IF KNOWN

- 1 male
- 2 female
- 97 cannot ascertain

INSTRUCTIONS: The following questions are about "TARGET".

IF TARGET AGE >2 YRS GOTO S11

IF TARGET AGE =< 2 YRS GOTO S12

S11. How long have you (has TARGET) lived in [STATE]?

S11A. _____ # years S11B. _____ # months

- 7 don't know
- 9 refused

SKIP S12
(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

S12. How long has (TARGET's) parents or guardian lived in [STATE]?

S12A. _____ years S12B. _____ months

-7 don't know

-9 refused

(PROBE FOR MONTHS IF LESS THAN 2 YEARS)

INSTRUCTIONS:

Section H.

In the following section, each type of insurance should be read:

"Do you (does TARGET) CURRENTLY have (type of insurance)?"

If NO, proceed to next item in the roster. A response of DON'T KNOW or REFUSED should be treated as NO.

If YES, the item should be followed by the PROBE:

"Besides this, do you (does the TARGET) have any other type of health insurance coverage?"

If YES, proceed with roster.

If NO, proceed to H15.

CATI BUILD IN MAX OF 3 TYPES.

The PROBE should not be asked in response to YES to H12.

H. I am going to read you a list of different types of health insurance. Please tell me if you have (TARGET has) CURRENTLY any of the following. Answer for each type that applies to you (TARGET).

NOTE TO STATES ADAPTING THE Ci3 SOFTWARE: question order and numbering in section H must remain consistent with model below.

Do you (Does TARGET) CURRENTLY have:		Y	N	D K	REF
H1	Medicare? READ IF NECESSARY: Medicare is the health insurance for persons 65 years old and over or persons with disabilities. This is a red, white and blue card.	1	2	7	9
IF YES GOTO MEDIGAP, PUBMEDIGAP, MEDDRG, THEN H2					
IF ELSE GOTO H2					
	MEDIGAP. Do you (does R) have additional insurance to supplement Medicare, such as a self-purchased Medigap policy like Blue Cross Blue Shield C+, or a retiree benefit?	1	2	7	9
	PUBMEDIGAP. Do you (does TARGET) have coverage through Medicaid QMB, SLMB, QI1 or QI2?	1	2	7	9
	MEDDRG. Do you (does TARGET) have insurance that pays for prescription drugs?	1	2	7	9
IF TARGET < 18, GO TO H3					
H2	A Railroad Retirement Plan?	1	2	7	9
H3	TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran's Affairs service connected to a disability?	1	2	7	9
H4	Indian Health Service?	1	2	7	9
IF TARGET < 18, GO TO H3					
H5	Medicaid coverage for family planning or pregnancy related services also known as Plan First or SOBRA Medicaid?	1	2	7	9
H6	Medicaid coverage for children, aged, blind or disabled?	1	2	7	9
H6a	ALL Kids Children's Health Insurance Program, or CHIP? <i>Skip for targets age 19 and older</i>	1	2	7	9
H7	Alabama Child Caring Foundation through Blue Cross Blue Shield of Alabama? <i>Skip for targets age 19 and older</i>	1	2	7	9
H8	Insurance purchased by you through the Alabama Health Insurance Plan (known as AHIP)?	1	2	7	9
H9	Health insurance through your (TARGET's) work or union?	1	2	7	9
H10	Health insurance through someone else's work or	1	2	7	9

	union?				
H11	Health insurance bought directly by you (TARGET)?	1	2	7	9
H12	Health insurance bought directly by someone else?	1	2	7	9
	IF H9, H10, H11 OR H12 YES & H1~=1 GOTO POLICY IF H9, H10, H11 OR H12 YES & H1=1 GOTO H15 ELSE GOTO H13				

<p>POLICY. Is this an individual or family policy?</p> <p>1 individual policy 2 family (covers more than one person) 7 don't know 9 refused</p>					
<p>PREM How much do you (does TARGET) pay each month for your (TARGET's) health insurance premium?</p> <p>PREM1A. \$ _____ monthly PREM1B. \$ _____ biweekly PREM1C. \$ _____ quarterly PREM1D. \$ _____ semi-annually PREM1E. \$ _____ annually -7 don't know -9 refused</p>					
<p>DED1. Does your (TARGET'S) health insurance include a deductible? READ IF NECESSARY: A deductible is the amount of money that you have to pay out of your own pocket each year before your insurance will pay for any services.</p> <p><u>1</u> yes ® GOTO DED2 <u>2</u> no ® GOTO DRUG <u>7</u> don't know ® GOTO DRUG <u>9</u> refused ® GOTO DRUG</p>					
<p>DED2. How much is that (READ: DO NOT INCLUDE PREMIUM EXPENSES)?</p> <p>\$ _____ <u>777</u> don't know <u>999</u> refused</p>					
<p>DRUG. Do you (does TARGET) have insurance that pays for prescription drugs?</p> <p><u>1</u> yes <u>2</u> no <u>7</u> don't know <u>9</u> refused</p>					
GO TO H15					
H13	<p>According to the information you provided, you do (TARGET does) not have health insurance coverage. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital?</p> <p>IF YES GOTO H14 IF NO/DK/REF GOTO H19</p>	1	2	7	9
<p>IF YES TO H4 (Indian Health Service) BUT NO TO ALL OTHER FORMS OF INSURANCE GOTO H13A ELSE GO TO H14</p>					
H13A	<p>You've just told me you receive (TARGET receives) services through the Indian Health Service but do (does) not have health INSURANCE. Does anyone else pay for your (TARGET's) bills when you (they) go to a doctor or hospital? NOTE TO INTERVIEWER: Indian Health Service is not considered comprehensive insurance for the purposes of this survey.</p> <p>IF YES GOTO H14 IF NO/DK/REF → GOTO H19</p>	1	2	7	9

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H14	And who is that? (DO NOT READ, SELECT ANSWER)				
	1 Medicare 2 Railroad Retirement Plan 3 TRICARE/CHAMPUS, through an active duty military member, retiree or through the Veteran’s Affairs service connected to a disability 4 Medicaid coverage for family planning or pregnancy related services 5 Medicaid for children, aged, blind or disabled 6 ALL Kids Health Insurance Program or CHIP 9 Health insurance through your (TARGET) work or union 10 Health insurance through someone else's work or union 11 Health insurance bought directly by you (TARGET) 12 Health insurance bought directly by someone else 13 Alabama Child Caring Foundation 14 Insurance through the Alabama Health Insurance Plan known as AHIP [15-18 ARE NOT CONSIDERED INSURANCE FOR SURVEY, BUT SELECT IF MENTIONED] 15 Workers compensation for specific injury/illness 16 Employer pays for bills, but not an insurance policy 17 Family member pays out of pocket for any bills 18 Indian Health Service 19 No Private or Public Insurance IF 1-14 → GOTO H15 IF 15-18, say: “For purposes of this survey, we’ll assume you/TARGET (do/does) not have insurance.” THEN GOTO H19				
H15-19 establish annual coverage status. Asking H15 and H18 ensures that respondents switching plans part way through the year do not get the uninsured part year long form.		Y	N	D K	REF
H15	Have you (Has TARGET) had insurance coverage for all of the past 12 months? IF YES GOTO STAT	1	2	7	9
H18	Was there anytime IN THE PAST 12 MONTHS that you were (TARGET was) not covered by insurance? GOTO STAT	1	2	7	9
H18b	How many months during the past year were you without coverage?	__ # months		7	9
H19	Have you (Has TARGET) been covered by any health insurance IN THE PAST 12 MONTHS?	1	2	7	9

The next questions concern health insurance that other people in your household may have at this time.

STAT(#). Does the (age) (sex) person currently have health insurance?

- 1 yes @GOTO TYPE
- 2 no @REPEAT FOR NEXT PERSON ON ROSTER
- 7 don't know @REPEAT FOR NEXT PERSON ON ROSTER
- 9 refused @REPEAT FOR NEXT PERSON ON ROSTER

TYPE(#). What type of insurance is this person covered by?

- 1 Medicare
- 2 Railroad Retirement Plan
- 3 TRICARE/CHAMPUS, through either an active duty military member, retiree or through the Veteran's Affairs service connected to a disability.
- 4 Medicaid coverage for family planning or pregnancy related services
- 5 Medicaid for children, aged, blind or disabled
- 6 CHIP, or the Children's Health Insurance Plan
- 7 Alabama Child Caring Foundation
- 8 Insurance through the Alabama Health Insurance Plan known as AHIP
- 9 Health insurance through your (TARGET) work or union
- 10 Health insurance through someone else's work or union
- 11 Health insurance bought directly by you (TARGET)
- 12 Health insurance bought directly by someone else
- 20 Other (Probe for type) (SPECIFY)_____
- 97 don't know
- 99 refused

[PROCEED DOWN ROSTER. REPEAT FOR EACH PERSON IN HOUSEHOLD EXCEPT TARGET]

INSTRUCTIONS: ASK VERIFY FOR ALL UNCOVERED PERSONS

VERIFY#. According to the information you have provided, (LIST ALL AGE and SEX) currently do not have health care coverage. Is that correct?

- 1 yes @ENTER "O" IN VERIFY COLUMN for EACH UNINSURED
- 2 no @ What type of insurance is this person covered by?

<i>Household Member</i>	<i>Age</i>	<i>M=male F=female SEX</i>	<i>Insured 1=yes 2=no</i>	<i>Insurance Type</i>	<i>Insurance Status Codes</i>	<i>Verify 0=yes, uninsured OR Enter type</i>
Person #1	S7_1AGE	S7_1SEX	STAT1	TYPE1	Blank = Uninsured	VERIFY1
Person #2	S7_2AGE	S7_2SEX	STAT2	TYPE2	1=Medicare	VERIFY2
Person #3	S7_3AGE	S7_3SEX	STAT3	TYPE3	2=other Public	VERIFY3
Person #4	S7_4AGE	S7_4SEX	STAT4	TYPE4	3=own employer 4=someone else's employer	VERIFY4
Person #5	S7_5AGE	S7_5SEX	STAT5	TYPE5	5=individual policy	VERIFY5
Person #6	S7_6AGE	S7_6SEX	STAT6	TYPE6	6=CHAMPUS, VA/any military	VERIFY6
Person #7	S7_7AGE	S7_7SEX	STAT7	TYPE7		VERIFY7

Person #8	S7_8AGE	S7_8SEX	STAT8	TYPE8	8= student insurance	VERIFY8
Person #9	S7_9AGE	S7_9SEX	STAT9	TYPE9	10= other	VERIFY9
Person #10	S7_10AGE	S7_10SEX	STAT10	TYPE10	77=don't know	VERIFY10
Person #11	S7_11AGE	S7_11SEX	STAT11	TYPE11	99=refused	VERIFY11
Person #12	S7_12AGE	S7_12SEX	STAT12	TYPE12		VERIFY12

CATEGORIZATION OF TARGET RESPONDENT BY ANNUAL INSURANCE COVERAGE

Detailed description of CATI SORT for long form questions:

1. If the TARGET has health insurance through their employer/union or through someone else's employer/union and the TARGET has held this insurance for the past 12 months, then code as "GROUP" and use GROUP long form.
2. If the TARGET has health insurance through their employer/union or through someone else's employer/union but the TARGET has not had insurance for the entire past 12 months, then code as "ON/GROUP" and use UNINSURED PART YEAR long form.
3. If the TARGET has health insurance through some kind of government sponsored program, a self purchased policy, or had someone buy health insurance for them, but the TARGET did not have insurance for the entire past 12 months, then code as "ON/ELSE" and use UNINSURED PART YEAR long form.
4. If the TARGET bought health insurance on their own or someone else bought it for them, and the TARGET had the insurance all of the past 12 months then code as "INDIVIDUAL" and use INDIVIDUAL long form. For the purposes of this survey, AHIP is considered in INDIVIDUAL policy.
5. If the TARGET has not been covered by health insurance in the past 12 months code as "UNINSURED" and use UNINSURED long form.
6. If the TARGET has had health insurance some time during the past 12 months, but does not have insurance now then code as "OFF" and use UNINSURED PART YEAR long form.
7. If the TARGET answers "don't know" or "refuses" to answer the question asking them if they had any health insurance in the past 12 months, or if the TARGET answers "don't know" or "refuses" to answer the question asking if there was a time in the past 12 months that they were not covered by health insurance, then code as "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions.
8. TARGETs currently on a public program and covered all year should be coded "SCREEN" and go to the UTILIZATION AND DEMOGRAPHIC questions.
9. All cases not yet sorted should be coded as "SCREEN" " and go to the UTILIZATION AND DEMOGRAPHIC questions..

CATI SORT--

If [H9 or H10 = 1 and H15 = 1] or [H14 = 9,10 and H15 = 1] → CODE AS GROUP (Can randomly select respondents for long form rather than all group)

If (H9 or H10 = 1 or H14 = 9,10) and H15 = 2,7,9 and H18 = 1 → CODE AS ON/GROUP

If [(ANY H1-H3, H5-H7=1 or H14 = 1-6, 13) and H15 = 2,7,9 and H18 = 1] → CODE AS ON/ELSE

If [(H11=1 or H12=1 or H14=11,12,14) and H15 = 2,7,9 and H18 = 1] → CODE AS ON/ELSE

*** This DO IF/END IF block prevents those who have both work and purchased insurance from * being coded as Individual (they should be Group)**

DO IF NOT [(ANY H9,H10)] AND NOT H15 = 1] OR NOT [H14 = 9,10]

If [(H11 = 1 or H12 = 1) and H15 = 1] or (H14 = 11,12 and H15 = 1) → CODE AS INDIVIDUAL

**If [H8 = 1 and H15 = 1] or (H14 = 14 and H15 = 1) → CODE AS INDIVIDUAL
END IF**

If H19 = 2 → CODE AS UNINSURED

If H19 = 1 → CODE AS OFF

If H18 = 7,9 → CODE AS SCREEN

If H19 = 7,9 → CODE AS SCREEN

ANY ELSE → CODE AS SCREEN

“LONG FORM” questions are available based on the respondent’s annual insurance status (e.g., CATISORT)

Four sets of long form sections of the survey are available for those:

- 1. Uninsured all year [CSCS_uninsured all long.doc]**
- 2. Uninsured part year [CSCS_uninsured part long.doc]**
- 3. Group insured all year[CSCS_group long.doc]**
- 4. Covered by an individual policy all year [CSCS_individual long.doc]**

All long form items are optional.

If no long form items are of interest, all respondents go to the UTILIZATION AND DEMOGRAPHIC SECTIONS of the survey

Once long form questions are complete, respondents go to the UTILIZATION AND DEMOGRAPHIC SECTIONS of the survey

UTILIZATION ITEMS ASKED OF ALL RESPONDENTS

UNEASE. How worried are you that over the next year:

UNEASEa. You won't be able to afford prescription drugs? Are you very worried, somewhat worried, not too worried, or not worried at all?

- 1 very worried
- 2 somewhat worried
- 3 not too worried
- 4 not worried at all
- 7 don't know
- 9 refused

UNEASEb. You won't be able to afford health services you think you need? Are you very worried, somewhat worried, not too worried, or not worried at all?

- 1 very worried
- 2 somewhat worried
- 3 not too worried
- 4 not worried at all
- 7 don't know
- 9 refused

UNEASEc. Health insurance will become so expensive you won't be able to afford it? Are you very worried, somewhat worried, not too worried, or not worried at all?

- 1 very worried
- 2 somewhat worried
- 3 not too worried
- 4 not worried at all
- 7 don't know
- 9 refused

UNEASEd. Your benefits under your current health care plan will be cut back substantially? Are you very worried, somewhat worried, not too worried, or not worried at all?

- 1 very worried
- 2 somewhat worried
- 3 not too worried
- 4 not worried at all
- 7 don't know
- 9 refused

UNEASEe. You will lose your health insurance benefits? Are you very worried, somewhat worried, not too worried, or not worried at all?

- 1 very worried **GO TO UNWHY**
- 2 somewhat worried **GO TO UNWHY**

- 3 not too worried **SKIP TO UNINS**
- 4 not worried at all **SKIP TO UNINS**
- 7 don't know **SKIP TO UNINS**
- 9 refused **SKIP TO UNINS**

UNWHY. Why do you feel this change might happen?

DO NOT READ. MAP TO RESPONSE.

- 01 Premium cost increases
- 02 Loss of employment
- 03 Change of employment
- 04 Employer no longer offering
- 05 Divorce or separation
- 06 COBRA will end
- 07 Change in income, age, family composition will make me ineligible
- 08 Other (please specify)
- 97 don't know
- 99 refused

UNDERINS. Was there any time during the past 12 months when you needed to see a doctor but could not because of the cost?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

USC. Is there a regular place that you (TARGET) go for medical care?

- 1 yes
- 2 no **GOTO WHYNOUSC**
- 7 don't know **GOTO WHYNOUSC**
- 9 refused **GOTO WHYNOUSC**

USCKIND. Where does [TARGET usually go/you usually go] for medical care. Is that an:

- 1 emergency room or urgent care center **GOTO USCPERS**
- 2 clinic **GOTO CLINIC**
- 3 doctor's office **GOTO USCPERS**
- 4 or some place else (specify) _____ **GOTO USCPERS**
- 7 don't know **GOTO CONFID**
- 9 refused **GOTO CONFID**

CLINIC. Is this clinic a . . .

- 1 public health, community, or free clinic
- 2 hospital outpatient clinic
- 3 private clinic

4 Other (please specify) _____

7 don't know

9 refused

USCPERS. Is there a particular health care professional or traditional healer you
(TARGET) usually see when you (TARGET) go there?

1 yes

2 no

7 don't know

9 refused

GOTO CONFID

WHYNOUSC. What is the **main** reason you (TARGET) DO NOT have a regular place that you go for health care?

DO NOT READ. MAP TO RESPONSE.

- 1 can't afford it
- 2 DO NOT have health insurance
- 3 rarely get sick
- 4 clinic hours don't fit my schedule
- 5 transportation difficulties
- 6 language barrier
- 7 do not like/trust/believe in doctors
- 8 clinic I used to go to closed
- 9 just moved, DO NOT have a regular place yet
- 10 just switched insurance, DO NOT have regular place yet
- 11 two or more places depending on what's wrong
- 12 other (specify above)
- 97 don't know
- 99 refused

CHOOSE P: IF PROXY, CHOOSE R: IF NO PROXY:

CONFID. Please tell me how strongly you agree or disagree with the following statement:

P: " I am confident that (TARGET) can get the care she/he needs when she/he needs it."

R: " I am confident that I can get the care I need when I need it."

Do you:

- 1 Strongly agree
- 2 Somewhat agree
- 3 Somewhat disagree
- 4 Strongly disagree
- 7 Don't know
- 9 Refused

DOC6M. In the **past six months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

____ visits

97 don't know

99 refused

IF NO VISITS GOTO INPUSE

DOC3M. In the **past three months**, how many visits did you (TARGET) make to a doctor's office, outpatient clinic, or any other place for medical care? Do not include overnight hospital stays or emergency room visits.

____ visits

97 don't know

99 refused

INPUSE. During the **past 12 months**, have you (TARGET) been a patient overnight in a hospital?

1 yes **GOTO INPUSE2**

2 no **GOTO ERUSE**

7 don't know **GOTO ERUSE**

9 refused **GOTO ERUSE**

INPUSE2. How many times have you (TARGET) been admitted to a hospital **DURING THE PAST 12 MONTHS?**

_____ times

-7 don't know

-9 refused

ERUSE. During the **past 12 months**, have you (TARGET) been to a hospital emergency room?

1 yes

2 no

7 don't know

9 refused

DENTAL. Do you have insurance that pays for preventive dental care?

1 yes

2 no

7 don't know

9 refused

DENTUSE. In the last 12 months did you get care from a dentist's office or dental clinic?

1 yes

2 no **SKIP TO DENTBAR**

7 don't know **SKIP TO DENTBAR**

9 refused **SKIP TO DENTBAR**

DENTPROB. In the last 12 months how much of a problem, if any, was it to find a convenient dental office to go to?

- 1 a big problem
- 2 a small problem
- 3 not a problem **SKIP TO MENTAL**
- 4 did not have any dental care in the last 12 months **SKIP TO MENTAL**
- 7 don't know **SKIP TO MENTAL**
- 9 refused **SKIP TO MENTAL**

DENTBAR. If you did not get care from a dentist in the last 12 months or had a problem finding a dentist, what is the main reason you did not receive dental care?

DO NOT READ. MAP TO RESPONSE.

- 01 Child is too young to need dental care
- 02 No dentist in my area
- 03 Dentist does not accept insurance
- 04 Dentist is not accepting new patients
- 05 I don't have insurance that covers dental care
- 06 Dental care is too expensive
- 07 Did not need dental care during 12 month period
- 08 Not important
- 97 Don't know
- 99 Refused

MENTAL. Do you have insurance that pays for mental health care?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

BEHAVUSE. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- 1 yes
- 2 no **SKIP TO HSTAT**
- 7 don't know **SKIP TO HSTAT**
- 9 refused **SKIP TO HSTAT**

BEHAVPRB. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed?

- 1 a big problem
- 2 a small problem
- 3 not a problem **SKIP TO HSTAT**
- 4 did not need to get any treatment/counseling in the last 12 months **SKIP TO HSTAT**

7 don't know **SKIP TO HSTAT**
9 refused **SKIP TO HSTAT**

BEHAVBAR. If you had a problem obtaining needed treatment or counseling, what was the main reason?

DO NOT READ. MAP TO RESPONSE.

- 1 Don't know where to get this care
- 2 No mental health providers in my area
- 3 Insurance does not pay for mental health care
- 4 Too expensive to get treatment or counseling
- 5 Other (please specify)
- 7 don't know
- 9 refused

DEMOGRAPHIC QUESTIONS--Asked of all respondents

The following questions are about (TARGET).

HSTAT. Would you say your (TARGET's) health, in general, is excellent, very good, good, fair, or poor?

- 1 excellent
- 2 very good
- 3 good
- 4 fair
- 5 poor
- 7 don't know
- 9 refused

PWD1. Are you limited in any way in any activities because of physical, mental or emotional problems?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

PWD2. Do you now have any health problem that requires you to use special equipment such as a cane, a wheelchair, a special bed or special telephone?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

RACE1. Are you (Is TARGET) Mexican, Puerto Rican, Cuban or another Hispanic or Latino group?

- 1 no, not of Hispanic origin
- 2 yes, Mexican, Mexican American, Chicano
- 3 yes, Puerto Rican
- 4 yes, Cuban
- 5 yes, other Spanish/Hispanic/Latino
- 9 refused

RACE2. Now choose one or more races for yourself (TARGET). Which race or races do you consider yourself (TARGET) to be: [MAY SELECT MORE THAN ONE]

READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN THREE.

- 01 White

- 02 Black, African-American
- 03 Asian Indian
- 04 Chinese
- 05 American Indian or Alaska Native
- 06 Korean
- 07 Vietnamese
- 08 Hmong
- 09 Filipino
- 10 Japanese
- 11 Other Pacific Islander
- 12 Some other race? What race is that? _____
- 97 don't know
- 99 refused

IF AGE < 18 YEARS GOTO TO CHARGE

MARSTAT. Are you (Is TARGET) currently

- 1 single
- 2 married
- 3 living with partner
- 4 divorced
- 5 separated
- 6 widowed
- 7 don't know
- 9 refused

EDUC. What is the highest level of education you have (TARGET has) completed?

- 1 no formal education
- 2 grade school (1 to 8 years)
- 3 some high school (9 to 11 years)
- 4 high school graduate or GED (received a high school equivalency diploma)
- 5 some college/technical or vocational school/training after high school
- 6 college graduate
- 7 postgraduate degree/study
- 97 don't know
- 99 refused

VA. Have you ever served on active duty in the U.S. Armed Forces, military reserves, or National Guard?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

EMPSTAT1. Are you (Is TARGET) currently:

- 1 self employed or own your business
- 2 employed by someone
- 3 an unpaid worker for family business, farm, or home **GOTO PHONE**
- 4 retired **GOTO PHONE**
- 5 unemployed, or not working **GOTO PHONE**
- 6 full-time student (greater than three-fourths time) **GOTO PHONE**
- 7 don't know **GOTO PHONE**
- 9 refused **GOTO PHONE**

EMPSTAT2. Do you (Does TARGET) have more than one paying job?

- 1 yes **GOTO EMPHRS**
- 2 no
- 9 refused

HOURS. What is the total number of hours usually worked per week?

- _____ hours
- 7 don't know
- 9 refused
- GOTO EMPERM**

EMPHRS. For the job you work (TARGET works) at the most hours, what is the total number of hours usually worked per week?

- _____ hours
- 7 don't know
- 9 refused

EMPERM. Is this a permanent, temporary, or seasonal job?

- 1 permanent
- 2 temporary
- 3 seasonal
- 7 don't know
- 9 refused

TENURE. How long have you been employed in this position?

- 1 Less than 1 month
- 2 More than 1 month but less than 6 months
- 3 More than 6 months but less than 1 year
- 4 More than 1 year but less than 5 years
- 5 More than 5 years
- 7 don't know
- 9 refused

ALLSITES. Thinking about the employer you work (TARGET works) for, about how many people are employed there? If you

work (TARGET works) for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

- 01 Just one
- 02 Between 2 and 10
- 03 11 and 24
- 04 25 and 50
- 05 51 and 100
- 06 101 and 500
- 07 over 500
- 97 don't know
- 99 refused

INDUST. Thinking about the employer you work (TARGET works) for, what industry most closely describes the employer? (**Listen to the whole list of choices before deciding**)

- 01 Government, public administration
- 02 Health care
- 03 Education
- 04 Social Services
- 05 Agriculture, farming, forestry and fishing
- 06 Construction, mining
- 07 Manufacturing *
- 08 Transportation, communications and utilities**
- 09 Retail and wholesale trade/sales ***
- 10 Banking, finance, insurance, real estate
- 11 Entertainment
- 12 Business and repair services (such as mechanic, electrician, plumber)
- 13 Personal services (such as child care, house cleaning, stylist)
- 14 Professional and related services (such as legal services, financial planning, web design)
- 15 Other (specify) _____
- 97 Don't know
- 99 Refused

* Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing

** Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

*** Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

IF TARGET IS >= 18 YEARS GOTO PHONE

Lead in to CHARGE below:

IF MINOR TARGET CURRENTLY INSURED:

Now I'd like to ask a few questions about the person this child gets their insurance benefits through.

IF MINOR TARGET IS UNINSURED OR PUBLICLY INSURED:

Now I'd like to ask a few questions about the PRIMARY WAGE EARNER in the household. If there is no primary wage earner, we'd like to ask questions about the person RESPONSIBLE for the care of this child.

CHARGE. Would that be you or someone else?

1 person on phone **GOTO YOUAGE**

2 someone else **GOTO ELSAGE**

**IF CHARGE IS PERSON ON PHONE, INSERT "YOU" FOR "THIS PERSON"
IN ALL HH ITEMS.**

YOUAGE. What is your age?

AGE _____

GOTO HHRACE1

ELSAGE. What is their age?

AGE _____

ELSEX. And is this person male or female?

1 male

2 female

HHRACE1. Is this person (Are YOU) Mexican, Puerto Rican, Cuban or another
Hispanic or Latino group?

1 yes, Mexican, Mexican American, Chicano

2 yes, Puerto Rican

3 yes, Cuban

4 yes, other Spanish/Hispanic/Latino

9 refused

HHRACE2. Now choose one or more races
for this person (YOURSELF). Which race
or races do you consider this person
(YOURSELF) to be: [MAY SELECT
MORE THAN ONE]

**READ AS PROBE. LIST IF NECESSARY. DO NOT RECORD MORE THAN
THREE.**

01 White

02 Black, African-American

03 Asian Indian

04 Chinese

05 American Indian or Alaska Native

06 Korean

07 Vietnamese

- 08 Hmong
- 09 Filipino
- 10 Japanese
- 11 Other Pacific Islander
- 12 Some other race? What race is that? _____
- 97 don't know
- 99 refused

HHMAR. Is this person (Are YOU) currently

- 1 single
- 2 married
- 3 living with partner
- 4 divorced
- 5 separated
- 6 widowed
- 7 don't know
- 9 refused

HHEDUC. What is the highest level of education this person has (YOU have) completed?

- 01 no formal education
- 02 grade school (1 to 8 years)
- 03 some high school (9 to 11 years)
- 04 high school graduate or GED (received a high school equivalency diploma)
- 05 some college/technical or vocational school/training after high school
- 06 college graduate
- 07 postgraduate degree/study
- 97 don't know
- 99 refused

HHVA. Have you ever served on active duty in the U.S. Armed Forces, military reserves or National Guard?

- 1 yes
- 2 no
- 7 don't know
- 9 refused

HHEMP1. Is this person (Are YOU) currently:

- 1 self employed or own your business
- 2 employed by someone
- 3 an unpaid worker for family business, farm, or home **GOTO PHONE**
- 4 retired **GOTO PHONE**
- 5 unemployed, or not working **GOTO PHONE**
- 6 full-time student (greater than three-fourths time) **GOTO PHONE**
- 7 don't know **GOTO PHONE**

9 refused

GOTO PHONE

HHEMP2. Does this person (Do YOU) have more than one paying job?

1 yes **GOTO HHEMP2B**

2 no **GOTO HHOURS**

9 refused **GOTO HHPERM**

HHOURS. What is the total number of hours usually worked per week?

_____ hours

-7 don't know

-9 refused

GOTO HHPERM

HHEMP2B. For the job they (YOU) work at the most hours, what is the total number of hours usually worked per week?

_____ hours

-7 don't know

-9 refused

HHPERM. Is this a permanent, temporary, or seasonal job?

1 permanent

2 temporary

3 seasonal

7 don't know

9 refused

HTENURE. How long have you been employed in this position?

1 Less than 1 month

2 More than 1 month but less than 6 months

3 More than 6 months but less than 1 year

4 More than 1 year but less than 5 years

5 More than 5 years

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HSITES. Thinking about the employer this person works (YOU work) for, about how many people are employed there? If this person works (YOU work) for a firm that has multiple locations in your city or across states, please include the number of people at ALL locations.

01 Just one

02 Between 2 and 10

03 11 and 24

04 25 and 50

05 51 and 100

06 101 and 500

- 07 over 500
- 97 don't know
- 99 refused

HINDUST. Thinking about the employer you work (TARGET works) for, what industry most closely describes the employer? (**Listen to the whole list of choices before deciding**)

- 01. Government, public administration
- 02. Health care
- 03. Education
- 04. Social Services
- 05. Agriculture, farming, forestry and fishing
- 06. Construction, mining
- 07. Manufacturing *
- 08. Transportation, communications and utilities**
- 09. Retail and wholesale trade/sales ***
- 10. Banking, finance, insurance, real estate
- 11. Entertainment
- 12. Business and repair services (such as mechanic, electrician, plumber)
- 13. Personal services (such as child care, house cleaning, stylist)
- 14. Professional and related services (such as legal services, financial planning, web design)
- 15. Other (specify) _____
- 97. Don't know
- 99. Refused

* Manufacturing examples: factory, textile mill, steel mill, automobile manufacturer, electronic equipment manufacturer, chemical/drug manufacturer, food processing, printing, publishing

** Public Utilities examples: electric company, air transportation, trucking, busing, television and radio services/broadcasting, telecommunications)

*** Retail/Wholesale examples: department stores, restaurants, grocery stores, distributor

PHONE. Besides this phone number, are there any other telephone numbers in this household, such as fax or data lines, a children's or business line? Do not include cell phones.

- 1 yes
- 2 no **GOTO PHONE3**
- 3 Not Respondent's # **GOTO PHONE3**

PHONE2. How many of these telephone numbers are connected to phones that can be answered by a person?

- Number _____
- 77 don't know
- 99 refused

PHONE3. During the past 12 months, has your household ever been without telephone service for more than 24 hours?

1 yes	GOTO PHONE4
2 no	GOTO S13
7 don't know	GOTO S13
9 refused	GOTO S13

PHONE4. Over the past year, what was the total number of days, weeks, or months your household was without telephone service?

- Number _____
1 Days
2 Weeks
3 Months

Now I am going to ask some questions about your or your family's income. This income information is important because it helps the state understand how to make health care more affordable.

TOTCNT. How many people live on your or your family's income who CURRENTLY LIVE in the household? (PROBE: DO NOT include any children for which a family member currently pays child support, or any children away attending college or boarding school)

- ____ people
97 don't know
99 refused

IF COUNT = 1 GOTO INCOME

KIDCNT. How many of these people are children under age 21?
____ children

INCOME. What was your household's gross, pretax income from all sources for the year 2000? (This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money income received by members of this FAMILY who are 15 years or older. If you are self-employed or own your own business, please report your net income.)

- \$ _____, _____
777777 don't know
999999 refused

IF TARGET REFUSES OR CANNOT ESTIMATE INCOME, GOTO INCOME2

INCOME2. How about if I give you some categories? Would you say income is...

- 01 Less than \$4430
02 \$4430 and \$8860
03 \$8860 and \$11784
04 \$11784 and \$16391
05 \$16391 and \$17720
06 \$17720 and \$22150
07 \$2150 and \$26580
97 don't know

99 refused

NOTE: The CATI can be programmed to tailor questions to “income above” or “income below” different federal poverty guideline thresholds - corresponding to existing or anticipated public program eligibility thresholds.

END OF SURVEY.

THANK YOU FOR YOUR CONTRIBUTION TO THIS IMPORTANT RESEARCH.